



# Audit Committee Meeting

15 December 2020



local councils working together to protect the health of the community





**EASTERN HEALTH AUTHORITY  
AUDIT COMMITTEE MEETING**

**TUESDAY 15 DECEMBER 2020**

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 Tuesday 15 December 2020 commencing at 4.30 pm.

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

**MICHAEL LIVORI  
CHIEF EXECUTIVE OFFICER**





## AGENDA

### EASTERN HEALTH AUTHORITY AUDIT COMMITTEE MEETING

TUESDAY 15 December 2020  
Commencing at 4.30 pm

1	Opening	
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6 Closure of meeting

**5.1 FINANCE REPORT AND FIRST (SEPTEMBER 2020) BUDGET REVIEW FOR 2020/2021**

Author: Michael Livori

Ref: AF19/143

**Summary**

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

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

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

This report provides the first of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2020 and 30 September 2020. It provides the opportunity to amend the adopted budget in line with revised projections of income and expenditure for the 2020/2021 financial year. The report was considered by the Board of Management at its meeting held on 2 December 2020

**Report**

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

<b>Eastern Health Authority - Financial Statement (Level 1)</b>				
<b>1 July 2020 to 30 September 2020</b>				
	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Total Income</b>	<b>\$970,708</b>	<b>\$1,005,586</b>	<b>(\$34,878)</b>	<b>-3%</b>
<b>Total Expenditure</b>	<b>\$618,708</b>	<b>\$653,685</b>	<b>\$ (34,977)</b>	<b>-5.4%</b>
<b>Operating Result</b>	<b>\$ 352,000</b>	<b>\$ 351,900</b>	<b>\$ 99</b>	<b>0%</b>

The table shows that for the reporting period income was **(\$34,878) (-3%)** less than budgeted and expenditure was \$34,977 (-5.4%) less than budgeted. The net result is a variation of \$99 (0%) on the budgeted year to date comparative operating result.

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

Summary Table of Funding Statement Variations				
Income				
Favourable variances are shown in <b>black</b> and unfavourable variances are shown in <b>green</b> .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
<b>Income</b>				
Fines and Expiations	\$12,497	\$57	<b>(\$12,440)</b>	No expiations issued this period. No variation requested at this point in time.
Clinic Vaccines	\$20,000	\$25,056	<b>(\$12,242)</b>	YTD decrease in fee vaccines purchased at clinics No variation requested at this point in time.
Service Review	\$0	\$0	<b>\$0</b>	Reduction of ToW cost share. Variation of <b>(\$8K)</b> requested.
<b>Total of Income Variations Requested</b>				<b>(\$8,000)</b>
Expenditure				
Favourable variances are shown in <b>black</b> and unfavourable variances are shown in <b>green</b> .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
<b>Expenditure</b>				
Salaries and Wages	\$409,045	\$384,790	<b>(\$24,255)</b>	Staff on long term leave No variation requested at this point in time.
Vehicle Leases/Maintenance	\$17,000	\$4,008	<b>(\$12,991)</b>	Application of AASB Standard 16 Leases – impact on vehicle leases Variation of <b>(\$55,000)</b> requested

Rent	\$26,824	\$2,457	<b>(\$24,367)</b>	Application of AASB Standard 16 Leases – impact on rent. Variation of <b>(\$108,000)</b> requested
Service Review	\$0	\$0	\$0	Reduction of ToW cost share. Variation of <b>(\$8K)</b> requested.
Finance Charges	\$0	\$4,352	<b>\$4,352</b>	Application of AASB Standard 16 Leases – recognise amortisation of leases. Variation of <b>\$40,000</b> requested.
Depreciation, amortisation, and impairment	\$0	\$42,102	<b>\$42,102</b>	Application of AASB Standard 16 Leases – recognise interest on leases. Variation of <b>\$143,000</b> requested
<b>Total of Expenditure Variations Requested</b>				<b>\$12,000</b>
<b>Net Result of Variations Requested</b>				<b>\$20,000</b>

#### **Adjustments required due to Impact of Australian Accounting Standards Board (AASB) Standard 16 Leases.**

A significant number of variations detailed above are a result of the introduction of AAASB Standard 16 Leases (the new Standard).

The new Standard introduces a new model requiring lessees to recognise all leases on their balance sheet (rather than being presented as operating leases), except for short-term leases and leases of low value assets. The changes have had an impact on the Balance Sheet and Income Statement.

The net impact on the budget has seen a \$20,000 reduction in the Net Surplus/Deficit from \$0 to **(\$20,000)**.

The Funding Result has not changed and remains at **(\$19,090)**.

#### **Adjustments relating to 2019/2020 Audit**

The first budget review for the financial year is required to take into account any differences between the adopted financial statements for 2019/2020 and the audited financial statements for the previous year. The relevant figures from the 2019/2020 audited financial statements have now been incorporated into the financial statement for 2020/2021. The incorporation of these figures has no impact on the estimated operating result.

Included as Attachment 2 is a copy of the revised 2020/2021 Budgeted Statutory Financial Statements which include the:

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

A Bank Reconciliation and Available Funds report for the period ending 30 September 2020 is provided as Attachment 3. It shows that at 30 September 2020 available funds were \$91,698.96 in comparison with \$167,920.71 on 30 June 2020.

#### **RECOMMENDATION**

That:

1. The Finance Report and First (September 2020) Budget Review for 2020/2021 report be received.
2. The revised financial forecast for 2020/2021 is noted.

<b>Eastern Health Authority - Financial Statement (Level 3)</b>				
<b>1 July 2020 to 30 September 2020</b>				
<b>Income</b>	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Constituent Council Income</b>				
City of Burnside	\$219,066	\$219,066	\$0	0%
City of Campbelltown	\$226,274	\$226,274	\$0	0%
City of NPS	\$293,154	\$293,154	\$0	0%
City of Prospect	\$105,328	\$105,328	\$0	0%
Town of Walkerville	\$51,516	\$51,516	\$0	0%
<b>Total Constituent Council Contributions</b>	<b>\$ 895,338</b>	<b>\$ 895,338</b>	<b>\$0</b>	<b>0%</b>
<b>Statutory Charges</b>				
Food Inspection fees	\$22,536	\$27,497	<b>(-\$4,962)</b>	<b>-18%</b>
Legionella registration and Inspection	\$1,471	\$1,752	<b>(-\$282)</b>	<b>-16%</b>
Fines & Expiation Fees	\$57	\$12,497	<b>(-\$12,440)</b>	<b>-100%</b>
<b>Total Statutory Charges</b>	<b>\$ 24,063</b>	<b>\$ 41,746</b>	<b>(-\$17,683)</b>	<b>-42%</b>
<b>User Charges</b>				
Immunisation - PHN Project	\$25,000	\$25,000	\$0	0%
Immunisation - Clinic Vaccines	\$12,242	\$20,000	<b>(-\$7,758)</b>	<b>-39%</b>
Immunisation - Clinic Service F	\$240	\$0	\$240	0%
Food Auditing	\$9,706	\$10,997	<b>(-\$1,291)</b>	<b>-12%</b>
<b>Total User Charges</b>	<b>\$ 47,188</b>	<b>\$ 55,997</b>	<b>(-\$8,809)</b>	<b>-16%</b>
<b>Grants, Subsidies, Contributions</b>				
Child Immunisation register	\$2,712	\$7,006	<b>(-\$4,294)</b>	<b>-61%</b>
<b>Total Grants, Subsidies, Contributions</b>	<b>\$ 2,712</b>	<b>\$ 7,006</b>	<b>\$ (4,294)</b>	<b>-61%</b>
<b>Investment Income</b>				
Interest on investments	\$728	\$3,750	<b>\$ (3,022)</b>	<b>-81%</b>
<b>Total Investment Income</b>	<b>\$ 728</b>	<b>\$ 3,750</b>	<b>\$ (3,022)</b>	<b>-81%</b>
<b>Other Income</b>				
Motor Vehicle re-imburements	\$573	\$0	\$ 573	0%
Sundry Income	\$107	\$1,750	<b>\$ (1,643)</b>	<b>-94%</b>
<b>Total Other Income</b>	<b>\$ 680</b>	<b>\$ 1,750</b>	<b>\$ (1,070)</b>	<b>-61%</b>
<b>Total of non Constituent Council Income</b>	<b>\$ 75,370</b>	<b>\$ 110,249</b>	<b>\$ (34,879)</b>	<b>-32%</b>
<b>Total Income</b>	<b>\$ 970,708</b>	<b>\$ 1,005,586</b>	<b>\$ (34,879)</b>	<b>-3%</b>

<b>Eastern Health Authority - Financial Statement (Level 3)</b>				
<b>1 July 2020 to 30 September 2020</b>				
<b>Expenditure</b>	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Employee Costs</b>				
Salaries & Wages	\$384,790	\$409,044	\$ (24,255)	-6%
Superannuation	\$31,746	\$34,997	\$ (3,251)	-9%
Workers Compensation	\$4,263	\$4,500	\$ (237)	-5%
Medical Officer Retainer	\$1,364	\$1,500	\$ (136)	-9%
<b>Total Employee Costs</b>	<b>\$ 422,162</b>	<b>\$ 450,041</b>	<b>\$ (27,879)</b>	<b>-6%</b>
<b>Prescribed Expenses</b>				
Auditing and Accounting	\$16,848	\$17,000	\$ (153)	-1%
Insurance	\$8,941	\$6,759	\$ 2,182	32%
Maintenance	\$9,489	\$11,250	\$ (1,761)	-16%
Vehicle Leasing/maintenance	\$4,008	\$16,999	\$ (12,991)	-76%
<b>Total Prescribed Expenses</b>	<b>\$ 39,285</b>	<b>\$ 52,008</b>	<b>\$ (12,723)</b>	<b>-61%</b>
<b>Rent and Plant Leasing</b>				
Electricity	\$2,623	\$2,503	\$ 120	5%
Plant Leasing Photocopier	\$871	\$874	\$ (3)	0%
Rent	\$2,457	\$26,824	\$ (24,367)	-91%
Water	\$126	\$75	\$ 51	0%
Gas	\$0	\$750	\$ (750)	0%
<b>Total Rent and Plant Leasing</b>	<b>\$ 6,077</b>	<b>\$ 31,026</b>	<b>\$ (24,949)</b>	<b>-80%</b>
<b>IT Licensing and Support</b>				
IT Licences	\$25,419	\$26,561	\$ (1,142)	-4%
IT Support	\$9,409	\$9,912	\$ (503)	-5%
Internet	\$1,696	\$2,503	\$ (807)	-32%
IT Other	\$114	\$501	\$ (387)	-77%
<b>Total IT Licensing and Support</b>	<b>\$ 36,638</b>	<b>\$ 39,477</b>	<b>\$ (2,839)</b>	<b>-7%</b>
<b>Administration</b>				
Administration Sundry	\$1,712	\$1,500	\$ 212	14%
Accreditation Fees	\$1,187	\$750	\$ 437	58%
Board of Management	\$1,272	\$3,000	\$ (1,728)	-58%
Bank Charges	\$630	\$1,000	\$ (370)	-37%
Public Health Sundry	\$641	\$1,250	\$ (609)	-49%
Fringe Benefits Tax	\$4,379	\$4,000	\$ 379	0%
Legal	\$6,882	\$4,999	\$ 1,883	38%
Printing & Stationery & Postage	\$4,000	\$6,251	\$ (2,251)	-36%
Telephone	\$5,355	\$4,753	\$ 602	13%
Occupational Health & Safety	\$1,820	\$2,500	\$ (680)	-27%
Rodenticide	\$612	\$499	\$ 113	23%
Staff Amenities	\$364	\$1,751	\$ (1,388)	-79%
Staff Training	\$1,439	\$5,501	\$ (4,062)	-74%
Human Resource Sundry	\$1,158	\$4,001	\$ (2,843)	0%
<b>Total Administration</b>	<b>\$ 31,450</b>	<b>\$ 41,755</b>	<b>\$ (7,461)</b>	<b>-18%</b>

<b>Eastern Health Authority - Financial Statement (Level 3)</b>				
<b>1 July 2020 to 30 September 2020</b>				
<b>Expenditure</b>	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Immunisation</b>				
Immunisation SBP Consumables	\$1,292	\$2,250	\$ (958)	-43%
Immunisation clinic vaccines	\$8,587	\$13,500	\$ (4,913)	-36%
<b>Total Immunisation</b>	<b>\$ 9,879</b>	<b>\$ 15,750</b>	<b>\$ (5,871)</b>	<b>-37%</b>
<b>Uniforms/Income protection</b>				
Income Protection	\$20,691	\$23,000	\$ (2,309)	100%
<b>Total Uniforms/Income protection</b>	<b>\$ 20,691</b>	<b>\$ 23,000</b>	<b>\$ (2,309)</b>	<b>100%</b>
<b>Sampling</b>				
Legionella Testing	\$423	\$375	\$48	0%
Food Sampling	\$0	\$253	\$ (253)	-100%
<b>Total Sampling</b>	<b>\$ 423</b>	<b>\$ 628</b>	<b>\$ (205)</b>	<b>-100%</b>
<b>Finance Costs</b>				
Interest - Building Lease	\$10,000	\$0	\$10,000	0%
<b>Total Finance Costs</b>	<b>\$10,000</b>	<b>\$0</b>	<b>\$10,000</b>	<b>0%</b>
<b>Total Materials, contracts and other expenses</b>	<b>\$ 154,444</b>	<b>\$ 203,644</b>	<b>\$ (46,357)</b>	<b>-23%</b>
<b>Depreciation</b>	<b>\$ 37,750</b>	<b>\$ -</b>	<b>\$ 37,750</b>	<b>\$ -</b>
<b>Finance Costs</b>	<b>\$ 4,352</b>	<b>\$ -</b>	<b>\$ 4,352</b>	<b>\$ -</b>
<b>Total Operating Expenditure</b>	<b>\$ 618,708</b>	<b>\$ 653,685</b>	<b>\$ (34,977)</b>	<b>-5.4%</b>
<b>Total Operating Income</b>	<b>\$ 970,708</b>	<b>\$ 1,005,586</b>	<b>\$ (34,879)</b>	<b>-3%</b>
<b>Operating Result</b>	<b>\$ 352,000</b>	<b>\$ 351,901</b>	<b>\$ 99</b>	<b>0%</b>

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME				
FOR THE YEAR ENDING 30 JUNE 2021				
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	REVISED BUDGET 2020/2021
	<b>INCOME</b>			
1,757,120	Council Contributions	1,790,674	(8,000)	1,782,674
46,451	Public Health Plan / Service Review Contributions	40,000	-	32,000
72,447	Statutory Charges	180,500	-	180,500
330,134	User Charges	272,000	-	272,000
245,618	Grants, subsidies and contributions	252,000	-	252,000
8,183	Investment Income	15,000	-	15,000
4,031	Other Income	7,000	-	7,000
2,463,984	<b>TOTAL INCOME</b>	<b>2,557,174</b>	<b>(8,000)</b>	<b>2,541,174</b>
	<b>EXPENSES</b>			
1,636,215	Employee Costs	1,762,000	-	1,762,000
594,507	Materials, contracts and other expenses	737,300	(171,000)	566,300
56,305	Finance Charges	7,874	40,000	47,874
190,358	Depreciation	50,000	143,000	193,000
2,477,385	<b>TOTAL EXPENSES</b>	<b>2,557,174</b>	<b>12,000</b>	<b>2,569,174</b>
(13,401)	Operating Surplus/(Deficit)	-	(20,000)	(28,000)
	Net gain (loss) on disposal of assets	-	-	-
(13,401)	Net Surplus/(Deficit)	-	(20,000)	(28,000)
(13,401)	Total Comprehensive Income	-	(20,000)	(28,000)

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS				
FOR THE YEAR ENDING 30 JUNE 2021				
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	REVISED BUDGET 2020/2021
	<b>CASHFLOWS FROM OPERATING ACTIVITIES</b>			
	Receipts			
1,983,928	Council Contributions	1,830,674	(8,000)	1,822,674
72,447	Fees & other charges	180,500	-	180,500
373,345	User Charges	272,000	-	272,000
7,234	Investment Receipts	15,000	-	15,000
245,618	Grants utilised for operating purposes	252,000	-	252,000
4,031	Other	7,000	-	7,000
	Payments			
(1,645,676)	Employee costs	(1,762,000)	-	(1,762,000)
(802,416)	Materials, contracts & other expenses	(737,300)	-	(737,300)
(57,773)	Finance Payments	(7,874)	-	(47,874)
180,738	<b>Net Cash Provided/(Used) by Operating Activities</b>	<b>50,000</b>	<b>(8,000)</b>	<b>2,000</b>
	<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
	Loans Received	-	-	-
(67,488)	Repayment of Borrowings	(69,090)	-	(69,090)
(110,535)	Repayment of Finance Lease Liabilities	-	-	-
(178,023)	<b>Net Cash Provided/(Used) by Financing Activities</b>	<b>(69,090)</b>	<b>-</b>	<b>(69,090)</b>
	<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
	Receipts			
	Sale of Replaced Assets	-	-	-
	Payments			
(24,677)	Expenditure on renewal / replacements of assets	-	-	-
-	Expenditure on new / upgraded assets	-	-	-
-	Distributions paid to constituent Councils	-	-	-
(24,677)	<b>Net Cash Provided/(Used) by Investing Activities</b>	<b>-</b>	<b>-</b>	<b>-</b>
(21,962)	<b>NET INCREASE (DECREASE) IN CASH HELD</b>	<b>(19,090)</b>	<b>(8,000)</b>	<b>(27,090)</b>
743,272	<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD</b>	<b>667,784</b>	<b>53,526</b>	<b>721,310</b>
721,310	<b>CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD</b>	<b>648,694</b>	<b>45,526</b>	<b>694,220</b>

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION				
FOR THE YEAR ENDING 30 JUNE 2021				
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	REVISED BUDGET 2020/2021
	<b>CURRENT ASSETS</b>			
721,310	Cash and Cash Equivalents	648,694	45,526	694,220
155,650	Trade & Other Receivables	122,329	33,321	155,650
876,960	<b>TOTAL CURRENT ASSETS</b>	<b>771,023</b>	<b>78,847</b>	<b>849,870</b>
	<b>NON-CURRENT ASSETS</b>			
1,491,511	Infrastructure, property, plant and equipment	254,192	1,044,319	1,298,511
1,491,511	<b>TOTAL NON-CURRENT ASSETS</b>	<b>254,192</b>	<b>1,044,319</b>	<b>1,298,511</b>
2,368,471	<b>TOTAL ASSETS</b>	<b>1,025,215</b>	<b>1,123,166</b>	<b>2,148,381</b>
	<b>CURRENT LIABILITIES</b>			
157,719	Trade & Other Payables	197,380	(39,661)	157,719
307,885	Provisions	325,421	(17,536)	307,885
192,012	Borrowings	67,488	55,434	122,922
657,616	<b>TOTAL CURRENT LIABILITIES</b>	<b>590,289</b>	<b>(1,763)</b>	<b>588,526</b>
	<b>NON-CURRENT LIABILITIES</b>			
22,268	Provisions	38,690	(16,422)	22,268
1,213,708	Borrowings	46,677	1,167,031	1,213,708
1,235,976	<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>85,367</b>	<b>1,150,609</b>	<b>1,235,976</b>
1,893,592	<b>TOTAL LIABILITIES</b>	<b>675,656</b>	<b>1,148,846</b>	<b>1,824,502</b>
219,344	<b>NET CURRENT ASSETS/(CURRENT LIABILITIES)</b>	<b>180,734</b>	<b>80,610</b>	<b>261,344</b>
474,879	<b>NET ASSETS</b>	<b>349,559</b>	<b>(25,680)</b>	<b>323,879</b>
	<b>EQUITY</b>			
474,879	Accumulated Surplus/(Deficit)	349,559	105,320	454,879
474,879	<b>TOTAL EQUITY</b>	<b>349,559</b>	<b>105,320</b>	<b>454,879</b>

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY				
FOR THE YEAR ENDING 30 JUNE 2021				
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	REVISED BUDGET 2020/2021
	<b>ACCUMULATED SURPLUS</b>			
488,280	Balance at beginning of period	349,559	125,320	474,879
(13,401)	Net Surplus/(Deficit)	-	(20,000)	(20,000)
-	Distribution to Constituent Councils	-	-	-
474,879	<b>BALANCE AT END OF PERIOD</b>	<b>349,559</b>	<b>105,320</b>	<b>454,879</b>

## Eastern Health Authority

### Bank Reconciliation as at 30 September 2020

**Bank SA Account No. 141/0532306840**

Balance as per Bank Statement 30 September 2020		\$91,698.96
Plus Outstanding cheques	\$ -	
Add Outstanding deposits	\$ -	
 BALANCE PER General Ledger		<b>\$91,698.96</b>

#### GST July to September 2020

GST Collected	\$464.70	
GST Paid	\$3,022.93	
 Net GST Claimable (Payable)	<b>(\$2,558.23)</b>	

#### Funds Available September 2020

Account	30-Sep-20	30-Jun-20	Variance
Bank SA Cheque Account	\$ 91,699	\$ 167,921	-\$ 76,222
Local Government Finance Authority	\$ 1,103,081	\$ 552,363	\$ 550,719
Net GST Claimable (Payable)	(\$2,558.23)	(\$3,406)	\$ 847
Long Service Leave Provision	(\$189,467)	(\$215,166)	\$0.00
Annual Leave Provision	(\$140,686)	(\$134,438)	(\$6,248.00)
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$ 862,069</b>	<b>\$ 367,274</b>	<b>\$ 494,795</b>

## 5.2 EASTERN HEALTH AUTHORITY 2020 CHARTER REVIEW

Author: Michael Livori  
Ref: AF20/47

### Summary

Clause 19 of Schedule 2 of the *Local Government Act 1999* requires that a regional subsidiary has a Charter prepared by its Constituent Councils, and that the Charter is reviewed every 4 years.

Clause 12.3(a) of the Charter also requires the review to occur every 4 years. The last review of the Eastern Health Authority Charter was finalised in May 2016. A report was considered by the Board at its June 2020 meeting and the review process subsequently commenced.

This report provides an update in relation to the review process.

### Report

An initial review of the Charter has been undertaken by the EHA administration including seeking advice in relation to what aspects of the Charter need to be amended from a legal and best practice point of view.

A table detailing the proposed changes and rationale is provided as attachment 1.

A copy of the draft amended Charter with the majority of changes marked up is provided as attachment 2.

It is intended that the process detailed in the June 2020 report will continue.

That is:

- Initial legal / best practice review and summary of suggested amendments be circulated to all Constituent Councils for comment including a request to provide any additional changes they would like considered.
- Any additional changes requested by Constituent Councils be circulated to other Constituent Councils for review and comment.
- Draft revised Charter developed based on legal / best practice review and suggestions from Constituent Councils that have been unanimously agreed.
- If required, a meeting of representatives from each Constituent Council is convened to gain consensus on any elements that have not been unanimously agreed and assist in developing a final draft revised Charter.
- Request a resolution from each Constituent Council agreeing to the proposed revised Charter.

- A copy of the Charter as amended, be provided to the Minister for State/Local Government Relations and published on a website in accordance with the Local Government Act requirements.

The Audit Committee is invited to provide any relevant comments in relation to the Charter review for consideration.

#### **RECOMMENDATION**

That:

- 1 The Eastern Health Authority 2020 Charter Review Report is received.

## Eastern Health Authority Charter Review 2020 – Summary of Amendments for Consideration.

Clause	Title	Commentary on amendments for consideration
1.7	Area of Activity	<p>Revised clause allows for approval of an activity outside of the area of the Constituent Councils following unanimous resolution by the Board of Members AND concurrence of the Chief Executive Officers of the Constituent Councils.</p> <p>Currently unanimous approval is required from Constituent Councils for this to occur which can take considerable time.</p> <p>The revised clause would allow response to opportunities that may be of benefit to EHA in a timelier manner.</p>
1.8	Common Seal	<p>Current clause b) and c) are deleted as they are merely a replication of what is in the LG Act.</p>
2.1	Board of Management - Functions	<p>Language changed to reflect the LG Act more closely.</p> <p>Reference to developing the Public Health Plan is no longer necessary.</p> <p>In relation to the Business Plan, the Board (as the governing body of EHA through which EHA makes decisions) will adopt the business plan therefore it is not considered necessary to refer to the Board assisting in its development.</p> <p>Consideration to be given to whether there are other functions of the Board to be listed.</p>
2.2	Membership of Board	<p>Minor amendments for clarification purposes.</p>
2.4 a) c)  b)	Board policies and codes	<p>It is unnecessary to require consultation with Board Members. The mechanism by which EHA will adopt policies etc is by the Board passing a resolution adopting the policies. The Board Members will therefore provide their input by discussing, debating and ultimately adopting and reviewing the policies that are presented to it by the CEO.</p> <p>Changed to reflect that EHA has developed its own code of conduct for Board Members.</p>

### Eastern Health Authority Charter Review 2020 – Summary of Amendments for Consideration.

2.5 e) f)	Chair of the Board	Changed to reflect circumstances where resignation of chair occurs, and Chair is absent.
3.2 d)	Special Meetings	Consideration as to whether notice of meeting is adequate, suggest 4 hours
3.3	Telephone or video conferencing	<p>Consideration to be given to permitting any board meeting to be convened by electronic means.</p> <p>Consideration as to whether 3.3 b) – e) be removed from the Charter and placed into a meeting procedure document to be adopted by EHA dealing with the procedures for electronic meetings and for board members to be able to participate in meetings by electronic means. There should be detailed procedures for how such meetings are to occur and the responsibilities of board members who attend meetings via electronic means.</p>
3.6 b)	Quorum	This amendment is merely to clarify that a quorum is required for business to be transacted, it is possible that part of a meeting only may be in quorate and in that case any business transacted during the period the meeting had quorum is valid.
3.8 c)	Voting	Amendment requires Board Members attending meetings by electronic means to vote on a question arising from a decision at the meeting.
3.9	Circular Resolutions	This amendment is made as a suggestion to simplify this clause. The procedures for circular resolutions could be set out in a document to be adopted by the Board (they could be included in the meeting procedures guidelines).
3.10	Meetings to be held in public	Consider whether meeting be required to be held in a place open to the public. There has not been a member of the public seek access to a meeting in recent times.
4.3	Functions of the Chief Executive Officer	The functions listed in the revised clause are analogous to the functions of a CEO of a council listed in section 99 of the Act
4.4	Acting Chief Executive Officer	Clause abbreviated to remove revocation of acting position by Board.

### Eastern Health Authority Charter Review 2020 – Summary of Amendments for Consideration.

5	Staff of EHA	Revised provisions in clause are identical to provisions in the LG Act that apply to CEOs of councils.
6	Regional Public Health Plan	Clause has been amended to reflect the current state of the Regional Public Health Planning review and reporting process.
7.7	Liability	Consideration of changing clause to mirror LG Act which reads - Liabilities incurred or assumed by a regional subsidiary are guaranteed by the constituent councils.
7.8	Insolvency	As above
8.1 c)  8.2 b)	Business Plan	It is not clear based on the current wording of this clause if that only a majority of the Constituent Councils are required to endorse the business plan or only majority of the Constituent Councils are to determine the date the Business Plan is to be provided to them. This should be clarified. Consideration of changing date to sometime in October to allow additional time to compile required report.
12.3	Alteration and review of charter	Clause changed to reflect revised LG Act requirement for publishing of Charter
N/A	Other	Number of minor grammatical changes have also been made to document



# Charter 2016





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## **1. EASTERN HEALTH AUTHORITY**

### **1.1. Regional subsidiary**

Eastern Health Authority (EHA) is a regional subsidiary established under section 43 of the Act.

### **1.2. Constituent Councils**

The Constituent Councils of EHA are:

- a) City of Norwood Payneham & St Peters;
- b) City of Burnside;
- c) Campbelltown City Council;
- d) City of Prospect; and
- e) The Corporation of the Town of Walkerville,

**(Constituent Councils).**

### **1.3. Preamble**

The field of Environmental health continues to increase in complexity and diversity, making it difficult for small to medium size councils to attract and retain staff who are experienced and fully skilled across the legislative demands placed on Local Government.

EHA's size, structure and sole focus on environmental health puts it in an ideal position to provide high quality, specialist services to the community on behalf of its Constituent Councils. This in turn ensures Constituent Councils are meeting their broad environmental health legislative responsibilities.

### **1.4. Purpose**

EHA is established by the Constituent Councils for the purpose of providing public and environmental health services primarily to and within the areas of the Constituent Councils.

### **1.5. Functions**

For, or in connection with its purpose, EHA may undertake the following functions:

- a) take action to preserve, protect and promote public and environmental health within the area of the Constituent Councils;
- b) cooperate with other authorities involved in the administration of public and environmental health;
- c) promote and monitor public and environmental health whether in or, so far as the Act and the charter allows, outside the area of the Constituent Councils;

- d) assist the Constituent Councils to meet their legislative responsibilities in accordance with the SA Public Health Act, the *Food Act 2001* (SA), the *Supported Residential Facilities Act 1992* (SA), the *Expiation of Offences Act 1996* (SA), the *Housing Improvement Act 1940* (SA) (or any successor legislation to these Acts) and any other legislation regulating similar matters that the Constituent Councils determine is appropriate within the purposes of EHA;
- e) establish objectives and policy priorities for the promotion and protection of public and environmental health within the areas of the Constituent Councils;
- f) provide immunisation programs for the protection of public health within the areas of the Constituent Councils or to ensure that such programs are provided;
- g) promote and monitor standards of hygiene and sanitation;
- h) promote and monitor food safety standards;
- i) identify risks to public and environmental health within the areas of the Constituent Councils;
- j) monitor and regulate communicable and infectious disease control;
- k) licence and monitor standards in Supported Residential Facilities;
- l) ensure that remedial action is taken to reduce or eliminate adverse impacts or risks to public and environmental health;
- m) provide, or support the provision of, educational information about public and environmental health and provide or support activities within the areas of the Constituent Councils to preserve, protect or promote public health;
- n) keep the Constituent Councils abreast of any emerging opportunities, trends and issues in public and environmental health; and
- o) any other functions described in the Charter or assigned by the Constituent Councils to EHA consistent with EHA's purpose.

#### 1.6. Powers

EHA has the powers necessary for the carrying out of its functions, and may:

- a) enter into contracts or arrangements with any government agency or authority, or councils, including the Constituent Councils;
- b) appoint, employ, remunerate, remove or suspend officers, managers, employees and agents;

- c) enter into contracts with any person for the acquisition or provision of goods and services;
- d) receive financial contributions from the Constituent Councils;
- e) publish information;
- f) acquire, hold, deal with and dispose of any real or personal property, subject to the requirements of the Constituent Councils;
- g) open and operate bank accounts;
- h) acquire funds for the purpose of its functions or operations by entering into loan agreements;
- i) invest any of the funds of EHA in any investment with the LGA Finance Authority, provided that in exercising this power of investment EHA must:
  - (a) exercise the care, diligence and skill that a prudent person of business would exercise in managing the affairs of other persons; and
  - (b) avoid investments that are speculative or hazardous in nature;
- j) raise revenue by applying for grants and other funding from the State of South Australia or the Commonwealth of Australia and their respective agencies or instrumentalities on behalf of the Constituent Councils or on its own behalf.

#### 1.7. Area of activity

a) EHA may ~~only~~ undertake an activity, including in relation to one or more of its functions and powers set out in clauses 1.5 and 1.6 outside the area of the Constituent Councils where that activity has been approved by EHA by a unanimous resolution supported unanimously by all the Board Members of EHA currently in office on the basis EHA considers the activity is decision of the Constituent Councils as being necessary or expedient to the performance by EHA of its functions subject to:

(a) ~~the relevant and is an~~ activity being included in the EHA business plan;

(b) there being no material impact on EHA's ability to undertake its functions set out in clause 1.5;

(c) EHA obtaining the concurrence of the Chief Executive Officers of the Constituent Councils to EHA undertaking the relevant activity.

## 1.8. Common seal

- a) EHA shall have a common seal upon which its corporate name shall appear in legible characters.
- ~~b) The common seal shall not be used without the authorisation of a resolution of EHA and every use of the common seal shall be recorded in a register.~~
- ~~c) The affixing of the common seal shall be witnessed by the Chair or Deputy Chair or such other Board member as the Board may appoint for the purpose.~~
- d)b) The common seal shall be kept in the custody of the Chief Executive Officer or such other person as EHA may from time to time decide.

## 2. BOARD OF MANAGEMENT

### 2.1. Functions

The Board is ~~the governing body of EHA and is responsible for the administration of the affairs of EHA, managing all activities of EHA. A decision of the Board is a decision of EHA, and ensuring that EHA acts in accordance with the Charter.~~ In addition to the functions of the Board set out in the LG Act the Board The Board will:

- a) ~~take all reasonable and practicable steps to ensure that EHA acts in accordance with the Charter;~~
- a)b) formulate plans and strategies aimed at improving the activities of EHA;
- b)c) provide input and policy direction to EHA;
- c)d) monitor, oversee and evaluate the performance of the Chief Executive Officer;
- d)e) ensure that ethical behaviour and integrity is maintained in all activities undertaken by EHA;
- e)f) subject to clause 3.10, ensure that the activities of EHA are undertaken in an open and transparent manner; ~~and~~
- f)g) ~~assist with the development of the Public Health Plan and Business Plan; and~~
- g)h) exercise the care, diligence and skill that a prudent person of business would exercise in managing the affairs of other persons.

### 2.2. Membership of the Board

- a) Each Constituent Council must appoint:
  - (a) one elected member; and

- (b) one other person who may be an officer, employee or elected member of that Constituent Council or an independent person, to be Board members and may at any time revoke these appointments and appoint other persons on behalf of that Constituent Council.
- b) A Board Member shall be appointed for the term of office specified in the instrument of appointment, and at the expiration of the term of office will be eligible for re-appointment by the Constituent Council that appointed that Board Member.
- c) Each Constituent Council must give notice in writing to EHA of the elected members it has appointed as Board Members and of any revocation of any of those appointments.
- d) Any person authorised by a Constituent Council may attend (but not participate in) a Board meeting and may have access to papers provided to Board Members for the purpose of the meeting.
- e) The provisions regarding the office of a board member becoming vacant as prescribed in the Act apply to all Board Members.
- f) Where the office of a board member becomes vacant, the relevant Constituent Council will appoint another person as a Board member for the balance of the original term or such other term as the Constituent Council determines.
- g) The Board may by a two thirds majority vote of the Board Members present (excluding the Board Member who is the subject of a recommendation under this clause ~~g)g)g)~~) make a recommendation to the relevant Constituent Council requesting that the Constituent Council terminate the appointment of a Board Member in the event of:
- (a) any behaviour of the Board Member which in the opinion of the Board amounts to impropriety;
  - (b) serious neglect of duty in attending to their responsibilities as a Board Member;
  - (c) breach of fiduciary duty to EHA, a Constituent Council or the Constituent Councils;
  - (d) breach of the duty of confidentiality to EHA, a Constituent Council or the Constituent Councils;
  - (e) breach of the conflict of interest provisions of the Act; or

- (f) any other behaviour that may, in the opinion of the Board, discredit EHA a Constituent Council or the Constituent Councils.
- h) The members of the Board shall not be entitled to receive any remuneration in respect of their appointment as a Board Member including their attendance at meetings of the Board or on any other business of the BoardEHA.

### 2.3. Conduct of Board Members

- a) Subject to clauses 20(6) and 20(7), Schedule 2 to the Act, the provisions regarding conflict of interest prescribed in the Act apply to Board Members.
- b) Board Members are not required to comply with Division 2, Part 4, Chapter 5 (Register of Interests) of the Act.
- c) Board Members must at all times act in accordance with their duties under the Act.

### 2.4. Board policies and codes

- a) EHA must, in consultation with the Board Members ensure that appropriate policies, practices and procedures are implemented and maintained in order to:
  - (a) ensure compliance with any statutory requirements; and
  - (b) achieve and maintain standards of good public administration.
- b) EHA will adopt a A code of conduct currently prescribed under section 63 of the Act will apply tofor Board Members as if the Board Members were elected members, except insofar as the prescribed code of conduct is inconsistent with an express provision of the charter or schedule 2 of the Act. In the event of such an inconsistency, the charter or schedule 2 of the Act (as relevant) will prevail to the extent of the inconsistency.
- c) To the extent it is able, tThe Board must, as far as it is reasonable and practicable, ensure that its EHA's policies are complied with in the conduct of the affairs of EHA and are periodically reviewed and, if appropriate, amendedreviewed at regular intervals to be determined by the Board on the recommendation of the audit committee.
- d) The audit committee will develop a schedule for the periodic review of EHA policies by 30 June each year and provide this to the Board for approval.

## 2.5. Chair of the Board

- a) A Chair and Deputy Chair shall be elected at the first meeting of the Board after a Periodic Election.
- b) The Chair and Deputy Chair shall hold office for a period of one year from the date of the election by the Board.
- c) Where there is more than one nomination for the position of Chair or Deputy Chair, the election shall be decided by ballot.
- d) Both the Chair and Deputy Chair shall be eligible for re-election to their respective offices at the end of the relevant one year term.
- e) If the Chair should cease to be a Board Member, [or resign their position as chair](#), the Deputy Chair may act as the Chair until the election of a new Chair.
- e)f) In the event the Chair is absent the Deputy Chair shall act as the Chair.

## 2.6. Powers of the Chair and Deputy Chair

- a) The Chair shall preside at all meetings of the Board and, in the event of the Chair being absent from a meeting, the Deputy Chair shall preside. In the event of the Chair and Deputy Chair being absent from a meeting, the Board Members present shall appoint a member from among them, who shall preside for that meeting or until the Chair or Deputy Chair is present.
- b) The Chair and the Deputy Chair individually or collectively shall have such powers as may be decided by [the BoardEHA](#).

## 2.7. Committees

- a) [The BoardEHA](#) may establish a committee for the purpose of:
  - (a) enquiring into and reporting to the Board on any matter within EHA's functions and powers and as detailed in the terms of reference given by the Board to the committee; or
  - (b) exercising, performing or discharging delegated powers, functions or duties.
- b) A member of a committee established under this clause holds office at the pleasure of [the BoardEHA](#).
- c) The Chair of the Board is an *ex-officio* member of any committee [or advisory committee](#) established by [the BoardEHA](#).

### 3. MEETINGS OF THE BOARD

#### 3.1. Ordinary meetings

- a) Ordinary meetings of the Board will take place at such times and places as may be fixed by the Board or where there are no meetings fixed by the Board, by the Chief Executive Officer in consultation with the Chair from time to time, so that there are no less than five ordinary meetings per financial year.
- b) Notice of ordinary meetings of the Board must be given by the Chief Executive Officer to each Board Member and the chief executive officer of each Constituent Council at least three clear days prior to the holding of the meeting.

#### 3.2. Special meetings

- a) Any two Board Members may by delivering a written request to the Chief Executive Officer require a special meeting of the Board to be held.
- b) The request must be accompanied by the proposed agenda for the meeting and any written reports intended to be considered at the meeting (if the proposed agenda is not provided the request is of no effect).
- c) On receipt of the request, the Chief Executive Officer must send a notice of the special meeting to all Board Members and Chief Executive Officers of the Constituent Councils at least four hours prior to the commencement of the special meeting.
- d) The Chair may convene special meetings of the Board at the Chair's discretion without complying with the notice requirements prescribed in clause 3.4 provided always that there is a minimum one hour notice given to Board members.

#### 3.3. Telephone or video conferencing

- a) **Special meetings of the Board** convened under clause 3.2 may occur by ~~telephone or video conference~~electronic means in accordance with procedures determine by EHA or the Chief Executive Officer and provided that at least a quorum is present at all times.
- b) Where one or more Board Members attends a Board meeting by ~~telephone or video conferencing~~electronic means, the meeting will be taken to be open to the public, provided that members of the public can hear the discussion between Board members.
- c) Each of the Board Members taking part in a meeting ~~via telephone or video conferencing~~by electronic means must, at all times during the

meeting, be able to hear and be heard by the other Board Members present.

- d) At the commencement of the meeting by ~~telephone~~ electronic means, each Board Member must announce their presence to all other Board Members taking part in the meeting.
- e) Board Members attending a meeting by electronic means must ~~not leave a meeting by disconnecting~~ the electronic means or telephone, audio-visual or other communication equipment, without notifying the Chair of the meeting in advance.

#### 3.4. Notice of meetings

- a) Except where clause 3.2 applies, notice of Board meetings must be given in accordance with this clause.
- b) Notice of any meeting of the Board must:
  - (a) be in writing;
  - (b) set out the date, time and place of the meeting;
  - (c) be signed by the Chief Executive Officer;
  - (d) contain, or be accompanied by, the agenda for the meeting; and
  - (e) be accompanied by a copy of any document or report that is to be considered at the meeting (as far as this is practicable).
- c) Notice under clause ~~b)b)b)~~ may be given to a Board Member:
  - (a) personally;
  - (b) by delivering the notice (whether by post or otherwise) to the usual place of residence of the Board Member or to another place authorised in writing by the Board Member;
  - (c) electronically via email to an email address approved by the Board Member;
  - (d) by leaving the notice at the principal office of the Constituent Council which appointed the Board Member; or
  - (e) by a means authorised in writing by the Board Member being an available means of giving notice.
- d) A notice that is not given in accordance with clause ~~c)c)c)~~ will be taken to have been validly given if the Chief Executive Officer considers it impracticable to give the notice in accordance with that clause and takes action that the Chief Executive Officer considers

reasonably practicable in the circumstances to bring the notice to the Board Member's attention.

- e) The Chief Executive Officer may indicate on a document or report provided to Board Members that any information or matter contained in or arising from the document or report is confidential until such time as the Board determines whether the document or report will be considered in confidence under clause ~~3.10.b)3.10.b)3.10.b)~~.

### 3.5. Minutes

- a) The Chief Executive Officer must cause minutes to be kept of the proceedings at every meeting of the Board.
- b) Where the Chief Executive Officer is excluded from attendance at a meeting of the Board pursuant to clause ~~3.10.b)3.10.b)3.10.b)~~, the person presiding at the meeting shall cause the minutes to be kept.

### 3.6. Quorum

- a) A quorum of Board Members is constituted by dividing the total number of Board Members for the time being in office by two, ignoring any fraction resulting from the division and adding one.
- b) No business will be transacted at a meeting unless a quorum is present ~~and maintained~~ during the meeting.

### 3.7. Meeting procedure

- a) ~~The Board~~EHA may determine its own procedures for the conduct of its meetings provided they are not inconsistent with the Act or the charter.
- b) Meeting procedures determined by ~~the Board~~EHA must be documented and be made available to the public.
- c) Where the Board has not determined a procedure to address a particular circumstance, the provisions of Part 2 of the *Local Government (Procedures at Meetings) Regulations 2000* (SA) shall apply.

### 3.8. Voting

- a) Board Members including the Chair, shall have a deliberative vote. The Chair shall not in the event of a tied vote, have a second or casting vote.
- b) All matters will be decided by simple majority of votes of the Board Members present. In the event of a tied vote the matter will lapse.

- c) Each Board Member present at a meeting, including Board Members attending a meeting by electronic means must vote on a question arising for decision at the meeting.

### 3.9. Circular resolutions

- ~~a) —~~ A valid decision of the Board may be obtained by a proposed resolution in writing given to all Board Members in accordance with procedures determined by the Board, and a resolution made in accordance with such procedures is as valid and effectual as if it had been passed at a meeting of the Board where a simple majority of Board Members vote in favour of the resolution by signing and returning the resolution to the Chief Executive Officer or otherwise giving written notice of their consent and setting out the terms of the resolution to the Chief Executive Officer.

A resolution consented to under clause a) is as valid and effectual as if it had been passed at a meeting of the Board.

### 3.10. Meetings to be held in public except in special circumstances

- a) Subject to this clause, meetings of the BoardEHA must be conducted in a place open to the public.
- b) The BoardEHA may order that the public be excluded from attendance at any meeting in accordance with the procedure under sections 90(2) and 90(3) of the Act.
- c) An order made under clause ~~b)b)b)~~ must be recorded in the minutes of the meeting including describing the grounds on which the order was made.

### 3.11. Public inspection of documents

- a) Subject to clause ~~c)c)c)~~, a person is entitled to inspect, without payment of a fee:
- (a) minutes of a Board Meeting;
  - (b) reports received by the Board Meeting; and
  - (c) recommendations presented to the Board in writing and adopted by resolution of the Board.
- b) Subject to clause ~~c)c)c)~~, a person is entitled, on payment to the Board of a fee fixed by the Board, to obtain a copy of any documents available for inspection under clause ~~a)a)a)~~.
- c) Clauses ~~a)a)a)~~ and ~~b)b)b)~~ do not apply in relation to a document or part of a document if:

- (a) the document or part of the document relates to a matter of a kind considered by the Board in confidence under clause ~~3.10.b)3.10.b)3.10.b)~~; and
- (b) the Board orders that the document or part of the document be kept confidential (provided that in so ordering the Board must specify the duration of the order or the circumstances in which it will cease to apply or a period after which it must be reviewed).

### 3.12. Saving provision

- a) No act or proceeding of EHA is invalid by reason of:
  - (a) a vacancy or vacancies in the membership of the Board; or
  - (b) a defect in the appointment of a Board Member.

## 4. CHIEF EXECUTIVE OFFICER

### 4.1. Appointment

- a) ~~The Board~~EHA shall appoint a Chief Executive Officer to manage the business of EHA on a fixed term performance based employment contract, which does not exceed five years in duration.
- b) At the expiry of a Chief Executive Officer's contract, the Board may reappoint the same person as Chief Executive Officer on a new contract of no greater than five years duration.

### 4.2. Responsibilities

- a) The Chief Executive Officer is responsible to ~~the Board~~EHA for the execution of decisions taken by ~~the Board~~EHA and for the efficient and effective management of the affairs of EHA.
- b) The Chief Executive Officer shall cause records to be kept of all activities and financial affairs of EHA in accordance with the charter, in addition to other duties provided for by the charter and those specified in the terms and conditions of appointment.

### 4.3. Functions of the Chief Executive Officer

The functions of the Chief Executive Officer ~~shall be specified in the terms and conditions of appointment and will include to: terms to the effect that the Chief Executive Officer's functions may:~~

- a) ensure that the policies, procedures, codes of conduct and any lawful decisions of EHA are implemented and promulgated in a timely and efficient manner;

- b) undertake responsibility for the day to day operations and affairs of EHA;
- c) provide advice, assistance and reports to EHA through the Board in the exercise and performance of its powers and functions under the charter and the Act;
- d) initiate and co-ordinate proposals for consideration by EHA for developing objectives, policies and programs for the Constituent Council areas;
- e) provide information to EHA to assist EHA to assess performance against EHA plans;
- f) ensure that timely and accurate information about EHA policies and programs is regularly provided to the communities of the Constituent Councils;
- g) ensure that appropriate and prompt responses are given to specific requests for information made to EHA and, where appropriate, the Constituent Councils;
- h) ensure that the assets and resources of EHA are properly managed and maintained;
- i) maintain records that EHA and the Constituent Councils are required to maintain under the charter, the Act or another Act in respect of EHA;
- j) ensure sound principles of human resource management, health and safety to the employment of staff by EHA, including the principles listed in section 107(2) of the Act;
- k) ensure compliance with the obligations under *Work Health and Safety Act 2012* (SA) of both EHA and the Chief Executive Officer (as an 'officer' of EHA within the meaning of the WHS Act); and
- l) exercise, perform or discharge other powers, functions or duties conferred on the Chief Executive Officer by the charter, and to perform other functions lawfully directed by ~~the Board~~EHA;
- l)m) such other functions as may be specified in the terms and conditions of appointment of the Chief Executive Officer.

#### 4.4. Acting Chief Executive Officer

- a) Where an absence of the Chief Executive Officer is foreseen, the Chief Executive Officer may appoint a suitable person to act as Chief Executive Officer, provided that the BoardEHA may determine to revoke the Acting Chief Executive Officer's appointment and appoint an alternative person as Acting Chief Executive Officer.

- b) If the Chief Executive Officer does not make or is incapable of making an appointment under clause ~~a)a)a)~~, a suitable person will be appointed by ~~the Board~~EHA.

## 5. STAFF OF EHA

- ~~a) \_\_\_\_\_~~ EHA may employ any staff required for the fulfilment of its functions.
- ~~b) \_\_\_\_\_~~ ~~The~~The Chief Executive Officer is responsible for appointing, managing, suspending and dismissing the other employees of EHA (on behalf of EHA).
- ~~conditions on which staff are employed will be determined by the Chief Executive Officer.~~
- ~~c) \_\_\_\_\_~~ The Chief Executive Officer must ensure that an appointment under ~~this clause~~ is consistent with strategic policies and budgets approved by EHA.
- ~~d) \_\_\_\_\_~~ The Chief Executive Officer must, in acting under ~~this clause~~ comply with any relevant Act, award or industrial agreement.
- ~~e) \_\_\_\_\_~~ Suspension of an employee by the Chief Executive Officer does not affect a right to remuneration in respect of the period of suspension.

## 6. REGIONAL PUBLIC HEALTH PLAN

### 6.1. ~~Obligation to prepare~~

- ~~a) \_\_\_\_\_~~ EHA must prepare for the Constituent Councils a draft regional public health plan for the purposes of the South Australian Public Health Act.
- ~~b) \_\_\_\_\_~~ The draft Regional Public Health Plan must be:
- ~~(a) \_\_\_\_\_~~ in the form determined or approved by the Minister; and
- ~~(b) \_\_\_\_\_~~ consistent with the State Public Health Plan.
- ~~c) \_\_\_\_\_~~ In drafting the Regional Public Health Plan, EHA will take into account:
- ~~(a) \_\_\_\_\_~~ any guidelines prepared or adopted by the Minister to assist councils prepare regional public health plans; and
- ~~(b) \_\_\_\_\_~~ in so far as is reasonably practicable give due consideration to the regional public health plans of other councils where relevant to issues or activities under the Regional Public Health Plan.

### 6.2. ~~Contents~~

~~The Regional Public Health Plan must:~~

- a) ~~comprehensively assess the state of public health in the areas of the Constituent Councils;~~
- b) ~~identify existing and potential public health risks and provide for strategies for addressing and eliminating or reducing those risks;~~
- c) ~~identify opportunities and outline strategies for promoting public health in the areas of the Constituent Councils;~~
- d) ~~address any public health issues specified by the Minister; and~~
- e) ~~include information as to:~~
  - ~~(a) the state and condition of public health within the area of the Constituent Councils and related trends;~~
  - ~~(b) environmental, social, economic and practical considerations relating to public health within the area of the Constituent Councils; and~~
  - ~~(c) other prescribed matters; and~~
- f) ~~include such other information or material contemplated by the SA Public Health Act or regulations made under that Act.~~

### 6.3. ~~Consultation~~

- a) ~~EHA will submit the draft Regional Public Health Plan to the Constituent Councils for approval for the plan to be provided, on behalf of the Constituent Councils, to:~~
  - ~~(a) the Minister;~~
  - ~~(b) any incorporated hospital established under the *Health Care Act 2008* (SA) that operates a facility within the area of the Constituent Councils;~~
  - ~~(c) any relevant Public Health Authority Partner; and~~
  - ~~(d) any other person prescribed by regulation made under the SA Public Health Act.~~
- b) ~~Once approved by the Constituent Councils, EHA will, on behalf of the Constituent Councils, submit a copy of the draft Regional Public Health Plan to the entities listed in clause a) and consult with the Chief Public Health Officer and the public on the draft Public Health Authority Partner.~~
- c) ~~EHA will provide an amended copy of the Regional Public Health Plan to the Constituent Councils which takes into account comments received through consultation under clause b).~~

#### ~~6.4. Adoption of a Regional Public Health Plan~~

~~Each Constituent Council will determine whether or not to adopt the draft Regional Public Health Plan submitted to it by EHA under clause 6.3.c).~~

#### ~~6.5.6.1. Implementation of a Regional Public Health Plan~~

~~EHA is responsible for undertaking any strategy and for attaining any priority or goal which the Regional Public Health Plan specifies as EHA's responsibility.~~

#### ~~6.6.6.2. Review~~

~~EHA will, in conjunction with the Constituent Councils, review the current Regional Public Health Plan every five years or at shorter time intervals as directed by the Constituent Councils.~~

#### ~~6.7.6.3. Reporting~~

a) EHA will on a biennial basis, on behalf of the Constituent Councils, prepare coordinate the preparation of a draft report that contains a comprehensive assessment of the extent to which, during the reporting period, EHA and the Constituent Councils have succeeded in implementing the Regional Public Health Plan.

~~b) The reporting period for the purposes of clause a) is the two years ending on 30 June preceding the drafting of the report.~~

~~c)b) EHA will comply with guidelines issued by the Chief Public Health Officer in respect of the preparation of reports on regional public health plans.~~

~~d)c) EHA will submit the draft report to the Constituent Councils for approval for the draft report to be provided to the Chief Public Health Officer by 30 June 2014 on behalf of the constituent councils as required.~~

## 7. FUNDING AND FINANCIAL MANAGEMENT

### 7.1. Financial management

a) EHA shall keep proper books of account. Books of account must be available for inspection by any Board Member or authorised representative of any Constituent Council at any reasonable time on request.

b) EHA must meet the obligations set out in the *Local Government (Financial Management) Regulations 2011* (SA).

c) The Chief Executive Officer must act prudently in the handling of all financial transactions for EHA and must provide financial reports to the Board at its meetings and if requested, the Constituent Councils.

## 7.2. **Bank account**

- a) EHA must establish and maintain a bank account with such banking facilities and at a bank to be determined by the Board.
- b) All cheques must be signed by two persons authorised by resolution of the Board.
- c) Any payments made by electronic funds transfer must be made in accordance with procedures approved by the external auditor.

## 7.3. **Budget**

- a) EHA must prepare a proposed budget for each financial year in accordance with clause 25, Schedule 2 to the Act.
- b) The proposed budget must be referred to the Board at its April meeting and to the Chief Executive Officers of the Constituent Councils by 30 April each year.
- c) A Constituent Council may comment in writing to EHA on the proposed budget by 31 May each year.
- d) EHA must, after 31 May but before the end of June in each financial year, finalise and adopt an annual budget for the ensuing financial year in accordance with clause 25, Schedule 2 to the Act.

## 7.4. **Funding contributions**

- a) Constituent Councils shall be liable to contribute monies to EHA each financial year for its proper operation.
- b) The contribution to be paid by a Constituent Council for any financial year shall be determined by calculating the Constituent Council's proportion of EHA's overall activities in accordance with the Funding Contribution Calculation Formula (see Schedule 1).
- c) Constituent Council contributions shall be paid in two equal instalments due respectively on 1 July and 1 January each year.
- d) The method of determining contributions can be changed with the written approval of not less than two thirds of the Constituent Councils. Where the method for calculating contributions is changed, the revised methodology will apply from the date determined by not less than two thirds of the Constituent Councils.
- e) If a council becomes a new Constituent Council after the first day of July in any financial year, the contribution payable by that council for that year will be calculated on the basis of the number of whole months (or part thereof) remaining in that year.

### 7.5. **Financial reporting**

- a) The Board shall present a balance sheet and the audited financial statements for the immediately previous financial year to the Constituent Councils by 31 August each year.
- b) The financial year for EHA is 1 July of a year to 30 June in the subsequent year.

### 7.6. **Audit**

- a) The Board shall appoint an external auditor in accordance with the *Local Government (Financial Management) Regulations 2011 (SA)*.
- b) The audit of financial statements of EHA, together with the accompanying report from the external auditor, shall be submitted to the Chief Executive Officer and the Board.
- c) The books of account and financial statements shall be audited at least once per year.
- d) EHA will maintain an audit committee as required by, and to fulfil the functions set out in, clause 30, Schedule 2 to the Act.

### 7.7. **Liability**

The liabilities incurred and assumed by EHA are guaranteed by all Constituent Councils in the proportions specified in the Funding Contribution Calculation Formula.

### 7.8. **Insolvency**

In the event of EHA becoming insolvent, the Constituent Councils will be responsible for all liabilities of EHA in proportion to the percentage contribution calculated for each Constituent Council for the financial year prior to the year of the insolvency.

### 7.9. **Insurance and superannuation requirements**

- a) EHA shall register with the LGA Mutual Liability Scheme and comply with the rules of that scheme.
- b) EHA shall register with the LGA Asset Mutual Fund or otherwise advise the Local Government Risk Services of its insurance requirements relating to local government special risks in respect of buildings, structures, vehicles and equipment under the management, care and control of EHA.
- c) If EHA employs any person it shall register with Statewide Super and the LGA Workers Compensation Scheme and comply with the rules of those schemes.

## 8. BUSINESS PLAN

### 8.1. Contents of the Business Plan

- a) EHA must each year develop in accordance with this clause a business plan which supports and informs its annual budget.
- b) In addition to the requirements for the Business Plan set out in clause 24(6) of Schedule 2 to the Act, the Business Plan will include:
  - (a) a description of how EHA's functions relate to the delivery of the Regional Public Health Plan and the Business Plan;
  - (b) financial estimates of revenue and expenditure necessary for the delivery of the Regional Public Health Plan;
  - (c) performance targets which EHA is to pursue in respect of the Regional Public Health Plan.
- c) A draft of the Business Plan will be provided to the Constituent Councils ~~on a date to be determined~~ for the endorsement of the majority of those councils.
- d) The Board must provide a copy of the adopted annual Business Plan and budget to the Chief Executive Officers of each Constituent Council within five business days of its adoption.

### 8.2. Review and assessment against the Business Plan

- a) The Board must:
  - (a) compare the achievement of the Business Plan against performance targets for EHA at least once every financial year;
  - (b) in consultation with the Constituent Councils review the contents of the Business Plan on an annual basis; and
  - (c) consult with the Constituent Councils prior to amending the Business Plan.
- b) EHA must submit to the Constituent Councils, by **30 September each** year in respect of the immediately preceding financial year, an annual report on the work and operations of EHA detailing achievement of the aims and objectives of its Business Plan and incorporating any other information or report as required by the Constituent Councils.

## 9. MEMBERSHIP

### 9.1. New Members

The charter may be amended by the unanimous agreement of the Constituent Councils and the approval of the Minister to provide for the admission of a new Constituent Council or Councils, with or without conditions of membership.

## 9.2. **Withdrawal of a member**

- a) Subject to any legislative requirements, including but not limited to ministerial approval, a Constituent Council may resign from EHA at any time by giving a minimum 12 months notice to take effect from 30 June in the financial year after which the notice period has expired, unless otherwise agreed by unanimous resolution of the other Constituent Councils.
- b) Valid notice for the purposes of clause ~~a)a)a)~~ is notice in writing given to the Chief Executive Officer and each of the Constituent Councils.
- c) The withdrawal of any Constituent Council does not extinguish the liability of that Constituent Council to contribute to any loss or liability incurred by EHA at any time before or after such withdrawal in respect of any act or omission by EHA prior to such withdrawal.
- d) Payment of monies outstanding under the charter, by or to the withdrawing Constituent Council must be fully paid by 30 June of the financial year following 30 June of the year in which the withdrawal occurs unless there is a unanimous agreement as to alternative payment arrangements by the Constituent Councils.

## 10. **DISPUTE RESOLUTION**

- a) The procedure in this clause must be applied to any dispute that arises between EHA and a Constituent Council concerning the affairs of EHA, or between the Constituent Councils concerning the affairs of EHA, including a dispute as to the meaning or effect of the charter and whether the dispute concerns a claim in common law, equity or under statute.
- b) EHA and a Constituent Council must continue to observe the charter and perform its respective functions despite a dispute.
- c) This clause does not prejudice the right of a party:
  - (a) to require the continuing observance and performance of the charter by all parties: or
  - (b) to institute proceedings to enforce payment due under the charter or to seek injunctive relief to prevent immediate and irreparable harm.
- d) Subject to clause ~~c)c)c)~~, pending completion of the procedure set out in clauses ~~e)e)e)~~ to ~~i)i)i)~~, a dispute must not be the subject of legal proceedings between any of the parties in dispute. If legal

proceedings are initiated or continued in breach of this clause, a party to the dispute is entitled to apply for and be granted an order of the court adjourning those proceedings pending completion of the procedure set out in this clause 10.

e) **Step 1: Notice of dispute:** A party to the dispute must promptly notify each other party to the dispute of:

- (a) the nature of the dispute, giving reasonable details;
- (b) what action (if any) the party giving notice seeks to resolve the dispute.

A failure to give notice under this clause ~~e)e)e)~~ does not entitle any other party to damages.

f) **Step 2: Request for a meeting of the parties:** A party providing notice of a dispute under clause ~~e)e)e)~~ may at the same or a later time notify each other party to the dispute that the notifying party requires a meeting within 14 business days.

g) **Step 3: Meeting of senior managers:** Where a meeting is requested under clause ~~f)f)f)~~, a senior manager of each party must attend a meeting with the Board in good faith to attempt to resolve the dispute.

h) **Step 4: Meeting of chief executive officers:** Where a meeting of senior managers held under clause ~~g)g)g)~~ fails to resolve the dispute, the chief executive officers of EHA and each of the Constituent Councils must attend a meeting in good faith to attempt to resolve the dispute.

i) **Step 5: Mediation:** If the meeting held under clause ~~h)h)h)~~ fails to resolve the dispute, then the dispute may be referred to mediation by any party to the dispute.

j) Where a dispute is referred to mediation under clause ~~i)i)i)~~:

- (a) the mediator must be a person agreed by the parties in dispute or, if they cannot agree within 14 days, a mediator nominated by the President of the South Australian Bar Association (or equivalent office of any successor organisation);
- (b) the role of the mediator is to assist in negotiating a resolution of a dispute;
- (c) a mediator may not make a decision binding on a party unless the parties agree to be so bound either at the time the mediator is appointed or subsequently;

- (d) the mediation will occur at EHA's principal office or any other convenient location agreed by both parties;
- (e) a party is not required to spend more than the equivalent of one business day in mediation of a dispute;
- (f) each party to a dispute will cooperate in arranging and expediting the mediation, including by providing information in the possession or control of the party reasonably sought by the mediator in relation to the dispute;
- (g) each party will send a senior manager authorised to resolve the dispute to the mediation;
- (h) the mediator may exclude lawyers acting for the parties in dispute;
- (i) the mediator may retain persons to provide expert assistance to the mediator;
- (j) a party in dispute may withdraw from mediation if in the reasonable opinion of that party, the mediator is not acting in confidence or with good faith, or is acting for a purpose other than resolving the dispute;
- (k) unless otherwise agreed in writing:
  - (i) everything that occurs before the mediator is in confidence and in closed session;
  - (ii) discussions (including admissions and concessions) are without prejudice and may not be called into evidence in any subsequent legal proceedings by a party;
  - (iii) documents brought into existence specifically for the purpose of the mediation may not be admitted in evidence in any subsequent legal proceedings by a party; and
  - (iv) the parties in dispute must report back to the mediator within 14 days on actions taken based on the outcomes of the mediation; and
- (l) each party to the dispute must bear its own costs in respect of the mediation, plus an equal share of the costs and expenses of the mediator.

## 11. WINDING UP

- a) EHA may be wound up by the Minister acting upon a unanimous resolution of the Constituent Councils or by the Minister in accordance with clause 33(1)(b), Schedule 2 of the Act.
- b) In the event of EHA being wound up, any surplus assets after payment of all expenses shall be returned to the Constituent Councils in the proportions specified in the Funding Contribution Calculation Formula prior to the passing of the resolution to wind up.
- c) If there are insufficient funds to pay all expenses due by EHA on winding up, a levy shall be imposed on all Constituent Councils in the proportion determined under the Funding Contribution Calculation Formula prior to the passing of the resolution to wind up.

## 12. MISCELLANEOUS

### 12.1. Action by the Constituent Councils

The obligations of EHA under the charter do not derogate from the power of the Constituent Councils to jointly act in any manner prudent to the sound management and operation of EHA, provided that the Constituent Councils have first agreed by resolution of each Constituent Council as to the action to be taken.

### 12.2. Direction by the Constituent Councils

Any direction given to EHA by the Constituent Councils must be jointly given by the Constituent Councils to the Board of EHA by a notice or notices in writing.

### 12.3. Alteration and review of charter

- a) The charter will be reviewed by the Constituent Councils acting jointly at least once in every four years.
- b) The charter can only be amended by unanimous resolution of the Constituent Councils.
- c) Notice of a proposed alteration to the charter must be given by the Chief Executive Officer to all Constituent Councils at least four weeks prior to the Council meeting at which the alteration is proposed.
- d) The Chief Executive Officer must ensure that a copy of the charter, as amended, is published on a website (or websites) determined by the chief executive officers of the Constituent Councils, a notice of the fact of the amendment and a website address at which the charter is available for inspection is published in the Gazette and a copy of the charter, as amended, is provided to the Minister. the amended charter is published in the *South Australian Government Gazette*, a copy of the

[amended charter is provided to the Minister and a copy is tabled for noting at the next Board meeting.](#)

#### 12.4. Access to information

A Constituent Council and a Board Member each has a right to inspect and take copies of the books and records of EHA for any proper purpose.

#### 12.5. Circumstances not provided for

- a) If any circumstances arise about which the charter is silent or which are, incapable of taking effect or being implemented the Board or the Chief Executive Officer may decide the action to be taken to ensure achievement of the objects of EHA and its effective administration.
- b) Where the Chief Executive Officer acts in accordance with clause ~~a)a)a)~~ he or she shall report that decision at the next Board meeting.

### 13. INTERPRETATION

#### 13.1. Glossary

Term	Definition
Act	<i>Local Government Act 1999 (SA)</i>
Board	board of management of EHA
Board Member	a member of EHA board appointed for the purposes of clause 2.2 of the charter.
Business Plan	a business plan compiled in accordance with part 8 of the charter
Chief Executive Officer	The chief executive officer of EHA
Chief Public Health Officer	the officer of that name appointed under the SA Public Health Act
Constituent Council	a council listed in clause 1.2 of the charter or admitted under clause 9.1.
EHA	Eastern Health Authority
Funding Contribution Calculation Formula	the formula set out in Schedule 1 to the charter.
LGA	Local Government Association of SA
LGA Asset Mutual Fund	means the fund of that name provided by Local Government Risk Services

<b>LGA Mutual Liability Scheme</b>	means the scheme of that name conducted by the LGA.
<b>LGA Workers Compensation Scheme</b>	a business unit of the Local Government Association of South Australia.
<b>Minister</b>	South Australian Minister for Health and Aging
<b>Periodic Election</b>	has the meaning given in the <i>Local Government (Elections) Act 1999 (SA)</i> .
<b>Public Health Authority Partner</b>	is an entity prescribed or declared to be a public health authority partner pursuant to the SA Public Health Act
<b>Regional Public Health Plan</b>	the plan prepared under part 6 of the charter for the areas of the Constituent Councils.
<b>SA Public Health Act</b>	<i>South Australian Public Health Act 2011 (SA)</i>
<b>State Public Health Plan</b>	means the plan of that name under the SA Public Health Act
<b>Statewide Super</b>	Statewide Superannuation Pty Ltd ABN 62 008 099 223
<b>Supported Residential Facility</b>	has the meaning given in the <i>Supported Residential Facilities Act 1992 (SA)</i> .

### 13.2. Interpreting the charter

- a) The charter will come into effect on the date it is published in the *South Australian Government Gazette*.
- b) The charter supersedes previous charters of the Eastern Health Authority.
- c) The charter must be read in conjunction with Schedule 2 to the Act.
- d) EHA shall conduct its affairs in accordance with Schedule 2 to the Act except as modified by the charter as permitted by Schedule 2 to the Act.
- e) Despite any other provision in the charter:
  - (a) if the Act prohibits a thing being done, the thing may not be done;

- (b) if the Act requires a thing to be done, that thing must be done;  
and
- (c) if a provision of the charter is or becomes inconsistent with the Act, that provision must be read down or failing that severed from the charter to the extent of the inconsistency.

### Schedule 1 – Funding Contribution Calculation Formula

The funding contribution required from each Constituent Council is based on an estimated proportion of EHA's overall activities occurring within its respective area.

The estimated proportion is determined using the Funding Contribution Calculation Formula which is detailed on the following page.

In the formula, activities conducted by EHA on behalf of Constituent Councils have been weighted according to their estimated proportion of overall activities (see table below).

It should be noted that the weighted proportion allocated to administration is divided evenly between the Constituent Councils.

A calculation of each Constituent Councils proportion of resources used for a range of different activities is made. This occurs annually during the budget development process and is based on the best available data from the preceding year.

The formula determines the overall proportion of estimated use for each council by applying the weighting to each activity.

<b>Activity</b>	<b>Weighted % of Activities</b>
Administration	12.5%
Food Safety Activity	35.0%
Environmental Health Complaints	7.0%
Supported Residential Facilities	6.5%
Cooling Towers	6.5%
Skin Penetration	0.5%
Swimming Pools	2%
Number of Year 8 & 9 Enrolments	15.0%
Number of clients attending clinics	15.0%
<b>Total</b>	<b>100%</b>

Activity Description	Code	Activity weighting	Constituent Council -1	Constituent Council - 2	Constituent Council - 3	Constituent Council - 4	Constituent Council - 5	Total
Administration (to be shared evenly )	A	12.5%	12.5%/ CC	12.5%/ CC	12.5%/ CC	12.5%/ CC	12.5%/ CC	12.5%
Food Safety Activity.	B	35%	(N/B)x AW	(N/B)x AW	(N/B)x AW	(N/B)x AW	(N/B)x AW	28.5%
Environmental Health Complaints	C	7%	(N/C)x AW	(N/C)x AW	(N/C)x AW	(N/C)x AW	(N/C)x AW	11%
Supported Residential Facilities.	D	6.5%	(N/D)x AW	(N/D)x AW	(N/D)x AW	(N/D)x AW	(N/D)x AW	10%
High Risk Manufactured Water Systems	E	6.5%	(N/E)x AW	(N/E)x AW	(N/E)x AW	(N/E)x AW	(N/E)x AW	3%
Skin Penetration	F	0.5%	(N/F)x AW	(N/F)x AW	(N/F)x AW	(N/F)x AW	(N/F)x AW	2%
Public Access Swimming Pools.	G	2%	(N/G)x AW	(N/G)x AW	(N/G)x AW	(N/G)x AW	(N/G)x AW	3%
School enrolments vaccinated	H	15.0%	(N/H)x AW	(N/H)x AW	(N/H)x AW	(N/H)x AW	(N/H)x AW	15%
Clients attending public clinics	I	15.0%	(N/I)x AW	(N/I)x AW	(N/I)x AW	(N/I)x AW	(N/I)x AW	15%
<b>Total Proportion of contribution</b>			<b>Sum A-I</b>	<b>Sum A-I</b>	<b>Sum A-I</b>	<b>Sum A-I</b>	<b>Sum A-I</b>	<b>100%</b>

- N = Number in Constituent Council area.  
B through to I = Total number in all Constituent Councils.  
AW = Activity weighting.  
CC = Number of Constituent Councils (example provided uses five (5) Constituent Councils)

### **5.3 EASTERN HEALTH AUTHORITY WORK HEALTH AND SAFETY AND RETURN TO WORK POLICY**

Author: Michael Livori  
Ref: AF17/46

#### **Summary**

The current Eastern Health Authority Work Health Safety and Return to Work Policy has been reviewed and the revised policy was adopted at the Board of Management meeting held on 2 December 2020.

#### **Report**

An agreement was reached between Return To Work SA and the Local Government Association Workers Compensation Scheme (LGAWCS) in 2015 which allows members of the scheme to formally adopt the peak policy. Each member is party to the commitments within the policy by their membership of the LGAWCS. It is now possible to simply reference the peak policy within EHA documentation.

The LGAWCS has recently reviewed (9 September 2020) and updated the peak Work Health Safety and Return to Work Policy.

The revised document is provided as attachment 1.

Minor changes have been made to the policy and are detailed in the document history on page 4 of the policy.

These amendments include the incorporation of LGASA Mutual Services, changes to definitions and inclusion of Person Conducting a Business or Undertaking (PCBU) responsibilities.

The EHA Board of Management endorsed the amended policy at its meeting held on 2 December 2020.

#### **RECOMMENDATION**

That:

1. The report regarding the Work Health Safety and Return to Work Policy is received.

# Work Health Safety and Return to Work Policy

## Overview

The Local Government Association of South Australia (LGA) is, for the purposes of the Return to Work Act 2014, the nominated Employer for a group of Self Insured Employers which includes all Local Government entities (Councils and Prescribed Bodies (Members)).

In conjunction with the LGA, LGA Mutual Services and its Members, the Local Government Association Workers Compensation Scheme (LGAWCS) administers the principles and commitments outlined within this policy. The above parties are committed to, within the appropriate scope of involvement and level of remit, to work towards the strategic plan mission to:

***“Provide unique cover and risk services that meet our Members’ needs”***

This Policy is designed to provide direction on the system structure that will be applied by Local Government to achieve the commitments as documented below.

## 1. Purpose

To ensure, so far as is reasonably practicable, the health and safety of workers\* and others via a Management Systems approach to Work Health and Safety (WHS) and Return to Work (RTW), in line with the organisational vision of Local Government Workplaces. This will be established by:

1. Management commitment to WHS and RTW in accordance with organisational objectives.
2. Development of a WHS and RTW System and Action Plans which support identified policy objectives and procedural requirements.
3. Implementation of individual elements as outlined in the WHS and RTW System and Action Plans.
4. Measurement and evaluation of the WHS and RTW System against defined objectives, targets and performance indicators.
5. Reviewing the WHS and RTW System and Action Plans to identify scope for continuous improvement.

*\* NB: Definition of a worker is different for the purposes of the Return to Work Act 2014 and the Work Health and Safety Act 2012 (see definitions section below).*

## 2. Scope

This policy applies to Local Government workers whilst at work.

This policy should be read in conjunction with any provisions of Enterprise Bargaining Agreements and any other Federal or State Legislation directly or indirectly which affects employees of Local Government entities, relating to work in WHS and RTW.

## 3. References

1. Local Government Act, 1999
2. Work Health and Safety Act 2012
3. Work Health and Safety Regulations 2012
4. Return to Work Act 2014
5. Return to Work Regulations 2015
6. Code for the Conduct of Self Insured Employers under the Return to Work Scheme which includes the Performance Standards (Injury management standards for self-insured employers April 2019 and Work Health and Safety standards for self-insured employers August 2017)
7. ISO45001: 2018 Occupational health and safety management systems

## 4. Definitions

Management System	<p>Set of interrelated or interacting elements of an organisation to establish policies and objectives and processes to achieve those objectives. Note 2: The system elements include the organisation's structure, roles and responsibilities, planning, operation, performance evaluation and improvement.</p> <p>[As defined within ISO45001:2018]</p>
PCBU	<p>A "Person Conducting a Business or Undertaking" as described in section 5 of the WHS Act is the entity with the primary duty of care.</p> <p>Councils "in terms of the organisation" and Prescribed Bodies are PCBUs for the purpose of the Act.</p>
Work Health and Safety Management System (WHSMS)	<p>An orderly arrangement of interdependent activities and related procedures that drives an organisation's WHS performance.</p> <p>[as defined by the RTWSA Work Health and Safety Guidelines August 2017]</p> <p>In Local Government the WHS Management System must also comply with the Code of Conduct for Self-Insured Employers under the Return to Work Scheme which includes Performance Standards.</p>
Worker (for the purposes of the WHS Act 2012 - Section 7)	<p>A person is a <i>worker</i> if the person carries out work in any capacity for a person conducting a business or undertaking, including work as—</p> <ul style="list-style-type: none"> <li>(a) an employee; or</li> <li>(b) a contractor or subcontractor; or</li> <li>(c) an employee of a contractor or subcontractor; or</li> <li>(d) an employee of a labour hire company who has been assigned to work in the person's business or undertaking; or</li> <li>(e) an outworker; or</li> <li>(f) an apprentice or trainee; or</li> <li>(g) a student gaining work experience; or</li> <li>(h) a volunteer; or</li> <li>(i) a person of a prescribed class.</li> </ul>
Worker (for the purposes of the RTW Act 2014 - Section 4)	<p>A <i>worker</i> means—</p> <ul style="list-style-type: none"> <li>(a) a person by whom work is done under a contract of service (whether or not as an employee);</li> <li>(b) a person who is a worker by virtue of Schedule 1;</li> <li>(c) a self-employed worker,</li> </ul> <p>and includes a former worker and the legal personal representative of a deceased worker.</p>
Return to Work (RTW)	<p>For the purposes of this policy RTW includes both Claims Management activities and Return to Work activities.</p>

## 5. Policy Objectives

Local Government is committed to and able to demonstrate application of the following objectives:

1. Providing and undertaking measures to eliminate risks to health and safety, so far as is reasonably practicable. If it is not reasonably practicable to eliminate risks to health and safety, then to minimise those risks so far as is reasonably practicable and to demonstrate a systematic approach to the planning and implementation of Work Health and Safety processes that is compliant with the WHS Act 2012 and Regulations and self-insurance requirements;
2. Implementation of effective and early Return to Work procedures in accordance with the Return to Work Act 2014, and associated Regulations, to assist work injured employees to return to work and achieve the best practicable levels of physical and mental recovery;
3. Implementation of equitable Claims Management, in accordance with the Return to Work Act 2014 and associated Regulations, for employees who suffer an injury in the course of their employment;
4. Maintaining effective processes and procedures for consultation, coordination and cooperation in WHS and RTW matters;
5. Monitoring and reviewing WHS and RTW System Performance and Action Plans, objectives and measures;
6. Further, as well as the above Objectives, Local Government recognises and is able to demonstrate (at the pertinent system level within the Local Government structure as appropriate), application of the following within the WHSMS:
  - (a) The requirement to meet legislative compliance;
  - (b) Processes for ongoing review and continuous improvement;
  - (c) The requirement for ongoing review of this WHS and RTW Policy and supporting Policies;
  - (d) The commitment that adequate resources and appropriate internal / external expertise will be used so far as is reasonably practicable, when required;
  - (e) Other relevant supporting policies and procedures that support the WHS and RTW systems;
  - (f) A commitment to communicating relevant information to relevant workers in an appropriate manner;
  - (g) Its obligations to workers and others while workers are at work and whilst other persons may be at risk from work carried out, so far as is reasonably practicable;
  - (h) The requirement for an effective hazard management approach to WHS, which encompasses the identification, assessment and elimination or control of hazards;
7. This policy will be reviewed regularly and updated as required for continued suitability and effectiveness.

## 6. Responsibilities

1. The LGAWCS is accountable for conducting planning, monitoring and review activities and confirming that organisational and policy objectives are being met in relation to the self-insurance requirements.
2. The senior management teams at the various levels within the Local Government structure, are accountable for checking that the organisation at that level meets their duties as a PCBU and Scheme

Member and has available for use, and uses, appropriate resources and processes to enact this policy and supporting policies and procedures effectively.

3. Supervisors/Managers are accountable for bringing this policy and supporting policies and procedures to the attention of relevant workers, applying implementation processes in their areas of responsibility and confirming, through supervisory activities, that this policy and supporting policies and procedures are adhered to.
4. Supervisors/Managers are accountable for checking that workers have had appropriate training to undertake the activities identified within this policy and supporting policy and procedures.
5. Workers are accountable for complying and co-operating with the requirements of this policy and supporting policies and procedures, and for reporting any inability to do so to management at the earliest opportunity.
6. Further specific responsibilities and accountabilities are detailed within the supporting WHS and RTW management system policies and procedures.

## Review

This Work Health Safety & Return to Work Policy shall be reviewed by Local Government at a minimum within three (3) years of issued date, (or on significant change to legislation or aspects included in this policy that could affect health and safety and/or return to work practices).

## Signed



Chief Executive Officer, LGA



Chairperson, LGASA Mutual Services

**Date:** 30 / 9 / 2020

**Date:** 30 / 09 / 2020

Non-English translations of this policy can be made available if required.

Document History		
Version No.	Issue Date	Description of Change
1.0	01/09/2013	Original WHS & Injury Management Policy.
2.0	04/06/2015	Updated Policy to include introduction of RTW Act 2014 requirements & renamed to WHS & RTW Policy.
3.0	11/09/2017	Scheduled review of policy, minor amendments to terms.
4.0	09/09/2020	Scheduled review of policy, amendments to incorporate LGASA Mutual Services, changes to definitions & inclusion of PCBU responsibilities

#### 5.4 CODE OF CONDUCT FOR EASTERN HEALTH AUTHORITY BOARD MEMBERS

Author: Michael Livori  
Ref: AF17/25

##### Summary

The Code of Conduct for Eastern Health Authority (EHA) Board Members has been reviewed and an updated version was presented to Board of Management for consideration and adoption at its 2 December 2020 meeting.

##### Report

The purpose of EHA's Code of Conduct for Board Members is to provide:

- a statement of the desired behaviour to be observed by Board Members
- a public declaration of the principles of good conduct and standards of behaviour, which EHA's stakeholders could reasonably expect of the EHA Board Members
- a statement of the desired standards of behaviour which EHA has agreed an individual should demonstrate when carrying out his or her role as a Board Member and
- guidance to Board Members to assist them to carry out their duties in an appropriate manner and information for the community as to the manner in which Board Members are expected to conduct themselves.

A Board Members Complaints Handling Policy forms part of the Code of Conduct to address any complaints relating to Board Member conduct.

The current code has been reviewed with assistance from Norman Waterhouse Lawyers and a revised version was presented to board members for consideration.

Minor grammatical amendments and updates were made to the Code of Conduct for Board Members to bring the document in line with other EHA policies.

The Board Members Complaints Handling Policy was renamed as the Board Members Complaints Handling Procedure to more accurately reflect its purpose which is to set out a process for dealing with complaints relating to Members of the Board of Management.

This Procedure also appropriately references the proposed Public Interest Disclosure Procedure. References to an "Independent Assessor" have been replaced with reference to an "Investigator" also to more accurately reflect the function such a person undertakes in relation to complaints.

A marked-up version of the Board Member Code of Conduct (which includes the Board Members Complaints Handling Procedure) highlighting the changes is provided as attachment 1.

A “clean copy” of the document which was adopted by the Board of Management is provided as attachment 2.

**RECOMMENDATION**

That:

1. The Code of Conduct for Eastern Health Authority Board Members Report is received.



## CODE OF CONDUCT FOR BOARD MEMBERS

Policy Reference	GOV01
Date of initial Board Adoption	10 November 1999
Minutes Reference	<del>2:11995:</del> <u>02122020</u>
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	<del>21 February 2018</del> <u>02 December 2020</u>
<i>Related Document Reference</i>	EHA Charter 3.2 & 3.3

### 1. Introduction

This Code of Conduct ([this Code](#)) ~~sets out is a public declaration of~~ the principles of good conduct and standards of behaviour that the ~~Board Members of~~ [the Board of Management \(the Board\)](#) of Eastern Health Authority ("EHA") have agreed to demonstrate.

The standards in this Code of Conduct are in addition to any statutory requirements of the *Local Government Act 1999* or any other relevant Act or Regulation applicable to Board Members [of EHA](#) in the performance of their [function](#), role and responsibilities.

### 2. Statement of Commitment

We, the Members of the Board of EHA, are committed to discharging our duties conscientiously and to the best of our ability. We will not at any time make improper use of our position as a ~~Board Member~~ [of the Board](#) or of any information acquired in the course of our duties.

In the performance of our role we will act with honesty and integrity and conduct ourselves in a way that generates community trust and confidence in us as individuals and enhances the role and image of EHA.

In addition to all legislative requirements we, the ~~Members of the~~ Board of EHA, agree to abide by this Code ~~of Conduct~~ and have adopted the requirements [set out herein](#) as the standards of behaviour that we will observe in the performance of our ~~role~~ [functions, duties](#) and responsibilities.

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### 3. Principles of this Code of Conduct

As Members of the Board of EHA we will –

#### 3.1 Role of a Board Member

- show commitment and discharge our duties conscientiously and to the best of our ability
- act in a fair, honest and proper manner and according to the law
- act with reasonable care and be diligent in the performance of our [functions](#), duties and responsibilities
- act in good faith and not for improper or ulterior motives
- have due regard to the laws dealing with conflict of interest in relation to all our duties and behaviours and exercise the highest level of integrity expected of people holding public office
- not misuse our positions to gain an advantage for ourselves or others or to cause detriment to EHA
- at all times behave in a manner that maintains and enhances the image of EHA and/or does not reflect adversely on EHA, ~~and~~
- ~~be~~ impartial in reaching decisions and accept the responsibilities associated with those decisions.

#### 3.2 Relationships

- act in a reasonable, just and non-discriminatory manner when dealing with people
- seek to achieve a team approach when dealing with [staff the employees](#) of EHA and an environment of mutual respect and trust
- treat staff of EHA with respect for and acceptance of their different roles in achieving EHA's objectives
- seek to establish a working relationship with fellow [Board Members of the Board of EHA](#) that recognises and respects the diversity of opinion and seeks to achieve the best possible outcomes for the community

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- in our dealings with other ~~Board~~ Members of the Board of EHA and with ~~staff member~~the employees of EHA, ensure that our behaviour is not and cannot be interpreted to constitute bullying or harassment, ~~and~~
- ensure that we uphold the values of EHA in all interactions.

### 3.3 Information

- not use information obtained as a result of our position as a ~~Board~~ Member of the Board of EHA for any purpose other than that required to fulfil our roles and responsibilities as a ~~Board~~ Member of the Board of
- respect and maintain confidentiality, and not at any time release to any person or organisation any documents or information that the Board ~~of Management of EHA~~ has resolved be kept confidential, ~~or~~ that have otherwise been delivered to us as a member of the Board with an indication that they are confidential or that we ought reasonably know are confidential and/or ought to be kept confidential.
- ~~ensure any information we give to the media in relation to the Board or decisions of EHA is accurate and not a misuse of information.~~

### 3.4 Communication

- be fair and honest in our dealings with individuals and organisations and behave in a manner that facilitates constructive communication between the Board of EHA and the community
- when making comments to the media, state clearly that we are expressing our personal opinion and not that of EHA (unless a ~~Board m~~ Member of the Board is authorised by ~~the Board of EHA~~the CEO to speak on its behalf)
- when making personal comments, show respect for decisions of EHA, other Members of the Board ~~Members~~ and employees of EHA, ~~and~~
- in our dealings with other Members of the Board ~~Members~~, ~~members employees of EHA~~ of staff and the community, endeavour to ensure that our communication, written or verbal (or otherwise), is not offensive to any person or otherwise defamatory.

## 4. Complaints

A complaint about the behaviour of a ~~Board~~ Member of the Board under ~~the this~~ Code of Conduct will be investigated and appropriate action taken to ensure the complaint is addressed and to reduce the likelihood of further breaches of ~~the this~~ Code of Conduct

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occurring. ~~The EHA Board~~ has adopted a procedure for handling such complaints. [\(Attached to this policy\)](#)

Any person who believes a breach of this Code of Conduct may have occurred is encouraged to bring details to the attention of the Chief Executive Officer of EHA via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)).

[A disclosure of public interest information can be made in accordance with EHA's Public Interest Disclosure Procedure.](#)

## 5. Further Information

The public may inspect this Code ~~of Conduct for Board Members~~ on EHA's website ([www.eha.sa.gov.au](http://www.eha.sa.gov.au)) and at the principal office of EHA at 101 Payneham Road, St Peters.

Any queries in relation to this Code ~~of Conduct should can~~ be directed to the Chief Executive Officer of EHA via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)).

## 6. Statement of Adoption and Review

This Code of Conduct was adopted on ~~10 November 1999~~ [10 November 1999](#) and will be reviewed periodically.

EHA may at any time alter this Code ~~of Conduct~~, or substitute a new Code of Conduct.

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~~Code of Conduct for Board Members~~ Eastern Health Authority Board Member Complaints Handling Procedure

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## EASTERN HEALTH AUTHORITY

### BOARD MEMBER COMPLAINTS HANDLING ~~POLICY~~ PROCEDURE

<u>Procedure Reference</u>	<u>GOVP03</u>
<u>Date of initial Board Adoption</u>	<u>10 November 1999</u>
<u>Minutes Reference</u>	<u>5: 02122020</u>
<u>Date of Audit Committee endorsement (if applicable)</u>	<u>N/A</u>
<u>Date last reviewed by Eastern Health Authority Board of Management</u>	<u>2 December 2020</u>
<u>Applicable legislation</u>	<u>EHA Charter 3.2 &amp; 3.3</u>

#### 1. Introduction

Eastern Health Authority ("EHA") has adopted a Code of Conduct for Board Members. The Code of Conduct ~~is a public declaration sets out of~~ the principles of good conduct and standards of behaviour that the Members of the Board of EHA (the Board) have agreed to demonstrate. The standards in the Code of Conduct are in addition to any statutory requirements of the *Local Government Act 1999* or any other relevant Act or Regulation applicable to Board Members in the performance of their function, role and responsibilities.

This ~~policy procedure~~ sets out the procedure that will be followed by EHA if a complaint is made under the processes to support Board Members in complying with this Code of Conduct, and to address any complaints relating to the Code.

This procedure is in addition to the Public Interest Disclosure Procedure adopted by EHA which may apply to a complaint made under the Code of Conduct (the Code). In circumstances where the public interest disclosure procedure applies, if there is any inconsistency between this procedure and the Public Interest Disclosure Procedure, the latter will prevail to the extent of the inconsistency.

#### 2. Behaviour Contrary to the Code of Conduct

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## Code of Conduct for Board Members Eastern Health Authority Board Member Complaints Handling Procedure

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EHA is committed to supporting members in complying with the Code of Conduct and to investigating and addressing any complaints made relating to the Code.

### 3. Complaint Handling Process

#### 3.1 Making a Complaint

A complaint made by any person that relates to an alleged breach of ~~this the~~ Code of Conduct must:

- be made in writing;
- identify the provision(s) of the Code which it alleges have been breached and provide all available evidence that supports the allegation(s) of the breach; and
- be delivered to the Chief Executive Officer of EHA (the CEO) (which includes any person acting in the Office of ~~Chief Executive Officer CEO of EHA~~).

Receipt of the complaint will be acknowledged to the complainant within 3 days of receiving the complaint where practicable.

#### 3.2 Disclosure of complaint

The Member of the Board Member who is the subject of the complaint will be notified within 3 days of receipt of the complaint and of its substance, unless the complaint is referred to the Office for Public Integrity in accordance with the Independent Commissioner Against Corruption's *Directions and Guidelines for Public Officers* or it is otherwise not possible or practicable to do so.

The complaint will be treated with strict confidentiality as permitted or required by law (subject to satisfying the requirements of Section 90(3) of the Local Government Act 1999) until such time as it has been fully investigated and finally determined. In particular, if the disclosure of information by the complainant has been made under the Whistleblower's Protection Act 1993 then the identity of the complainant will remain confidential unless the person consents, except so far as may be necessary to ensure that the matters to which the information relates are properly investigated.

The complainant will be informed that he or she must also observe confidentiality with respect to the complaint.

On receipt of a complaint the ~~Chief Executive Officer CEO~~ must bring the fact of the complaint (but not the detail of the allegations) to the attention of the Board of Management of EHA as soon as possible at the next formal meeting of the Board and, it is to be received by the Board in confidence, subject to meeting one or more of the grounds under Section 90(3) of the Local Government Act 1999.

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## Code of Conduct for Board Members Eastern Health Authority Board Member Complaints Handling Procedure

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### 3.3 Assessment of Complaint

The ~~CEO Chief Executive Officer of EHA~~ will consider whether the complaint raises a ~~potential issue reasonable suspicion~~ of:

- corruption in public administration;
- serious or systemic 'misconduct in public administration'; or
- serious or systemic maladministration in public administration,

(as those ~~concepts terms~~ are defined in the *Independent Commissioner Against Corruption Act 2012*).

If ~~the complaint is required to be reported to a reasonable suspicion of this nature is raised, then the complaint will be referred to the~~ Office for Public Integrity ~~it will reported~~ in accordance with the Independent Commissioner Against Corruption's *Directions and Guidelines for Public Officers*. ~~In these circumstances, a~~ An investigation of the complaint under ~~clause 3.4 this procedure~~ will only occur with the concurrence of ~~either the Independent Commissioner Against Corruption or the Office for Public Integrity~~.

~~If there is no reasonable suspicion of this nature raised by the complaint, then the Chief Executive Officer will cause a proper investigation of the complaint by appointing an Independent Assessor from the previously agreed list adopted by EHA to conduct the investigation.~~

### 3.4 Investigation of Complaint by an ~~Independent Assessor~~ Investigator

The ~~following processes will be followed with respect to assessment and investigation of complaints depending on the level of seriousness: CEO will cause an investigation of a complaint alleging a breach of the Code of Conduct~~ Code by appointing a person or body to conduct the investigation on EHA's behalf.

3.4.1 The ~~investigator Independent Assessor~~ may determine that no further action should be taken with respect to ~~the complaint an alleged breach~~ where the ~~investigator considers Independent Assessor determines~~ that the ~~allegation complaint~~ is ~~trivial, frivolous or vexatious~~. In this case the ~~investigator Independent Assessor~~ will prepare a report to that effect and provide it to the ~~Chief Executive Officer CEO of EHA~~.

3.4.2 If the ~~investigator considers an investigation of the complaint is appropriate, the investigator will ensure that:~~ ~~Independent Assessor identifies issues of substance that warrant further investigation:~~

3.4.2.1 the investigation will be a thorough and balanced assessment of the available evidence regarding the alleged breach, the relevant circumstances prevailing at the time of the alleged breached and

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**Code of Conduct for Board Members Eastern Health Authority Board Member Complaints Handling Procedure** 5

any other factors deemed relevant to making a fair and reasonable judgement about the matter;

- 3.4.2.2 the Board Member who is the subject of the allegation(s) complaint will be provided with a reasonable opportunity to respond to explain his/her actions and to make a written submission on the allegations to the investigator; Any such submission will be provided to the Independent Assessor;
- 3.4.2.3 the investigator Independent Assessor must take all reasonable steps to ensure a written report is provided to provide EHA with a final written report on the investigation undertaken within fourteen days of receiving written submissions from the complainant person who made the complaint and/or the Board Member who is the subject of the complaint, or such longer period as the Board of EHA may determine;
- 3.4.2.4 if EHA or the investigator Independent Assessor forms the view that additional time will be needed to conclude the investigation and finalise the report the Independent Assessor investigator should bring this to the attention of EHA at the earliest convenience, but at the very least, before the expiration of the fourteen day timeframe; and
- 3.4.2.5 after receipt of the final report from the Independent Assessor investigator, EHA must provide to the Board Member who is the subject of the complaint and to the complainant person who made the complaint, a copy of the investigation report on a confidentiality basis.

### **3.5 Determination of Complaint**

- 3.5.1 The final report of the Independent Investigator investigator will be presented at a meeting of EHA in confidence (ie public excluded), subject to Section 90(3) of the *Local Government Act 1999* being satisfied. If the matter will be considered in confidence, then the Board can resolve to impose make an order of confidentiality in respect of the final report. Exceptions to this the order of regarding confidentiality should provide for:
- (a) the provision of the final report and Board's resolution decision in respect of the complaint to both the Board Member the subject of the complaint and the complainant; and
  - (b) if relevant, for the purpose of clause 3.5.4.5.
- 3.5.2 If the final report recommends the application of a penaltyies or a sanction, the Board Member, the subject of the allegation(s) complaint, will be provided with a reasonable opportunity to make submissions on the proposed penalty

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~~or sanction comment in writing upon the contents and findings contained in the report and on the appropriateness of the proposed penalty. Such comment submissions must be taken into account by the Board of EHA when determining the complainthe penalty or sanction to impose.~~

3.5.3 On receipt of the final report of the ~~Independent Assessor~~investigator the Board ~~of EHA~~ (excluding the Board ~~member~~Member the subject of the complaint) will determine an appropriate penalty or sanction to impose should there be a finding that there has been a breach of this ~~Code of Conduct~~.

3.5.4 EHA ~~may has the power to~~ impose one or more of the following penalties or sanctions in relation to a finding of a breach of the ~~Code of Conduct~~:

3.5.4.1 censure the Board Member;

3.5.4.2 request a public apology from the Board Member in relation to the breach;

3.5.4.3 ~~recommend request~~ the Board Member undertake a particular training course or receive appropriate instruction relevant to the breach;

3.5.4.4 ~~EHA~~ make a recommendation under ~~clause 2.2(g) of~~ the Charter for EHA to the ~~Constituent constituent Council council~~ of which the Board Member ~~who is the subject of the complaint is~~ a member, that the ~~Constituent constituent Council council~~ terminate the appointment of the Board Member as a Board Member of the Board of EHA;

and in any such case the Board may:

3.5.4.5 report the complaint to the ~~Constituent constituent Councils councils~~ and provide the ~~Constituent constituent Councils councils~~ with a copy of any report prepared by the ~~investigator; Independent Assessor~~ and

3.5.4.6 make a public announcement regarding the matter, including of the complaint made against, ~~the finding the Board Member, the determination~~ and the penalty or sanction (if any) imposed on the Board Member.

~~3.5.5 A copy of the Board 's resolution will be provided on a confidential basis to the Board Member and the complainant.~~

#### 4. Confidentiality & Procedural Fairness

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## Code of Conduct for Board Members Eastern Health Authority Board Member Complaints Handling Procedure 7

All ~~investigations of deliberations by the Board of EHA and the Independent Assessor process in regard to~~ an alleged breach of the Code ~~of Conduct~~ will be conducted in confidence ~~save where required to be disclosed by law and until a final report is provided to the Board of EHA, subject to satisfying the requirements of Section 90(3) of the Local Government Act 1999, and will be maintained as confidential until finally determined, at which time the Board of EHA may consider whether to keep the information and documents relating to the matter confidential. must decide the ongoing status of the confidentiality order.~~

The principles of procedural fairness must be observed from the time of receipt of the complaint and during the investigation of the complaint to final determination. The final report is to show due process and the reasoning for any conclusions and recommendations.

### 5. Further Information

Members of the public may inspect this ~~Policy Procedure~~ on EHA's website ([www.eha.sa.gov.au](http://www.eha.sa.gov.au)) and at the principal office of EHA at 101 Payneham Road St Peters.

Any queries in relation to this ~~Policy Procedure~~ should be directed to the Chief Executive Officer of EHA via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)).

### 6. Statement of Adoption and Review

This ~~policy Procedure~~ was adopted on ~~10 November 1999~~ 10 November 1999 and will be reviewed periodically.

EHA may at any time alter this ~~policy Procedure~~ or substitute ~~a new policy Procedure~~.

[D12/1640\[v4\]](#)

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## CODE OF CONDUCT FOR BOARD MEMBERS

Policy Reference	GOV01
Date of initial Board Adoption	10 November 1999
Minutes Reference	5: 02122020
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	2 December 2020
<i>Related Document Reference</i>	EHA Charter 3.2 & 3.3

### 1. Introduction

This Code of Conduct (this Code) sets out the principles of good conduct and standards of behaviour that the Members of the Board of Management (the Board) of Eastern Health Authority (EHA) have agreed to demonstrate.

The standards in this Code of Conduct are in addition to any statutory requirements of the *Local Government Act 1999* or any other relevant Act or Regulation applicable to Board Members of EHA in the performance of their function, role and responsibilities.

### 2. Statement of Commitment

We, the Members of the Board of EHA, are committed to discharging our duties conscientiously and to the best of our ability. We will not at any time make improper use of our position as a Member of the Board or of any information acquired in the course of our duties.

In the performance of our role we will act with honesty and integrity and conduct ourselves in a way that generates community trust and confidence in us as individuals and enhances the role and image of EHA.

In addition to all legislative requirements we, the Board of EHA, agree to abide by this Code and have adopted the requirements set out herein as the standards of behaviour that we will observe in the performance of our functions, duties and responsibilities.

### 3. Principles of this Code of Conduct

As Members of the Board of EHA we will –

#### 3.1 Role of a Board Member

- show commitment and discharge our duties conscientiously and to the best of our ability
- act in a fair, honest and proper manner and according to the law
- act with reasonable care and be diligent in the performance of our functions, duties and responsibilities
- act in good faith and not for improper or ulterior motives
- have due regard to the laws dealing with conflict of interest in relation to all our duties and behaviours and exercise the highest level of integrity expected of people holding public office
- not misuse our positions to gain an advantage for ourselves or others or to cause detriment to EHA
- at all times behave in a manner that maintains and enhances the image of EHA and/or does not reflect adversely on EHA
- be impartial in reaching decisions and accept the responsibilities associated with those decisions.

#### 3.2 Relationships

- act in a reasonable, just and non-discriminatory manner when dealing with people
- seek to achieve a team approach when dealing with the employees of EHA and an environment of mutual respect and trust
- treat staff of EHA with respect for and acceptance of their different roles in achieving EHA's objectives
- seek to establish a working relationship with fellow Members of the Board of EHA that recognises and respects the diversity of opinion and seeks to achieve the best possible outcomes for the community
- in our dealings with other Members of the Board of EHA and with the employees of EHA, ensure that our behaviour is not and cannot be interpreted to constitute bullying or harassment
- ensure that we uphold the values of EHA in all interactions.

### 3.3 Information

- not use information obtained as a result of our position as a Member of the Board of EHA for any purpose other than that required to fulfil our roles and responsibilities as a Member of the Board
- respect and maintain confidentiality, and not at any time release to any person or organisation any documents or information that the Board of EHA has resolved be kept confidential, that have otherwise been delivered to us as a member of the Board with an indication that they are confidential or that we ought reasonably know are confidential and/or ought to be kept confidential.

### 3.4 Communication

- be fair and honest in our dealings with individuals and organisations and behave in a manner that facilitates constructive communication between the Board of EHA and the community
- when making comments to the media, state clearly that we are expressing our personal opinion and not that of EHA (unless a Member of the Board is authorised by the CEO to speak on its behalf)
- when making personal comments, show respect for decisions of EHA, other Members of the Board and employees of EHA
- in our dealings with other Members of the Board, employees of EHA and the community, endeavour to ensure that our communication, written or verbal (or otherwise), is not offensive to any person or otherwise defamatory.

## 4. Complaints

A complaint about the behaviour of a Member of the Board under this Code will be investigated and appropriate action taken to ensure the complaint is addressed and to reduce the likelihood of further breaches of this Code occurring. EHA has adopted a procedure for handling such complaints. (Attached to this policy)

Any person who believes a breach of this Code of Conduct may have occurred is encouraged to bring details to the attention of the Chief Executive Officer of EHA via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)).

A disclosure of public interest information can be made in accordance with EHA's Public Interest Disclosure Procedure.

**5. Further Information**

The public may inspect this Code on EHA's website ([www.eha.sa.gov.au](http://www.eha.sa.gov.au)) and at the principal office of EHA at 101 Payneham Road, St Peters.

Any queries in relation to this Code can be directed to the Chief Executive Officer of EHA via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)).

**6. Statement of Adoption and Review**

This Code of Conduct was adopted on 10 November 1999 and will be reviewed periodically.

EHA may at any time alter this Code or substitute a new Code of Conduct.



## EASTERN HEALTH AUTHORITY BOARD MEMBER COMPLAINTS HANDLING PROCEDURE

Procedure Reference	GOVP03
Date of initial Board Adoption	10 November 1999
Minutes Reference	5:02122020
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	2 December 2020
Applicable legislation	EHA Charter 3.2 & 3.3

### 1. Introduction

Eastern Health Authority (EHA) has adopted a Code of Conduct for Board Members. The Code of Conduct sets out the principles of good conduct and standards of behaviour that the Members of the Board of EHA (the Board) have agreed to demonstrate. The standards in the Code of Conduct are in addition to any statutory requirements of the *Local Government Act 1999* or any other relevant Act or Regulation applicable to Board Members in the performance of their function, role and responsibilities.

This procedure sets out the procedure that will be followed by EHA if a complaint is made under the Code of Conduct.

This procedure is in addition to the Public Interest Disclosure Procedure adopted by EHA which may apply to a complaint made under the Code of Conduct (the Code). In circumstances where the public interest disclosure procedure applies, if there is any inconsistency between this procedure and the Public Interest Disclosure Procedure, the latter will prevail to the extent of the inconsistency.

### 2. Behaviour Contrary to the Code of Conduct

EHA is committed to supporting members in complying with the Code and to investigating and addressing any complaints made relating to the Code.

### 3. Complaint Handling Process

#### 3.1 Making a Complaint

A complaint made by any person that relates to an alleged breach of the Code must:

- be made in writing;
- identify the provision(s) of the Code which it alleges have been breached and provide all available evidence that supports the allegation(s) of the breach; and
- be delivered to the Chief Executive Officer of EHA (the CEO) (which includes any person acting in the Office of CEO).

Receipt of the complaint will be acknowledged to the complainant within 3 days of receiving the complaint where practicable.

#### 3.2 Disclosure of complaint

The Member of the Board who is the subject of the complaint will be notified within 3 days of receipt of the complaint and of its substance, unless the complaint is referred to the Office for Public Integrity in accordance with the Independent Commissioner Against Corruption's *Directions and Guidelines for Public Officers* or it is otherwise not possible or practicable to do so.

The complaint will be treated with strict confidentiality as permitted or required by law until such time as it has been fully investigated and finally determined.

The complainant will be informed that he or she must also observe confidentiality with respect to the complaint.

On receipt of a complaint the CEO must bring the fact of the complaint (but not the detail of the allegations) to the attention of the Board as soon as possible.

#### 3.3 Assessment of Complaint

The CEO will consider whether the complaint raises a potential issue of:

- corruption in public administration;
- serious or systemic 'misconduct in public administration'; or
- serious or systemic maladministration in public administration,

(as those terms are defined in the *Independent Commissioner Against Corruption Act 2012*).

If the complaint is required to be reported to the Office for Public Integrity it will be reported in accordance with the Independent Commissioner Against Corruption's *Directions and*

*Guidelines for Public Officers.* An investigation of the complaint under this procedure will only occur with the concurrence of the Independent Commissioner Against Corruption.

### **3.4 Investigation of Complaint by an Investigator**

The CEO will cause an investigation of a complaint alleging a breach of the Code by appointing a person or body to conduct the investigation on EHA's behalf.

- 3.4.1 The investigator may determine that no further action should be taken with respect to the complaint where the investigator considers that the complaint is trivial, frivolous or vexatious. In this case the investigator will prepare a report to that effect and provide it to the CEO.
- 3.4.2 If the investigator considers an investigation of the complaint is appropriate, the investigator will ensure that:
- 3.4.2.1 the investigation will be a thorough and balanced assessment of the available evidence regarding the alleged breach, the relevant circumstances prevailing at the time of the alleged breach and any other factors deemed relevant to making a fair and reasonable judgement about the matter;
  - 3.4.2.2 the Board Member who is the subject of the complaint will be provided with a reasonable opportunity to respond to and make submissions on the allegations to the investigator;
  - 3.4.2.3 the investigator must take all reasonable steps to ensure a written report is provided to EHA on the investigation undertaken within fourteen days of receiving submissions from the complainant and the Board Member who is the subject of the complaint, or such longer period as the Board may determine;
  - 3.4.2.4 if the investigator forms the view that additional time will be needed to conclude the investigation and finalise the report the investigator should bring this to the attention of EHA at the earliest convenience, but at the very least, before the expiration of the fourteen day timeframe; and
  - 3.4.2.5 after receipt of the final report from the investigator, EHA must provide to the Board Member who is the subject of the complaint and to the complainant, a copy of the investigation report on a confidentiality basis.

### **3.5 Determination of Complaint**

- 3.5.1 The final report of the investigator will be presented at a meeting of EHA in confidence (ie public excluded), subject to Section 90(3) of the *Local Government Act 1999* being satisfied. If the matter will be considered in confidence, then the Board can resolve to make an order of confidentiality in respect of the final report. Exceptions to the order regarding confidentiality should provide for:

- (a) the provision of the final report and Board's decision in respect of the complaint to both the Board Member the subject of the complaint and the complainant; and
  - (b) if relevant, for the purpose of clause 3.5.4.5.
- 3.5.2 If the final report recommends the application of a penalty or a sanction, the Board Member, the subject of the complaint, will be provided with a reasonable opportunity to make submissions on the proposed penalty or sanction. Such submissions must be taken into account by the Board when determining the penalty or sanction to impose.
- 3.5.3 On receipt of the final report of the investigator the Board (excluding the Board Member the subject of the complaint) will determine an appropriate penalty or sanction to impose should there be a finding that there has been a breach of the Code.
- 3.5.4 EHA may impose one or more of the following penalties or sanctions in relation to a finding of a breach of the Code:
- 3.5.4.1 censure the Board Member;
  - 3.5.4.2 request a public apology from the Board Member in relation to the breach;
  - 3.5.4.3 request the Board Member undertake a particular training course or receive appropriate instruction relevant to the breach;
  - 3.5.4.4 make a recommendation under the Charter for EHA to the constituent council of which the Board Member is a member, that the constituent council terminate the appointment of the Board Member as a Member of the Board of EHA;
- and in any such case the Board may:
- 3.5.4.5 report the complaint to the constituent councils and provide the constituent councils with a copy of any report prepared by the investigator; and
  - 3.5.4.6 make a public announcement regarding the matter, including of the complaint made against, the finding and the penalty or sanction (if any) imposed on the Board Member.

#### **4. Confidentiality & Procedural Fairness**

All investigations of an alleged breach of the Code will be conducted in confidence save where required to be disclosed by law and until a final report is provided to the Board, at which time the Board may consider whether to keep the information and documents relating to the matter confidential.

The principles of procedural fairness must be observed from the time of receipt of the complaint and during the investigation of the complaint to final determination. The final report is to show due process and the reasoning for any conclusions and recommendations.

#### **5. Further Information**

Members of the public may inspect this Procedure on EHA's website ([www.eha.sa.gov.au](http://www.eha.sa.gov.au)) and at the principal office of EHA at 101 Payneham Road St Peters.

Any queries in relation to this Procedure should be directed to the Chief Executive Officer of EHA via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)).

#### **6. Statement of Adoption and Review**

This Procedure was adopted on 10 November 1999 and will be reviewed periodically.

EHA may at any time alter this Procedure or substitute Procedure.

## 5.5 CODE OF CONDUCT FOR EASTERN HEALTH AUTHORITY EMPLOYEES

Author: Michael Livori  
Ref: AF17/37

### Summary

Following a review process a revised Code of Conduct for Eastern Health Authority (EHA) Employees was developed and presented the Board of Management at its meeting held on 2 December 2020 for adoption.

### Report

The Local Government (General) (Employee Code of Conduct) Variation Regulations 2018 details a code of conduct applicable to all Council employees.

Previous Local Government Association (LGA) legal advice in relation to the applicability of these (and previous) requirements to employees of a regional subsidiary suggests that *“Subsidiaries of councils are established under section 42 of the LG Act. Under clause 2, Schedule 2 to the LG Act subsidiaries are bodies corporate. Consequently, a subsidiary has a distinct legal identity from its establishing council.*

*Given the legal distinction between a council and a subsidiary established by a council, an employee of a subsidiary is not an employee of a council. The Code only applies to employees of councils and, therefore, employees of subsidiaries are not automatically subject to the Code.”*

The LGA also sought advice previously regarding the concept of “public officer” and its application to employees of council subsidiaries. The advice in relation to this issue stated *“In the local government context, only elected members and council employees are subject to prescribed codes of conduct. The concept of public officers under the ICAC Act is broader than elected members and council employees. There are ‘public officers’, therefore, that are not subject to a code of conduct.*

*Schedule 1 to the ICAC Act sets out who will be ‘public officers’ for the purposes of that Act. Members, officers or employees of local government bodies are public officers under the ICAC regime.*

*The term ‘local government body’ is defined in the ICAC Act to mean a council or a subsidiary of council established under the LG Act. Employees of both councils and subsidiaries are public officers under the ICAC Act. Similarly, elected members and members of a subsidiaries board of management are both ‘public officers’. Of these public officers, it is only the elected members and council employees that are subject by operation of law to codes of conduct prescribed under the LG Act.”*

In summary, while a regional subsidiary employee is considered a ‘public officer’ in relation to ICAC Act requirements, the sector-wide Employee Code of Conduct does not automatically apply to them.

Legal advice suggests that employees of subsidiaries cannot be made subject to the Code simply through the inclusion of the Code in the subsidiary's Charter.

EHA has therefore developed a Code of Conduct to be observed by all EHA Employees. The code has broader elements than the sector-wide code of conduct and the LGA template code of conduct for subsidiary employees which both purely relate to gifts and benefits.

The existing code of conduct was reviewed with assistance from Norman Waterhouse Lawyers and the revised Code of Conduct for Eastern Health Authority Employees (the Code of Conduct) is provided as attachment.

The amendments proposed to the Code of Conduct provide greater clarity in relation to the persons subject to the Code of Conduct and when an employee has a conflict of interest for the purposes of the Code of Conduct. Attachment 2 provides a comparison with the current code and marks up the changes that have been made.

The Code of Conduct is also proposed to be amended to strengthen confidentiality requirements and make reference to the proposed Public Interest Disclosure Procedure.

The revised Code of Conduct was adopted by the Board of Management at its meeting held on 2 December 2020.

## **RECOMMENDATION**

That:

1. The report regarding the Eastern Health Authority Employee Code of Conduct is received.



## CODE OF CONDUCT FOR EASTERN HEALTH EMPLOYEES

Policy Reference	Gov07
Date of initial Board Adoption	7 May 2014
Minutes Reference	6: 02122020
Date of Audit Committee Endorsement (if applicable)	NA
Date last reviewed by Eastern Health Authority Board of Management	2 December 2020
Relevant Document Reference	

### 1. Introduction

This Code of Conduct (this Code) sets out the principles of good conduct and standards of behaviour to be observed by all Eastern Health Authority (EHA) employees, including consultants engaged by EHA and persons working for EHA on a temporary basis. All references in this Code to 'employees' includes such persons.

The standards in this Code of Conduct are in addition to any statutory requirements of the *Local Government Act 1999* or any other relevant Act or Regulation applicable to EHA employees in the performance of their role and responsibilities.

Each employee of EHA is a public officer for the purposes of the *Independent Commissioner Against Corruption Act 2012*.

This Code does not exclude the operation of the *Fair Work Act 1994*, the rights of employees and their Unions to pursue industrial claims, or any relevant Awards or Enterprise Agreements made under the *Fair Work Act 1994*. This Code does not affect the jurisdiction of the Industrial Relations Commission.

### 2. Principles of this Code of Conduct

#### 2.1 Undertaking duties

EHA employees will observe the following principles when undertaking their duties:

- show commitment and discharge duties conscientiously and to the best of their ability
- act in a fair, honest and proper manner and according to the law
- act with reasonable care and be diligent in the performance of their duties

- comply with all relevant EHA policies, codes and resolutions of which they have been made aware, relevant to their particular role
- comply with all lawful and reasonable directions given by a person with authority to give such directions
- act in good faith and not for improper or ulterior motives
- have due regard to the laws dealing with conflict of interest in relation to all their duties and behaviours and exercise the highest level of integrity expected of people employed within a public authority
- not misuse their position to gain an advantage for themselves or others or to cause detriment to EHA
- take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons, as required by the *Work Health and Safety Act 2012*
- at all times behave in a manner that maintains and enhances the image of EHA and does not reflect adversely on EHA
- be impartial in reaching decisions and accept the responsibilities associated with those decisions.

## 2.2 Relationships

When interacting with other people in the course of their duties, EHA employees will:

- act in a reasonable, just and non-discriminatory manner
- seek to achieve a team approach when dealing with other employees of EHA to develop an environment of mutual respect and trust
- seek to establish a working relationship with other employees of EHA that recognises and respects the diversity of opinion and seeks to achieve the best possible outcomes for the community
- ensure that relationships with external parties do not amount to interference by improper influence, affecting judgement, decisions or actions;
- ensure that their behaviour is not and cannot be interpreted to constitute bullying or harassment
- ensure that they uphold the values of EHA in all interactions.

### 2.3 Information

When collecting, using and managing information, EHA employees will:

- not use information obtained as a result of their position for any purpose other than to fulfil their roles and responsibilities as EHA employees
- respect and maintain confidentiality, and not at any time release to any person or organisation any documents that the Board of Management of EHA (the Board) has resolved be kept confidential or that they ought reasonably to know are confidential and/or ought to be kept confidential
- not release information of EHA except for the purpose of fulfilling their role and responsibilities as an EHA employee or as required or authorised by law
- ensure any information provided to another person in the course of fulfilling their role and responsibilities is accurate.

### 2.4 Communication

In communicating with other people, EHA employees will:

- be fair and honest in their dealings with individuals and organisations on behalf of EHA and behave in a manner that facilitates constructive communication between EHA and the community
- only make comments to the media regarding EHA if authorised to do so by the Chief Executive Officer of EHA (CEO) or Board of EHA
- when making personal comments, show respect for activities and decisions of EHA
- endeavour to ensure that their communication, written or verbal (or otherwise), is not offensive to any person or otherwise defamatory.

### 2.5 Conflict of Interest

If the CEO of EHA has an interest in a matter in relation to which he or she is required or authorised to act in the course of official duties he or she:

- must disclose the interest to the Board ; and
- must not, unless the Board otherwise determines, act in relation to the matter.

An employee of EHA (other than the CEO) who has an interest in a matter in relation to which he or she is required or authorised to act in the course of official duties:

- must disclose the interest to the CEO; and
- must not, unless the CEO otherwise determines, act in relation to the matter.

If the CEO determines that an employee with an interest in a matter may act in relation to that matter and the employee is providing advice or making recommendations to the Board or an EHA committee on the matter, the employee must disclose the relevant interest to

the Board or the EHA committee.

An employee of EHA (including the CEO) has an interest in a matter for the purposes of clause 2.5 of this Code of Conduct if the employee or a person with whom the employee is closely associated would, if the employee acted in a particular manner in relation to the matter, receive or have a reasonable expectation of receiving a direct or indirect pecuniary benefit or non-pecuniary benefit or suffer or have a reasonable expectation of suffering a direct or indirect pecuniary detriment or a non-pecuniary detriment.

A person is closely associated with an employee of EHA:

- (a) if that person is a body corporate of which the employee is a director or a member of the governing body; or
- (b) if that person is a proprietary company in which the employee is a shareholder; or
- (c) if that person is a beneficiary under a trust or an object of a discretionary trust of which the employee is a trustee; or
- (d) if that person is a partner of the employee; or
- (e) if that person is the employer or employee of the employee (employment with EHA or a constituent council of EHA is to be disregarded); or
- (f) if that person is a person from whom the employee has received or might reasonably be expected to receive a fee, commission or other reward for providing professional or other services; or
- (g) if that person is a relative (as defined in the *Local Government Act 1999*) of the employee.

## 2.6 Use of EHA Resources

EHA employees using EHA resources must do so effectively and prudently when undertaking EHA work.

EHA employees must not use EHA resources, including the services of EHA staff, for private purposes, unless legally or properly authorised to do so, with payment to EHA being made where appropriate.

EHA employees must not use public funds or resources in a manner that is irregular or unauthorised.

## 2.7 Gifts and benefits

An EHA employee must not seek out or receive a gift or benefit that is, or could reasonably be taken to be, intended or likely to:

- create a sense of obligation on the part of the employee to a person; or
- influence the employee in the performance or discharge of the employee's functions or duties.

If:

- (a) an EHA Employee receives a gift or benefit in the course of, in connection with or as a consequence of, his or her employment by EHA; or
- (b) a relative of an EHA Employee receives a gift or benefit which could reasonably be considered to be in connection with or as a consequence of the EHA employee's employment by EHA,

of an amount greater than the amount determined by the Board of Management which is \$50.00, the employee must provide details of the gift or benefit to the CEO.

### 3. Complaints

A complaint about the behaviour of an EHA employee under this Code will be investigated and appropriate action taken to ensure the complaint is addressed and to reduce the likelihood of further breaches of this Code occurring.

Any person who believes a breach of this Code may have occurred may make a complaint to the attention of the CEO via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)). If the complaint relates to the CEO, the complaint may be made to the Chair of the Board. A disclosure of public interest information can be made in accordance with EHA's Public Interest Disclosure Procedure.

### 4. Further Information

The public may inspect this Code on EHA's website ([www.eha.sa.gov.au](http://www.eha.sa.gov.au)) and at the principal office of EHA at 101 Payneham Road, St Peters.

Any queries in relation to this Code should be directed to the CEO via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)).

### 5. Statement of Adoption and Review

This Code was adopted on 7 May 2014 and will be reviewed every two years.

EHA may at any time alter this Code, or substitute a new Code of Conduct.

I accept the terms and conditions of this Code of Conduct for Eastern Health Authority Employees as set out above.

Employee Name: .....

Employee Signature: ..... Date: .....



## CODE OF CONDUCT FOR EASTERN HEALTH EMPLOYEES

Policy Reference	Gov07
<del>Date of initial Board Adoption</del> <del>Date of Adoption</del>	7 May 2014
Minutes Reference	6: 02122020
<del>Date of Audit Committee Endorsement (if applicable)</del> <del>Review Date</del>	2 May 2018 NA
<del>Date last reviewed by Eastern Health Authority Board of Management</del> <del>Next Review Date</del>	May 2020 2 December 2020
Relevant Document Reference	

### 1. Introduction

This Code of Conduct ([this Code](#)) sets out the principles of good conduct and standards ~~of~~ of behaviour to be observed by all Eastern Health Authority (EHA) employees, including consultants engaged by EHA and persons working for EHA on a temporary basis. All references in this Code to 'employees' includes such persons.

The standards in this Code of Conduct are in addition to any statutory requirements of the *Local Government Act 1999* or any other relevant Act or Regulation applicable to EHA ~~Employees-employees~~ in the performance of their role and responsibilities.

Each employee of EHA is a public officer for the purposes of the *Independent Commissioner Against Corruption Act 2012*.

This Code does not exclude the operation of the *Fair Work Act 1994*, the rights of employees and their Unions to pursue industrial claims, or any relevant Awards or Enterprise Agreements made under the *Fair Work Act 1994*. This Code does not affect the jurisdiction of the Industrial Relations Commission.

### 2. Principles of this Code of Conduct

#### 2.1 Undertaking duties

EHA ~~Employees-employees~~ will observe the following principles when undertaking their duties:

- show commitment and discharge duties conscientiously and to the best of their ability
- act in a fair, honest and proper manner and according to the law

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- act with reasonable care and be diligent in the performance of their duties
- comply with all relevant EHA policies, codes and resolutions of which they have been made aware, relevant to their particular role
- comply with all lawful and reasonable directions given by a person with authority to give such directions
- act in good faith and not for improper or ulterior motives;
- have due regard to the laws dealing with conflict of interest in relation to all their duties and behaviours and exercise the highest level of integrity expected of people employed within a public authority
- not misuse their position to gain an advantage for themselves or others or to cause detriment to [the Authority EHA](#)
- take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons, as required by the *Work Health and Safety Act 2012*
- at all times behave in a manner that maintains and enhances the image of [the Authority EHA](#) and does not reflect adversely on [the Authority EHA](#)
- be impartial in reaching decisions and accept the responsibilities associated with those decisions.

## 2.2 Relationships

When interacting with other people in the course of their duties, EHA [Employees employees](#) will:

- act in a reasonable, just and non-discriminatory manner
- seek to achieve a team approach when dealing with other employees of [EHA the Authority](#) to develop an environment of mutual respect and trust
- seek to establish a working relationship with other employees of [the Authority EHA](#) that recognises and respects the diversity of opinion and seeks to achieve the best possible outcomes for the community
- ensure that relationships with external parties do not amount to interference by improper influence, affecting judgement, decisions or actions;
- ensure that their behaviour is not and cannot be interpreted to constitute bullying or harassment
- ensure that they uphold the values of [the Authority EHA](#) in all interactions.

### 2.3 Information

When collecting, using and managing information, EHA ~~Employees-employees~~ will:

- not use information obtained as a result of their position for any purpose other than to fulfil their roles and responsibilities as EHA ~~Employeesemployees~~
- respect and maintain confidentiality, and not at any time release to any person or organisation any documents that the Board of Management ~~of EHA (the Board) of EHA~~ has resolved be kept confidential or that ~~they ought reasonably to know are confidential and/or ought to be kept confidential~~ ~~have otherwise been delivered to them with an indication that they are confidential~~
- not release information of ~~the Authority EHA~~ except for the purpose of fulfilling their role and responsibilities as an EHA ~~Employee-employee~~ or as required or authorised by law
- ensure any information provided to another person in the course of fulfilling their role and responsibilities is accurate.

### 2.4 Communication

In communicating with other people, EHA ~~Employees-employees~~ will:

- be fair and honest in their dealings with individuals and organisations on behalf of ~~the Authority EHA~~ and behave in a manner that facilitates constructive communication between ~~the Authority EHA~~ and the community
- only make comments to the media regarding ~~the Authority EHA~~ if authorised to do so by the Chief Executive Officer ~~of EHA (CEO)~~ or Board ~~of Management of EHA~~
- when making personal comments, show respect for activities and decisions of ~~the Authority EHA~~
- endeavour to ensure that their communication, written or verbal (or otherwise), is not offensive to any person or otherwise defamatory.

### 2.5 Conflict of Interest

If the ~~CEO Chief Executive Officer~~ of EHA has an interest in a matter in relation to which he or she is required or authorised to act in the course of official duties he or she:

- must disclose the interest to the Board ~~of Management of EHA~~; and
- must not, unless the Board ~~of Management EHA~~ otherwise determines, ~~during a Board of Management meeting that is open to the public~~, act in relation to the matter.

An employee of EHA (other than the ~~Chief Executive Officer CEO~~) who has an interest in a matter in relation to which he or she is required or authorised to act in the course of official duties:

- must disclose the interest to the ~~Chief Executive Officer~~CEO; and
- must not, unless the ~~Chief Executive Officer~~CEO otherwise determines, act in relation to the matter.

If the ~~Chief Executive Officer~~CEO determines that an employee with an ~~un disclosed~~ interest in a matter may act in relation to that matter and the employee is providing advice or making recommendations to ~~the Board of Management of EHA~~ or an EHA committee on the matter, the employee must disclose the relevant interest to ~~the Board of Management of EHA~~ or ~~the~~ EHA committee.

~~An employee (including the Chief Executive Officer) has an interest in the circumstances described for Council employees in sections 120(5) to 120(7) of the Local Government Act 1999.~~

An employee of EHA (including the CEO) has an interest in a matter for the purposes of clause 2.5 of this Code of Conduct if the employee or a person with whom the employee is closely associated would, if the employee acted in a particular manner in relation to the matter, receive or have a reasonable expectation of receiving a direct or indirect pecuniary benefit or non-pecuniary benefit or suffer or have a reasonable expectation of suffering a direct or indirect pecuniary detriment or a non-pecuniary detriment.

A person is closely associated with an employee of EHA:

- if that person is a body corporate of which the employee is a director or a member of the governing body; or
- if that person is a proprietary company in which the employee is a shareholder; or
- if that person is a beneficiary under a trust or an object of a discretionary trust of which the employee is a trustee; or
- if that person is a partner of the employee; or
- if that person is the employer or employee of the employee (employment with EHA or a ~~€constituent €council of EHA is to be disregarded~~); or
- ~~if that person is a person from whom the employee has received or might reasonably be expected to receive a fee, commission or other reward for providing professional or other services; or~~
- ~~if that person is a relative (as defined in the Local Government Act 1999) of the employee.~~

## 2.6 Use of EHA Resources

EHA ~~Employees-employees~~ using EHA resources must do so effectively and prudently when undertaking EHA work.

EHA ~~Employees-employees~~ must not use EHA resources, including the services of EHA staff, for private purposes, unless legally or properly authorised to do so, with payment to ~~the Authority~~EHA being made where appropriate.

EHA ~~Employees-employees~~ must not use public funds or resources in a manner that is irregular or unauthorised.

## 2.7 Gifts and benefits

An EHA ~~Employee~~ ~~employee~~ must not seek out or receive a gift or benefit that is, or could reasonably be taken to be, intended or likely to:

- create a sense of obligation on the part of the employee to a person; or
- influence the employee in the performance or discharge of the employee's functions or duties.

If:

- (a) an EHA Employee receives a gift or benefit in the course of, in connection with or as a consequence of, his or her employment by ~~the Authority~~ ~~EHA~~; or
- (b) a relative of an EHA Employee receives a gift or benefit which could reasonably be considered to be in connection with or as a consequence of the EHA ~~Employee's~~ ~~employee's~~ employment by ~~the Authority~~ ~~EHA~~,

of an amount greater than the amount determined by the Board of Management which is \$50.00, the employee must provide details of the gift or benefit to the ~~CEO~~ ~~Chief Executive Officer~~.

## 3. Complaints

A complaint about the behaviour of an EHA ~~Employee~~ ~~employee~~ under ~~the this~~ Code of ~~Conduct~~ will be investigated and appropriate action taken to ensure the complaint is addressed and to reduce the likelihood of further breaches of ~~the this~~ Code of ~~Conduct~~ occurring.

Any person who believes a breach of this Code of ~~Conduct~~ may have occurred ~~may make a complaint to is encouraged to bring details to~~ the attention of the ~~CEO~~ ~~Chief Executive Officer of the Authority~~ via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)). ~~If the complaint relates to the CEO, the complaint may be made to the Chair of the Board of EHA. A disclosure of public interest information can be made in accordance with EHA's Public Interest Disclosure Procedure.~~

## 4. Further Information

The public may inspect this Code of ~~Conduct~~ on ~~the Authority's~~ ~~EHA's~~ website ([www.eha.sa.gov.au](http://www.eha.sa.gov.au)) and at the principal office of ~~the Authority~~ ~~EHA~~ at 101 Payneham Road, St Peters.

Any queries in relation to this Code of ~~Conduct~~ should be directed to the ~~Chief Executive Officer of the Authority~~ ~~CEO~~ via telephone (8132 3600) or e-mail ([mlivori@eha.sa.gov.au](mailto:mlivori@eha.sa.gov.au)).

## 5. Statement of Adoption and Review

This Code of ~~Conduct~~ was adopted on ~~2 May 2018~~ ~~[insert]~~ ~~7 May 2014~~ and will be reviewed every two years.

~~EHA~~ ~~The Authority~~ may at any time alter this Code of ~~Conduct~~, or substitute a new Code of Conduct.

I accept the terms and conditions of this Code of Conduct for Eastern Health Authority Employees as set out above.

Employee Name: .....

Employee Signature: ..... Date: .....

## 5.6 COMPLAINTS HANDLING POLICY & INTERNAL REVIEW OF A DECISION PROCEDURE

Author: Michael Livori  
Ref: AF17/49

### 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.

Additionally, an Internal Review of a Decision Procedure has been developed which sets out a process for how EHA will deal with an application seeking a review of an EHA decision.

### 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.

The Policy provides guidance to EHA's Board of Management, EHA Staff and the community on distinguishing between request, complaints and feedback and encourages general complaints to be resolved as quickly as possible. It provides information in relation to internal reviews, complex complaints and alternative external authorities customers may access in relation to complaints regarding EHA.

The policy is was amended to bring it in line with other EHA policies. The procedure for resolving general complaints has been amended and a procedure inserted for handling complaints relating to the code of conduct of employees, including the CEO.

References to internal review of decisions of EHA have been removed and now form part of the proposed Internal Review of a Decision Procedure.

A marked-up version of the Complaints Handling Policy highlighting the proposed changes is provided as attachment 1.

A "clean copy" of the Complaints Handling Policy is provided as attachment 2.

The Internal Review of a Decision Procedure (provided as attachment 3) sets out a process for how EHA will deal with an application seeking a review of an EHA decision.

The draft Procedure sets out:

- the decisions which are subject to review and those decisions which are not subject to review;
- the method of applying for a review;
- the review process; and
- record keeping requirements.

All councils are required to have procedures for the internal review of council decisions, and it is considered best governance practice for EHA to also have such a procedure.

The Board of Management adopted the revised Complaints Handling Policy and Internal Review of a Decision Procedure at its meeting held on 2 December 2020.

### **RECOMMENDATION**

That:

1. The Complaints Handling Policy and Internal Review of a Decision Procedure report is received.



## ~~Complaints Handling Policy~~ COMPLAINTS HANDLING POLICY

Policy Reference	GOV11
Date of Initial Board Adoption	31/ <del>08/</del> August 2016
Minutes Reference	<del>6:0820167: 02122020</del>
Date of Audit Committee Endorsement (if applicable)	25 <del>May</del> /5/2016
Date last reviewed by Eastern Health Authority Board of Management	<del>N/A</del> 2 December 2020
Relevant Document Reference	<ul style="list-style-type: none"> <li>- EHA <del>Whistleblowers Protection Policy</del> <a href="#">Public Interest Disclosure Procedure</a> 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> <li>- <del>Customer Service Policy</del> D14/1003</li> <li>-</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.

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

The purpose of the Complaints Handling Policy (~~the~~ this 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.

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

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

### 3. Scope

This Policy applies to complaints received from ~~customers—members of the public~~ 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~~ 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 an EHA decision. These will be dealt with ~~under~~ in accordance with the Internal Review of EHA Decisions Procedure.
- Matters covered by the Public Interest Disclosure Act 2019. ~~Whistleblowers Protection Act 1993~~. ~~These~~ These will be dealt with in accordance with the EHA’s Whistleblowers Protection Policy Public Interest Disclosure Procedure.
- Allegations of criminal activity. ~~These~~ must will be referred to the South Australian ~~Police~~ or other relevant authority.

### 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.~~

**Board** means the Board of Management of EHA.

~~**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.~~

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~~**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:~~

~~**Complaint** means 'An expression of dissatisfaction with a product actions of EHA 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 request for an application to have EHA or its representative, take some form of action to provide or improve a EHA's service.~~

~~**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

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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.

## 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 ~~p~~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 6.1.5 Procedures for resolving complaints)~~ EHA will try to ensure that, whenever possible and appropriate, complaints will be handled independently of the original decision-maker or officer involved in the matter that is the subject of the complaint.

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 ~~this Policy.the General Complaint Handling Procedure~~. This ensures that, whenever possible, complaints are handled independently of the original decision-maker ~~person or staff member involved in the matter~~ that is the subject of the complaint.

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~~Staff Employees~~ 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 authorised~~ to resolve.

~~Staff Employees~~ 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 as far as practicable~~ 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 ~~endeavour where practicable to~~ respond within **ten [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 investigate and resolve the matter, and ~~will be~~ 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 ~~general~~ complaints

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

The complaints ~~procedure for dealing with complaints, other than complaints of a breach of the Employee Code of Conduct, procedure~~ consists of a ~~three two~~ tiered scheme.

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1. Immediate response to resolve the complaint - All ~~staff employees~~ 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 where possible.
2. Complaint escalated to a more senior officer - A complaint will be directed to the appropriate Team Leader ~~in of~~ EHA, where circumstances indicate that the complaint would be more appropriately handled at a higher level and/or where the complaint has not been able to be resolved by way of an immediate response to resolve the complaint. 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 CEO.~~

~~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~~
- ~~— Internal review of a decision made by EHA on behalf of a Constituent Council is available under Section 270 of the Local Government Act 1999. This is a process established by legislation that enables a Council to reconsider all the evidence relied on to make a decision, including new evidence is relevant.~~
- ~~— 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.~~

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On occasion, it may be appropriate to consider mediation. ~~This will only occur if both EHA and the complainant agree to undertake 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 Procedures for resolving complaints under Code of Conduct for Employees**

~~A complaint alleging an employee of EHA has breached the Code of Conduct for Employees (the Code of Conduct) will be referred immediately to the CEO to deal with (except where the complaint relates to the CEO).~~

~~The CEO will deal with the complaint, including if appropriate, undertake an investigation.~~

~~The procedure to be followed in dealing with a complaint under the Code of Conduct will be determined by the CEO (except where the complaint relates to the CEO).~~

~~Complaints under the Code of Conduct that relate to the CEO will be referred immediately to the Chair of the Board of Management (the Board) of EHA. The procedure to be followed in dealing with a complaint under the Code of Conduct in relation to the CEO will be determined by the Board.~~

~~The CEO (or Chair of the Board where the complaint relates to the CEO) will endeavour to provide information to the complainant about the progress of a complaint and the outcome of the consideration of a complaint where appropriate.~~

### **6.32-1 Complainant rights to external review**

While EHA prefers to work with ~~its customers~~ members of the public 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.~~

### **6.42-2 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 ~~behavior~~ 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 ~~behavior~~ behaviour consumes an unwarranted amount of EHA resources or impedes the investigation of their complaint, a decision may be

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made to apply restrictions on contact ~~with-by~~ the person. Before making any decision to restrict contact, the complainant will be warned that, if the specified ~~behavior~~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.

### **6.52.3 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.

### **6.62.4 Privacy and confidentiality**

Complainants have a right to ~~expect-request~~ that their complaint ~~will~~ be investigated in private. ~~EHA will endeavour where possible and lawful to treat complaints including the identity of complainants confidentially, 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.~~

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

### **6.72.5 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 ~~before the complaint, 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.

### **6.82.6 Alternative remedies**

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## Complaints Handling Policy

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EHA may seek to use alternative dispute resolution methods such as mediation to resolve a complaint in circumstances where the CEO or ~~the Board 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 the 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 Hh~~ handling processes are fair, transparent and accountable, cost effective and meet community needs, EHA will document all 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 ~~31 August 2016~~ 31 August 2016.

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## COMPLAINTS HANDLING POLICY

Policy Reference	GOV11
Date of Initial Board Adoption	31 August 2016
Minutes Reference	7: 02122020
Date of Audit Committee Endorsement (if applicable)	25 May 2016
Date last reviewed by Eastern Health Authority Board of Management	2 December 2020
Relevant Document Reference	<ul style="list-style-type: none"> <li>- EHA Public Interest Disclosure Procedure 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> <li>- Customer Service Policy D14/1003</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.

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

The purpose of the Complaints Handling Policy (this 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.

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This Policy also aims to provide guidance on:

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

### **3. Scope**

This Policy applies to complaints received from members of the public regarding EHA's operations or service delivery.

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 an EHA decision. These will be dealt with in accordance with the Internal Review of EHA Decisions Procedure.
- Matters covered by the *Public Interest Disclosure Act 2019*. These will be dealt with in accordance with the EHA's Public Interest Disclosure Procedure.
- Allegations of criminal activity. These will be referred to the South Australian Police or other relevant authority.

### **4. Definitions**

**Board** means the Board of Management of EHA.

**Employee** means any person performing work on behalf of EHA, either paid or unpaid, including the Chief Executive Officer (CEO).

**Complaint** means an expression of dissatisfaction with actions of EHA or service delivered by EHA 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.

**Request for Service** is request for EHA to provide or improve a service.

### **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.

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## Complaints Handling Policy

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- 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

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.

### 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.

EHA will try to ensure that, whenever possible and appropriate, complaints will be handled independently of the original decision-maker or officer involved in the matter that is the subject of the complaint.

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

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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 this Policy. This ensures that, whenever possible, complaints are handled independently of the original decision-maker person that is the subject of the complaint.

Employees will be provided with a level of delegated authority appropriate for the nature of complaints they are authorised to resolve.

Employees 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 for service improvement opportunities.

### **6.1.3 Steps to resolving a complaint**

The following steps will be followed as far as practicable 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 complaint, EHA will endeavour where practicable to respond within **ten [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 investigate and resolve the matter, and will be regularly updated as to progress that is being made to resolve the complaint.

### **6.1.5 Procedures for resolving general complaints**

Complaints may vary greatly in their level of complexity and seriousness. Wherever possible attempts will be made to resolve a complaint when first reported, but if necessary a complaint will be escalated as set out below.

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The complaints procedure for dealing with complaints, other than complaints of a breach of the Employee Code of Conduct, consists of a two tiered scheme.

1. Immediate response to resolve the complaint - All employees 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 where possible.
2. Complaint escalated to a more senior officer - A complaint will be directed to the appropriate Team Leader of EHA, where circumstances indicate that the complaint would be more appropriately handled at a higher level and/or where the complaint has not been able to be resolved by way of an immediate response to resolve the complaint. The Team Leader will assess the complaint and determine if it is appropriate to handle the complaint or direct the matter to the CEO.

On occasion, it may be appropriate to consider mediation. This will only occur if both EHA and the complainant agree to undertake mediation.

## **6.2 Procedures for resolving complaints under Code of Conduct for Employees**

A complaint alleging an employee of EHA has breached the Code of Conduct for Employees (the Code of Conduct) will be referred immediately to the CEO to deal with (except where the complaint relates to the CEO).

The CEO will deal with the complaint, including if appropriate, undertake an investigation.

The procedure to be followed in dealing with a complaint under the Code of Conduct will be determined by the CEO (except where the complaint relates to the CEO).

Complaints under the Code of Conduct that relate to the CEO will be referred immediately to the Chair of the Board. The procedure to be followed in dealing with a complaint under the Code of Conduct in relation to the CEO will be determined by the Board.

The CEO (or Chair of the Board where the complaint relates to the CEO) will endeavour to provide information to the complainant about the progress of a complaint and the outcome of the consideration of a complaint where appropriate.

## **6.3 Complainant rights to external review**

While EHA prefers to work with members of the public 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.

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#### **6.4 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 by 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.

#### **6.5 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.

#### **6.6 Privacy and confidentiality**

Complainants have a right to request that their complaint be investigated in private. EHA will endeavour where possible and lawful to treat complaints including the identity of complainants confidentially.

However EHA is subject to the *Freedom of Information Act 1991* and confidentiality cannot be guaranteed under the provisions of that legislation.

#### **6.7 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 before the complaint. This may mean providing the desired service or changing a decision. Sometimes, however, it may only be possible to offer an apology.

#### **6.8 Alternative remedies**

EHA may seek to use alternative dispute resolution methods such as mediation to resolve a complaint in circumstances where the CEO or the Board 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**

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 the Board 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 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 on 31 August 2016.

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## INTERNAL REVIEW OF A DECISION PROCEDURE

Procedure Reference	GOVP02
Date of initial Board Adoption	2 December 2020
Minutes Reference	7: 02122020
Date of Audit Committee endorsement (if applicable)	NA
Date last reviewed by Eastern Health Authority Board of Management	NA
Applicable legislation	

### 1. Introduction

The Eastern Health Authority (**EHA**) will review certain types of decision in accordance with this procedure.

This document sets out:

- the decisions which are subject to review;
- the method of applying for a review;
- the review process; and
- record keeping requirements.

#### **EHA's Commitment**

EHA is committed to making decisions that are fair, reasonable and objective.

This procedure provides a process by which members of the public with a sufficient interest in a decision of EHA can, in appropriate circumstances, as provided for in this procedure, have that decision reviewed.

This procedure is designed to ensure that:

- an unbiased review is undertaken;
- outcomes of a review are based on sound evidence;
- applicants receive information about the outcome of the review.

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## 2. Scope

This procedure forms part of EHA's framework for handling complaints which includes:

- Public Interest Disclosure Procedure;
- Complaints Handling Policy;
- Customer Service Policy;
- Employee Code of Conduct; and
- Code of Conduct for EHA Board Members – dealing with complaints procedure.

## 3. Decisions Subject to Review

Decisions of:

- 3.1** EHA;
- 3.2** employees of EHA (whilst acting in their capacity as employees of EHA); and
- 3.3** other persons acting on behalf of EHA,

may be subject to review under this procedure. The nature of the review is a merits review which could lead to the original decision being affirmed, varied or revoked.

An internal review of an EHA decision will be in accordance with this procedure. All the evidence relied on to make the original decision will be reconsidered and additional available evidence if relevant will also be considered. This procedure 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.

## 4. Decisions Not Subject to Review

Not all actions by EHA, employees of EHA or other persons acting on behalf of EHA will be a decision for the purposes of this procedure. For example, actions or steps taken during the process of decision-making (eg requests for further information, internal consideration of a matter or referral of a matter to an external adviser) are not decisions and this procedure will not apply to such actions. A decision is made when a matter, issue or query is actually finally determined. Once a matter, issue or query is determined, the decision may be susceptible to review in accordance with this procedure.

Some decisions made by EHA, an employee of EHA or other persons on behalf of EHA are subject to review or appeal processes set out in legislation. This procedure cannot override or operate inconsistently or concurrently with these statutory processes. Consequently where legislation provides for the review of, or appeal from, a type of decision, a decision of that type will not be reviewed under this procedure. Examples include:

- review of decisions made in respect of prohibition orders made pursuant to Section 46 of the *Food Act 2001*;
- appeal against a decision to issue a notice under Section 92 of the *South Australian Public Health Act 2011*;

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- review of an expiation notice under the *Expiation of Offences Act 1996*; and
- internal and external review processes under the *Freedom of Information Act 1991*.

Where legislation specifically excludes a type decision from review either expressly or by implication, this procedure cannot operate inconsistently with that legislation and accordingly this procedure will not apply. Similarly, a review under this procedure could not vary or revoke a decision which has operative effect under legislation from the time the decision is made.

Where legislation specifically provides for an internal review process, that process will apply rather than the process set out in this procedure. For example, withdrawal of an expiation notice issued by EHA under Section 16 of the *Expiation of Offences Act 1996*.

Further, EHA may refuse to consider an application for review if:

- the application is made by an employee of EHA and relates to an issue concerning his or her employment;
- the application is trivial, frivolous or vexatious; or
- the applicant does not have a sufficient interest in the matter.

Where a matter has been referred to the Local Government Association Mutual Liability Scheme (**LGAMLS**) in respect to a claim or potential claim against EHA or in response to a threat of legal action against EHA, an application for review of a decision in connection with that claim or action (including the decision to refer the matter to the LGAMLS) will not be considered under this procedure.

## 5. Applying For a Review

### 5.1 Who Can Apply?

A person with a sufficient interest in a decision of EHA, employee of EHA or persons acting on behalf of EHA, may make a written application for a review of that decision. An application for a review of a decision must be made within three months of the decision being made (unless a longer period for submitting a particular application is approved by EHA or the Chief Executive Officer of EHA (**CEO**)).

A person who is not the direct subject of a decision may have a sufficient interest in the decision to seek a review under this procedure.

### 5.2 Internal Review Contact Officer

An Internal Review Contact Officer (**IRCO**) appointed by the CEO is the initial point of contact for an applicant. The CEO may be the IRCO.

All applications for review are to be referred to the IRCO immediately.

### 5.3 Assistance with Applying for Review

It is essential that no one is excluded from lodging an application for review because of any difficulties they may have representing themselves. EHA will offer assistance

where appropriate and provide it on request, including assistance in documenting the reasons for the review in writing when circumstances warrant.

If necessary, access to interpreters, aids or advocates will be arranged to ensure that an applicant is treated equitably and has access to the review process.

#### 5.4 Form of Application

An application for review must be in writing and set out the reasons for applying for the review (that is, why the applicant believes that the decision is wrong). Although EHA can be expected to have information and material relevant to the matter under review, an application for review may also include additional, relevant information or evidence to support the application

#### 5.5 Role of IRCO

The role of the IRCO is to:

- explain the procedure to the applicant and explore any alternative options to resolve the matter, such as alternative dispute resolution prior to an application for review;
- acknowledge the receipt of an application for review;
- determine whether or not the decision is subject to review under this procedure;
- maintain a register of all applications for review received and the outcomes of the applications;
- outline the timeframes involved and the action to be taken in the first instance;
- undertake a preliminary investigation to determine what actions have already been taken to try to resolve the matter;
- keep the applicant informed of progress;
- ensure adequate records are maintained; and
- report to the Board of Management of EHA (the Board) on all applications lodged for review.
- working in conjunction with the person or body conducting the review (**the reviewer**); and
- ensuring the application is properly lodged and assigned.

Applications for a review of a decision will, where possible, be acknowledged within 10 business days and advice provided of the expected timeframe for dealing with the matter.

The applicant will, where practicable, be regularly informed of progress, either by email, letter or telephone.

## 6. Undertaking a Review

### 6.1 Reviewer

The Board will be the reviewer:

- when the decision being reviewed was made by the Board or the CEO; and
- in other circumstances as determined by the CEO.

Where the Board is not the reviewer, a reviewer will be chosen by the CEO and may include the CEO or other employee of EHA, with appropriate delegations necessary to enable him/her to affirm, vary or revoke the decision under review. The reviewer may be assisted by an external person or body in undertaking the review.

### 6.2 Role of Reviewer

The reviewer will undertake a merits review of the decision.

The reviewer should consider all materials and information which were before the original decision maker and any additional relevant material and information which has been provided or become available during the course of the review.

The reviewer will 'stand in the shoes' of the original decision-maker and determine the best or preferable decision on the basis of the relevant circumstances and available information and materials.

The reviewer will consider the application and determine whether to affirm, vary or revoke the reviewed decision.

### 6.3 Providing 'Procedural Fairness'

The reviewer will where appropriate observe the principles of procedural fairness (also called 'natural justice') when undertaking the review as provided for in this procedure.

To observe the principles of procedural fairness:

- the applicant is entitled to put forward information and materials in support of the application for review;
- the applicant will be informed of the proposed outcome of the review, have the opportunity to make submissions to the reviewer on the proposed outcome and have these submissions taken into account; and
- the reviewer must not have a bias or perceived bias in respect of undertaking the review.

### 6.4 Providing Reasons

While there is no statutory requirement to give reasons for a decision, EHA will give reasons to explain the outcome unless this is not possible, practicable or lawful.

## 7. Records Management

All documents, notes, photographs and correspondence must be retained and stored in accordance with EHA's records management protocols.

All applications must be recorded in EHA's records management system in such a way that the information can also be analysed for service improvement opportunities.

The IRCO will submit a report to the Board annually about applications for review of a decision, including:

- the number of applications for review made under this procedure;
- the types of matter to which the applications relate; and
- the outcomes of applications under this procedure.

The IRCO will also report on how the outcomes have been used to improve EHA's customer service, policies, procedures and practices.

This procedure was adopted on 18 November 2020 and will be reviewed periodically.

## 5.7 EASTERN HEALTH AUTHORITY AUDIT COMMITTEE TERMS OF REFERENCE

Author: Michael Livori  
Ref: AF12/195

### Summary

EHA has previously developed Terms of Reference (ToR) for its Audit Committee which requires annual review.

### Report

The Audit Committee is a formally constituted Committee of EHA pursuant to Clause 30 of Schedule 2 to the Local Government Act 1999, and is responsible to EHA. The Committee's role is to report to EHA and provide appropriate advice and recommendations on matters contained within its ToR.

The ToR are required to be annually reviewed. A review of the ToR has been undertaken and the following changes are recommended.

- Addition of clause 2.2 to set Board appointed member term to coincide with local Government General Election.
- Addition of clause 2.4 to mirror requirements of the *Local Government (Financial Management) Regulations 2011* in relation to Constituent Council required approval for certain committee membership.
- Deletion of clause requiring meeting being held in place open to the public.
- Clause 2.8 (formerly 2.7) amended to increase maximum single term of membership to three years.
- Addition of Clause 2.9 to ensure an orderly rotation and continuity of membership where possible.
- Addition of clauses 2.11 and 2.12 to set maximum length of membership of Independent Member and eligibility for future reappointment.

A copy of the ToR with marked up changes is provided as attachment 1 to this report.

A copy of the ToR with the changes accepted is provided as attachment 2 to this report for adoption.

### RECOMMENDATION

That:

1. The report regarding the Eastern Health Authority Audit Committee Terms of Reference is received.
2. The Eastern Health Authority Audit Committee Terms of Reference provided as attachment 2 to this report are referred to the Board of Management for adoption.



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## EHA Audit Committee TERMS OF REFERENCE

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# EHA Audit Committee

## TERMS OF REFERENCE

### 1. Establishment of the Audit Committee

- 1.1. Pursuant to Section 41 and Section 126 of the Local Government Act 1999 (as amended) EHA as a regional subsidiary of Constituent Councils establishes a Committee to be known as the Audit Committee (“the Committee”) for the purpose of:
  - 1.1.1. Assisting EHA in fulfilling its oversight responsibilities relating to accounting, audit, legislative compliance, financial and operational risk management, good governance and reporting practices; and
  - 1.1.2. Administration and External Auditor; in accordance with the Local Government Act 1999 (as amended) and other relevant ensuring effective communication between the Board, legislation.

### 2. Membership

- 2.1. Committee Members of the Committee are appointed by EHA. The Committee shall comprise three members consisting of two independent members and one Board Member.
- ~~2.2. The Board Member appointed to the committee by resolution of the Board will hold office until the conclusion of the next Local Government General Election.~~
- ~~2.2-2.3.~~ Independent Members of the Committee shall have extensive and relevant financial management, risk management or internal audit qualifications and experience.
- ~~2.4. Membership of the committee must include at least 1 person who is not a member of the Board of Management of EHA and who is determined by the Constituent Councils to have financial experience relevant to the functions of the Audit Committee.~~
- ~~2.3-2.5.~~ Only members of the Committee are entitled to vote in Committee meetings. Unless otherwise required by the Act not to vote, each member must vote on every matter that is before the Committee for a decision.
- ~~2.4. In accordance with the principles of open, transparent and informed decision making, Committee meetings must be conducted in a place open to the public. The agenda and minutes of the Committee meetings, subject to any items that are discussed in confidence under Section 90 of the Act and subsequently retained as confidential under Section 91 of the Act, are also required to be made available to the public.~~
- ~~2.5-2.6.~~ Individual members of EHA’s administration staff, such as the Chief Executive Officer and Senior Staff may attend any meeting as observers or be responsible for preparation of papers for the Committee.

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~~2.6.2.7.~~ EHA's external auditor may also be invited to attend meetings of the Committee, as appropriate.

~~2.8.~~ Appointments of Independent members to the Committee shall be for a maximum period of ~~two-three~~ years.

~~2.9.~~ The terms of the appointments should be arranged to ensure an orderly rotation and continuity of membership.~~At the expiration of this period all positions will be declared vacant and nominations will be sought for another two year term.~~

~~2.10.~~ Independent members are eligible for reappointment at the expiration of their term at the sole discretion of the EHA Board.~~Appointees may be reappointed by EHA through this process.~~

~~2.11.~~ The maximum length of continuous membership of an Independent Member shall be 6 years.

~~2.12.~~ Independent members are eligible for appointment to the committee after a two year period has elapsed if they meet the criteria in 2.11 (I.e. they have served a six year maximum term).

~~2.13.~~ The Presiding Member of the Committee will be one of the independent members and will be appointed by the Audit Committee for the term of the Committee.

~~2.8.2.14.~~ In the absence of the chairperson the Committee will appoint one of the other members as Acting Presiding Member for the duration of the meeting.

~~2.9.2.15.~~ The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

### 3. Authority

3.1. The Committee has the following authority from the Board:

- 3.1.1. Confirm minutes of a previous meeting as a true and accurate record of proceedings;
- 3.1.2. Set meeting times / dates; and
- 3.1.3. Receive Information Reports and provide feedback and input into development of policies and documents put before the Committee, prior to them being recommended to Board. The Committee has no authority to act independently of the Board. The Committee is authorised by the Board to undertake work efficiently and effectively to meet the objectives described by its Establishment and Terms of Reference.

3.2. The Committee will have no standing financial delegations. If required for a specific purpose, these will be sought from the Board at the time or where appropriate through the Chief Executive Officer's delegation.

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- 3.3. The Committee shall act at all times in strict accordance with relevant legislation (being the Local Government Act 1999 [as amended] and associated Regulations) and with written policies, guideline, protocols and charter of the Board, which are relevant to the Committee in the performance of its functions.
- 3.4. All decisions of the Committee will be referred to the Board as recommendations of the Committee. The reporting of the decisions of the Committee to the Board in this manner is sufficient to satisfy the reporting and accountability requirements of the Board.

#### 4. Secretarial Resources

- 4.1. The Chief Executive Officer shall provide sufficient administrative resources to the Committee to enable it to adequately carry out its functions.

#### 5. Quorum

- 5.1. The quorum necessary for the transaction of business shall be 2 members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.
- 5.2. All decisions of the Committee shall be made on the basis of a majority decision of the members present.
- 5.3. Only members of the Committee, or a Board Member's proxy, if appointed for a meeting, are entitled to vote in Committee meetings.

#### 6. Frequency of Meetings

- 6.1. The Committee shall meet at least twice per annum. The Committee can meet otherwise as required, and as approved by the Chairperson.

#### 7. Notice of Meetings

- 7.1. Ordinary meetings of the Committee will be held at times and places determined by EHA or, subject to a decision of EHA, the Committee. EHA recognised that the EHA Audit Committee can determine the time and place of its meetings at a meeting held on 1 February 2012 at Item 7.9. A special meeting of the Committee may be called in accordance with the Act.
- 7.2. Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and

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observers, no later than three clear business days before the date of the meeting. Supporting papers shall be sent to Committee members (and to other attendees as appropriate) at the same time.

## 8. Minutes of Meetings

- 8.1. The Chief Executive Officer shall ensure that the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance, are minuted and that the minutes otherwise comply with the requirements of the Local Government (Procedure at Meetings) Regulations 2000.
- 8.2. Minutes of Committee meetings shall be circulated within five days after a meeting to all members of the Committee and to all members of EHA and will (as appropriate) be available to the public.

## 9. Conduct of Meetings

- 9.1. The Committee shall conduct its meetings in accordance with Part 2 of the Local Government (Procedures at Meetings) Regulations 2000 (as amended).
- 9.2. The Committee will develop, maintain and implement a work plan, which will serve the purpose of a forward agenda detailing the proposed agenda items and meeting dates.

## 10. Role of the Committee

### 10.1. Financial Reporting and Sustainability

The Committee Shall:

- 10.1.1. Monitor the integrity of the financial statements of EHA, including its annual report, reviewing significant financial reporting issues and judgements which they contain.
- 10.1.2. Review and challenge where necessary:
- 10.1.3. Review the consistency of, and/or any changes to, accounting policies;
- 10.1.4. Review the methods used to account for significant or unusual transactions where different approaches are possible;

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- 10.1.5. Review whether EHA has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the external auditor;
- 10.1.6. Review the clarity of disclosure in EHA's financial reports and the context in which statements are made; and
- 10.1.7. Review all material information presented with the financial statements, such as the operating and financial review and the corporate governance statement (in so far as it relates to audit and risk management).
- 10.1.8. Review and make recommendations to the Board regarding the assumptions, financial ratios and financial targets in the Long Term.
- 10.1.9. Provide commentary and advice on the financial sustainability of EHA and any risks in relation to, as part of the adoption of the Long Term Financial Plan, Annual Budget and periodic Budget Reviews.
- 10.1.10. Review and make recommendations to the Board regarding any other significant financial, business efficiency or innovation, accounting and reporting issue as deemed necessary by the Committee, Board or Administration.
- 10.1.11. Consider and provide comment on the financial and risk related issues associated with any EHA business referred to it by the Board for such comment.

## 10.2. Risk Management and Internal Control

The Committee shall:

- 10.2.1. Monitor and review the performance and adequacy of EHA's Risk Management Program and Framework for identifying, monitoring and managing significant business risks, including Work Health and Safety and EHA's Business Continuity Plan.
- 10.2.2. Review and recommend the approval, where appropriate, of statements to be included in the annual report of concerning internal controls and risk management.

## 10.3. Whistle Blowing and fraud

- 10.3.1. The Committee shall review EHA's arrangements for its employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure these arrangements allow independent investigation of such matters and appropriate follow-up action.

## 10.4. Internal Audit

The Committee shall:

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- 10.4.1. Discuss and approve the Internal Audit Program, if one is required and consider appropriate resourcing;
- 10.4.2. Monitor and review the effectiveness of EHA's internal audit processes in the context of EHA's overall risk management system;
- 10.4.3. Review internal audit reports, consider recommendations and review and monitor reports on EHA's operations from the internal auditor
- 10.4.4. Review and monitor management's responsiveness to the findings and recommendations

## 10.5. External Audit

The Committee shall:

- 10.5.1. Monitor and review the effectiveness of EHA's external audit function;
- 10.5.2. Consider and make recommendation on the program of the external audit function;
- 10.5.3. Review the external auditor's report on the preparation of EHA's end of year financial statements;
- 10.5.4. Review any reports on EHA's operations prepared by the external auditor;
- 10.5.5. Review and monitor management's responsiveness to the findings and recommendations of the external auditor;
- 10.5.6. Consider and make recommendations to EHA, in relation to the appointment, re-appointment and removal of EHA's external auditor, including where the auditor resigns during the period of appointment.
- 10.5.7. Oversee EHA's relationship with the external auditor including, but not limited to:
  - 10.5.7.1. recommending the approval of the external auditor's remuneration, whether fees for audit or non-audit services, and recommending whether the level of fees is appropriate to enable an adequate audit to be conducted;
  - 10.5.7.2. recommending the approval of the external auditor's terms of engagement, including any engagement letter issued at the commencement of each audit and the scope of the audit;
  - 10.5.7.3. assessing the external auditor's independence and objectivity taking into account relevant professional and regulatory requirements and the extent of EHA's relationship with the auditor, including the provision of any non-audit services;
  - 10.5.7.4. satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the external auditor and EHA (other than in the ordinary course of business);

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- 10.5.7.5. monitoring the external auditor's compliance with legislative requirements on the rotation of audit partners; and
- 10.5.7.6. assessing the external auditor's qualifications, expertise and resources and the effectiveness of the audit process (which shall include a report from the external auditor on the audit Committee's own internal quality procedures);
- 10.5.7.7. review any representation letter(s) requested by the external auditor before they are signed by management;
- 10.5.7.8. review the management letter and management's response to the external auditor's findings and recommendations.

#### 10.6. Policy Development

The Committee shall:

- 10.6.1. Undertake a questioning and testing role in the development and review of EHA's financial and risk management policies;
- 10.6.2. Review and comment on the overall adequacy of EHA's and Policy Development Management Framework.

### 11. Reporting Responsibilities

- 11.1. The Committee shall make whatever recommendations to EHA it deems appropriate on any area within its terms of reference where in its view action or improvement is needed.

### 12. Annual Review and Reporting to Board Committee

- 12.1. The Committee shall annually review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend changes it considers necessary to the Board for approval.
- 12.2. In reviewing its performance, the Committee will have regard to:
  - 12.2.1. The achievement of the Committee's role and Terms of Reference.
  - 12.2.2. The Committee's decision making process.
  - 12.2.3. The timeliness, quality and quantity of information received.
  - 12.2.4. The relationship with the Board, Administration and other members of the Committee.
- 12.3. The involvement and attendance by members.
- 12.4. Following the Committee's annual review, the Chair (and other Independent Members as appropriate) of the Audit Committee shall provide a report to the Board on the Audit Committee's view in relation to the key areas of responsibility under these Terms of Reference, being, where relevant:

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**TRIM:** ~~D12/11213[v7]~~

- 12.4.1. Financial statements and the EHA's financial position;
- 12.4.2. Key financial and risk related policy issues;
- 12.4.3. EHA's risk management practices and framework;
- 12.4.4. Internal financial controls;
- 12.4.5. Fraud and whistleblowing provisions;
- 12.4.6. EHA's long term financial planning;
- 12.4.7. Asset management planning;
- 12.4.8. Other issues of note.

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Amendments to Version 1 and 2 ToR

- 1 1.2 – changed in accordance with resolution 14:022012 of the Eastern Health Authority Board Meeting 1 February 2012.
- 2 Note added to 5.1 in accordance with resolution 14:022012 of the Eastern Health Authority Board Meeting 1 February 2012.

Amendments to Version 3 ToR

- Clause 1.2 amended by deleting the sentence “The Chair may be a member of the Committee, however will not hold the position of the Presiding Member of the Committee” in accordance with resolution 9:082013 of the Eastern Health Authority Board Meeting 28 August 2013.
- 2 Clause 1.9 changed to read “The Presiding Member of the Committee will be one of the independent members and will be appointed by the Audit Committee for the term of the Committee.” to reflect that there are two independent members on the Committee in accordance with resolution 9:082013 of the Eastern Health Authority Board Meeting 28 August 2013.

Amendments to Version 4 ToR

ToR presented to the Audit Committee Meeting – 13/08/2014. No amendments made.

Amendments to Version 5 ToR

ToR presented to the Audit Committee Meeting – 12/08/2015. No amendments made.

Amendments to Version 6 ToR

ToR presented to the Audit Committee Meeting – 30/11/2016

- Addition of clause 1 Establishment of the Audit Committee
- Deletion of clause 2.1
- Addition of clause 2.9
- Addition of clause 3 Authority
- Addition of clauses 5.2 and 5.3
- Addition of clause 9 Conduct of Meetings
- Addition of clause 10.1 Financial Reporting and Sustainability
- Addition of clause 10.2 Risk Management and Internal Control
- Addition to clause 10.3 title to ‘Whistleblowing and Fraud’
- Amendment of clause 10.4.2
- Addition of clause 10.6 Policy Development
- Addition of clause 12 Annual Review and Reporting to Board

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### Amendments to Version 7 ToR

ToR presented to the Audit Committee Meeting – 01/05/2019. No amendments made.

### Amendments to Version 8 ToR

- Addition of clause 2.2 to set Board appointed member term to coincide with local Government General Election.
- Addition of clause 2.4 to mirror requirements of the *Local Government (Financial Management) Regulations 2011* in relation to Constituent Council required approval for certain committee membership.
- Deletion of clause requiring meeting being held in place open to the public.
- Clause 2.8 (formerly 2.7) amended to increase maximum single term of membership to three years.
- Addition of Clause 2.9 to ensure an orderly rotation and continuity of membership where possible.
- Addition of clauses 2.11 and 2.12 to set maximum length of membership of Independent Member and eligibility for future reappointment.

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local councils working together to protect the health of the community

## EHA Audit Committee TERMS OF REFERENCE

# EHA Audit Committee

## **TERMS OF REFERENCE**

### **1. Establishment of the Audit Committee**

- 1.1. Pursuant to Section 41 and Section 126 of the Local Government Act 1999 (as amended) EHA as a regional subsidiary of Constituent Councils establishes a Committee to be known as the Audit Committee (“the Committee”) for the purpose of:
  - 1.1.1. Assisting EHA in fulfilling its oversight responsibilities relating to accounting, audit, legislative compliance, financial and operational risk management, good governance and reporting practices; and
  - 1.1.2. Administration and External Auditor; in accordance with the Local Government Act 1999 (as amended) and other relevant ensuring effective communication between the Board, legislation.

### **2. Membership**

- 2.1. Committee Members of the Committee are appointed by EHA. The Committee shall comprise three members consisting of two independent members and one Board Member.
- 2.2. The Board Member appointed to the committee by resolution of the Board will hold office until the conclusion of the next Local Government General Election.
- 2.3. Independent Members of the Committee shall have extensive and relevant financial management, risk management or internal audit qualifications and experience.
- 2.4. Membership of the committee must include at least 1 person who is not a member of the Board of Management of EHA and who is determined by the Constituent Councils to have financial experience relevant to the functions of the Audit Committee.
- 2.5. Only members of the Committee are entitled to vote in Committee meetings. Unless otherwise required by the Act not to vote, each member must vote on every matter that is before the Committee for a decision.
- 2.6. Individual members of EHA’s administration staff, such as the Chief Executive Officer and Senior Staff may attend any meeting as observers or be responsible for preparation of papers for the Committee.
- 2.7. EHA’s external auditor may also be invited to attend meetings of the Committee, as appropriate.
- 2.8. Appointments of Independent members to the Committee shall be for a maximum period of three years.
- 2.9. The terms of the appointments should be arranged to ensure an orderly rotation and continuity of membership.
- 2.10. Independent members are eligible for reappointment at the expiration of their term at the sole discretion of the EHA Board.

- 2.11. The maximum length of continuous membership of an Independent Member shall be 6 years.
- 2.12. Independent members are eligible for appointment to the committee after a two year period has elapsed if they meet the criteria in 2.11 (I.e. they have served a six year maximum term).
- 2.13. The Presiding Member of the Committee will be one of the independent members and will be appointed by the Audit Committee for the term of the Committee.
- 2.14. In the absence of the chairperson the Committee will appoint one of the other members as Acting Presiding Member for the duration of the meeting.
- 2.15. The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

### **3. Authority**

- 3.1. The Committee has the following authority from the Board:
  - 3.1.1. Confirm minutes of a previous meeting as a true and accurate record of proceedings;
  - 3.1.2. Set meeting times / dates; and
  - 3.1.3. Receive Information Reports and provide feedback and input into development of policies and documents put before the Committee, prior to them being recommended to Board. The Committee has no authority to act independently of the Board. The Committee is authorised by the Board to undertake work efficiently and effectively to meet the objectives described by its Establishment and Terms of Reference.
- 3.2. The Committee will have no standing financial delegations. If required for a specific purpose, these will be sought from the Board at the time or where appropriate through the Chief Executive Officer's delegation.
- 3.3. The Committee shall act at all times in strict accordance with relevant legislation (being the Local Government Act 1999 [as amended] and associated Regulations) and with written policies, guideline, protocols and charter of the Board, which are relevant to the Committee in the performance of its functions.
- 3.4. All decisions of the Committee will be referred to the Board as recommendations of the Committee. The reporting of the decisions of the Committee to the Board in this manner is sufficient to satisfy the reporting and accountability requirements of the Board.

### **4. Secretarial Resources**

- 4.1. The Chief Executive Officer shall provide sufficient administrative resources to the Committee to enable it to adequately carry out its functions.

## 5. Quorum

- 5.1. The quorum necessary for the transaction of business shall be 2 members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.
- 5.2. All decisions of the Committee shall be made on the basis of a majority decision of the members present.
- 5.3. Only members of the Committee, or a Board Member's proxy, if appointed for a meeting, are entitled to vote in Committee meetings.

## 6. Frequency of Meetings

- 6.1. The Committee shall meet at least twice per annum. The Committee can meet otherwise as required, and as approved by the Chairperson.

## 7. Notice of Meetings

- 7.1. Ordinary meetings of the Committee will be held at times and places determined by EHA or, subject to a decision of EHA, the Committee. EHA recognised that the EHA Audit Committee can determine the time and place of its meetings at a meeting held on 1 February 2012 at Item 7.9. A special meeting of the Committee may be called in accordance with the Act.
- 7.2. Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and observers, no later than three clear business days before the date of the meeting. Supporting papers shall be sent to Committee members (and to other attendees as appropriate) at the same time.

## 8. Minutes of Meetings

- 8.1. The Chief Executive Officer shall ensure that the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance, are minuted and that the minutes otherwise comply with the requirements of the Local Government (Procedure at Meetings) Regulations 2000.
- 8.2. Minutes of Committee meetings shall be circulated within five days after a meeting to all members of the Committee and to all members of EHA and will (as appropriate) be available to the public.

## 9. Conduct of Meetings

- 9.1. The Committee shall conduct its meetings in accordance with Part 2 of the Local Government (Procedures at Meetings) Regulations 2000 (as amended).

- 9.2. The Committee will develop, maintain and implement a work plan, which will serve the purpose of a forward agenda detailing the proposed agenda items and meeting dates.

## 10. Role of the Committee

### 10.1. Financial Reporting and Sustainability

The Committee Shall:

- 10.1.1. Monitor the integrity of the financial statements of EHA, including its annual report, reviewing significant financial reporting issues and judgements which they contain.
- 10.1.2. Review and challenge where necessary:
- 10.1.3. Review the consistency of, and/or any changes to, accounting policies;
- 10.1.4. Review the methods used to account for significant or unusual transactions where different approaches are possible;
- 10.1.5. Review whether EHA has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the external auditor;
- 10.1.6. Review the clarity of disclosure in EHA's financial reports and the context in which statements are made; and
- 10.1.7. Review all material information presented with the financial statements, such as the operating and financial review and the corporate governance statement (in so far as it relates to audit and risk management).
- 10.1.8. Review and make recommendations to the Board regarding the assumptions, financial ratios and financial targets in the Long Term.
- 10.1.9. Provide commentary and advice on the financial sustainability of EHA and any risks in relation to, as part of the adoption of the Long Term Financial Plan, Annual Budget and periodic Budget Reviews.
- 10.1.10. Review and make recommendations to the Board regarding any other significant financial, business efficiency or innovation, accounting and reporting issue as deemed necessary by the Committee, Board or Administration.
- 10.1.11. Consider and provide comment on the financial and risk related issues associated with any EHA business referred to it by the Board for such comment.

### 10.2. Risk Management and Internal Control

The Committee shall:

- 10.2.1. Monitor and review the performance and adequacy of EHA's Risk Management Program and Framework for identifying, monitoring and managing significant business risks, including Work Health and Safety and EHA's Business Continuity Plan.

- 10.2.2. Review and recommend the approval, where appropriate, of statements to be included in the annual report of concerning internal controls and risk management.

### 10.3. Whistle Blowing and fraud

- 10.3.1. The Committee shall review EHA's arrangements for its employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure these arrangements allow independent investigation of such matters and appropriate follow-up action.

### 10.4. Internal Audit

The Committee shall:

- 10.4.1. Discuss and approve the Internal Audit Program, if one is required and consider appropriate resourcing;
- 10.4.2. Monitor and review the effectiveness of EHA's internal audit processes in the context of EHA's overall risk management system;
- 10.4.3. Review internal audit reports, consider recommendations and review and monitor reports on EHA's operations from the internal auditor
- 10.4.4. Review and monitor management's responsiveness to the findings and recommendations

### 10.5. External Audit

The Committee shall:

- 10.5.1. Monitor and review the effectiveness of EHA's external audit function;
- 10.5.2. Consider and make recommendation on the program of the external audit function;
- 10.5.3. Review the external auditor's report on the preparation of EHA's end of year financial statements;
- 10.5.4. Review any reports on EHA's operations prepared by the external auditor;
- 10.5.5. Review and monitor management's responsiveness to the findings and recommendations of the external auditor;
- 10.5.6. Consider and make recommendations to EHA, in relation to the appointment, re-appointment and removal of EHA's external auditor, including where the auditor resigns during the period of appointment.
- 10.5.7. Oversee EHA's relationship with the external auditor including, but not limited to:
  - 10.5.7.1. recommending the approval of the external auditor's remuneration, whether fees for audit or non-audit services, and recommending whether the level of fees is appropriate to enable an adequate audit to be conducted;

- 10.5.7.2. recommending the approval of the external auditor's terms of engagement, including any engagement letter issued at the commencement of each audit and the scope of the audit;
- 10.5.7.3. assessing the external auditor's independence and objectivity taking into account relevant professional and regulatory requirements and the extent of EHA's relationship with the auditor, including the provision of any non-audit services;
- 10.5.7.4. satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the external auditor and EHA (other than in the ordinary course of business);
- 10.5.7.5. monitoring the external auditor's compliance with legislative requirements on the rotation of audit partners; and
- 10.5.7.6. assessing the external auditor's qualifications, expertise and resources and the effectiveness of the audit process (which shall include a report from the external auditor on the audit Committee's own internal quality procedures);
- 10.5.7.7. review any representation letter(s) requested by the external auditor before they are signed by management;
- 10.5.7.8. review the management letter and management's response to the external auditor's findings and recommendations.

## 10.6. Policy Development

The Committee shall:

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  - 12.4.2. Key financial and risk related policy issues;
  - 12.4.3. EHA's risk management practices and framework;
  - 12.4.4. Internal financial controls;
  - 12.4.5. Fraud and whistleblowing provisions;
  - 12.4.6. EHA's long term financial planning;
  - 12.4.7. Asset management planning;
  - 12.4.8. Other issues of note.

Amendments to Version 1 and 2 ToR

- 1 1.2 – changed in accordance with resolution 14:022012 of the Eastern Health Authority Board Meeting 1 February 2012.
- 2 Note added to 5.1 in accordance with resolution 14:022012 of the Eastern Health Authority Board Meeting 1 February 2012.

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ToR presented to the Audit Committee Meeting – 13/08/2014. No amendments made.

Amendments to Version 5 ToR

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ToR presented to the Audit Committee Meeting – 30/11/2016

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- Addition of clause 10.1 Financial Reporting and Sustainability
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ToR presented to the Audit Committee Meeting – 01/05/2019. No amendments made.

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- Clause 2.8 (formerly 2.7) amended to increase maximum single term of membership to three years.
- Addition of Clause 2.9 to ensure an orderly rotation and continuity of membership where possible.
- Addition of clauses 2.11 and 2.12 to set maximum length of membership of Independent Member and eligibility for future reappointment.

## 5.8 CYBER RISK ASSESSMENT

Author: Michael Livori

Ref: AF18/61

### Summary

In June 2018 Eastern Health Authority (EHA) engaged CQR, a local Cyber Security specialist to perform a cyber risk assessment of EHA's IT systems. The assessment was fully funded by Local Government Risk Services as a proactive measure to minimise the risk of cyber vulnerabilities within local government.

The assessment was conducted in December 2018 and the report was provided to EHA in January 2019.

The review was designed to provide Eastern Health Authority with a level of assurance that the controls deployed relating to the confidentiality, integrity and availability of information passing over the network and communications environment are effective and appropriate.

### Report

The objective of the review was to validate the effectiveness of the security controls currently implemented. This was achieved by performing a technical assessment of EHA's information security environment, through the following phases:

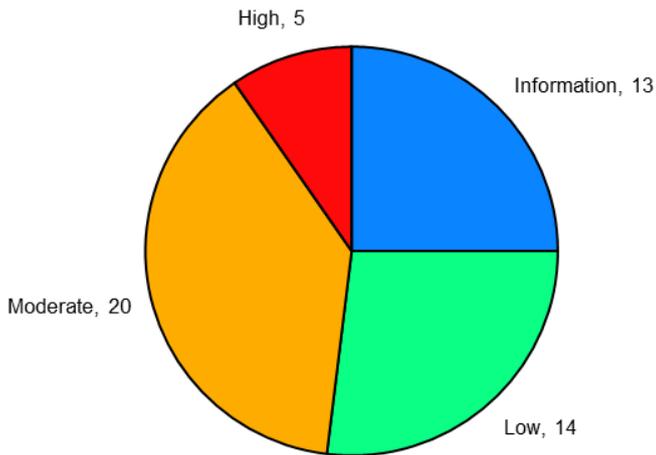
- Baseline Security Review;
- External Penetration Testing;
- Firewall Configuration Review;
- and Windows Server Configuration Review.

The assessment identified the nature and extent of potential or existing exposures that may compromise the information managed in EHA's production environment. To assist EHA to further improve the security of its environment CQR provided recommendations on appropriate corrective actions to address each of the security vulnerabilities identified.

A vulnerability is a flaw or weakness in a system's design, implementation or operation which has the potential to allow a threat to occur with greater frequency, greater impact, or both. This includes software bugs, insecure configuration and inadequate management processes.

A total of 52 vulnerabilities were highlighted. The risks range in significance from High to Low risk, with 13 informational findings. There were no extreme vulnerabilities detected.

The diagram on the following page highlights the relative distribution of vulnerabilities raised in this report.



The below chart explains the risk categories

Symbol	Risk	Description
	Extreme	Immediate action is required. This is a critical problem that is almost certain to cause some loss.
	High	Senior management attention is needed. Failing to implement this recommendation as soon as possible introduces a high probability of loss of some sort.
	Moderate	Management responsibility must be specified. It is possible that failing to implement this recommendation will result in a loss of some sort. Rectification should be performed during the next scheduled maintenance.
	Low	Manage by routine procedures. This issue should be considered during normal administration duties and planning processes.
	Information	The exposure is provided for information purposes.

Of the vulnerabilities that were identified during testing, none allowed for a compromise of the targeted hosts. All of the vulnerabilities identified as high risk have now been remediated. The majority of the Moderate Risk vulnerabilities have also been remediated with the one item outstanding in advanced progress. Added to the action plan since last reviewing by the audit Committee are the Low risk and information exposures, all of which are either completed or in progress.

The updated Cyber Risk Assessment Outcomes and Action Plan report provided under separate cover to members of the Audit Committee for security reasons, details the work that has been undertaken in relation to these best practice recommendations, many of which required a complex solution.

**RECOMMENDATION**

That:

1. The Cyber Risk Assessment report is received.

## 5.9 REVIEW OF EASTERN HEALTH AUTHORITY INTERNAL CONTROLS REGISTER

Author: Michael Livori

Ref: AF17/83

### Summary

The Eastern Health Authority (EHA) Internal Controls Register has been reviewed and an amended document is presented for consideration and comment.

### Report

The Internal Controls Register is a generic financial procedure's manual specifically designed for smaller organisations such as EHA. The generic procedures detailed in the manual clearly document the actions required to address identified risks and who is the responsible officer.

The document has now been reviewed and several minor amendments have been made. These amendments are marked in red within the document for ease of reference and a copy is provided as attachment 1 for your consideration.

The table below provides a summary of the changes made to the document:

<b>2.0 Annual business plan and budget</b>		
	3 (d)	Separate documentation not required as MYOB stores all user access.
	3 (e)	Amended to reflect current practice.
<b>3.0 Management reporting</b>		
	1 (c)	Annual timetable for 2021 to be drafted by Kristen Paparella. Completed by EOM May 2021.
	1 (d)	Amended to reflect current practice.
<b>4.0 Ledgers and Journals</b>		
	1 (a)	Amended to reflect current practice. Form to be developed and implemented by Kristen Paparella by January 2021.
	1 (c)	Amended to reflect current practice.
	1 (d)	Amended to reflect current practice.
	1 (f)	Amended to reflect current practice. Register to be developed by Hayley Lambi, created by April 2021.
	1 (h)	Removed. MYOB does not have this facility.
	1 (i)	MYOB accounting system will store the relevant data that relates to the journal being processed.
	2 (a)	Amended to reflect current practice.
<b>5.0 Fixed Assets</b>		

	1 (a)	Amended to reflect current practice.
	1 (b)	Amended to reflect current practice.
	1 (c)	Amended to reflect current practice.
	1 (f)	Last reconciled 21/10/2020.
	1 (g)	Amended to reflect current practice.
	1 (h)	Removed. Not applicable to Eastern Health Authority.
	3 (a)	Annual timetable for 2021 to be drafted by Kristen Paparella. Completed by EOM May 2021.
<b>6.0 Debtors</b>		
	1 (h)	Amended to reflect current practice.
	1 (j)	Amended to reflect current practice.
	1 (k)	Amended to reflect current practice.
<b>7.0 Receipting</b>		
	1 (c)	Amended to reflect current practice.
	1 (d)	Amended to reflect current practice.
	3 (a)	Amended to reflect current practice.
	4 (b)	Amended to reflect current practice.
<b>8.0 Payroll</b>		
	1 (d)	Amended to reflect current practice.
	2 (di)	Amended to reflect current practice.
	2 (dii)	Amended to reflect current practice. Amended to reflect current practice.
	3 (d)	Removed. MYOB does not have this facility. Covered in 8.0, 3i.
<b>9.0 Purchases and Payments</b>		
	1 (a)	Amended to reflect current practice. Reconciled as at 16/11/2020.
	1 (c)	Amended to reflect current practice.
	1 (d)	Amended to reflect current practice.
	2 (d)	Approval levels updated and confirmed.
	2 (f)	Amended to reflect current practice.
	3 (b)	Amended to reflect current practice.
	7 (b)	The long-term financial plan last went to the audit committee in August 2020 and the board in September 2020.

**RECOMMENDATION**

That:

The report regarding the review of the EHA "Internal Controls Register" document is received.



# Internal Controls Register

## Contents

- 1 Introduction
- Strategic Financial Planning**
- 2 Annual business plan and budget
- 3 Management reporting
- 4 Ledgers and journals
- Assets**
- 5 Fixed assets
- Revenue**
- 6 Debtors other than rates
- 7 Receipting
- Expenses**
- 8 Payroll
- 9 Purchases and payments

# Eastern Health Authority

## Introduction

Eastern Health Authority (EHA) must ensure that appropriate policies, practices and procedures of internal control are implemented and maintained in order to assist EHA to carry out its activities in an efficient and orderly manner to achieve its objectives, to ensure adherence to management policies, to safeguard EHA's assets, and to secure (as far as possible) the accuracy and reliability of EHA records.

### 1. Legislative requirements/Policy

The Local Government Act 1999 contains the following finance provisions:

Policy	Procedure	Audit
122 Strategic management plans	123 Annual business plans and budgets	126 Audit committee
125 Internal control policies	124 Accounting records to be kept	128 The auditor
133 Sources of funds	127 Financial statements	129 Conduct of audit
135 Ability of a Council to give security	134 Borrowing and related financial arrangements	130 CEO to assist auditor
138 Council not obliged to expend rate revenue in a particular financial year	136 State Government not liable for debts of a Council	187A Administrative audits by Ombudsman
139 Investment powers	137 Expenditure of funds	187B Investigation by Ombudsman
146 Rates and charges that a Council may impose	140 Review of investments	
148 Land against which rates may be assessed	141 Gifts to a Council	
150 General principles	142 Duty to insure against liability	
151 Basis of rating	143 Writing off bad debts	
152 General rates	144 Recovery of amounts due to Council	
155 Service rates and service charges	145 Payment of fees etc. to Council	
156 Basis of differential rates	149 Contiguous land	
166 Discretionary rebates of rates	153 Declaration of general rate (including differential general rates)	
182 Remission and postponement of payment	154 Separate rates	
188 Fees and charges	157 Notice of differentiating factors	
	158 Minimum rates and special adjustments for specified values	
	159 Preliminary	
	160 -165 Rebate of rates	
	167-169 Valuation of land	
	170 Notice of declaration of rates	
	172-174 Chief executive officer to keep assessment record	
	175 Duty of Registrar-General to supply information	
	176 Preliminary	
	177-187 Rates are charges against land	

# Eastern Health Authority

## Introduction (cont.)

### 2. Procedures

Procedures need to be documented which incorporate sufficient internal controls to address the

***Why do we need this procedure?***

We need the procedures to reduce the likelihood and consequences of financial errors and fraud.

***What is the procedure?***

What is the process for the paperwork and the review of the result.

***Who performs the procedure?***

Who processes and reviews the paperwork.

### 3. Internal Audit

Reviews the procedures to determine whether they adequately address the areas of greater risk.

### 4. External Audit

Reviews the procedures and the internal audit work performed. Conducts additional testing to

Last updated: Eastern Health Authority  
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## 2.0 Annual business plan and budget

2.1 Objective That the annual business plan and budget reflects EHA's strategic objectives.

2.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)	
	1	Annual business plan and budget does not reflect strategic objectives.	a	The Chief Executive Officer ensures that there is a robust and rigorous process to establish the annual business plan and budget to ensure that they are consistent with the objectives of the Regional Public Health Plan.	Approved by:	Chief Executive Officer	A workshop is held each year in March with the Board of Management members. The CEO presents a powerpoint presentation which is provided to inform the Board of Management of the process and timeline for the preparation and adoption of the Annual Business Plan and Budget for the relevant year. Opportunities are provided to the Board Members and Constituent Councils to provide feedback on the current service delivery and draft Plan and Budget.
	2	Unrealistic budgets.	a	The department managers are to base their budgets on realistic and achievable assumptions.	Generated by:	Chief Executive Officer	Assumptions included in the EHA Annual Business Plan.
			b	The department managers are to approve relevant budgets.	Approved by:	Chief Executive Officer	The Draft Annual Business Plan and Budget is thoroughly reviewed by Team Leaders and CEO prior to presenting to the Board of Management.
			c	The department managers ensure that budgets are amended, compared to the previous year, to take into account significant changes in operations.	Reviewed by:	Chief Executive Officer	Each review period any variances in budget vs actual is thoroughly investigated and budget reviews if required by CEO.
			d	All amendments to budgets are approved per the Local Government Act	Approved by:	Chief Executive Officer	Approved by Board of Management and Constituent Councils

Last updated:

Eastern Health Authority  
9/12/2020**2.0 Annual business plan and budget****2.1 Objective**

That the annual business plan and budget reflects EHA's strategic objectives.

2.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)	
	3	Budgets are inaccurately reported.	a	Original and revised budgets reconciled to the data in the financial system for accuracy by appropriate level of managements; identified variances are investigated.	Reconciled by:	Chief Executive Officer	Reconciled to Accounting system once Budget Variations adopted by the Board of Management
			b	The first, second, third quarterly and end of previous financial year's budget reviews are prepared, considered by the Board of Management and tabled in accordance with Schedule 2 of the Act.	Prepared by:	Chief Executive Officer	Actioned in MYOB Accounting Software
			c	Budget information is loaded at the activity level. Where practicable, the budget is timed over the twelve months.	Input by:	Chief Executive Officer	Actioned in MYOB Accounting Software
			d	Access to budget information is restricted to appropriately authorised personnel.	Checked by:	Team Leader - Administration and Immunisation	Security Settings set by Administrator of MYOB to limits placed depending on functions required of staff.
			e	Managers are trained to understand and are held accountable for their budgets.	Reviewed by:	Chief Executive Officer	Consultation and discussions throughout the preparation and adoption process of the Annual Business Plan and Budget. Admin / Immunisation Team Leader to work with Environmental Health Team Leader to train and balance accs for accounting process each EOM.

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### 3.0 Management reporting

3.1 Objective EHA's financial operations are reviewed and responded to appropriately.

3.2	Risks:			Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
	1	EHA's financial operations are not reviewed and responded to appropriately.	a	Department managers are clearly informed of their duties and responsibilities in relation to reporting.	Informed by:	Chief Executive Officer	Team Leaders have areas of responsibility in their Position Descriptions and tasks in Work Plans
			b	Reviewing roles and responsibilities are designated in accordance with Delegations of Authority.	Approved by:	Chief Executive Officer	Delegations review to Board of Management
			c	A reporting timetable is developed to ensure the appropriate reports are produced, reviewed and tabled in accordance with Schedule 2 of the Act and the EHA Charter.	Developed by:	Team Leader - Administration and Immunisation	A timetable is prepared for End of Financial Year Timeline and distributed to the Accountant and Auditors of EHA to ensure compliance with deadlines. <b>An annual timetable to be drafted for 2021.</b>
			d	The timetable (as mentioned above) is checked to ensure that management is reviewing the appropriate information on a regular and timely basis.	Checked by:	Team Leader - Administration and Immunisation	<b>Agenda item to be added to the appropriate Fortnightly Management Meeting (ie EOFY timing &amp; Audit Reiew) to review annual timeline requirements are being met.</b>

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9/12/20204.0 **Ledgers and Journals**4.1 **Objective**

The monitoring and maintenance of EHA's general ledger. Checking that all control accounts are reconciled and the ledger balances to nil every month. Preparing journal entries as required. Creating, re-naming and deleting accounts (masterfile amendments). Preparing general ledger reports.

4.2	Risks:			Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
1	General ledger does not contain accurate financial information as a result of inaccurate journals which are not detected in routine review processes.	a		Journal details and new account number information input accuracy is checked when a journal is authorised or a new account is created.	Checked by:	Team Leader - Administration and Immunisation	Form to be developed to authorise all new account numbers and/or changes made to existing account numbers in MYOB. Form to be signed by CEO.
		b		Journals are processed in the finance area. Access for transaction input or masterfile amendment is limited.	Processed by:	Team Leader - Administration and Immunisation	Limited Journal entries are made each quarter e.g. for Depreciation purposes. Security is monitored in MYOB setup and access to General Journal area is limited.
		c		Transaction processing is checked for accuracy.	Checked by:	Team Leader - Administration and Immunisation	Monthly reconciliation by Team Leader - Administration and Immunisation. All financial reports to be signed off by CEO.
		d		Errors are corrected by a further journal or masterfile amendment.	Corrected by:	Team Leader - Administration and Immunisation	Monitored monthly as per EOM process.
		e		The audit trail is verified to source documentation.	Verified by:	Team Leader - Administration and Immunisation	Document any audit trail verification.

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9/12/20204.0 **Ledgers and Journals**4.1 **Objective**

The monitoring and maintenance of EHA's general ledger. Checking that all control accounts are reconciled and the ledger balances to nil every month. Preparing journal entries as required. Creating, re-naming and deleting accounts (masterfile amendments). Preparing general ledger reports.

4.2	Risks:			Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
			f	All authorisation of journals is controlled by the user and role profiles within the system, which prevent unauthorised journals being created or posted by inappropriate personnel.	Approved by:	Chief Executive Officer	Register of MYOB users and access to be created and kept in records management system.
			g	All journals are reviewed when processing (including check to ensure correct account allocation)	Reviewed by:	Chief Executive Officer	
			h	General ledger reconciliations (including control and clearing accounts) are prepared on a regular basis; all reconciliations are independently reviewed.	Reviewed by:	Team Leader - Administration and Immunisation	Very small amount of General Ledger entries during the year. Independent review of General Ledger by Auditor twice a year at interim and balance day audit.
			i	Some supporting documentation is electronically stored, and in the case of uploaded journals the file used to upload the transactions contains additional information regarding reason and or/description.	Stored by:	Team Leader - Administration and Immunisation	As processed in MYOB accounting system.

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9/12/20204.0 **Ledgers and Journals**4.1 **Objective**

The monitoring and maintenance of EHA's general ledger. Checking that all control accounts are reconciled and the ledger balances to nil every month. Preparing journal entries as required. Creating, re-naming and deleting accounts (masterfile amendments). Preparing general ledger reports.

4.2	Risks:			Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
	2	Data contained within the general ledger (and subsidiary records) is permanently lost.	a	Formal disaster recovery plan adopted by EHA including the off-site backup of data, program and documentation.	Approved by:	Chief Executive Officer	Disaster Recovery Plan finalised November 2020.
			b	All updates and changes to data tables are authorised, tested and documented.	Checked by:	Team Leader - Administration and Immunisation	
			c	Access to the computerised general ledger is controlled by the user and role profiles within the system.	Approved by:	Team Leader - Administration and Immunisation	Document any review of system reports detailing user role and profiles.
	3	EHA's statutory reports and other statutory returns provide inaccurate financial information and do not comply with statutory reporting requirements.	a	Relevant personnel responsible for preparing statutory reports are provided regular training to keep abreast of changes to reporting requirements.	Prepared by:	Financial Consultant	
			b	Financial reports prepared by suitably qualified staff.	Checked by:	Financial Consultant	
			c	Regular liaison with external auditor.	Liaison by:	Team Leader - Administration and Immunisation	Accountant and Auditor have online access to MYOB Accounting Software.

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4.0 **Ledgers and Journals**

4.1 **Objective** The monitoring and maintenance of EHA’s general ledger. Checking that all control accounts are reconciled and the ledger balances to nil every month. Preparing journal entries as required. Creating, re-naming and deleting accounts (masterfile amendments). Preparing general ledger reports.

4.2	Risks:			Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
			d	Actual results are compared to budget regularly; management reviews and investigates significant variances.	Compared by:	Chief Executive Officer	Quarterly budget reviews presented to the Board of Management for adoption.
			e	Appropriate working papers are prepared and reviewed to support the financial statement balances during the statement preparation process.	Reviewed by:	Financial Consultant	All working papers are scanned into electronic records management system.

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## 5.0 Fixed Assets

## 5.1 Objective

That an adequate record is kept of all EHA assets and the record is kept up to date.

5.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
1	Fixed asset acquisitions are fictitious, inaccurately recorded or not recorded at all.	a	The recording of an asset needs to be authorised.	Approved by:	Chief Executive Officer	All purchases authorised by CEO prior to payment. On receipt of goods, asset is entered into the Accounting System.
		b	A check is made that all assets that should be recorded are recorded.	Checked by:	Financial Consultant	Regular updates to the EHA Asset Register and internal asset listing are completed by Administration Officer. Financial Consultant conducts checks twice a year at interim and balance day audit.
		c	A check is made that payroll is appropriately costed.	Checked by:	Team Leader - Administration and Immunisation	Payroll updated as part of EOM process into payroll report & signed off by CEO prior to 10th of next month. Costed against budget allocations.
		d	Fixed assets are recorded.	Recorded by:	Team Leader - Administration and Immunisation	EHA Asset Register updated and reconciled at the end of the financial year.
		e	Errors are fixed by a general or asset sub-system journal.	Processed by:	Team Leader - Administration and Immunisation	
		f	Asset registers are updated and reconciled to the general ledger on a regular basis.	Reconciled by:	Financial Consultant	Last reconciled 21/10/2020.
		g	Activity recorded in fixed asset register is reviewed by management and compared to the capital budget.	Reviewed by:	Financial Consultant	Each qtr budget review the fixed asset register is compared against the capital budget as a check point.

Last updated:

Eastern Health Authority  
9/12/2020**5.0 Fixed Assets****5.1 Objective**

That an adequate record is kept of all EHA assets and the record is kept up to date.

5.2	Risks:			Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
	2	Fixed assets are not valued correctly.	a	Periodic revaluations are carried out (in the order of every 3 to 5 years) and carrying amounts are reviewed annually to ensure they remain fairly stated.	Requested by:	Chief Executive Officer	
			b	Management reviews depreciation rates and methodology annually to ensure that methods used to depreciate fixed assets are still appropriate in accordance with the asset impairment and asset revaluation policies.	Reviewed by:	Financial Consultant	Depreciation review is done annually in consultation with Accountant at each development of Annual Business Plan and Budget.
	3	Depreciation charges are either invalid, not recorded at all or are inaccurately recorded.	a	Management reviews depreciation rates and methodology annually to ensure that methods used to depreciate fixed assets are still appropriate in accordance with the asset impairment and asset revaluation policies.	Reviewed by:	Financial Consultant	Add as an agenda item to the timetable for End of Financial Year Timeline to ensure depreciation of fixed assets for year end is correct.

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Eastern Health Authority  
9/12/2020**6.0 Debtors other than rates****6.1 Objective**

The raising, monitoring and collection of debtors other than rates.

6.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
1	Debtors invoices and credit notes are either inaccurately recorded or not recorded at all.	a	An invoice is requested to be raised.	Requested by:	Receipting Staff	Pro-forma request for invoice is regularly reviewed.
		b	Debtors input is posted. Incorrect input can be amended.	Input by:	Receipting Staff	
		c	Invoices raised are reviewed for completeness and accuracy.	Reviewed by:	Team Leader - Administration and Immunisation	Invoices are crossed checked prior to being emailed.
		d	Statements of accounts receivable are mailed to debtors	Prepared by:	Administration Officer	Monthly follow up plan as per Debt Collection Standard Operating Procedure.
		e	Errors discovered after an invoice is raised are corrected by processing a 'debtors journal'.	Processed by:	Team Leader - Administration and Immunisation	Evidence of error retained and filed in Records Management System as per processed in MYOB.
		f	A copy of the debtor's invoices is retained.	Retained by:	Receipting Staff	Recorded in MYOB Accounting Software.
		g	Payments are received via the receipting system.	Received by:	Receipting Staff	Payment method is recorded in the accounting system (MYOB) including cheque numbers or electronic payment details.
		h	Debtors outstanding are reconciled to the general ledger control accounts on a monthly basis.	Reconciled by:	Team Leader - Administration and Immunisation	Evidence of monthly reconciliation retained and filed in EHA's Records Management System. Weekly debtors reports are maintained.
		i	Audit trails and reconciliations are independently reviewed.	Reviewed by:	Financial Consultant	Creative Auditing has online access to the MYOB file.

Last updated:

Eastern Health Authority  
9/12/2020**6.0 Debtors other than rates****6.1 Objective**

The raising, monitoring and collection of debtors other than rates.

6.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
		j	Debtors and revenue are compared to budget regularly and significant variances investigated.	Investigated by:	Chief Executive Officer	Monthly debtors report is balanced to the GL account as part of EOM process. Outstanding debtors and all variances are followed up weekly per the reporting process.
		k	Credit notes are processed independently of the debtors processing function.	Processed by:	Team Leader - Administration and Immunisation	Credits are processed by Team Leader - Administration and Immunisation following evidence provided by Administration Officer. Evidence of credit retained as per processed in MYOB.
	2		An appropriate provision for doubtful debts is not recorded accurately.			
		a	Management reviews the provision for doubtful debts on a regular basis.	Reviewed by:	Chief Executive Officer	Pro-forma form completed for any doubtful debt. Authorised by Team Leader and CEO.
		b	Management reviews the debtors ageing profile on a regular basis and investigates any outstanding items.	Reviewed by:	Chief Executive Officer	Agenda item on the Management Meeting agenda to review monthly Debt Collection Summary.
		c	Debtors and revenue are to be compared by management to the budget regularly significant variances are investigated.	Reviewed by:	Chief Executive Officer	
		d	Management is to approve all bad debt write-offs and movements in the provision for doubtful debts, in line with the Debt Collection Policy.	Approved by:	Chief Executive Officer	Refer to EHA's Debt Collection Policy.

Last updated: 9/12/2020

7.0 Receipting

7.1 Objective Accountability of monies due to EHA.

7.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
1	Cash float is inadequately safeguarded	a	The cash float is stored in secured facilities.	Stored by:	Receipting Staff	Stored in locked cupboard in reception.
		b	Access (i.e. passwords or keys) to the cash float safes/registers is limited to appropriately designated staff.	Limited to:	Receipting Staff	Keys are stored seperately. All administration staff have access to tin for clinic purposes.
		c	A register for cash floats is maintained.	Maintained by:	Team Leader - Administration and Immunisation	<b>\$200 float. Cash Register is reconciled at the beginning and end of every clinic. Admin staff rostered onto clinic sign to verify reconciliation has been completed.</b>
		d	The cash float is reconciled on a regular basis and these reconciliations are reviewed by an independent person.	Reconciled by:	Administration Officer	<b>Cash Register is reconciled at the beginning and end of every clinic.</b>
Reviewed by:	Team Leader - Administration and Immunisation					
2	Receipts are either inaccurately recorded or not recorded at all	a	Receipts are recorded. Service users/customers are provided with a copy of the receipt on request and total weekly receipts (per register) are balanced to receipts deposited at bank.	Performed by:	Receipting Staff	Evidence of weekly balancing of receipts retained.

Last updated: 9/12/2020

## 7.0 Receipting

## 7.1 Objective Accountability of monies due to EHA.

7.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
		b	Bank statements are reconciled to the general ledger regularly.	Reconciled by:	Team Leader - Administration and Immunisation	Monthly reconciliation documented and signed by Team Leader - Administration and Immunisation and CEO.
		c	Statements of customer accounts receivable are mailed to customers.	Emailed by:	Administration Officer	Monthly review of outstanding accounts.
3	Receipts are not deposited at the bank on a timely basis.	a	Cash receipts are deposited regularly at the bank by a person independent from the initial recording of the cash receipts.	Deposited by:	Team Leader - Administration and Immunisation	Weekly banking completed each Friday.
		b	Cash is physically transferred to the bank in a secure manner.	Transferred by:	Team Leader - Administration and Immunisation	
		c	Bank statements are reconciled to the general ledger on a monthly basis.	Reconciled by:	Team Leader - Administration and Immunisation	Monthly reconciliation documented.
4	Offsite collection of monies is not handled correctly.	a	Receipts are provided for monies received where requested.	Provided by:	Receipting Staff	
		b	Cash floats are reconciled on a regular basis and these reconciliations are signed by the Chief Executive Officer.	Reviewed by:	Receipting Staff	Cash Register is reconciled at the beginning and end of every clinic. Spot checks to be completed by both Team Leader - Administration & Immunisation and CEO.

Last updated:

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## 8.0 Payroll

## 8.1 Objective

Preparation of payroll for EHA staff. Staff are paid fortnightly by direct bank credit. Tasks include, leave recording, superannuation payments, and workers compensation claims.

8.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)	
1	Employee provisions are either inaccurately recorded or not recorded at all.	a	i	Staff requests for leave require approval.	Approved by:	Chief Executive Officer	Refer to EHA's Template of Leave Application Form.
			ii	Taken leave is recorded independent from the approval.	Recorded by:	Team Leader - Administration and Immunisation	Recorded in MYOB payroll when leave taken. Leave form filed in records management system in personnel file and leave forms for the year leave taken.
		b	The methodology used to calculate salary sacrifice calculations and employee provisions to ensure consistency with statutory reporting requirements is reviewed.	Reviewed by:	Financial Consultant	All calculations are authorised by Team Leader and CEO prior to adjustment in pay.	
		c	Employee provisions are reviewed on a regular basis.	Reviewed by:	Financial Consultant	Creative Auditing has access to the online MYOB file.	
		d	Actual employee costs and employee provisions are compared to budget on a regular basis and significant variances investigated.	Performed by:	Chief Executive Officer	Payroll updated as part of EOM process into payroll report & signed off by CEO prior to 10th of next month. Costed against budget allocations.	
		e	Access to payroll/provision masterfiles is restricted to designated and qualified staff.	Accessible by:	Team Leader - Administration and Immunisation	Limited access of staff who process payroll and CEO to this area in MYOB.	
2	Payroll calculations are inaccurate	a	i	Timesheets are checked.	Checked by:	Administration Officer	Team Leaders responsible for checking Timebooks and Flexitime system.
			ii	Timesheets are authorised.	Authorised by:		Team Leaders responsible for checking Timebooks and Flexitime system.

Last updated:

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9/12/2020

## 8.0 Payroll

## 8.1 Objective

Preparation of payroll for EHA staff. Staff are paid fortnightly by direct bank credit. Tasks include, leave recording, superannuation payments, and workers compensation claims.

8.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
			iii Timesheet are checked for logic, additions and input codes are added.	Checked by:	Administration Officer	Team Leaders responsible for checking Timebooks and Flexitime system.
			b Leave applications entitlements are checked.	Checked by:	Team Leader - Administration and Immunisation	Calculations prepared and recorded in Electronic Personnel file.
			c Overtime applications are checked and authorised.	Authorised by:	Team Leader - Administration and Immunisation	Overtime forms filed in Electronic Personnel file.
		d i	Masterfile changes are authorised.	Authorised by:	Team Leader - Administration and Immunisation	CEO to authorise changes to Personnel masterfiles in MYOB.
		ii	Masterfile changes are independently checked for correct input.	Checked by:	Team Leader - Administration and Immunisation	Evidence of independent review of masterfile changes as per fortnightly pay cycle authorisation from CEO.
		e i	Errors in a timesheet require the submission of an amended sheet.	Checked by:	Administration Officer	
		ii	Other input errors are corrected during pay preparation or in a subsequent pay	Input by:	Administration Officer	
		f	The update to the general ledger is performed once all pay preparation is complete for a pay period.	Checked by:	Administration Officer	

Last updated:

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## 8.0 Payroll

## 8.1 Objective

Preparation of payroll for EHA staff. Staff are paid fortnightly by direct bank credit. Tasks include, leave recording, superannuation payments, and workers compensation claims.

8.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)	
			g	Data input to an incorrect general ledger account number is corrected by a general journal.	Performed by:	Team Leader - Administration and Immunisation	Evidence of journal.
			h	The payroll software produces various warnings to indicate likely errors.	Reviewed by:	Team Leader - Administration and Immunisation	
			i	Actual payroll expense is compared to budget by management; significant variances are investigated and approved by management.	Compared by:	Chief Executive Officer	Payroll updated as part of EOM process into payroll report & signed off by CEO prior to 10th of next month. Costed against budget allocations.
	3	Payroll disbursements are made to incorrect or fictitious employees.	a	EFT payroll disbursements involve <b>two people</b> in the approval and transfer process.	1st approval:	Chief Executive Officer	Note: Team Leader - Administration and Immunisation as alternative.
					2nd approval:	Team Leader - Environmental Health	
			b	The EFT bank payment report is printed and retained.	Performed by:	Administration Officer	Scanned into electronic records management system.
			c	Departmental managers perform a regular review of report detailing all employees listed on payroll masterfile; all unusual items are investigated.	Performed by:	Chief Executive Officer	Review by CEO of any changes on master files.

Last updated:

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9/12/2020

## 8.0 Payroll

## 8.1 Objective

Preparation of payroll for EHA staff. Staff are paid fortnightly by direct bank credit. Tasks include, leave recording, superannuation payments, and workers compensation claims.

8.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
4	Time and attendance data is either invalid, inaccurately recorded or not recorded at all.	a	Salary and hourly payroll reports (including compensation and withholding information) are reviewed and approved by management.	Performed by:	Team Leader - Administration and Immunisation	Evidence of review and approval.
		b	Time recording and attendance exceptions based on expectations established by management are identified, monitored and corrected.	Performed by:	Team Leader - Administration and Immunisation	
		c	Overtime hours worked and payments for such overtime are authorised by management for all employees who are paid for overtime.	Performed by:	Chief Executive Officer	Overtime form is completed by employee and authorised by relevant Team Leader and CEO.
		d	Time by employees is reconciled regularly between timesheets and payroll reports to ensure that all time entered manually into payroll system is accurate.	Reconciled by:	Team Leader - Administration and Immunisation	Evidence of reconciliation.
5	Payroll masterfile does not remain pertinent	a	Payroll masterfile data is periodically reviewed for accuracy and pertinence.	Performed by:	Team Leader - Administration	Evidence of periodic review.
		b	Departmental managers periodically review listings of current employees within their departments and notify the personnel department of necessary changes.	Performed by:		Evidence of periodic review.
		c	Payroll masterfile data is edited and validated. Identified errors are corrected.	Performed by:	Team Leader - Administration and Immunisation	Identified errors are documented.

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## 8.0 Payroll

## 8.1 Objective

Preparation of payroll for EHA staff. Staff are paid fortnightly by direct bank credit. Tasks include, leave recording, superannuation payments, and workers compensation claims.

8.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
			d	The ability to view, modify, or transfer information contained in the payroll masterfiles is restricted to authorised personnel.	Accessible by: Team Leader - Administration and Immunisation	MYOB security settings in place to prevent unauthorised access.
			e	Variations between payroll masterfiles and time recording system are investigated and appropriate action taken.	Investigated by: Team Leader - Administration and Immunisation	
			f	Significant changes (supported by adequate audit trail) to the payroll masterfiles approved by management	Approved by: Chief Executive Officer	Evidence of significant changes approved by management.
	6	Voluntary and statutory payroll deductions are inaccurately processed.	a	The payroll deduction information is periodically reviewed for accuracy and ongoing pertinence.	Reviewed by: Administration Officer	Evidence of deduction information being reviewed.
			b	Changes to the payroll deduction information are compared to authorised source documents to ensure that they were input accurately.	Performed by: Administration Officer	Evidence of comparison undertaken.
			c	Payroll deduction information is periodically reviewed for compliance with statutory requirements.	Performed by: Administration Officer	Evidence of periodic review.
			d	All payroll deductions must be approved by the relevant employee.	Approved by:	All deductions authorised by Employee in writing and copy kept in Electronic Personnel File

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## 8.0 Payroll

### 8.1 Objective

Preparation of payroll for EHA staff. Staff are paid fortnightly by direct bank credit. Tasks include, leave recording, superannuation payments, and workers compensation claims.

8.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
7	Salary sacrifice transactions are inaccurately processed.	a	All original salary sacrifice transactions must be approved by the relevant employee. Approval is obtained prior to processing transactions into the payroll system.	Approved by:		All calculations authorised by CEO
		b	Management reviews a selection of salary sacrifice calculations for accuracy and compliance with statutory requirements; identified errors are promptly corrected.	Performed by:	Financial Consultant	All calculations authorised by CEO
8	Pay is not distributed to employees in a timely manner.	a	Procedures to pay staff manually in the event that the electronic bank payment systems are off-line.	Managed by:	Team Leader - Administration and Immunisation	Procedure in place and is part of Emergency Management Procedures.

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## 9.0 Purchases and payments

## 9.1 Objective

Operation of a purchasing and payment function for EHA.

9.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
1	Petty cash is inadequately safeguarded.	a	Petty cash is stored in secured facilities (e.g. safes, registers).		Receiving Staff	Cash Float stored in reception locked cupboard. Cash Float reconciliation as at 16/11/2020.
		b	Access (i.e. passwords or keys) to the petty cash safes/registers is limited to appropriately designated staff.		Administration Officer	Two Administration staff assigned access to petty cash.
		c	A register for cash petty cash is maintained by appropriately designated staff.		Administration Officer	Electronic petty cash records kept. All documents are scanned into electronic records management system.
		d	Petty cash is reconciled on a regular basis (i.e. daily) and these reconciliations are reviewed by an independent person.	Reviewed by:	Chief Executive Officer	Reconciliation of petty cash records are completed as part of EOM. All reimbursements completed and approval by CEO by 10th of next month.
2	Bank payments are either inaccurately recorded or not recorded at all.	a	EHA ensures an appropriate level of authority when advised of account numbers and account number changes for electronic transfers.	Checked by:	Team Leader - Administration and Immunisation	Evidence of authorisation of account number changes
		b	Access to the creditor masterfile data is restricted to minimise the likelihood of unauthorised bank account number changes.	Restricted to:	Team Leader - Administration and Immunisation	Limited access in MYOB.
		c	Blank cheques kept stored securely.	Controlled by:	Team Leader - Administration and Immunisation	Stored in Locked/Secure location
		d	Access to the electronic banking system requires two appropriately designated	1st approval:	Chief Executive Officer	Michael Livori

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9.0 Purchases and payments

9.1 Objective Operation of a purchasing and payment function for EHA.

9.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)	
			personnel.	2nd approval:	Team Leader - Environmental Health	Team Leader - Environmental Health: Nadia Conci Note: Kristen Paparella alternative	
		e	Bank statements are reviewed frequently so any unauthorised access can be identified in a timely manner (phishing).	Reviewed by:	Team Leader - Administration and Immunisation	Weekly reviews of bank statement are performed. Cash flow monitored to identify any variances.	
		f	Bank reconciliations are performed on a regular basis and are reviewed by an independent person. Any identified discrepancies are investigated immediately.	Performed by:	Team Leader - Administration and Immunisation	Bank reconciliations are completed as part of EOM process.	
				Reviewed by:	Chief Executive Officer	Evidence of independent review.	
	3	Accounts payable amounts are either inaccurately recorded or not recorded at all	a	Statements received from suppliers are reconciled to the supplier accounts in the accounts payable sub-ledger regularly and differences are investigated.	Reconciled by:	Administration Officer	
			b	Actual expenditures are compared to budget regularly; management reviews and approves significant variances.	Compared by:	Chief Executive Officer	Expenditure investigated against budget each qtr review as part of the budget review process. Any variances over \$5k to be explained to the board.
			c	Invoices for services received are authorised and accompanied by appropriate supporting documentation.	Authorised by:	Chief Executive Officer	Purchase Orders required for purchases.

Last updated:

Eastern Health Authority  
9/12/2020

## 9.0 Purchases and payments

## 9.1 Objective

Operation of a purchasing and payment function for EHA.

9.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
			d	Goods received are matched with purchase order details and/or invoices.	Matched by:	Administration Officer Invoices are checked for Goods Received stamp prior to authorisation and payment.
	4	Creditor disbursements are not valid.	a	All disbursements must be approved by management in accordance with Delegations of Authority.	Approved by:	Chief Executive Officer
			b	Management reviews supporting documentation before approving payments.	Reviewed by:	Evidence of management independent review.
			c	There is a robust procedure for electronic funds transfer payments to reduce the likelihood of monies being credited to the wrong bank accounts.	Processed by:	Administration Officer Advices of bank accounts filed in EHA's Records Management System.
	5	Accounts payable are not paid on a timely basis	a	A process is in place for obtaining invoice authorisation in a timely manner.	Approved by:	Chief Executive Officer Account Payments processed twice monthly.
			b	Statements received from suppliers are reconciled to the supplier accounts in the accounts payable sub-ledger regularly and differences are investigated.	Reconciled by:	Team Leader - Administration and Immunisation

Last updated: Eastern Health Authority  
9/12/2020

9.0 Purchases and payments

9.1 **Objective** Operation of a purchasing and payment function for EHA.

9.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
6	Accrued expenses are either inaccurately recorded or not recorded at all	a	Actuals are compared to budget on a regular basis.	Compared by:		
		b	Accrued expenses reconciliations are prepared on a regular basis and are reviewed by an independent person.	Prepared by:	Team Leader - Administration and Immunisation	At the end of financial year.
				Reviewed by:	Financial Consultant	
7	EHA's cash reserves run out.	a	Management reviews cash position of EHA on an on-going basis, involving comparison to budgets; significant variances investigated by management.	Reviewed by:	Chief Executive Officer	
		b	The Long Term Financial Plans are updated annually for actual income and expenditure.	Updated by:	Financial Consultant	The long term financial plan last went to the audit committee in August and the board in September 2020.

Last updated:

Eastern Health Authority  
9/12/2020

## 9.0 Purchases and payments

## 9.1 Objective

Operation of a purchasing and payment function for EHA.

9.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
8	EHA does not obtain value for money i.e. non preferred supplier in its purchasing and procurement	a	There is a robust selection process of preferred suppliers.			Refer to EHA Procurement Policy
		b	Significant contracts periodically re-tendered to ensure that Authority achieves value for money from suppliers.			
		c	Staff are provided clear guidance and instructions on the process for purchasing goods and services (including appropriate approval and obtaining appropriate number of quotes, where applicable).			
		d	Staff are provided clear guidance and instructions as to the importance of using preferred suppliers for the purchase of goods and services.			
		e	An exception report generated detailing all purchases made from non-preferred suppliers; management regularly reviews this report and investigates significant/unusual items.	Reviewed by:	Team Leader - Administration and Immunisation	
9	Good and services are purchased without an approved purchase order	a	A purchase order authorisation list (Delegations of Authority) is maintained, specifying the amounts up to which individuals are authorised to approve purchase requisitions.	Approved by:	Chief Executive Officer	Refer to EHA's Procurement Policy

Last updated:

Eastern Health Authority  
9/12/2020

## 9.0 Purchases and payments

## 9.1 Objective

Operation of a purchasing and payment function for EHA.

9.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)	
			b	Employees must approve all purchase orders in accordance with the Delegations of Authority	Approved by:		
			c	Access to unissued purchase orders is restricted to authorised individuals.	Restricted by:	Team Leader - Administration and Immunisation	
			d	Staff are provided clear guidance and instructions on the process for purchasing goods and services (including appropriate approval).	Approved by:	Chief Executive Officer	
	10	Supplier masterfile does not remain pertinent	a	Supplier masterfile data is periodically reviewed independently for accuracy and ongoing pertinence.	Reviewed by:	Team Leader - Administration and Immunisation	Evidence of periodic review.
			b	Significant changes to the supplier masterfile are approved by management.	Approved by:	Team Leader - Administration and Immunisation	Evidence of approval.
			c	Access to the supplier masterfile is restricted to appropriately designated personnel.	Restricted to:	Team Leader - Administration and Immunisation	List of approved user access.
			d	Supplier masterfile is edited and validated; identified errors are corrected promptly.	Corrected by:	Team Leader - Administration and Immunisation	Document identified errors.
			e	Suppliers that have not been used for a significant period of time are reviewed and marked for deletion by the application.	Deleted by:	Team Leader - Administration and Immunisation	Evidence of review.

Last updated:

Eastern Health Authority  
9/12/2020

## 9.0 Purchases and payments

## 9.1 Objective

Operation of a purchasing and payment function for EHA.

9.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
11	Credit Cards are used for inappropriate purchases	a	The issue of all Credit Cards to employees is approved prior to release.	Approved by:	Chief Executive Officer	CEO is the only Credit Card holder for EHA
		b	Credit Card holders are provided with a copy of the policy and procedures associated with the issue and use of Credit Cards.			N/A
		c	Employees sign declaration confirming compliance with Authority policy and procedures prior to release of Credit Card.	Approved by:		N/A
		d	Usage restrictions placed on Credit card (i.e. only used for approved purchases from pre-approved businesses).	Reviewed by:	Team Leader - Administration and Immunisation	
		e	All credit card statements sent directly to person independent from the credit card holder, who reviews the nature and amounts of items on the statements; any unusual items are investigated.	Reviewed by:	Team Leader - Administration and Immunisation	Monthly reconciliation of credit card. Approved and Signed by Team Leader - Administration and Immunisation and CEO.
12	Employees are reimbursed for expenses of a personal nature	a	All employees' reimbursements must be submitted on a signed pro-forma claim form confirming that the employee is claiming only valid expenses.	Approved by:		

Last updated: Eastern Health Authority  
9/12/2020

9.0 Purchases and payments

9.1 **Objective** Operation of a purchasing and payment function for EHA.

9.2	Risks:		Procedure:	Action	Position Title	Commentary and/or Actions Required including Due Date (if applicable)
			b All claims for employee reimbursements are approved by management in accordance with Delegations of Authority. Management focus on the nature (i.e. type of expense) as well as the amount of the claim.	Approved by:		Evidence of management approval
			c All claims for Employee Reimbursements are submitted for approval along with supporting documentary evidence (i.e. receipts).	Approved by:		