



Board of Management

17 November 2021



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 17 NOVEMBER 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 17 November 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 17 NOVEMBER 2021

Commencing at 6.30 pm

- 1 Opening
- 2 Apologies
- 3 Confirmation of Minutes – 8 September 2021
- 4 Matters arising from the minutes

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	Nil	
8	Notice of Motion	
	Nil	
9	Correspondence	
10	Other Business	
11	Closure of meeting	

5.1 FINANCE REPORT AND FIRST (SEPTEMBER 2021) BUDGET REVIEW FOR 2021/2022

Author: Michael Livori

Ref: AF21/6

Summary

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

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

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

This report provides the first of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2021 and 30 September 2021. It provides the opportunity to amend the adopted budget in line with revised projections of income and expenditure for the 2021/2022 financial year.

Report

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

Eastern Health Authority - Financial Statement (Level 1)				
1 July 2021 to 30 September 2021				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Expenditure	\$611,933	\$666,764	(\$54,831)	-8%
Total Operating Income	\$995,531	\$1,013,380	(\$17,849)	-2%
Operating Result	\$383,598	\$346,615	\$36,982	11%

The table shows that for the reporting period income was **(\$17,849) (-2%)** less than budgeted and expenditure was **(\$54,831) (-8%)** less than budgeted. The net result is a variation of **\$36,982 (11%)** on the budgeted year to date comparative operating result.

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

Summary Table of Funding Statement Variations				
Income				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
Income				
Fines and Expiations	\$12,497	\$4,545	(\$7,951)	Less than budgeted expiations issued this period. No budget variation requested at this point in time.
Total of Income Variations Requested				Nil
Expenditure				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
Expenditure				
Employee costs	\$473,544	\$443,945	(\$29,598)	Maternity leave/ Long service leave. No budget variation requested at this point in time.
IT Support	\$8,667	\$8,531	(\$135)	Upgrade of Electronic Records Management System "Content Manager" Variation of \$24,000 requested
Depreciation amortisation and impairment	\$37,000	\$30,000	(\$7,000)	Review of depreciation amortisation and impairment. Variation of (\$24,000) requested
Total of Expenditure Variations Requested				\$0
Net Result of Variations Requested				\$0

IT Support Requested Variation

EHA have been made aware that a new software upgrade (to Version 10) for its Electronic Records Management System – “Content Manager” is required. EHA are currently using version 9.3 which was installed in January 2019 and was the latest version at the time of install. Microfocus have advised that this version (9.3) will become unsupported from the end of October 2021. FYB have advised that Microfocus set the life of a version and each version varies, usually between 2 and 3.5 years.

FYB have indicated that once a product becomes unsupported Microfocus will no longer provide support for this product for any issues that may arise. This means that if there is a problem with Content Manager and FYB don't have the fix for it, they will not get any support from Microfocus on the issue. This does not mean that we can't get ongoing general support and help from FYB, but we do run the risk that the issue won't be able to be resolved.

In summary, it is recommended that an upgrade to version 10 of the software occurs in late 2021 / early 2022 to ensure we continue to be supported and maintain a secure environment. FYB have provided us with a proposal for upgrading the Eastern Health Authority Content Manager's Electronic Document and Records Management System (EDRMS), Content Manager version 9.3 to 10.

This proposal includes the undertaking two upgrades:

A test upgrade, which must be undertaken in either
A separate environment from the PROD environment or
A new environment that will replace the existing PROD environment

Production upgrade

The proposal includes the update / installation of the following for both datasets:

Content Manager
FYB Enhancement Suite
DocUMove
Link Generator
PDF Generator
Reassign Actions
Soft Deleter
Reportilize
FYB CM2WebShare

EHA also has Health Manager (Open Office) integration with Content Manager that will need to be tested as part of the upgrade project.

Adjustments relating to 2020/2021 Audit

The first budget review for the financial year is required to take into account any differences between the adopted financial statements for 2020/2021 and the audited financial statements for the previous year. The relevant figures from the 2020/2021 audited financial statements have now been incorporated into the financial statement for 2021/2022. The incorporation of these figures has no impact on the estimated operating result.

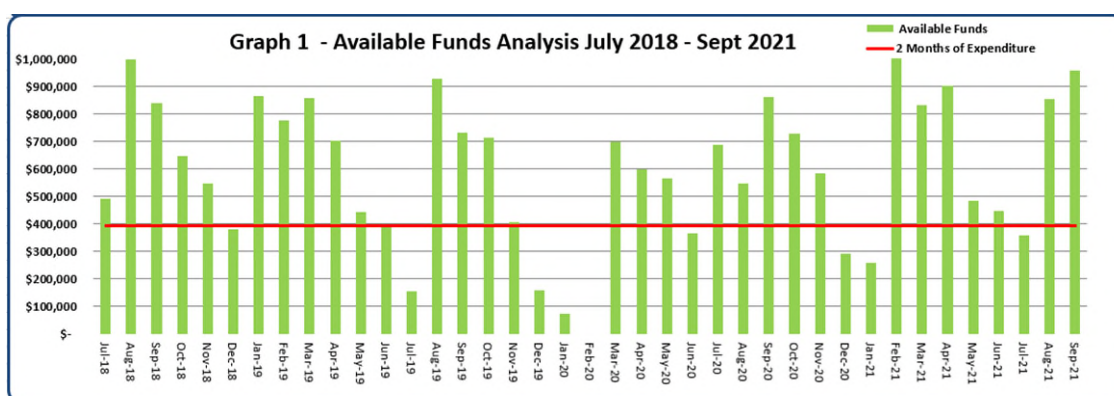
Included as Attachment 2 is a copy of the revised 2021/2022 Budgeted Statutory Financial Statements which include the:

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

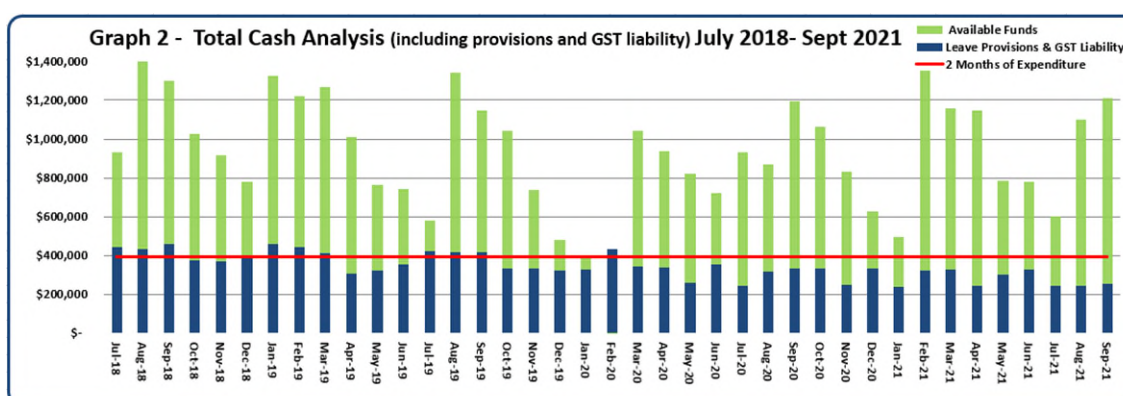
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 30 September 2021 is provided as attachment 3. It shows that available funds were \$957,494 at 30 September 2021 in comparison with \$448,840 on 30 June 2021.

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



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



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

RECOMMENDATION

That:

1. The Finance Report and First (September 2021) Budget Review for 2021/2022 report be received.
2. The revised financial forecast for 2021/2022 is noted.

Eastern Health Authority - Financial Statement (Level 3) 1 July 2021 to 30 September 2021				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$224,286	\$224,286	\$0	0%
City of Campbelltown	\$239,149	\$239,149	\$0	0%
City of NPS	\$285,893	\$285,893	\$0	0%
City of Prospect	\$112,949	\$112,949	\$0	0%
Town of Walkerville	\$51,855	\$51,855	\$0	0%
Total Constituent Council Contributions	\$914,132	\$914,132	\$0	0%
Statutory Charges				
Food Inspection fees	\$31,239	\$30,500	\$739	2%
Legionella registration and Inspection	\$1,816	\$2,000	(\$184)	-9%
Fines & Expiation Fees	\$4,545	\$12,497	(\$7,952)	-64%
Total Statutory Charges	\$37,601	\$44,997	(\$7,396)	-16%
User Charges				
Immunisation: Clinic Vaccines	\$12,606	\$15,000	(\$2,394)	-16%
Immunisation: Worksites Vaccines	\$1,544	\$0	\$1,544	0%
Immunisation: Clinic Service Fee	\$490	\$0	\$490	0%
Food Auditing	\$15,728	\$20,000	(\$4,272)	-21%
Total User Charges	\$30,368	\$35,000	(\$4,632)	-13%
Grants, Subsidies, Contributions				
Child Immunisation Register	\$2,256	\$4,500	(\$2,244)	-50%
PHN Project	\$9,500	\$9,500	\$0	0%
Total Grants, Subsidies, Contributions	\$11,756	\$14,000	(\$2,244)	-16%
Investment Income				
Interest on investments	\$332	\$2,500	(\$2,168)	-87%
Total Investment Income	\$332	\$2,500	(\$2,168)	-87%
Other Income				
Motor Vehicle re-imbursements	\$1,145	\$1,000	\$145	15%
Sundry Income	\$197	\$1,751	(\$1,554)	-89%
Total Other Income	\$1,342	\$2,751	(\$1,409)	-51%
Total of non Constituent Council Income	\$81,399	\$99,248	(\$17,849)	-18%
Total Income	\$995,531	\$1,013,380	(\$17,849)	-2%

Eastern Health Authority - Financial Statement (Level 3) 1 July 2020 to 31 December 2020				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$382,683	\$417,794	(\$35,112)	-8%
Superannuation	\$42,738	\$36,250	\$6,488	18%
Workers Compensation	\$18,525	\$18,000	\$525	3%
Medical Officer Retainer	\$0	\$1,500	(\$1,500)	-100%
Total Employee Costs	\$443,946	\$473,544	(\$29,599)	-6%
Prescribed Expenses				
Auditing and Accounting	\$13,428	\$15,000	(\$1,573)	-10%
Insurance	\$17,329	\$15,000	\$2,329	16%
Maintenance	\$5,137	\$11,250	(\$6,113)	-54%
Vehicle Leasing/maintenance	\$6,030	\$4,896	\$1,134	23%
Total Prescribed Expenses	\$41,924	\$46,146	(\$4,222)	-26%
Rent and Plant Leasing				
Electricity	\$2,155	\$2,750	(\$595)	-22%
Plant Leasing Photocopier	\$871	\$750	\$121	16%
Water	\$0	\$75	(\$75)	-100%
Gas	\$0	\$675	(\$675)	-100%
Total Rent and Plant Leasing	\$3,026	\$4,250	(\$1,224)	-29%
IT Licensing and Support				
IT Licences	\$25,375	\$26,000	(\$625)	-2%
IT Support	\$8,532	\$8,667	(\$135)	-2%
Internet	\$3,396	\$2,750	\$646	23%
IT Other	\$327	\$500	(\$173)	-35%
Total IT Licensing and Support	\$37,630	\$37,917	(\$287)	-1%
Administration				
Administration Sundry	\$1,885	\$1,500	\$385	26%
Accreditation Fees	\$0	\$750	(\$750)	-100%
Board of Management	\$1,184	\$3,000	(\$1,816)	-61%
Bank Charges	\$1,041	\$1,000	\$41	4%
Public Health Sundry	\$251	\$1,250	(\$999)	-80%
Fringe Benefits Tax	\$3,568	\$3,750	(\$182)	-5%
Health promotion	\$0	\$1,250	(\$1,250)	-100%
Legal	\$3,612	\$5,000	(\$1,388)	-28%
Printing & Stationery & Postage	\$9,523	\$5,000	\$4,523	90%
Telephone	\$7,368	\$4,750	\$2,618	55%
Occupational Health & Safety	\$1,388	\$2,500	(\$1,112)	-44%
Rodenticide	\$0	\$500	(\$500)	-100%
Staff Amenities	\$200	\$1,750	(\$1,550)	-89%
Staff Training	\$2,855	\$5,500	(\$2,645)	-48%
Human Resource Sundry	\$45	\$4,000	(\$3,955)	-99%
Total Administration	\$32,918	\$41,500	(\$8,582)	-21%

Eastern Health Authority - Financial Statement (Level 3) 1 July 2021 to 30 September 2021				
Immunisation				
Immunisation SBP Consumables	\$1,654	\$2,250	(\$596)	-26%
Immunisation clinic vaccines	\$7,961	\$8,750	(\$789)	-9%
Immunisation worksite vaccines	\$24	\$0	\$24	0%
Total Immunisation	\$9,639	\$11,000	(\$1,361)	-12%
Sampling				
Legionella Testing	\$366	\$497	(\$131)	-26%
Total Sampling	\$366	\$497	(\$131)	-26%
Finance Costs				
Interest on Loan	\$0	\$2,238	(\$2,238)	-100%
Interest - Building Lease	\$9,812	\$10,000	(\$188)	-2%
Total Finance Costs	\$9,812	\$ 12,238	(\$2,425)	-20%
Total Materials, contracts and other expenses	\$135,315	\$153,547	(\$18,232)	-12%
Depreciation - Building Lease	\$24,000	\$30,000	(\$6,000)	-20%
Depreciation - Motor Vehicle Lease	\$6,000	\$7,000	(\$1,000)	-14%
Finance Costs	\$2,672	\$2,672	\$0	0%
Total Operating Expenditure	\$611,933	\$666,764	(\$54,831)	-8%
Total Operating Income	\$995,531	\$1,013,380	(\$17,849)	-2%
Operating Result	\$383,598	\$346,615	\$36,982	11%

Eastern Health Authority			
Bank Reconciliation as at 30 September 2021			
Bank SA Account No. 141/0532306840			
Balance as per Bank Statement 30 September 2021			\$231,720.65
Plus Outstanding cheques	\$	-	
Add Outstanding deposits	\$	-	
BALANCE PER General Ledger			\$231,720.65
GST as 30 September 2021			
GST Collected	\$94,772.62		
GST Paid	<u>(\$16,838.99)</u>		
Net GST Claimable (Payable)	<u>\$77,933.63</u>		
Funds Available September 2021			
Account	30-Sep-21	30-Jun-21	Variance
Bank SA Cheque Account	\$ 231,721	\$ 400,883	(\$169,162.15)
Local Government Finance Authority	\$ 977,458	\$ 377,126	\$ 600,332
Net GST Claimable (Payable)	\$77,933.63	\$450.07	\$77,484
Long Service Leave Provision	(\$182,826.00)	(\$182,826.00)	\$0.00
Annual Leave Provision	(\$146,793.00)	(\$146,793.00)	\$0.00
TOTAL FUNDS AVAILABLE	\$ 957,494	\$ 448,840	\$508,654

5.2 EASTERN HEALTH AUTHORITY 2020 CHARTER REVIEW UPDATE

Author: Michael Livori
Ref: AF20/47

Summary

Clause 19 of Schedule 2 of the *Local Government Act 1999* requires that a regional subsidiary has a Charter prepared by its Constituent Councils, and that the Charter is reviewed every 4 years. Clause 12.3(a) of the Charter also requires the review to occur every 4 years. The last review of the Eastern Health Authority Charter was finalised in May 2016. An initial report was considered by the Board at its June 2020 meeting and the review process subsequently commenced. Additional update reports were provided at the meetings of 2 December 2020, 25 February 2021, and 21 June 2021. This report provides an update to members in relation to the review process.

Report

In March 2021, EHA wrote to its Constituent Councils requesting feedback in relation to a number of proposed amendments to the current EHA Charter and any other feedback in relation to the review process. Subsequently, feedback was received from all Constituent Councils. The full feedback determined that the majority of the proposed changes were unanimously endorsed by all Constituent Councils. There were however a small number of clauses where Constituent Councils had differing or opposing views.

In July 2021 EHA wrote again to its Constituent Councils requesting feedback in relation to how the Constituent Councils should move forward to gain consensus on the clauses that have not been unanimously agreed (see correspondence provided as attachment 1).

Responses from the Constituent Councils have now been provided and are provided as attachment 2. The responses are summarised below.

Burnside – Provided their position on the non-consensus items.

Campbelltown - Provided their position on the non-consensus items. Suggested that a revised Charter should be developed without reference to Walkerville being a Constituent Member and that the implementation date for the revised Charter should be 1 July 2022 when Walkerville are scheduled to withdraw as a Constituent Council. Suggested that a meeting of all Constituent Council CEOs be held to consider non-consensus positions.

Norwood Payneham & St Peters – Provided their position on the non-consensus items. Suggested that EHA write to Walkerville requesting that the Town of Walkerville reconsider its position regarding its objections to proposed changes to Clauses 1.7, 2.2, 2.5 and 8.1(C) of the Charter.

Prospect - Suggested that a meeting of all Constituent Council CEOs be held to consider non-consensus positions.

Walkerville – Stated that their position on the non-consensus items has not changed. Advised that the Charter review will not be presented to the Council for consideration until such time as a uniform position has been reached by the EHA Board, with a recommendation being presented to Constituent Councils for their consideration. Suggested that a meeting of all Constituent Council CEOs be held to consider areas of contention.

As the Board is aware, the Town of Walkerville (ToW) have provided their notice of intention to withdraw as a member council effective 30 June 2022.

The ToW, however adopted the following Motion with Notice at its meeting of 20 September 2021.

13.1 Review of Services Provided by EHA to Town of Walkerville – Cr James Nenke

CNC62/21-22

Moved: Cr Nenke

Seconded: Cr Coleman

With regard to the May 2021 Confidential item 19.1: Review of Services Provided by EHA to Town of Walkerville, Administration is requested to present further information in a report at the November 2021 meeting. The report is to detail the feasibility and costings of all options available to Council to best deliver the Environmental Health Service. The recommendation to this report is to include an option to take relevant action to rescind the existing resolution, along with alternative options presented based on the findings detailed within the report.

CARRIED

Next Steps

Until ToW has considered whether to rescind its previous decision to withdraw as a member council it is prudent to place any further Charter review discussions on hold.

When that decision is known, EHA administration will move the review forward by:

- In the event that the ToW uphold their decision to withdraw, arrange a meeting with the Chief Executive Officers of the remaining Constituent Councils to develop a consensus position of all elements of the Charter. The Charter would be developed without reference to Walkerville being a Constituent Member and have an implementation date of 1 July 2022 as suggest by City of Campbelltown.
- In the event that the ToW rescind their decision to withdraw, arrange a meeting with the Chief Executive Officers of all constituent councils to develop a consensus position of all elements of the Charter.

RECOMMENDATION

That:

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

Our Ref: D21/8311

6 July 2021

Letter sent to all Constituent Council CEO's

Dear CEO

RE: Eastern Health Authority (EHA) Charter Review

In March 2021, EHA wrote to its Constituent Councils requesting feedback in relation to a number of proposed amendments to the current EHA Charter and any other feedback in relation to the review process. Subsequently, feedback was received from all Constituent Councils. The full feedback which includes unanimously supported amendments is detailed in the enclosed table.

Summary of Constituent Council Feedback

In accordance with clause 12.3 of the current Charter, the Charter can only be amended by unanimous resolution of the Constituent Councils.

As seen in the enclosed table the majority of the proposed changes were unanimously endorsed by all Constituent Councils.

There are however a number of clauses where Constituent Councils had differing or opposing views.

I have detailed those clauses where unanimous agreement has not yet been determined below outlining:

- The rationale for change
- Constituent Council feedback
- Administration commentary

1.7 Area of Activity

Revised clause allows for approval of an activity outside of the area of the Constituent Councils following unanimous resolution by the Board Members and concurrence of the Chief Executive Officers of the Constituent Councils.

Currently unanimous approval is required from Constituent Councils for this to occur which can take considerable time.

Any activity presented for approval by the Board and Chief Executive Officers of the Constituent Councils would align with the Public Health Services currently detailed in the EHA Annual Business Plan.

The revised clause would allow response to opportunities that may be of benefit to EHA and its Constituent Councils in a timelier manner.

Burnside

Make it clear that the activity in an outside area is not to the material detriment of the Constituent Councils. This should be made clear in Clause 1.7(b), or in Clause 1.5 by way of explicit reference to the Constituent Councils (or some other suitable amendment); and

Include principles and factors that will be considered when assessing a proposal to undertake an activity outside of the Constituent Councils.

Campbelltown

This clause should require unanimous support of the CEO's (aligning to the unanimous support by Board representatives).

Walkerville

Not supported. No evidence has been presented to Council to suggest that the current process (unanimous resolution of Member Councils) has delayed or prevented "activity outside of the area" from being considered, explored, investigated, or advanced.

Administration Comment

Burnside and Campbelltown have requested some redrafting of the clause which will be undertaken by administration for consideration, however, Walkerville do not support any change at this stage. This will require consideration of all Constituent Councils to attempt to gain a consensus position.

2.1 Board of Management - Functions

In relation to the Business Plan, the Board (as the governing body of EHA through which EHA makes decisions) will adopt the business plan therefore it is not considered necessary to refer to the Board assisting in its development. Consideration to be given to whether there are other functions of the Board to be listed.

Campbelltown

Sub-clause f) should be reinstated to enable Board participation in Regional Health Plan and Business Plan development.

Administration Comment

Legal advice suggests that the Board (as the governing body of EHA through which EHA makes decisions) will adopt the business plan therefore it is not considered necessary to refer to the Board assisting in its development. The Board also participate in an Annual Business plan workshop and endorse a draft business plan.

The Regional Public Health Plan is considered to be the Constituent Councils plan and is adopted by each Constituent Council individually. The elements directly relevant to Eastern Health Authority in the Health Protection section of the Regional Public Health Plan mirror the work undertaken in the EHA Business Plan. Will require consideration of all Constituent Councils to attempt to gain a consensus position.

2.5 Chair of the Board

The EHA Audit Committee suggested the Chair should be an independent member.

The Audit Committee rationale for this request is that:

- It is best practice and good governance;
- An Independent Chair is primarily free of Conflicts of Interest (Risk Management);
- Able to act as a conciliatory element when and if elements of the Board differ and
- The Independent Chair is best placed to manage other Board members' conflict of interest.

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

The Board considered the feedback from the Audit Committee and were of the collective opinion that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.

Norwood Payneham & St Peters

Agree with the Board's position that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.

Walkerville

Audit Committee recommendation is supported, namely the Chair of EHA should be an Independent Member.

Administration Comment

Will require consideration of all Constituent Councils to attempt to gain a consensus position.

3.3 Telephone and video conferencing

Clause 3.3 b) – e) to be removed from the Charter and placed into a meeting procedure document to be adopted by EHA dealing with the procedures for electronic meetings and for board members to be able to participate in meetings by electronic means. There will be detailed procedures for how such meetings are to occur and the responsibilities of board members who attend meetings via electronic means.

Campbelltown

Procedures should only be determined by the EHA Board, not by the Chief Executive Officer

Walkerville

Supported, but should be placed in policy document not procedure document, which should be endorsed and reviewed by the Board.

Administration Comment

Suggest that clause be changed to remove Chief Executive Officer and require meeting procedure to be adopted by the Board. Will require consideration of all Constituent Councils to attempt to gain a consensus position.

8.1 c) Business Plan

It is not clear based on the current wording of this clause if that only a majority of the Constituent Councils are required to endorse the business plan or only majority of the Constituent Councils are to determine the date the Business Plan is to be provided to them. This should be clarified.

Walkerville

Support the unanimous endorsement of Member Councils not majority.

Administration Comment

Walkerville were the only Council to comment on this clause. Will require consideration of all Constituent Councils to attempt to gain a consensus position.

8.2b) Business Plan

Consideration of changing date to 15 October of each reporting year to allow additional time to compile required report.

Campbelltown

The timeframe for Annual Report submissions should not be extended beyond 30 September as this will impact Council operations and approval of its own Annual Report.

Walkerville

Not -supported – this amendment refers to the production of the Annual Report, which is currently due by 30 September each year. If council were to support this amendment, we would not be in a position to adopt our Annual Report before November of each year. The Local Government Act 1999 requires that Annual Reports must be adopted by 30 November of each year.

Administration Comment

Suggest retaining current date of 30 September in clause. Will require consideration of all Constituent Councils to attempt to gain a consensus position.

Additional Issue Raised**2.2 Membership of the Board****Walkerville**

Reduce the number of Board Members from two (2) per member Council to one (1) per member Council, with an Independent Chair.

Currently there are 10 Board Members. This is considered too unwieldy and should be reduced to five (5) plus an independent Chairperson.

Administration Comment

Consideration of this clause during the previous Charter review resulted in a significant delay in finalising the Charter review process. Will require consideration of all Constituent Councils to attempt to gain a consensus position.

Next Steps

It will now be necessary to consider how the Constituent Councils can gain consensus on the clauses that have not been unanimously agreed – see summary table below.

I believe that the top three items (shaded) will be easily resolved as per the summary comments. Further consideration of the bottom four items is required.

Clause	Name	Summary Comment
2.1	Board Functions	Discussion/redrafting if required likely to get consensus position
3.3	Telephone and video conferencing	Redrafting likely to get consensus position
8.2 b)	Business Plan	Retention of existing date likely to get consensus position
2.5	Chair of Board	Town of Walkerville have singular position
8.1 c)	Business Plan	Town of Walkerville have singular position
2.2	Membership of Board	Town of Walkerville have singular position
1.7	Area of Activity	Town of Walkerville have singular position against change. Redrafting likely to get consensus position of four councils.

As you are all aware the Town of Walkerville have provided EHA and its Constituent Councils notice of its intention to withdraw from EHA, effective 30 June 2022. It will be therefore necessary to revise the formula contained within the charter to accommodate this change and which will have effect from 1 July 2022. Work in relation to the required revision is ongoing.

It would be appreciated if all Constituent Council would indicate to EHA how they wish to proceed with the non-consensus items which are particular to the Town of Walkerville, in light of the Town of Walkerville decision to withdraw from EHA.

Process steps from that point, anticipating a consensus position on all clauses will include:

- Draft revised Charter developed based on legal / best practice review and outcome of meeting to gain consensus position on clauses not unanimously agreed.

- Formally request a resolution from each Constituent Council agreeing to the proposed revised Charter.
- A copy of the Charter as amended, be provided to the Minister for State/Local Government Relations and published on a website in accordance with the Local Government Act requirements.

Please feel free to contact me if you have any queries in relation to the Charter review.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Michael Livori', written in a cursive style.

Michael Livori
Chief Executive Officer

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

	Title	Commentary on amendments for consideration
1.7	Area of Activity	<p>Revised clause allows for approval of an activity outside of the area of the Constituent Councils following unanimous resolution by the Board Members AND concurrence of the Chief Executive Officers of the Constituent Councils.</p> <p>Currently unanimous approval is required from Constituent Councils for this to occur which can take considerable time.</p> <p>Any activity presented for approval by the Board AND Chief Executive Officers of the Constituent Councils would align with the Public Health Services currently detailed in the EHA Annual Business Plan.</p> <p>The revised clause would allow response to opportunities that may be of benefit to EHA and its Constituent Councils in a timelier manner.</p>
<p>Burnside Make it clear that the activity in an outside area is not to the material detriment of the Constituent Councils. This should be made clear in Clause 1.7(b), or in Clause 1.5 by way of explicit reference to the Constituent Councils (or some other suitable amendment); and Include principles and factors that will be considered when assessing a proposal to undertake an activity outside of the Constituent Councils.</p> <p>Campbelltown This clause should require unanimous support of the CEO's (aligning to the unanimous support by Board representatives).</p> <p>Walkerville Not supported. No evidence has been presented to Council to suggest that the current process (unanimous resolution of Member Councils) has delayed or prevented "activity outside of the area" from being considered, explored, investigated or advanced.</p>		
1.8	Common Seal	Current clause b) and c) are deleted as they are merely a replication of what is in the LG Act.
Unanimously Supported		

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

2.1	Board of Management - Functions	<p>Language changed to reflect the LG Act more closely.</p> <p>Reference to developing the Public Health Plan is no longer necessary.</p> <p>In relation to the Business Plan, the Board (as the governing body of EHA through which EHA makes decisions) will adopt the business plan therefore it is not considered necessary to refer to the Board assisting in its development.</p> <p>Consideration to be given to whether there are other functions of the Board to be listed.</p>
<p>Campbelltown Sub-clause f) should be reinstated to enable Board participation in Regional Health Plan and Business Plan development.</p>		
2.2	Membership of Board	Minor amendments for clarification purposes.
2.2 c)		Elected member removed to reflect alternate membership (Administration).
Unanimously Supported		
2.4 a) c)	Board policies and codes	It is unnecessary to require consultation with Board Members. The mechanism by which EHA will adopt policies etc is by the Board passing a resolution adopting the policies. The Board Members will therefore provide their input by discussing, debating and ultimately adopting and reviewing the policies that are presented to it by the CEO.
b)		Changed to reflect that EHA has developed its own code of conduct for Board Members.
Unanimously Supported		

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

<p>2.5 e) f)</p> <p>Other</p>	<p>Chair of the Board</p>	<p>Changed to reflect circumstances where resignation of chair occurs, and Chair is absent.</p> <p>These clauses deal with the following circumstances:</p> <ul style="list-style-type: none"> • when the Chair ceases to be a Board member and therefore ceases to be the Chair of the Board; and • when the Chair is absent, i.e., unavailable to attend to the duties of Chair. In this circumstance, the person occupying the office of Chair is still the Chair but is merely absent, for example on holidays or unwell. <p>In both the above circumstances, the Deputy Chair will act until either a new Chair is elected (in the first circumstance) or the Chair resumes their duties.</p> <p>The EHA Audit Committee suggested the Chair should be an independent member.</p> <p>The Audit Committee rationale for this request is that:</p> <ul style="list-style-type: none"> • It is best practice and good governance; • An Independent Chair is primarily free of Conflicts of Interest (Risk Management); • Able to act as a conciliatory element when and if elements of the Board differ and • The Independent Chair is best placed to manage other Board members' conflict of interest. <p>Clause 2.6 h) currently prohibits Board Members from receiving remuneration for attendance at meetings. It is unlikely that an Independent Chair would consider this role without remuneration. The market would need to be tested in this regard and it is anticipated that the sitting fee for this role would be in the order of \$450 to \$600 per meeting.</p> <p>The Board considered the feedback from the Audit Committee and were of the collective opinion that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.</p>
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Eastern Health Authority Charter Review– Summary of Amendments for Consideration.

Norwood Payneham & St Peters Agree with the Board's position that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.		
Walkerville Audit Committee recommendation is supported, namely the Chair of EHA should be an Independent Member.		
3.2 d)	Special Meetings	Notice of meeting is changed to four hours.
3.3	Telephone or video conferencing	3.3 b) – e) to be removed from the Charter and placed into a meeting procedure document to be adopted by EHA dealing with the procedures for electronic meetings and for board members to be able to participate in meetings by electronic means. There will be detailed procedures for how such meetings are to occur and the responsibilities of board members who attend meetings via electronic means.
Campbelltown Procedures should only be determined by the EHA Board, not by the Chief Executive Officer		
Walkerville Supported, but should be placed in policy document not procedure document, which should be endorsed and reviewed by the Board.		
3.6 b)	Quorum	This amendment is merely to clarify that a quorum is required for business to be transacted, it is possible that part of a meeting only may be in quorate and in that case any business transacted during the period the meeting had quorum is valid.
Unanimously Supported		
3.8 c)	Voting	Amendment requires Board Members attending meetings by electronic means to vote on a question arising from a decision at the meeting.
Unanimously Supported		

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

3.9	Circular Resolutions	This amendment is made to simplify this clause. The procedures for circular resolutions will be set out in a document to be adopted by the Board (included in the meeting procedures guidelines).
Unanimously Supported		
4.3	Functions of the Chief Executive Officer	The functions listed in the revised clause are analogous to the functions of a CEO of a council listed in section 99 of the Act.
Unanimously Supported		
4.4	Acting Chief Executive Officer	Clause abbreviated to remove revocation of acting position by Board.
Unanimously Supported		
5	Staff of EHA	Revised provisions in clause are identical to provisions in the LG Act that apply to CEOs of councils.
Unanimously Supported		
6	Regional Public Health Plan	Clause has been amended to reflect the current state of the Regional Public Health Planning review and reporting process.
Unanimously Supported		
7.9 c)	Insurance and superannuation requirements	Minor change for clarity

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

Unanimously Supported		
8.1 c)	Business Plan	It is not clear based on the current wording of this clause if that only a majority of the Constituent Councils are required to endorse the business plan or only majority of the Constituent Councils are to determine the date the Business Plan is to be provided to them. This should be clarified.
Walkerville Support the unanimous endorsement of Member Councils not majority.		
8.2 b)	Business Plan	Consideration of changing date to 15 October to allow additional time to compile required report.
Campbelltown The timeframe for Annual Report submissions should not be extended beyond 30 September as this will impact Council operations and approval of its own Annual Report. Walkerville Not -supported – this amendment refers to the production of the Annual Report, which is currently due by 30 September each year. If council were to support this amendment, we would not be in a position to adopt our Annual Report before November of each year. The <i>Local Government Act 1999</i> requires that Annual Reports must be adopted by 30 November of each year.		
12.3	Alteration and review of charter	Clause changed to reflect revised LG Act requirement for publishing of Charter.
Unanimously Supported		
N/A	Other	Number of minor grammatical changes have also been made to document.
Unanimously Supported		

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

Additional Issue Raised		
2.2	Membership of the Board	
<p>Walkerville Reduce the number of Board Members from two (2) per member Council to one (1) per member Council, with an Independent Chair. Currently there are 10 Board Members. This is considered too unwieldy and should be reduced to five (5) plus an independent Chairperson.</p>		

SCANNED
 in

D21/922A

RECEIVED
 29 JUL 2021

BY:.....

15 July 2021

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

Dear Michael,

RE: Eastern Health Authority (EHA) Charter Review

Thank you for your correspondence dated 6 July 2021.

The City of Burnside has considered the non-consensus items outlined in your correspondence and our feedback is as follows:

1.7 Area of Activity

The City of Burnside is IN SUPPORT of Campbelltown City Council's view:

This clause should require unanimous support of the CEO's (aligning to the unanimous support by Board representatives).

2.1 Board of Management - Functions

The City of Burnside is IN SUPPORT of Campbelltown City Council's view:

Sub-clause f) should be reinstated to enable Board participation in Regional Health Plan and Business Plan development.

2.5 Chair of the Board

The City of Burnside is IN SUPPORT of the City of Norwood, Payneham & St Peters Council's view:

Agree with the Board's position that the current arrangement where the Chair is elected from Constituent Council Board representatives is suitable when considering the size and structure of EHA and the business transacted at Board meetings.

3.3 Telephone and video conferencing

The City of Burnside is IN SUPPORT of Campbelltown City Council's view:

Procedures should only be determined by the EHA Board, not by the Chief Executive Officer.

8.1 c) Business Plan

The City of Burnside does NOT SUPPORT the Town of Walkerville's view:

Support the unanimous endorsement of Member Councils not majority.

8.2 b) Business Plan

The City of Burnside is IN SUPPORT of Campbelltown City Council's view:

The timeframe for Annual Report submissions should not be extended beyond 30 September as this will impact Council operations and approval of its own Annual Report.

2.2 Membership of the Board

The City of Burnside does NOT SUPPORT the Town of Walkerville's view:

Reduce the number of Board Members from two (2) per member Council to one (1) per member Council, with an Independent Chair.

Currently there are 10 Board Members. This is considered too unwieldy and should be reduced to five (5) plus an independent Chairperson.

Please do not hesitate to contact me should you have any questions or concerns.

Yours sincerely,



Chris Cowley
Chief Executive Officer



Enq: Lyn Barton
Ph: 8366 9234

3 August 2021

Mr Michael Livori
Eastern Health Authority
By Email: mlivori@eha.sa.gov.au

Dear Mr Livori

Eastern Health Authority Revised Charter

Thank you for your letter dated 6 July 2021 regarding initial feedback from constituent Councils in relation to the Charter review.

Following discussion with relevant Staff, our position is that the revised Charter should be prepared with an implementation date of 1 July 2022 when Walkerville are scheduled to withdraw from the Subsidiary. With respect to this we believe that all the clauses should be updated to reflect the Charter without reference to Walkerville being a Constituent Member.

Further to this, it is clear from the correspondence that the best way forward for Council's to establish a consensus view on the Charter would be for a meeting of all constituent CEOs to be held to discuss in more detail each area of contention. This will alleviate the need for Staff to put multiple versions of the Charter to their Council and significantly reduce the timeline for the review. Campbelltown will not be putting the review to its Council for consideration until such a meeting, and a consensus between the constituent Councils has been reached.

In respect to particular clauses, my comments on the correspondence are as follows:

1.7 Area of Activity	<p>Council reaffirms its position and supports the Burnside response. Once the revised drafting of the clause has been undertaken, Council will consider the clause again.</p> <p>Council will only support this clause if its position is included.</p>
2.1 Board of Management – Functions	<p>Council reaffirms its position.</p> <p>The administration comment provided in the correspondence indicates that a workshop is required to assist in the development of the Business Plan. This supports Campbelltown's position; sub-clause f) should be reinstated</p>

2.5 Chair of the Board	In line with our previous comments, Council supports the Audit Committee and Walkerville's position for an Independent Member to be the Board Chair.
3.3 Telephone and Video conferencing	Council reaffirms its position and support for this clause to be changed.
8.1c) Business Plan	Council supports Walkerville's position that all Councils should agree to the Business Plan prior to it being adopted by the Board.
8.2b) Business Plan	Council reaffirms its previous position and the retention of a 30 September date in the Charter. However this clause should refer to the Annual Report rather than Business Plan.
2.2 Membership of the Board	Council supports Walkerville's position as this is consistent with other regional subsidiaries including East Waste. Council is unclear why there is a need for two Board members from each Council (it is considered more effective to have one and a proxy).

To facilitate a meeting of constituent CEOs, please contact Caroline Moeller on 8366 9239.

I look forward to discussing this matter with you further.

Yours sincerely



Paul Di Iulio
Chief Executive Officer

Copy to:

Mr Chris Cowley, Chief Executive Officer, City of Burnside
Mr Mario Barone, Chief Executive Officer, City of Norwood Payneham and St Peters
Ms Alison Hancock, Acting Chief Executive Officer, City of Prospect
Ms Kiki Cristol, Chief Executive Officer, Town of Walkerville

File Number: qA69715
Enquiries To: Carlos Buzzetti
Direct Telephone: 8366 4501



**City of
Norwood
Payneham
& St Peters**

10 September 2021

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

Via email: MLivori@eha.sa.gov.au

Dear Michael

Thank you for your letters dated 11 March and 6 July 2021, regarding the review of the Authority's Charter.

The Council considered your correspondence and suggested changes to the Authority's Charter at its meeting held on Monday 6 September 2021 and resolved the following:

That the Council advise the Eastern Health Authority Inc. Board of Management, that:

1. *The proposed changes to the EHA Charter, as detailed in Attachment B to this report, are endorsed.*
2. *That the Council does not object to the re-drafting of Clauses 1.7, 2.1, 3.3 and 8(b) to address concerns expressed by the City of Burnside and The Campbelltown City Council, as outlined in the body of this report, should that be deemed necessary in order to facilitate the timely review of the EHA Charter; and*
3. *That the Authority's Chief Executive Officer write to the Town of Walkerville, requesting that the Town of Walkerville re-consider its position regarding its objections to proposed changes to Clauses 1.7, 2.2, 2.5 and 8.1(c) of the Charter and that such correspondence include any available additional supporting information and rationale for the proposed changes to assist the Town of Walkerville's re-consideration of the proposed changes to the Charter.*

For your information, Attachment B to the Council report, included the changes proposed by EHA's Administration to the Authority's Charter. As such, I advise that the Council has agreed to all of the proposed changes, subject to the caveats outlined in parts 2 and 3 of the Council's resolution. I trust this will assist the Authority to finalise the review of the Charter in a timely manner.

Should you require any clarification of the Council's position, please do not hesitate to contact me on 8366 4501.

Yours sincerely

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

175 The Parade
Norwood SA 5067

PO Box 204
Kent Town SA 5071

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admin@prospect.sa.gov.au
www.prospect.sa.gov.au

Ref. CR21/57306

30 July 2021

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

Dear Michael

EASTERN HEALTH AUTHORITY (EHA) CHARTER REVIEW

In response to your correspondence dated 6 July 2021 within which you requested Council to indicate to EHA a direction on non-consensus items in the Charter.

Council's response was discussed and confirmed at the 27 July 2021 meeting, an excerpt of the minutes from that meeting is provided as follows:

10.9 EASTERN HEALTH AUTHORITY CHARTER REVIEW

RESOLUTION 2021/143

Moved: Cr Kristina Barnett

Seconded: Cr Matt Larwood

That Council:

1. Having considered Item 10.9 Eastern Health Authority Charter Review, receives and notes the report.
2. Having considered Item 10.9 Eastern Health Authority Charter Review, authorises the Chief Executive Officer to meet with all of the Eastern Health Authority constituent Council Chief Executive Officers (or nominees) and Eastern Health Authority Chief Executive Officer (or nominee).

3. Note that the focus of the meeting will be to discuss the clauses of the Eastern Health Authority Draft Amended Charter that do not have consensus agreement, with the aim of reaching a consensus position which could be put to each Council for adoption.
4. Delegate to the CEO the responsibility to negotiate on behalf of Council in such terms that would be in the best interests of the Council collectively, and with the authority to vary from the initial adopted position of Council on the various clauses that are yet to be agreed by all subsidiary members, thus acknowledging that Council's position to date was only a preliminary assessment of the review without independent scrutiny.
5. Confirms that the CEO is authorised to negotiate in such terms as to seek a resolution to the impasse, in the best interests of Council, noting this may deviate from certain positions reflected in the April Council Report.
6. Having considered Item 10.9 Eastern Health Authority Charter Review, notes a further report will be presented which confirms the progress of discussions between all of the Eastern Health Authority constituent Council Chief Executive Officers (or nominees) and Eastern Health Authority Chief Executive Officer (or nominee) where an updated position of the Draft Charter will be sought or a future pathway to resolution proposed. Such report will include any deviations from the original positions that Council forms from the preliminary round of the Charter Review and feedback.

CARRIED UNANIMOUSLY

I trust that the above information will assist EHA to move forward in a process to gain a consensus on the clauses that have not been unanimously agreed. As you can see, our CEO has been given responsibility to attend and has been given authority to negotiate and vary from the Council adopted position in an effort to seek consensus.

Yours sincerely



Nathan Cunningham
Director Community & Planning

Extract from email from CEO Town of Walkerville to CEO Eastern Health Authority - 12/10/2021

From: Kiki Cristol <kcristol@walkerville.sa.gov.au>
Sent: Tuesday, 12 October 2021 2:05 PM
To: Michael Livori <MLivori@eha.sa.gov.au>
Cc: Joshua Bowen <jbowen@walkerville.sa.gov.au>; Danielle Edwards <office@walkerville.sa.gov.au>; Kiki Cristol <kcristol@walkerville.sa.gov.au>
Subject: RE: Eastern Health Authority Charter Review

...the Board could, having considered the responses received, present **their** recommendation for Charter revisions to the Councils. I am not clear what is "legally" preventing the Board in doing this. If however, you are suggesting that the Board is not prepared to present a recommendation to the Constituent Councils unless they can be assured that such a recommendation will have the unanimous support of the Councils, then I suggest that you arrange a meeting with the Constituent Council CEOs & Mayors to work through the issues that are contentious, which in part is similar to what the CEO of Campbelltown Council has suggested in his recent correspondence to you.

Regards,

Kiki Cristol
Chief Executive Officer

Town of Walkerville

Executive and Leadership | 66 Walkerville Terrace, Gilberton SA 5081
PO Box 55 | Walkerville SA 5081
T +61 8 8342 7102 | F +61 8 8269 7820 | M +61 419 842 154
www.walkerville.sa.gov.au | kcristol@walkerville.sa.gov.au

5.3 EASTERN HEALTH AUTHORITY IMMUNISATION SERVICE PROVISION

Author: Michael Livori
Ref: AF21/63 & AF21/56

Summary

EHA has a long history of providing fee for service immunisation activities outside of its Constituent Council boundaries. EHA was recently advised that it was the successful tenderer to provide Immunisation Services to both the City of Unley and Adelaide Hills Council. In accordance with the current Charter formal approval is now being sought from Constituent Councils to undertake this work.

Report

EHA was made aware by Adelaide Hills Council of the opportunity to submit a tender for the provision of immunisation services via a Request for Quote (RFQ) on 7 September 2021. The closing date for the RFQ was 8 October 2021.

EHA was made aware by the City of Unley of the opportunity to submit a tender for the provision of immunisation services via a Request for Quote (RFQ) on 13 September 2021. The closing date for the RFQ was 1 October 2021.

EHA was informed by the City of Unley and Adelaide Hills Council on 29 October 2021 and 3 November 2021 respectively that it was the successful tenderer for the provision of immunisation services for 2022-2023.

EHA has formally requested approval from all Constituent Councils, in accordance with clause 1.7 of the EHA Charter, to enter into contracts with City of Unley and Adelaide Hills Council for the provision of immunisation services.

EHA Charter and Enterprise Agreement Considerations

Clause 1.7 of the EHA Charter relates to "Area of Interest" and states:

EHA may only undertake an activity outside the areas of the Constituent Councils where that activity has been approved by unanimous decision of the Constituent Councils as being necessary or expedient to the performance by EHA of its functions and is an activity included in a Business Plan of EHA.

The Macquarie Dictionary definition of 'expedient' states, amongst other things, 'tending to promote some proposed or desired object; fit or suitable for the purpose; proper in the circumstances'.

This broad definition accommodates EHA acting outside the areas of the Constituent Councils to the extent that it meets EHA's functions contained in its Charter, such as:

- Provision of immunisation programs for the protection of public health;
- Cooperation with other authorities involved in the administration of public and environmental health;
- Promotion and monitoring of public and environmental health whether in or, so far as the Act and the charter allows, outside the area of the Constituent Councils;
- Any other functions described in the Charter or assigned by the Constituent Councils consistent with EHA's purpose.

The use of the word 'unanimous' in clause 1.7 requires all Constituent Councils to agree to the proposition that it is 'necessary or expedient' for EHA to provide the immunisation services to City of Unley. If one or more of the Constituent Councils does not support it, then EHA will be precluded from fulfilling the contract.

The second part of the requirement of Clause 1.7 of the Charter has been satisfied, in that the proposed agreement with the City of Unley is of a type included in EHA's Annual Business Plan. Clause 1.23 of the EHA Annual Business Plan 2021/2022 states as an action - Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.

Section 8 of the *Local Government Act 1999* details Principles to be observed by a Council. One of those principles at 8 (ea) includes – seek to collaborate and form partnerships with other councils and regional bodies for the purposes of delivering cost-effective services (whilst avoiding cost-shifting among councils). EHA believes that the proposed arrangement is aligned with this principle.

The EHA Enterprise Agreement includes a clause (provided as attachment 1) in relation to Employment Security. As you are aware Town of Walkerville has given notice of its intention to withdraw as a member council effective 30 June 2022. The clause (10) contemplates and details arrangements where a member Council of EHA gives notice of its intention to withdraw membership and no longer utilise the services of EHA.

The clause contemplates that EHA will actively seek additional service contracts to retain existing staff where possible and/or minimise the potential for costs associated with any separation packages that may arise from redundancies.

Work to be Undertaken under the Immunisation Service Provision Contract

EHA has previously provided Immunisation Services to the City of Unley between 2011 and 2019 and is very familiar with the requirements of the contract.

In summary, EHA will provide the City of Unley with immunisation services for;

- Three (3) Public Immunisation Clinics per month;
- School Immunisation Program to two (2) high schools;
- Workplace Influenza program for City of Unley Staff.

The full Immunisation Service specification is provided as attachment 2.

EHA has not previously provided Immunisation Services to the Adelaide Hills Council. EHA staff met with Adelaide Hills Councils Staff prior to submitting its tender to discuss the requirements of the contract. The contract requirements (provided as attachment 3) include the provision of:

- Two (2) Public Immunisation Clinics per month;
- School Immunisation Program to seven (7) high schools;
- Three (3) Workplace Influenza Clinics for Adelaide Hills Council staff and Elected Members.

Supporting Information

EHA has a long history of providing fee for service immunisation activities outside of its Constituent Council boundaries. EHA has successfully delivered immunisation service provision for City of Unley between 2011 and 2019 and City of Adelaide between 1997 and 2013.

These activities have been pursued to reduce the contributions required from Constituent Councils to fund EHA's operations. The arrangements are fully costed to ensure appropriate financial benefit to EHA's Constituent Councils and are only undertaken when there is no material detriment to EHA's obligation to its Constituent Councils.

The immunisation schedules for both for the National Immunisation Program and the School Immunisation Program are constantly changing. This requires EHA to be flexible in relation to its immunisation staffing arrangements. Scaling up and down for program changes is a regular occurrence and in the main is accommodated through a pool of casual Immunisation Nurses employed by EHA.

As an example, EHA was able to scale up and down for the delivery of the Meningococcal B – Vaccine Herd Immunity Study in 2017 when we delivered approximately 4,000 additional vaccines and 4,800 throat swabs. This flexibility also allows EHA to scale up to undertake the immunisation service contracts.

The additional work will not have any negative impact on the delivery of existing immunisation services to Constituent Councils. In fact, access to immunisation options will be enhanced for Constituent Councils residents through the seven monthly clinics conducted at the City of Unley and Adelaide Hills Council.

The primary risk of delivering any service within or outside of the Constituent Council areas is the liability that may arise from the work undertaken by EHA and its staff. EHA has unlimited civil liability insurance through its membership of the Local Government Mutual Liability Scheme.

All costs associated with the delivery of the immunisation service to City of Unley and Adelaide Hills Council have been fully considered and costed. An appropriate margin has then been applied to ensure that there is a financial benefit to the Constituent Councils in

undertaking the contract and that appropriate resources are available to ensure the work does not impact on the delivery of services to Constituent Councils.

The immunisation contracts are scheduled to commence on 1 January 2022, with preliminary work required for the respective School Immunisation programmes. In light of the time pressures involved Constituent Councils have been requested (on 4 November 2021) to consider this matter as soon as practically possible.

To date approval has been received from Norwood Payneham & St Peters Council on 5 November 2021, City of Burnside and City of Prospect on 8 November, (see attachment 4).

RECOMMENDATION

That:

1. The Eastern Health Authority Immunisation Services Provision Report is received.
2. The Board of Management endorse the Immunisation Service Provision arrangements with City of Unley and Adelaide Hills Council.

EASTERN HEALTH AUTHORITY ENTERPRISE AGREEMENT – 2019-2022

10 EMPLOYMENT SECURITY

- 10.1 In the event of any change process occurring at EHA during the life of this Agreement, the following arrangements shall apply in respect of employment security.
- 10.2 Subject to the provisions of sub-clause 10.6 below, there shall be no forced redundancies for the term of this Agreement, other than as detailed in clause 10.7 below.
- 10.3 Natural attrition, voluntary redundancies and redeployment will be the normal means of adjustment in those situations where organisational changes result in positions being no longer required.
- 10.4 Training shall be made available to assist in re-deployment or appointment to a changed position.
- 10.5 An employee may be transferred to a position of a lower classification, where this occurs; the employee's wage will be maintained for a period of two years. At the conclusion of the two-year period, the employee will be re-classified into the new classification and will be paid in accordance with that classification.
- 10.6 Where positions are identified as redundant, the employee may seek a voluntary separation package in accordance with Clause 11 hereof.
- 10.7 The following shall apply in the event that a member Council of EHA gives notices of its intention to withdraw membership and no longer utilise the services of EHA.
- 10.7.1 There shall be no forced redundancies during the period of notice.
- 10.7.2 During the period of notice, staff adjustments may occur through natural attrition and voluntary separation packages.
- 10.7.3 Three months prior to the end of the notice period, should there remain a need to reduce staff numbers, the parties shall engage in discussions with a view to addressing all available options and/or discussing redundancy arrangements to apply at the end of the notice period.
- 10.7.4 The discussions shall consider the impact of the Council withdrawal on EHA's budget, other separations occurring during the notice period and the success or otherwise of EHA in securing additional service contracts.

EASTERN HEALTH AUTHORITY ENTERPRISE AGREEMENT – 2019-2022

- 10.7.5 The VSP formula prescribed under Clause 11 shall be applied to any employee who leaves voluntarily during the notice period or by direction at the end of the notice period, as a result of his/her position being redundant.
- 10.7.6 Where the Employer secures additional service contracts during the period of the notice, an employee (occupying a redundant position) will be offered the work associated with that contract, but subject to the (fixed term) contractual arrangements normally applicable in such circumstances, provided that the employee is suitably qualified and experienced to undertake the work.
- 10.7.7 An employee who occupies a redundant position may request the involvement of the Union in matters affecting their individual redundancy arrangements.

SECTION C - SPECIFICATIONS

IMMUNISATION SERVICES SPECIFICATION

Purpose:

On behalf of the City of Unley, the Supplier will conduct public immunisation clinics, the School Immunisation Program (SIP) and offer workplace immunisation clinics to businesses within The City of Unley.

Public Immunisation Clinics:

The provision of a professional and efficient Public Immunisation Program shall be in accordance with the following:

- One appointment based morning clinic per month.
- One drop-in Saturday morning clinic per month.
- One drop-in afternoon clinic per month.
- The clinics will be undertaken on the dates and times detailed in the table below.

City of Unley Public Clinics			
1st Saturday of each month	10.00am – 12 noon	Drop-in	Civic Centre
2nd Wednesday of each month	2.30 – 4.30pm	Drop-in	Civic Centre
3rd Friday of each month	10.00am – 12.00pm	By Appointment	Civic Centre

- The Supplier to provide Customer Service Representatives (CSR's) to receive phone and counter immunisation queries (general/school/workplace); to provide client past records/history; to provide client past records/history; to provide clinic information and bookings; to assist with immunisation catch-up assessment and make bookings for clients.
- Preferably the Supplier will be able to provide The City of Unley residents access to a wider immunisation program offering other locations, days and times as part of the Supplier agreement.
- The Supplier will produce/print an annual timetable for distribution to residents at Clinic and via Civic Centre and Community Centres within The City of Unley. The Supplier will mail out the timetable to relevant businesses in The City of Unley areas such as CAFHS, pre-schools,

kindergartens, child care centres and other organisations that promote the availability of Council immunisation clinics within The City of Unley.

- The Supplier will provide an online booking system for clients allowing clients self-management of appointment selection, changes and providing email reminders.
- The Supplier will provide an Administration Officer at all Council clinics who shall work with a laptop to enable referral to client immunisation history on Immunisation Records & Inventory System (IRIS) and Australian Immunisation Register (AIR) to ensure client's immunisation requirements are identified correctly and administered where possible.
- The Supplier will enter the client's data at the time of clinic ensuring instant record keeping and that data is uploaded overnight to AIR in line with SA Health requirements.
- The Supplier will provide a range of fee vaccines for clients not entitled to funded National Immunisation Program vaccines, i.e. clients seeking vaccines off schedule or who are without Medicare card – per guidelines of the SA Vaccine Administration Code October 2018 Version 1.7.
- The Supplier will provide SIP and adolescent catch-up programs
- The Supplier will provide an Assessment of Immunisation Service for new Australian residents (with or without Medicare). This service will be conducted by Immunisation Registered Nurses (IRN) experienced in assessing vaccination history and planning catch-up vaccination programs.
- The Supplier will adhere to SA Health requirements regarding consent to vaccination.
- The Supplier is to provide clients with pre-vaccination information and literature for informed consent.
- The Supplier is to provide giveaways (such as balloons, colouring in packs, bubble packs, etc) to children of suitable age to improve their immunisation experience at clinic.
- The Supplier's IRN is to conduct pre-vaccination assessment of the client including wellness of clients, confirmation of vaccine and dose due, appropriate age for vaccine.
- The Supplier is to offer/make a follow up appointment for the client (where necessary) and/or provide reminder dates using stamps/stickers on records cards.
- The Supplier is to record client vaccination details via encounter into IRIS (i.e. date/ location / consent / batch no / expiry / dose no. / site of immunisation / IRN name) and cross check Administration Officer and IRN records.
- The Supplier is to provide every client with a post vaccination advice sheet following vaccination.
- The Supplier is to provide immunisation statistics monthly identifying numbers attending Unley clinics and the client's council of origin. Should Unley residents attend an alternative clinic location facilitated by the Supplier, then this data shall also be collected and reported.

- The Supplier is to provide annual flu vaccination including adults and children eligible to receive free flu vaccine under the NIP. It is preferable that the Supplier can offer flu specific clinics during peak flu periods to provide additional opportunity for The City of Unley residents to receive flu vaccination.

School Immunisation Program:

The Supplier shall provide a professional and efficient School Immunisation Program (SIP) in accordance with the following:

- School clinic dates, unless otherwise negotiated, need to be negotiated and confirmed by November of the year preceding the program.
- School model documents updated at the beginning of each school year.
- School consent forms delivered to schools' week prior to school commencement and completed consent forms collected early to mid-February.
- Consent forms assessed by immunisation registered nurses (IRN)
- Immunisation consent queries are followed up by IRN with the student's parent/legal guardian.
- Administration Officers enter student consent information into IRIS. School/class lists are generated and checked and then provided to the school coordinator well in advance to school visit.
- Student is assessed at school by IRN prior to vaccination.
- Post vaccination advice and record card is given to student immediately following vaccination.
- A reminder service (text or email) to parents/legal guardians of students who missed consented vaccination at school is to be offered in a timely manner, encouraging students to catch-up missed vaccine.
- Data entry in IRIS of school vaccinations is to occur on the day of the school visit, providing timely record keeping and overnight upload to AAIR and ensuring the timely claim and certification by Council necessary to qualify for payment of SIP grants.

Workplace Immunisation Program:

The Supplier shall provide a workplace influenza vaccination program for The City of Unley staff delivered on a fee for service basis.

The Supplier shall provide a professional workplace program delivered on a fee for service basis to business within The City of Unley subject to available resources.

The provision of a professional and efficient workplace immunisation program shall be in accordance with the following:

- Model documents reviewed at the beginning of each year.
- Seasonal Influenza workplace vaccination promoted to existing and potential clients within The City of Unley Council areas prior to the release of program to the public.
- Workplace program to provide other vaccines (e.g. Hepatitis A & B, dTpa, etc) upon request and availability
- Online booking system to provide businesses with automated quote, booking options, product information and consent form. Workplace clinic appointments for individual staff to be offered electronically.
- Record cards and post vaccination advice given to clients.
- Absentee program offered to provide consented staff absent on day of workplace vaccination the opportunity to attend an alternative clinic location to catch-up vaccination at no cost.

Section B – Specifications

10. General Requirements

- 10.1 This tender is for the provision of the Adelaide Hills Council Immunisation Service (the Services) comprising the School Immunisation Program (SIP), monthly Public Immunisation Clinics at two locations and annual Staff Influenza Clinics at three locations.
- 10.2 Employees of the Service Providers engaged in the delivery of the Services must not be an 'Unsuitable Person'.
- 10.3 'Unsuitable Person' means a person that is the subject of any allegation, arrest, charge, findings of guilt or conviction for a Relevant Offence.
- 10.4 'Relevant Offence' means a criminal offence which is punishable by a term of imprisonment.
- 10.5 The Service Provider must have in place appropriate policies and procedures to ensure that, as required by the Children's Protection Act 1993 that:
- 10.5.1 ***Child safe environments are established and maintained and appropriate reports of any child abuse and neglect are made.***
- 10.5.2 ***The Service Provider must have in place best practice systems, policies and procedures to ensure any incidents of actual, alleged or suspected sexual abuse of any immunisation client are responded to and reported to the relevant authorities.***
- 10.6 Any funding or other income payable from either the South Australian Government or Federal Government (including all agencies and departments) relating to the provision of any immunisation services is to remain the property of the Adelaide Hills Council.
- 10.7 The Services are to be delivered:
- a) By one or more appropriately qualified and experienced registered nurses;
 - b) In accordance with relevant recommendations and clinical guidelines endorsed by the National Health and Medical Research Council (NHMRC) current at the time of immunisation and contained in the most recent edition of the 'Australian Immunisation Handbook';

- c) In accordance with the Controlled Substances Act 1984 and associated regulations;
and
 - d) In accordance with the School Immunisation Program Protocols or any other relevant framework documents developed by the Immunisation Section of the Communicable Disease Control Branch (CDCB) of SA Health current at the time of immunisation and updated annually.
- 10.8 The Service Provider must order, secure and manage all vaccines, all other consumables and cold chain management relating to the supply and delivery of the Immunisation Service.
- 10.9 The Service Provider must provide all administration relating to the Immunisation Service including attendance at Schools and Clinics.
- 10.10 The Service Provider must provide all customer services relating to the Immunisation Service including a contact centre to receive and respond to customer enquiries relating to the service.
- 10.11 Adelaide Hills Council will undertake all advertising and promotion of the Immunisation Service.
- 10.12 The Service Provider is to operate, maintain and repair all associated plant and equipment in accordance with the manufacturer's recommendations and relevant policies and procedures.

11. School Immunisation Program

- 11.1 Commencing from 1ST January 2022, the Service Provider is to provide all Services and complete all requirements included in Schedule Two (excluding clause 1 and 2) and Schedule Seven (excluding clause 11.1.17 and 11.3) of the SIP Service Agreement between the Minister for Health and Adelaide Hills Council for the following schools:
- a) Birdwood High;
 - b) Heathfield;
 - c) Hills Christian School;
 - d) Hills Montessori;
 - e) Oakbank Area;
 - f) Rostrevor College; and

g) Domino Servite College.

- 11.2 The SIP is to be delivered in accordance with all requirements of the SIP Service Agreement 2021 to 2023 between the Minister for Health and Adelaide Hills Council.
- 11.3 The Service Provider will be the Nominated Representative for the SIP Service Agreement.
- 11.4 The Service Provider is to communicate regularly and engage with each of the schools in the SIP to ensure effective and efficient running of the program.
- 11.5 The Service Provider is to actively encourage each of the schools in the SIP to promote student participation in the SIP towards meeting the Outputs and Key Performance Indicators outlined in Clause 15 of the SIP Service Agreement between the Minister for Health and the Adelaide Hills Council.
- 11.6 The Service Provider is to provide a staff and student education session to be conducted at the School with the lowest immunisation coverage rate.
- 11.7 The Service Provider is to document and report immunisation encounters in accordance with clause 11.1.11 of the SIP Service Agreement 2021 to 2023 between the Minister for Health and the Adelaide Hills Council.
- 11.8 The Service Provider is to send all correspondence to school communities.

12. Public Clinics

- 12.1 Commencing 1 January 2022, Public Immunisation Clinics are to be provided at both Stirling and Woodside.
- 12.2 The venues will be provided by the Adelaide Hills Council.
- 12.3 A total of 24 (Per annum) Public Clinics are to be provided excluding those that fall on a public holiday. Public Clinics that fall on a public holiday will not be rescheduled.
- 12.4 The Service Provider must have the capacity to provide additional Public Clinics if so requested by the Council to cover periods of seasonal or other demand.
- 12.5 Stirling Public Clinics are to be held on the 1st Thursday of every month between 2pm and 5pm. These clinics are a drop in style clinic and are to be held at the Stirling Council Offices, 63 Mount Barker Road (corner of Mount Barker Road and Merrion Terrace), Stirling.

- 12.6 Woodside Public Clinics are held on the 3rd Thursday of every month between 2pm and 5pm. These Clinics are a drop in style clinic and are held at the Nairne Road council building, 36 Nairne Road, Woodside.
- 12.7 In the event that a Public Clinic reaches 5pm and there are still customers to be processed, the Service Provider is to continue the clinic until all customers are processed. For this purpose, additional hours (or part thereof) will be charged to Adelaide Hills Council in accordance with the rate outlined in Schedule 1.
- 12.8 The Service Provider is to enter all data in ImPS, or another program as agreed between the parties, and transmit all data to Medicare Australia's Australian Immunisation Register (AIR) / Human Papillomavirus Register / Department of Health and Ageing as required.

13. Influenza Clinics

- 13.1 Three Staff Influenza Clinics are to be provided for AHC Council Staff and Elected Members.
- 13.2 The Staff Influenza Clinics are to be offered at Council's offices in Stirling (1 Clinic), Woodside (1 Clinic) and Heathfield (1 clinic).
- 13.3 Staff or Elected Members not able to attend any of the influenza clinics will be able to receive the influenza vaccine at any Public Clinic.
- 13.4 The Adelaide Hills Council will provide the Service Provider with the date(s) and times of the Staff Influenza Clinics.

14. Communication

- 14.1 The Service Provider will commit to and undertake regular communication relating to the supply of the Immunisation Service.
- 14.2 As a minimum, a 'Contract Management Meeting' will be held between the parties every three months at the Stirling Council Offices, 63 Mt Barker Road Stirling.
- 14.3 Contract Management Meeting agendas and minutes will be produced. The agenda will include the following items:
 - a) Updates from the Service Provider on the status of ongoing implementation of guidelines, protocols and other relevant framework documents.

- b) Evidence that employees administering immunisations are Registered Nurses;
 - c) Work Health and Safety Monitoring - Reports of any incidents, near misses and confirmation of compliance with WHS policies and procedures; and
 - d) Other items as agreed between the parties.
- 14.4 Other communication will be undertaken as required with frequency and urgency determined by the subject matter.
- 14.5 Communication will be undertaken either by telephone, in person, email or written correspondence as determined by the subject matter and subject urgency.
- 14.6 Communication between the parties will be addressed to each of the parties nominated representatives.

15. Reporting

- 15.1 The Service Provider is to provide the following reports to Council:
- a) Monthly Activity Reports are to be provided electronically and must include the following:
 1. Progress towards meeting the Performance Measurements outlined in Section 28;
 2. Updates from the Service Provider on the status of ongoing implementation of guidelines, protocols and other relevant framework documents.
 3. Evidence that employees administering immunisations are current Registered Nurses;
 4. Evidence of the submission of 'School Immunisation Program- Record of Immunisation' cards for follow up immunisations submitted to the Immunisation Section of the CDCB;
 5. Summary of immunisations provided at the Public Clinics, Staff Influenza Clinics and through the SIP; and
 6. Other information as agreed between the parties.
 - b) Evidence of the submission of immunisation records on the Immunisation Database in accordance with the data entry processes and timelines stipulated in clause 6 of

Schedule 2, or, for providers with existing patient information systems, in accordance with the data entry processes and timelines stipulated in clause 6, clause 7 and clause 8 of Schedule 2 of the SIP Service Agreement between the Minister for Health and the Adelaide Hills Council.

- c) Any Work Health and Safety related incidents or injuries to any of the Service Providers employees or immunisation clients must be reported to Council within 24 hours.
- d) Any suspicion on reasonable grounds that a child has been or is being abused or neglected must be reported to Council as soon as practical after the suspicion is formed but within 24 hours.
- e) Any incidents of actual, alleged or suspected sexual abuse of any immunisation client must be reported to Council as soon as practical after they occur but within 24 hours.
- f) The Service Provider must advise Council within 24 hours if any of their employees engaged in the provision of the Services are or become an 'Unsuitable Person' as defined in the SIP Service Agreement as follows:

"Unsuitable Person" means a person that is the subject of any allegation, arrest, charge, findings of guilt or conviction for a Relevant Offence.

"Relevant Offence" means a criminal offence which is punishable by a term of imprisonment.

16. Records

- 16.1 On a monthly basis the Service Provider is to provide Adelaide Hills Council with an update of all electronic immunisation records arising from delivery of the Immunisation Service including immunisations administered. This update is to be provided electronically and in a format consistent with the ImPS software or in any other means as agreed between the parties.
- 16.2 Council retains ownership of official records created as part of the immunisation services.
- 16.3 At the cessation of the Service Agreement, official records are to be returned to Council.
- 16.4 The Service Provider is to manage records in line with applicable sections of the State Records Act 1997.

17. Work Health and Safety

- 17.1 The successful Respondent will need to supply the following WHS information prior to execution of the Service Agreement:
- a) Contractor Details (Company Name, Contact Name, ABN, Banking Details, Contact Details etc.);
 - b) Completed Job Safety Analysis taking into account hazards identified by the successful Respondent and those provided by the Council (refer clause 27.5 below);
 - c) Copy of Work Cover Registration;
 - d) Insurances Certificates of Currency including expiry date/s; and
 - e) Proof of the necessary registrations/licenses/competencies/tickets and any expiry dates if applicable.
- 17.2 The successful Respondent will need to have in place established systems and procedures for managing WHS hazards and risks.
- 17.3 WHS monitoring will be undertaken as outlined in the Communication and Reporting sections of this Request for Quotation document.
- 17.4 The successful Respondent will be responsible for ensuring employees of the Contractor are informed of any identified risks and control relating to the provision of the Services.
- 17.5 Hazards relating to this work may include:
- a) Electrical;
 - b) Working in Isolation;
 - c) Needle stick injury;
 - d) Hazardous waste/material handling;
 - e) Uneven Slippery Surface;
 - f) Poor Lighting;
 - g) Manual Handling / Ergonomics;
 - h) Drugs;

i) Hold Up / Robbery; and

j) Bushfire Risk.

The above list is not exhaustive and Respondents need to identify all hazards relating to the Services and consider appropriate hazard management when formulating their costs.

- 17.6 The successful respondent will need to report to Council any incident/injury/hazard and notifiable incidents.
- 17.7 A copy of the Adelaide Hills Council WHS & IM Policy will be provided to the successful Respondent.
- 17.8 A site specific induction (provided by the Adelaide Hills Council) will be undertaken at the Stirling and Woodside Public Clinic Locations.
- 17.9 The successful Respondent will need to arrange with the Schools participating in the SBIP a site specific induction at each of the Schools. Evidence of this occurring at each school will need to be provided to Adelaide Hills Council.
- 17.10 Within three months of the Commencement Date, the parties must establish a work health and safety monitoring and inspection regime (WHS Monitoring and Inspection Regime) in respect of the provision of the Services by the successful respondent during the Term.
- 17.11 During the Term, the Adelaide Hills Council will monitor the successful respondents provision of the Services as well as its compliance with the WHS Management System by using the WHS Monitoring and Inspection Regime.

18. Performance Measurement

- 18.1 The following Performance Measurement Criteria will be used to assess performance of the contract:
- 18.2 Public Clinics
 - a) 24 Public Clinics (12 at each location) are held, excluding any that fall on a public holiday; and
 - b) If requested by Council, additional Public Clinics are provided.

18.3 Influenza Clinics

- a) Three Influenza Clinics are held (1 Clinic at Stirling, 1 Clinic at Woodside and 1 Clinic at Heathfield).

18.4 School Based Immunisation Program

- a) The students in the target group have received the relevant school immunisation consent cards and where consent has been given, all these students have received the relevant vaccines;
- b) Follow up immunisations have been offered to all students in the target group who missed any relevant vaccinations previously consented to;
- c) 90% of students in relevant year levels complete the course of vaccines stipulated by the SIP;
- d) 100% of students in relevant year levels were offered follow-up vaccinations where consent has been obtained but the students were not vaccinated; and
- e) Provision of a staff and student education session at the School with the lowest immunisation coverage rate.
- f) 100% of HPV Dose 1 data for consented students entered onto the Immunisation Database by 30 June of the applicable year, and/or The National HPV Vaccination Register receives 100% of HPV Dose 1 data for consented students by 30 June of the applicable year.

18.5 Reporting

- a) Accurate Monthly Activity Reports are provided within 5 Business Days of the last day of the preceding month.
- b) It is highly desirable if the supplier can report direct to SA Health

18.6 Communication

- a) Attendance to no less than 90% of the three- monthly Contract Management Meetings



8 November 2021

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

Via email MLivori@eha.sa.gov.au

Dear Michael,

Eastern Health Authority Service Provision

Thank you for your letter dated 4 November 2021 regarding the Eastern Health Authority's tender to provide Immunisation Services on behalf of the City of Unley and the Adelaide Hills Council.

I am pleased to advise that on behalf of Council and in accordance with the delegation conferred on me by the City of Burnside under Clause 1.7 of the Eastern Health Authority (EHA) Charter, I hereby approve your request for EHA to enter into contracts with the City of Unley and the Adelaide Hills Council, for the provision of Immunisation Services, provided that such services will not have any negative impact on the delivery of existing Immunisation Services to EHA's Constituent Councils.

Please do not hesitate to contact me should you have any questions or require further information.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Chris Cowley'.

Chris Cowley
Chief Executive Officer

Post PO Box 9, Glenside SA 5065
Civic Centre 401 Greenhill Road, Tasmore SA 5065
Phone (08) 8366 4200 Fax (08) 8366 4299 Email burnside@burnside.sa.gov.au
www.burnside.sa.gov.au ABN 66 452 640 504

File Number: qA69175
Enquiries To: Carlos Buzzetti
Direct Telephone: 8366 4501



**City of
Norwood
Payneham
& St Peters**

**CHIEF
EXECUTIVE'S
OFFICE**

5 November 2021

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

Via email: MLivori@eha.sa.gov.au

Dear Michael

EASTERN HEALTH AUTHORITY SERVICE PROVISION OPPORTUNITY

Thank you for your letter dated 4 November 2021, regarding the Authority's tender to provide Immunisation Services on behalf of the City of Unley and the Adelaide Hills Council. Congratulations for successfully tendering for both services.

Having had regard to the contents of your letter, I am pleased to advise that I have determined, in accordance with the delegation conferred on me by the City of Norwood Payneham & St Peters Council under Clause 1.7 of the *Eastern Health Authority (EHA) Charter*, that the Authority's provision of Immunisation Services on behalf of the City of Unley and the Adelaide Hills Council is expedient to the performance by EHA of its functions.

As such, on behalf of the Council, I hereby approve your request for EHA to enter into contracts with the City of Unley and the Adelaide Hills Council, for the provision of Immunisation Services, provided that such services will not have any negative impact on the delivery of existing Immunisation Services to EHA's Constituent Councils.

Please feel free to contact me if you have any queries in relation to the request or require any further information.

With kind regards


Mario Barone FSM
CHIEF EXECUTIVE OFFICER

cc. General Manager, Urban Planning & Environment

175 The Parade,
Norwood SA 5067

PO Box 204
Kent Town SA 5071

Telephone
8366 4555

Facsimile
8332 6338

Email
townhall@npsp.sa.gov.au

Website
www.npsp.sa.gov.au



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 128 Prospect Road
 PO Box 171
 Prospect SA 5082
 Telephone (08) 8269 5355
 admin@prospect.sa.gov.au
 www.prospect.sa.gov.au

Ref. CR21/59935

8 November 2021

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

Dear Michael

EASTERN HEALTH AUTHORITY SERVICE PROVISION APPROVAL

In response to your correspondence dated 4 November 2021, I hereby provide approval from the City of Prospect, for Eastern Health Authority (EHA) to enter into the contracts to undertake the activity of immunisation services within the areas of the City of Unley and Adelaide Hills Council, following the recent tender process.

My approval is given under delegated authority that has been granted to me by City of Prospect Council at their meeting 26 October 2021 under Clause 1.7 of the Eastern Health Authority (EHA) Charter, that the Authority's provision of Immunisation Services on behalf of the City of Unley and the Adelaide Hills Council is expedient to the performance by EHA of its functions.

An excerpt of the minutes from Council's October meeting is provided as follows:

3. Delegates to the Chief Executive Officer of City of Prospect (or any person acting in that office) the power pursuant to Clause 1.7 of the Eastern Health Authority ('EHA') Charter to determine that an activity that EHA proposes to undertake outside the area of EHA's Constituent Councils is necessary or expedient to the performance by EHA of its functions.
4. Make this delegation subject to the following conditions:
 - (a) The activity that EHA proposes to undertake must be included in the EHA business plan;
 - (b) This delegation may only be exercised in respect of the proposal that EHA undertake the activity of immunisation services within the areas of the City of Unley and Adelaide Hills Council; and
 - (c) This delegation may not be sub-delegated.

CARRIED

I trust that each of the Constituent Councils of EHA will provide the required approval for the provision of the described immunisation services sought for delivery and I support your efforts to expand on the existing operations of EHA through these new contracts.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'C. White', with a stylized, cursive script.

Chris White
Chief Executive Officer

5.4 Immunisation Clinic Experience Survey Results July - October 2021

Author: Kristen Paparella

Ref: AF20/56

Summary

The survey was initiated as part of the Adelaide PHN Community Engagement Project to help establish how and why our clients were choosing to use EHA's services, what service methods they choose and prefer and to gauge their level of satisfaction and intention to return in the future. An open feedback response also allowed for clients to express individual comments.

Background

The survey comprised eight questions and one feedback field and was provided in A4 paper form to clients/parents of children attending clinics at our four locations: St Peters, Campbelltown, Burnside, and Prospect. Paper form was chosen for convenience, speed, and motivation of clients and because it had an anticipated higher uptake than electronic form.

Respondents completed the survey whilst waiting their 15 minutes post vaccination and returned it to a survey box for confidentiality and anonymity. Almost all clients were willing and obliging in participating and the uptake was extremely high. Over 430 responses were received in the 4-month period July to October 2021.

Report

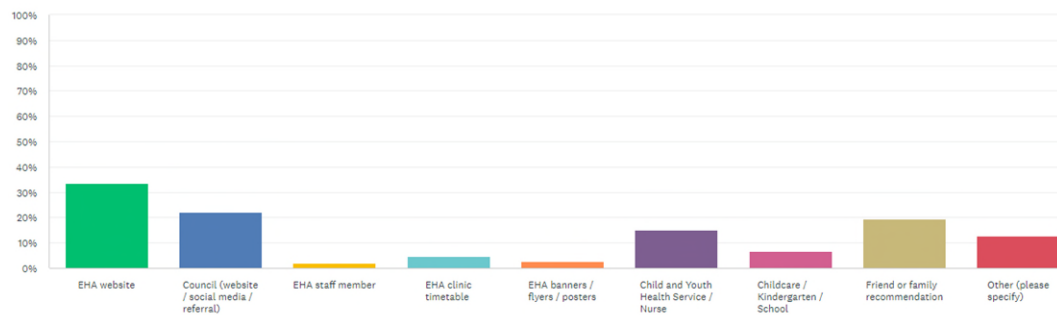
EHA runs public immunisation clinics at our Constituent Council sites in Burnside, Campbelltown, Payneham, Prospect and St Peters. A combination of morning, afternoon and evening clinics are offered with the options of both Walk-In and Appointment, to create flexibility of time and location for EHA's clients.

The Client Satisfaction Survey was given to clients attending all public immunisation clinics. The aim is to identify key issues, strengths, weaknesses, and any critical factors to guarantee an ongoing successful service.

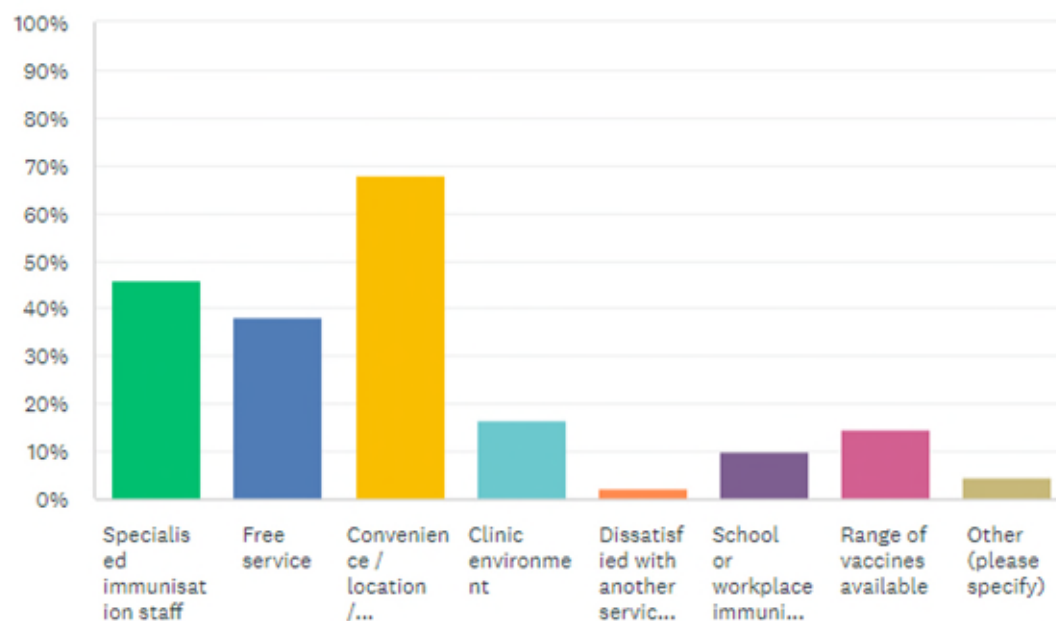
Information gathered from the survey included the date, time and location of the clinic attended by the respondent together with questions that were structured to evaluate the reasons that they used the service. Additionally, a range of questions were asked about the quality of service delivered and its importance to the client.

Summary of results and outcomes

The results of Questions 1-4 have been presented in percentage column tables and Questions 5-8 in a star rating format.

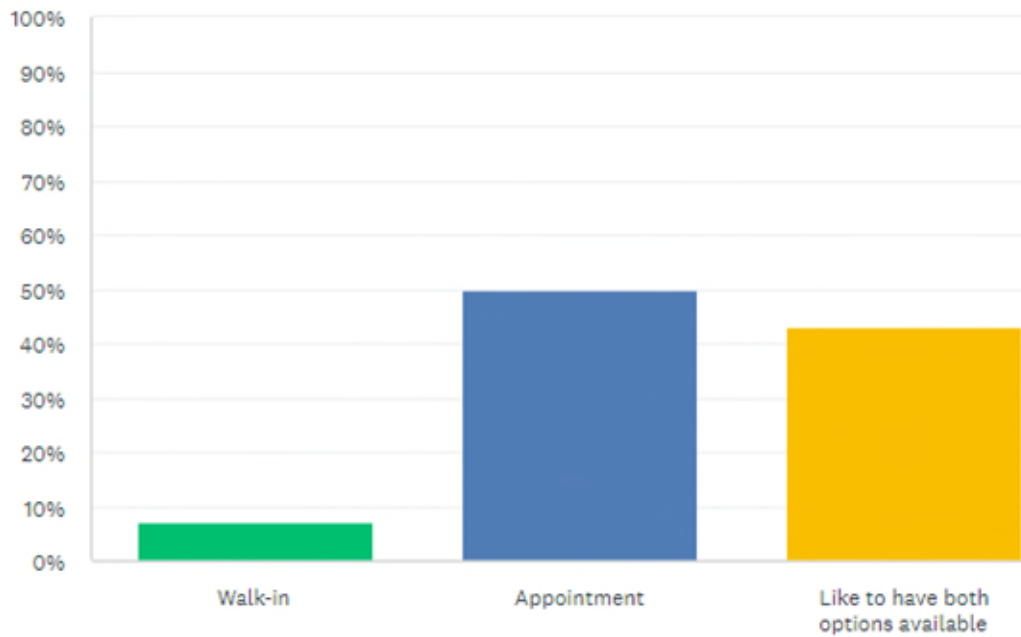
Q1: How did you find out about EHA Immunisation services?

Result highlights that the EHA website (33%) and individual council websites (22%) offer the highest referral respectively, followed by friend/family and CAFHS nurse. 'Other' comprised of GPs, paediatricians, hospitals, etc. The results indicate that ongoing time and investment into online platforms and continued networking and promotion via allied health services is warranted.

Q2: Why did you choose to use EHA Immunisation services?

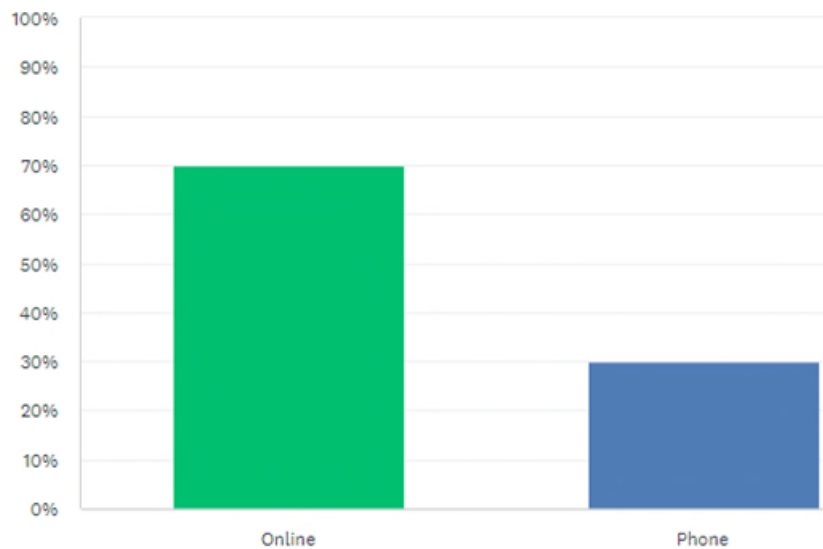
The Majority of respondents cited convenience/location (68%), specialised immunisation (46%) and free service (38%) as reasons for choosing EHA. This provides key words for marketing and promotion in future.

Q3: Do you prefer clinics to be 'Walk-In' or by appointment?



Fifty percent of respondents prefer clinics by appointment and 43% like to have the option of appointment or walk-in clinics. This result is useful for planning purposes to ensure an appropriate balance of attendance options is provided in the clinic timetable.

Q4: Did you book online or by phone?



Seventy percent of respondents booked online and 30% by phone. Clients and staff use the same booking system, therefore it has not been possible to establish the source of each individual booking prior to this survey. This data is beneficial and reiterates the importance of the EHA online booking system and the need to continue to update and improve the user experience.

Q5: If you booked by phone, how would you rate EHA's level of service?

9.7★
average rating



EHA phone service received a 9.7-star rating. Although this result is very pleasing it encouraged team discussion and training to strive for even higher service and consistency levels.

Q6: If you booked by online, how would you rate EHA's booking system?

9.5★
average rating



EHA online booking system received a 9.5-star rating. This is a pleasing result and offers encouragement to strive for ongoing improvements for the user experience.

Q7: How would you rate EHA's service level at clinics (considering things such as information & education offered, support and understanding.

9.6★
average rating



EHA service level at clinic received a 9.6-star rating. A pleasing result which allows for positive feedback to the team of casual nurses and customer service team as well as inspire further team goals to improve on delivery of knowledge and information, understand and support and consistency in approach to all situations.

Q8: How likely are you to contact / use EHA for immunisation support / services in the future?

9.7★
average rating



Likelihood to contact/use EHA immunisation services/support in the future received a 9.7-star rating. This result is very pleasing, especially considering some respondents indicated that they do not anticipate *requiring* to use the service again.

Q9: Please feel free to provide further comments and feedback?

Selection of responses:

- Fantastic service, thank you. Child was wonderfully distracted. Specialised, experienced staff, professional, quick service, good advice.

Client, St Peters Clinic

- Love the service – quick, easy booking, always efficient and knowledgeable. A+

Client, St Peters Clinic

- We will recommend to other people and friends. Staff so friendly. Well done, thank you.

Client, Campbelltown Clinic

- Maria was wonderfully compassionate with the children.

Client, St Peters Clinic

- Beyond my expectations in making my daughter feel comfortable having immunisation. The nurse was a wonderful, lovely person.

Client, St Peters Clinic

- What a fantastic experience! Bec was just lovely, and I really wanted to let someone know. She just had such a great personality, and it really made the experience so nice. The lady at the front was lovely too.

Michelle, Campbelltown Clinic

Conclusion

The results of the immunisation survey are extremely pleasing and demonstrate that EHA provides a professional immunisation service that is highly valued by the community it serves.

A total of ninety-four of the 430 respondents offered written feedback. Eighty-nine offered positive feedback only, while five offered a mixture of positive and negative feedback. Positive feedback has been used to create a testimonials section on EHA's website and where any comments may have offered negative feedback these have been referred to leadership for consideration and follow up where appropriate.

The survey has reinforced the need to maintain exacting standards and has highlighted areas of improvement along with areas that must be maintained some of which are summarised below.

- a selection of drop in and appointment clinics
- a selection of dates and times
- maintain website, keep up to date information, and review frequently.
- more exposure needed in the council newsletters, newspapers, and timetables to maternity hospitals.

RECOMMENDATION

That:

1. Immunisation Clinic Experience Survey Results July 21 – October 21 Report is received.

5.5 SAFE ENVIRONMENT POLICY REVIEW

Author: Kristen Paparella
Ref: AF17/6 & AF13/67

Summary

Eastern Health Authority (EHA) Safe Environment Policy has been reviewed. This report seeks the Board's endorsement of the revised policy.

Report

Replacement of the *Children's Protection Act 1993* has seen the introduction of *The Children and Young People (Safety) Act 2017*, now providing additional requirements for organisations running programs for or working directly with children.

The policy aims to ensure EHA's facilities are safe environments and staff conduct is such that children, young people and other vulnerable people are protected from abuse and neglect. The policy ensures that EHA complies with the legislation and fulfils its obligations under *The Children and Young People (Safety) Act 2017*.

The current policy has been reviewed and several changes are recommended as detailed below:

- 'Relevant Document Reference' section updated
- minor change to Section 1 Purpose
- minor grammatical changes to Section 2 Scope
- addition in Section 3 of the replacement name of the Act, definitions for Prescribed Position
- update to Section 4 of principles to the Policy
- minor changes to Section 5 Policy

A copy of the current Safe Environment Policy with suggested changes to the policy detailed as tracked changes is provided as attachment 1.

A copy of a draft amended Safe Environment Policy with these changes accepted is provided as attachment 2.

RECOMMENDATION

That:

1. The report regarding the Safe Environment Policy Review is received.
2. The Safe Environment Policy marked as attachment 2 to the Safe Environment Policy Review Report dated 17 November 2021 is adopted.

Safe Environment Policy

1



SAFE ENVIRONMENT POLICY

Policy Reference	GOV03
Date of initial Board Adoption	22 June 2011
Minutes Reference	7: 062011
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	November 2021
Relevant Document Reference	Children's Protection Regulations 2010 – South Australia Department for Education and Child Development – South Australia (DECD) Department for Education and Child Development South Australia Child Safe Environments: Principles of Good Practice Guidelines for mandated notifiers and information for organisations Department for Communities and Social Inclusion Screening Unit www.dcsi.sa.gov.au/services/screening Disability Services Act 1993 Aged Care Act 1997 EHA Employee Code of Conduct Current Standard Operating Procedures South Australia Aged Care Act 1997 Children and Young People (Safety) Act 2017

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1. Purpose

[EHA is committed to the safety and wellbeing of children, young people and vulnerable members of our society who access our services.](#)

The Safe Environment Policy (the policy) aims to ensure EHA's facilities are safe environments for children, young people and other vulnerable people and they are protected from abuse and neglect. The policy also aims to ensure that all relevant EHA managers and employees are aware of their duty of care responsibilities for the protection, [safety](#), and wellbeing of children at all times.

This policy will govern how systems and processes are implemented to minimise the risk of harm resulting from the delivery of EHA's services and programs including employment screening for prescribed positions. It will also assist in the reporting of suspected abuse against children, young and other vulnerable people. The policy also refers to guidance on sharing information with non-government and government agencies where there is a reasonable suspicion of harm.

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2. Scope

This policy will apply to all employees of EHA involved in the delivery of EHA's services and programs to children, young people and other vulnerable people.

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3. Definitions

Children and Young People (Safety) Act 2017 states that **child abuse and neglect** (or harm) in relation to a child means

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- o Sexual abuse; or
- o Physical or emotional abuse, or neglect to the extent that:
 - The child has suffered, or is likely to suffer, physical or psychological injury detrimental to the child's wellbeing; or
 - The child's physical and psychological development is in jeopardy.

Child – means a person under the age of 18.

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Criminal History Screening – Criminal history screening involves obtaining information about relevant potential employees on the basis that the information deemed relevant to assessing the suitability of a person to work in a child or vulnerable person-related area. The information gathered may include details concerning previous employment and relevant experience; verification of qualifications and professional registration; criminal history information, reference checks and work history reports.

DCSI - is the Department for Communities and Social Inclusion (DCSI).

Harm – in the child protection context is defined as the detrimental impact on the physical, psychological, emotional or social safety, wellbeing and development of a child as a result of the actions or inactions of another person.

Mandatory Reporting Obligation - Any person providing services to children (employee, volunteer, contractor or consultant) must report any suspicion of abuse or neglect of a child to the Department for Communities and Social Inclusion 24 hour Child Abuse Report Line (13 14 78) or online in appropriate circumstances.

Prescribed Position – Refers to a position that requires or involves prescribed functions which involve any of the following:

- Regular contact with children, young or vulnerable people (including aged care and frail aged) in close proximity (usually within earshot) on a regular basis (multiple working instances of contact of limited duration or fewer, extended and intense periods of contact which may be away from the person's usual environment)
- Close proximity means in reasonable unaided visual sight that is, physically being within earshot.
- People who supervise/manage those in positions requiring or involving regular contact with children, young and vulnerable (including aged care and frail aged) or in close proximity to them on a regular basis
- Those who have access to personal records relating to children, young or vulnerable people (including aged care and frail aged)
- Functions of a type prescribed by regulation.
- Supervision or management of above positions; and

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Safe Environment Policy

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- [Access to records of a kind prescribed by regulation relating to children \(including records relating to child protection services, health services, education services, disability services and court orders and proceedings\).](#)

Any employee within a prescribed position will undergo the screening and assessment process prior to commencement and thereafter in accordance with the Relevant History Assessments.

Vulnerable people - refers to those who may be at risk of abuse or exploitation due to their dependency on others or experiences of disadvantage, and could include people with a disability, the frail, the aged, people from culturally and linguistically diverse backgrounds, refugees, and those living in poverty.

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4. Principles

The following principles underpin this policy:

- [Child safe environments are established and maintained within the organisation](#)
- * [Abuse is abhorrent, illegal and must not be tolerated or ignored](#)
- Children and vulnerable people deserve respect, care and protection
- Children and vulnerable people should know that they have the right to be safe from abuse at all times
- Children and vulnerable people are entitled to the support of a responsible person if they [experience or](#) are at risk of harm or feel unsafe.
- EHA has a role to play in fostering a safe local environment and in contributing to a whole of community effort towards the protection of children and vulnerable people from abuse and/or harm.

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5. Policy

EHA is committed to the safety and [wellbeing](#) of children, young people and other vulnerable people who access our services. We support the rights of the child and vulnerable persons in the community and will act without hesitation to ensure a safe environment is [always maintained](#). We also support the rights and wellbeing of our staff and encourage their active participation in building and maintaining a secure environment for all children, young [people](#), and other vulnerable people.

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EHA commits to:

- Providing a safe environment where children, young and vulnerable people feel safe and protected from abuse
- Encouraging the reporting of any incident of anti-discriminatory behaviour towards young and/or vulnerable persons to the relevant authority
- Maintaining a rigorous employee and volunteer recruitment and/or screening/selection process in accordance with the Criminal History Procedure
- Monitoring and ensuring the renewal of screening for employees in prescribed positions in accordance with the Criminal History Procedure
- Operating in a spirit of cooperation and consultation with other relevant agencies in matters concerning protection of children, young and vulnerable people from harm and abuse
- Developing, monitoring, [evaluating](#), and reviewing risk management strategies to minimise harm to children, young and vulnerable people

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Safe Environment Policy

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- Developing and maintaining internal procedures and guidelines that underpin the requirements of the [Children and Young People \(Safety\) Act 2017](#) and *Children's Protection Regulations 2010 – South Australia* to ensure with this policy

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To ensure a safe environment for children and other vulnerable people EHA will undertake the following to manage its obligations under the Policy:

- The Safe Environment policy will be communicated to all relevant employees to ensure awareness and understanding of EHA's commitment to ensuring a safe environment.
- EHA will identify and assess potential sources of harm and take steps to decrease the likelihood that harm will occur to children, young people and other vulnerable people who use our services.
- All employees will be required to comply with the code of conduct endorsed by EHA.
- EHA will take reasonable steps to ensure that it engages the most suitable and appropriate people to work with and provide services to children and other vulnerable people. Applicants for prescribed positions will be screened for their suitability to provide services. Screening will involve Department of Communities and Social Inclusion Child-related employment screening, interviews, referee reports, checking qualifications and previous employment history in working with children.
- EHA will ensure that all staff working with children have ongoing support and have completed the appropriate training to enhance and maintain a child safe environment.

EHA will report suspected:

- Child abuse or neglect to the Department for Education and Child Development, Families SA through the Child Abuse Report Line: telephone 24 hours a day, 7 days a week on 13 14 78.
- Abuse of older people to the Abuse Prevention Program (Aged Rights Advocacy Service) on 8232 5377;
- Abuse of people with a mental incapacity to the Office of the Public Advocate on 8342 8200.

6. Review & Evaluation

Review periodically to ensure compliance with Department for Education and Child Development standards and effective maintenance of a safe environment.

7. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on [17 November 2021](#).

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6. Review & Evaluation

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7. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on 17 November 2021

6.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

1.0 General Activity

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

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

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

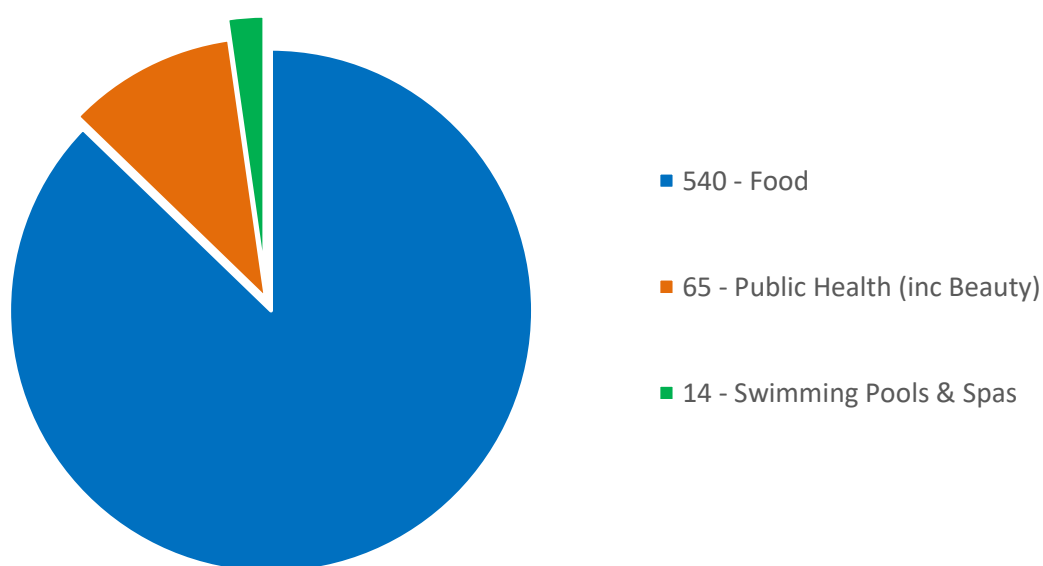


Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	135	145	173	76	11	540
Beauty	0	1	0	0	0	1
HRMWS	0	1	0	0	0	1
Public Health Complaint	15	17	20	9	3	64
SRFs	0	0	0	0	0	0
Swimming Pools & Spas	5	0	9	0	0	14
Total	155	164	202	85	14	620

2.0 Food Safety

2.1 Food Premise Inspections

A total of 310 routine inspections of food businesses were undertaken during the reporting period. An additional 170 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 540 food premise inspections were completed during the reporting period (Table 2).

As shown in Graph 2 the number of routine inspections increased by 16% when compared to the reporting period the previous year. However, the number of complaint and follow-up inspections undertaken when compared to the reporting period the previous year decreased by 51% and 17% respectively.

Graph 2: A two year comparison of the total number of inspections conducted between 1 July 2021 and 31 October 2021.

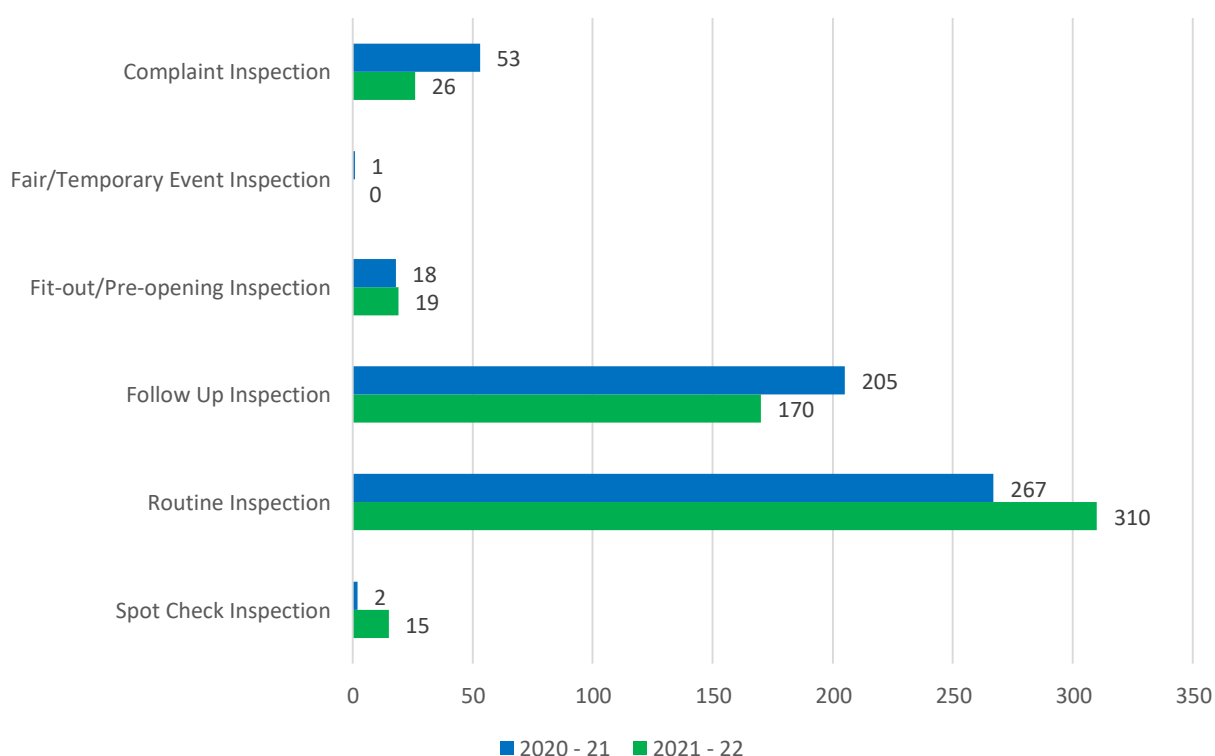


Table 2: Food premises inspections 1 July 2021 and 31 October 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	81	93	91	36	9	310
Follow up Inspection	35	41	64	29	1	170
Complaint Inspection	6	4	11	5	0	26
Fit-out/Pre-opening Inspection	6	3	6	3	1	19
Spot Check Inspection	7	4	1	3	0	15
Total	135	145	173	76	11	540

2.2 Non-Compliance with Food Safety Standards

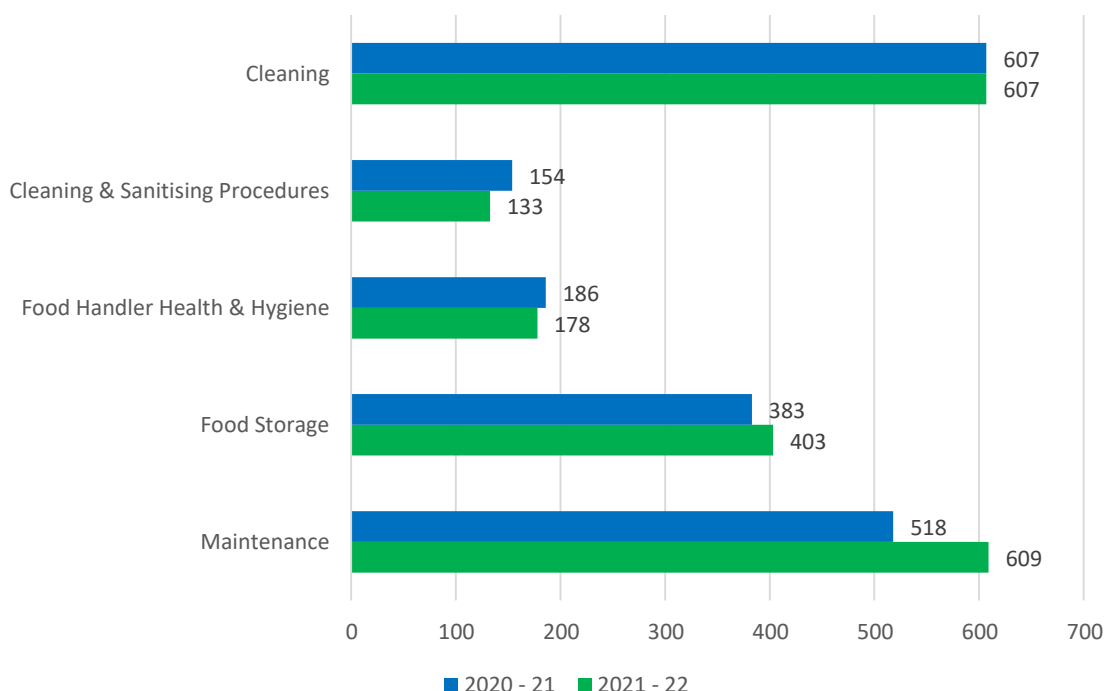
The SA Health Food Safety Rating Scheme (FSRS) Checklist is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 2,060 non-compliances with the Food Safety Standards during the reporting period (Table 3). The majority of non-compliances were minor in nature.

Table 3: The type and number of non-compliances identified at routine inspections 1 July 2021 and 31 October 2021.

Type of non-compliance	Number of non-compliances
Minor	1,537
Major	309
Serious	214
Total	2,060

A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date over a two year period (Graph 3). Apart from maintenance, the number of the common non-compliances identified were comparable to the number recorded during the reporting period the previous year. There was a 17% increase in the number of maintenance non-compliance matters recorded during routine inspections when compared to the reporting period the previous year (Graph 3).

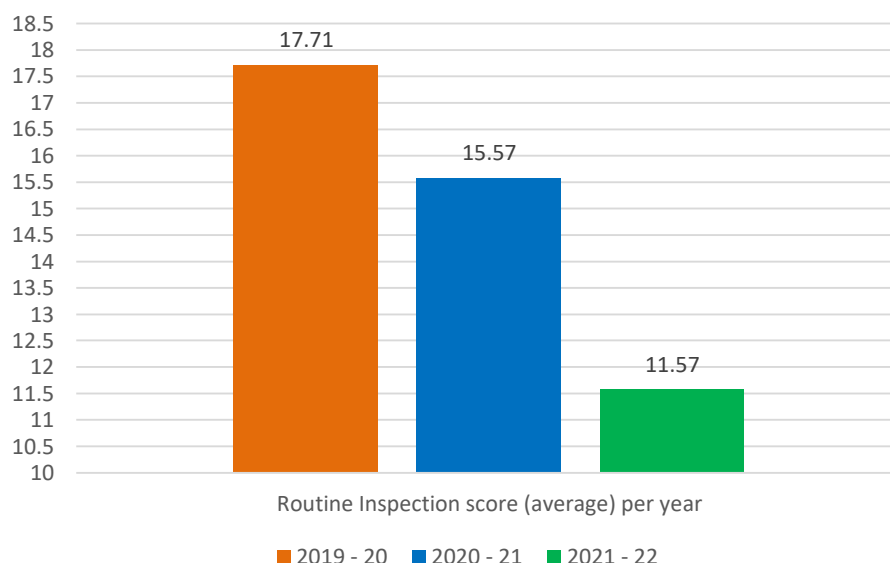
Graph 3: A two year comparison of non-compliances identified at routine inspections
1 July 2021 and 31 October 2021.



Environmental Health Officers conducting food safety assessments use an inspection template form specific to the FSRS. The form requires each of 48 elements (scoring questions) to be assessed and scored to the minimum legal requirements in the Food Safety Standards. Non-compliant elements are awarded a pre-determined score based on potential risk to food safety and the total inspection score is then converted into a food safety rating. A lower score indicates safe and compliant food practices within a food business.

Graph 4 demonstrates that there is a decreasing trend in the average routine inspection score for the reporting period over the past three years. This decreasing average score is a positive indication that food safety practices within businesses are improving. The trend may be attributed to many reason such as education and training all of which contribute improved skills and knowledge and to driving a positive food safety culture within a food business. In addition, recent legal action has also resulted in businesses improving. For example a P1 food business was inspected in the previous financial year. The Authorised Officer observed serious non compliances and an inspection score of 55 was recorded and a Prohibition Order was issued. At a recent inspection of this food business there was a significant improvement and a food inspection score of 9 points recorded and decrease of 46 points.

Graph 4: A three year comparison of the average routine inspection score between 1 July 2021 to 31 October 2021.



2.3 Legal Actions for Food Premises

During the reporting Board Report period, 24 Improvement Notices, 13 Final Warnings and one Prohibition Order were issued. In addition, three Expiations Notices were issued.

The majority of the food businesses requiring legal action were P1 high risk businesses (Table 5). Enforcement action is however not limited to high-risk businesses with Improvement Notices also issued to moderate P2 food businesses. A total of 41 legal actions were required to be taken for food businesses for the financial year to date (Table 4).

As shown in Graph 5 there has been a significant increase in the number of Improvement Notices, Expiation Notices and Warning Letters issued for the financial year to date when compared to prior year. One Prohibition Order was issued due to extremely poor standards of cleanliness and unsafe food processing practices.

Graph 5: A two year comparison of legal action taken for between 1 July 2021 and 31 October 2021.

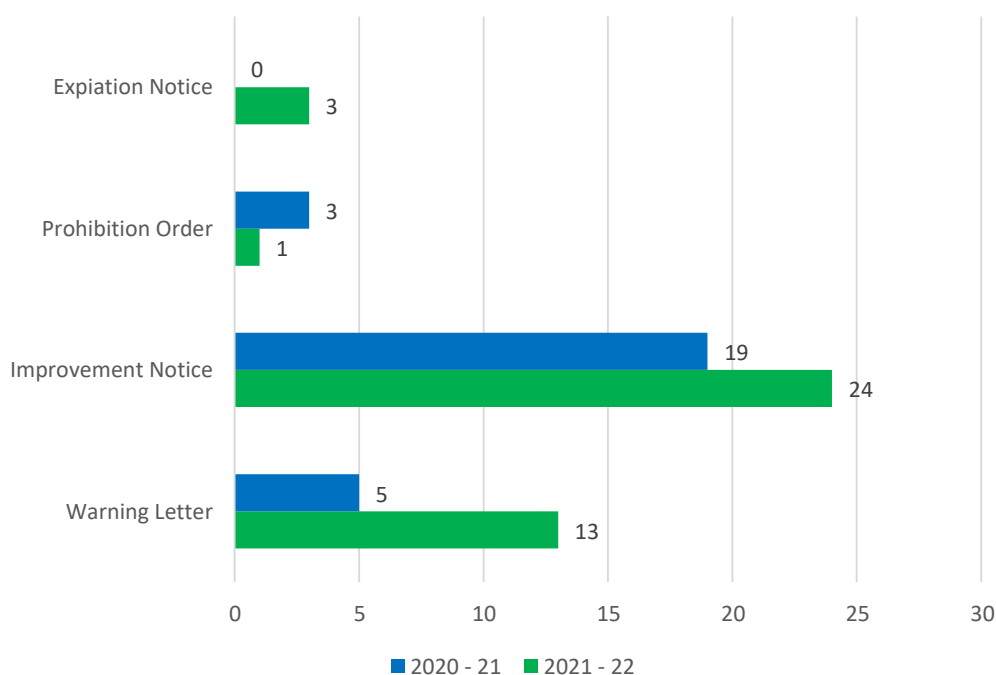


Table 4: Legal action taken between 1 July 2021 and 31 October 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	3	6	3	1	0	13
Improvement Notice	5	8	4	6	1	24
Expiation Notice	0	2	0	1	0	3
Prohibition Order	0	0	0	1	0	1
Total	8	16	7	9	1	41

Table 5: Legal action taken per food business risk classification between 1 July 2021 and 31 October 2021.

	P1	P2	P3
Final Warning	11	2	0
Improvement Notice	21	3	0
Expiation Notice	3	0	0
Prohibition Order	1	0	0

2.4 Food Complaints

For the reporting period 1 July 2021 to 31 October 2021 EHA received 26 complaints that were investigated under the *Food Act 2001*, 13 less compared to the reporting period the previous year. The complaints are shown by category in Graph 6 and by respective council area in Table 6.

Unclean premises and poor personal hygiene/food handling practices were the most common type of complaints received and investigated for the financial year to date (Graph 6).

There has been a significant decrease in the number of unsuitable/unsafe food and alleged food poisoning complaints received for the financial year to date when compared to the previous year (Graph 6).

Graph 6: A two year comparison of food complaints received between 1 July 2021 to 31 October 2021.

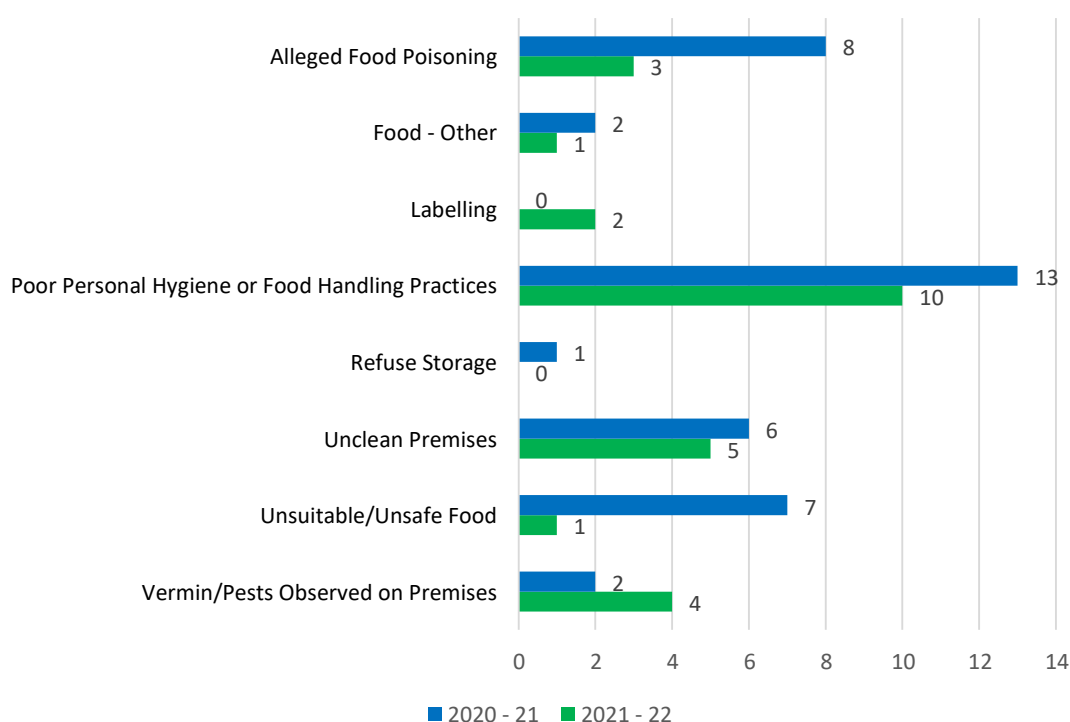


Table 6: Food complaints received by council area 1 July 2021 and 31 October 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	1	1	1	0	3
Food - Other	0	1	0	0	0	1
Labelling	2	0	0	0	0	2
Poor personal hygiene or food handling practices	2	2	2	3	1	10
Unclean premises	1	0	3	1	0	5
Unsuitable/unsafe food	0	1	0	0	0	1
Vermin/pests observed on premises	1	0	3	0	0	4
Total	6	5	9	5	1	26

2.5 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 29 businesses within the Constituent Council boundaries and 12 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. No follow-up audits were required.

A total of 41 audits of businesses that serve vulnerable populations have been completed in the financial year to date (Table 7).

Table 7: Food audits completed 1 July 2021 and 31 October 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	2	9	9	8	1	12	41
Follow-up audits	0	0	0	0	0	0	0
Total	2	9	9	8	1	12	41

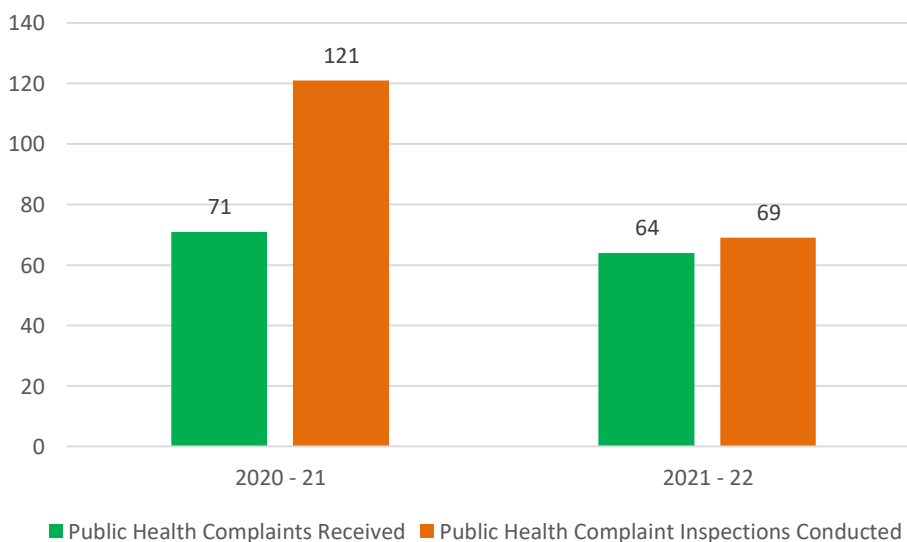
3.0 Public Health

3.1 Public Health Complaints

For the reporting period 1 July 2021 to 31 October 2021 there was a total of 64 public and environmental health related complaints received, with 69 public health complaint inspections completed.

As shown in Graph 7 there is a general increasing trend in the total number of complaints and number of inspections undertaken over the past two years. The graph also shows that there is an average rate of 1.41 inspections required per complaint received over the past two years.

Graph 7: A two year comparison of the public and environmental health complaints received compared to completed inspections for the financial year-to-date.



As shown in Graph 8 vector control and sanitation complaints account for the most common type of complaints received and investigated over the past two years. Despite the decrease in the number of complaints received compared to the previous year, vector control complaints accounts for 42% of the complaints received during the reporting period (Graph 8).

Graph 8: A two year comparison of public and environmental health complaints received between 1 July 2021 and 31 October 2021.

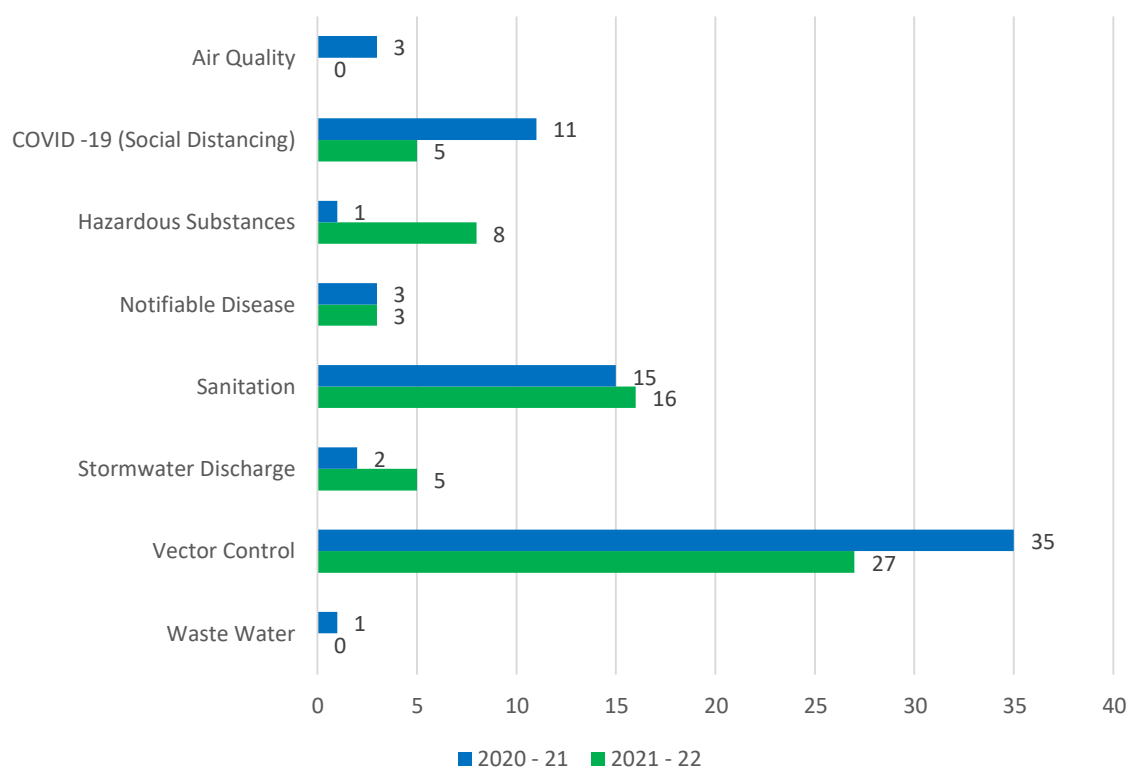


Table 8: Public and environmental health complaints 1 July 2021 and 31 October 2021. by council area.

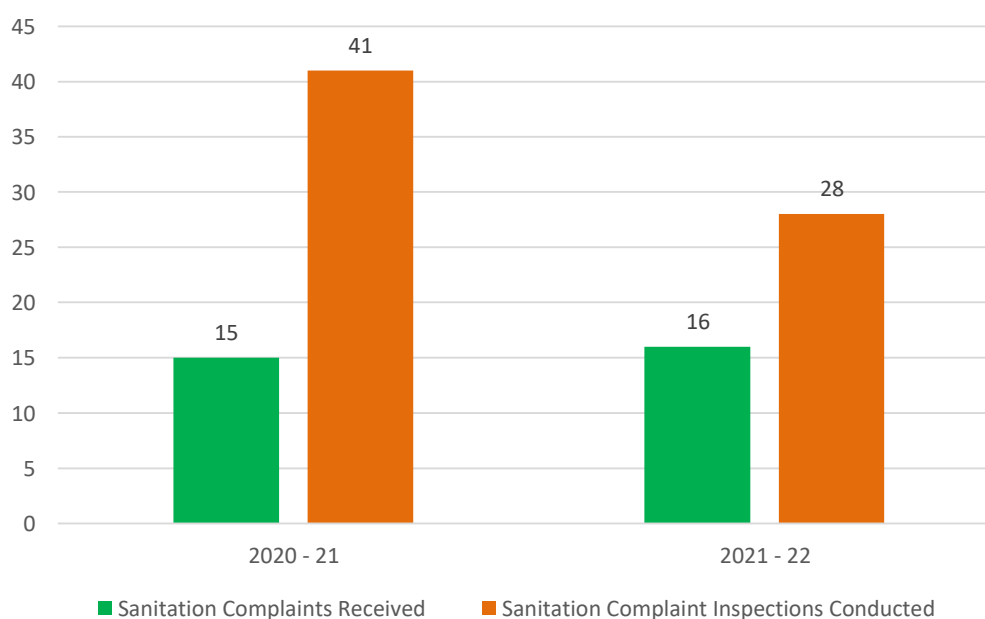
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
COVID – 19 (Social Distancing)	1	2	1	1	0	5
Hazardous Substances	1	3	3	1	0	8
Notifiable Disease	0	0	2	1	0	3
Sanitation	3	2	7	3	1	16
Stormwater Discharge	1	0	4	0	0	5
Vector Control	9	10	3	3	2	27
Total	15	17	20	9	3	64

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

Sanitation complaints most commonly involve hoarding and squalor. These types of complaints are often complex and have additional underlying issues that require interaction from other agencies. Multiple inspections over an extended period of time are required to enable the complaint to be successfully addressed. Two hoarding and squalor complaints have accounted for 9 inspections within this financial year.

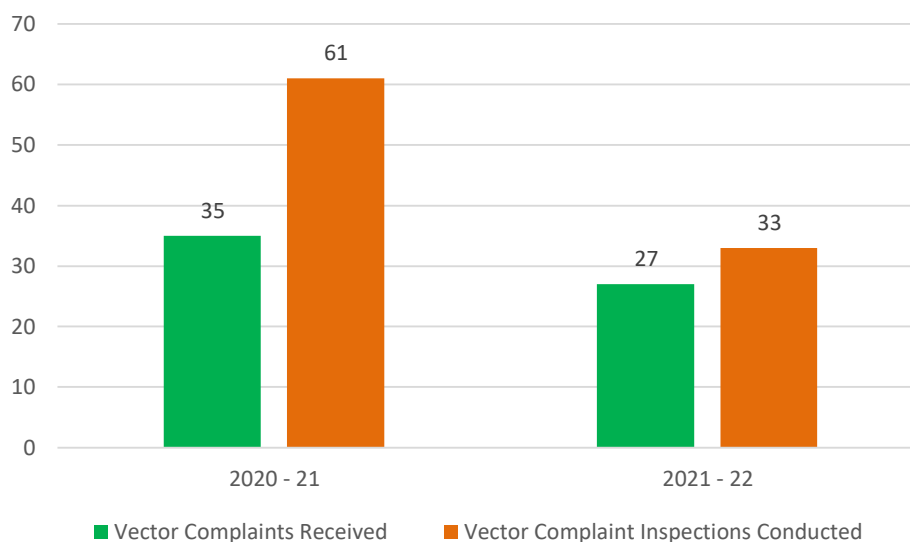
As shown in Graph 9, there is a significantly high proportion of the number of inspections conducted to investigate sanitation complaints over a two-year period. The graph also shows that there is an average rate of 2.2 inspections required per sanitation complaint received over the past two years.

Graph 9: A two year comparison of sanitation complaints received compared to completed inspections 1 July 2021 and 31 October 2021.



As illustrated in Graph 10 a high proportion of vector control complaints relate to vermin activity. The number of vector control complaints and inspections has decreased when compared to the previous year. There has been a 23% decrease in the number of vector control complaints received with a 46% decrease in the number of inspections required to be undertaken for the current reporting period (Graph 10).

Graph 10: A two year comparison of vector control complaints received compared to completed inspections between 1 July 2021 and 31 October 2021.



3.2 Cooling Towers & Warm Water Systems

During the reporting period one warm water inspection was completed at one site. Water samples taken during the inspection did not return a positive result for *Legionella*. No follow-up inspections were required. There were no cooling tower inspections completed during the reporting period.

No complaints were received during the reporting period.

Table 9: Cooling Tower and Warm Water System Inspections for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	1	0	0	0	1
Follow-up Inspection	0	0	0	0	0	0
Total	0	1	0	0	0	1

3.3 Public Swimming Pools and Spas

During the reporting period 10 swimming and spa pool routine inspections were conducted at five sites. One follow-up inspection was required to be completed.

Three complaints were received during the reporting period for a single site.

Table 10: Swimming and Spa Pool Inspections conducted between 1 July 2021 to 31 October 2021.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	5	0	5	0	0	10
Follow-up Inspection	0	0	1	0	0	1
Complaint Inspection	0	0	3	0	0	3
Total	5	0	9	0	0	14

3.4 Personal Care and Body Art

During the reporting period, one complaint inspection was undertaken at a Personal Care and Body Art premises. No follow-up was required.

3.5 Wastewater

During the reporting period waste control system applications are assessed in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*. One waste control application was approved during the reporting period for a grey water system. Amendments to a previous approved waste control application were assessed and approved.

Table 11: Wastewater actions completed between 1 July 2021 to 31 October 2021.

Type of Activity	Year to date
Number of applications received	2
Number of pending decisions	2
Number of applications refused	0
Number of inspections to determine progress of approved wastewater works	1
Number of complaint investigations	0

4.0 Health Care and Community Services - Supported Residential Facilities

For the reporting period 1 July 2021 to 31 October 2021 three dual licence and two pension only facilities were licenced by Eastern Health Authority under the *Supported Residential Facilities Act 1992*.

Audits/Inspections

During the reporting period, no unannounced routine audits were required to be completed.

Complaints

No complaints were received during the reporting period.

Approval of Manager / Acting Manager

During the reporting period no applications for the approval of an acting manager were received.

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

6.2 IMMUNISATION

2021 School Immunisation Program (SIP)

During July 2021 to October 2021, 28 school year immunisation visits were completed and a total of 2,787 vaccines were administered.

A total of 9,629 vaccines have been administered for the school year from January to October 2021 which is a minor decrease of 97 (-1%) when compared to the same period in 2020. This decrease is simply due to the scheduling of schools across the school year varying from the prior year. The School Immunisation Program had no changes between 2020 and 2021.

During the reporting period EHA also offered two specific catch up clinics for school absentees which proved highly successful. Additional catch up clinics will be offered in the second half of the year for further absentee students who have been affected with the introduction of the COVID-19 vaccine not aligning with the SIP program already scheduled.

Table 1: School Vaccinations for Calendar Year to Date – January to October 2021

Council	Human Papillomavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	705	646	1,075	629	3,055
Campbelltown	620	517	918	452	2,507
NPSP	918	471	1,064	590	3,043
Prospect	191	107	201	107	606
Walkerville	121	74	131	92	418
Total	2,555	1,815	3,389	1,870	9,629

Confirmation has been received that there will again be no changes made to the School Immunisation Program for 2022.

The program will therefore offer the following vaccinations which are the same as 2021:

Year 8 Students:

Two visits
Two doses of Gardasil 9 (6-month interval)
Boostrix – 1 dose

Year 10 Students:

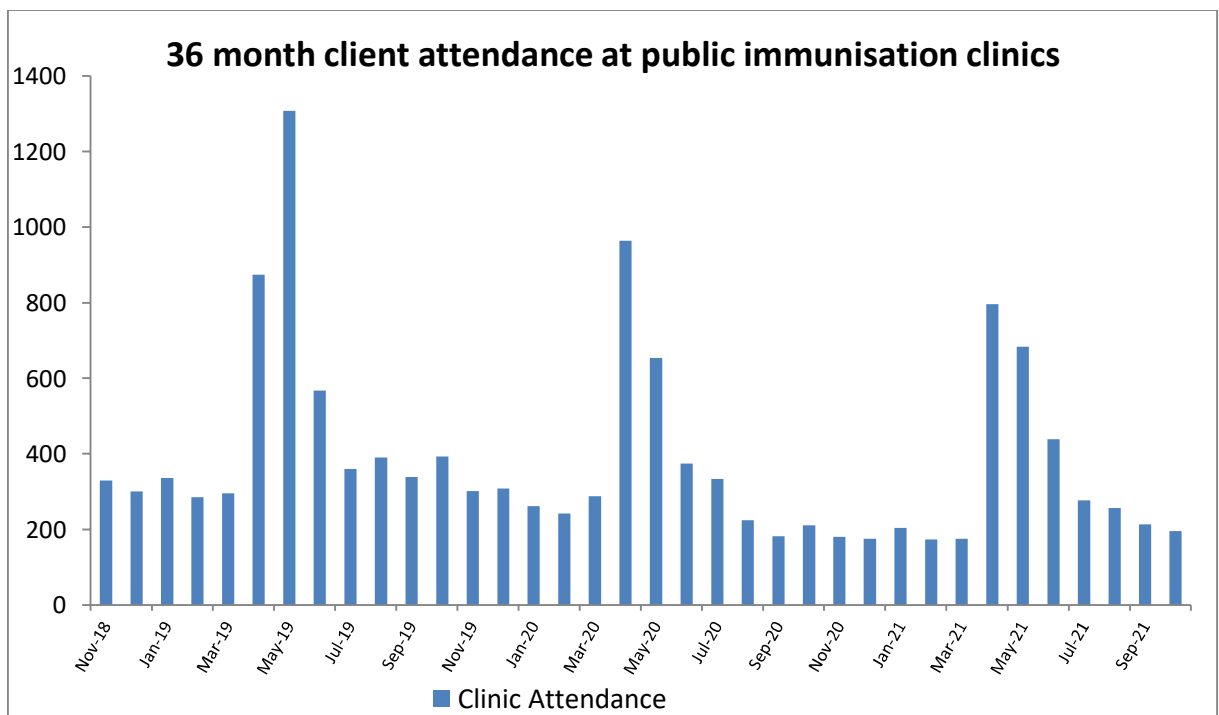
Two visits
Two doses of Bexsero (2-month interval)
One dose of Nimenrix

Public Clinics

During the period of review 941 clients received 1,948 vaccines at EHA's public immunisation clinics. This is a decrease of 9 (-0.9%) clients and 132 (-6.8%) vaccines in comparison to the same period in 2020.

Our public immunisation clinics continue to be popular, with clinics returning to our Constituent Council locations being well received by our clients. With ongoing COVID-19 restrictions in place, EHA have continued with predominantly appointment-based clinics to ensure all necessary requirements are met. This does have a small impact on the number of clients that can be serviced when comparing EHA's clinic numbers during previous years.

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



We are currently working on finalising EHA's 2022 Immunisation timetable. This will be provided to all constituent councils over the coming weeks, with a mail out scheduled for the 1st week of December 2021.

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

Table 3: Combined Clinic breakdown for July 2021 – October 2021

<u>EASTERN HEALTH AUTHORITY PUBLIC IMMUNISATION CLINICS</u> <u>CLIENT ATTENDANCE BY COUNCIL AREA</u>														
BURNSIDE CLINIC held at Burnside Council every 2nd and 4th Monday of the month 10.00am to 12.30pm and 2.00 pm to 4.00 pm														
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Oct 2021	95	168	19	46	20	32	1	3	2	6	1	4	138	259
	95	168	19	46	20	32	1	3	2	6	1	4	138	259
CAMPBELLTOWN CLINIC HELD AT the ARC Campbelltown every 1st & 3rd Wednesday of the month 10 am to 12.30pm and 4.00 pm to 6.00 pm														
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Oct 2021	5	7	50	108	6	10	4	9	0	0	0	0	65	134
Year to Date	5	7	50	108	6	10	4	9	0	0	0	0	65	134
NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office ST PETERS CLINIC is held every 2nd Tuesday of the month 9.15am to 12. 15pm and St Peters Evening Clinic is held every 2nd and 4th Tuesday of the month 4.00pm to 6.15pm														
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Oct 2021	156	326	192	452	240	490	41	75	44	78	35	72	708	1493
Year to Date	156	326	192	452	240	490	41	75	44	78	35	72	708	1493
PROSPECT CLINIC held every 1st Wednesday of the month 10.00am to 12.30pm														
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total	
	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	
Jul-Oct 2021	2	6	3	4	3	7	19	42	2	2	1	1	30	62
Year to Date	2	6	3	4	3	7	19	42	2	2	1	1	30	62
													Grand Total	
													Clients	Vaccines
Grand Total of all Clinic Sites													Jul-Oct 2021	941
													Year to date	1948
The following Table provides details on the numbers of clients in attendance and the vaccines administered at all of the public clinics based on the clients council of origin														
	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		TOTALS	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Oct 2021	258	507	264	610	269	539	65	129	48	86	37	77	941	1948
Year to date	258	507	264	610	269	539	65	129	48	86	37	77	941	1948

RECOMMENDATION

That:

The Immunisation Services Report is received.