



Board of Management

8 September 2021



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY – 8 September 2021

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at Eastern Health Authority Offices, 101 Payneham Road, St Peters on Wednesday 8 September 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 of the Chief Executive Officer.

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY – 8 September 2021

Commencing at 6.30 pm

1	Opening	
2	Apologies	
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9 Correspondence

10 Other Business

11 Closure of meeting

5.1 DRAFT GENERAL PURPOSE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

Author: Michael Livori

Ref: AF21/41

Summary

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

This report presents the General Purpose Financial Reports incorporating the Annual Financial Statements for the year ending 30 June 2021 for adoption by the Board of Management.

Report

The General Purpose Financial Reports for the year ending 30 June 2021 have been prepared in accordance with the Local Government (Financial Management) Regulations 2011, Australian Accounting Standards, and the South Australian Model Financial Statements for 2021. They reflect the operations of EHA between the period 1 July 2020 and 30 June 2021.

A meeting of the Eastern Health Authority Audit Committee (the Committee) was held on 18 August 2021 at which the draft General Purpose Financial Reports for the year ending 30 June 2021 were considered (provided as attachment 1).

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

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

As detailed in the reports, EHA is reporting an Operating Surplus of \$90,365 for 2020-2021 compared to a \$13,401 deficit in 2019-2020.

The external auditors conducted a remote balance date audit and final audit through August 2021. David Francis from Bentleys attended the Audit Committee meeting to discuss his Report of Audit Findings (provided as attachment 2).

The only current year matter raised by the Auditor was in relation to long service leave entitlement calculations of a casual employee (see attachment 2, page 48). There were a number of updates in relation to matters raised at the previous audit in 2020 that are detailed in the Report of Audit Findings which includes management responses.

The committee resolved the following:

That:

1. The Draft General Purpose Financial Statements for the Year ending 30 June 2021 Report is noted.
2. The Committee is satisfied that the 2020/2021 draft statements present fairly the state of affairs of the organisation.
3. The 2020/2021 final audited statements are presented to the Board of Management.
4. The Chair of the Audit Committee is authorised to sign a statement to certify the independence of the external auditors.
5. The Audit Committee receive the revised Report of Audit Findings report out of session for review prior to presentation to the Board of Management.

Differences when comparing 2020 and 2021 Financial Statements

A full comparison of the 2020 and 2021 audited financial results is provided as attachment 2.

Commentary in relation to material differences (where applicable) is provided in the table below.

Statement of Comprehensive Income				
	2020/2021	2019/2020	Variation	Commentary
Income				
Statutory Charges	150,625	72,447	78,178	Increase in food inspection income and expiations issued
User Charges	236,151	330,134	(93,983)	Finalisation of Immunisation contract with City of Unley
Expenses				
Materials, contracts, and other expenses	509,065	594,507	(85,442)	Reduced expenditure on clinic vaccines, IT Licences, and other GL lines.
Finance Costs	48,445	56,305	(7,860)	Change in Finance/Interest proportional application for loan
Net Surplus/(Deficit)	90,365	(13,401)	103,766	

Statement of Financial Position				
	2020/2021	2019/2020	Variation	Commentary
Total Current Assets	971,797	876,960	94,837	Increase in cash and receivables at year end.
Total Non-Current Assets	1,300,714	1,491,511	(190,797)	Decrease due to application of AAASB Standard 16 Leases – value of leased assets
Total Current Liabilities	648,864	727,655	(78,791)	Reduction in outstanding Borrowings
Total Non-Current Liabilities	1,058,403	1,165,937	(107,534)	Reduction in outstanding Borrowings
Net Assets	565,244	474,879	90,365	Income Statement result
Statement of Cash Flows				
Net Cash Provided / (used) by Operating Activities	253,598	180,738	72,860	See Note 7
Net (Decrease) in cash held	61,586	(21,962)	83,548	See Note 7
Cash and cash equivalents at end of period	782,896	721,310	61,586	See Note 7
Statement of Changes in Equity				
Accumulated Surplus Balance at end of Period	565,244	474,879	90,365	Income Statement result
Total Equity Balance at end of Period	565,244	474,879	90,365	Income Statement result

RECOMMENDATION

That:

1. The General Purpose Financial Reports for the Year ending 30 June 2021 report is received.
2. The General Purpose Financial Reports including the Annual Financial Statements for the Year ending 30 June 2021 provided as attachment 1 are received and adopted.
3. The Chair and Chief Executive Officer be authorised to sign the Certification of Financial Statements in relation to the audit for the 2020/2021 year.
4. A copy of the General Purpose Financial Reports including the Annual Financial Statements for the Year ending 30 June 2021 are provided to the Constituent Councils.

Eastern Health Authority
General Purpose Financial Reports
for the year ended 30 June 2021

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EASTERN HEALTH AUTHORITY

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

CERTIFICATION OF FINANCIAL STATEMENTS

We have been authorised by Eastern Health Authority (EHA) to certify the financial statements in their final form. In our opinion:

- the accompanying financial statements comply with the *Local Government Act 1999*, *Local Government (Financial Management) Regulations 2011* and Australian Accounting Standards.
- the financial statements present a true and fair view of EHA's financial position at 30 June 2021 and the results of its operations and cash flows for the financial year.
- internal controls implemented by the Council provide a reasonable assurance that the Council's financial records are complete, accurate and reliable and were effective throughout the financial year.
- the financial statements accurately reflect the Council's accounting and other records.

Michael Livori
CHIEF EXECUTIVE OFFICER

Cr Peter Cornish
CHAIRPERSON
EHA BOARD OF MANAGEMENT

Date:

31/8/21

Eastern Health Authority
Statement of Comprehensive Income
for the year ended 30 June 2021

	Notes	2021 \$	2020 \$
INCOME			
Council contributions	2	1,821,865	1,803,571
Statutory charges	2	150,625	72,447
User charges	2	236,151	330,134
Grants, subsidies and contributions	2	256,514	245,618
Investment income	2	4,901	8,183
Other income	2	4,549	4,031
Total Income		2,474,605	2,463,984
EXPENSES			
Employee costs	3	1,635,933	1,636,215
Materials, contracts & other expenses	3	509,065	594,507
Depreciation, amortisation & impairment	3	190,797	190,358
Finance costs	3	48,445	56,305
Total Expenses		2,384,240	2,477,385
OPERATING SURPLUS / (DEFICIT)		90,365	(13,401)
NET SURPLUS / (DEFICIT) (transferred to Equity Statement)		90,365	(13,401)
Other Comprehensive Income		-	-
Total Other Comprehensive Income		-	-
TOTAL COMPREHENSIVE INCOME		90,365	(13,401)

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

Eastern Health Authority
Statement of Financial Position
as at 30 June 2021

	Notes	2021 \$	2020 \$
ASSETS			
Current Assets			
Cash and cash equivalents	4	782,896	721,310
Trade & other receivables	4	188,901	155,650
Total Current Assets		<u>971,797</u>	<u>876,960</u>
Non-current Assets			
Infrastructure, property, plant & equipment	5	1,300,714	1,491,511
Total Non-current Assets		<u>1,300,714</u>	<u>1,491,511</u>
Total Assets		<u>2,272,511</u>	<u>2,368,471</u>
LIABILITIES			
Current Liabilities			
Trade & other payables	6	163,940	157,719
Borrowings	6	177,021	262,051
Provisions	6	307,903	307,885
Total Current Liabilities		<u>648,864</u>	<u>727,655</u>
Non-current Liabilities			
Borrowings	6	1,036,687	1,143,669
Provisions	6	21,716	22,268
Total Non-current Liabilities		<u>1,058,403</u>	<u>1,165,937</u>
Total Liabilities		<u>1,707,267</u>	<u>1,893,592</u>
NET ASSETS		<u>565,244</u>	<u>474,879</u>
EQUITY			
Accumulated Surplus	Notes	2021 \$	2020 \$
		565,244	474,879
TOTAL EQUITY		<u>565,244</u>	<u>474,879</u>

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

Eastern Health Authority
Statement of Changes in Equity
for the year ended 30 June 2021

		Acc'd Surplus	TOTAL EQUITY
2021	Notes	\$	\$
Balance at end of previous reporting period		474,879	474,879
Net Surplus / (Deficit) for Year		90,365	90,365
Balance at end of period		565,244	565,244
2020	Notes	\$	\$
Balance at end of previous reporting period		488,280	488,280
Net Surplus / (Deficit) for Year		(13,401)	(13,401)
Balance at end of period		474,879	474,879

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

Eastern Health Authority
Statement of Cash Flows
for the year ended 30 June 2021

	Notes	2021 \$	2020 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
<i>Receipts:</i>			
Council Contributions		1,821,865	1,983,928
Statutory charges		150,625	72,447
User charges		227,736	373,345
Investment receipts		5,757	7,234
Grants utilised for operating purposes		256,514	245,618
Other revenues		4,549	4,031
<i>Payments:</i>			
Employee costs		(1,637,628)	(1,645,676)
Materials, contracts & other expenses		(525,832)	(802,416)
Finance payments		(49,988)	(57,773)
Net Cash provided by Operating Activities		253,598	180,738
CASH FLOWS FROM INVESTING ACTIVITIES			
<i>Payments:</i>			
Expenditure on renewal/replacement of assets		-	(24,677)
Net Cash used in Investing Activities		-	(24,677)
CASH FLOWS FROM FINANCING ACTIVITIES			
<i>Payments:</i>			
Repayments of borrowings		(70,732)	(67,488)
Repayment of principal portion of lease liabilities		(121,280)	(110,535)
Net Cash used in Financing Activities		(192,012)	(178,023)
Net Increase (Decrease) in cash held		61,586	(21,962)
Cash & cash equivalents at beginning of period	7	721,310	743,272
Cash & cash equivalents at end of period	7	782,896	721,310

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

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 1 - SIGNIFICANT ACCOUNTING POLICIES

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

1 Basis of Preparation

1.1 Compliance with Australian Accounting Standards

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

The financial report was authorised for issue by certificate under regulation 14 of the Local Government (Financial Management) Regulations 2011.

1.2 Historical Cost Convention

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

1.3 Critical Accounting Estimates

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

1.4 Rounding

All amounts in the financial statements have been rounded to the nearest dollar.

2 The Local Government Reporting Entity

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

3 Income recognition

3.1 Revenue

The Authority recognises revenue under AASB 1058 Income of Not-for-Profit Entities (AASB 1058) or AASB 15 Revenue from Contracts with Customers (AASB 15) when appropriate.

In cases where there is an 'enforceable' contract with a customer with 'sufficiently specific' performance obligations, the transaction is accounted for under AASB 15 where income is recognised when (or as) the performance obligations are satisfied (i.e. when it transfers control of a product or service to a customer). Revenue is measured based on the consideration to which the Authority expects to be entitled in a contract with a customer.

In other cases, AASB 1058 applies when a not-for-profit (NFP) entity enters into transactions where the consideration to acquire an asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives. The excess of the asset recognised (at fair value) over any 'related amounts' is recognised as income immediately, except in the case where a financial asset has been received to enable the Authority to acquire or construct a recognisable non-financial asset that is to be controlled by the Authority. In this case, the Authority recognises the excess as a liability that is recognised over time in profit and loss when (or as) the entity satisfies its obligations under the transfer.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 1 - SIGNIFICANT ACCOUNTING POLICIES

4 Cash, Cash Equivalents and Other Financial Instruments

4.1 Cash, Cash Equivalent Assets

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

5 Property, Plant & Equipment

5.1 Initial Recognition

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

5.2 Materiality

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

5.3 Depreciation of Non-Current Assets

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

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

Major depreciation periods for each class of asset are shown in Note 5.

5.4 Impairment

Assets whose future economic benefits are not dependent on the ability to generate cash flows, and where the future economic benefits would be replaced if Authority were deprived thereof, are not subject to impairment testing.

Other assets that are subject to depreciation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount (which is the higher of the present value of future cash inflows or value in use).

6 Payables

6.1 Goods & Services

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

7 Borrowings

Loans are carried at their principal amounts which represent the present value of future cash flows associated with servicing the debt. Interest is accrued over the period to which it relates and is recorded as part of "Payables". Interest free loans are carried at their nominal amounts; interest revenues foregone by the lender effectively being a reduction of interest expense in the period to which it relates.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 1 - SIGNIFICANT ACCOUNTING POLICIES

8 Provisions

8.1 Employee Benefits

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

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

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

Superannuation:

The Authority makes employer superannuation contributions in respect of its employees to the Statewide Superannuation Scheme. The Scheme has two types of membership, each of which is funded differently. Details of the accounting policies applied and Authority's involvement with the schemes are reported in Note 12.

9 Leases

The Authority assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

Authority as a lessee:

The Authority recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets.

i) Right-of-use assets

The Authority recognises right-of-use assets at the commencement date of the lease. Right-of-use assets are measured at cost, less any accumulated depreciation and impairment losses, and adjusted for any remeasurement of lease liabilities. The cost of right-of-use assets includes the amount of lease liabilities recognised, initial direct costs incurred, lease payments made at or before the commencement date less any lease incentives received and the estimate of costs to be incurred to restore the leased asset.

Right of use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets.

The right-of-use assets are also subject to impairment. Refer to the accounting policies in section 5.4 - Impairment above.

ii) Lease liabilities

At the commencement date of the lease, the Authority recognises lease liabilities measured at the present value of lease payments to be made over the lease term. In calculating the present value of lease payments, the Authority uses its incremental borrowing rate or the interest rate implicit in the lease.

iii) Short-term leases and leases of low-value

The Authority applies the short-term lease recognition exemption to its short-term leases of equipment (i.e., those leases that have a lease term of 12 months or less from the commencement date). It also applies the low-value assets recognition exemption to leases of office equipment that are considered to be low value. Lease payments on short-term leases and leases of low-value assets are recognised as expense on a straight-line basis over the lease term.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 1 - SIGNIFICANT ACCOUNTING POLICIES

10 GST Implications

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

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

11 New and amended standards and interpretations

The Authority applied for the first-time certain standards and amendments, which are effective for annual periods beginning on or after 1 January 2020. New standards and amendments relevant to the Authority are listed below. The Authority has not early adopted any other standard, interpretation or amendment that has been issued but is not yet effective.

Amendments to AASB 101 and AASB 108 Definition of Material:

The amendments provide a new definition of material that states, "information is material if omitting, misstating or obscuring it could reasonably be expected to influence decisions that the primary users of general purpose financial statements make on the basis of those financial statements, which provide financial information about a specific reporting entity." The amendments clarify that materiality will depend on the nature or magnitude of information, either individually or in combination with other information, in the context of the financial statements. A misstatement of information is material if it could reasonably be expected to influence decisions made by the primary users. These amendments had no impact on the financial statements of, nor is there expected to be any future impact to the Authority.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 2 - INCOME

	Notes	2021 \$	2020 \$
COUNCIL CONTRIBUTIONS			
City of Burnside		438,131	437,022
Campbelltown City Council		452,548	426,994
City of Norwood, Payneham & St Peters		586,308	559,954
City of Prospect		210,656	230,650
Town of Walkerville		103,032	102,500
Public Health Plan/Service Review (equal constituent share)		31,190	46,451
		<u>1,821,865</u>	<u>1,803,571</u>
STATUTORY CHARGES			
Inspection Fees: Food		91,852	53,213
Inspection Fees: Legionella		10,665	8,603
SRF Licences		3,255	1,520
Fines / expiation fees		44,853	9,111
		<u>150,625</u>	<u>72,447</u>
USER CHARGES			
Immunisation: Clinic Vaccines		62,086	87,341
Immunisation: Worksite Vaccines		96,879	98,799
Food Auditing		77,186	84,428
City of Unley		-	59,566
		<u>236,151</u>	<u>330,134</u>
INVESTMENT INCOME			
Interest on investments:			
Local Government Finance Authority		4,901	8,183
		<u>4,901</u>	<u>8,183</u>
OTHER INCOME			
Motor Vehicle Reimbursements		3,705	1,627
Sundry		844	2,404
		<u>4,549</u>	<u>4,031</u>
GRANTS, SUBSIDIES, CONTRIBUTIONS			
Other grants, subsidies and contributions			
Immunisation: School Programme		180,024	220,308
Immunisation: ACIR		21,860	25,310
Immunisation: PHN Project		54,630	-
		<u>256,514</u>	<u>245,618</u>

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 3 - EXPENSE

	Notes	2021 \$	2020 \$
EMPLOYEE COSTS			
Salaries and Wages		1,434,514	1,453,727
Employee leave expense		35,942	9,091
Superannuation - defined contribution plan contributions	11	128,218	124,020
Superannuation - defined benefit plan contributions	11	16,100	12,212
Workers' Compensation Insurance		17,050	18,441
Other - Agency staff and Consultant Medical Officer		4,109	18,724
Total Operating Employee Costs		<u>1,635,933</u>	<u>1,636,215</u>
Total Number of Employees		18	15
<i>(Full time equivalent at end of reporting period)</i>			
MATERIALS, CONTRACTS & OTHER EXPENSES			
<u>Prescribed Expenses</u>			
Auditor's Remuneration			
- Auditing the financial reports		8,000	7,494
Bad and Doubtful Debts		-	1,227
Governance expenses		4,158	11,144
Lease Expenses - short term leases	10	3,769	6,000
Subtotal - Prescribed Expenses		<u>15,927</u>	<u>25,865</u>
<u>Other Materials, Contracts & Expenses</u>			
Accounting		8,848	5,473
Contractors		26,065	26,466
Energy		9,066	10,808
Fringe benefits tax		14,272	12,447
Human Resources		7,573	18,983
Income protection		18,355	24,177
Insurance		29,245	28,817
IT licencing & support		119,736	161,608
Legal Expenses		28,646	13,605
Motor vehicle expenses		15,399	14,250
Parts, accessories & consumables		143,529	181,373
Printing & stationery		21,155	15,088
Staff training		6,924	6,843
Sundry		24,149	21,889
Telephone		14,414	18,923
Work health & safety consultancy		5,761	7,892
Subtotal - Other Materials, Contracts & Expenses		<u>493,138</u>	<u>568,642</u>
		<u>509,065</u>	<u>594,507</u>

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 3 - EXPENSE cont.

		2021	2020
	Notes	\$	\$
DEPRECIATION, AMORTISATION & IMPAIRMENT			
Depreciation			
Buildings & Other Structures		23,642	23,642
Office Equipment, Furniture & Fittings		15,877	20,271
Right of Use Assets	10	151,278	146,445
		<u>190,797</u>	<u>190,358</u>
FINANCE COSTS			
Interest on Loans		6,332	9,650
Interest on Leases		42,113	46,655
		<u>48,445</u>	<u>56,305</u>

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 4 - CURRENT ASSETS

	Notes	2021 \$	2020 \$
CASH & EQUIVALENT ASSETS			
Cash on Hand and at Bank		405,770	168,947
Deposits at Call		<u>377,126</u>	<u>552,363</u>
		<u>782,896</u>	<u>721,310</u>
TRADE & OTHER RECEIVABLES			
Accrued Revenues		93	949
Debtors - general		163,116	154,701
Prepayments		<u>25,692</u>	<u>-</u>
Total		<u>188,901</u>	<u>155,650</u>
Less: Allowance for Doubtful Debts		<u>-</u>	<u>-</u>
		<u>188,901</u>	<u>155,650</u>

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 5 - PROPERTY, PLANT & EQUIPMENT (PP&E)

	2020				2021			
	\$				\$			
Fair Value Level	Fair Value	Cost	Acc' Dep'n	Carrying Amount	Fair Value	Cost	Acc' Dep'n	Carrying Amount
Buildings & Other Structures	-	472,846	(211,970)	260,876	-	472,846	(235,612)	237,234
Office Equipment, Furniture & Fittings	-	264,186	(220,106)	44,080	-	264,186	(235,983)	28,203
Right of Use Assets	-	1,333,000	(146,445)	1,186,555	-	1,333,000	(297,723)	1,035,277
Total PP&E	-	2,070,032	(578,521)	1,491,511	-	2,070,032	(769,318)	1,300,714
Comparatives		712,355	(388,163)	324,192	-	2,070,032	(578,521)	1,491,511

This Note continues on the following pages.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 5 - PROPERTY, PLANT & EQUIPMENT

	2020	Carrying amount movement during year					2021	
	\$	Net Adjust AASB 16	Additions		Disposals	Dep'n	Impair't	Carrying Amount
	Carrying Amount		New / Upgrade	Renewals				
Buildings & Other Structures	260,876	-	-	-	(23,642)	-	237,234	
Office Equipment, Furniture & Fittings	44,080	-	-	-	(15,877)	-	28,203	
Right of Use Assets	1,186,555	-	-	-	(151,278)	-	1,035,277	
Total PP&E	1,491,511	-	-	-	(190,797)	-	1,300,714	
Comparatives	324,192	1,333,000		24,677		(190,358)	1,491,511	

This note continues on the following pages.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 6 - LIABILITIES

	Notes	2021		2020	
		Current	Non-current	Current	Non-current
TRADE & OTHER PAYABLES					
Goods & Services		122,323		108,316	
Accrued expenses - employee entitlements		38,575		39,736	
Accrued expenses - other		2,451		3,994	
GST Payable		591		5,673	
		163,940	-	157,719	-
BORROWINGS					
Loans		74,132	38,391	70,732	112,523
Leases Liabilities	10	102,889	998,296	191,319	1,031,146
		177,021	1,036,687	262,051	1,143,669
<i>All interest bearing liabilities are secured over the future revenues of the Authority.</i>					
PROVISIONS					
Employee entitlements (including oncosts)		307,903	21,716	307,885	22,268
		307,903	21,716	307,885	22,268

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 7 - RECONCILIATION TO CASH FLOW STATEMENT

(a) Reconciliation of Cash

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

	Notes	2021	2020
		\$	\$
Total cash & equivalent assets	4	<u>782,896</u>	<u>721,310</u>
Balances per Cash Flow Statement		<u>782,896</u>	<u>721,310</u>

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

Net Surplus (Deficit)		90,365	(13,401)
Non-cash items in Income Statement			
Depreciation, amortisation & impairment		190,797	190,358
Net increase (decrease) in unpaid employee benefits		<u>(1,695)</u>	<u>(9,461)</u>
		279,467	167,496
Add (Less): Changes in Net Current Assets			
Net (increase) decrease in receivables		(33,251)	12,550
Net increase (decrease) in trade & other payables		<u>7,382</u>	<u>692</u>
Net Cash provided by operations		<u>253,598</u>	<u>180,738</u>

(c) Financing Arrangements

Unrestricted access was available at balance date to the following lines of credit:

Corporate Credit Cards	5,000	5,000
------------------------	--------------	-------

The bank overdraft facilities may be drawn at any time and may be terminated by the bank without notice.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 8 - FINANCIAL INSTRUMENTS

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

Accounting Policies - Recognised Financial Instruments

Bank, Deposits at Call, Short Term Deposits	<p>Accounting Policy: initially recognised at fair value and subsequently measured at amortised cost, interest is recognised when earned</p> <p>Terms & conditions: Deposits are returning fixed interest rates 0.30% (2020: 0.45%).</p> <p>Carrying amount: approximates fair value due to the short term to maturity.</p>
Receivables - Fees & other charges	<p>Accounting Policy: initially recognised at fair value and subsequently measured at amortised cost. An impairment provision is recognised using the expected credit loss method</p> <p>Terms & conditions: Unsecured, and do not bear interest. Although Authority is not materially exposed to any individual debtor, credit risk exposure is concentrated within the Authority's boundaries.</p> <p>Carrying amount: approximates fair value (after deduction of any allowance).</p>
Receivables - other levels of government	<p>Accounting Policy: initially recognised at fair value and subsequently measured at amortised cost. An impairment provision is recognised using the expected credit loss method.</p> <p>Terms & conditions: Amounts due have been calculated in accordance with the terms and conditions of the respective programs following advice of approvals, and do not bear interest. All amounts are due by Departments and Agencies of State and Federal Governments.</p> <p>Carrying amount: approximates fair value.</p>
Liabilities - Creditors and Accruals	<p>Accounting Policy: Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Authority.</p> <p>Terms & conditions: Liabilities are normally settled on 30 day terms.</p> <p>Carrying amount: approximates fair value.</p>
Liabilities - Interest Bearing Borrowings	<p>Accounting Policy: initially recognised at fair value and subsequently at amortised cost, interest is charged as an expense using the effective interest rate</p> <p>Terms & conditions: secured over future revenues, borrowings are repayable; interest is charged at fixed rates between 4.75% (2020: 4% and 5%)</p> <p>Carrying amount: approximates fair value.</p>
Liabilities - Finance Leases	<p>Accounting Policy: accounted for in accordance with AASB 16 as stated in note 10</p>

Eastern Health Authority

**Notes to and forming part of the Financial Statements
for the year ended 30 June 2021**

Note 8 - FINANCIAL INSTRUMENTS (cont.)

Liquidity Analysis

2021	Due < 1 year	Due > 1 year ≤ 5 years	Due > 5 years	Total Contractual Cash Flows	Carrying Values
<u>Financial Assets</u>	\$	\$	\$	\$	\$
Cash & Equivalents	782,896			782,896	782,896
Receivables	163,209	-	-	163,209	163,209
Total	946,105	-	-	946,105	946,105
<u>Financial Liabilities</u>					
Payables	122,914	-	-	122,914	122,914
Current Borrowings	74,132	-	-	74,132	74,132
Lease Liabilities	102,889	330,236	668,060	1,101,185	1,101,185
Non-Current Borrowings	-	38,391	-	38,391	38,391
Total	299,935	368,627	668,060	1,336,622	1,336,622
2020	Due < 1 year	Due > 1 year; ≤ 5 years	Due > 5 years	Total Contractual Cash Flows	Carrying Values
<u>Financial Assets</u>	\$	\$	\$	\$	\$
Cash & Equivalents	721,310			721,310	721,310
Receivables	155,650	-	-	155,650	155,650
Total	876,960	-	-	876,960	876,960
<u>Financial Liabilities</u>					
Payables	157,719	-	-	157,719	157,719
Current Borrowings	70,732	-	-	70,732	70,732
Lease Liabilities	121,280	386,361	714,824	1,222,465	1,222,465
Non-Current Borrowings	-	112,523	-	112,523	112,523
Total	349,731	498,884	714,824	1,563,439	1,563,439

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

	30 June 2021		30 June 2020	
	Weighted Average Interest Rate	Carrying Value	Weighted Average Interest Rate	Carrying Value
	%	\$	%	\$
Fixed Interest Rates	4.75	122,523	4.75	183,255
		<u>122,523</u>		<u>183,255</u>

**Eastern Health Authority
Notes to and forming part of the Financial Statements**

for the year ended 30 June 2021**Note 8 - FINANCIAL INSTRUMENTS (cont.)****Net Fair Value**

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

Risk Exposures:

Credit Risk represents the loss that would be recognised if counterparties fail to perform as contracted. The maximum credit risk on financial assets of the Authority is the carrying amount, net of any impairment. All Authority investments are made with the SA Local Government Finance Authority and are guaranteed by the SA Government. Except as detailed in Notes 5 & 6 in relation to individual classes of receivables, exposure is concentrated within the Authority's boundaries, and there is no material exposure to any individual debtor.

Market Risk is the risk that fair values of financial assets will fluctuate as a result of changes in market prices. All of Authority's financial assets are denominated in Australian dollars and are not traded on any market, and hence neither market risk nor currency risk apply.

Liquidity Risk is the risk that Authority will encounter difficulty in meeting obligations with financial liabilities. In accordance with the model Treasury Management Policy (LGA Information Paper 15), liabilities have a range of maturity dates. Authority also has available a range of bank overdraft and standby borrowing facilities that it can access.

Interest Rate Risk is the risk that future cash flows will fluctuate because of changes in market interest rates. Authority has a balance of both fixed and variable interest rate borrowings and investments. Cash flow fluctuations are managed holistically in seeking to minimise interest costs over the longer term in a risk averse manner.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 9 - UNIFORM PRESENTATION OF FINANCES

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

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

The arrangements ensure that all Authorities provide a common 'core' of financial information, which enables meaningful comparisons of each Authority's finances

	2021	2020
	\$	\$
Income	2,474,605	2,463,984
Expenses	<u>(2,384,240)</u>	<u>(2,477,385)</u>
Operating Surplus / (Deficit)	90,365	(13,401)
 Net Outlays on Existing Assets		
Capital Expenditure on renewal and replacement of Existing Assets	-	(24,677)
Add back Depreciation, Amortisation and Impairment	190,797	190,358
	190,797	165,681
 Net Lending / (Borrowing) for Financial Year	 <u>281,162</u>	 <u>152,280</u>

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 10 - LEASES

Authority as a Lessee

Right of Use Asset

Set out below are the carrying amounts (written down value) of right of use assets recognised within Property, Plant & Equipment

Carrying Value	Building & Structures	Motor Vehicles	Total
At 1 July 2020	1,104,000	82,555	1,186,555
Depreciation Charge	(96,000)	(55,278)	(151,278)
At 30 June 2021	1,008,000	27,277	1,035,277

Set out below are the carrying amounts of lease liabilities (including under interest bearing loans and borrowings) and the movements during the period:

	2021	2020
Opening Balance	1,222,465	1,333,000
Payments	(191,319)	(110,535)
Closing Balance	1,031,146	1,222,465
Current	102,889	191,319
Non Current	998,296	1,031,146

The maturity analysis of lease liabilities is included in note 8

The following are amounts recognised on profit or loss:

Depreciation expense right of use asset	151,278	146,445
Interest expense on lease liabilities	42,113	46,655
Expenses relating to short term leases	3,769	6,000
Total amount recognised in profit and loss	197,160	199,100

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 11 – SUPERANNUATION

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

Accumulation only Members

Accumulation only members receive both employer and employee contributions on a progressive basis. Employer contributions are based on a fixed percentage of ordinary time earnings in accordance with superannuation guarantee legislation (9.50% in 2019-20; 9.50% in 2020-21). No further liability accrues to the Authority as the superannuation benefits accruing to employees are represented by their share of the net assets of the Fund.

Salarylink (Defined Benefit Fund) Members

Salarylink is a defined benefit scheme where the benefit payable is based on a formula determined by the member's contribution rate, number of years and level of contribution and final average salary. Authority makes employer contributions to Salarylink as determined by the Fund's Trustee based on advice from the appointed Actuary. The rate is currently 6.3% (6.3% in 2019-20) of "superannuation" salary.

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

The Salarylink section is a multi-employer sponsored plan. As the Salarylink section's assets and liabilities are pooled and are not allocated by each employer, and employees may transfer to another employer within the local government sector and retain membership of the Fund, the Actuary is unable to allocate benefit liabilities, assets and costs between employers. As provided by AASB 119.34(a), Authority does not use defined benefit accounting for these contributions.

The most recent actuarial investigation was conducted by the Fund's actuary, Louise Campbell, FIAA, of Willie Towers Watson as at 30 June 2020. The Trustee has determined that the current funding arrangements are adequate for the expected Salarylink liabilities. However, future financial and economic circumstances may require changes to Authority's contribution rates at some future time.

Contributions to Other Superannuation Schemes

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

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 12 - CONTINGENT ASSETS AND CONTINGENT LIABILITIES

There are no contingencies, asset or liabilities not recognised in the financial statements for the year ended 30 June 2021.

Note 13 – EVENTS OCCURRING AFTER REPORTING DATE

There are no events subsequent to 30 June 2021 that need to be disclosed in the financial statements.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2021

Note 14 - RELATED PARTY DISCLOSURES

KEY MANAGEMENT PERSONNEL

The Key Management Personnel of EHA include the Chairperson, Board Members, CEO and certain prescribed officers under section 112 of the Local Government Act 1999. In all, the Key Management Personnel were paid the following total compensation:

	2021	2020
	\$	\$
Salaries, allowances & other short term benefits	180,314	182,847
TOTAL	180,314	182,847

Amounts received from Related Parties during the financial year:

	2021	2020
	\$	\$
City of Burnside	438,131	437,022
Campbelltown City Council	452,548	426,994
City of Norwood, Payneham & St Peters	586,308	559,954
City of Prospect	210,656	230,650
Town of Walkerville	103,032	102,500
Public Health Plan/Service Review (equal constituent share)	31,190	46,451
TOTAL	1,821,865	1,803,571

Amounts paid to Related Parties during the financial year:

	2021	2020
	\$	\$
City of Norwood, Payneham & St Peters	108,739	106,978
TOTAL	108,739	106,978

Description of Services provided to all related parties above:

Assist the Constituent Councils to meet their legislative responsibilities in accordance with the SA Public Health Act 2011, the Food Act 2001 (SA), the Supported Residential Facilities Act 1992 (SA), the Expiation of Offences Act 1996 (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; Take action to preserve, protect and promote public and environmental health within the area of the Constituent Councils.



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2021, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

A handwritten signature in black ink, appearing to read 'Michael Livori', written over a horizontal dotted line.

Michael Livori
CHIEF EXECUTIVE OFFICER

A handwritten signature in black ink, appearing to read 'Claudia Goldsmith', written over a horizontal dotted line.

Claudia Goldsmith
**PRESIDING MEMBER
AUDIT COMMITTEE**

Date: 31 August 2021



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2021, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

.....
Chris Cowley
**CHIEF EXECUTIVE OFFICER
CITY OF BURNSIDE**

Date: 12 August 2021



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of the Eastern Health Authority for the year ended 30 June 2021, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

A handwritten signature in blue ink, appearing to read 'Mario Barone', is written over a horizontal dotted line.

Mario Barone PSM
CHIEF EXECUTIVE OFFICER
CITY OF NORWOOD PAYNEHAM & ST PETERS

Date: 12. 08. 2021.



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2021, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

A handwritten signature in blue ink, appearing to read 'Paul Di Iulio', is written over a horizontal dotted line.

Paul Di Iulio
**CHIEF EXECUTIVE OFFICER
CAMPBELLTOWN CITY COUNCIL**

Date: **27.7.21**



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2021, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

Alison Hancock
**ACTING CHIEF EXECUTIVE OFFICER
CITY OF PROSPECT**

Date:

5/8/21.



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2021, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

A handwritten signature in black ink, appearing to read 'Kiki Cristol', is written over a horizontal dotted line.

Kiki Cristol

**CHIEF EXECUTIVE OFFICER
CORPORATION OF THE TOWN OF WALKERVILLE**

Date: 3 August 2021



Bentleys SA Audit Partnership

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Adelaide SA 5000

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Adelaide SA 5001

ABN 43 877 091 903

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F +61 8 8372 7999

admin@adel.bentleys.com.au
bentleys.com.au

Certification of Auditor Independence

I confirm that, for the audit of the financial statements of Eastern Health Authority Inc for the year ended 30 June 2021, I have maintained my independence in accordance with the requirements of APES 110 – Code of Ethics for Professional Accountants, Section 290, published by the Accounting Professional and Ethical Standards Board, in accordance with the Local Government Act 1999 and the Local Government (Financial Management) Regulations 2011 made under that Act.

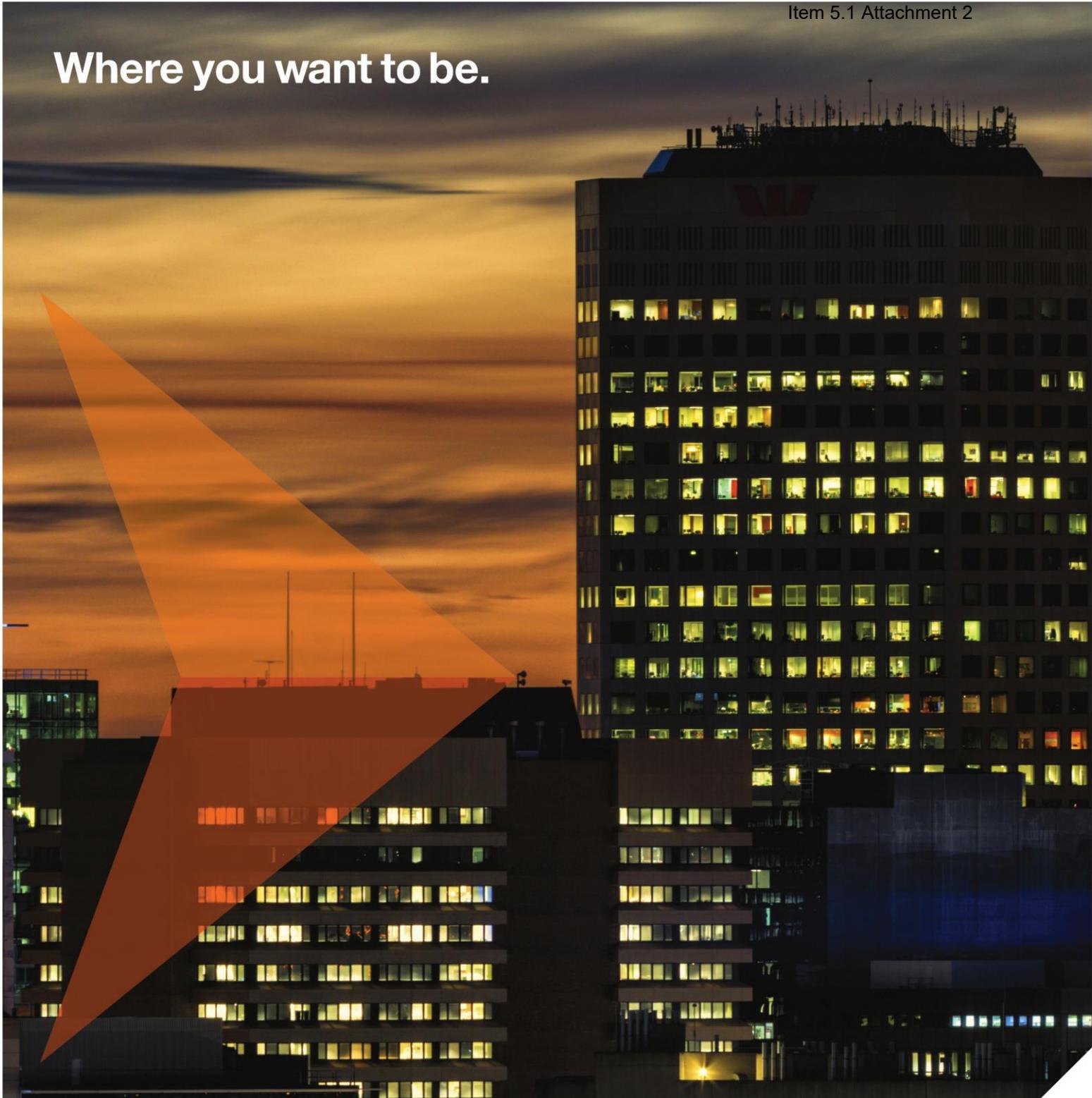
This statement is prepared in accordance with the requirements of Regulation 22 (5) Local Government (Financial Management) Regulations 2011.

Bentleys SA Audit Partnership

David Francis
Partner

Dated at Adelaide this 31st day of August 2021

Where you want to be.



August 2021

Eastern Health Authority

Report of Audit Findings

David Francis, Partner
Level 5, 63 Pirie St, Adelaide SA 5000
Telephone +61 8 8372 7900
dfrancis@adel.bentleys.com.au | bentleys.com.au

 Advisors  Accountants  Auditors

Executive summary

We are providing our report on the audit of Eastern Health Authority for the year ended 30/06/2021.

Dear Board of Management

We have conducted our financial audit of Eastern Health Authority for the year ended 30/06/2021 and report to management and those charged with governance the following matters for information purposes and for consideration of implementation or corrective action.

At the conclusion of our testing, using the information obtained we determined if there were any material matters or concerns that would impact the decision-making ability of the users of the financial report.

The following matters are reported to management:

Current Year Matters:

- Long service leave entitlements

Update on prior year matters:

1. Provision for Doubtful Debts
2. Credit account balances in receivables
3. Contract of employment
4. High level of annual leave accrued

We intend to issue an unmodified audit opinion over the financial report of Eastern Health Authority.

We would like to take this opportunity to thank management and staff for the assistance provided to us during the course of our audit.

Sincerely,



David Francis
Partner,
+61 8 8372 7900
dfrancis@adel.bentleys.com.au

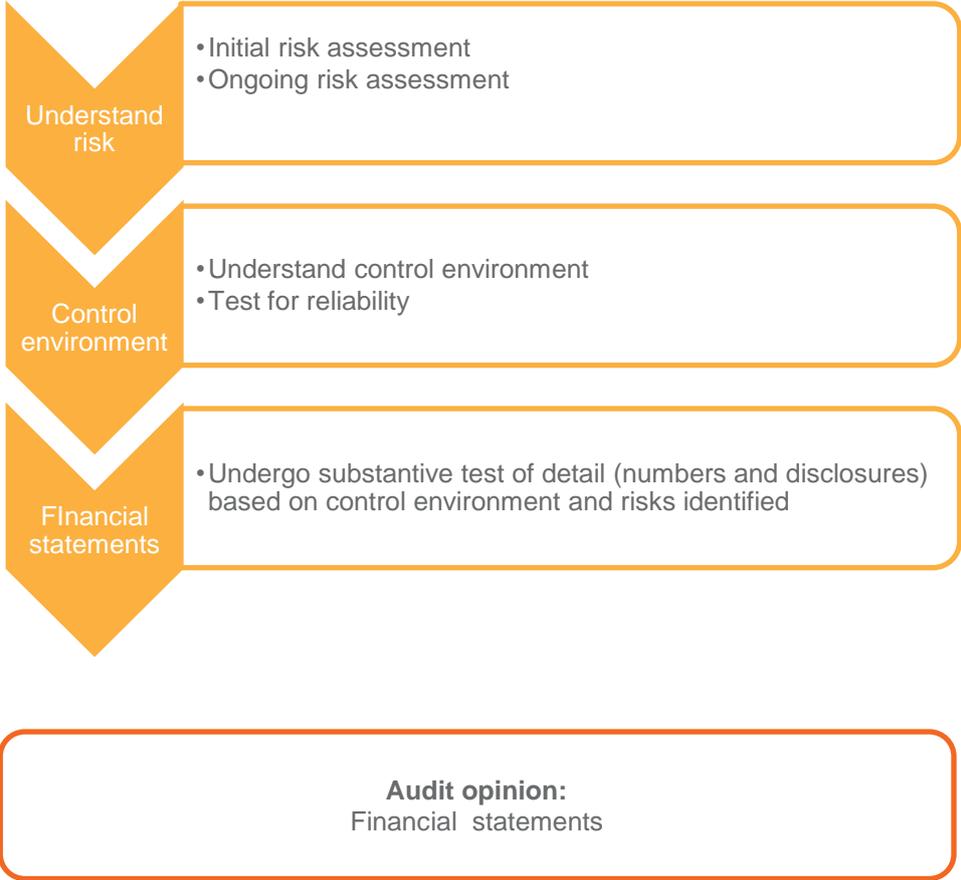


Audit approach

Helping businesses achieve their goals and aspirations.

Bentleys SA's audit approach is based on organisational and financial risk. We develop an understanding of risks for your organisation that relate to the financial statements based on our understanding of your people, your organisation and your sector. This understanding helps us build an audit program that is tailored to you each year and enables us to form an opinion on your financial statements through a target "risk based" approach. The benefits of this approach are:

- Audit efficiency
- Increased organisational assurance
- A review of your control environment
- Timely and effective audits



Identified audit risks

As your auditor, our requirement to identify risk commences at the planning phase of our audit and continues throughout the audit process until complete and the audit report is signed. Below we have detailed identified risks relating to the financial statements.

Risk identified at planning

Area

Provision for doubtful debts

Risk

Management's provision for doubtful debts assessment may not comply with the requirements of AASB 9.

Audit Approach

We reviewed the aged receivables summary as of 30 June 2021 and performed an assessment of management's debtor analysis.

Outcome

Refer to page 6 of this report.



Financial statement matters for the year

We bring the following financial statement matters to your attention in relation to your financial statements.

Current year matter

Long service leave (LSL) entitlement of casual employee

Observation

We noted an instance where a long-term casual employee is not included in the LSL provision calculation.

The estimated LSL provision is \$5,706 as at 30th June 2021. No further adjustment is made as this did not have a material impact on the financial statements.

Requirement

Under the South Australian Long Service Leave Act 1987 (the Act), casual employees are entitled to long service leave. The payment for a period of leave is based on the ordinary hours worked per week or the average weekly hours over the previous 3 years of service.

Recommendation

We recommend that management conduct a review of LSL entitlement for casual employees and provide/accrue LSL to ensure compliance with the above requirement.

Management response

EHA will conduct a review of LSL entitlements for casual employees and provide the accrual LSL calculation to ensure compliance under the South Australian Long Service Leave Act 1987



Status of prior points raised

Prior Year Issue 1

1. Provision for doubtful debts (2020)

Prior year Observation

The receivable balance as at 30 June 2020 includes long overdue accounts totalling \$22,160. Majority of these accounts relate to fines which are now being administered by the Fines and Recovery Unit who provides service to issuing authorities across South Australia in the recovery of debts owed on expiation notices issued. Some balances have been outstanding since 2012. There is no provision for doubtful debts balance to recognise the possible non-recovery of these long outstanding balances.

Current Year follow-up

We reviewed the aged receivables summary and management's debtor analysis report as at 30 June 2021 and noted the following:

- Debtor balances of \$2,390 have been identified by management as potential write-off items as they relate to closed businesses. No provision for doubtful debts was made as at 30 June 2021.
 - Debtor balances of \$51,239 relate to outstanding expiation notices that are currently either being followed-up by the Fines Recovery Unit (FRU) or EHA. Management advised that expiations are not considered doubtful accounts until advised by FRU, hence no provision is made.
-

Requirement

Under the accounting standard (AASB 9), management is required to assess provision for doubtful debts based on analysis of historical credit losses within a specific debtor category. The new impairment model under this new accounting standard allows entities to calculate credit losses on trade receivables using a provision matrix which is a current and forward-looking estimate.

Audit Comments

Management have improved their documentation on the status of aged debtors since last year's audit and we have accepted management's assertion that the majority of the debtor balance will be recovered, in time.

Our experience with other Local Government entities is that they base their estimate of provision for doubtful debts on the likelihood of recovery, which is usually a factor of the age and type of the debt itself, rather than who is charged with collecting it. Debts are only written off when FRU confirms the amount is no longer collectible.

We, again recommend that management review the historical data of collectability (especially with debtors referred to the FRU) so that an estimate can be made as to what provision for doubtful debts should be recognised to comply with accounting standards (AASB 9).



Status of prior points raised

Management response

EHA has reviewed the current doubtful debts policy (03 June 2021) and is in the process of implementing the necessary changes to ensure requirements are being met under AASB 9 pending advice from the auditor.

EHA is committed to providing an analysis breakdown of the 2 separate areas of our bad and doubtful debt.

1. Bad and doubtful debt sitting with the Fines Recovery Unit.
2. EHA food inspection, workplace immunisation and adhoc bad and doubtful debt.

This statistical analysis will look at all outstanding debt that is considered unrecoverable, highlighting any trends that present over this time. This data will assist us in predicting the future provision required to report for bad and doubtful debts at financial end 30 June 2022.



Status of prior points raised

Prior Year Issue 2

Credit account balances in Receivables (2020)

Prior Year Observation

The MYOB debtor reconciliation report as at 30 June 2020 includes account balances in credit totalling \$6,409. Majority of this balance had long been outstanding with some credit balances dating back as far as 2010.

Current Year follow-up

The MYOB debtor reconciliation report as at 30 June 2021 includes account balances in credit totalling \$6,069 (2020: \$6,409)

Recommendation

We reiterate our prior year recommendation that management investigate credit balances regularly as part of its periodic review of debtors to ensure they are actioned on a timely basis.

Management response

A review of all historical credit balances was undertaken through 20/21, with timely attention taken to ensure no new credits on accounts are being accumulated through this new accounting period.

As reported to the auditors through this investigation the following findings have been identified:

- Approximately \$4,000 are a processing error that was recorded incorrectly on receipt into customer accounts. These are not to be credited and are being systematically worked through and reversed once confirmed.
 - The balance remaining confirmed to be valid overpayments are being applied to current invoices as they are being raised. Note to be mentioned; some clients are invoiced yearly and therefore these credits will remain until new invoices are generated.
 - In the event where we have some customers who we are no longer able to be contacted and therefore accounts will need to be closed, after such a time where all avenues to contact clients have been exhausted we will seek clarification from the auditors as to how they would like these credits to be dealt with / finalised.
-



Status of prior points raised

Prior Year Issue 3

Contract of employment (2020)

Prior year observation

We noted an instance when an employee was remunerated at 0.8 FTE however, we were not able to obtain the employee's updated employment contract to support the FTE hours. The only available employment contract was dated April 2008 when the employee previously worked at 0.6 FTE.

Current Year follow-up

We understand that all agreements were reviewed during the year and legal advice obtained that there is no requirement to re-issue employment contracts. The specific employment contract referred to last year remains outstanding due to a current review of staffing levels.

Recommendation

We recommend that employment contracts be regularly reviewed and updated when circumstances or legislation changes.

Management response

Noted



Status of prior points raised

Prior year Issue 4

High level of annual leave accrued (2020)

Prior year observation

There were 2 employees who each had accrued annual leave of more than 370 hours (approximately 10 weeks) as at 30 June 2020.

Current year follow-up

As at 30 June 2021:

- One employee with annual leave of more than 400 hours (approximately 11 weeks)
 - Three employees with annual leave of more than 200 hours (approximately 5-6 weeks)
-

Recommendation

We suggest that management consider the current leave backlog and consider implementing a plan to reduce the outstanding balances over a defined period. Although this may be difficult in the short term due to pandemic, we suggest that consideration be given to this matter over the medium to longer term.

The maintenance of low accrued leave entitlements will allow the Authority to better manage its commitments and cash flow.

Management response

Staff with high level accruals did take additional weeks off leave through the past year over our quieter periods November – February. However, in the current pandemic it is not possible for these staff members to take their planned 6-8 weeks annual leave to travel due to restrictions. EHA will continue to work with these employees to take additional leave over quieter periods where possible whilst considering operational continuity.



Matters for those charged with governance

Fraud

Whilst fraud is not the primary consideration when conducting an external audit, we have not identified any fraud as a result of our audit.

We believe it is important for management to continually consider and assess the control environment of the entity to identify areas where fraud can occur and ensure that those opportunities are removed and or monitored to reduce the risk and impact of fraud.

Legal compliance

Through our audit procedures we have not become aware of any non-compliance with applicable laws and regulations.

Financial reporting and accounting policies

We believe the accounting policies elected for EHA are reasonable and their application provides sufficient information for use of the decision makers.

Going concern

As part of our assessment, we considered the appropriateness of the going concern assumption concluded by EHA and management. Our procedures indicate that this assumption is fair and that the going concern convention is appropriate.

Cooperation with management

The management team has been helpful and cooperative throughout the conduct of this year's audit.



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EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME COMPARISON OF AUDITED RESULTS TO PREVIOUS YEARS RESULTS FOR THE YEAR ENDING 30 JUNE 2021				
	AUDITED RESULT 2020/2021	ACTUAL 2019/2020	Variation from 2019/2020	Variation from 2019/2020
INCOME			\$	%
Council Contributions	1,790,675	1,757,120	33,555	1.9%
Public Health Plan / Service Review Contributions	31,190	46,451	(15,261)	-48.9%
Statutory Charges	150,625	72,447	78,178	51.9%
User Charges	236,151	330,134	(93,983)	-39.8%
Grants, subsidies and contributions	256,514	245,618	10,896	4.2%
Investment Income	4,901	8,183	(3,282)	-67.0%
Other Income	4,549	4,031	518	11.4%
TOTAL INCOME	2,474,605	2,463,984	10,621	0.4%
EXPENSES				
Employee Costs	1,635,933	1,636,215	(282)	0.0%
Materials, contracts and other expenses	509,065	594,507	(85,442)	-16.8%
Finance Charges	48,445	56,305	(7,860)	-16.2%
Depreciation	190,797	190,358	439	0.2%
TOTAL EXPENSES	2,384,240	2,477,385	(93,145)	-3.9%
Operating Surplus/(Deficit)	90,365	(13,401)	103,766	
Net gain (loss) on disposal of assets	-	-		
Net Surplus/(Deficit)	90,365	(13,401)	103,766	
Total Comprehensive Income	90,365	(13,401)	103,766	

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS				
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET				
FOR THE YEAR ENDING 30 JUNE 2021				
	ADOPTED BUDGET 2020/2021	AUDITED RESULTS 2019/2020	Variation from 2019/2020	Variation from 2019/2020
			\$	%
CASHFLOWS FROM OPERATING ACTIVITIES				
Receipts				
Council Contributions	1,830,674	1,983,928	(162,063)	-8.9%
Fees & other charges	180,500	72,447	78,178	51.9%
User Charges	272,000	373,345	(145,609)	-63.9%
Investment Receipts	15,000	7,234	(1,477)	-25.7%
Grants utilised for operating purposes	252,000	245,618	10,896	4.2%
Other	7,000	4,031	518	11.4%
Payments				
Employee costs	(1,762,000)	(1,645,676)	8,048	-0.5%
Materials, contracts & other expenses	(737,300)	(802,416)	276,584	
Finance Payments	(7,874)	(57,773)	7,785	-15.6%
Net Cash Provided/(Used) by Operating Activities	50,000	180,738	72,860	
CASH FLOWS FROM FINANCING ACTIVITIES				
Loans Received	-	-	-	
Repayment of Borrowings	(69,090)	(67,488)	(3,244)	4.6%
Repayment of Finance Lease Liabilities	-	(110,535)		
Net Cash Provided/(Used) by Financing Activities	(69,090)	(178,023)	(3,244)	0
CASH FLOWS FROM INVESTING ACTIVITIES				
Receipts				
Sale of Replaced Assets	-	-	-	
Payments				
Expenditure on renewal / replacements of assets	-	(24,677)	24,677	
Expenditure on new / upgraded assets	-	-	-	
Net Cash Provided/(Used) by Investing Activities	-	(24,677)	24,677	
NET INCREASE (DECREASE) IN CASH HELD	(19,090)	(21,962)	83,548	
CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	667,784	743,272	(21,962)	
CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	648,694	721,310	61,586	

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION				
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET				
FOR THE YEAR ENDING 30 JUNE 2021				
	ADOPTED BUDGET 2020/2021	AUDITED RESULTS 2019/2020	Variation from 2019/2020	Variation from 2019/2020
CURRENT ASSETS		-	\$	%
Cash and Cash Equivalents	648,694	721,310	61,586	7.9%
Trade & Other Receivables	122,329	155,650	33,251	17.6%
TOTAL CURRENT ASSETS	771,023	876,960	94,837	9.8%
NON-CURRENT ASSETS		-		
Infrastructure, property, plant and equipment	254,192	1,491,511	(190,797)	-14.7%
TOTAL NON-CURRENT ASSETS	254,192	1,491,511	(190,797)	-14.7%
TOTAL ASSETS	1,025,215	2,368,471	(95,960)	-4.2%
CURRENT LIABILITIES		-		
Trade & Other Payables	197,380	157,719	6,221	3.8%
Provisions	325,421	307,885	18	0.0%
Borrowings	67,488	262,051	(85,030)	-48.0%
TOTAL CURRENT LIABILITIES	590,289	727,655	(78,791)	-12.1%
NON-CURRENT LIABILITIES		-		
Provisions	38,690	22,268	(552)	-2.5%
Borrowings	46,677	1,143,669	(106,982)	-10.3%
TOTAL NON-CURRENT LIABILITIES	85,367	1,165,937	(107,534)	-10.2%
TOTAL LIABILITIES	675,656	1,893,592	(186,325)	-10.9%
NET CURRENT ASSETS/(CURRENT LIABILITIES)	180,734	149,305	173,628	53.8%
NET ASSETS	349,559	474,879	90,365	16.0%
EQUITY		-		
Accumulated Surplus/(Deficit)	349,559	474,879	90,365	16.0%
TOTAL EQUITY	349,559	474,879	90,365	16.0%

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY				
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET				
FOR THE YEAR ENDING 30 JUNE 2021				
	ADOPTED BUDGET 2020/2021	AUDITED RESULTS 2019/2020	Variation from 2019/2020	Variation from 2019/2020
ACCUMULATED SURPLUS		-	\$	
Balance at beginning of period	349,559	488,280	(13,401)	
Net Surplus/(Deficit)	-	(13,401)	103,766	
Distribution to Constituent Councils	-	-	-	
BALANCE AT END OF PERIOD	349,559	474,879	90,365	
TOTAL EQUITY		-	\$	
Balance at beginning of period	349,559	488,280	(13,401)	0.0%
Net Surplus/(Deficit)	-	(13,401)	103,766	0.0%
Distribution to Constituent Councils	-	-	-	0.0%
BALANCE AT END OF PERIOD	349,559	474,879	90,365	

5.2 REPORT ON FINANCIAL RESULTS FOR THE YEAR ENDED 30 JUNE 2021

Author: Michael Livori

Ref: AF19/143

Summary

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

Report

The required comparison has been completed and is provided as attachment 1 to this report. Commentary in relation to the comparison is detailed below.

The EHA Audit Committee considered the information in this report at its meeting of 18 August 2021.

Statement of Comprehensive Income

- Total Operating Income was \$74,569 (-2.9%) less than budgeted.
- Total Operating Expenditure was \$183,302 (-7.8%) less than budgeted.
- More detail in relation to income and expenditure variations is provided later in the report (see Funding Statement section of report).
- The operating result estimate was a surplus of \$90,365 compared to a budgeted result of a \$20,000 deficit.
- The operating result is an improvement of \$110,635 on the budgeted result.

Statement of Cash Flow

- Cash and Cash Equivalents (C&CE) at the End of Reporting Period was \$782,896.
- C&CE were \$128,676 more than the budgeted estimate.

Statement of Financial Position

- Total Assets are \$2,272,511.
- A significant proportion of the recorded assets is due to the application of AAASB Standard 16 Leases which requires the estimated value of leases to be treated as an asset (Equipment) on Balance Sheet. EHA has a long-term rental lease for its office

facility in the St Peters library Complex and a number of short-term motor vehicle leases (value of leases – see Note 10).

- Total liabilities are \$1,707,267
- A significant proportion of the recorded liabilities are due to the application of AAASB Standard 16 Leases which requires the estimated costs of maintaining leases to be treated as a liability (Borrowings) on Balance Sheet. EHA has a long-term rental lease for its office facility in the St Peters library Complex and a number of short-term motor vehicle leases (value of leases - see Note 10)

Total Equity is \$565,244 which is \$110,365 more than the budgeted estimate.

Statement of Changes in Equity

The net surplus was \$110,365 more (favourable) than the budgeted estimate.

Total Equity at the end of the reporting period is \$565,244, a \$110,365 improvement on the adopted budget estimate.

Eastern Health Authority Funding Statement 2020/2021

EHA's Funding Statement 2020/2021 provides more detailed information in relation to individual budget line performance against both the Original and Revised budget. The Funding Statement is provided as attachment 2.

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

Income Variations		
Budget Line	Variation	Reason
Food Inspection Fees	(\$30,148)	Less than Budget – note 38.6K higher than previous year
Fines	(\$5,147)	Less than Budget – note 35.7K higher than previous year
Non-funded vaccines	(\$17,914)	Reduction in sale of fee vaccines at Public Clinics
Worksite Immunisation	(\$13,121)	Reduced numbers provided than budgeted
Child Immunisation register	(\$10,140)	Less contribution received for 0-5 years of age
Interest	(\$10,099)	Reduced interest rates on cash holdings

The variation in relation to total actual income received as compared to budgeted income is **(\$74,569)** or **-2.9%** (Actual \$2,474,605 / Budgeted \$2,549,174).

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

Expenditure Variations		
Budget Line	Variation	Reason
Total Employee Costs	(\$126,067)	Adjustment in staffing, staff on long term leave, time in replacing staff
Total IT Licensing and Support	(\$5,264)	Reduced licensing costs
Total Administration	(\$47,492)	Reduced in costs for Governance/Health Promotion/Staff Training and Human Resources – Increase in costs for Legal Matters

The variation in relation to total expenditure as compared to budgeted expenditure is **(\$184,934)** or **-7.2%** (Actual \$2,384,240/ Budgeted \$2,569,174).

The Net Operating Result was a surplus of \$90,365. The budgeted operating result estimate was a deficit of \$20,000. The result was an improvement of \$110,365.

RECOMMENDATION

That:

The report on Financial Results for the Year Ending 30 June 2021 is received.

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME								
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET								
FOR THE YEAR ENDING 30 JUNE 2021								
	ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2020/2021	AUDITED RESULT 2020/2021	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET
							\$	%
INCOME								
Council Contributions	1,790,674	-	-	-	1,790,674	1,790,675	-	0.0%
Public Health Plan / Service Review Contributions	40,000	(8,000)	-	-	32,000	31,190	(810)	-2.5%
Statutory Charges	180,500	-	-	-	180,500	150,625	(29,875)	-16.6%
User Charges	272,000	-	-	-	272,000	236,151	(35,849)	-13.2%
Grants, subsidies and contributions	252,000	-	-	-	252,000	256,514	4,514	1.8%
Investment Income	15,000	-	-	-	15,000	4,901	(10,099)	-67.3%
Other Income	7,000	-	-	-	7,000	4,549	(2,451)	-35.0%
TOTAL INCOME	2,557,174	(8,000)	-	-	2,549,174	2,474,605	(74,570)	-2.9%
EXPENSES								
Employee Costs	1,762,000	-	-	-	1,762,000	1,635,933	(126,067)	-7%
Materials, contracts and other expenses	737,300	(171,000)	-	-	566,300	509,065	(57,235)	-10%
Finance Charges	7,874	40,000	-	-	47,874	48,445	571	1%
Depreciation	50,000	143,000	-	-	193,000	190,797	(2,203)	-1%
TOTAL EXPENSES	2,557,174	12,000	-	-	2,569,174	2,384,240	(184,934)	-7.2%
Operating Surplus/(Deficit)	-	(20,000)	-	-	(20,000)	90,365	110,365	
Net gain (loss) on disposal of assets	-	-	-	-	-	-	-	
Net Surplus/(Deficit)	-	(20,000)	-	-	(20,000)	90,365	110,365	
Total Comprehensive Income	-	(20,000)	-	-	(20,000)	90,365	110,365	

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION								
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET								
FOR THE YEAR ENDING 30 JUNE 2021								
	ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2020/2021	AUDITED RESULT 2020/2021	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET
CURRENT ASSETS							\$	%
Cash and Cash Equivalents	648,694	45,526	-	-	694,220	782,896	88,676	13%
Trade & Other Receivables	122,329	33,321	-	-	155,650	188,901	33,251	21%
TOTAL CURRENT ASSETS	771,023	78,847	-	-	849,870	971,797	121,927	14%
NON-CURRENT ASSETS								
Infrastructure, property, plant and equipment	254,192	1,195,319	-	-	1,449,511	1,300,714	(148,797)	-10%
TOTAL NON-CURRENT ASSETS	254,192	1,195,319	-	-	1,449,511	1,300,714	(148,797)	-10%
TOTAL ASSETS	1,025,215	1,274,166	-	-	2,299,381	2,272,511	(26,870)	4%
CURRENT LIABILITIES								
Trade & Other Payables	197,380	(39,661)	-	-	157,719	163,940	6,221	4%
Provisions	325,421	(17,536)	-	-	307,885	307,903	18	0%
Borrowings	67,488	125,473	-	-	192,961	177,021	(15,940)	-8%
TOTAL CURRENT LIABILITIES	590,289	68,276	-	-	658,565	648,864	(9,701)	-1%
NON-CURRENT LIABILITIES								
Provisions	38,690	(16,422)	-	-	22,268	21,716	(552)	-2%
Borrowings	46,677	1,187,031	-	-	1,233,708	1,036,687	(197,021)	-16%
TOTAL NON-CURRENT LIABILITIES	85,367	1,170,609	-	-	1,255,976	1,058,403	(197,573)	-16%
TOTAL LIABILITIES	675,656	1,238,885	-	-	1,914,541	1,707,267	(207,274)	-11%
NET CURRENT ASSETS/(CURRENT LIABILITIES)	180,734	10,571	-	-	191,305	322,933	131,628	69%
NET ASSETS	349,559	35,281	-	-	384,840	565,244	180,404	47%
EQUITY								
Accumulated Surplus/(Deficit)	349,559	105,320	-	-	454,879	565,244	110,365	24%
TOTAL EQUITY	349,559	105,320	-	-	454,879	565,244	110,365	24%

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS								
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET								
FOR THE YEAR ENDING 30 JUNE 2021								
	ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2020/2021	AUDITED RESULT 2020/2021	VARIATION AGAINST ADOPTED BUDGET	VARIATION AGAINST ADOPTED BUDGET
CASHFLOWS FROM OPERATING ACTIVITIES							\$	%
Receipts								
Council Contributions	1,830,674	(8,000)	-	-	1,822,674	1,821,865	(809)	0%
Fees & other charges	180,500	-	-	-	180,500	150,625	(29,875)	-17%
User Charges	272,000	-	-	-	272,000	227,736	(44,264)	-16%
Investment Receipts	15,000	-	-	-	15,000	5,757	(9,243)	-62%
Grants utilised for operating purposes	252,000	-	-	-	252,000	256,514	4,514	2%
Other	7,000	-	-	-	7,000	4,549	(2,451)	-35%
Payments								
Employee costs	(1,762,000)	-	-	-	(1,762,000)	(1,637,628)	124,372	-7%
Materials, contracts & other expenses	(737,300)	-	-	-	(737,300)	(525,832)	211,468	-29%
Finance Payments	(7,874)	-	-	-	(47,874)	(49,988)	(2,114)	4%
Net Cash Provided/(Used) by Operating Activities	50,000	(8,000)	-	-	2,000	253,598	251,598	
CASH FLOWS FROM FINANCING ACTIVITIES								
Loans Received	-	-	-	-	-	-	-	-
Repayment of Borrowings	(69,090)	-	-	-	(69,090)	(70,732)	(1,642)	
Repayment of Finance Lease Liabilities	-	-	-	-	-	(121,280)	(121,280)	
Net Cash Provided/(Used) by Financing Activities	(69,090)	-	-	-	(69,090)	(192,012)	(122,922)	
CASH FLOWS FROM INVESTING ACTIVITIES								
Receipts								
Sale of Replaced Assets	-	-	-	-	-	-	-	-
Payments								
Expenditure on renewal / replacements of assets	-	-	-	-	-	-	-	-
Expenditure on new / upgraded assets	-	-	-	-	-	-	-	-
Net Cash Provided/(Used) by Investing Activities	-	-	-	-	-	-	-	-
NET INCREASE (DECREASE) IN CASH HELD	(19,090)	(8,000)	-	-	(67,090)	61,586	128,676	
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	782,896	128,676	

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY								
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET								
FOR THE YEAR ENDING 30 JUNE 2021								
	ADOPTED BUDGET 2020/2021	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2020/2021	AUDITED RESULT 2020/2021	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET
ACCUMULATED SURPLUS							\$	%
Balance at beginning of period	349,559	125,320	-	-	474,879	474,879	-	0%
Net Surplus/(Deficit)	-	(20,000)	-	-	(20,000)	90,365	110,365	-552%
Distribution to Constituent Councils	-	-	-	-	-	-	-	-
BALANCE AT END OF PERIOD	349,559	105,320	-	-	454,879	565,244	110,365	32%
TOTAL EQUITY							\$	%
Balance at beginning of period	349,559	125,320	-	-	474,879	474,879	-	0%
Net Surplus/(Deficit)	-	(20,000)	-	-	(20,000)	90,365	110,365	-552%
Distribution to Constituent Councils	-	-	-	-	-	-	-	0%
BALANCE AT END OF PERIOD	349,559	105,320	-	-	454,879	565,244	110,365	32%

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2020/2021				
COMPARISON OF BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2021				
Income	Adopted Budget 2020-2021	Revised Budget	Actual Result	Variation to Revised Budget
Constituent Council Income				
City of Burnside	\$438,131	\$438,131	\$438,131	\$0
City of Campbelltown	\$452,548	\$452,548	\$452,548	\$0
City of Norwood Payneham & St Peters	\$586,308	\$586,308	\$586,308	\$0
City of Prospect	\$210,656	\$210,656	\$210,656	\$0
Town of Walkerville	\$103,032	\$103,032	\$103,032	\$0
Public Health Plan Review and Service Review (cc to share 5 x10K)	\$40,000	\$32,000	\$31,190	-\$810
Total Constituent Council Contributions	\$1,830,674	\$1,822,674	\$1,821,865	\$810
Statutory Charges				
Food Inspection fees	\$122,000	\$122,000	\$91,852	-\$30,148
Legionella registration and Inspection	\$7,000	\$7,000	\$10,665	\$3,665
SRF Licenses	\$1,500	\$1,500	\$3,255	\$1,755
Fines	\$50,000	\$50,000	\$44,853	-\$5,147
Total Statutory Charges	\$180,500	\$180,500	\$150,625	-\$29,875
User Charges				
Immunisation - non funded vaccines	\$80,000	\$80,000	\$62,086	-\$17,914
Immunisation - Worksites	\$110,000	\$110,000	\$96,879	-\$13,121
Food Auditing	\$80,000	\$80,000	\$77,186	-\$2,814
Food Safety Training	\$2,000	\$2,000	\$0	-\$2,000
Total User Charges	\$272,000	\$272,000	\$236,151	-\$35,849
Grants, Subsidies, Contributions				
School Based Immunisation Program	\$180,000	\$180,000	\$180,024	\$24
Child Immunisation register	\$32,000	\$32,000	\$21,860	-\$10,140
Adelaide PHN Immunisation Community Engagement Project	\$40,000	\$40,000	\$54,630	\$14,630
Total Grants, Subsidies, Contributions	\$252,000	\$252,000	\$256,514	\$4,514
Investment Income				
Interest on investments	\$15,000	\$15,000	\$4,901	-\$10,099
Total Investment Income	\$15,000	\$15,000	\$4,901	-\$10,099
Other Income				
Motor Vehicle re-imburements	\$0	\$0	\$3,705	\$3,705
Sundry Income	\$7,000	\$7,000	\$844	-\$6,156
Total Other Income	\$7,000	\$7,000	\$4,549	-\$2,451
Total of non Constituent Council Income	\$726,500	\$726,500	\$652,740	-\$73,760
Total Income	\$2,557,174	\$2,549,174	\$2,474,605	-\$74,569

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2020/2021 (CONT)				
COMPARISON OF BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2021 (cont)				
Expenditure	Adopted Budget 2020-2021	Revised Budget	Actual Result	Variation to Revised Budget
Employee Costs				
Salaries & Wages	\$1,565,000	\$1,565,000	\$1,434,514	-\$130,486
Superannuation	\$140,000	\$140,000	\$144,318	\$4,318
Workers Compensation	\$18,000	\$18,000	\$17,050	-\$950
Employee Leave Expenses	\$36,000	\$36,000	\$35,942	-\$58
Medical Officer Retainer and Agency Staff	\$3,000	\$3,000	\$4,109	\$1,109
Total Employee Costs	\$1,762,000	\$1,762,000	\$1,635,933	-\$126,067
Prescribed Expenses				
Auditing and Accounting	\$17,000	\$17,000	\$16,848	-\$152
Insurance	\$27,000	\$27,000	\$29,245	\$2,245
Maintenance	\$45,000	\$45,000	\$41,173	-\$3,827
Vehicle Leasing/maintenance	\$68,000	\$13,000	\$15,399	\$2,399
Total Prescribed Expenses	\$157,000	\$102,000	\$102,665	\$665
Rent and Plant Leasing				
Electricity	\$10,000	\$10,000	\$9,066	-\$934
Plant Leasing Photocopier	\$3,500	\$3,500	\$3,769	269
Rent	\$108,000	\$0	\$0	-
Water	\$300	\$300	\$126	-\$174
Gas	\$3,000	\$3,000	\$2,419	-\$581
Total Rent and Plant Leasing	\$124,800	\$16,800	\$15,380	-\$1,420.00
IT Licensing and Support				
IT Licences	\$70,000	\$70,000	\$60,549	-\$9,451
IT Support	\$43,000	\$43,000	\$41,136	-\$1,864
Internet	\$10,000	\$10,000	\$9,783	-\$217
IT Other	\$2,000	\$2,000	\$8,268	\$6,268
Total IT Licensing and Support	\$125,000	\$125,000	\$119,736	-\$5,264
Administration				
Administration Sundry	\$6,000	\$6,000	\$6,250	\$250
Accreditation Fees	\$3,000	\$3,000	\$6,257	\$3,257
Governance Expenses	\$12,000	\$12,000	\$4,158	-\$7,842
Bank Charges	\$4,000	\$4,000	\$2,819	-\$1,181
Public Health Sundry	\$5,000	\$5,000	\$1,900	-\$3,100
Fringe Benefits Tax	\$16,000	\$16,000	\$14,272	-\$1,728
Health promotion	\$5,000	\$5,000	\$304	-\$4,696
Legal	\$20,000	\$20,000	\$28,646	\$8,646
Printing & Stationery & Postage	\$25,000	\$25,000	\$21,155	-\$3,845
Telephone	\$19,000	\$19,000	\$14,414	-\$4,586
Work Health and Safety	\$10,000	\$10,000	\$5,761	-\$4,239
Rodenticide	\$2,000	\$2,000	\$1,923	-\$77
Staff Amenities	\$7,000	\$7,000	\$2,152	-\$4,848
Staff Training	\$22,000	\$22,000	\$6,924	-\$15,076
Human Resource / Organisational Development	\$16,000	\$16,000	\$7,573	-\$8,427
Total Administration	\$172,000	\$172,000	\$124,508	-\$47,492
Immunisation				
Immunisation SBP Consumables	\$9,000	\$9,000	\$8,497	-\$503
Immunisation clinic vaccines	\$54,000	\$54,000	\$38,502	-\$15,498
Immunisation worksite vaccines	\$30,000	\$30,000	\$47,659	\$17,659
Total Immunisation	\$93,000	\$93,000	\$94,658	\$1,658
Income protection				
Income Protection	\$23,000	\$23,000	\$18,355	-\$4,645
Total Uniforms/Income protection	\$23,000	\$23,000	\$18,355	-\$4,645
Sampling				
Legionella Testing	\$1,500	\$1,500	\$2,573	\$1,073
Food Sampling	\$1,000	\$1,000	\$0	-\$1,000
Total Sampling	\$2,500	\$2,500	\$2,573	\$73
New Initiatives				
Service/Governance Review	\$40,000	\$32,000	\$31,190	-\$810
Total New Initiatives	\$40,000	\$32,000	\$31,190	-\$810

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2020/2021 (CONT)				
COMPARISON OF BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2021 (cont)				
Expenditure	Adopted Budget 2020-2021	Revised Budget	Actual Result	Variation to Revised Budget
Total Materials, contracts and other expenses	\$737,300	\$566,300	\$509,065	-\$57,235
Total Operating Expenditure	\$2,499,300	\$2,328,300	\$2,144,998	-\$183,302
Finance Charges	\$7,874	\$47,874	\$48,445	\$571
Depreciation, amortisation and impairment	\$50,000	\$193,000	\$190,797	-\$2,203
Total Expenditure	\$2,557,174	\$2,569,174	\$2,384,240	-\$184,934
Total Income	\$2,557,174	\$2,549,174	\$2,474,605	(\$74,569)
Net Surplus/Deficit	\$0	(\$20,000)	\$90,365	\$110,365
Depreciation Add Back	\$50,000	\$42,000	\$39,519	-\$2,481
Amortisation Add Back	\$0	\$28,000	\$59,996	\$31,996
Loans Received	\$0	\$0	\$0	\$0
Capital Expenditure - plant and Equipment	\$0	\$0	\$0	\$0
Capital Expenditure - Office Fit-out	\$0	\$0	\$0	\$0
Loan Repayments	(\$69,090)	(\$69,090)	(\$70,732)	-\$1,642
Funding Result	(\$19,090)	(\$19,090)	\$119,148	\$138,238

5.3 LONG-TERM FINANCIAL PLAN REVISED FINANCIAL ESTIMATES

Author: Michael Livori
Ref: AF13/78

Summary

This report provides updated Long-Term financial estimates for consideration by the Board of Management.

Report

The purpose of the EHA LTFP is to express, in financial terms, the activities that EHA proposes to undertake over the medium to longer term to achieve its stated objectives as outlined in its Charter and Business Plan.

EHA is an operational based organisation focused on meeting the regulatory requirements of its member councils. Unlike its Constituent Councils it is not responsible for managing a high level of long-lived assets.

The one exception to this is the upgrade of office accommodation at EHA's St Peters office which occurred in 2012. A 10 year loan (final payment to be made in July 2022) from the LGFA was used to fund the required office accommodation.

The LTFP is, apart from the loan, simply a projection of current operating arrangements moving forward.

The Long-Term Financial Plan revised were presented to and consider by the EHA Audit Committee at its meeting of 18 August 2021.

In light of the current economic climate the key assumptions used to develop Long-Term financial estimates have not been changed. The table below details the current figures used.

	Current
Growth	1.2%
CPI	1.5%
Wages	2.5%
Materials	1.5%

Revised Long-Term financial estimates based on the audited results from 2020/2021 and the currently used key assumptions detailed above are provided as attachment 1 for consideration.

RECOMMENDATION

That:

1. Long-Term Financial Plan revised financial estimates report is received.

Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED COMPREHENSIVE INCOME STATEMENT

Year Ended 30 June:		2021 Actual	2022 Estimate	2023 Plan Year 1	2024 Plan Year 2	2025 Plan Year 3	2026 Plan Year 4	2027 Plan Year 5	2028 Plan Year 6	2029 Plan Year 7	2030 Plan Year 8	2031 Plan Year 9
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
INCOME												
Constituent Council Contributions	A	1,821,865	1,828,263	1,837,625	1,888,321	1,940,385	1,993,856	2,048,769	2,105,165	2,163,085	2,222,568	2,283,657
Statutory Charges	B	150,625	181,500	184,223	186,986	189,791	192,638	195,527	198,459	201,436	204,457	207,523
User Charges	C	236,151	256,000	259,840	263,738	267,694	271,709	275,784	279,921	284,120	288,381	292,707
Grants, subsidies, contributions	D	256,514	254,000	217,210	220,468	223,775	227,132	230,539	233,997	237,507	241,069	244,685
Investment Income	E	4,901	10,000	14,168	14,128	14,018	14,849	15,311	16,262	17,297	18,647	20,225
Other Income	G	4,549	11,000	11,165	11,333	11,503	11,676	11,851	12,029	12,210	12,394	12,580
Total Revenues		2,474,605	2,540,763	2,524,231	2,584,974	2,647,166	2,711,860	2,777,781	2,845,833	2,915,655	2,987,516	3,061,377
EXPENSES												
Employee costs	J	1,635,933	1,802,000	1,846,870	1,892,860	1,939,997	1,988,309	2,037,826	2,088,577	2,140,595	2,193,910	2,248,555
Materials, contracts & other expenses	K	509,065	526,000	518,172	552,438	561,325	570,346	579,500	588,792	598,223	607,796	617,514
Depreciation	L	190,797	168,554	127,043	124,475	124,475	124,475	124,475	124,475	124,475	124,475	124,475
Finance Costs	M	48,445	44,209	49,702	45,919	44,098	41,110	38,480	35,426	32,334	28,998	25,512
Total Expenses		2,384,240	2,540,763	2,541,787	2,615,692	2,669,895	2,724,240	2,780,281	2,837,270	2,895,627	2,955,179	3,016,056
NET SURPLUS/(DEFICIT)		90,365	0	(17,556)	(30,718)	(22,729)	(12,380)	(2,500)	8,563	20,028	32,337	45,321
Other Comprehensive Income												
Changes in revaluation surplus - IPP&E		0	0	0	0	43,834	0	0	0	0	15,587	0
Total Other Comprehensive Income		0	0	0	0	43,834	0	0	0	0	15,587	0
TOTAL COMPREHENSIVE INCOME		90,365	0	(17,556)	(30,718)	21,105	(12,380)	(2,500)	8,563	20,028	47,924	45,321

**Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED BALANCE SHEET**

Year Ended 30 June:	2021 Actual \$	2022 Estimate \$	2023 Plan Year 1 \$	2024 Plan Year 2 \$	2025 Plan Year 3 \$	2026 Plan Year 4 \$	2027 Plan Year 5 \$	2028 Plan Year 6 \$	2029 Plan Year 7 \$	2030 Plan Year 8 \$	2031 Plan Year 9 \$
ASSETS											
Current Assets											
Cash & Equivalent Assets	782,896	779,194	788,833	796,975	828,902	851,887	887,399	925,292	971,373	1,023,455	1,083,413
Trade & Other Receivables	188,901	188,901	191,735	194,611	197,530	200,493	203,500	206,553	209,651	212,796	215,988
Total Current Assets	971,797	968,095	980,568	991,586	1,026,432	1,052,380	1,090,899	1,131,845	1,181,024	1,236,251	1,299,401
Non-Current Assets											
Infrastructure, Property, Plant & Equipment	1,300,714	1,132,160	1,005,117	880,642	800,001	675,526	551,051	426,576	302,101	193,213	68,738
Total Non-Current Assets	1,300,714	1,132,160	1,005,117	880,642	800,001	675,526	551,051	426,576	302,101	193,213	68,738
Total Assets	2,272,511	2,100,255	1,985,685	1,872,228	1,826,433	1,727,906	1,641,950	1,558,421	1,483,125	1,429,464	1,368,139
LIABILITIES											
Current Liabilities											
Trade & Other Payables	163,940	163,940	166,622	164,042	170,624	168,668	170,998	171,185	172,452	173,184	174,190
Borrowings	177,004	120,626	81,480	86,035	90,774	95,707	100,837	106,174	111,724	117,498	123,500
Provisions	307,903	307,903	330,813	331,335	343,491	350,069	359,787	368,241	377,669	386,946	396,649
Total Current Liabilities	648,847	592,469	578,915	581,412	604,889	614,444	631,622	645,600	661,845	677,628	694,339
Non-Current Liabilities											
Trade & Other Payables	21,716	26,464	24,484	25,283	25,680	25,685	25,888	25,992	26,147	26,277	26,420
Borrowings	1,036,704	916,078	834,598	748,563	657,789	562,082	461,245	355,071	243,347	125,849	2,349
Total Non-Current Liabilities	1,058,420	942,542	859,082	773,846	683,469	587,767	487,133	381,063	269,494	152,126	28,769
Total Liabilities	1,707,267	1,535,011	1,437,997	1,355,258	1,288,358	1,202,211	1,118,755	1,026,663	931,339	829,754	723,108
NET ASSETS	565,244	565,244	547,688	516,970	538,075	525,695	523,195	531,758	551,786	599,710	645,031
EQUITY											
Accumulated Surplus	565,244	565,244	547,688	516,970	494,241	481,861	479,361	487,924	507,952	540,289	585,610
Asset Revaluation Reserve	0	0	0	0	43,834	43,834	43,834	43,834	43,834	59,421	59,421
TOTAL EQUITY	565,244	565,244	547,688	516,970	538,075	525,695	523,195	531,758	551,786	599,710	645,031

**Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED CASH FLOW STATEMENT**

Year Ended 30 June:	2021 Actual \$	2022 Estimate \$	2023 Plan Year 1 \$	2024 Plan Year 2 \$	2025 Plan Year 3 \$	2026 Plan Year 4 \$	2027 Plan Year 5 \$	2028 Plan Year 6 \$	2029 Plan Year 7 \$	2030 Plan Year 8 \$	2031 Plan Year 9 \$
CASH FLOWS FROM OPERATING ACTIVITIES											
<u>Receipts</u>											
Constituent Council Contributions		1,828,263	1,834,791	1,885,445	1,937,466	1,990,893	2,045,762	2,102,112	2,159,987	2,219,423	2,280,465
Statutory Charges		181,500	184,223	186,986	189,791	192,638	195,527	198,459	201,436	204,457	207,523
User Charges		256,000	259,840	263,738	267,694	271,709	275,784	279,921	284,120	288,381	292,707
Grants, subsidies, contributions		254,000	217,210	220,468	223,775	227,132	230,539	233,997	237,507	241,069	244,685
Investment Income		10,000	14,168	14,128	14,018	14,849	15,311	16,262	17,297	18,647	20,225
Other Income		11,000	11,165	11,333	11,503	11,676	11,851	12,029	12,210	12,394	12,580
<u>Payments</u>											
Employee costs		(1,802,000)	(1,823,605)	(1,892,680)	(1,926,969)	(1,981,990)	(2,027,799)	(2,080,098)	(2,130,999)	(2,184,536)	(2,238,719)
Materials, contracts & other expenses		(526,000)	(515,490)	(555,018)	(554,743)	(572,302)	(577,170)	(588,605)	(596,956)	(607,064)	(616,508)
Finance Costs		(39,461)	(52,037)	(44,778)	(44,573)	(40,846)	(38,586)	(35,347)	(32,347)	(28,965)	(25,502)
Net Cash provided by (or used in) Operating Activities		173,302	130,265	89,622	117,962	113,759	131,219	138,730	152,255	163,806	177,456
CASH FLOWS FROM FINANCING ACTIVITIES											
<u>Payments</u>											
Repayments of Borrowings		(74,131)	(38,392)	0	0	0	0	0	0	0	0
Repayment of Finance Lease Liabilities		(102,873)	(82,234)	(81,480)	(86,035)	(90,774)	(95,707)	(100,837)	(106,174)	(111,724)	(117,498)
Net Cash provided by (or used in) Financing Activities		(177,004)	(120,626)	(81,480)	(86,035)	(90,774)	(95,707)	(100,837)	(106,174)	(111,724)	(117,498)
Net Increase/(Decrease) in cash held		(3,702)	9,639	8,142	31,927	22,985	35,512	37,893	46,081	52,082	59,958
Opening cash, cash equivalents or (bank overdraft)		782,896	779,194	788,833	796,975	828,902	851,887	887,399	925,292	971,373	1,023,455
Closing cash, cash equivalents or (bank overdraft)		782,896	779,194	788,833	796,975	828,902	851,887	887,399	925,292	971,373	1,083,413

Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED STATEMENT OF CHANGES IN EQUITY

Year Ended 30 June:	2021 Actual \$	2022 Estimate \$	2023 Plan Year 1 \$	2024 Plan Year 2 \$	2025 Plan Year 3 \$	2026 Plan Year 4 \$	2027 Plan Year 5 \$	2028 Plan Year 6 \$	2029 Plan Year 7 \$	2030 Plan Year 8 \$	2031 Plan Year 9 \$
ACCUMULATED SURPLUS											
Balance at end of previous reporting period	474,879	565,244	565,244	547,688	516,970	494,241	481,861	479,361	487,924	507,952	540,289
Net Result for Year	90,365	0	(17,556)	(30,718)	(22,729)	(12,380)	(2,500)	8,563	20,028	32,337	45,321
Balance at end of period	565,244	565,244	547,688	516,970	494,241	481,861	479,361	487,924	507,952	540,289	585,610
ASSET REVALUATION RESERVE											
Right of Use	0	0	0	0	43,834	43,834	43,834	43,834	43,834	59,421	59,421
Balance at end of period	0	0	0	0	43,834	43,834	43,834	43,834	43,834	59,421	59,421
TOTAL EQUITY AT END OF REPORTING	565,244	565,244	547,688	516,970	538,075	525,695	523,195	531,758	551,786	599,710	645,031

**Eastern Health Authority
Long Term Financial Plan Model
SUMMARY STATEMENT INCLUDING FINANCING TRANSACTIONS**

Year Ended 30 June:	2021 Actual	2022 Estimate	2023 Plan Year 1	2024 Plan Year 2	2025 Plan Year 3	2026 Plan Year 4	2027 Plan Year 5	2028 Plan Year 6	2029 Plan Year 7	2030 Plan Year 8	2031 Plan Year 9
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Operating Revenues	2,474,605	2,540,763	2,524,231	2,584,974	2,647,166	2,711,860	2,777,781	2,845,833	2,915,655	2,987,516	3,061,377
<i>less Operating Expenses</i>	2,384,240	2,540,763	2,541,787	2,615,692	2,669,895	2,724,240	2,780,281	2,837,270	2,895,627	2,955,179	3,016,056
Operating Surplus/(Deficit) before Capital	90,365	0	(17,556)	(30,718)	(22,729)	(12,380)	(2,500)	8,563	20,028	32,337	45,321
Less: Net Outlays on Existing Assets											
<i>less Depreciation, Amortisation & Impairm</i>	190,797	168,554	127,043	124,475	124,475	124,475	124,475	124,475	124,475	124,475	124,475
	(190,797)	(168,554)	(127,043)	(124,475)							
Net Lending / (Borrowing) for Financial Y	281,162	168,554	109,487	93,757	101,746	112,095	121,975	133,038	144,503	156,812	169,796

In any one year, the above financing transactions are associated with either applying surplus funds stemming from a net lending result or accommodating the funding requirement stemming from a net borrowing result.

KEY FINANCIAL INDICATORS	2021 Actual	2022 Estimate	2023 Plan Year 1	2024 Plan Year 2	2025 Plan Year 3	2026 Plan Year 4	2027 Plan Year 5	2028 Plan Year 6	2029 Plan Year 7	2030 Plan Year 8	2031 Plan Year 9
Operating Surplus / (Deficit) - \$'000	90,365	0	(17,556)	(30,718)	(22,729)	(12,380)	(2,500)	8,563	20,028	32,337	45,321
Operating Surplus Ratio - %	5%	0%	(1)%	(2)%	(1)%	(1)%	(0)%	0%	1%	1%	2%
Net Financial Liabilities - \$'000	735,470	566,916	457,429	363,672	261,926	149,831	27,856	(105,182)	(249,685)	(406,497)	(576,293)
Net Financial Liabilities Ratio - %	29.7%	22.3%	18.1%	14.1%	9.9%	5.5%	1.0%	(3.7)%	(8.6)%	(13.6)%	(18.8)%
Interest Cover Ratio - %	1.8%	1.4%	1.4%	1.2%	1.1%	1.0%	0.8%	0.7%	0.5%	0.3%	0.2%
Asset Sustainability Ratio - %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Asset Consumption Ratio - %	63%	55%	49%	43%	37%	31%	26%	20%	14%	9%	3%

5.4 RISK AND OPPORTUNITY MANAGEMENT – UPDATED CORPORATE RISK SUMMARY

Author: Michael Livori
Ref: AF18/81

Summary

The Risk and Opportunity Management Policy and Framework for Eastern Health Authority (EHA) contemplate the analysis of organisational risks. A Corporate Risk Summary has been developed to assist with the assessment and maintenance of organisational risk.

A review of the Corporate Risk Summary has been undertaken by administrative staff and a revised risk summary was considered by the Audit Committee at its meeting held on 18 August 2021. A number of further changes were made to the revised risk summary which is now provided to the Board of Management for information.

Report

It is important that EHA is pursuing its objectives and fulfilling its responsibilities with due diligence and accountability. To this end EHA must manage its risks in order to protect its employees, assets, liabilities and Constituent Councils against potential losses. Managing risks also assists in minimising uncertainty in achieving EHA goals and objectives and to maximise EHA opportunities.

A copy of the current Corporate Risk Summary with suggested changes detailed as tracked changes is provided as attachment 1.

Items of note include:

- Service Review has been completed and report provided to Board and Audit Committee (out of session).
- Service Review recommendations to be reviewed and implemented as agreed with Board of Management and Constituent Councils.
- Operational COVID 19 Safe Plan and Working Remotely Policy have been developed.
- Business Interruption Insurance Limits and Risk Environment have been reviewed and used for business insurance values (provided to Committee under separate cover).
- A number of timing changes.

A copy of an amended Corporate Risk Summary with these changes accepted is provided as attachment 2.

RECOMMENDATION

That:

1. The Risk and Opportunity Management – Updated Corporate Risk Summary Report is received.
2. The updated Corporate Risk Summary marked as attachment 2 to this report is endorsed.



Eastern Health Authority Corporate Risk Summary

Corporate Risk Summary

	Risk Description	Initial Risk Rating	Revised Consequence	Revised Likelihood	Revised Risk Rating
1.	Serious breach of legislation (other than WH&S) ¹ duty of care, standards and agreements threatening operations.	HIGH	4	A	MODERATE
2.	WH&S system fails to prevent serious WHS injury	HIGH	4	C	HIGH
3.	Business Plan objectives not appropriate or not achieved.	MODERATE	3	C	MODERATE
4.	Unfavourable financial impact due to changes in government policy, or changes to service provision arrangements.	MODERATE	3	C	MODERATE
5.	Inability to recruit and retain appropriately qualified staff.	HIGH	3	C	HIGH
6	A significant, unplanned, adverse event threatens the continued operations of the organisation.	MODERATE	3	B	MODERATE
7.	Inadequate business processes and systems to deliver services.	HIGH	3	B	MODERATE

Risk Assessment

¹ WH&S addressed in Risk Description No 2.

Ref: MT – Management Team

[Relevant Docs: Risk and Opportunity Management Policy – D15/5720\[v4\] & EHA Risk and Opportunity Framework D15/629\[v2\]](#)

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Eastern Health Authority Corporate Risk Summary

Corporate Strategic Risks – Documentation of Key Risks and Opportunities

Date Updated: ~~26 August~~18 August 2020/2021

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
1.	Serious breach of legislation, duty of care, standards and agreements threatening operations	<ul style="list-style-type: none"> Staff trained in key legislation where appropriate. Clear reporting to Board on legislative requirements Delegations Register External Audit Charter Review Use of legal firms familiar with Local Government Operations. Professional Indemnity (PI) and Public liability (PL) Insurances in place and also built into all contracts. Business Plan contemplates the monitoring of compliance of statutory requirements identified in the Charter. Required staff subject to DCSI employment screening checks. 	4	BA	HIGH MODERATE	<ul style="list-style-type: none"> Program Review (rescheduled to 2020/2021) 	4	A	Moderate	1	CEO	June 2021

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence Likelihood	Rating	Future Controls to be put in place	Consequence Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> National Police Checks for staff that are not subjected to DCSI employment screening checks. Enforcement Policy Completion of Enforcement Matrix to assist with decision of most appropriate enforcement strategy with consideration of the Enforcement Policy. Code of Conduct for Board Members and Staff Application of the Food Business Risk Classification System Policy Register including regular reviews Regular meetings with staff regarding use of delegated authority. Maintain and distribute list of applicable legislation & legal obligations. All non-compliance and best practice recommendations resulting from Governance Review have been implemented. Date Completed: 22/08/2019. 								

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> LGA Member Access – appropriate staff provided with individual login access. Date completed: 30/11/2020. Distribution of LG Circulars is broadened to appropriate staff. <u>Service Review Completed and copy of report provided to BoM and Audit Committee.</u> 										
2.	WH&S system fails to prevent serious WHS injury.	<p><i>Safety and Security</i></p> <ul style="list-style-type: none"> Building Security Procedures in place including monitored security alarm and access tags which are audited. Duress alarms at reception. Worksafe Guardian – offsite duress monitoring system. Minimal cash on site at all times. 	5	B	HIGH	<ul style="list-style-type: none"> Ongoing Review and development of WH&S policies. Response team to be developed to deal with aggressive situations in short timeframe. Review of EH WHS Procedures to align with industry standards. 	4	C	HIGH	1	MT	Ongoing
										2	MT	June 202 2 ⁴
										1	NC	Dec 2020 June 202 2 ⁴

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> Staff training and awareness including dealing with aggressive people and Fire Safety. Regular inspection audits undertaken of all equipment. Internal Audit process conducted every 3 years. WHS System reviewed in regard to legislative changes. Annual Capital budget to provide for capital replacements as needed. (building and equipment maintenance). WH&S 3 year plan. Participation in Emergency Management Planning Committee meetings for St Peters Town Hall Complex. Emergency Management Plan. Working Remotely policy and checklist. Operational COVID-19 Safe Plan. Updated WHS staff induction presentation. 				<ul style="list-style-type: none"> Updated the WHS staff induction presentation. Development of 3 Step WHS Risk Assessment. All staff to be educated in the implementation of the tool. Development and implementation of Operational COVID-19 Safe Plan. Development and implementation of Working Remotely policy and checklist. 				2	MT	Dec 2020, June 2022

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> • • <p><i>Staff Health</i> Health policy in place including:</p> <ul style="list-style-type: none"> ○ All staff offered annual flu vaccinations. ○ At risk staff offered Hepatitis A & B and Diphtheria, Tetanus and Pertussis vaccinations as required. ○ Immunisation History of all staff requested, and vaccinations offered. ○ Inform staff to stay home if sick. ○ Participation in CHG Health Lifestyle Programs including Health Assessments and Skin ○ Ergonomic Workstation Assessments 										

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> ○ Personal Protective Equipment. ○ WHS on all Team Meeting Agendas. ○ First Aid Kits in office and all motor vehicles. ○ Safe Operating Procedures specific for each area. ○ Annual CPR training. ○ Manual Handling Update. ○ WHS Training Register. <p><i>Other.</i></p> <ul style="list-style-type: none"> ● Risk Assessments undertaken for all function activities. ● Maintain and distribute list of applicable WHS legislation & legal obligations. 										
3.	Business Plan objectives not appropriate or not achieved.	<ul style="list-style-type: none"> ● Annual Business Plan in place. ● Annual Business Plan supported by appropriate Budget. 	3	C	MODERATE	<ul style="list-style-type: none"> ● Service Improvement Review for all programs, services and activities to be undertaken. 	3	C	MODERATE	1	CEO	June 202 2 <u>4</u>

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> Annual review of Annual Business Plan undertaken including requests for input from Constituent Councils. Annual Report detailing activities and achievements. Annual evaluation of EHA's performance against the performance measures contained within the Business Plan Organisational structure provides effective leadership. Benchmarking/Comparison Report developed and presented to the Board of Management. Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed. <u>Service Review finalised.</u> 				<p><i>(rescheduled to 2020/2021)</i> <u>Review and implement service review recommendations as agreed with the BoM and Constituent Councils.</u></p>						
4.	Unfavourable financial impact	<ul style="list-style-type: none"> Report to Board and Constituent Councils on 	3	C	MODERATE	<ul style="list-style-type: none"> Continue to identify opportunities for 	3	C	MODERATE	1	MT	Ongoing

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
	due to changes in government policy or changes to service provision arrangements.	financial and operational impact of changes to government policy. • Regular financial reporting to the Board and Audit Committee. • Statutory Budget reviews undertaken. • Long Term Financial Plan (LTFP) in place and reviewed annually. • Annual Capital budget to provide for capital replacements as needed and for building and equipment maintenance. • External Audit conducted annually. • Grant funding opportunities monitored. • Public image/Reputation maintained through: <ul style="list-style-type: none"> ○ Internet Web site. Revision of information material. ○ Promotion of services at Constituent Councils. 				other board membership and participation on other committees for networking.						

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> • Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed. • Ongoing exploration of new/expanded income opportunities (subject to Charter compliance). • Participation on Committees for Networking and education including: <ul style="list-style-type: none"> ○ Eastern Hoarding and Squalor Regional Public Health Planning Committee. ○ Immunisation Providers Network. ○ Immunisation Administration Network. ○ Environmental Health Managers Forum including sub-committees. ○ Environmental Health Australia state conference committee. 										

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> ○ LGA/SIP Providers Strategic Working Group ○ Annual Food Auditors Forum ○ LGA/SIP Providers Strategic Working Group ○ COVID-19 LGRS operational Briefings 										
5.	Inability to recruit and retain appropriately qualified staff.	<ul style="list-style-type: none"> • Appropriate Staff recruitment process. • Appropriate Staff induction process. • Use of SEEK.COM for ongoing recruitment. • Comply with Awards and annual Award wage increases. • Professional development opportunities provided including study. • Create team work ethos/innovative culture. 	4	C	HIGH	<ul style="list-style-type: none"> • Conduct formal exit interviews. • Succession Plan for CEO in place. 	3	C	MODERATE	1	NC	Dec 202 10
										2	CEO	Dec-June 202 20

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> Establish an intranet for internal communication. Code of Conduct and other staff policies in place. General Staff Meetings held bi-monthly – Agenda item ‘Successes and Achievements’. Individual Performance Development process including identification of training needs. Staff Social Club functions. Annual Review of Job Descriptions. Continue to engage with tertiary providers of EHOs. Use of skilled agency staff for Immunisation roles. Staff engagement survey offered to all staff. 										
6.	A significant, unplanned, adverse event threatens operations of	<ul style="list-style-type: none"> Business Continuity Plan (BCP). Public Health Functional Emergency Management Plan (currently under review). 	3	B	MODERATE	<ul style="list-style-type: none"> Review BCP Note: Revised BCP provided by LGRS. Revised document currently being reviewed to align 	3	C	MODERATE	1	MT	JunDec 20220

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
	the organisation.	<ul style="list-style-type: none"> St Peters Town Hall Complex Facility Emergency Management Plan (EMP). Monitored fire alarm in place. Building evacuation and situation drills. Cloud based CIT environment including Disaster Recovery Module. IT back-up tapes off site and offsite storage of records. Preventative Maintenance Plans in place for building and equipment and regular inspections. Appropriate building, asset and business insurance in place. Key staff have mobile phones. Call diversion facility with Optus for business phones. Active monitoring of CIT environment by Comunet. Fraud/Cyber Awareness Training <u>Cyber Risk Assessment Action Plan – All High risk resolved</u> 				<ul style="list-style-type: none"> with COVID-19 implications. Test of the BCP to be undertaken affecting whole organisation (COVID 19). Review of Functional Emergency Management Plan (currently under review). CIT Disaster Recovery Plan in final stage of development. <p>Cyber Risk Assessment Action Plan – All High risk resolved and moderate risks in process of being resolved. Small number of low risks outstanding.</p> <p>Business Interruption Insurance Limits Review to be conducted – Awaiting</p>				3	MT	Dec 2020
										4	MT	June 2021
										2	CEO	Dec 2020
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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<p><u>and moderate risks in process of being resolved. Small number of low risks outstanding.</u></p> <ul style="list-style-type: none"> <u>Business Interruption Insurance Limits Review conducted.</u> <u>Independent review of risk environment conducted.</u> 				<p><u>documentation from LGRS-contractor.</u></p> <ul style="list-style-type: none"> <u>Independent review of risk environment to be conducted – Awaiting documentation from LGRS-contractor.</u> 						

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
7.	Inadequate business processes and systems to deliver services.	<ul style="list-style-type: none"> Policy Manual. Internal Controls Register to manage risks. eg. fraud Standard Operating Procedures. Induction program to ensure all staff trained in correct use of organisational systems, Policies and Standard Operating Procedures. EHA High Performance Framework and Individual Performance Management Plan for all staff. Use of LGCS purchasing arrangements. Legal advice available when needed. Corporate Risk Summary. External Financial Audit undertaken. Service Agreement in place for maintenance of CIT systems. Gap analysis undertaken on all policies and procedures 	4	C	HIGH	<ul style="list-style-type: none"> Service Improvement Review for all programs, services, activities. <i>(rescheduled to 2020/2021)</i>Efficiency and Effectiveness Review. <i>(rescheduled to 2020/2021)</i>Explore the implementation of the Lean principles to identify areas of improvement and efficiencies. 	3	B	MODERATE	1	CEO	June 2021
										2	MT	June 2021
										2	MT	June 2021

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Corporate Risk Summary

	Risk Description	Initial Risk Rating	Revised Consequence	Revised Likelihood	Revised Risk Rating
1.	Serious breach of legislation (other than WH&S) ¹ duty of care, standards and agreements threatening operations.	HIGH	4	A	MODERATE
2.	WH&S system fails to prevent serious WHS injury	HIGH	4	C	HIGH
3.	Business Plan objectives not appropriate or not achieved.	MODERATE	3	C	MODERATE
4.	Unfavourable financial impact due to changes in government policy, or changes to service provision arrangements.	MODERATE	3	C	MODERATE
5.	Inability to recruit and retain appropriately qualified staff.	HIGH	3	C	HIGH
6	A significant, unplanned, adverse event threatens the continued operations of the organisation.	MODERATE	3	B	MODERATE
7.	Inadequate business processes and systems to deliver services.	HIGH	3	B	MODERATE

Risk Assessment

¹ WH&S addressed in Risk Description No 2.

Ref: MT – Management Team

Relevant Docs: Risk and Opportunity Management Policy – D15/5720[v4] & EHA Risk and Opportunity Framework D15/629[v2]

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Corporate Strategic Risks – Documentation of Key Risks and Opportunities

Date Updated: 18 August 2021

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
1.	Serious breach of legislation, duty of care, standards and agreements threatening operations	<ul style="list-style-type: none"> Staff trained in key legislation where appropriate. Clear reporting to Board on legislative requirements Delegations Register External Audit Charter Review Use of legal firms familiar with Local Government Operations. Professional Indemnity (PI) and Public liability (PL) Insurances in place and also built into all contracts. Business Plan contemplates the monitoring of compliance of statutory requirements identified in the Charter. Required staff subject to DCSI employment screening checks. 	4	A	MODERATE							

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> National Police Checks for staff that are not subjected to DCSI employment screening checks. Enforcement Policy Completion of Enforcement Matrix to assist with decision of most appropriate enforcement strategy with consideration of the Enforcement Policy. Code of Conduct for Board Members and Staff Application of the Food Business Risk Classification System Policy Register including regular reviews Regular meetings with staff regarding use of delegated authority. Maintain and distribute list of applicable legislation & legal obligations. All non-compliance and best practice recommendations resulting from Governance Review have been implemented. Date Completed: 22/08/2019. 										

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> LGA Member Access – appropriate staff provided with individual login access. Date completed: 30/11/2020. Distribution of LG Circulars is broadened to appropriate staff. Service Review Completed and copy of report provided to BoM and Audit Committee. 										
2.	WH&S system fails to prevent serious WHS injury.	<p><i>Safety and Security</i></p> <ul style="list-style-type: none"> Building Security Procedures in place including monitored security alarm and access tags which are audited. Duress alarms at reception. Worksafe Guardian – offsite duress monitoring system. Minimal cash on site at all times. 	5	B	HIGH	<ul style="list-style-type: none"> Ongoing Review and development of WH&S policies. Response team to be developed to deal with aggressive situations in short timeframe. Review of EH WHS Procedures to align with industry standards. 	4	C	HIGH	1	MT	Ongoing
										2	MT	June 2022
										1	NC	June 2022

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> Staff training and awareness including dealing with aggressive people and Fire Safety. Regular inspection audits undertaken of all equipment. Internal Audit process conducted every 3 years. WHS System reviewed in regard to legislative changes. Annual Capital budget to provide for capital replacements as needed. (building and equipment maintenance). WH&S 3 year plan. Participation in Emergency Management Planning Committee meetings for St Peters Town Hall Complex. Emergency Management Plan. Working Remotely policy and checklist. Operational COVID-19 Safe Plan. Updated WHS staff induction presentation. 				<ul style="list-style-type: none"> Development of 3 Step WHS Risk Assessment. All staff to be educated in the implementation of the tool. 				2	MT	June 2022

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<p><i>Staff Health</i> Health policy in place including:</p> <ul style="list-style-type: none"> ○ All staff offered annual flu vaccinations. ○ At risk staff offered Hepatitis A & B and Diphtheria, Tetanus and Pertussis vaccinations as required. ○ Immunisation History of all staff requested, and vaccinations offered. ○ Inform staff to stay home if sick. ○ Participation in CHG Health Lifestyle Programs including Health Assessments and Skin ○ Ergonomic Workstation Assessments ○ Personal Protective Equipment. 										

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> ○ WHS on all Team Meeting Agendas. ○ First Aid Kits in office and all motor vehicles. ○ Safe Operating Procedures specific for each area. ○ Annual CPR training. ○ Manual Handling Update. ○ WHS Training Register. <p><i>Other.</i></p> <ul style="list-style-type: none"> ● Risk Assessments undertaken for all function activities. ● Maintain and distribute list of applicable WHS legislation & legal obligations. 										
3.	Business Plan objectives not appropriate or not achieved.	<ul style="list-style-type: none"> ● Annual Business Plan in place. ● Annual Business Plan supported by appropriate Budget. ● Annual review of Annual Business Plan undertaken 	3	C	MODERATE	Review and implement service review recommendations as agreed with the BoM and Constituent Councils.	3	C	MODERATE	1	CEO	June 2022

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		including requests for input from Constituent Councils. <ul style="list-style-type: none"> Annual Report detailing activities and achievements. Annual evaluation of EHA's performance against the performance measures contained within the Business Plan Organisational structure provides effective leadership. Benchmarking/Comparison Report developed and presented to the Board of Management. Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed. Service Review finalised. 										
4.	Unfavourable financial impact due to changes in government	<ul style="list-style-type: none"> Report to Board and Constituent Councils on financial and operational impact 	3	C	MODERATE	<ul style="list-style-type: none"> Continue to identify opportunities for other board membership and 	3	C	MODERATE	1	MT	Ongoing

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
	policy or changes to service provision arrangements.	<p>of changes to government policy.</p> <ul style="list-style-type: none"> • Regular financial reporting to the Board and Audit Committee. • Statutory Budget reviews undertaken. • Long Term Financial Plan (LTFP) in place and reviewed annually. • Annual Capital budget to provide for capital replacements as needed and for building and equipment maintenance. • External Audit conducted annually. • Grant funding opportunities monitored. • Public image/Reputation maintained through: <ul style="list-style-type: none"> ○ Internet Web site. Revision of information material. ○ Promotion of services at Constituent Councils. 				participation on other committees for networking.						

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> • Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed. • Ongoing exploration of new/expanded income opportunities (subject to Charter compliance). • Participation on Committees for Networking and education including: <ul style="list-style-type: none"> ○ Eastern Hoarding and Squalor Regional Public Health Planning Committee. ○ Immunisation Providers Network. ○ Immunisation Administration Network. ○ Environmental Health Managers Forum including sub-committees. ○ Environmental Health Australia state conference committee. 										

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> ○ LGA/SIP Providers Strategic Working Group ○ Annual Food Auditors Forum ○ LGA/SIP Providers Strategic Working Group ○ COVID-19 LGRS operational Briefings 										
5.	Inability to recruit and retain appropriately qualified staff.	<ul style="list-style-type: none"> • Appropriate Staff recruitment process. • Appropriate Staff induction process. • Use of SEEK.COM for ongoing recruitment. • Comply with Awards and annual Award wage increases. • Professional development opportunities provided including study. • Create team work ethos/innovative culture. 	4	C	HIGH	<ul style="list-style-type: none"> • Conduct formal exit interviews. • Succession Plan for CEO in place. 	3	C	MODERATE	1	NC	Dec 2021
										2	CEO	June 2022

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> Establish an intranet for internal communication. Code of Conduct and other staff policies in place. General Staff Meetings held bi-monthly – Agenda item ‘Successes and Achievements’. Individual Performance Development process including identification of training needs. Staff Social Club functions. Annual Review of Job Descriptions. Continue to engage with tertiary providers of EHOs. Use of skilled agency staff for Immunisation roles. Staff engagement survey offered to all staff. 										
6.	A significant, unplanned, adverse event threatens operations of	<ul style="list-style-type: none"> Business Continuity Plan (BCP). Public Health Functional Emergency Management Plan (currently under review). 	3	B	MODERATE	<ul style="list-style-type: none"> Review BCP Note: Revised BCP provided by LGRS. Revised document currently being reviewed to align 	3	C	MODERATE	1	MT	June 2022

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
	the organisation.	<ul style="list-style-type: none"> St Peters Town Hall Complex Facility Emergency Management Plan (EMP). Monitored fire alarm in place. Building evacuation and situation drills. Cloud based CIT environment including Disaster Recovery Module. IT back-up tapes off site and offsite storage of records. Preventative Maintenance Plans in place for building and equipment and regular inspections. Appropriate building, asset and business insurance in place. Key staff have mobile phones. Call diversion facility with Optus for business phones. Active monitoring of CIT environment by Comunet. Fraud/Cyber Awareness Training Cyber Risk Assessment Action Plan – All High risk resolved 				<ul style="list-style-type: none"> with COVID-19 implications. Test of the BCP to be undertaken affecting whole organisation (COVID 19). Review of Functional Emergency Management Plan (currently under review). CIT Disaster Recovery Plan in final stage of development. 				3	MT	Dec 2020
										4	MT	June 2021
										2	CEO	Dec 2020
										2	CEO	Dec 2020

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		and moderate risks in process of being resolved. Small number of low risks outstanding. <ul style="list-style-type: none"> • Business Interruption Insurance Limits Review conducted. • Independent review of risk environment conducted. 										

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
7.	Inadequate business processes and systems to deliver services.	<ul style="list-style-type: none"> Policy Manual. Internal Controls Register to manage risks. eg. fraud Standard Operating Procedures. Induction program to ensure all staff trained in correct use of organisational systems, Policies and Standard Operating Procedures. EHA High Performance Framework and Individual Performance Management Plan for all staff. Use of LGCS purchasing arrangements. Legal advice available when needed. Corporate Risk Summary. External Financial Audit undertaken. Service Agreement in place for maintenance of CIT systems. Gap analysis undertaken on all policies and procedures 	4	C	HIGH	<ul style="list-style-type: none"> Service Improvement Review for all programs, services, activities. <i>(rescheduled to 2020/2021)</i>Efficiency and Effectiveness Review. <i>(rescheduled to 2020/2021)</i>Explore the implementation of the Lean principles to identify areas of improvement and efficiencies. 	3	B	MODERATE	1	CEO	June 2021
										2	MT	June 2021
										2	MT	June 2021

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5.5 ANNUAL BUSINESS PLAN 2020/2021 PERFORMANCE EVALUATION

Author: Michael Livori
Ref: AF21/40

Summary

This report outlines Eastern Health Authority's (EHA's) performance for 2020/2021 against the performance measures contained within the Annual Business Plan.

Report

The Annual Business Plan 2020/2021 was adopted by the Board of Management at its meeting held on 24 June 2020.

The Annual Business Plan includes the following:

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

Clause 8.2 of the EHA Charter requires the Board to compare the Business Plan against performance targets at least once every financial year.

Outcomes of 2020/2021 have been evaluated against the performance measures contained within the Annual Business Plan to determine whether the objectives of the core activities have been achieved.

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

RECOMMENDATION

That:

The Annual Business Plan 2020/2021 Performance Evaluation report is received.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

1.0 – Governance and Organisational Development

Objective 1 Administration of legislative and corporate governance requirements

Actions	Performance Measures	Result
1.1 Monitor the compliance of statutory requirements identified in the Charter.	Statutory requirements complied with as per Charter.	Compliance monitored. Required actions are detailed below.
1.2 Properly convene Board meetings providing agendas and minutes. Minimum of 5 ordinary meetings conducted. Notice of meeting given 3 clear days prior to meeting. Minutes provided within 5 days of meeting.	5 meetings conducted. Appropriate notice given. Timeframe met.	The EHA Board of Management (BOM) met six times during the year to consider EHA business. Time frames met.
1.3 Conduct election for Chair and Deputy Chair of Board of Management in February.	Election conducted at February meeting.	Chair and Deputy Chair elected at meeting held on 25 February 2021.
1.4 In accordance clause 6.5 of EHA's Charter 2016, undertake the required strategies to attain any priority or goal which the Regional Public Health Plan, 'Better Living, Better Health' (the Plan) specifies as EHA's responsibility.	As detailed in 'Better Health, Better Living' section 7.3 'Protection for Health'	The required 'Protection for Health' outcome goals are detailed within EHA Annual Business Plan. COVID-19 impacting the implementation of some outcome goals.
1.5 Implement the second iteration of the Regional Public Health Plan, 'Better Living, Better Health' in accordance with section 51(19) SA Public Health Act, 2011.	Implementation of Regional Public Health Plan	Implementation of Regional Public Health Plan as detailed within the EHA Annual Business Plan.
1.6 Provide administrative assistance to the Public Health Plan Advisory Committee and coordinate reports to the Board of Management.	Reports provided to Board Meetings as required.	Administrative assistance provided to the Regional Public Health Plan Advisory Committee.
1.7 Annual business plan to be developed with detailed objectives for the year in consultation with Constituent Councils.	Draft considered at May meeting and adopted at June meeting.	Constituent Councils invited to provide initial comment in February 2021 and comment on preliminary draft in March 2021. Budget presentation provided to BOM 20 March 2021. Draft considered by BOM at April 2021 meeting and adopted at June 2021 meeting.
1.8 Develop budgeted financial statements to implement the Annual Business Plan of EHA.	Budget and Financial Statements adopted.	Draft Budget presented at April 2021 meeting. Budget Adopted at June 2021 meeting.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

Actions	Performance Measures	Result
Draft Budgeted Financial Statements considered at May meeting. Budgeted Financial Statements adopted at June meeting.	Copy of budget provided to CEO of Constituent Councils within 5 days of adoption.	Budget provided to councils on 29 June 2021.
1.9 Keep proper books of account, regularly report on the financial position of EHA, and apply prudent financial management as required by the Charter.	Financial reports provided at each Board Meeting. Budget reviews presented at October, February and May meetings.	Regular Finance Reports and three Budget Reviews considered and adopted by BOM.
1.10 Conduct Audit Committee meetings as required by Charter.	Audit committee meet minimum of two times per annum.	Three Audit Committee meetings held.
1.11 Ensure the financial statements are audited annually as per the requirements of the Charter.	Audited financial statements adopted at August meeting and provided to Constituent Councils within 5 days.	Audited Financial Statements signed without qualification by Auditor and provided to Constituent Councils on 11 September 2020.
1.12 Monitor Long Term Financial Plan.	Plan reviewed annually as part of budget process.	Reviewed Financial Estimates considered by Audit Committee and Board of Management August/September 2020.
1.13 Provide regular statistical reports to Board Members and Constituent Council.	Reports provided at scheduled Board meetings.	Reports provided to all Board meetings including statistical reports.
1.14 Conduct annual review of delegations. Lead Constituent Councils in process. Resolutions and Instruments of delegation provided to Constituent Councils.	Documents provided to Constituent Councils. Delegations from EHA to CEO reviewed annually.	Delegation review process has been reviewed by LGA. Preliminary work conducted in relation to revised process. Future contact to be made with Constituent Councils to ensure consistency of process.
1.15 Provide information to the Board of Management in relation to public health reforms and provide written responses on behalf of EHA and Constituent Councils to State Government.	Information reports provided to Board and distributed to Constituent Councils as required.	Nil to report during period regarding formal responses.
1.16 Compile annual report in relation to the operations of EHA as required by the charter.	Annual report adopted at August meeting and provided to Constituent Councils and other stakeholders.	Revised process agreed due to timelines. Administration liaised with Chair prior to Annual Report being provided to Board of Management, Constituent Councils, Elected Members and Key Stakeholders.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

Actions	Performance Measures	Result
1.17 Compile report pursuant to the <i>South Australian Public Health, Act 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at relevant Board meeting and provided to Public Health Council.	<i>SA Public Health Act 2011</i> Annual Report 2019-20 received at 9 September 2020 Board Meeting and provided to Public Health Council by due date.
1.18 Compile annual report pursuant to the <i>Food Act 2001</i> and <i>Safe Drinking Water Act, 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at August meeting and provided to SA Health.	<i>Food Act 2001</i> Annual Report 2019-20 received at 9 September 2020 Board Meeting and sent to SA Health.
1.19 Compare Annual Business Plan against performance measures.	Report presented to August meeting.	2019/2020 evaluation considered at 9 September 2020 meeting.
1.20 Provide delegates report to CEO of each Constituent Council following Board meetings for tabling at subsequent council meeting.	Reports provided following Board meetings.	Review of reporting methodology being considered in response to Service Review findings.
1.21 Properly convene meetings of Constituent Council nominated contacts including providing agendas and minutes.	4 meetings conducted per year.	Council contacts met on four occasions (September and December 2020 and March and June 2021). Agenda and minutes provided for each meeting.
1.22 Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	System developed to ensure appropriate standards are being met.	Records Management Policy was adopted by the Board in January 2020. Monthly Audit reports are monitored for discrepancies in Content Manager.
1.23 Continually Review the EHA website to improve the functionality and available information and educational material.	Improved website functionality and available information.	Website updated to include Health Spotlight and immunisation pop up announcement on front page of booking system. Ongoing monitoring and review of online immunisation booking system undertaken and functionality improved for end user. Implemented improvements to booking options specifically for flu reduce/override appointment time to 5 mins which provided greater number of appointments and efficiencies. COVID-19 updates in relation to level of restrictions and impacts on EHA operations. APHN Immunisation Community and Engagement Project page added. New section included to provide direction/assistance in accessing AIR statements.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

Actions	Performance Measures	Result
1.24 Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	Report to Board on expansion opportunities.	No opportunities identified during reporting period that required reporting to Board.
1.25 Maintenance of Health Manager (HM) (electronic database). Continue to expand HM's internal and external functionality, to improve inspection, complaint and administrative efficiency and reporting capabilities.	Introduce new applications and reporting capabilities where required. Continue to liaise with Open Office to discuss new applications.	Ongoing maintenance to HM to improve administration efficiency, reporting capabilities and record management. Upgrades include: <ul style="list-style-type: none"> • Updated templates on HM as required. • Improved the capability of the mail merge fields. Improved communication to be sent to food businesses directly from HM and automatically record into the electronic database. • Explored and utilised the use of HM in updating registration for all HRMWS. • Explored the use of data analysis in reporting HM outcomes.
1.26 EHO's to continue to utilise the handheld electronic tablets with access to Health Manager during routine food inspections and complaint investigations. Expand the use of the electronic tablets in other EHO onsite field work.	Continue to utilise the handheld electronic tablets during routine and follow-up food inspections. Implementation of electronic tablets during complaint investigations and other EHO onsite field work to improve inspection, complaint and administrative efficiency.	All routine food inspections are completed on the tablet with electronic reports issued to proprietors. Explored the use of using the tablet to complete food complaint investigations. Updates to allow pre-opening/fit-out inspections to be completed on the tablet with electronic reports.
1.27 Participate in the Environmental Managers Forum to address environmental health issues and promote uniformity and professional consistency.	Management to attend and participate in the Environmental Managers Forum meetings.	CEO (Convenor of Forum) attended all meetings. Team Leader Environmental Health attended meetings.
1.28 Engage and participate LGA, non Government Organisations and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Engage, attend and actively participate.	Invited to participate in: <ul style="list-style-type: none"> - Local Government EHO EM Training Needs Analysis
1.29 Continue membership and actively participate in the Eastern Adelaide Zone Emergency Management Committee to develop and finalise the Eastern Zone Emergency Management Plan.	Attend the Eastern Adelaide Zone Emergency Management Committee and actively contribute towards the development of the Eastern Zone Emergency Management Plan.	Attended Emergency Management forum for SA Councils.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

Summary:

The Board of Management met six times during the year to consider EHA's business. Audit signed without qualification by Auditor and adopted by Board of Management September 2020. Chair and Deputy Chair elected at meeting held in February 2021. Revised delegations review process being considered. Annual Report 2019/2020 published and circulated.

SA Public Health Act 2011 Annual Report 2019/2020 received at September 2020 Board Meeting and provided to Public Health Council. *Food Act 2001* Annual Report 2019/2020 received at September 2020 Board Meeting and submitted to SA Health.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

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

Actions	Performance Measures	Result
1.1.1 Ensure that EHA is properly staffed and resourced in order to carry out its responsibilities.	Continually review staff resources and report to Board if required.	Budgeted staffing levels appropriate.
1.1.2 Performance development framework used to support staff and link day-to-day and long-term activities of staff to the Annual Business Plan and when applicable the Public Health Plan.	Conduct performance development review as required.	Individual performance developments conducted with staff.
1.1.3 Provide continuing professional development opportunities through ongoing education and training which is relevant to roles within EHA.	Training and education opportunities provided to staff.	Training opportunities were provided to all staff. Limited opportunities as a result of Covid-19. Records of training are kept in individual personnel files.
1.1.4 Continue to foster team cohesiveness and support effective teamwork.	Training and team building activities provided to staff.	In this period activities in this area were conducted during team meetings.
1.1.5 Encourage staff to be members of their relevant professional organisation. Support participation and EHA representation at professional Special Interest Groups to promote uniformity, professional consistency and to discuss the latest information in relation to public health issues affecting local government.	Encourage membership and active participation.	Staff actively participating in relevant professional special interest groups, workgroups and committees. CEO is convenor of Environmental Health Managers Forum. EHO convenes Eastern Hoarding and Squalor Group.
1.1.6 Provide systems for a safe working environment with appropriate Work Health and Safety (WHS) practices in place.	WHS to be discussed at all team and general staff meetings. Provide appropriate training and equipment to new staff.	WHS standing item on General Staff and Team meetings. Regular meetings held with WHS Committee with management representation and three staff members.
1.1.7 Review the Work Health Safety action plan outlining program of improvements required in EHA's WHS 3 Year Plan.	Action plan reviewed with input from staff.	The EHA WHS Plan and WHS Action Plan reviewed. Committee continues to review, and update risk assessments and items identified in the action plan on an ongoing basis.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

Actions	Performance Measures	Result
1.1.8 Annual review of EHA's induction program to ensure EHA staff are and familiar with EHA's methods of operation upon commencement of employment.	Annual review and induction program updated if required.	WHS PowerPoint induction presentation is in place for new staff. A review of the Induction Checklist has been undertaken to recognise their specific function and work areas.

Summary:

EHA has maintained a focus on developing professional, skilled and committed staff by regular Team meetings and providing opportunities to participating in relevant professional special interest groups, workgroups and committees.

EHA encourages membership and active participation at professional Special Interest Groups, workgroups and committees related to their work area.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

2.0 – Public and Environmental Health

Objective 2 Promote healthy communities by managing the risk from communicable and infectious disease and environmental impacts

Actions	Performance Measures	Result
<p>2.1 Maintain and update a register of all public health related premises.</p> <p>Public Health related premises are:</p> <ol style="list-style-type: none"> 1. premises with public swimming pools and spas 2. premises with cooling tower systems and warm water systems 3. Personal care and body art premises 4. waste control systems 	<p>Register maintained and updated at all times.</p>	<p>Registered waste-water systems reviewed and updated as required.</p> <p>Register for beauty and skin penetration, high risk manufactured water systems and swimming pools were maintained and updated as required.</p> <p>Personal care and body art registered premises reviewed and updated as required.</p> <p>Ongoing surveillance to identify new or un-notified Public Health premises.</p> <p>Monitoring all business closures and re-openings in line with COVID-19 restrictions. Updated the register accordingly.</p>
<p>2.2 Undertake assessments to determine appropriate standards of public swimming pools and spas are maintained in accordance with the South Australian Public Health (General) Regulations 2013.</p>	<p>All indoor pools assessed twice a year and outdoor pools once a year.</p>	<p>A total of 28 sites were inspected at least once.</p> <p>46 routines and 16 follow up inspections were conducted</p> <p>No complaint investigations were required.</p> <p>Three Compliance Notices were issued, including one un-notified spa pool identified at a food premises.</p> <p>Three swimming pool sites were voluntarily closed, including the un-notified spa pool identified at a food premises. This spa remains closed.</p>

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Actions	Performance Measures	Result
<p>2.3 Undertake assessments and collect water samples for analysis to determine appropriate standards of cooling towers and warm water systems for the management of <i>Legionella</i> in accordance with <i>South Australian Public Health (Legionella) Regulations 2013</i>.</p>	<p>Assessments performed at least annually.</p>	<p>19 cooling tower systems across 12 sites were inspected.</p> <p>In total 20 inspections were completed, 19 routine and one follow up inspection was required.</p> <p>Eight warm water systems across four sites were inspected.</p> <p>In total 11 inspections were completed, ten routine and one follow up inspection was required.</p> <p>Three positive <i>Legionella</i> detections were identified from the routine sampling completed. All detections occurred in warm water systems.</p> <p>1 Warning Letter and Expiation Notice issued to one Warm water site.</p>
<p>2.4 Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in a systematic manner in accordance with SA Health guidance and internal procedures.</p>	<p>Investigate incidences in accordance with EHA service standards and SA Health guidance.</p>	<p>Four positive <i>Legionella</i> notifications received from three sites own internal sampling.</p> <p>One site changed from warm water system to a hot water system.</p> <p>Inspection frequency increased at one site.</p> <p>Three desktop <i>Legionella</i> investigations were required as per instructions by SA Health. No further action was required.</p>
<p>2.5 Undertake assessments to determine appropriate standards at personal care and body art premises are maintained in accordance with guidelines and legislation.</p>	<p>Assessments performed according to risk-based schedule.</p>	<p>Assessments undertaken at all Tattooists.</p>
<p>2.6 Investigate complaints to ensure appropriate infection control standards at personal care and body art premises are maintained in accordance with the relevant guidelines and legislation.</p>	<p>Investigate and respond to complaints in accordance with their customer service standards.</p>	<p>Two beauty premises complaints received and investigated.</p>

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Actions	Performance Measures	Result
2.7 Assess applications for the installation of on-site wastewater systems in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i> , the On-site Wastewater System Code, 2013 and AS 1547 internal procedures, and service standards.	Applications assessed against with legislative requirements and customer service standards.	Four onsite wastewater system applications were received and approved. One application pending decision at the end of the reporting period. Five onsite inspections undertaken to determine progress of approved wastewater works.
2.8 Monitor service reports for aerobic wastewater treatment systems to identify non-compliances. Ensure non-compliances are addressed in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i> .	Monitor service reports for wastewater treatment systems to identify non-compliances.	Service reports monitored as required.
2.9 Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to: <ul style="list-style-type: none"> - hoarding and squalor - sanitation - vector control - hazardous and infectious substances <ul style="list-style-type: none"> clandestine Drug Laboratory asbestos syringes - on-site wastewater systems - notifiable diseases - refuse storage Co-ordinate a multi-agency response where necessary. Enquire into a collaborative working group with operational staff from Constituent Councils to assist with complex case investigation/resolution in public health hoarding and squalor.	Enquiries/complaints are investigated in accordance with the customer service standards and Guidelines.	224 Public health complaints were received. 15 of these complaints related to COVID-19 physical distancing. 278 onsite inspections performed. 2 x Compliance Notices (Severe Domestic Squalor)
2.10 Undertake joint investigations with Constituent Councils where there may be an overlap relating to <i>SA Public Health Act 2011</i> and the <i>Local Nuisance and Litter Control Act 2017</i>	Undertake joint investigations where required.	Multiple joint inspections conducted with Constituent Council Officers where complaints overlap relating to public health and nuisance matters.
2.11 Provide information to households informing them of localised pests/vector issues that can be minimised.	Provide information as required.	Various vector control awareness information sheets, including mosquito, rodent and pigeon were disseminated to residential properties.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

Actions	Performance Measures	Result
2.12 Undertake relevant notifiable disease investigations in collaboration with SA Health.	Respond to disease notifications in accordance with customer service standards and SA Health guidance.	CDCB notifications received: <i>Campylobacter</i> – 248 <i>Salmonella</i> – 38 <i>Cryptosporidiosis</i> – 4 <i>Legionellosis</i> – 2 Investigations were undertaken where required based in the instructions from CDCB. A total of 11 confirmed <i>COVID-19</i> notifications were received. No action was required.
2.13 Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.	Information available to community and via website and as required.	Information materials and advice provided to households as required. Investigated four complaints and provided advice. Where required undertook joint inspections with Constituent Council General Inspectors.
2.14 Provide rodent bait to residents upon request.	Rodent bait provision maintained.	As required.
2.15 Assist members of the community by offering approved sharps containers at cost price. Free disposal of full and approved sharps containers delivered to EHA.	Provide sharps container at cost price and free disposal service to residents as required.	As required.
2.16 Continue to co-ordinate and attend the Eastern Hoarding and Squalor Committee meetings to promote interagency management of residents affected by hoarding and squalor.	Coordinate the Eastern Hoarding and Squalor meetings.	Eastern Hoarding and Squalor Group (the Group) has enabled an inter-agency response to hoarding and squalor issues. EHA continues to co-ordinate and convene the meetings. The group met on four occasions.
2.17 Maintain the hoarding and squalor contact database.	Update where required.	Ongoing.
2.18 Participate in Metropolitan Fire Service fire risk notification system.	Notify MFS when required as per the notification process.	Progress updates provided by MFS at relevant forums. Environmental Health Team undertook the Fire Risk and Hoarding training in May 2021.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

Actions	Performance Measures	Result
2.19 Respond to development application referrals from councils regarding public health related premises and activities.	Respond to all referrals in accordance with the customer service standards.	Assessments are reviewed as required. Following review of applications EHO's contact new business proprietors and conducted a preliminary onsite inspection.
2.20 Monitor providers who supply water to the public under the <i>Safe Drinking Water Act 2012</i> meet the requirements set out by the Act and <i>Safe Drinking Water Regulations 2012</i> .	Continue to monitor potential water providers to ensure compliance with the Act and associated regulations.	Nil.

Summary

Despite the temporary COVID-19 restrictions imposed on businesses HRMWS, swimming pools and spas, tattooist and were assessed at least once during the year.

A total of 29 routine inspections were undertaken at 16 HRWMS sites. All sites were inspected at least annually. Water samples were obtained at all routine inspections, resulting in three detections of *Legionella* at two separate facilities. These facilities were shut down and decontaminations were promptly undertaken as required by the SA Public Health (*Legionella*) Regulations 2013. One warning letter and an Expiation Notice were issued a warm water facility.

During the year, 46 routine inspections and 16 follow-up inspections were conducted at 28 swimming pool and spa sites were assessed. Three sites were issued with a Compliance Notice. A Compliance Notice was issued including one unnotified spa pool at a food premises. The installation of the spa pool was non-compliant with the SA Public Health (General) Regulations. As a result it was closed and remains closed until compliance is achieved with the Regulations.

During the year, 224 public health complaints were received (increase compared to the previous year) and 278 onsite inspections were performed. Following the declaration of the COVID-19 Pandemic and the Police Commissioner's State of Emergency the Authorised Officers investigated 15 complaints relating to COVID19 physical distancing.

Two compliance notices were issued to separate properties in relation to severe domestic squalor.

EHA continues to lead the Eastern Hoarding and Squalor Group (the Group). The Group continued into its ninth successful year and met four times. This collaborative forum for EHOs and representatives from Government and non-Government agencies allows for proactive discussion and information sharing on squalor and hoarding, services and resources available to resolve these issues.

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

Objective 2.1 An innovative approach to public and environmental health through community and business education and interaction to increase awareness and understanding

Actions	Performance Measures	Result
2.1.1 Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the resources of other health related agencies.	Information resources maintained.	Continue to review of public health fact sheets.
2.1.2 Promote EHA services and educate the community on matters of public health in conjunction with Constituent Councils.	Provide information updates and articles to Constituent Councils as required.	Sent educational and updated emails to relevant businesses in relation to COVID-19 regarding restrictions, requirements and preventative measures. Updated EHA website with links to relevant information regarding COVID-19.
2.1.4 Participate in State/National proactive educational initiatives that raise awareness of public health related issues amongst the community.	Number of proactive educational activities conducted each year.	Public Health Week 2021 put on hold due to COVID-19 as communicated by SA Health.

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Objective 2.2

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

Actions	Performance Measures	Results
2.2.1 Assess applications for new licences, licence renewals and transfer of licence with regard to SRF legislation and within legislative timeframes.	Applications processed within legislative timeframes.	Five licence renewal applications were received and approved.
2.2.2 Assess applications for manager and acting manager with regard to SRF legislation.	Applications processed within customer service standards.	No acting manager applications were received.
2.2.3 Conduct relicensing audits of facilities against SRF legislation. Incorporate appropriate annual fire safety requirements from the Constituent Councils Building Fire and Safety Officers.	Unannounced audits conducted at all facilities. Issue of licences annually with conditions where required. Fire safety advice obtained annually. Include as licence conditions as agreed between EHA and Constituent Councils.	<p>The normal licensing process was disrupted in the first part of 2020 due to COVID-19 directions preventing Authorised Officers from entering SRFs from March – June 2020 when Officers would usually be performing relicensing audit inspections. Therefore, some facilities were licensed for a shorter period until Officers were able to perform audits later in the second half of 2020 and first half of 2021.</p> <p>Altogether, six unannounced routine licensing audits were conducted across five facilities. Documentation audits were performed for all five facilities.</p> <p>Authorised Officers liaised with Officers from the relevant Building Fire Safety Committee to obtain fire safety reports for each facility.</p> <p>Prior to the COVID restrictions the licensing process had been completed for one facility and a standard 12 month licence was issued for this facility for the period of 01 July 2020 – 30 June 2021.</p> <p>The licensing process had not been completed prior to the introduction of COVID-19 restrictions for the remaining 4 facilities, therefore:</p>

Business Plan Review - Progress Against Actions 1 July 2020 – 30 June 2021

Actions	Performance Measures	Results	
		<ul style="list-style-type: none"> - One pension only facility was licenced from 01 July 2020 – 31 December 2020. A subsequent licence was issued from 01 January – 30 June 2021. - Three dual licenced facilities were licenced from 01 July 2020 – 31 December 2020. A subsequent licence was issued for these facilities from 01 January 2021 – 30 June 2022. 	
2.2.4	Conduct follow-up inspections to ensure facilities continue to operate at satisfactory standards in accordance with the legislation.	Unannounced inspections and follow-ups conducted at SRFs where required.	Follow-up inspections were performed at all facilities where required.
2.2.5	Respond to enquiries/complaints in relation to SRFs	Respond to all enquiries and complaints in accordance with the customer service standards.	Three complaint investigations were undertaken.
2.2.6	Liaise with service providers to ensure residents receive appropriate levels of care.	Liaise where required.	Regular liaison with service providers including; <ul style="list-style-type: none"> - SRF Managers and Proprietors - Department of Human Services - SRF Health Access Team Dietician - SAPOL
2.2.7	Liaise with Constituent Councils and other relevant stakeholders in relation to potential SRF closures and surrender of licence, strategic management options and appropriate alternative accommodation options.	Issues investigated and reported to Board of Management and relevant council as necessary.	No significant matters that required further liaison with Constituent Councils or relevant stakeholders.
2.2.8	Liaise with LGA and State Government to ensure legislation applicable to SRFs is appropriate and that local government receives appropriate support for its licensing role.	Continue discussion with LGA and State Government regarding these issues.	Meetings with DHS and other councils occurred in June 2021 and further meetings are planned to discuss the relevance of the current SRF legislation to the sector.

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Summary

The normal licensing process was disrupted in the first part of 2020 due to COVID-19 directions preventing Authorised Officers from entering SRFs from March – June 2020 when Officers would usually be performing relicensing audit inspections. Therefore, some facilities were licensed for a shorter period until Officers were able to perform audits later in the second half of 2020 and first half of 2021.

Altogether, six unannounced routine licensing audits were conducted across five facilities. Documentation audits were performed for all five facilities.

Prior to the COVID restrictions the licensing process had been completed for one facility and a standard 12 month licence was issued for this facility for the period of 01 July 2020 – 30 June 2021.

The licensing process had not been completed prior to the introduction of COVID-19 restrictions for the remaining 4 facilities, therefore:

- One pension only facility was licenced from 01 July 2020 – 31 December 2020. A subsequent licence was issued from 01 January – 30 June 2021.
- Three dual licenced facilities were licenced from 01 July 2020 – 31 December 2020. A subsequent licence was issued for these facilities from 01 January 2021 – 30 June 2022.

Three complaints were received and investigated.

No acting manager applications or licence transfers were received.

Meetings with DHS and other councils occurred in June 2021 and further meetings are planned to discuss the relevance of the current SRF legislation to the sector.

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Objective 2.3 Minimise the public health consequences of emergencies through a planned and prepared response

Actions	Performance Measures	Results
2.3.1 Liaise with the Constituent Councils and Eastern Adelaide Zone Emergency Management Committee to ensure integration of emergency management arrangements.	Attend and participate in committee meetings.	Two meetings attended by management staff.
2.3.2 Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. Participate in any relevant exercises conducted by the Constituent Councils or by other organisations.	Conduct or participate in one exercise a year.	Attended participated in the Emergency Management Response workshop with the City of Burnside.
2.3.3 Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. Participate in any relevant exercises conducted within the region by other organisations.	Conduct or participate in one exercise a year.	BCP tested during Covid-19 Pandemic
2.3.4 Review and update emergency management information and proactively provide public health and food safety information to the community and businesses via the website or email.	Review and update as required.	No updates undertaken.
2.3.5 Finalise the review of the Emergency Management Plan.	Plan Finalised.	Review is ongoing.
2.3.6 Finalise the review of Business Continuity Plan.	Plan Finalised.	BCP reviewed.

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3.0 – Immunisation

Objective 3 The provision of a comprehensive, accessible and efficient immunisation service valued by the community

Actions	Performance Measures	Results
<p>3.1</p> <p>Ensure effective governance and delivery of a public clinic immunisation program in accordance with:</p> <ul style="list-style-type: none"> • the current National Health and Medical Research Council (NHMRC) "Australian Immunisation Handbook" • National Vaccine Storage Guidelines 'Strive for 5, 2nd Edition • the <i>Controlled Substances Act 1984</i> and the <i>Controlled Substances (Poisons) Regulations 2011</i> • Vaccine Administration Code October 2018 v 1.7 • South Australia's Child Protection Legislation – Child Safe Environment Guidelines. • Immunisation Records and Inventory System (IRIS). <p>Immunisation Nurses are provided with opportunities to participate in appropriate professional development opportunities.</p>	<p>Annual clinical performance evaluation.</p> <p>Annual Cold Chain audit and pharmaceutical refrigerator maintenance.</p> <p>Annual review of Child Safe Environment Guidelines and Procedures.</p> <p>Review of Immunisation Nurses CPD annually.</p>	<p>Changes to the online 'Australian Immunisation Handbook' are communicated to all Immunisation staff. The Immunise Australia website is checked monthly for updates.</p> <p>Cold Chain Audit completed in December 2020. Maintenance of Back up UPS system with battery bank for the vaccine fridge.</p> <p>Immunisation records are entered and updated at every clinic and school visit and automatically uploaded to AIR overnight. All workplace flu visits (March-June) were data entered prior to 1 June 2021 and uploaded to AIR, ensuring proof of vaccination certificates via AIR available to clients in line with requirements.</p> <p>Annual CPR (Refresher Course) offered/attended each February Vaccinology update offered/attended in November</p>
<p>3.2</p> <p>Promotion of EHA's public immunisation clinic program through channels identified in the EHA Marketing Plan.</p> <p>Build Social Media presence through Constituent Council platforms to promote immunisation clinics.</p> <p>EHA website used as a tool for communication of up to date information relating to immunisation.</p> <p>Provide Constituent Councils with educational and promotional materials relating to immunisation for circulation.</p>	<p>Increased number of clinic timetables required and distributed.</p> <p>Regular updates of information provided in the home page on immunisation issues.</p> <p>Source and distribute to Constituent Councils promotional and educational materials on immunisation in conjunction with Constituent Councils.</p>	<p>Timetables were printed and distributed to Councils, preschools, primary schools, secondary schools, childcare centres, hospitals, medical specialists, CAFHS regional office in December/January. Electronic files also sent where relevant.</p> <p>EHA services promotional flyer was developed and included at time of timetable distribution to all the above locations.</p> <p>All social media posts lined directly to the EHA website and relevant pages for ease of access. Homepage and online booking system monitored for updates on a weekly basis.</p>

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1 July 2020 – 30 June 2021

		<p>EHA branding stickers printed for use on SA Health promotional leaflets (Adelaide PHN community project)</p> <p>Adelaide PHN Immunisation Community Engagement Project information promoted on EHA website</p> <p>EHA branded giveaways for clients / community stands – eg pens, colouring in sets, balloons</p> <p>New promotional banners on Payneham Road sidewalk.</p> <p>New promotional banners at each Constituent Council allocated venue.</p> <p>COVID-19 specific promo products branded with EHA – sanitising stations, floor stickers etc</p> <p>Social media tiles developed and distributed to councils on a monthly calendar listing dates of up-coming clinics for the month. Advertise monthly Saturday clinics via Councils social media platform. New 'Pop up' notice on website for relevant communication updates – eg flu season.</p> <p>Supplied Constituent Councils with promotional posters and flyers to be displayed at customer service desks and centres advertising immunisation clinics and services.</p> <p>EHA promotional Banners permanently displayed when clinics operational.</p>
<p>3.3</p> <p>Improve customer experience at EHA public immunisation clinics.</p> <p>Conduct an annual review of EHA's public clinic venues and timetable taking into account client feedback and satisfaction surveys .</p> <p>Continual development and promotion of online immunisation appointment booking system.</p>	<p>Review and evaluate each public clinic venue and times offered.</p> <p>Clinic Timetable reviewed and published in November.</p> <p>Increase mailout of Clinic Timetable.</p> <p>Report and expand website analytical tools to monitor usage.</p> <p>Improve the access and increase in use of Immunisation Online Booking System.</p>	<p>Clinic locations and days/times reviewed to accommodate public demand – Saturday public clinics and council flu clinics introduced. Walk-in and appointment clinics offered according to demand/preferences.</p> <p>As part of the APHN project a clinic experience survey has been developed and implemented, collecting data on brand awareness, booking options (phone/online) and walk-in/appointment preferences and overall clinic experience. Data being collected and will allow for improved planning and services.</p> <p>Currently using google analytics to track website traffic and site usage. Reports produced quarterly or as needed.</p> <p>Regular assessments and tests conducted on booking system, ongoing liaison with website developer to manage any updates and corrections for simpler usage and customer experience. Booking system updated to reduce time allowed for flu appointments to ensure more appointments available during clinic time. Appointment reminders converted to SMS from email (booking confirmations remain email).</p>

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	<p>Implement program of review and reminders for residents of overdue vaccinations.</p>	<p>SMS message sent to all secondary students who had not completed required doses. High rate of bookings and immunisation resulted.</p> <p>RNs ongoing review of established catchup programs to ensure children remain on track with scheduled vaccinations.</p>
<p>3.4</p> <p>Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract.</p> <p>Liaise with school coordinators and SA Health regarding implementation and evaluation of program.</p> <p>Immunisation statistics submitted via IRIS to SA Health and the Australian Immunisation Register (AIR) in accordance with contractual arrangements.</p>	<p>Statistics reported to AIR within 5 days of clinics.</p> <p>All students offered vaccinations and consented students missing vaccines are offered reminders.</p> <p>Monitor and report on coverage data for the SIP compared to the SA Average. Delivery of SIP with ongoing improvement and evaluation of coverage data.</p> <p>Statistics uploaded onto IRIS for the SIP within 10 days of school visit.</p>	<p>School vaccines encountered in IRIS at time of school visit and uploaded to AIR overnight</p> <p>SMS messages are sent to absent students within 24 hours of the missed dose advising of online booking system and public clinics to attend. Reports are run at completion of SIP delivery to identify consented students who have missed dose/s and reminders sent to parents.</p> <p>SA Health provided with numbers of school enrolments for their statistics. RNs upload school stats (girls/boys consented/vaccinated) onto IRIS within 3 days of school visit. All data related to SIP immunisations are uploaded to IRIS by administration on the day of the school visit. This data is automatically sent to AIR overnight and is available for client viewing the following day.</p> <p>Total stats for each school visit are collated at the end of the school visit and are then added to the quarterly reports. EHA SIP results are reviewed and compared to SA average:</p> <ul style="list-style-type: none"> • dTpa Yr 8: EHA 87.01% (State 82.8%),

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	<p>Further promote EHA clinics, catch up facilities offered in regular school newsletter updates and electronic reminders to parents.</p>	<ul style="list-style-type: none"> • HPV Yr 8 dose 1: EHA 86.11% (State 81.4), • HPV Yr8 dose 2: EHA 78.65% (State 69.4) • Meningococcal B Yr 10 dose 1: EHA 74.59% (State 76.0%) • Meningococcal B Yr 10 dose 2: EHA 70.69% (State 67.1%) • Meningococcal ACWY: EHA 78.7 % (State 77.7%) <p>SIP Review and Update session held at EHA for all secondary school promoting EHA services / informing of SA Health SIP Protocols. Year 8 student introduction information provided to families via school portals/webs and displays at school evenings. Electronic timetable and EHA promo services flyer provided to schools for inclusion in newsletters and on parental/student portals.</p> <p>Education session to all nursing staff at the beginning of the year to discuss changes to the school immunisation program and the influenza workplace program.</p> <p>School Immunisation Protocols updated in November 2020. All documents and templates sent to the schools for the upcoming SIP year are updated to reflect any changes in protocols.</p>
<p>Promote and provide a professional and quality Workplace Immunisation Program on a fee for service basis.</p> <p>Continual development and promotion of online workplace immunisation appointment booking system.</p> <p>3.5</p>	<p>Target services to organisations whose staff are at high risk of acquiring vaccine preventable diseases.</p> <p>Increase of new clients and regular annual clients. Income generated</p> <p>Review program annually.</p>	<p>Promotional material and update of EHA workplace website actioned in November and launched to existing clientele and public in late November. Direct emails, flyer mail outs and social media posts and personal account management leading into commencement to ensure the success of the program.</p> <p>106 workplace visits, an increase of 8 visits on 98 in 2020. A total of 4,085 vaccines administered at workplaces. 8 businesses were new in 2021 and 6 were returning clients from several years prior.</p> <p>The workplace program is reviewed at the conclusion of season (August) to ascertain opportunity for improvement and to review pricing and operations.</p>

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<p>3.6</p> <p>The CEO/Team Leader Immunisation lobby through LGA for appropriate funding for sustainability of local government delivery of immunisation services.</p>	<p>Meet with LGA and SA Health to discuss funding and support from governments.</p>	<p>COVID discussions with SA Health/ ongoing monitoring of immunisation roll out and guidance and direction to public.</p>
<p>3.7</p> <p>Facilitate the Community Engagement Project which forms part of a broader Adelaide PHN Immunisation Hub initiative.</p> <p>The initiative aims to increase immunisation coverage and reduce vaccine preventable hospitalisations in the Adelaide metropolitan region.</p> <p>Increase community awareness and knowledge of the benefits of childhood immunisation, increasing coverage within the eastern and inner northern suburbs of metropolitan Adelaide</p> <p>Conduct on-site education and awareness raising sessions at participating childcare centres.</p> <p>Provide education and training on immunisation information and immunisation services for Health professionals.</p>	<p>Comply with the Adelaide PHN project specific requirements, including submission of periodic reports as required.</p> <p>Meet with PHN periodically to monitor and review compliance against project Schedule.</p>	<p>Ongoing relations with Adelaide PHN to deliver program as per Work Plan. EHA representation at school parent introduction events. Displays and attendance at Council seminars/summits. Networking with Child Care Centres and CAFHS nurses / regional coordinators to provide staff and families with immunisation education and information and promote EHA services. Provision of immunisation information and promo material to schools/childcare centres/CAFHS nurses.</p> <p>Seek opportunity to encourage required 'catch ups' and follow through with assessments and clinic immunisation.</p> <p>Identify 'at risk' and opportunity for non-Medicare funded immunisation..</p>

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Summary

Details of clients per council, choice of clinic venue and vaccines administered at public clinics continue to be monitored to allow for planning. During August 2020 review commenced for 2021 venue timetable and design, printing and distribution/publication was completed in December.

July to December 2020 all public clinics were held at St Peters location due to COVID-19 limitations and from January 2021 clinics returned to Council sites (Campbelltown, Burnside & Prospect). Based on demand, additional nurses were added to clinics and additional clinics scheduled (particularly through flu period).

The online booking system continued to be well utilised in 2020/2021 with recent survey results showing more than 70% of bookings are made online. 2,142 bookings were booked online in 20/21. Continuous improvements have been identified and implemented resulting in high satisfaction rating of users.

The SIP program was delivered to Year 8 and 10 students in 2020, with some COVID-related disruptions to timing managed and overcome. Considerable time and effort were given to building relations with school coordinators – an afternoon SIP Update and Review session was held at EHA for all coordinators. Electronic material has been provided to schools to distribute via their school communities. EHA continues to achieve higher school coverage rates than the state average.

A total of 4,085 influenza vaccines were administered at 106 workplace visits. Workplace visit commenced at the end of March 2021 and ran through to July 2021. The workplace flu season ran a little later in 2021 with a greater number of clients requesting visits in late May and June than previous years. SA Health were later to deliver funded vaccines than previous years with EHA delivery not occurring until 9 April. This resulted in some minor rescheduling of clients or clinic visits for over 65s specifically. The Commonwealth roll out of COVID-19 vaccination program also presented some scheduling issues with aged care facilities and retirement villages needing to reschedule due to timing requirements between COVID and flu doses. Overall, 2021 workplace program was very successful with high client satisfaction.

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4.0 – Food Safety

Objective 4 Minimise foodborne illness by ensuring that safe and suitable food is available to the community.

<i>Actions</i>	<i>Performance Measures</i>	<i>Results</i>
4.1 Assign and where required update food businesses risk classification in accordance with the SA Health Food Business Risk Classification Framework.	Apply relevant risk rating to new businesses and undertake assessments in accordance with SA Health Food Business Risk Classification Framework. Monitor and identify new food processing practices during routine assessments. Update the risk classification to reflect the changes.	Existing and new businesses assigned with a 'Risk Rating' in accordance with the updated SA Health Food Business Risk Classification system.
4.2 Routine food business assessments conducted using an appropriate food safety rating tool to ensure compliance with the <i>Food Act 2001</i> and Food Safety standards. Frequency of routine assessments is determined by the food business risk classification framework.	Assessment performed using the appropriate food safety rating tool. Assessments conducted in accordance with the assigned risk rating and frequency.	756 routine inspections were conducted. COVID-19 restrictions imposed resulted in the temporary closure and also permanent closure of food businesses. These abovementioned factors affected the number of food safety assessments performed during the year.
4.3 Monitor food businesses during inspections to assess if they are captured by the Primary Production Standards.	Inform SA Health of new food businesses that may be captured under the Primary Production Standards as required.	Informed SA Health of new businesses and new practices within existing food businesses as required.
4.4 Ensure appropriate enforcement action is taken in relation to breaches of the Food Act 2001 and associated standards in accordance with EHA's enforcement policy.	Number of enforcement actions taken.	561 Follow-up Inspections 19 Warning letters. 79 Improvement Notices 19 businesses issued with more than one Improvement Notice 16 Prohibition Orders 14 Expiation Notices
4.5 Investigate food related complaints in a systematic and timely manner in relation to: <ul style="list-style-type: none"> • alleged food poisoning • microbiological and chemical contamination • foreign matter found in food 	Respond to complaints in accordance with customer service standards and when necessary, SA Health guidance.	99 food complaints received and actioned. The main complaints received related to alleged food poisoning and poor personal hygiene.

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<i>Actions</i>	<i>Performance Measures</i>	<i>Results</i>
<ul style="list-style-type: none"> • poor personal hygiene and handling practices • unclean premises • vermin, insects and pest activity • refuse storage <p>Liaise with SA Health and other councils to ensure a co-ordinated approach where necessary.</p>		
4.6 Respond to food recalls in accordance with SA Health recommendations.	Number of recalls actioned when required.	Responded to all recalls in accordance with SA Health recommendations.
4.7 Ensure all businesses servicing vulnerable populations within the Constituent Councils have their food safety plan audited in accordance with Food Safety Standard 3.2.1 and the <i>Food Act 2001</i> .	Number of audits conducted in accordance to audit frequency.	Database of businesses servicing vulnerable populations is maintained. 76 sites required their food safety plan to be audited. 54 audited by EHA and the remainder audited by SA Health and other Councils. Two follow-up audits were undertaken.
4.8 Provide professional auditing services to businesses servicing vulnerable populations outside of EHA's of Constituent Councils.	Number of audits conducted in accordance to audit frequency.	Professional auditing services provided to 56 sites external to Constituent Council boundaries.
4.9 Review plans liaise with the applicant regarding structural fit out of a food business.	Respond to requests as provided.	48 structural food fit out inspections conducted. Received plans from Constituent Councils. All reviewed by EHA in accordance with the agreed Development Assessment information sharing process and customer service standards. EHOs liaised with council on major shopping centre development.
4.10 Provide Feedback to Constituent Councils when requested as per the Development Assessment sharing process.	Respond and provide feedback to Constituent Councils as required.	As required

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<i>Actions</i>	<i>Performance Measures</i>	<i>Results</i>
4.11 Provide new food businesses with a welcome pack to acknowledge their notification and to introduce EHA. The welcome pack to provide resources and information on safe food practice and inform businesses of EHA's inspection fee policy.	Information provided following receipt of notification form.	Ongoing. Following the receipt of a new Food Business Notification, the notification is processed, and welcome pack is sent electronically to the new food business.
4.12 Conduct food safety assessments of fairs and festivals and temporary events in collaboration with the Constituent Councils and relevant event co-ordinators. Provide written correspondence and feedback to all stall holders assessed at these events.	Food safety assessments are undertaken based on risk. Provide correspondence and feedback to stall holders where required.	Attended festivals and fairs and inspected 54 stalls.
4.13 Liaise with Constituent Council and relevant event coordinators to ensure all stall holders at fairs, festivals and temporary events are well informed of the legislative requirements. Manage temporary stall notification forms and ensure temporary food businesses are provided with adequate resources and information in safe food practices. Conduct stall holder meetings and food safety training for stall holders upon request by the Constituent Councils and relevant event coordinators.	Liaise with Constituent Council and relevant event coordinators prior to the event. Provide stall holder presentations where required.	EHA is in contact with Constituent Councils on upcoming events. Notification form completed by event co-ordinators and stall holders. The Temporary Food Notification form was updated to streamline the process of review. A Temporary Event Information Sheet was developed to assist stall holders understand their responsibilities. Decision tree developed and used to determine whether inspection is necessary. This has ensured consistency in approach.
4.14 Following the assessment of food stalls at Constituent Councils special events, provide feedback to the relevant council on the food safety standards observed at the event.	Provide feedback to council following an event.	EHO's correspondence and inspection reports provided to relevant Councils where further action is required following an event. Draft template of letter to inform councils of food safety outcomes of special events undergoing development.
4.15 Ensure all businesses provide notification of their business details. Maintain a register of all food businesses operating within EHA's jurisdiction.	Update within 5 days of receipt of notification.	213 notifications received advising of a new food business or change of ownership, were lodged with EHA. 191 businesses closed. A decrease when compared to previous year.

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<i>Actions</i>	<i>Performance Measures</i>	<i>Results</i>
4.16 Assessments, investigations and actions are updated in Health Manager to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.	Update within 5 days of assessment or action.	Officers enter assessments, investigations and actions in Health Manager in a timely manner.
4.17 Provide information to the Board of Management in relation to food safety reforms and provide written responses on behalf of EHA and Constituent Councils to State Government.	Information reports provided to Board and distributed to Constituent Councils as required.	Nil reports required.
4.18 Participate in the Environmental Health Australia "Food Safety" Special Interest Group (SIG) to promote uniformity, professional consistency and to discuss the latest information in relation to food safety issues affecting local government.	Attend and actively participate at SIG meetings.	SIG meetings attended by staff via virtual meeting platforms.
4.19 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional improvement.	Attend and actively participate.	Nil opportunities in this period.

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Objective 4.1 An innovative approach to food safety through business and community educating and interaction to increase awareness and understanding.

Actions	Performance Measures	Results
4.1.1 Continue to provide the food safety training program for food businesses.	Continue to provide the food safety training program.	A training session on the fundamentals of food safety was held in June to which all food businesses in our constituent council areas. 24 participants with varying levels of experience in the food industry and from a variety of food businesses, such as schools, cafes, cinemas and restaurants.
4.1.2 Continue to implement the food safety training program targeting specific food businesses that serve food to the vulnerable population and require a Food Safety Program.	Continue to provide the food safety training program.	Implementation of training program postponed as a result of COVID-19 restrictions imposed on food businesses.
4.1.3 Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the resources of other health related agencies.	Information resources maintained.	Promote food safety videos available on EHA website during routine inspections. Continue to review of food safety fact sheets.
4.1.4 Participate in State/National proactive educational initiatives that raise awareness of public health related issues amongst the community.	Number of proactive educational activities conducted each year.	Participated in Food Safety Week - 14 -21 November 2020 - food poisoning – it's in your hands. Promoted on social media page with information and food safety knowledge survey.
4.1.5 Collate the results from the customer service survey and investigate the feedback to identify areas of improvement and development of further educational materials.	Collate the customer service feedback.	COVID-19 restrictions imposed resulted in the temporary closure and also permanent closure of food businesses. Survey postponed to when restrictions ease and businesses re-open.

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Summary

A total of 756 routine food safety inspections were conducted throughout the year, an increase when compared to the previous year. 591 follow-up inspections, with 66% of routine inspections required a follow-up inspection. 105 food businesses required more than one follow-up inspection.

EHA's Enforcement Policy allows for a graduated and proportionate response to be applied, with businesses issued with Prohibition Orders or Expiation Notices having had a significant history of non-compliance. There was an increase in enforcement action taken with a total of 79 Improvement Notices issued to 54 food businesses. A total of 19 businesses received more than one Improvement Notice during the year.

16 Prohibition Orders were issued to food businesses, 13 more when compared to the previous year. The majority of Prohibition Orders were issued to restaurants for serious offences relating to pest activity, premises being unfit for intended use and poor standard of cleanliness and failure to protect food from potential contamination.

Expiations were issued to 11 businesses. A total of 14 offences were committed under the *Food Act, 2001*.

EHA received a total of 99 complaints relating to food during 2020-21, with alleged food poisoning, poor personal hygiene and unsafe unsuitable amongst the most common complaints received.

A total of 64 scheduled food safety audits and two follow-up audit were conducted within EHA's jurisdiction during the year. By request, a total of 56 audits and one follow-up audit were conducted outside EHA's council areas.

Food safety fundamentals was held in June to which all food businesses in our constituent council areas were invited to attend. The session aimed to improve food handlers' knowledge of safe food practices and in turn, businesses compliance with the Food Safety Standards. 24 participants with varying levels of experience in the food industry and from a variety of food businesses, such as schools, cafes, cinemas and restaurants. The feedback provided by the participants was overwhelmingly positive with attendees requesting longer and additional sessions and stating that they would recommend for their colleagues to attend.

EHA Participated in Food Safety Week held between the 14 -21 November 2020. The theme 'food poisoning – it's in your hands' was promoted on social media pages. The promotion included food safety information and a food safety knowledge survey for businesses to use.

5.6 APPOINTMENT OF MEMBERS TO EASTERN HEALTH AUTHORITY (EHA) COMMITTEES

Author: Michael Livori

Ref: AF12/195

Summary

Eastern Health Authority (EHA) currently has two committees that require Board Member and Independent Member representation. This report provides the opportunity for members to review the membership of these committees.

Report

Audit Committee

Audit Committees provide an important independent role between a Regional Subsidiary and its management. Audit Committees have no authority to act independently of EHA and can only act in areas covered by their terms of reference.

The principle functions and extent of authority for an Audit Committee are set out in Section 126 of the *Local Government Act 1999* (the Act). In summary the minimum statutory functions of an Audit Committee include:

- reviewing annual financial statements to ensure that they present fairly the state of affairs of the Authority; and
- proposing and providing information relevant to a review of the Authority's strategic management or annual business plans; and
- proposing and reviewing the exercise of the efficiency and economy powers (under Section 130A); and
- liaising with the Authority's auditor; and
- reviewing the adequacy of the accounting, internal control, reporting and other financial management systems and practices of the Authority on a regular basis.

EHA has developed Terms of Reference for the committee which outline its expected role (provided as attachment 1). One of the primary roles of the Committee is to provide suggestions and recommendations to EHA and/or management, about actions to be taken to enhance financial governance, considered to be in the best interests of the Constituent Council's communities.

The Audit Committee plays a critical role in the financial reporting framework of EHA by overseeing and monitoring the participation of management and external auditors in the financial reporting process. It addresses issues such as the approach being adopted by EHA and management to address business risks, corporate and financial governance responsibilities and legal compliance. EHA may also refer issues of a strategic nature to its Audit Committee.

The Audit Committee focuses its attention at the strategic level, with issues of an operational nature being referred to EHA's senior management.

To gain the most benefit from having an Audit Committee, it is important that EHA appoints properly skilled people who have experience in audit practices and understand the business of EHA.

The Act requires that members of the EHA's Audit Committee:

- may not include an employee of EHA;
- may include persons who are not members of EHA;
- may include members of an audit Committee of another council (or in fact may have the same membership as the audit Committee of another council); and
- must otherwise be determined in accordance with the requirements of the regulations (if appropriate).

Clause 2 of the EHA Audit Committee Terms of Reference (ToR) deals with the membership of the Committee. This section of the ToR was extensively reviewed in February 2021 with the following changes made to improve the operation of the committee.

- 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.

The full revised clause is detailed below.

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.

EHA's Audit Committee current members are:

Claudia Goldsmith	Independent Member and Presiding Member
Madeleine Vezis	Independent Member
Peter Cornish	Board Appointed Member

Claudia Goldsmith has been a member of the Audit Committee since 27 June 2012. Claudia is currently the Presiding Member of the Committee, and her current term of membership concludes on 16 February 2022. As Claudia has exceeded the maximum term of continuous membership detailed in the revised ToR (2.11) it will be necessary appoint a new independent member to the committee. It is intended that expressions of interest are requested from suitably qualified persons to fill the vacancy.

Madeleine Vezis has been a member of the Audit Committee since 3 August 2020. Her current term of membership concludes on 16 February 2022. Madeleine's appointment has been approved by all Constituent Councils as required by the Local Government Act and clause 2.4 of the ToR. With the departure of Claudia Goldsmith from February 2022, and to ensure continuity within the committee, it is recommended that the Board consider reappointing Madeleine for a 3 year period commencing 17 February 2022 and concluding on 15 February 2025.

Peter Cornish has been the Board appointed member since 20 February 2019. While the revised ToR at 2.2 sets the terms of a Board appointed member to expire at the conclusion of the next Local Government Election, it is recommended that this is formalised in a resolution. Peter has also been approved by all Constituent Councils as required by the Local Government Act and clause 2.4 of the ToR.

Chief Executive Officer Performance Review Committee

The Chief Executive Officer (CEO) of EHA is required to undergo regular performance reviews. The performance reviews are conducted by members of a committee nominated by the Board with the assistance of an appropriate consultant.

Members of the current committee are Cr G Knoblauch, Cr S Whittington, Cr K Barnett, Cr P Cornish, and N Cunningham. There is currently no expiry to the term of membership to the committee.

It is suggested that the Board reconfirm membership of the committee and set an expiry date for membership that coincides with the 2022 Local Government General Election.

RECOMMENDATION

That:

1. The Appointment of Members to EHA Committees report is received.
2. Cr Peter Cornish is reappointed as Board representative to the EHA Audit Committee until the conclusion of the next Local Government General Election.
3. Madeleine Vezis is appointed as an independent member of the Audit Committee with a term commencing on 17 February 2022 and concluding on 16 February 2025.
4. are appointed to the CEO Performance Review Committee until the conclusion of the next Local Government General Election.

5.7 EASTERN HEALTH AUTHORITY (EHA) AUDIT COMMITTEE ANNUAL EVALUATION REPORT 2020/2021

Author: Michael Livori

Ref: AF16/97

Summary

Clause 12 of the Audit Committee Terms of Reference provides details in relation to the Annual Review and Reporting to the Board Committee in relation to its own performance to ensure it is operating at maximum effectiveness. The Audit Committee has prepared an Annual Report Evaluation 2020/2021 for the Board of Management.

Report

Clause 12 of the Audit Committee Terms of Reference provides the following details in relation to the annual review and reporting to the Board:

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.

The EHA Audit Committee Annual Evaluation report is provided as attachment 1. The report serves as a self-evaluation tool for the Committee , summarises the work undertaken during the 2020/2021 financial year and identifies any training needs and future Audit Work Plan proposals.

RECOMMENDATION

That:

- 1 The report titled EHA Audit Committee Annual Report Evaluation 2020/2021 is received.



EHA Audit Committee

Annual Report Evaluation FY2021

Background

The Audit Committee (the Committee) Terms of Reference states “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.”

The Committee’s Work Plan requires the Annual Report to the Board to:

- Outline outputs relative to the audit committee’s work plan and the results of a self-assessment of performance for the preceding period including whether it believes any changes to its charter are appropriate;
- Outline any identified training needs;
- Advise future Audit Work Plan Proposals;
- Invite comment from the Board on all of the above.

This report presents a summary of Eastern Health Authority (EHA) Audit Committee’s activities during the FY2021 year.

Conduct of Meetings

The Committee met on 3 occasions during 2020-2021. The table below provides membership and meetings attended:

Meeting Dates
26 August 2020
15 December 2020
3 June 2021

Committee Membership	Term Expiry	Number of Meetings Attended
Claudia Goldsmith – Presiding Member	16 February 2022	3
Madeleine Vezis	16 February 2022	3
Peter Cornish	Expire at the conclusion of the next Local Government Election	3

Role of Audit Committee

The Audit Committee is established under Sections 41 and 126 of the *Local Government Act 1999* (as amended) to provide comment, suggestion and recommendation to the Board about matters including finance, risk, and audit.

Throughout the year the Audit Committee met 3 times and considered reports on matters which had been referred to the Committee.

The role of the Audit Committee is not to make decisions on behalf of the EHA Board but rather to review and consider the appropriateness of EHA processes in the areas of:

- Financial reporting, sustainability and accounting policies.
- Risk Management and Internal control procedures.
- External Audit function (EHA's financial auditors).
- Internal Audit and compliance including efficiency and effectiveness. audits, if required.

During FY2021 Committee members attended the following training courses/sessions:

Training Course/Session	Date	Provider	Members Attending
Nil	N/a	N/a	N/a

Cost of Audit Committee

Audit Committee Membership FY2021	Fees Paid FY 2021
Claudia Goldsmith – Presiding Member	\$1,350
Madeleine Vezis	\$700
Peter Cornish	\$0

Number of Outstanding Resolutions:

No	Outstanding Resolution	Status
Nil		

Audit Committee Evaluation

During July - August 2021 the Committee undertook a self-assessment of its performance by way of a Questionnaire (All members surveyed).

Below is a summary of the self-assessment.

			Member 1	Member 2	Member 3
1	Is the Committee satisfied that its current Terms of Reference are appropriate?	Yes/No	Yes. Annual review completed in December 2020 with key amendments relating to maximum term of members, eligibility for re- appointment, and Constituent Council approval of committee membership.	Yes. The Terms of Reference have been discussed by the Committee and updated accordingly.	Yes, we undertook a reviewed of the Terms of Reference during the last 12 months.
2	Does the work program address the Terms of Reference and is it achievable?	Yes/No	Yes	Yes	Yes
3	Is the Committee satisfied that it is effectively monitoring Risk Management & internal Controls	Yes/No	Yes	Adequate processes have been established to review risk management and internal control activities undertaken. There is room for improvement in relation to the effectiveness of the process established to better align internal controls to	There are adequate processes in for the size and work of the Authority. However additional work is always required.

			Member 1	Member 2	Member 3
				both strategic and operational risks.	
4	Is there sufficient time allocated during the meetings to adequately discuss agenda items?	Yes/No	Yes	Yes	Yes
5	Are the reports prepared for the meetings sufficiently comprehensive to allow you to make informed decisions?	Yes/No	Yes	Yes	Yes
6	Does the Committee believe it is adequately informed on current and emerging trends and factors?	Yes/No	Yes	Yes	Yes
7	The Committee size is adequate	Yes/No	Yes	Yes	Yes
8	The frequency and duration of meetings are sufficient to ensure effective committee governance	Yes/No	Primarily yes, however more frequent meetings may provide for more continuity.	Yes. The frequency and duration of the meetings is adequate, however consideration could be given to the timing of meetings in relation to the Board meetings. This would allow the Committee to provide greater	Yes

			Member 1	Member 2	Member 3
				value by providing input into issues and/or papers before they are presented to the Board.	

			Member 1	Member 2	Member 3	Average
9	How do you rate the overall efficiency and effectiveness of the Committee?	Use a scale of 1 to 5 where 1 is poor and 5 is excellent	4	4	4	4
10	How do you rate the performance of the Chairperson in preparing for and conducting meetings?	Use a scale of 1 to 5 where 1 is poor and 5 is excellent	N/a	5	5	5
11	How do you rate the performance of the other members of the Committee in fulfilling their role on the Committee	Use a scale of 1 to 5 where 1 is poor	5	5	5	5

		and 5 is excellent				
12	How do you rate the performance of the staff in facilitating the committee's role and function?	Use a scale of 1 to 5 where 1 is poor and 5 is excellent	5	5	5	5
13	Do you have any suggestions for improving any aspect of the Committee's, performance, role or function?	Yes/No	The Committee's contribution would be enhanced if resource constraints permitted cyclical independent internal audit reviews of areas deemed high risk and for the purposes of providing independent assurance to the EHA Board.	The ability to focus on strategic risks and associated internal controls would provide an opportunity to use limited resources in areas of most value to EHA.	Nothing additional.	

Following from its self-assessment process the Committee recommends the following Training / professional development for its members:

Training/Professional Development Need	Committee Member
Nil	Nil

Chairperson's Comments**Annual Report FY2021****Presiding Member Report**

The Audit Committee has had a productive year. I am satisfied as Presiding Member that the Committee has met its responsibilities under the Terms of Reference and has achieved continuous improvement in meeting these responsibilities.

The Audit Committee has a good mix of skills, knowledge and experience and demonstrates a questioning culture.

The Audit Committee has this year continued to provide assistance and improvement recommendations to EHA in the effective conduct of its financial reporting, risk management, policy review and development, and internal control monitoring.

The Committee also reviewed and commented on Management's response to the FY2020 Audit Findings, received an update on the Cyber Risk Action Plan, and will continue to monitor the implementation of the corrective actions proposed by Management.

Other activities undertaken include the review of the:

- Finance Report and Budget;
- Annual Business Plan;
- 2019-20 Financial Statements, external Audit Management letter and meeting with the External Auditor;
- Internal Controls Register;
- Corporate Risk Register;
- EHA Charter
- Audit Committee Terms of Reference.

On behalf of the Audit Committee, I thank the CEO and the Administration for their support and assistance, and in providing comprehensive and understandable reports which has ensured effective governance by the Committee throughout FY 2021.

Claudia Goldsmith
Presiding Member

5.8 FOOD ACT ANNUAL REPORT 2020/2021

Author: Nadia Conci

Ref: AF11/205

Summary

Section 93 of the *Food Act 2001* (the Act) requires the head of an enforcement agency to report each year to SA Health. The completed annual Food Act Questionnaire 2020/2021 has been prepared on Eastern Health Authority's (EHA) performance under the Act for 2020/2021 and was submitted to SA Health Food Standards Surveillance and Food and Controlled Drugs Branch. A copy of the annual Food Act Questionnaire 2020/2021 is provided to the Board for their information.

Report

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

On 3 May 2021, SA Health requested that enforcement agencies provide the completed annual Food Act Questionnaire 2020/2021 in accordance with section 93 of the *Food Act 2001*.

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

The completed annual Food Act Questionnaire 2020/2021 is provided as attachment 1 of this report and is a statistical review of the work undertaken during 2020/2021. The completed questionnaire was submitted to SA Health Food Standards Surveillance and Food and Controlled Drugs Branch.

Statistics detailed in the report are reflective of the Authorised Officers concerted effort to conduct thorough routine and follow-up inspections; food safety audits undertaken within and out of our Constituent Council areas and investigated complaints.

Proportionate legal action was taken where warranted resulting in an increase in the number of Expiation Notices issued and Prohibitions served. This demonstrates EHO's efforts to ensure appropriate standards of food safety are maintained where serious non-compliance was observed.

EHA recognises the importance of investing time into training and providing advice. A revised Food Safety Training course was held, focusing on the fundamentals of food safety. The feedback was overwhelmingly positive, resulting in three separate organisations requesting in-house training. Further training courses will also be held in the new year.

For further detail, Board Members are referred to the annual Food Act Questionnaire 2020/2021.

RECOMMENDATION

That:

The report titled Food Act Annual Report 2020/2021 be received.

FOOD ACT 2001 - ANNUAL REPORT QUESTIONNAIRE

Information on Local Government Administration of the Food Act for the period 1st July 2020 to 30th June 2021

Council Name : Eastern Health Authority(EHA)

1. Authorised Officers

An authorised officer (AO) is defined as “a person appointed under Part 9, Division 3 of the *Food Act 2001*”. Under Division 3 a council is required to maintain a list of AOs appointed under the Act. Please provide the following advice on persons who were listed as an AO for your council, under this provision, on the **30th June 2021**.

The purpose of this question is to update the current list of authorised officers working in South Australia. Where part time staff are employed by more than one council, please indicate the name of all other councils in the table below.

If on the 30th of June 2021 the council did not have an AO under the Food Act please provide a nil return.

Name of Authorised Officer	Position Title	Contact Details (phone, fax, mobile, email)	Full time or Part Time appointment	**If Part Times . Record the FTE (Full time Equivalent)	Does the authorised officer work for more than one council?	Name the other councils	Percentage of time spent on food related matters (including routine, follow-up and complaints)	
							Inspections	Audits
	EHO	w: 8132 3660 m:0413238894 e:lsmith@eha.sa.gov.au	Full Time		No		65.00%	0.00%
Ebony Daniell	EHO	w:8132 3631 m:0481033817 e:edaniell@eha.sa.gov.au	Full Time		No		50.00%	25.00%

Alysha Riley	EHO	w:8132 3630 m:0413238906 e:ariley@eha.sa.gov.au	Full Time		No		60.00%	0.00%
Katina Nikas	EHO	w: 8132 3617 m:0413239015 e:knikas@eha.sa.gov.au	Full Time		No		45.00%	25.00%
Fadzai Chingovo	EHO	w:8132 3624 m:0413238978 e:fchingovo@eha.sa.gov.au	Full Time		No		65.00%	0.00%
Lee Dyson	EHO	w:8132 3614 m:0413238830 e:ldyson@eha.sa.gov.au	Full Time		No		65.00%	0.00%
Rhett Bertram	EHO	w: 8132 3627 m:0412891993 e:rbertram@eha.sa.gov.au	Full Time		No		15.00%	0.00%
Tina-marie Aghiana	EHO	w:8132 3640 m:0413239036 e:taghiana@eha.sa.gov.au	Part Time	0.8	Yes	SA Health	0.00%	75.00%
Nadia Conci	Team Leader - EH	w:8132 3626 m:0413238927 e:nconci@eha.sa.gov.au	Full Time		No		30.00%	0.00%
Michael Livori	CEO	w:8132 3611 m:0400102077 e:mlivori@eha.sa.gov.au	Full Time		No		10.00%	0.00%
TOTAL %							40.50%	12.50%

*FTE = Full Time Employee or part thereof

Fulltime Employee	9	No of Officer works for >1	1
Part Time Employee	1		

** FTE = Part time working hrs per week/ Full time working hours per week

For example: Officer working 15 hrs a week. Fulltime hours for the week = 37.5. FTE= 15/37.5 which is 0.4 FTE

2. Audits & Inspections of Food Premises

2A. Food Audits

The Food Act requires businesses that process food for service to “*Vulnerable Populations” to have implemented a documented Food Safety

Business Type- Vulnerable Population	No. of Businesses	Routine Audits (Standard 3.2.1, 3.2.2 & 3.2.3)		Routine Inspections (Standard 3.2.2 & 3.2.3)	
		No. of audits conducted by your council (In your Jurisdiction)	No. of audits conducted by other councils (In your Jurisdiction)	No. of inspections conducted of auditable businesses	No. of follow-up inspections conducted of auditable businesses
Child Care Centres	38	24	8	9	7
Aged Care Facilities	31	18	6	3	1
Private Hospitals (Do not include Public Hospital data)	2	2	1	2	0
Others- Central production kitchen for vulnerable	2	2	4	0	0
TOTAL	73	46	19	14	8

* “Vulnerable Populations” are those types of businesses as defined in Standard 3.3.1 and are required to be audited.

2B. Food Inspections

All food businesses in South Australia are required to comply with the Food Act 2001, Regulations and Food Safety Standards. Please complete the following table with respect to your Council; however EXCLUDE businesses that service “Vulnerable Populations” which were reported in section 2A of this report.

Businesses Inspections Information as per Priority Risk Classification				
Risk Classification	Number of Businesses	Routine Inspections Conducted	Follow up Inspections	No. of Inspection resulting from complaints
P1 (please exclude businesses that service “Vulnerable	547	427	417	96
P2	280	217	119	31
P3	156	93	17	4
P4	223	3	0	0
Total	1206	740	553	131

3. Food Audit and Inspection Fees

3A. Food Audit fees

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

Does your council conduct Food Audits?

Yes

If you answered NO to the above question go to Q3B.

Does your council charge fees for conducting Food Audits?

Yes

If you answered NO to the above question go to Q3B.

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

Audit Type/parameters	Audit Charge (\$)/unit*
Desktop Audit (offsite)	\$92.00/hr
Routine Audit (onsite)	\$195.00/hr
Follow up Audit	\$195.00/hr
Travel Cost	\$90.00/hr
Other _____	Audit Preparation /Administration \$92.00/hr Desktop conducted on-site during audit \$195.00/hr Community - 20% discount
If there is a cap on the maximum cost of	No cap on the maximum cost of an audit.

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

3B. Food Inspection fees

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

Does your council charge fees for conducting food premises inspections?

Yes

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

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

Inspection Type	Inspection Charge (\$)/unit* (if no fees are charged please write N/A)
Routine Inspection	Small (< 20FTE) - P1 and P2 - \$129.00 P3 - 85.50 P4 - no charge In any other case (>20FTE) - P1 and P2 - \$321.00 P3 - \$214.00 P4 - no charge
Follow up Inspection	Fee applicable as per 'Routine Inspection Fee' if second f/up insepction is required.
Complaint Inspection	N/A
Home Activity Inspection	Same as 'Routine Inspection' fees
Other - Inspection of 'non council events'	Small Business Inspection Fee (P1&2) - 1 to 10 stalls \$64.50 and Large Business Inspection Fee (P1&2) - > 10 Stalls \$160.50. Note that these fees are chaged to the event organsier.

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

4. Food Act Enforcement

4A Enforcement Activities

Please complete the following table indicating the enforcement activities undertaken by your councils during financial year 2020-2021.

Table 4A

Business Sector	Risk Level	No. of Business	No. of business Inspected	No. of business requiring enforcement action	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued		No. of prosecutions	Percent Compliance - Inspected Businesses
								Body Corporate	Natural person		
Retailer											
Alcoholic beverages packaged	P4	2	0	0	0	0	0	0	0	0	#DIV/0!
Bakery products	P3	9	6	0	0	0	0	0	0	0	100%
Bakery products Perishable fillings	P2	4	2	0	0	0	0	0	0	0	100%
Continental Type Delicatessen food	P2	4	4	1	0	1	0	0	0	0	75%
High risk food - perishable	P2	78	48	2	1	3	0	0	0	0	96%
Low risk packaged food	P4	213	1	0	0	0	0	0	0	0	100%
Low risk food unpackaged	P3	4	3	0	0	0	0	0	0	0	100%
Medium risk food - perishable	P3	43	20	0	0	0	0	0	0	0	100%
Raw Meat & Poultry	P2										#DIV/0!
Seafood(excludes Processing of Bivalve mollusc)	P2	3	2	0	0	0	0	0	0	0	100%
Others- see comments	P1										#DIV/0!
Others- see comments	P2										#DIV/0!
Others- see comments	P3*	1	0	0	0	0	0	0	0	0	#DIV/0!
Others- see comments	P4										#DIV/0!

Comments: P3* - Food - farm gate sales - fresh vegetables. Due to COVID-19 scheduled food inspections continued to be interrupted as food business either remaining closed or gradually re-opened during the year due to the March/April 2020 restrictions. P2 High Risk Perishable Foods - include food premises such as service stations, school canteens and fruit and veg stores that retail high risk perishable foods with minimal food processing activities. Many of the businesses that have a good history of compliance and an inspection frequency of 18 months.

P3 Medium risk Perishable foods - include food premises such that retail unpackaged medium risk foods such as cinemas, mobile food vendors. Due to the low risk nature of these businesses the majority have a good history of compliance and an inspection frequency of 24 months.

P4 'Low risk packaged foods' - Due to the low risk nature of the foods (ie. packaged lollies, alcoholic beverages etc) a scheduled inspection is not undertaken. However, when a

Food Service

Catering offsite activity	P1	13	6	1	0	0	1	0	0	0	83%
Catering onsite activity	P1	110	28	1	1	1	0	0	0	0	96%
Medium risk foods perishable	P3	31	13	0	0	0	0	0	0	0	100%
Restaurants and takeaway RTE Food- Prepared in advance >4 hrs	P1	569	372	57	17	60	13	10	1	0	85%
Restaurants and Takeawayfood RTE food - Express order <4hrs	P2	148	95	2	0	4	1	0	0	0	98%
Restaurants and takeaway RTE Food-no raw preparation	P2	74	51	3	0	3	0	1	0	0	94%
Others- see comments	P1	13	0	0	0	0	0	0	0	0	#DIV/0!
Others- see comments	P2										#DIV/0!
Others- see comments	P3*	1	0	0	0	0	0	0	0	0	#DIV/0!
Others- see comments	P4										#DIV/0!

Comments: P3* - Snack bar/kiosk - low risk food unpackaged. P1 - admin lodgement - Food business Notification forms that have been lodged/ set up and the premises has closed. P1 - Catering On-site - Aged care and child care facilities are also included in this category. Routine inspections were excluded for some of these facilities as a food safety audits were undertaken during the financial year. Due to COVID-19 scheduled food inspections continued to be interrupted as food business either remaining closed or gradually re-opened during the year due to the March/April 2020 restrictions.

Processor/ Manufacturer											
Bakery products Perishable fillings processing	P1	12	7	0	0	0	0	0	0	0	100%
Baby Food processing	P2	1	0	0	0	0	0	0	0	0	#DIV/0!
Beverage processing	P3	5	2	0	0	0	0	0	0	0	100%
Beverage processing small producer	P3										#DIV/0!
Canned food processing	P2										#DIV/0!
Canned food processing very small producer & high acid food	P3	2	1	0	0	0	0	0	0	0	100%
Chocolate processing	P2										#DIV/0!
Chocolate processing small producer	P3	2	1	0	0	0	0	0	0	0	100%
Cereal processing & medium/low risk bakery	P3	60	31	1	0	1	0	0	0	0	97%
Confectionary processing	P3	21	10	0	0	0	0	0	0	0	100%
Cook-Chill food Short shelf-life processing	P1	2	1	0	0	0	0	0	0	0	100%
Cook-chill food Extended shelf life processing;	P1	1	0	0	0	0	0	0	0	0	#DIV/0!
Cook-chill food Extended shelf life processing; Aseptic Packaging	P2										#DIV/0!
Cook-frozen food processing	P2	1	1	1	0	0	1	1	0	0	0%
Dairy processing (not including soft cheese)	P2	6	5	0	0	0	0	0	0	0	100%
Dairy processing - Soft cheese processing	P1										#DIV/0!
Egg Processing	P2										#DIV/0!
Fruit and Vegetables processing	P1	1	1	0	0	0	0	0	0	0	100%

Fruit and vegetable processing frozen	P2										#DIV/0!
Fruit and vegetable processing frozen, Blanch, wash & pack, dehydrating, condiments , small producer	P3	2	0	0	0	0	0	0	0	0	#DIV/0!
Fruit and vegetable Juice Unpasteurised processing	P1										#DIV/0!
Fruit juice, Pasteurisation processing, Shelf stable processing	P2										#DIV/0!
Fruit Juice Pasteurisation processing, Shelf stable processing Small producer	P3										#DIV/0!
Infant formula product processing	P1										#DIV/0!
Meat Processing, Abattoir/ Boning Room	P2										#DIV/0!
Meat Processing, Fermented meat Processing, Small Goods Processing	P1	1	0	0	0	0	0	0	0	0	#DIV/0!
Oils and fats processing	P3										#DIV/0!
Peanut Butter processing, Nut Processing	P2										#DIV/0!

Peanut Butter processing, Nut Processing Small Producer	P3										#DIV/0!
Poultry processing	P1										#DIV/0!
Prepared not ready to eat food processing	P2										#DIV/0!
Prepared ready to eat food processing	P1	19	10	1	0	1	0	0	0	0	90%
Salt & other low risk ingredients/additives processor	P3										#DIV/0!
Seafood processing	P2	3	2	0	0	0	0	0	0	0	100%
Seafood processing RTE and shelf stable	P2										#DIV/0!
Seafood processing - Mollusc processing	P1										#DIV/0!
Snack chips processing	P3										#DIV/0!
Spices and dried herbs processing	P2										#DIV/0!
Spices and dried herbs processing small producer	P3	3	1	0	0	0	0	0	0	0	100%
Sprout processing	P1	1	0	0	0	0	0	0	0	0	#DIV/0!
Sushi processing	P1	1	1	1	0	2	0	1	0	0	0%
Vegetables in oil processing	P1	1	1	0	0	0	0	0	0	0	100%
Others- see comments	P1										#DIV/0!
Others- see comments	P2										#DIV/0!
Others- see comments	P3*	3	2	0	0	0	0	0	0	0	100%
Others- see comments	P4										#DIV/0!

Comments: P3* - Food Processors/Manufacturer - Coffee Roasting

P3 Cereal Processing -majority are home based and processing low risk foods such as biscuits, muffins and jams.

The majority of 'other' P3 businesses are on a 24 month inspection frequency.

Food Transporter

Bulk flour storage distributor	P3										#DIV/0!
Bulk milk collection distributor	P2										#DIV/0!
Dairy produce distributor	P3	2	0	0	0	0	0	0	0	0	#DIV/0!
Dry goods and beverages distributor	P4	9	2	0	0	0	0	0	0	0	100%
Frozen food distributor	P3	1	1	0	0	0	0	0	0	0	100%
Fruit and vegetables distributor	P3	1	1	0	0	0	0	0	0	0	100%
Perishable ready to eat, packaged, medium risk food distributor	P3	1	1	0	0	0	0	0	0	0	100%
Perishable, ready to eat, packaged, high risk food distributor	P2	7	5	1	0	2	0	0	0	0	80%
Processed meat distributor	P2	1	0	0	0	0	0	0	0	0	#DIV/0!
Seafood distributor	P2										#DIV/0!
Others- see comments	P1										#DIV/0!
Others- see comments	P2										#DIV/0!
Others- see comments	P3										#DIV/0!
Others- see comments	P4										#DIV/0!

Comments:

Table 4B

Reason for enforcement activity	Written warnings	Improvement notices	Prohibition Orders	Expiations	Prosecutions
Standard 3.2.1 (Food Safety Program)					
FSP not prepared, implemented, maintained and monitored	0	1	0	0	0
FSP not audited at the frequency determined by the auditor	0	1	0	0	0
FSP not revised so as to comply with the regulations	0	0	0	0	0
FSP audit report not retained by business for four years	0	0	0	0	0

5. Food related complaints

5A. Food Complaints

Please complete the following table indicating the complaints received and actioned by your councils during financial year 2020-2021.

Complaint Type	Total No. received	No. Justified/ Confirmed	% Overall Justified
Food unsuitable/unsafe due to foreign matter	10	2	20.00%
Food unsuitable/unsafe due to microbial contamination / growth	5	3	60.00%
Food unsuitable/unsafe due to presence of unapproved or excessive chemical residues	0	0	#DIV/0!
Alleged food poisoning	27	5	18.52%
Unclean premises	13	4	30.77%
Poor personal hygiene or poor food handling practices	25	10	40.00%
Vermin / insects / pests observed in premises	6	1	16.67%

Refuse storage	7	3	42.86%
Labelling Issues	1	1	100.00%
Other (please state) - issues with shared toilet facilities, excessive smoke at premises and missing exhaust canopies, COVID restriction breaches, unsealed jars of peanut butter.	5	3	60.00%
TOTAL	99	32	32.32%

6. Proactive projects, surveys and sampling programs

It is requested the report uses the following general format:

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

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

A training session on the fundamentals of food safety was held in June to which all food businesses in our constituent council areas were invited to attend. The session aimed to improve food handlers' knowledge of safe food practices and in turn, businesses compliance with the Food Safety Standards. There were 24 participants with varying levels of experience in the food industry and from a variety of food businesses, such as schools, cafes, cinemas and restaurants. The feedback provided by the participants was overwhelmingly positive with attendees requesting longer and additional sessions and stating that they would recommend for their colleagues to attend. Due to the huge demand for this training (more than twice the number of applicants were received than could be accommodated for) a second session will go ahead in July 2021 and more are planned for later in the year.

Throughout the year food businesses were provided with regular communication updates to assist businesses in meeting their statutory responsibilities.

5.9 2020/2021 FINANCIAL YEAR ANNUAL ENVIRONMENTAL HEALTH REPORT

Author: Nadia Conci
Ref: AF16/80

Summary

A report has been prepared on Eastern Health Authority's (EHA) performance under the *South Australian Public Health Act 2011* (the Act) for 2020/2021 and is provided for the Board's endorsement.

Report

The purpose of the 2020/2021 Financial Year Annual Environmental Health report is to assist in the review of the *South Australian Public Health Act 2011* (the Act), and assist the Minister for Health and Ageing and the Chief Public Health Officer and their delegates to perform their functions under the following sections of the Act:

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

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

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

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

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

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

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

On, 20 July 2021 correspondence was received from SA Health requesting that enforcement agencies provide an annual report in accordance the with the abovementioned sections of the *SA Public Health Act 2011*.

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

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

RECOMMENDATION

That:

1. The Report titled 2020/2021 Financial Year Annual Environmental Health Report is received.
2. The 2020/2021 Financial Year Annual Environmental Health Report provided as attachment 1 to this report is submitted to the Chief Public Health Officer.

Eastern Health Authority

101 Payneham Road St Peters, SA 506

**2020 / 2021 FINANCIAL YEAR ANNUAL
ENVIRONMENTAL HEALTH REPORT
Reporting period: 1 July 2020 to 30 June 2021
THE SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011**

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

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

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

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

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

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

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

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

It is requested that all councils complete and submit this report by 30 September 2021.

When completing this report, please add rows to tables as necessary.

Please submit your completed report by 30th September 2021 in electronic copy emailed to:

HealthProtectionPrograms@sa.gov.au

1 ENVIRONMENTAL HEALTH WORKFORCE

1.1 Authorised officers (s44)

Please provide a list of all persons currently authorised by the authority pursuant to s44 of the Act on 30 June 2021 in the following format. This is requested to confirm that the Chief Public Health Officer's notification register is up to date.

Authorised officer's full name	Employment type (PFT, PPT, CE or CNE)	Date authorised	Approved qualification number*	Environmental health experience (years/months)	Average EH hours worked per week
Luke Smith	PFT	21/03/2016	9	5years 10mths	38
Rhett Bertram	PFT	07/06/2021	13	9 years 2mths	38
Ebony Daniell	PFT	23/02/2018	9	7years 3 mths	38
Alysha Riley	PFT	20/01/2020	9	1 year 5 mths	38
Fadzai Chingovo	PFT	6/07/2020	25	2 years 1mths	38
Lee Dyson	PFT	16/07/2020	9	11 mths	38
Katina Nikas	PFT	22/06/2020	7	27 years	38
Tina-marie Aghiana	PPT	6/09/2013	8	17years 2mths	15.2
Nadia Conci	PFT	6/09/2013	8	20years 4mths	38
Michael Livori	PFT	6/09/2013	8	35 years	38

Notes:

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

***Approved qualification number:**

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

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

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

1.2 Were any environmental health positions vacant on 30 June 2021?

No – proceed to section 1.3

Yes – complete the table below

Please provide information on all authorised officer positions vacant on 30 June 2021 in the following format.

Position title	Employment type (PFT, PPT, CE or CNE)	Average EH hours per week	Term of contract (if applicable)	Duration position has been vacant

1.3 Any additional comments relating to environmental health workforce

2 SA PUBLIC HEALTH ACT & REGULATIONS - ENFORCEMENT

2.1 Were any section 92 notices issued under the Act during the reporting period?

No – proceed to section 2.2

Yes – proceed to section 2.1.1

2.1.1 In total, how many section 92 notices were issued during the reporting period (not including preliminary notices).

5 x Compliance Notices

2.1.2 Please provide a summary of the matters that section 92 notices were issued to deal with.

3 x Compliance Notices issued to swimming pools/spa.

1 x new un-notified spa pool was installed with a domestic filter and was not connected to an automatic system. Manual testing equipment was unable to test for all required parameters. Spa remains closed.

1 x swimming pool – operation of automatic dosing equipment, free and combined chlorine and cyanuric acid within the required parameters, manual testing and record keeping and confirmation of flow and turnover rate. Pool was closed until compliance was achieved.

1 x swimming pool and wading pool – operation of automatic dosing equipment, free and combined chlorine and pH within the required parameters, manual testing and record keeping. Pool was closed until compliance was achieved.

2 x Compliance Notices issued for severe domestic squalor.

Both residential properties. One property was unoccupied and one property was frequented by squatters.

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

No – proceed to section 2.1.4

Yes – complete the table below

Details of action taken	Costs recoverable \$

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

No – proceed to section 2.1.5

Yes – complete the tables below

Expiation notices issued

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

Prosecutions commenced

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

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

No – proceed to section 2.1.6

Yes – complete the table below

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

2.1.6 Any additional comments relating to section 92 notices issued

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

No – proceed to section 2.2.4

Yes – complete tables 2.2.1 - 2.2.3 below

Please provide details on all expiation notices issued and prosecutions commenced by the authority on persons causing material or serious risks to public health between 1 July 2020 and 30 June 2021 in the following format.

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

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

2.2.2 s57 – Material risk to public health – prosecutions

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

2.2.3 s58 – Serious risk to public health – prosecutions

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

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

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

No – proceed to section 2.4

Yes – complete the table below

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

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

2.4 South Australian Public Health (General) Regulations 2013

2.4.1 How many known premises with public pools and/or spas are there in your council area?

28 pool sites and 43 swimming pools/spas.

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

Type of public pool	No. of known public pools and spas in council area. Please count each pool separately at premises with more than one pool.	No. of pools inspected <u>at least once</u> for compliance	Please provide details of any regularly encountered non-compliance issues
Swimming pool	37	33 (4 Closed due to COVID-19)	Free chlorine levels too low or too high; Combined chlorine out of range; pH and alkalinity levels out of range; Cyanuric acid levels out of range; Testing kit not accessible;
Spa pool	4	3 (1 Closed due to COVID-19)	Free chlorine levels too low or too high; Combined chlorine out of range; pH and alkalinity levels out of range; Cyanuric acid levels out of range; Testing kit not accessible.
Hydrotherapy pool	2	2	Free chlorine levels too low or too high; Combined chlorine out of range; pH and alkalinity levels out of range; Testing kit not calibrated.
Waterslide	0	0	No issues identified.
Other	0	0	No issues identified.
Totals	43	38	

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

No – proceed to section 2.4.4

Yes – complete the table below

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

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

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

Compulsory registration of public swimming pools would allow EHA to maintain a complete register. The introduction of this requirement would also enable new pool sites to seek approval prior to the installation of a new pool/spa and ensure it is compliant with the Regulations.

2.4.5 Any additional comments relating to the South Australian Public Health (General) Regulations 2013

2.4.6 Are there any unregulated interactive fountains or water play areas using recirculated water within your council area?

No – proceed to section 2.5

Yes – provide details of the facilities/features in your area

2.5 South Australian Public Health (Wastewater) Regulations 2013

2.5.1 Were any applications for wastewater works approvals received during the current or previous reporting periods?

No – proceed to section 2.6

Yes – complete the table below

No. of pending applications carried over from the previous reporting periods	Number of new applications received during the reporting period.	No. of applications approved	No. of applications refused	No. of applications pending a decision	No. of inspections undertaken by an authorised officer in relation to wastewater works approvals
1	5	4	0	1	5

2.5.2 Do you keep a wastewater works approval register compliant with the requirements of regulation 27 of the Wastewater Regulations?

No

Yes

2.6 South Australian Public Health (Legionella) Regulations 2013

2.6.1 How many cooling towers are registered in your council area? Please provide the number of individual towers even when they are part of a single cooling water system.

20

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

Type of registered system	No. of systems on council's register	No. of systems inspected at least once for compliance by an authorised council officer. Reg. 15(1)	No. of systems inspected at least once for compliance by an independent competent person. Reg. 15(2)	No. of follow-up inspections by an authorised officer due to non-compliance issues	No. of additional inspections due to complaints and disease investigations	Total no. of inspections conducted
Cooling water systems*	19	19	0	1	0	20
Warm water systems	8	8	0	1	0	11
Total	27	27	0	2	0	31

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

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

Cooling Towers: Required documentation missing from onsite folder – service reports, water treatment reports, mechanical reports, operation manuals. Chemical dosing information not current and correct. Drift eliminator certificate not available upon request, or not updated when new drift eliminators fitted. Maintenance of cooling towers – drift eliminators, tower louvers and auto dosing lines in a deteriorated condition. Ensuring that EHO's are able to safely access drift eliminators.

Warm Water Systems: A diverse range of non-compliances across the sites was observed. Most common non-compliances were in relation to inadequate record keeping or missing documentation in the onsite folder such as procedures and manuals. Two premises had ongoing Legionella notifications and consequently the inspection frequency was increased to six months. One of the premises changed to a hot water system during the reporting period.

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

No – proceed to section 2.6.5

Yes – complete the table below

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

Reg. No.	Type	No. of expiations issued	No. of prosecutions commenced	Comments
5(2)	Unregistered system			
6(4)	Notification of change to registration particulars.			
6(5)	Notification of permanent decommissioning or removal			
7	Automatic biocide dosing device			
8(1)	Drift eliminators			
9	Commissioning			
10(1)	System plans			
10(3)	Operation and maintenance manuals			
11	Operation and maintenance by a competent person	N/A		
12	Maintenance of cooling water system			
13	Maintenance of warm water systems			
14(1)	Log books	1	-	Expiation issued for failure to maintain appropriate records (warm water systems). This premises was issued a warning.
14(2)	Retain log books			
17(1)	Failure to shut down or decontaminate system			
17(2)	Reporting of notifiable results within 24 hours			
18(4)	Contravention of a condition of a determination or approval			
19	False or misleading statement	N/A		
Totals				N/A

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

No – proceed to section 2.6.6

Yes – complete the table below

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

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

2.6.7 Any additional comments relating to the Legionella Regulations

Nil.

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

3.1 Were any cases of hoarding and/or domestic squalor investigated in your area during the reporting period?

No – proceed to section 4.1

Yes – complete the table below

Please provide the following details on the cases of hoarding and/or domestic squalor investigated during the reporting period.

Total number of cases investigated	Total number of Preliminary Notices issued under Section 92(2)(b)	Total number of General Duty Notices issued under Section 92(1)(a)	Total number of Risk to Health Notices issued under Section 92(1)(b)
9	0	0	2

3.2 Is the South Australian Severe Domestic Squalor Scale (Appendix 2 – A Foot in the Door) used for the assessment of cases of domestic squalor?

Yes – proceed to section 3.3

No – describe what other processes or tools are used.

3.3 Are you involved in an interagency squalor group?

No – proceed to section 3.4

Yes – provide details on the group and the agencies involved.

The Eastern Hoarding and Squalor Group (the group) continues to be led by EHA. The group is now in its ninth consecutive year and has met on four occasions across 2020/21. The collaborative nature of the group allows EHO's and representatives from both Government and non-Government agencies to proactively discuss and share information on hoarding and squalor, as well as the services and resources available to help resolve these issues.

3.4 In instances of severe domestic squalor where a breach of the general duty or a risk to public health has been identified, what public health risks have been associated with these cases?

Vermin, faecal contamination and needle stick injury.

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

No – proceed to section 3.6

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

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

Yes

No – provide an overview of your experiences

3.7 Any additional comments on the South Australian Public Health (Severe Domestic Squalor) Policy 2013?

Nil.

4 The South Australian Public Health (Clandestine Drug Lab) Policy 2016

4.1 Were any clandestine drug laboratories notified by SA Police/SA Health in your area during the current or previous reporting periods?

No – proceed to section 5.0

Yes – complete the table below

Please provide details on clandestine drug laboratory notifications.

Number of clan lab notifications carried over from previous reporting periods (not finalised*).	Number of new clan lab notifications received during the reporting period.	Number of clan lab notifications finalised* during the reporting period.	Number of unresolved clan lab notifications remaining on 30 June 2021
0	1	0	1

* A notification is finalised when the local authority advises SA Health that the property does not or no longer presents a risk to public health and the SAILIS flag is removed from the property.

Please advise the basis on which clan lab notifications were finalised during the reporting period

	A preliminary assessment by a suitably qualified expert found that remediation was not required	The property was assessed and remediated and validation by a suitably qualified expert found the remediation to be successful and the premises fit for their intended purpose	The premises was demolished	Other reason – please provide details
Number of clan lab notifications finalised				

4.2 Were any site inspections undertaken by an environmental health officer in relation to notified clan labs?

Yes - total number of inspections undertaken ____

No – proceed to section 4.3

4.3 Has the South Australian Public Health (Clandestine Drug Laboratory) Policy 2016 and the associated ‘Practice Guideline for the Management of Clandestine Drug Laboratories’ assisted you in the administration of the Act and in the remediation of clandestine drug laboratories?

Yes

No – provide an overview of your experiences

4.4 Any additional comments on the South Australian Public Health (Clandestine Drug Laboratory) Policy 2016?

5 Skin Penetration Guidelines

The Guidelines on the Safe and Hygienic Practice of Skin Penetration are currently under review as part of the review of the South Australian Public Health (General) Regulations 2013. Regulation of people undertaking and premises where skin penetration procedures are undertaken is under consideration as part of this review.

This will potentially include the following procedures:

- Tattooing
- Body piercing
- Body modification
- Beauty therapies involving skin penetration
- Unregulated health practitioners

In order to inform the review and assist in the preparation of regulatory impact statements, councils are requested to provide the following information:

5.1 How many known skin penetration premises are there in your council area?

Type of premises	No. of known skin penetration premises in council area	No. of premises inspected at least once during the reporting period	Please provide details of any regularly encountered non-compliance issues
Tattoo parlour	10	8	Out of date ink, medical waste disposal issues, single use coverings not available where required, COVID Safe Plans.
Body piercing	N/A		In the absence of an effective registration system unable to be determined.
Body modification	N/A		In the absence of an effective registration system unable to be determined.
Beauty salon	N/A		In the absence of an effective registration system unable to be determined.
Unregulated health practitioner	N/A		In the absence of an effective registration system unable to be determined.
Other	-		
Totals			

6 Environmental Health Complaints/Customer Requests

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

Type of complaint / customer request (category)	Number received
Accommodation Standards	8
Air Pollution / Odours / Air quality / Dust	4
Asbestos	1
Body Piercing / Tattooing / Other Skin Penetration	3
Combustion Heaters / Wood Heater Smoke	3
Community Amenity	0
Contaminated Land	0
Development Pollution	0
Discharge of Wastes / Waste Control / Refuse Storage and/or Disposal	5
Excessive Vegetation / Long Grass / Undergrowth / Fire Hazard	0
General Health Complaint or Enquiry / Other	1
Hazardous Substances (Clandestine Drug Laboratory)	1
Infectious Disease / Notifiable Condition	11
Hairdressing / Beauty Salons	0
Keeping of Animals	2
Legionella Investigation	2
Mosquitoes	8
Noise	0
Public Swimming Pools and Spa Pools	0
Rats or Mice	92
Sanitary Facilities	5
Septic Tanks / Aerobic Servicing / Failing Onsite System	1
Sharps Disposal	3
Supported Residential Facilities	3
Vermin (including pigeons and insects) other than rats, mice, wasps and mosquitoes	27
Wasps	0
Water Quality (other than public swimming pools and spa pools)	0
Stormwater Discharge	14
Sanitation - Sewerage	5
Sanitation - Hoarding	5
Sanitation – Severe Domestic Squalor	9
COVID – 19 (Hygiene and Infection Control)	4
COVID – 19 (Physical Distancing)	11

Person to contact regarding the contents of this report:

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

Endorsed by Chief Executive Officer/delegated person:

Name	Date	Signature
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Please submit your completed report by 30th September 2021 in electronic copy emailed to:

HealthProtectionPrograms@sa.gov.au

This template will be reviewed annually.

5.10 REVIEW OF THE FOOD BUSINESS AUDIT FEE POLICY

Author: Nadia Conci
Ref: AF17/31

Summary

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

Following the review of the Policy in August 2021, it is recommended that rates are increased. The minor increase in fees will align rates with other local government providers ensure EHA is appropriately compensated for the work undertaken.

Report

Following the review of the Policy in August 2021, it is recommended that rates are increased. The minor increase in fees will align rates with other local government providers ensure EHA is appropriately compensated for the work undertaken.

An increase in fees will apply to desktop audits/preparation and administration, desktop follow-ups and travel. There is no proposed change to onsite audits and to the subsidised rate for charitable organisations.

There are also some minor alterations to the wording of the Policy. The amended Policy (provided as attachment 1) shows marked up changes to the current policy. The alterations to the Policy are accepted in the copy provided as attachment 2.

RECOMMENDATION

That:

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



FOOD BUSINESS AUDIT FEE POLICY

Policy Reference	GOV06
Date of initial Board Adoption	22 October 2008
Minutes Reference	6: 26062019
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	26 June 2019 <u>8 September 2021</u>
<i>Relevant Document Reference</i>	Guidelines prepared by LGA for Councils – Audit Fees, <i>Food Act 2001</i> Model Letter of Engagement prepared by LGA for Councils – Auditing Services for Food Safety Program Department of Health Guidelines for Auditors of Mandatory Food Safety Programs
<i>Applicable legislation</i>	

1. Purpose

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

To specify the rate at which audit fees are charged.

2. Scope

This policy applies to high risk food businesses that:

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

3. Definitions

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

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

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

Desktop Audit/Audit Preparation/Administration' – an auditor undertaking:

- preparation relating to a food safety program for the purpose of preparing for an onsite audit; or
- reviewing corrective action(s) taken by a food business; or
- administration in relation to the audit process including reporting, [enquiries](#), communication and records management.

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

'Follow-up Desktop Audit' –documentation review conducted in the auditor's office to address non-conformance(s) with the business' food safety program identified during the onsite audit.

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

4. Principles

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

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

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

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

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

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

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

4.1 Onsite Audit

An hourly rate of \$195.00 (including GST) will apply to onsite audits.

4.2 Desktop Audit & Audit Preparation and Administration

An hourly rate of \$~~9295~~.00 (including GST) will apply to audit preparation and administration undertaken in the auditor's office.

An hourly rate of \$195.00 (including GST) will apply to desktop audits undertaken onsite at the business. Desktop audits performed onsite incur all costs applicable to an onsite audit, there the same fee applies.

4.3 Follow-up Desktop Audit & Administration

An hourly rate of \$~~9295~~.00.00 (including GST) will apply to follow-up desktop audits and administration undertaken in the auditor's office.

Follow-up desktop audits requiring more than 1 hour will be conducted onsite at the facility at an hourly rate specified in 4.4 of the Policy.

4.4 Re-audit – Onsite Follow-up Audits

An hourly rate of \$195.00 (including GST) will apply to onsite re-audits.

4.5 Travel

An hourly rate of \$~~905~~.00 (including GST) will apply to travel when an onsite audit, desktop audit or re-audit is conducted of a business that is located outside of the boundaries of the Council areas serviced by the Authority.

4.6 Exemptions

4.6.1 Community Organisations

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

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

5. Review of the Food Business Audit Fee Policy

Every 12 months or as needed.

6. Statement of Adoption

The Policy was adopted by the Board of the Eastern Health Authority on 22 October 2008.



FOOD BUSINESS AUDIT FEE POLICY

Policy Reference	GOV06
Date of initial Board Adoption	22 October 2008
Minutes Reference	6: 26062019
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	8 September 2021
<i>Relevant Document Reference</i>	Guidelines prepared by LGA for Councils – Audit Fees, <i>Food Act 2001</i> Model Letter of Engagement prepared by LGA for Councils – Auditing Services for Food Safety Program Department of Health Guidelines for Auditors of Mandatory Food Safety Programs
<i>Applicable legislation</i>	

1. Purpose

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

To specify the rate at which audit fees are charged.

2. Scope

This policy applies to high risk food businesses that:

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

3. Definitions

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

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

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Desktop Audit/Audit Preparation/Administration' – an auditor undertaking:

- preparation relating to a food safety program for the purpose of preparing for an onsite audit; or
- reviewing corrective action(s) taken by a food business; or
- administration in relation to the audit process including reporting, enquiries, communication and records management.

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

'Follow-up Desktop Audit' –documentation review conducted in the auditor's office to address non-conformance(s) with the business' food safety program identified during the onsite audit.

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4. Principles

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

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4.6.1 Community Organisations

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5. Review of the Food Business Audit Fee Policy

Every 12 months or as needed.

6. Statement of Adoption

The Policy was adopted by the Board of the Eastern Health Authority on 22 October 2008.

8.1 EHA SERVICE REVIEW RECOMMENDATION 1 – CHARTER FORMULA REVISION

NOTICE OF MOTION	EHA Service Review Recommendation 1 – Charter Formula Revision
SUBMITTED BY	Cr James Nenke – Town of Walkerville
FILE REFERENCE	AF20/47 & AF21/37
ATTACHMENTS	Nil

Pursuant to Regulation 12(1) of the Local Government (Procedures at Meetings) Regulations 2013, the following Notice of Motion has been submitted by Cr James Nenke.

NOTICE OF MOTION

1. That the Board of Management request that their respective councils consider endorsing recommendation 1 from the recent Eastern Health Authority Service Review, which revises the administrative component of the cost recovery formula.
2. The Eastern Health Authority administration write to the City of Burnside, Campbelltown City Council, City of Norwood Payneham & St Peters, and City of Prospect requesting that their respective councils consider endorsing the formula change at their next available meeting.
3. The Eastern Health Authority administration provide details in relation to the estimated financial impact of the formula change on Constituent Councils to assist with decision making.

REASONS IN SUPPORT OF MOTION

As per Item 5.6 of the June 2021 Board of Management meeting, it was advised that the Town of Walkerville had resolved to withdraw as a Constituent Council of Eastern Health Authority (EHA), effective 30 June 2022. The Walkerville Council decision was made via a confidential item at the Council's May 2021 meeting.

Since that time, Healthy Environs in partnership with Skopion Business Consultants, released the EHA Service Review report which was presented to the Board of Management at its 24 June 2021 meeting.

The review considered:

- the current scope and delivery of public and environmental health services by EHA,
- whether the services fulfil the legislative obligations of EHA's Constituent Councils, and
- [of particular importance to this Motion] that the services are aligned to community needs and delivered efficiently with value to the public and constituent councils.

There has further been change to Walkerville's representation to the board of EHA with Cr Coleman and Cr Nenke now assuming this role.

Having considered the service review document that was only recently finalised in June 2021 (post the Walkerville May 2021 meeting), both Cr Coleman and Cr Nenke have come to the realisation that the nine findings and recommendations of the review would have addressed the concern of some members of Walkerville Council regarding equity and potentially alleviated the desire to withdraw from EHA.

Both Cr Coleman and Cr Nenke now wish to communicate the outcome of the review to Walkerville Council, and in doing so need the support from all Member Councils to commence immediate action of the nine recommendations - particularly recommendation 1.

However, due to the complexities of the EHA Charter and the timeframes in working between individual Council meetings, the objective of this item is to confirm all Member Council's acceptance of Recommendation 1 of the review by amending the current variable rate of the administration cost recovery component of the EHA Charter.

The Healthy Environs report suggested that the Administration component of the Charter formula be reflective of the associated frontline service delivery for each Member Council, and subsequently recommended that there be a variable and fixed component in the annual cost recovery formula. The recommendation was for the 12.5% of notional administrative costs to be allocated via 7.5% variable and 5% fixed components. In effect, this change would resolve the inequity noted by the authors of the service review report in relation to the proportion of the administrative costs shared by smaller councils.

This outcome is not only to assist in causing a review of the Walkerville Council decision but will potentially aid EHA by not having to consider the long-term consequences of the withdrawal of Walkerville as a Constituent Council, including consideration of equity, financial, industrial, and operational matters - as reported by EHA administration under item 5.6 of the June meeting.

STAFF COMMENT

While the Board of Management can support the request, the decision ultimately requires unanimous support of Constituent Councils and subsequent amendment of the Charter. The EHA Charter is currently being reviewed by Constituent Councils and this request could be considered as part of the finalisation of matters that have not yet been unanimously endorsed.