



# Board of Management

25 February 2021



local councils working together to protect the health of the community





**EASTERN HEALTH AUTHORITY  
BOARD OF MANAGEMENT MEETING**

**THURSDAY – 25 February 2021**

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at the EHA Offices, **101 Payneham Road, St Peters** on Thursday 25 February 2021 commencing at 6.30 pm.

A light meal will be served at 6.00 pm.

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

**MICHAEL LIVORI  
CHIEF EXECUTIVE OFFICER**



# AGENDA

## EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

THURSDAY – 25 February 2021

Commencing at 6.30 pm

- 1 Opening
- 2 Apologies
- 3 Confirmation of minutes – 2 December 2020
- 4 Matters arising from the minutes

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## 5.1 ELECTION OF THE EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT CHAIR AND DEPUTY CHAIR

Author: Michael Livori

Ref: AF11/65

### Summary

Eastern Health Authority's (EHA) Charter requires a Chair and Deputy Chair to be elected at the first meeting of its Board of Management after a Local Government General Election and annually thereafter.

The Chief Executive Officer (CEO) must preside over the meeting until the matter of the selection of the Chairperson is decided.

### Background

The Local Government Association has developed Guidelines for Choosing a Chairperson (or Deputy Mayor, Deputy Chairperson) (The Guidelines). The Guidelines are provided as attachment 1.

Section 5 of the Guidelines (detailed below) specifically deals with the Presiding Member of a Board of Management of Council Subsidiaries.

"All subsidiaries, whether single Council subsidiaries or regional subsidiaries, are administered by a board of management whose membership is determined by the Council(s) and may consist of, or include, persons who are not members of the Council(s).

Clause 4(4) of Schedule 2 of the Act provides that a board member must be appointed to chair meetings of the board of management and that board members will preside at meetings of the board of management at which she/he is present.

The Council(s) may, when establishing a subsidiary and determining the membership of the board of management of the subsidiary, appoint a member as the presiding member. This may be specifically set out in the subsidiary's Charter. Alternatively, the Council may leave the appointment of the presiding member to the board of management and similarly make provision for this in the subsidiary's Charter. In such circumstances the members of the board of management should appoint one of its members to preside at the first meeting until a presiding member has been appointed, subject to any provisions in the subsidiary's Charter."

Clause 2.5 and 2.6 of EHA's Charter provides for the following in relation to the Chair of the Board of Management:

#### 2.5 *Chair of the Board*

2.5.1 *A Chair and Deputy Chair shall be elected at the first meeting of the Board after a Periodic Election.*

2.5.2 *The Chair and Deputy Chair shall hold office for a period of one year from the date of the election by the Board.*

- 2.5.3 *Where there is more than one nomination for the position of Chair or Deputy Chair, the election shall be decided by ballot.*
- 2.5.4 *Both the Chair and Deputy Chair shall be eligible for re-election to their respective offices at the end of their respective one year term.*
- 2.5.5 *If the Chair should cease to be a Board Member, the Deputy Chair may act as the Chair until the election of a new Chair.*

2.6 *Powers of the Chair and Deputy Chair*

- 2.6.1 *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 amongst them, who shall preside for that meeting or until the Chair or Deputy Chair is present.*
- 2.6.2 *The Chair and the Deputy Chair individually or collectively shall have such powers as may be decided by the Board.*

Appendix 4 of the Guidelines provides information in relation to qualities to consider when choosing a chairperson.

**Report**

As EHA is currently constituted, it is required to choose a Chair as its principal member and a Deputy Chair. These persons must be chosen from amongst the members of the Board of Management.

At the Board of Management meeting held on 26 February 2020 the following was resolved.

Cr J Kennedy moved:

That:

- 1 The Election of the EHA Board of Management Chair and Deputy Chair report is received.
- 2 The term of Office for the position of Chairperson and Deputy Chairperson of EHA is 1 year in accordance with clause 2.5.2 of the EHA Charter.
- 3 EHA determines that the method of choosing a Chairperson and Deputy Chairperson be by an election process.
- 4 The method of election is by secret ballot.
- 5 EHA adopt a first past the post method of voting.
- 6 The CEO be appointed Returning Officer for the election.



- 7 If at any stage during the process there is an equal number of votes the Returning Officer will decide the issue by the drawing of lots. The name of the candidate/s withdrawn will be the one/s excluded from the ballot.
- 8 Upon the completion of the election, the Returning Officer be authorised to declare the successful candidate elected to the position of Chairperson and Deputy Chairperson.
- 9 Upon the declaration of the Returning Officer the candidate is appointed to the position of Chairperson and Deputy Chairperson respectively for the term of office determined by this resolution.

Seconded by Cr J Joshi

**CARRIED UNANIMOUSLY 2: 26022020**

Following this resolution the CEO called for nominations for the position of Chairperson. Cr S Whittington nominated Cr P Cornish, who indicated acceptance of the nomination. As no further nominations were received, the CEO announced that Cr P Cornish had been elected to the position of Chairperson.

The CEO called for nominations for the position of Deputy Chairperson. Cr J Kennedy nominated Cr S Whittington, who accepted the nomination. As no further nominations were received, the CEO announced that Cr S Whittington had been elected to the position of Deputy Chairperson.

**RECOMMENDATION**

That:

1. The Election of the EHA Board of Management Chair and Deputy Chair report is received.
2. The term of Office for the position of Chairperson and Deputy Chairperson of EHA is 1 year in accordance with clause 2.5.2 of the EHA Charter.
3. EHA determines that the method of choosing a Chairperson and Deputy Chairperson be by an election process.
4. The method of election is by secret ballot.
5. EHA adopt a first past the post method of voting.
6. The CEO be appointed Returning Officer for the election.
7. If at any stage during the process there is an equal number of votes the Returning Officer will decide the issue by the drawing of lots. The name of the candidate/s withdrawn will be the one/s excluded from the ballot.

8. Upon the completion of the election, the Returning Officer be authorised to declare the successful candidate elected to the position of Chairperson and Deputy Chairperson.
9. Upon the declaration of the Returning Officer the candidate is appointed to the position of Chairperson and Deputy Chairperson respectively for the term of office determined by this resolution.

# Guidelines for Choosing a Chairperson (or Deputy Mayor, Deputy Chairperson)

## Process, Options and Implications

The *Guidelines for Choosing a Chairperson – Process, Options and Implications* document has been prepared by the Local Government Association of SA (LGA) for the guidance of and use by member councils. The LGA is the statutory peak body for Local Government in South Australia.

Last revised or updated:

- December 2011
- January 2013 – minor re-formatting
- July 2016 – substantial revision
- December 2016 – minor improvements and addition of appendix 4
- November 2020 – new processes for appointments to Council Assessment Panels

Enquiries regarding this publication should be directed to the LGA on 08 8224 2000

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## 1. Introduction

These guidelines address the process, options and implications of choosing a Chairperson of the council. It is intended to be a document that can be adapted and adopted by those councils whose principal member is chosen from amongst the council membership as “Chairperson”.

A model agenda (see Appendix 1) has been prepared setting out the steps to be taken at a meeting to choose a Chairperson.

The processes described here for the election of the Chairperson can equally be applied by councils for choosing a Deputy Mayor or Deputy Chairperson.

These guidelines also address the processes and options for choosing a presiding member of a council committee or a chairperson of the board of management of a subsidiary. The guidelines also include some of the qualities that are important to performing the role of chairperson of a council or presiding member of a council committee, for consideration by councillors prior to choosing a person for the role (see Appendix 4).

Please note that a council may have as its principal member a person elected by the people as a representative of the area as a whole in which case the principal member will be called a Mayor. These Guidelines do not apply to the election of a Mayor.

## 2. Methods of Choosing a Chairperson (or Deputy Chairperson or Deputy Mayor)

The methods for choosing a Chairperson apply equally to choosing a Deputy Chairperson or Deputy Mayor and are either by:

- Resolution of the council; or
- An election process determined by the council.

Whichever method council chooses, it must first decide the term of office for the position of Chairperson.

Irrespective of the method for choosing a Chairperson and the term of office determined by the council, all members need to clearly understand the process that is to be used before selection proceedings commence.

For further information regarding the details, key elements and supporting resolutions required for each method, see Appendix 2 and Appendix 3 to these guidelines.

### By resolution of the council

This method enables an appointment of a Chairperson by direct resolution of the council. A council should first determine the length of the term of appointment for the Chairperson, which must not exceed their term of office.

If there is more than one nomination for appointment, each nomination would need to be considered by way of a motion and addressed independently as a resolution of the council, seeking those 'for' and those 'against'. After the first nomination is dealt with by the council further nominations may only be considered if the first motion is lost.

An alternative process which may be considered under this option is that of taking an indicative ballot amongst the members (in an agreed manner) to determine the preferred member for appointment. The ballot is then confirmed by resolution. While this process is based on the principles of election, it stops short of an actual election.

### **By an election process (and resolution) determined by the council**

A council may choose a Chairperson by an election process confirmed by resolution.

Where an election is held, the resolution should be made to hold an election at the *beginning of the process and include all the steps of the process* (see Appendix 3 for a model resolution). This means that the initial resolution would resolve:

- to hold an election
- the process that the election will follow
- the appointment of a returning officer and
- that the returning officer is authorised to declare the successful candidate elected at the outcome of the election.

From this point of the meeting the CEO hands the conduct of the balance of the meeting and all future meetings to the new Chairperson.

This process eliminates the need for a second resolution to confirm the outcome of the election.

The reason for making a resolution at the beginning of the process, incorporating all the steps, is to avoid a situation in which a tight election outcome may be affected by the loss the Mayor's vote in the final resolution, or by an amendment moved after the outcome of the election is known. However, it is open to a council to carry out a two-step process, by a resolution to hold an election and then a resolution to confirm the outcome of the election.

Both the resolution method and the election process are outlined in the model report of the Chief Executive Officer which is to be submitted to the first meeting of the new council (see Appendix 2 and Appendix 3).

## **3. Conflict of Interest Issues**

The identification of a preferred member for the position of Chairperson (or a Deputy Mayor/Chairperson or a presiding member of a council '**prescribed committee**')\* through the taking of an indicative vote or an election process does not attract the application of the conflict of interest provisions. In other words, all persons nominated for such a position are able to participate in the indicative ballot or election process.

However, an appointment by motion and resolution or the confirmation of the outcome of an indicative ballot by motion and resolution will result in the nominated person receiving payment of an allowance greater than that set for council members of the council. This means that the council member whom it is proposed to appoint will receive a direct financial benefit by way of an increased allowance payment. In these circumstances, the conflict of interest provisions operate to require the council member who is to be nominated by the motion to declare a 'material conflict of interest' and to remove themselves from the decision making process as required by section 74(1) of the Act.

For appointment to a position on a committee that is not a prescribed committee, a nominee has the option of declaring an 'actual or perceived conflict of interest' and deal with the matter in accordance with section 75A of the Act.

\* A '**prescribed committee**' is defined in the determination of the Remuneration Tribunal as:

A committee that endures, irrespective of whether the council has assigned any particular work to the committee to perform and assists the council or provides advice to the council in any of the following areas or any combination thereof:

- Audit
- Chief Executive Officer performance review
- Corporate Services
- Finance
- Governance
- Infrastructure and works
- Risk management
- Strategic planning and development

## 4. Chairperson of Council Committees

Section 41 of the Act enables a council to establish committees. The council will determine the membership of a committee including the term of office of committee members, which may include or consist of, persons who are not members of the council.

The principal member of a council may be appointed by the council as an ex officio member of a committee.

Section 41(4) of the Act requires a council to appoint a person as the presiding member of the committee or make provision for the appointment of a presiding member. Where a council does not itself appoint a person as the presiding member, the committee itself must appoint a person from amongst its members as the presiding member. The term of office of a presiding member of a committee is at the discretion of the council or, if the council determines, at the discretion of the committee.

Where the council leaves the appointment of a presiding member of a committee up to the committee itself, the committee should determine the presiding member at the first meeting of the committee. However, the council may still provide for conditions of appointment and the committee must comply with those conditions, such as:

- the manner in which the appointment is to be made ie. the appointment process;
- term of office of the presiding member;

- the members eligible to be the presiding member (eg. holding certain qualifications, a member not being an council member); or
- such other matters as the council determines.

The appointment can be revoked by subsequent resolution in compliance with the rules relating to revoking resolutions.

## 5. Presiding Member of Board of Management of Council Subsidiaries

All subsidiaries, whether single council subsidiaries or regional subsidiaries, are administered by a board of management whose membership is determined by the councils and may consist of, or include, persons who are not members of the councils.

Clause 4(4) of Schedule 2 to the Act provides that a board member must be appointed to chair meetings of the board of management and that board members will preside at meetings of the board of management at which she/he is present.

The council may, when establishing a subsidiary and determining the membership of the board of management of the subsidiary, appoint a member as the presiding member. This may be specifically set out in the subsidiary's Charter. Alternatively, the council may leave the appointment of the presiding member to the board of management and similarly make provision for this in the subsidiary's Charter. In such circumstances the members of the board of management should appoint one of its members to preside at the first meeting until a presiding member has been appointed, subject to any provisions in the subsidiary's Charter.

## 6. Presiding Member of Council Assessment Panel

Section 83(1) of the *Planning, Development and Infrastructure Act 2016* enables a council to establish a Council Assessment Panel (CAP), while S84 (1) enables the Minister to establish a Regional Assessment Panel at the request of two or more councils.

In relation to a Regional Assessment Panel, the Minister in constituting the RAP, will make provision with respect to the appointment of the presiding member & the process for appointing an acting presiding member.

In relation to a CAP, the Council when establishing the assessment panel must determine who will act as the presiding member of the CAP & the process for appointing an acting presiding member. The LGA Model Terms of Reference for Council Assessment Panels, which a Council may wish to adopt, contain provisions relating to the appointment of a presiding member & the process for appointing an acting presiding member when the presiding member is absent. Those provisions are set out below.

### Presiding Member and Acting Presiding Member

The Council will appoint an Independent Member to be the Presiding Member of the CAP for such term and on such conditions as determined by the Council.



1. The Presiding Member will preside at any CAP meeting at which he or she is present.
2. In the event that the Presiding Member is not present at a meeting (or part thereof) an Acting Presiding Member will be appointed by those CAP Members who are present at the meeting.
3. A Presiding Members is eligible to be reappointed as the Presiding Member at the expiry of his or her term of office as Presiding Member.
4. In the event that the Presiding Member resigns or is removed from office, the Council will appoint an Independent Member to be the Presiding Members for such term and on such conditions as determined by the Council.

# Appendix 1

## Model Agenda - First Council Meeting Following an Election

### Notice of Meeting

A meeting of the \_\_\_\_\_ Council, formed following the general election which took place on \_\_\_\_\_, will be held on \_\_\_\_\_ commencing at \_\_\_\_\_ in the Council Chamber, \_\_\_\_\_

.....

Chief Executive Officer

.....

Date

### Agenda

(The Chief Executive Officer chairs the meeting at this stage)

- **Welcome**
- **Apologies**
- **Announcement of candidates elected**  
(This may include documentation tabled advising of the voting, which most probably will be incorporated within the Returning Officer's report, see below.)
- **Taking of oath/declaration of office** (refer s.60, LG Act 1999)
- **Chief Executive Officer's Report**  
(See **Appendix 2**)
- **Selection of Chairperson** (See **Appendix 3**)
- **Handover to Chairperson to conduct the balance of the meeting**  
(This could include the re-affirmation of the title of Chairperson or the decision of an alternative title, selection of deputy Chairperson from amongst the Members for a term decided by Council, and various other Council business issues which are the subject of other reports. See CEO Checklist - [http://www.lga.sa.gov.au/webdata/resources/files/CEO\\_Checklist\\_2010.doc](http://www.lga.sa.gov.au/webdata/resources/files/CEO_Checklist_2010.doc))
- **Report of Returning Officer**  
(This report will probably include several aspects associated with the election and it will confirm within the minutes of the first meeting those Council Members elected in the recent elections.)

## Appendix 2

### Model - Chief Executive Officer's Report

As the \_\_\_\_\_ Council is currently constituted, it is required to choose a Chairperson as its principal member. This person must be chosen from amongst the members of council.

The Chief Executive Officer (CEO) must preside over the meeting until the matter of the selection of the Chairperson is decided. There are a number of procedural and incidental matters that need to be considered prior to that selection taking place.

Listed below are those matters which the meeting is asked to consider, and where listed, decide the matter. While some aspects will only apply infrequently, nevertheless this report seeks to establish the rules to apply if those circumstances prevail, rather than debating such an issue during the process.

#### 1. Term of Office of Chairperson

The council can make an appointment for a 4 year period or such lesser period as it chooses, say 1 or 2 years. A shorter period requires the council to make a further appointment or re-appointment when the term expires. The normal practice has been *<insert council's normal practice>*.

#### 2. Choosing a Chairperson

The *Local Government Act 1999* does not stipulate a method to use in choosing a Chairperson.

If council chooses to appoint:

- (a) by resolution, or
- (b) an election process, with the appointment made or confirmed by resolution.

Irrespective of which format council chooses, it must first decide the term of office for the position of Chairperson.

##### *Choosing a Chairperson by resolution*

An appointment by resolution can be complicated if there is more than one candidate. It is necessary for each motion nominating a member to be considered individually and voted upon before any further motion is considered. The CEO would have to ascertain those voting for, those against and declare the result.

If the first candidate is successful then no further nominations can be considered (except through the process of revoking, in which case the meeting procedure rules relating to revoking a resolution would need to be complied with). This also means that no other candidate could be considered if the first nomination is successful.

##### *Choosing a Chairperson by an indicative vote followed by a resolution*

A variation to the option of resolution only, is that of the CEO taking a vote of Members present at the meeting to determine the preferred person and then the council - by resolution

– appointing that person as the Chairperson. Council would need to agree on this method by resolution as it is not within the ambit of the CEO to decide the process. As above, the term of office must be determined first.

*Choosing a Chairperson by election – either by a show of hands or a secret ballot*

This method enables one or more nominations to be considered at the same time.

Nominations will be invited by the CEO from amongst the members. They do not have to be in writing nor do they have to be seconded. Nomination will be achieved simply by indicating “I nominate council member \_\_\_\_\_”.

The CEO will then enquire as to whether the person nominated is prepared to accept the nomination. While that person may agree to accept the nomination, s/he has the right to withdraw at any time before the matter is put to a vote. If a member is absent from the meeting this would not preclude them from being nominated. They would need to have advised the CEO prior to the meeting as to whether or not they are prepared to accept the nomination.

If only one person is nominated then that person will be declared elected and the meeting will proceed with the Chairperson presiding.

If more than one person is nominated then the matter will proceed to a vote. All Members present are required to vote in the election. It is not a conflict of interest to vote for yourself if you have been nominated.

Council must determine the method of voting, which can be by show of hands or by secret ballot.

Should only two nominations be received then the successful candidate will be the one with the greater number of votes.

*Method of voting in the event of an election*

Council must determine the method of voting to be used in the event that more than two nominations are received. Note that using a show of hands effectively rules out the option of preferential voting.

The following examples outline the potential difference in outcome in a council of 11 members. Different methods can produce different results.

Example 1 - First past the post

Candidate 1	5 votes
Candidate 2	4
Candidate 3	<u>2</u>
	<u>11</u>

Candidate 1 has the most votes and would be elected, but with a minority of the votes cast.

Example 2 - A preferential system with the elimination of the candidate with the lowest vote.

Candidate 1	5
Candidate 2	4
Candidate 3	2

Candidate 3 is eliminated and those votes are distributed to 3's second preference. Assume 3's supporters prefer 2 over 1, then the result will be:

Candidate 1	5
Candidate 2	6

Candidate 2 would be elected with a majority of the total votes cast.

**Note:**

1. If four candidates contested the election then the votes of the one with the lowest number of votes would be allocated to their second preference first, with this process continuing, to the next preferred candidate until only two remained and a majority of votes were allocated to one member.
2. *If at any stage during the process there is an equal number of votes the CEO will decide the issue by the drawing of lots – eg placing the names of the candidates on an identical slip of paper and drawing the required number, in the case of two equal parties one slip, from a receptacle so that no party present, including the person withdrawing the name, has a view of the name on the slip until it is opened in the presence of the meeting. The name of the candidate/s withdrawn will be the one/s excluded from the ballot.*

Given the potential variations if more than two nominations are received, council should determine the method to be used in those circumstances.

## Appendix 3

Appendix 3 outlines the key elements of the supporting resolutions in the appointment of a Chairperson. Note the need to appoint the Chief Executive Officer as the Returning Officer for the election; the authorisation for the Returning Officer to declare the successful candidate elected to the position of Chairperson; and the appointment of the Chairperson for the term of office determined by the resolution.

### A. Choosing a Chairperson by motion and resolution

#### Key elements of a resolution

- The term of office for the Chairperson
- Method of choosing a Chairperson is by motion and resolution
- Appointment of Chairperson is confirmed by resolution

#### Model Resolution

*That:*

1. *the term of office for the position of Chairperson for the \_\_\_\_\_ Council be \_\_\_\_\_ (months/years).*
2. *Council determine that the method of choosing a Chairperson be by motion and resolution.*

Subsequent resolution:

*That Council Member \_\_\_\_\_ be appointed Chairperson of the \_\_\_\_\_ Council.*

## B. Choosing a Chairperson by indicative vote and resolution

### Key elements of a resolution

- The term of office for the Chairperson
- Method of choosing a Chairperson is by taking an indicative vote to determine the preferred person
- Motion and resolution to appoint that person to the position of Chairperson.

### Model Resolution

*That:*

1. *the term of office for the position of Chairperson for the \_\_\_\_\_ Council be \_\_\_\_\_ (months/years).*
2. *Council determine that the method of choosing a Chairperson be by an indicative vote to determine the preferred person.*
3. *Upon completion of the vote Council will, by resolution, appoint the successful Council member as its Chairperson.*

Subsequent resolution:

*That Council Member \_\_\_\_\_ be appointed Chairperson of the \_\_\_\_\_ Council.*

## C. Choosing a Chairperson by election – either by a show of hands or secret ballot

### Key elements of a resolution

- Term of office for the Chairperson (months/years)
- Method of choosing a Chairperson is an election process
- Method of election (show of hands/secret ballot)
- Method of voting (in the case of a secret ballot, a choice can be made between first past the post/preferential/or other method. Note that using a show of hands effectively rules out the option of preferential voting). In the case of a secret ballot the CEO will invite staff members present to assist in the process by distributing voting slips, collecting slips and scrutinising the votes.
- Appointment of the Chief Executive Officer as the Returning Officer for the election
- Procedure to be followed when there is an equal number of votes (the Returning Officer will decide the issue by the drawing of lots. The name of the candidate/s drawn will be the one/s **excluded** from the ballot)
- The authorisation for the Returning Officer to declare the successful candidate elected to the position of Chairperson
- The appointment of the Chairperson for the term of office determined by the resolution, subject to any further resolution of the Council.

## **Model Resolution**

*That:*

- 1. the term of office for the position of Chairperson for the \_\_\_\_\_ council be \_\_\_\_\_ (months/years).*
- 2. council determines that the method of choosing a Chairperson be by an election process.*
- 3. the method of election be by (show of hands/secret ballot).*
- 4. council adopt a (first past the post/preferential/other) method of voting.*
- 5. the Chief Executive Officer be appointed Returning Officer for the election.*
- 6. if at any stage during the process there is an equal number of votes the Returning Officer will decide the issue by the drawing of lots. The name of the candidate drawn will be the one excluded from the ballot.*
- 7. on completion of the election, the Returning Officer be authorised to declare the successful candidate elected to the position of Chairperson.*
- 8. on the declaration of the Returning Officer the candidate is appointed to the position of Chairperson for the term of office determined by this resolution.*



## Appendix 4

### Qualities to consider when choosing a Chairperson

The Chairperson is in a position to facilitate good decision making through skilful chairing of the Council meeting and through facilitating and encouraging all points of view to be expressed and respected. The role of Chairperson should go to a Council Member with the necessary skills to facilitate participation and inclusion of all Members.

The Chairperson should be provided with the opportunity and encouraged to undertake training to equip them with the skills, or update their existing skills, to properly chair Council meetings. In addition, the meeting procedures rules and requirements under the Act and the *Local Government (Procedures at Meetings) Regulations 2000* specific to the role of the Chairperson need to be understood and followed. Accordingly, training and re-training in this area should be an integral part of every Chairperson's 'induction' and the Council's training and development plan.

While the decision to publicly identify or agree a list of desirable qualities of a Chairperson rests with the Council, Members may nevertheless wish to consider various factors prior to the selection taking place.

Factors could include a person's:

- Expertise in chairing meetings of Council (if past experience exists), committee, and other organisations, public and private;
- Understanding of the prescribed meeting procedures as they relate to Councils;
- Ability to preside efficiently, firmly and fairly over Council meetings;
- Ability to manage conflict and differing opinions;
- General understanding or an ability to quickly gain an understanding of relevant legislation, strategic and operational plans and business that Council deals with;
- Ability and availability to represent and have an affinity with the community as a whole;
- Ability and availability to represent the Council in the presence of members of Parliament, dignitaries and peers;
- Interest and availability in attending functions, activities and seminars to assist in the social and economic promotion and growth of the community;
- Leadership, social and communication skills;
- Ability to be impartial and fair to all speakers when chairing meetings; and
- Relationship with the CEO, directors/departmental managers and staff of the Council. While the roles of each are quite separate, good communication between the parties assists in the smooth running of the Council.

This list is not exhaustive and there may be others that individual Councils may wish to add.

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[www.lga.sa.gov.au](http://www.lga.sa.gov.au)

**6.1 FINANCE REPORT AND SECOND (DECEMBER 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 second of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2020 and 31 December 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.

**Report**

The report 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 31 December 2020</b>				
	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Total Operating Expenditure</b>	\$ 1,109,841	\$ 1,154,941	\$ (45,100)	-4%
<b>Total Operating Income</b>	\$ 1,066,280	\$ 1,119,343	\$ (53,063)	-5%
<b>Operating Result</b>	\$ (123,413)	\$ (115,450)	\$ (7,964)	7%

The report shows that for the reporting period income was \$53,063 (-4.7%) less than budgeted and expenditure was \$45,100 (-4%) less than budgeted. The net result is a variation of -\$7,964 on the budgeted year to date comparative operating result.

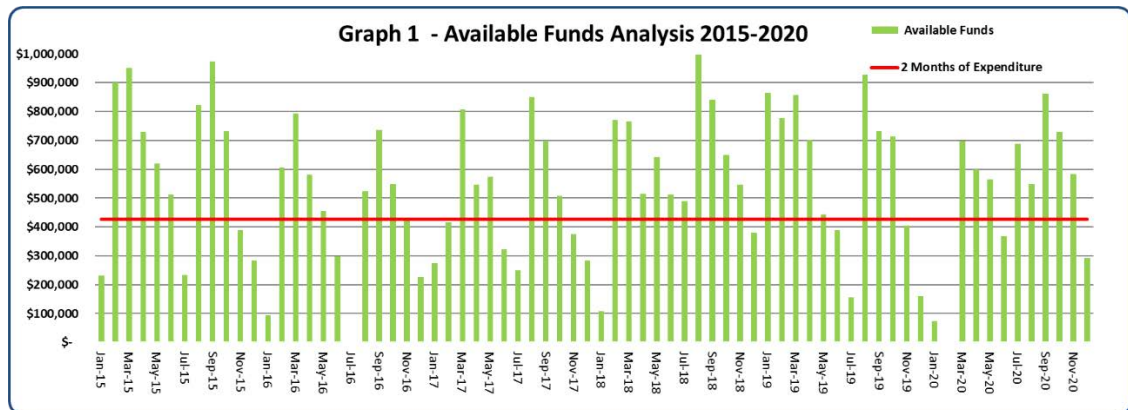
A more detailed report is provided as attachment 1. The report provides detail on year to date performance of individual budget lines. Any YTD variation greater than \$5,000 is detailed in the table below with explanatory comments. There are no budget variation requested in this review. The budget is provided as attachment 2.

Summary Table of Funding Statement Variations				
Favourable variances are shown in green and unfavourable variances are shown in red.				
Description	YTD Budget	YTD Actual	Variation	Comment
<b>Income</b>				
Food Inspection	\$58,000	\$41,851	(\$16,148)	EHO on extended leave and induction of two new graduate EHO's. No variation requested at this point in time.
Fines and Expiations	\$25,000	\$10,217	(\$14,783)	Decrease in YTD expiations issued. No variation requested at this point in time.
Fee for Service (non-funded) vaccines	\$40,000	\$23,970	(\$16,030)	Reduction in non-funded vaccines sold at clinics. Offset by decrease in vaccine expenditure. No variation requested at this point in time.
Food Auditing	\$34,000	\$27,348	(\$6,651)	Timing of Audits. No variation requested at this point in time
<b>Total of Income Variations Requested</b>				<b>\$0</b>
<b>Expenditure</b>				
Employee Costs	\$868,703	\$851,248	(\$17,455)	Staff on extended leave. No variation requested at this point in time
Legal	\$10,000	\$23,104	\$13,104	Increase in legal advice required. No variation requested at this point in time
Fee for Service (non-funded) vaccines	\$27,000	\$14,061	(\$12,938)	Reduction in non-funded vaccines sold at clinics. Offset by decrease in vaccine income. No variation requested at this point in time.
<b>Total of Expenditure Variations Requested</b>				<b>\$0</b>
<b>Net Result of Variation Requested</b>				<b>\$0</b>

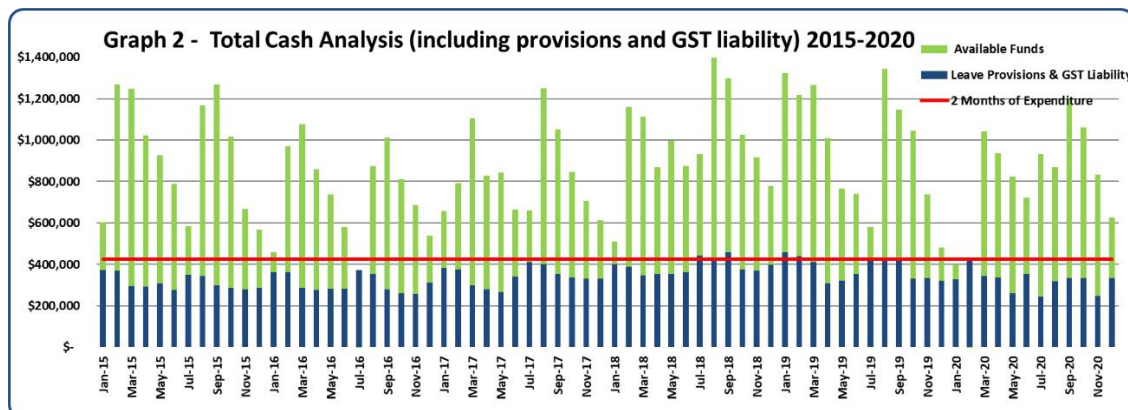
## Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 December 2020 is provided as attachment 3. It shows that at 31 December 2020 available funds were \$294,009 in comparison with \$862,069 on 30 September 2020.

Graph 1 which follows details the level of available funds (total cash minus leave provisions and GST liability) for the preceding 5 year period.



Graph 2 below details the total level of cash on hand including leave provisions and GST liability.



The red line in both graphs indicates the target minimum levels of cash that are recommended to be held for working capital (equivalent to 2 months expenditure). The graphs show that the lowest levels of cash available in the annual cash cycle have generally maintained this target.

## RECOMMENDATION

That:

1. The Finance Report and Second (December 2020) Budget Review Report for 2020/2021 be received.

<b>Eastern Health Authority - Financial Statement (Level 3)</b>				
<b>1 July 2020 to 31 December 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	\$219,065	\$219,065	\$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>\$895,337</b>	<b>\$895,337</b>	<b>\$0</b>	<b>0%</b>
<b>Statutory Charges</b>				
Food Inspection fees	\$41,852	\$58,000	(\$16,149)	-28%
Legionella registration and Inspection	\$6,394	\$3,502	\$2,892	83%
SRF Licenses	\$2,291	\$1,500	\$791	53%
Fines & Expiation Fees	\$10,217	\$25,000	(\$14,783)	-59%
<b>Total Statutory Charges</b>	<b>\$60,753</b>	<b>\$88,002</b>	<b>(\$27,249)</b>	<b>-31%</b>
<b>User Charges</b>				
Immunisation: PHN Project	\$35,000	\$35,000	\$0	0%
Immunisation: Clinic Vaccines	\$23,970	\$40,000	(\$16,030)	-40%
Immunisation: Worksites Vaccines	\$82	\$0	\$82	0%
Immunisation: Clinic Service F	\$360	\$0	\$360	0%
Food Auditing	\$27,348	\$34,000	(\$6,652)	-20%
<b>Total User Charges</b>	<b>\$86,760</b>	<b>\$109,000</b>	<b>(\$22,240)</b>	<b>-20%</b>
<b>Grants, Subsidies, Contributions</b>				
Child Immunisation register	\$16,874	\$16,004	\$870	5%
<b>Total Grants, Subsidies, Contributions</b>	<b>\$16,874</b>	<b>\$16,004</b>	<b>\$870</b>	<b>5%</b>
<b>Investment Income</b>				
Interest on investments	\$4,420	\$7,500	(\$3,080)	-41%
<b>Total Investment Income</b>	<b>\$4,420</b>	<b>\$7,500</b>	<b>(\$3,080)</b>	<b>-41%</b>
<b>Other Income</b>				
Motor Vehicle re-imburements	\$1,718	\$0	\$1,718	0%
Sundry Income	\$418	\$3,500	(\$3,082)	-88%
<b>Total Other Income</b>	<b>\$2,136</b>	<b>\$3,500</b>	<b>(\$1,364)</b>	<b>-39%</b>
<b>Total of non Constituent Council Income</b>	<b>\$170,943</b>	<b>\$224,006</b>	<b>(\$53,063)</b>	<b>-24%</b>
<b>Total Income</b>	<b>\$1,066,280</b>	<b>\$1,119,343</b>	<b>(\$53,063)</b>	<b>-5%</b>

<b>Eastern Health Authority - Financial Statement (Level 3)</b>				
<b>1 July 2020 to 31 December 2020</b>				
<b>Expenditure</b>	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Employee Costs</b>				
Salaries & Wages	\$768,063	\$788,205	(\$20,142)	-3%
Superannuation	\$73,295	\$69,998	\$3,297	5%
Workers Compensation	\$8,526	\$9,000	(\$474)	-5%
Medical Officer Retainer	\$1,364	\$1,500	(\$136)	0%
<b>Total Employee Costs</b>	<b>\$851,248</b>	<b>\$868,703</b>	<b>(\$17,455)</b>	<b>-2%</b>
<b>Prescribed Expenses</b>				
Auditing and Accounting	\$16,848	\$17,000	(\$153)	-1%
Insurance	\$15,709	\$13,506	\$2,203	16%
Maintenance	\$18,875	\$22,500	(\$3,625)	-16%
Vehicle Leasing/maintenance	\$7,563	\$6,502	\$1,061	16%
<b>Total Prescribed Expenses</b>	<b>\$58,994</b>	<b>\$59,508</b>	<b>(\$514)</b>	<b>16%</b>
<b>Rent and Plant Leasing</b>				
Electricity	\$5,103	\$5,002	\$101	0%
Plant Leasing Photocopier	\$1,742	\$1,748	(\$6)	0%
Water	\$126	\$300	(\$174)	0%
Gas	\$0	\$1,500	(\$1,500)	0%
<b>Total Rent and Plant Leasing</b>	<b>\$6,972</b>	<b>\$8,550</b>	<b>(\$1,578)</b>	<b>-18%</b>
<b>IT Licensing and Support</b>				
IT Licences	\$35,143	\$40,102	(\$4,959)	-12%
IT Support	\$21,407	\$19,824	\$1,583	8%
Internet	\$4,562	\$5,002	(\$440)	-9%
IT Other	\$628	\$998	(\$370)	-37%
<b>Total IT Licensing and Support</b>	<b>\$61,740</b>	<b>\$65,926</b>	<b>(\$4,186)</b>	<b>-6%</b>
<b>Administration</b>				
Administration Sundry	\$3,119	\$3,000	\$119	4%
Accreditation Fees	\$2,317	\$1,500	\$817	54%
Board of Management	\$2,550	\$6,000	(\$3,450)	-57%
Bank Charges	\$1,360	\$2,000	(\$640)	-32%
Public Health Sundry	\$1,172	\$2,500	(\$1,328)	-53%
Fringe Benefits Tax	\$8,262	\$8,000	\$262	0%
Health promotion	\$0	\$0	\$0	0%
Legal	\$23,104	\$10,000	\$13,104	131%
Printing & Stationery & Postage	\$7,037	\$11,500	(\$4,463)	-39%
Telephone	\$7,227	\$9,502	(\$2,275)	-24%
Occupational Health & Safety	\$3,224	\$5,000	(\$1,776)	-36%
Rodenticide	\$612	\$1,000	(\$388)	-39%
Staff Amenities	\$1,487	\$3,500	(\$2,013)	-58%
Staff Training	\$3,415	\$8,000	(\$4,585)	-57%
Human Resource Sundry	\$5,968	\$5,000	\$968	0%
<b>Total Administration</b>	<b>\$70,853</b>	<b>\$76,502</b>	<b>(\$5,649)</b>	<b>-7%</b>

<b>Eastern Health Authority - Financial Statement (Level 3)</b>				
<b>1 July 2020 to 31 December 2020</b>				
<b>Expenditure</b>	<b>Actual</b>	<b>Budgeted</b>	<b>\$ Variation</b>	<b>% Variation</b>
<b>Immunisation</b>				
Immunisation SBP Consumables	\$3,498	\$4,500	(\$1,002)	-22%
Immunisation clinic vaccines	\$14,062	\$27,000	(\$12,938)	-48%
Immunisation worksite vaccines	\$141	\$0	\$141	0%
<b>Total Immunisation</b>	<b>\$17,701</b>	<b>\$31,500</b>	<b>(\$13,799)</b>	<b>-44%</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	\$1,643	\$1,252	\$391	0%
<b>Total Sampling</b>	<b>\$1,643</b>	<b>\$1,252</b>	<b>\$391</b>	<b>0%</b>
<b>Finance Costs</b>				
Interest - Building Lease	\$20,000	\$20,000	\$0	0%
<b>Total Finance Costs</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Materials, contracts and other expenses</b>	<b>\$258,593</b>	<b>\$286,238</b>	<b>(\$27,645)</b>	<b>-10%</b>
<b>Depreciation - Building Lease</b>	<b>\$48,000</b>	<b>\$48,000</b>	<b>\$0</b>	<b>\$ -</b>
<b>Depreciation - Motor Vehicle Lease</b>	<b>\$27,500</b>	<b>\$27,500</b>	<b>\$0</b>	<b>\$ -</b>
<b>Finance Costs</b>	<b>\$4,352</b>	<b>\$4,352</b>	<b>\$0</b>	<b>\$ -</b>
<b>Total Operating Expenditure</b>	<b>\$1,109,841</b>	<b>\$1,154,941</b>	<b>(\$45,100)</b>	<b>-4%</b>
<b>Total Operating Income</b>	<b>\$1,066,280</b>	<b>\$1,119,343</b>	<b>(\$53,063)</b>	<b>-5%</b>
<b>Operating Result</b>	<b>(\$123,413)</b>	<b>(\$115,450)</b>	<b>(\$7,964)</b>	<b>7%</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	DECEMBER REVIEW	REVISED BUDGET 2020/2021
	<b>INCOME</b>				
1,757,120	Council Contributions	1,790,674	-	-	1,790,674
46,451	Public Health Plan / Service Review Contributions	40,000	(8,000)	-	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>	2,557,174	(8,000)	-	2,549,174
	<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>	2,557,174	12,000	-	2,569,174
(13,401)	<b>Operating Surplus/(Deficit)</b>	-	(20,000)	-	(20,000)
	Net gain (loss) on disposal of assets	-	-	-	-
(13,401)	<b>Net Surplus/(Deficit)</b>	-	(20,000)	-	(20,000)
(13,401)	<b>Total Comprehensive Income</b>	-	(20,000)	-	(20,000)

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS					
FOR THE YEAR ENDING 30 JUNE 2021					
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER 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	Net Cash Provided/(Used) by Operating Activities	50,000	(8,000)	-	2,000
	<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)	Net Cash Provided/(Used) by Financing Activities	(69,090)	-	-	(69,090)
	<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)	Net Cash Provided/(Used) by Investing Activities	-	-	-	-
(21,962)	NET INCREASE (DECREASE) IN CASH HELD	(19,090)	(8,000)	-	(67,090)
743,272	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	667,784	53,526	-	721,310
721,310	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	648,694	45,526	-	654,220

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION					
FOR THE YEAR ENDING 30 JUNE 2021					
AUDITED RESULTS 2019/2020		ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER 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>	771,023	78,847	-	849,870
	<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>	254,192	1,044,319	-	1,298,511
2,368,471	<b>TOTAL ASSETS</b>	1,025,215	1,123,166	-	2,148,381
	<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>	590,289	(1,763)	-	588,526
	<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>	85,367	1,150,609	-	1,235,976
1,893,592	<b>TOTAL LIABILITIES</b>	675,656	1,148,846	-	1,824,502
219,344	<b>NET CURRENT ASSETS/(CURRENT LIABILITIES)</b>	180,734	80,610	-	261,344
474,879	<b>NET ASSETS</b>	349,559	(25,680)	-	323,879
	<b>EQUITY</b>				
474,879	Accumulated Surplus/(Deficit)	349,559	105,320	-	454,879
474,879	<b>TOTAL EQUITY</b>	349,559	105,320	-	454,879

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	DECEMBER 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>	349,559	105,320	-	454,879
	<b>TOTAL EQUITY</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>	349,559	105,320	-	454,879

## Eastern Health Authority

### Bank Reconciliation as at 31 December 2020

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

Balance as per Bank Statement 31 December 2020		\$70,324.34
Plus Outstanding cheques	\$ -	
Add Outstanding deposits	\$ -	
BALANCE PER General Ledger		\$70,324.34

#### GST October to December 2020

GST Collected	\$1,085.29	
GST Paid	\$3,726.65	
Net GST Claimable (Payable)	(\$2,641.36)	

#### Funds Available December 2020

Account	30-Sep-20	31-Dec-20	Variance
Bank SA Cheque Account	\$ 91,699	\$ 70,324	\$21,375
Local Government Finance Authority	\$ 1,103,081	\$ 556,479	\$546,602.3
Net GST Claimable (Payable)	(\$2,558)	(\$2,641)	\$83
Long Service Leave Provision	(\$189,467)	(\$189,467)	\$0.00
Annual Leave Provision	(\$140,686)	(\$140,686)	\$0.00
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$ 862,069</b>	<b>\$ 294,009</b>	<b>\$568,060</b>

## 6.2 DEVELOPMENT OF ANNUAL BUSINESS PLAN FOR 2021/2022

Author: Michael Livori  
Ref: AF21/3

### Summary

Eastern Health Authority (EHA) is required to develop an Annual Business Plan which supports and informs its annual budget. This report seeks to outline the process to be taken in relation to the development of the Annual Business Plan for 2021/2022.

### Report

The *Local Government Act 1999* (the Act) requires councils to develop an annual business plan although this requirement does not extend to a regional subsidiary. To ensure EHA's budget is developed in line with best practice standards an annual business plan has been produced for a number of years. Constituent Councils have agreed that the Annual Business Plan is recognised as the Business Plan required by the Act (see legislative and Charter requirements below).

### Legislative and Charter Requirements

EHA's Charter requires pursuant to clause 8.1 that;

#### 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.*

## **Proposed Process for the Development of the 2021/2022 Annual Business Plan**

To comply with the requirements of the Charter the following process is proposed for the development of the 2021/2022 Annual Business Plan.

### February 2021

- Board Members are requested to provide comments and suggestions in relation to the development of the 2021/2022 Annual Business Plan. The current Annual Business Plan is available at <https://www.eha.sa.gov.au/about-us/annual-business-plan>. Comments to be provided to the Chief Executive Officer by **10 March 2021**.
- Constituent Councils have been requested via their nominated contact to provide comments and suggestions in relation to the development of the 2021/2022 Annual Business Plan. Comments to be provided to the Chief Executive Officer by **10 March 2021**.
- Chief Executive Officer continues development of 2021/2022 Annual Business Plan and Budget.

### March 2021

- Annual Business Plan and Budget workshop to be held on 24 March 2021 to consider feedback from Board Members and Constituent Councils in relation to the Annual Business Plan. Members will also consider a preliminary draft budget at the workshop.

Following Board endorsement, a copy of the preliminary draft Annual Business Plan and Budget will be provided to Constituent Councils requesting their feedback by **30 May 2021**.

### April 2021

- Preliminary feedback from Constituent Councils and a proposed Annual Business Plan and Budget detailing the estimated contributions from Constituent Councils to be considered by the Board of Management at its meeting to be held on **28 April 2021**.
- If the endorsed draft Annual Business Plan contains any substantive changes from the preliminary draft Annual Business Plan which was provided to Constituent Council following the Budget Workshop, details of those changes will be provided to Constituent Councils requesting any further comment by **11 June 2021**.

June 2021

- Budget to be considered for adoption at the Board of Management to be held on **23 June 2021**.
- Copy of budget provided to Chief Executive Officers of each Constituent Councils within 5 days of its adoption.

**RECOMMENDATION**

That:

1. The Development of the Annual Business Plan for 2021/2022 report is received.
2. The process for the Development of the Annual Business Plan for 2021/2022 is endorsed.

### 6.3 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. At a meeting of the Eastern Health Authority Audit Committee held on 15 December 2020 the committee considered a report relating to a review of the ToR and a number of changes have been incorporated into a revised document for the Board of Management to consider adopting.

Cr P Cornish moved:

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 as amended provided as attachment 2 to this report are referred to the Board of Management for adoption.

Seconded by: M Vezis

**CARRIED UNANIMOUSLY                      8: 082020**

The changes that have been made to the ToR are detailed below.

- 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 adopted.



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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.

~~2.7.2.14.~~ 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.

~~2.8.2.15.~~ 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 where practicable, 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 Chair ~~person~~.

#### 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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- 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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## 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 where practicable, 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 Chair.

## 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:

- 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:
  - 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.

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

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.

## 6.4 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. An additional update report was provided at the meeting of 2 December 2020. At the meeting a number of clarifications in relation to Charter clauses were sought by Board Members.

### Report

At the 2 December 2020 Board of Management meeting a report in relation to the Charter Review was considered. Members requested clarification in relation to a range of clauses and also requested some changes to the amendments for constituent council consideration.

Following the meeting an updated version of the "Summary of Charter Amendments for Consideration" table was provided to Board members via email (attachment 1).

The table details (in red) issues that were identified at the last meeting that required amendment and/or clarification.

Below the red text (in blue) is text which includes commentary on clarifications requested, or amendments made.

A marked up version of the Charter incorporating the proposed amendments detailed in the table is provided as attachment 2.

At the 15 December 2020 EHA Audit Committee meeting, the Audit Committee requested that consideration should be given to whether the Chair (of EHA) should be an independent member. This request was also included in the amendments for consideration circulated to Board Members.

The Audit Committee rationale for this request is that:

- It is best practice and good governance;
- An Independent Chair is primarily free of Conflicts of Interest (Risk Management);

- Able to act as a conciliatory element when and if elements of the Board differ and
- The Independent Chair is best placed to manage other Board members' conflict of interest.

It should be noted that Clause 2.6 h) currently prohibits Board Members from receiving remuneration for attendance at meetings. It is unlikely that an Independent Chair would consider this role without remuneration. The market would need to be tested in this regard and it is anticipated that the sitting fee for this role would be in the order of \$450 to \$600 per meeting.

As the Audit Committee request has not been considered by the Board, a request has been made that this matter is discussed at a Board meeting before including it any recommendations of changes to the Charter sent to Constituent Councils.

Once the Board have provided direction in relation to the above matter 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.

## **RECOMMENDATION**

That:

- 1 The Eastern Health Authority 2020 Charter Review Report is received.
- 2 Correspondence be provided to Constituent Councils requesting feedback in relation to the Charter Review as detailed in the report.



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

Clause	Title	Commentary on amendments for consideration
	Board or EHA?	<p>Request to clarify difference between Board and EHA and rationale for changes Particularly in 4.1 and 4.2 and 4.3 (1)</p> <p>The difference between ‘the Board’ and ‘EHA’, NW advise that EHA is the corporate entity, that is the regional subsidiary established under the <i>Local Government Act 1999 (the Act)</i>, with the powers, functions and duties set out in the Act and the Charter. The Board is the governing body by which EHA exercises its powers, functions and duties. A decision of the Board is a decision of EHA;</p> <p>Equivalent to a Council versus the Elected Body of a Council</p> <p>Only time we talk about Board is when its specific to the Board.</p> <p><b><u>Note : Audit Committee have requested that Constituent Councils consider whether the EHA Chair should be Independent – this will be included in table to be sent to Constituent Councils.</u></b></p>
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> <p><b>In the context of this clause, does unanimous mean “of those members present” or merely a unanimous resolution in relation to Board Members.</b></p> <p>Clause now changed to clearly reflect the this applies to Board Members present at the relevant meeting.</p>

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

Clause	Title	Commentary on amendments for consideration
1.8	Common Seal	Current clause b) and c) are deleted as they are merely a replication of what is in the LG Act.
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>
<p>2.2</p> <p>2.2 c)</p> <p>2.2 d)</p>	Membership of Board	<p>Minor amendments for clarification purposes.</p> <p>Remove elected member from draft to reflect membership?</p> <p>Done</p> <p>Board queried intent of this clause, can it be made clearer?</p> <p>Clause 2.2(d) of the Charter is a provision that is contained in clause 21(8) of Schedule 2 of the Act. This provision means that a constituent council can authorise a person in writing to attend meetings of the Board and have access to papers provided to Board members (including confidential papers); Clause remains unchanged as per above.</p>
2.4 a) c)	Board policies and codes	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.

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

Clause	Title	Commentary on amendments for consideration
b)		Changed to reflect that EHA has developed its own code of conduct for Board Members.
2.5 e) f)	Chair of the Board	<p>Changed to reflect circumstances where resignation of chair occurs, and Chair is absent.</p> <p style="color: red;">Members unclear what this meant, can it be clearer</p> <p>In relation to clauses 2.5(e) and (f), NW advise that these clauses deal with the following circumstances:</p> <ul style="list-style-type: none"> <li>• when the Chair ceases to be a Board member and therefore ceases to be the Chair of the Board; and</li> <li>• when the Chair is absent, i.e., unavailable to attend to the duties of Chair. In this circumstance, the person occupying the office of Chair is still the Chair but is merely absent, for example on holidays or unwell.</li> </ul> <p>In both the above circumstances, the Deputy Chair will act until either a new Chair is elected (in the first circumstance) or the Chair resumes their duties.</p>
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>

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

Clause	Title	Commentary on amendments for consideration
3.6 b)	Quorum	<p>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.</p> <p style="color: red;">Members requested clearer wording, queried what is business?</p> <p style="color: blue;">Business is considered to be anything conducted at the meeting – delete “during the meeting” so clause simply says- No business will be transacted at a meeting unless a quorum is present.</p>
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).
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.
5	Staff of EHA	<p>Revised provisions in clause are identical to provisions in the LG Act that apply to CEOs of councils.</p> <p style="color: red;">Members queried e) is this in LG Act?</p> <p style="color: blue;">Yes, the wording is identical</p>
6	Regional Public Health Plan	Clause has been amended to reflect the current state of the Regional Public Health Planning review and reporting process.

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

Clause	Title	Commentary on amendments for consideration
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
7.9 c)	Insurance and superannuation requirements	Minor change for clarity  Change doc to "As an employer EHA shall....."  Change has been made.
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  Members query - is this identical to LG Act.  Yes, wording is identical.
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 present at the relevant meeting 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 memberspersons 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-four hours 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 conferenceelectronic 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 conferencingelectronic 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 conferencingby 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 BoardEHA](#);
- 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~~As an employer, EHA 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 ~~15 October~~~~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.



<b>LGA</b>	Local Government Association of SA
<b>LGA Asset Mutual Fund</b>	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)

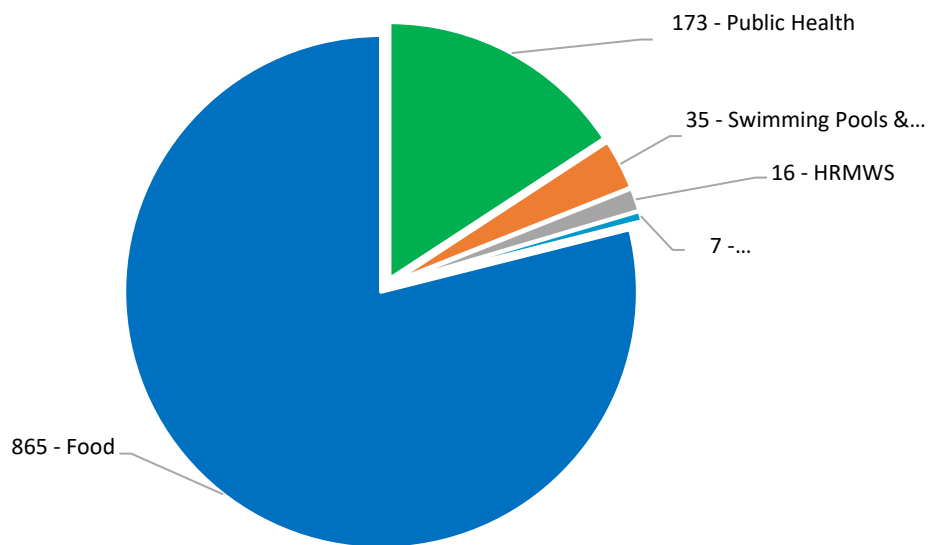
## 7.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

### 1.0 General Activity

During the reporting period EHA administered the *Food Act 2001*, *SA Public Health Act 2011* and *SRF Act 1992* along with their respective standards and regulations to protect and promote the health and wellbeing of the community.

Graph 1 illustrates the number of inspections per category for the financial year to date. As shown in Graph 1 a large proportion of inspections relate to activities under the *Food Act 2001*.

Graph 1: Number of inspections conducted per category for financial-year-to-date.



*Note: The inspection numbers by type is not directly comparable to the proportion of time spent on the*

Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Beauty</b>	0	2	0	0	0	<b>2</b>
<b>Food</b>	211	154	359	115	26	<b>865</b>
<b>HRMWS</b>	1	5	9	1	0	<b>16</b>
<b>Public Health Complaint</b>	23	40	60	34	14	<b>171</b>
<b>SRFs</b>	0	3	1	3	0	<b>7</b>
<b>Swimming Pools &amp; Spas</b>	16	3	7	4	5	<b>35</b>
<b>Total</b>	<b>251</b>	<b>207</b>	<b>436</b>	<b>157</b>	<b>45</b>	<b>1,096</b>

## 2.0 Food Safety

### 2.1 Food Premises Inspections

A total of 138 routine inspections of food businesses were undertaken during the reporting period. An additional 139 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total 322 food premises inspections were completed during the reporting period (Table 2).

As shown in Graph 2 there is an increase in the number of routine and follow-up inspections conducted when compared to the reporting period of the previous year.

Graph 2: A two year comparison of the total number of inspections conducted from 1 November 2020 to 31 January 2021.

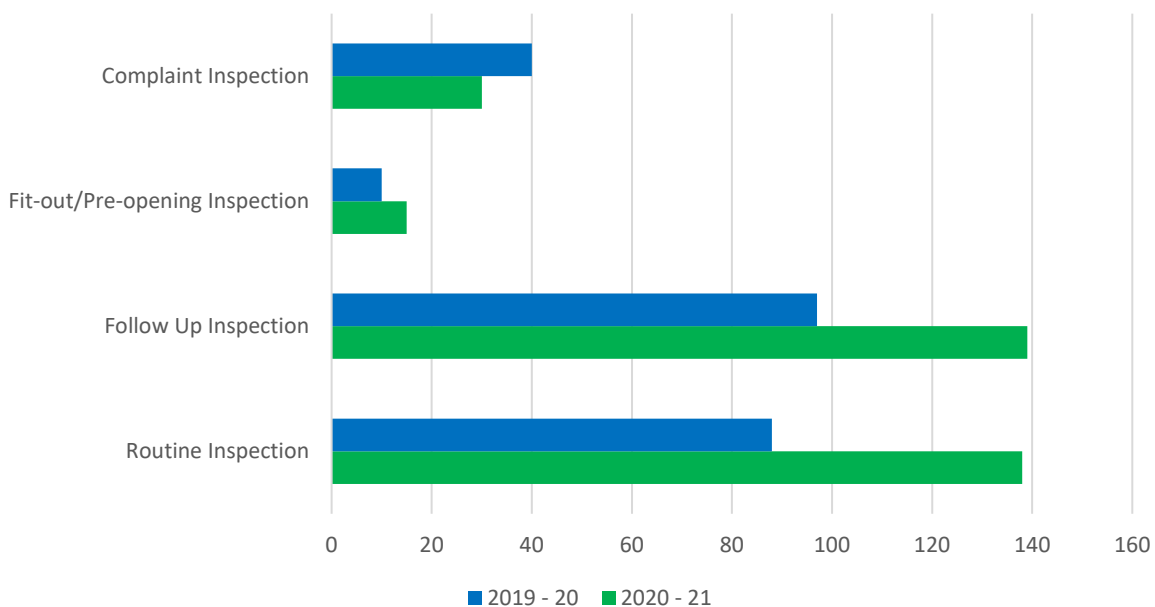


Table 2: Food premises inspections from 1 November 2020 to 31 January 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine Inspection</b>	38	21	56	20	3	<b>138</b>
<b>Follow up Inspection</b>	44	24	46	23	2	<b>139</b>
<b>Fit-out/Pre-opening Inspection</b>	5	2	4	3	1	<b>15</b>
<b>Complaint Inspection</b>	16	3	10	1	0	<b>30</b>
<b>Total</b>	<b>103</b>	<b>50</b>	<b>116</b>	<b>47</b>	<b>6</b>	<b>322</b>

Graph 3 shows that the total number of complaint, fit out and follow-up inspections for the financial year to date is comparable to the previous year. There also was an increase in the number of routine inspections.

Graph 3: A two year comparison of the total number of inspections conducted for the financial-year-date.

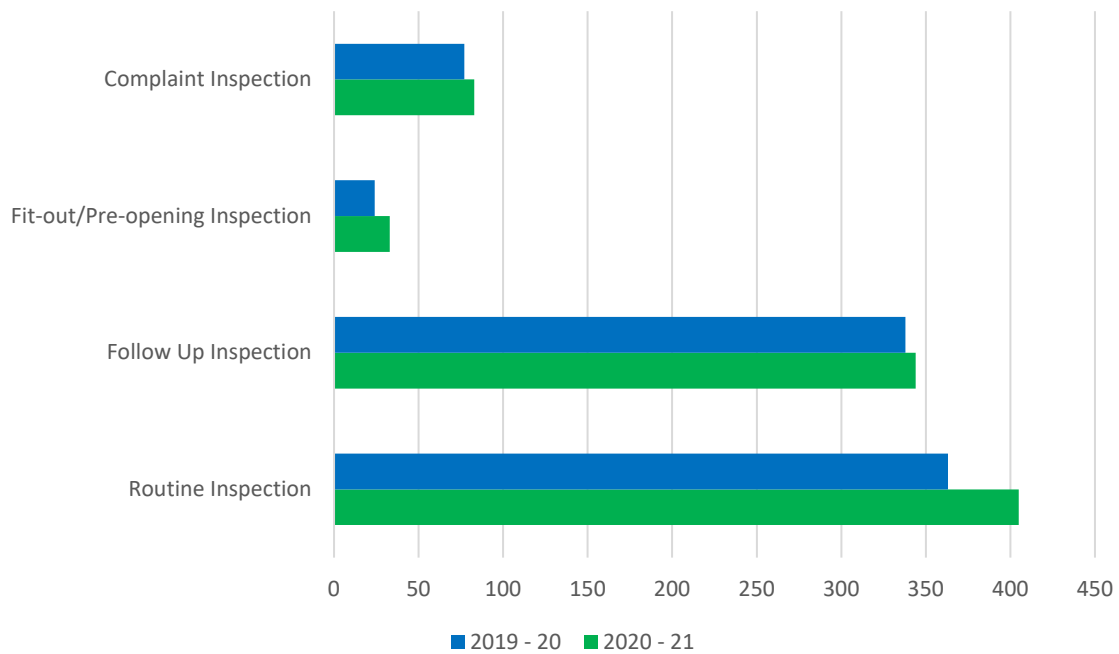


Table 3: Food premises inspections for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine inspection</b>	94	69	182	46	14	<b>405</b>
<b>Follow up inspection</b>	70	67	143	53	11	<b>344</b>
<b>Fit-out/Pre-opening inspection</b>	10	6	10	6	1	<b>33</b>
<b>Complaint inspection</b>	37	12	24	10	0	<b>83</b>
<b>Total</b>	<b>211</b>	<b>154</b>	<b>359</b>	<b>115</b>	<b>26</b>	<b>865</b>

## 2.2 Non-Compliance with Food Safety Standards

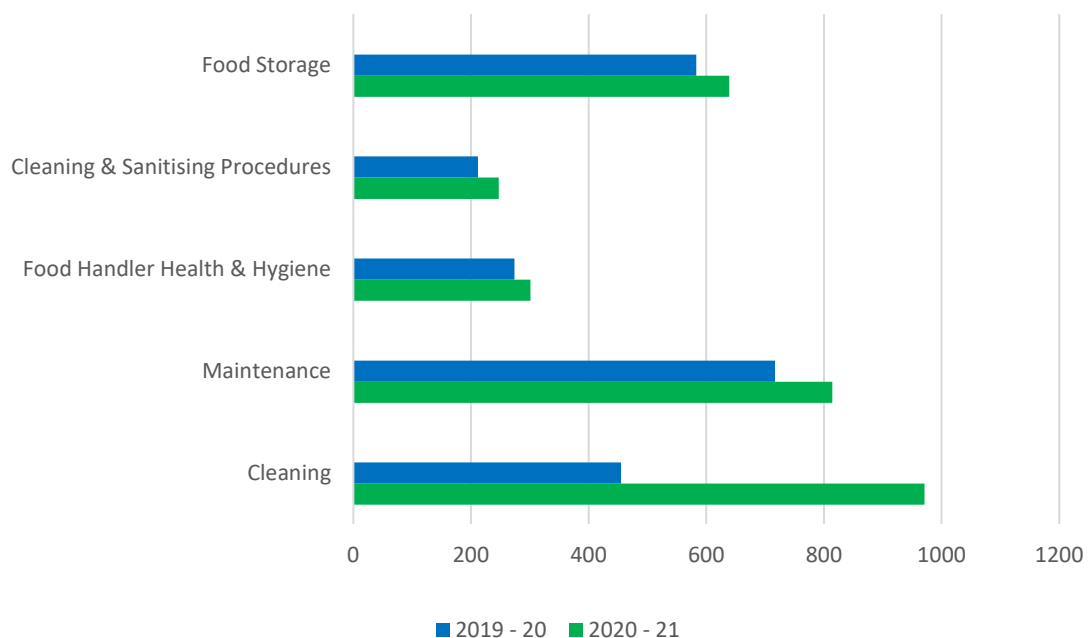
The SA Health Food Safety Rating Scheme Checklist is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 1,263 non-compliances with the Food Safety Standards during the reporting period (Table 4). The majority of non-compliances were minor in nature.

Table 4: The type and number of non-compliances identified at routine inspections from 1 November 2020 to 31 January 2021.

Type of non-compliance	Number of non-compliances
Minor	898
Major	223
Serious	142
<b>Total</b>	<b>1,263</b>

A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date over a two year period (Graph 4).

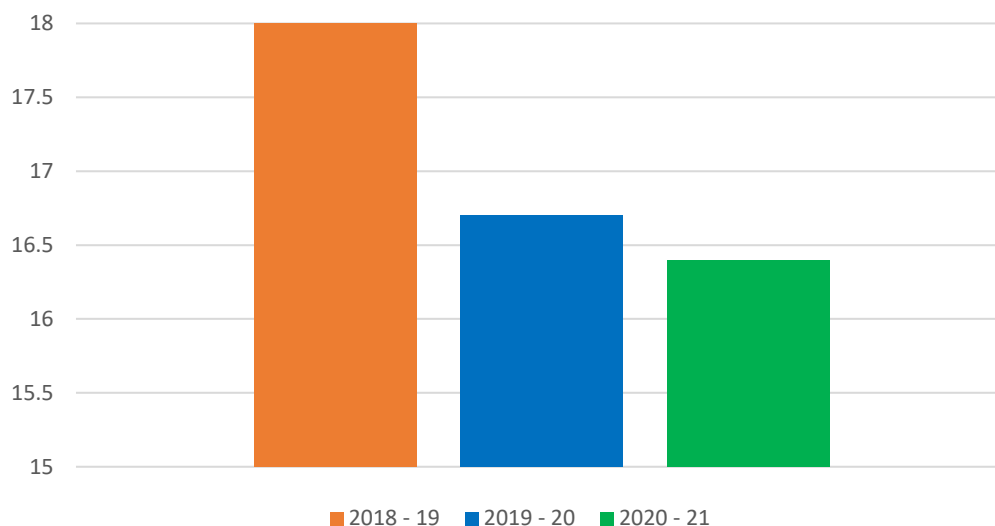
Graph 4: A two year comparison of non-compliances identified at routine inspections during the financial year-to-date.





Despite the number and types of non-compliances observed, the overall routine inspection score continues to decrease (Graph 5). This demonstrates a positive trend of improved compliance from food businesses.

Graph 5: A three year comparison of the average routine inspection score during the financial year-to-date.



### 2.3 Legal Actions for Food Premises

During the reporting Board Report period, 20 Improvement Notices, three Final Warnings and two Prohibition Orders were issued. In addition, two Expiations Notices were issued.

All of the food businesses requiring legal action were P1 high risk businesses with one P3 food business issued an Improvement Notice (Table 7).

Table 5: Legal action taken from 1 November 2020 to 31 January 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Final Warning</b>	2	1	0	0	0	<b>3</b>
<b>Improvement Notice</b>	6	2	7	4	1	<b>20</b>
<b>Expiation Notice</b>	0	0	1	0	1	<b>2</b>
<b>Prohibition Order</b>	0	1	1	0	0	<b>2</b>
<b>Total</b>	<b>8</b>	<b>4</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>27</b>

Table 6: Legal action taken for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Final Warning</b>	2	2	2	1	0	<b>7</b>
<b>Improvement Notice</b>	9	3	19	7	1	<b>39</b>
<b>Expiation Notice</b>	0	0	1	0	1	<b>2</b>
<b>Prohibition Order</b>	0	2	2	1	0	<b>5</b>
<b>Total</b>	<b>11</b>	<b>7</b>	<b>24</b>	<b>9</b>	<b>2</b>	<b>53</b>

Table 7: Legal action taken per food business risk classification from 1 November 2020 to 31 January 2021.

	P1	P2	P3
<b>Final Warning</b>	3	0	0
<b>Improvement Notice</b>	19	0	1
<b>Expiation Notice</b>	2	0	0
<b>Prohibition Order</b>	2	0	0

## 2.4 Food Complaints

For the reporting period 1 November 2020 to 31 January 2021 EHA received 23 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 6 and by respective council area in Table 8.

Alleged food poisoning and poor personal hygiene/food handling practices were the most common type of complaints received and investigated for both the reporting period and financial year to date (Graphs 6 and 7).

There has been a significant decrease in the number of unsuitable/unsafe complaints received during the reporting period and financial year to date when compared to the previous year (Graph 6 and 7).

Graph 6: A two year comparison of food complaints received from 1 November 2020 to 31 January 2021.

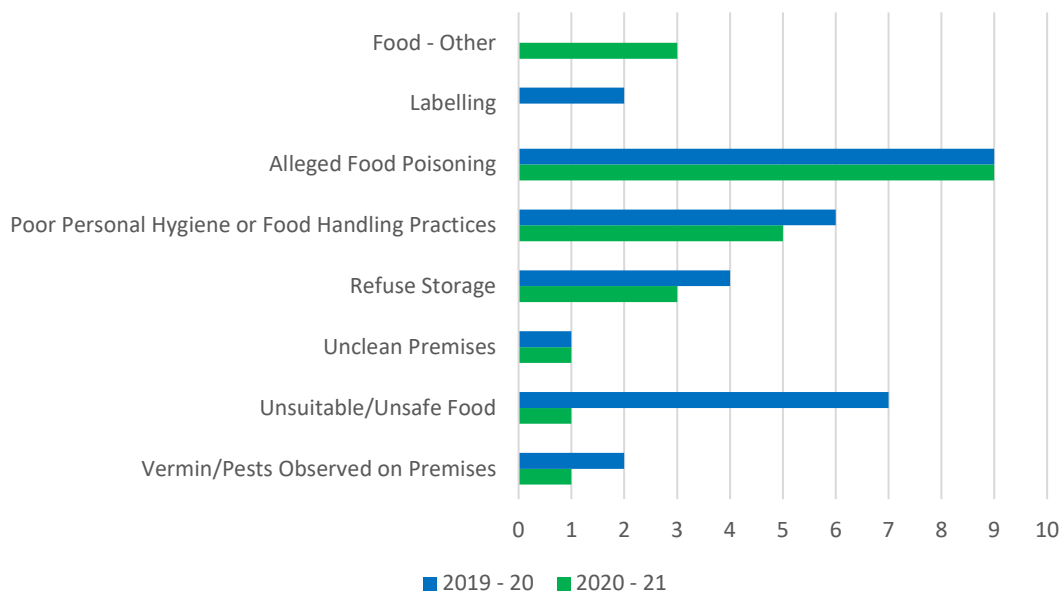


Table 8: Food complaints received by council area from 1 November 2020 to 31 January 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Alleged Food Poisoning</b>	1	3	5	0	0	<b>9</b>
<b>Poor personal hygiene or food handling practices</b>	2	0	2	1	0	<b>5</b>
<b>Refuse Storage</b>	3	0	0	0	0	<b>3</b>
<b>Unclean premises</b>	1	0	0	0	0	<b>1</b>
<b>Unsuitable/unsafe food</b>	1	0	0	0	0	<b>1</b>
<b>Vermin/pests observed on premises</b>	0	1	0	0	0	<b>1</b>
<b>Food - Other</b>	1	1	0	1	0	<b>3</b>
<b>Total</b>	<b>9</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>23</b>

Graph 7: A two year comparison of food complaints received for the financial year-to-date.

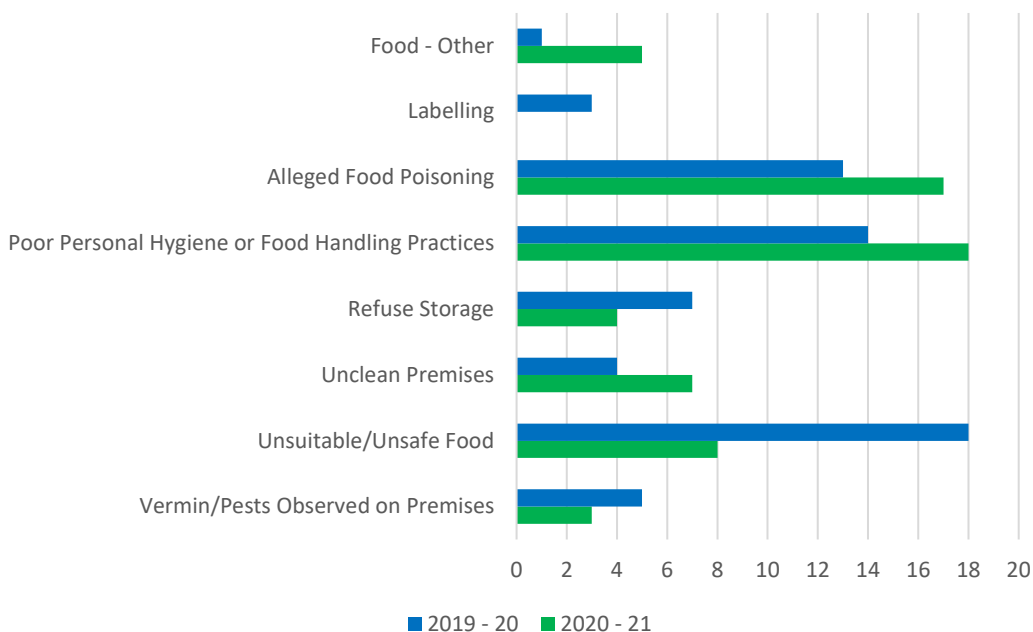


Table 9: Food complaints received by council area for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Alleged Food Poisoning</b>	3	5	9	0	0	<b>17</b>
<b>Poor personal hygiene or food handling practices</b>	7	1	7	3	0	<b>18</b>
<b>Refuse Storage</b>	3	0	1	0	0	<b>4</b>
<b>Unclean premises</b>	4	1	1	1	0	<b>7</b>
<b>Unsuitable/unsafe food</b>	2	4	0	2	0	<b>8</b>
<b>Vermin/pests observed on premises</b>	0	1	1	1	0	<b>3</b>
<b>Food - Other</b>	1	2	0	2	0	<b>5</b>
<b>Total</b>	<b>20</b>	<b>14</b>	<b>19</b>	<b>9</b>	<b>0</b>	<b>62</b>

## 2.5 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 19 businesses within the Constituent Council boundaries and 18 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. No follow-up audits were performed.

Table 10: Food audits completed for the period from 1 November 2020 to 31 January 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
<b>Audits</b>	7	6	5	1	0	18	<b>37</b>
<b>Follow-up audits</b>	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>18</b>	<b>37</b>

Table 11: Food audits completed for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
<b>Audits</b>	11	10	10	6	0	26	<b>63</b>
<b>Follow-up audits</b>	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>11</b>	<b>10</b>	<b>10</b>	<b>6</b>	<b>0</b>	<b>26</b>	<b>63</b>

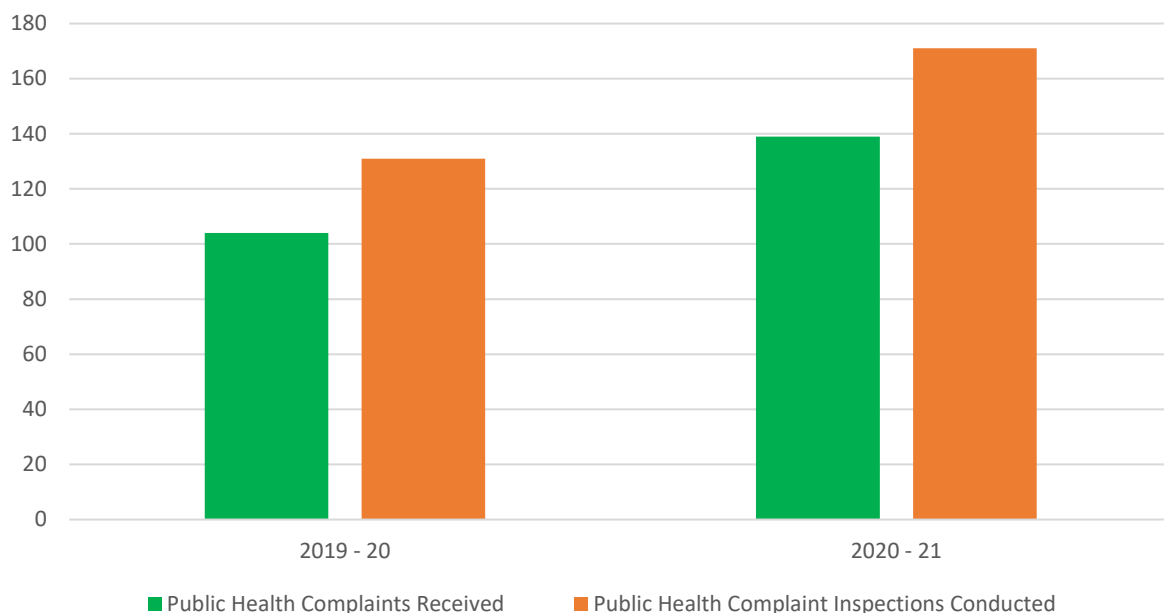
### 3.0 Public Health

#### 3.1 Public Health Complaints

For the reporting period 1 November 2020 to 31 January 2021 there was a total of 68 public and environmental health related complaints received.

As shown in Graph 8 there is a general increasing trend in the total number of complaints and number of inspections undertaken over the past two years. The graph also shows that in there is an average rate of 1.24 inspections required per complaint received over the past two years.

Graph 8: A two year comparison of the public and environmental health complaints received compared to completed inspections for the financial year-to-date.



As shown in Graphs 9 and 10 vector control and sanitation complaints account for the most common type of complaints received and investigated over the past two years. During the current reporting period 60% of complaints related to vector control (Table 12).

Graph 9: A two year comparison of public and environmental health complaints received from 1 November 2020 to 31 January 2021.

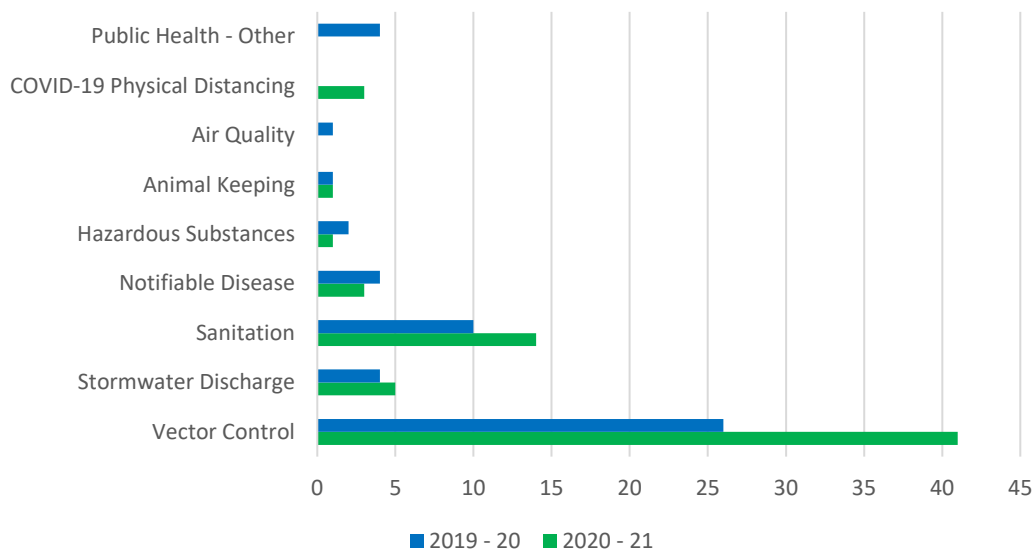


Table 12: Public and environmental health complaints for 1 November 2020 to 31 January 2021 by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Air Quality</b>	0	0	0	0	0	<b>0</b>
<b>Animal Keeping</b>	0	1	0	0	0	<b>1</b>
<b>COVID - 19</b>	0	0	1	1	1	<b>3</b>
<b>Hazardous Substances</b>	1	0	0	0	0	<b>1</b>
<b>Notifiable Disease</b>	1	0	1	1	0	<b>3</b>
<b>Sanitation</b>	3	3	5	3	0	<b>14</b>
<b>Stormwater Discharge</b>	3	0	2	0	0	<b>5</b>
<b>Vector Control</b>	5	15	16	2	3	<b>41</b>
<b>Total</b>	<b>13</b>	<b>19</b>	<b>25</b>	<b>7</b>	<b>4</b>	<b>68</b>

Graph 10: A two year comparison of public and environmental health complaints received for the financial year-to-date.

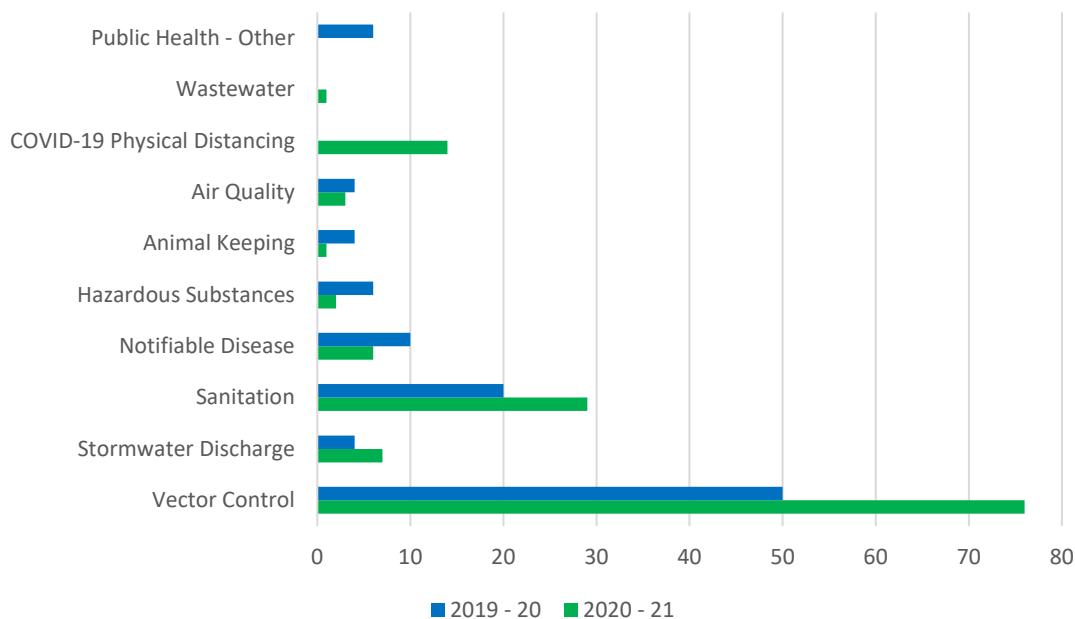


Table 13: Public and environmental health complaints for financial year-to-date by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Air Quality</b>	1	1	1	0	0	<b>3</b>
<b>Animal Keeping</b>	0	1	0	0	0	<b>1</b>
<b>COVID - 19</b>	0	0	9	3	2	<b>14</b>
<b>Hazardous Substances</b>	1	0	1	0	0	<b>2</b>
<b>Notifiable Disease</b>	3	1	1	1	0	<b>6</b>
<b>Sanitation</b>	7	6	9	3	4	<b>29</b>
<b>Stormwater Discharge</b>	4	1	2	0	0	<b>7</b>
<b>Vector Control</b>	8	25	29	9	5	<b>76</b>
<b>Wastewater</b>	1	0	0	0	0	<b>1</b>
<b>Total</b>	<b>25</b>	<b>35</b>	<b>52</b>	<b>16</b>	<b>11</b>	<b>139</b>

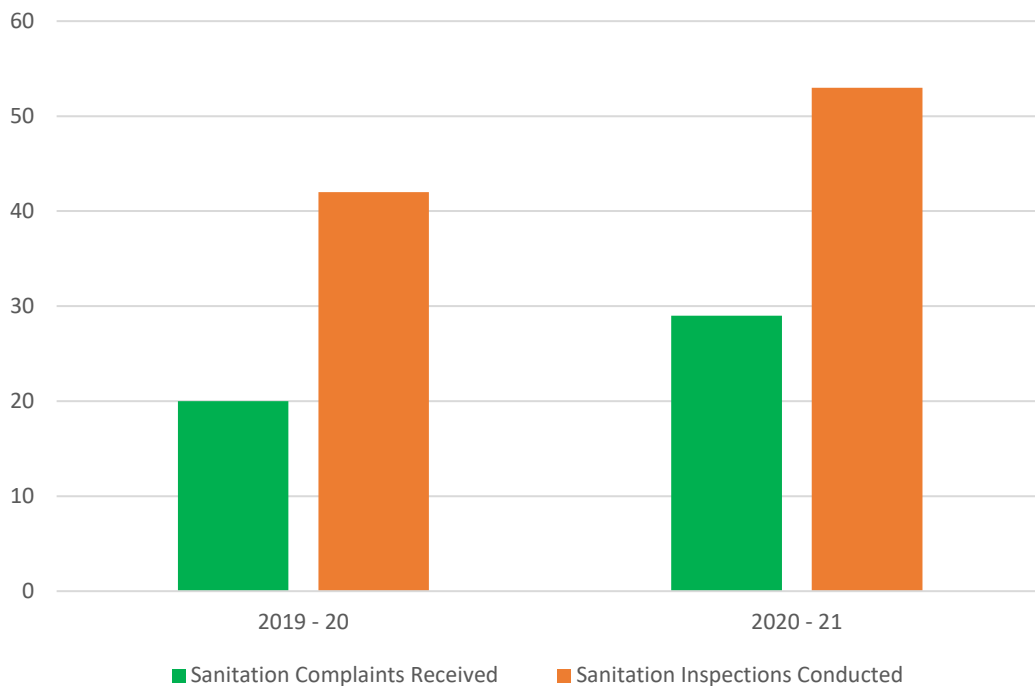


Due to the nature of vector control and sanitation complaints the investigation will often require more than one inspection.

Sanitation complaints are most commonly involve hoarding and squalor. These types of complaints are often complex and have additional underlying issues that require interaction from other agencies. Multiple inspections over an extended period of time are required to enable the complaint to be successfully addressed.

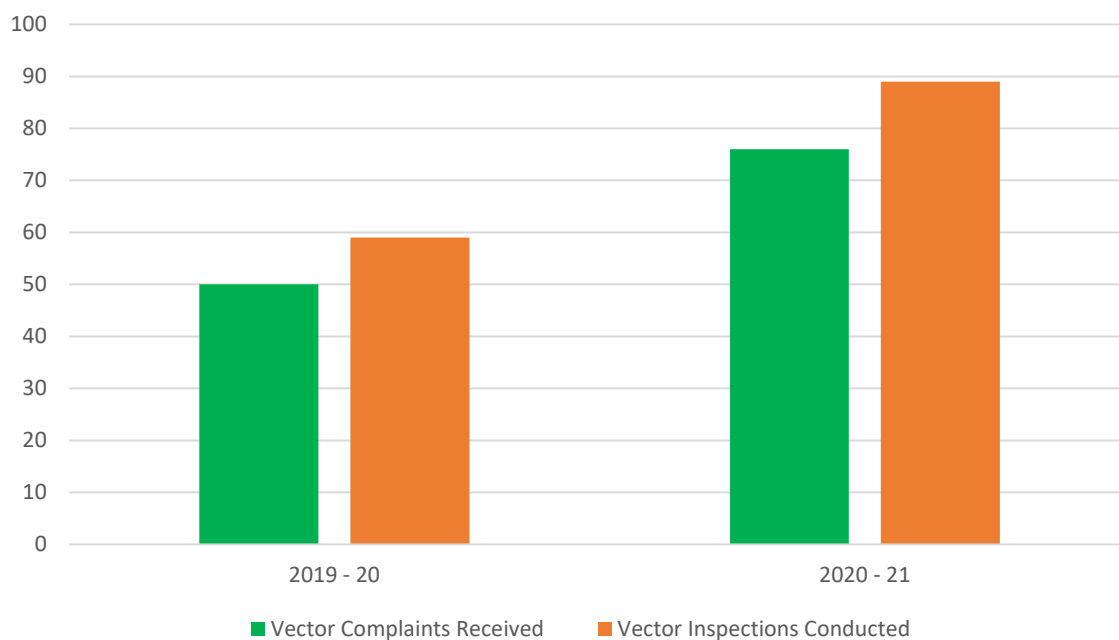
As shown in Graph 11, there is a significantly high proportion of the number of inspections conducted to investigate sanitation complaints over a two-year period. The graph also shows that in there is an average rate of 2.0 inspections required per sanitation complaint received over the past two years.

Graph 11: A two year comparison of sanitation complaints received compared to completed inspections for year-to-date.



As illustrated in Graph 12 a high proportion of vector control complaints relate to vermin activity. The number of vector control complaints and inspections have increased when compared to the previous year. There has been a 25% increase in the number of vector control complaints received and a 50% increase in the number of inspections undertaken (Graph 12).

Graph 12: A two year comparison of vector control complaints received compared to completed inspections for the financial year-to-date.



### 3.2 Cooling Towers & Warm Water Systems

During the reporting period eight cooling tower and warm water system inspections were conducted at seven sites. Two warm water sites returned positive results for *Legionella* sampling. The required decontamination was undertaken in both instances.

No complaints were received during the reporting period.

Table 14: Cooling Tower and Warm Water System Inspections conducted from 1 November 2020 to 31 January 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine inspections</b>	0	5	2	1	0	<b>8</b>
<b>Follow-up inspections</b>	1	0	0	0	0	<b>1</b>
<b>Complaint inspections</b>	0	0	0	0	0	<b>0</b>
<b><i>Legionella</i> Detections during sampling</b>	0	2	0	0	0	<b>2</b>
<b>Enforcement Action</b>	0	2	0	0	0	<b>2</b>
<b>Total</b>	<b>1</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>13</b>

Table 15: Cooling Tower and Warm Water System Inspections for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine inspections</b>	0	5	8	1	0	<b>14</b>
<b>Follow-up inspections</b>	1	0	1	0	0	<b>2</b>
<b>Complaint inspections</b>	0	0	0	0	0	<b>0</b>
<b><i>Legionella</i> Detections during sampling</b>	0	2	0	0	0	<b>2</b>
<b>Enforcement Action</b>	0	2	0	0	0	<b>2</b>
<b>Total</b>	<b>1</b>	<b>9</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>20</b>

### 3.3 Public Swimming Pools and Spas

During the reporting period 14 swimming and spa pool inspections were conducted at nine sites. One pool site received a Compliance Notice un the *SA Public Health Act 2011* and as a result the pool was closed until the necessary actions were addressed.

A further eight follow up inspections were completed at six separate sites.

No complaints were received during the reporting period.

Table 16: Swimming and spa pool inspections conducted between 1 November 2020 to 31 January 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine inspections</b>	8	2	2	2	0	<b>14</b>
<b>Follow-up inspections</b>	4	1	0	2	1	<b>8</b>
<b>Complaint inspections</b>	0	0	0	0	0	<b>0</b>
<b>Enforcement Action</b>	1	0	0	0	0	<b>1</b>
<b>Total</b>	<b>13</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>23</b>

Table 17: Swimming and spa pool inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine inspections</b>	11	2	7	2	3	<b>25</b>
<b>Follow-up inspections</b>	5	1	0	2	2	<b>10</b>
<b>Complaint inspections</b>	0	0	0	0	0	<b>0</b>
<b>Enforcement Action</b>	1	0	0	0	0	<b>1</b>
<b>Total</b>	<b>17</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>36</b>

### 3.4 Personal Care and Body Art

During the reporting period one Personal Care and Body Art premises was inspected.

One complaint was received during the reporting period.

Table 18: Personal Care and Body Art premise inspections conducted between 1 November 2020 to 31 January 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Complaint inspections</b>	0	1	0	0	0	<b>1</b>
<b>Follow-up inspections</b>	0	0	0	0	0	<b>0</b>
<b>Routine inspections</b>	0	1	0	0	0	<b>1</b>
<b>Enforcement Action</b>	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

Table 19: Personal Care and Body Art inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Complaint inspections</b>	0	1	0	0	0	<b>1</b>
<b>Follow-up inspections</b>	0	0	0	0	0	<b>0</b>
<b>Routine inspections</b>	0	1	0	0	0	<b>1</b>
<b>Enforcement Action</b>	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

### 3.5 Wastewater

During the reporting period waste control system applications are assessed in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*.

Two applications were received during the reporting period:

- both applications were for septic and soakage
- one pending decision
- nil refused approval
- no inspections determine progress of approved wastewater works

No complaint investigations undertaken during the reporting period.

### 4.0 Health Care and Community Services - Supported Residential Facilities

For the reporting period 1 November 2020 to 31 January 2021 one pension only facility and three dual licence facilities were licensed by EHA under the *Supported Residential Facilities Act 1992*. The licensing process of these facilities was disrupted this year due to the COVID-19 pandemic. The *COVID-19 Emergency Response Act 2020* prohibited Authorised Officers from entering SRFs for the purpose of audits. Building Fire Safety inspections were not conducted at the three dual-licensed facilities.

As a result of these disruptions, short-term licenses were issued until December 2020 as report to the Board on the 24 June 2020. Audits were conducted at all facilities requiring re-licensing in November 2020. Licensing recommendations were submitted to the CEO for approval on 16 December 2020. These recommendations were approved by the CEO under delegated authority on 17 December 2020. See the below table which details the applicants, duration of licences granted and conditions.

Duration of Licence	Applicant	Conditions
01 January 2021 – 30 June 2022	Palm Gardens Consolidated Pty Ltd	1. Comply with the requirements of Section 71 of the Development Act 1993 in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.
	Bellara Aged Care Village Pty Ltd	1. Comply with the requirements of Section 71 of the Development Act 1993 in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.
	Vailima Gardens Pty Ltd	1. Comply with the requirements of Section 71 of the Development Act 1993 in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.
01 January 2021 – 30 June 2021	MGB Residential Care Pty Ltd	<p>1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition.</p> <p>2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.</p> <p>3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.</p> <p>4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed to ensure, at all times, the proper care and safety of residents.</p> <p>5. Ensure that a copy of any alteration to the prospectus is lodged by the proprietor of the facility with the licensing authority with 14 days after the alteration is brought into effect.</p> <p>6. Comply with the requirements of Section 71 of the Development Act 1993 in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.</p>

*3.1 Audits/ Inspections*

- Four inspections for licensing audits were undertaken.

*3.2 Complaints*

- Two complaints were received for two separate facilities.
- Two complaint investigations were performed including one complaint inspection.

*3.3 Approval of Manager/ Acting Manager*

- There were no manager/acting manager applications or approvals.

*3.4 Licence Transfer*

- There were no licence transfer applications or approvals.

**RECOMMENDATION**

That:

The Environmental Health Activity Report is received.

## 7.2 IMMUNISATION

### 2020 School Immunisation Program (SIP)

For the reporting period 1 November 2020 to 31 December 2020, five school immunisation sessions were completed and a total of 771 vaccines were administered. This saw the completion of the 2020 SIP program for the 61 high schools in EHA's Constituent Council areas.

A total of 10,497 vaccines across 61 school visit sessions have been administered for the school year from January to December 2020.

The table below lists a breakdown of the vaccines administered for each council area in 2020.

Table 1: School Vaccinations for Calendar Year to Date – January 2020 to December 2020

Council	Human Papillovavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	1,212	476	1,059	682	3,429
Campbelltown	902	482	869	459	2,712
NPSP	1,193	547	1,040	555	3,335
Prospect	193	106	196	104	599
Walkerville	141	71	132	78	422
<b>Total</b>	<b>3,641</b>	<b>1,682</b>	<b>3,296</b>	<b>1,878</b>	<b>10,497</b>

There was a decrease of 4,250 (29%) vaccines administered when compared to the same reporting period in 2019 due to the Year 11 catch up program being completed, and Unley schools not included in the SIP program for 2020.

Commencement of the SIP Program for 2021 kicked off in January with the consent forms for schools distributed, completed and returned to EHA for all the necessary checks, follow ups and data input work being completed prior to the commencement of school visits.

A new initiative was introduced in 2020 where school absentees were sent a second follow-up SMS reminder towards the end of the school year. This has seen a large response from parents who have booked their children to have the school vaccinations at our public clinics.

### Workplace Influenza Program

During the reporting period a review of the Workplace Influenza Program website page and booking system was undertaken. Updates and improvements were launched in December 2020.

All previous clients of EHA's workplace program have been contacted to book their workplace visit for 2020. Bookings have started to be made for workplaces from March through June 2021, with approximately 73 confirmed placements already being made to date.

EHA staff are continuing to focus on ongoing promotional opportunities for the program to be expanded prior to the upcoming flu season.

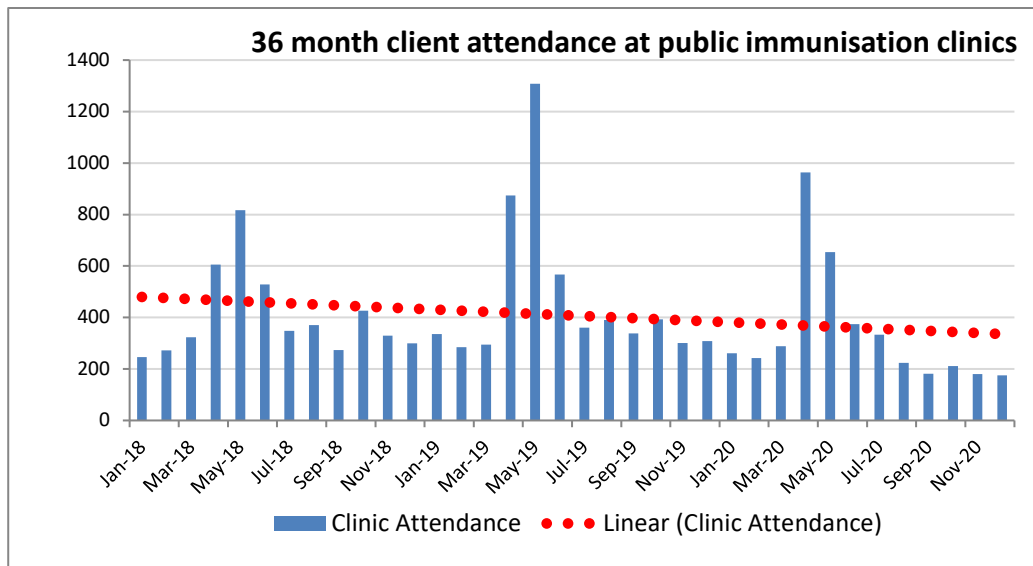


**Public Clinics**

During the period of review 425 clients received 927 vaccines at EHA’s public immunisation clinics. This is a decrease of 230 (-36%) clients and 340 (-27%) vaccines in comparison to the same period in 2019 / 2020.

With ongoing COVID-19 restrictions in place in 2020, EHA continued with appointment-based clinics to ensure all necessary requirements were met. This has prolonged the negative impact on the number of clients that can be serviced when comparing EHA’s clinic numbers during the same review period in 2019 / 2020.

Graph 2: Client Numbers at public clinics – 36-month comparison



All clinics have resumed at our constituent council venues as of 5 January 2021, with a number of drop in clinics being introduced while COVID-19 restrictions are more relaxed. A Saturday drop in clinic will commence at St Peters in late February to cater for parents who find it difficult to come to our weekday clinics.

The revised 2021 public clinic timetable is provided below.

Eastern Health Authority	St Peters					Burnside			Campbelltown			Prospect	
	By Appointment	Walk-in	By Appointment	Walk-in	Flu ONLY Clinics	By Appointment	By Appointment	Flu ONLY Clinic	By Appointment	Walk-in	Flu ONLY Clinic	By Appointment	Flu ONLY Clinic
	Tuesday am 9.15am – 12.15pm	Tuesday pm 4pm – 6.15pm	Thursday am 9.15am – 10pm Thursday pm 1.30pm – 4.15pm	Saturday am 9.30am – 12pm	9/4 9.30 – 12pm (Appt) 9/4 9.30 – 12pm (Walk-in) 20/4 4 – 6.45pm (Appt) 4/5 4 – 6.45pm (Appt)	Monday am 10am – 12.30pm	Monday pm 2.30pm – 4.30pm	Thursday pm 4pm – 6pm	Wednesday am 10am – 12.30pm	Wednesday pm 4pm – 6pm	Wednesday pm 4pm – 6pm	Wednesday am 10am – 12.30pm	Wednesday am 10am – 12.30pm
January	5	19	7, 14, 21, 28			11	25		6	20		13	
February	2	2, 16	4, 11, 18, 25	20		8	22		3	17		10	
March	2	2, 16, 30	4, 11, 18, 25	20		15	29		3	17		10	
April	6	13, 27	1, 8, 15, 22, 29	10	9, 17, 20	19	19	29	7	21	28	14	14
May	4	11, 25	6, 13, 20, 27	15	4	3	17		5	19		12	
June	1	8, 22	3, 10, 17, 24	19		7	21		2	16		9	
July	6	6, 20	1, 8, 15, 22, 29	17		5	19		7	21		14	
August	3	3, 17, 31	5, 12, 19, 26	21		2	16		4	18		11	
September	7	14, 28	2, 9, 16, 23, 30	18		6	20		1	15		8	
October	5	12, 26	7, 14, 21, 28	16		11	25		6	20		13	
November	2	9, 23	4, 11, 18, 25	20		8	22		3	17		10	
December	7, 21	7	2, 9, 16			13	13		1	15		8	

## Promotion

EHA staff continue to focus on the promotion of EHA's immunisation services and with the release of the 2021 Immunisation Program timetable this has provided additional opportunities to do this. The branding initiatives EHA has undertaken include:

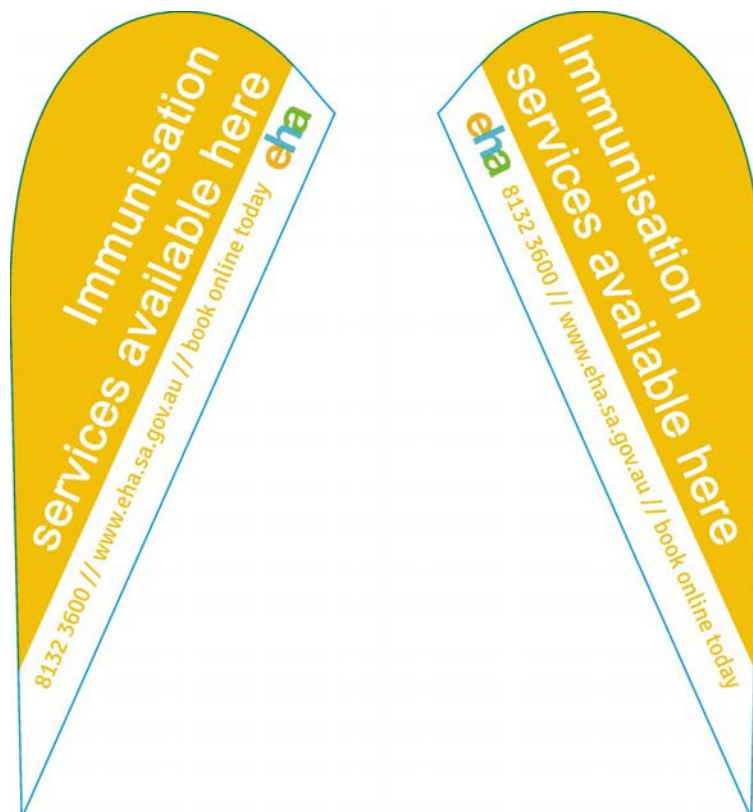
- **1m x 3m vinyl banner**

Currently displayed at the corner of St Peters Street and Payneham Road St Peters. An application has been submitted to Campbelltown council to display at Glynburn Road – at Second Creek opposite Firle Shops, Tranmere. The intention is to circulate the banner to other constituent councils approved locations during the year.



- **Teardrop banners**


Currently displayed at 101 Payneham Road, in front of Town Hall Library complex front door.



- **800mm x 890mm corflute poster/sign**


Applications have been submitted to Campbelltown council to display at Rostrevor Shops – Corner of Montacute Road and Quinn Ave Rostrevor AND Corner of Gorge Road and Sharleen Court Athelstone.

Applications have been submitted to Burnside council to display at/on Depot fence Corner Greenhill Road and Glynburn Road (opposite Feathers Hotel) AND Civic Centre Corner, Corner of Greenhill and Portrush Road Tasmore.



**Vaccinate against Influenza this FLU season**  
*Protect yourself, your loved ones and the health of the community by getting immunised.*  
**Book online [www.eha.sa.gov.au](http://www.eha.sa.gov.au) or ph 8132 3600**

**eha** EASTERN HEALTH AUTHORITY

  
local councils working together to protect the health of the community



***Immunisation saves lives***  
Avoid busy GP waiting rooms and visit one of our Council clinics located conveniently close to local libraries and council facilities.  
**To book online or for more info visit [www.eha.sa.gov.au](http://www.eha.sa.gov.au)**  
*EHA provides free immunisation services to the residents of the Councils shown below..*

**eha** EASTERN HEALTH AUTHORITY

  
local councils working together to protect the health of the community

- **Social media tiles**

Monthly social media posts have been put on Councils Facebook pages promoting immunisation monthly/fortnightly clinics including the return of the Saturday clinic. Along, with the Advertisement for EHA's 2021 influenza workplace program.

A social media tile with a yellow header containing a white plus sign icon. The main title is "Immunisation Clinics" in purple, with the subtitle "For Residents of City of Burnside" in a smaller purple font. The background features a close-up photo of a child's arm being vaccinated. Text in the middle section reads: "Book your next immunisation appointment online at [www.eha.sa.gov.au](http://www.eha.sa.gov.au) or call 8132 3600". The footer includes the EHA logo and logos for the City of Burnside, Campbelltown City Council, and other local councils, with the tagline "Local councils working together to protect the health of the community."

A social media tile with a yellow header containing a white plus sign icon. The main title is "Saturday Walk-In Immunisation Clinic" in purple, with the subtitle "9:30am-12pm Saturday 20 February" in a smaller purple font. The background features a close-up photo of a child's arm being vaccinated. Text in the middle section reads: "EHA Offices 101 Payneham Road, St Peters" and "Visit [www.eha.sa.gov.au](http://www.eha.sa.gov.au) or phone 8132 3600 for more info". Below this, it states "No appointment necessary" and "Free for residents of the below Council areas". The footer includes the EHA logo and logos for the City of Burnside, Campbelltown City Council, and other local councils, with the tagline "Local councils working together to protect the health of the community."



### Additional Marketing and Promotional Ideas

We have also included colouring in sets available at all clinics. Our new Hand sanitiser stations complete with EHA branding and Social distancing floor stickers are a fantastic addition to our clinic set up at all our Constituent Council clinics.

EHA promotional flyer's and specific EHA workplace flu flyers were included with all our Clinic Timetable mail outs in December 2020. EHA's mail out of the 2021 clinic timetable went out to all relevant businesses such as CAFHS, preschools, kindergartens, childcare centres, and other like organisations that promote the availability of council immunisation clinics to their clients.

Staff conducted a highly successful Year 8 immunisation presentation (via electronic means to Charles Campbell College & Glenunga International High School) to parents via school portal and introductory intranet display.

A positive immunisation article which promotes EHA's immunisation services was published in the Adelaide East Herald on 4 February 2021 (see below).

## 2021 FREE IMMUNISATION CALENDAR

by Arj Ganesan

The Eastern Health Authority (EHA) have released their 2021 free immunisation calendar.

The EHA, an organisation supported by Burnside, Campbelltown, Prospect, Norwood and Walkerville councils, provides a range of public health services.

The EHA is one of the largest facilitators of immunisation in South Australia - and offers free immunisa-

tions for a broad range of preventable diseases.

EHA CEO Michael Livori said immunisation and keeping up to date with your vaccinations were incredibly important in maintaining not only your own health but the health of the wider community.

"Immunisation is one of the biggest health successes of the last century," Michael said.

"It is a safe and effective way to

protect our community from harmful, vaccine preventable diseases (VPDs).

"If scheduled vaccine doses are missed or delayed, or overall vaccination coverage rates are diminished, there is a risk of resurgence of some well-controlled VPDs.

"Before vaccination campaigns in the 1960s and 1970s, diseases like tetanus, diphtheria and whooping cough killed thousands of children.

"Today, it is extremely rare to die from these diseases in Australia.

"Outbreaks of VPDs, such as measles or influenza, during the COVID-19 pandemic would put additional strain on our healthcare system."

Vaccinations are free for any resident in these districts as long as they have a current medicare card.

"EHA's service is unique in that residents of its constituent councils

are welcome to attend any one of the four clinic locations

resulting in a choice of more than 15 clinic sessions per month," Michael said.

"EHA provides vaccines recommended for children, adolescents and adults on the National Immunisation Program (NIP) at no cost to people with a current Medicare card.

"EHA provides flu vaccination to the wider public includ-

ing adults and children eligible to receive free flu vaccine under the National Immunisation Program or for a fee to those ineligible."

The EHA has been operating over 30 years and delivers the South Australian School Immunisation Program to 17 high schools.

A copy of the immunisation schedule can be found at

[www.eha.sa.gov.au](http://www.eha.sa.gov.au)

 for your free online edition of the Herald go to [adelaideeastherald.partica.online](http://adelaideeastherald.partica.online)

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The table below provides details of the council of origin of people attending the clinics at the St Peters Library Complex during the reporting period and year to date.

Table 3: Combined Clinic breakdown for November 2020 – January 2021 and Year to date.

The following Table provides details on the numbers of clients in attendance and the vaccines administered at all of the public clinics based on the clients council of origin														
	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		TOTALS	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Nov-Jan	147	295	162	391	163	374	44	90	25	56	14	22	425	927
Year to date	369	775	493	1127	400	886	111	243	80	179	56	108	1509	3318

### RECOMMENDATION

That:

The Immunisation Services Report is received.