



Board of Management

23 February 2022



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 23 FEBRUARY 2022

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 23 February 2022 commencing at 6.00 pm.

A light meal will be served at 5.30 pm.

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

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY 23 FEBRUARY 2022

Commencing at 6.00 pm

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

Author: Michael Livori
Ref: AF11/65

Summary

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

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

Background

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

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

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

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

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

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

2.5 *Chair of the Board*

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

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

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

2.6 *Powers of the Chair and Deputy Chair*

- 2.6.1 *The Chair shall preside at all meetings of the Board and, in the event of the Chair being absent from a meeting, the Deputy Chair shall preside. In the event of the Chair and Deputy Chair being absent from a meeting, the Board Members present shall appoint a member from amongst them, who shall preside for that meeting or until the Chair or Deputy Chair is present.*
- 2.6.2 *The Chair and the Deputy Chair individually or collectively shall have such powers as may be decided by the Board.*

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

Report

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

At the Board of Management meeting held on 25 February 2021 the following was resolved.

Cr S Whittington moved:

That:

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

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

Seconded by Cr J Kennedy

CARRIED UNANIMOUSLY 2: 25022021

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

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

RECOMMENDATION

That:

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

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

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

Process, Options and Implications

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

Last revised or updated:

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

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

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1. Introduction

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

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

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

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

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

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

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

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

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

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

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

By resolution of the council

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

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

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

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

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

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

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

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

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

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

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

3. Conflict of Interest Issues

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

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

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

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

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

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

4. Chairperson of Council Committees

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

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

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

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

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

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

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

5. Presiding Member of Board of Management of Council Subsidiaries

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

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

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

6. Presiding Member of Council Assessment Panel

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

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

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

Presiding Member and Acting Presiding Member

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

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

Appendix 1

Model Agenda - First Council Meeting Following an Election

Notice of Meeting

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

.....

Chief Executive Officer

.....

Date

Agenda

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

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

Appendix 2

Model - Chief Executive Officer's Report

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

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

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

1. Term of Office of Chairperson

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

2. Choosing a Chairperson

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

If council chooses to appoint:

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

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

Choosing a Chairperson by resolution

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

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

Choosing a Chairperson by an indicative vote followed by a resolution

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

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

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

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

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

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

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

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

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

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

Method of voting in the event of an election

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

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

Example 1 - First past the post

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

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

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

Candidate 1	5
Candidate 2	4
Candidate 3	2

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

Candidate 1	5
Candidate 2	6

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

Note:

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

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

Appendix 3

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

A. Choosing a Chairperson by motion and resolution

Key elements of a resolution

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

Model Resolution

That:

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

Subsequent resolution:

That Council Member _____ be appointed Chairperson of the _____ Council.

B. Choosing a Chairperson by indicative vote and resolution

Key elements of a resolution

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

Model Resolution

That:

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

Subsequent resolution:

That Council Member _____ be appointed Chairperson of the _____ Council.

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

Key elements of a resolution

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

Model Resolution

That:

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

Appendix 4

Qualities to consider when choosing a Chairperson

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

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

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

Factors could include a person's:

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

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

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6.1 FINANCE REPORT AND SECOND (DECEMBER 2021) BUDGET REVIEW FOR 2021/2022

Author: Michael Livori

Ref: AF21/3

Summary

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

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

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

This report provides the second of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2021 and 31 December 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 report below gives a simple analysis of year-to-date income, expenditure, and operating result.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 December 2021				
Total Operating Expenditure	\$1,222,450	\$1,259,175	(\$36,725)	-3%
Total Operating Income	\$1,090,297	\$1,109,134	(\$18,837)	-2%
Operating Result	(\$132,154)	(\$150,042)	\$17,888	12%

The report shows that for the reporting period income was \$18,837 (-2%) less than budgeted and expenditure was \$36,725 (-3%) less than budgeted. The net result is a variation of \$17,888 (positive) on the budgeted year to date comparative operating result.

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

Item 5.3 "Eastern Health Authority Immunisation Service Provision" considered at the 17 November 2021 Board of Management meeting advised of successful tenders by EHA to provide immunisation services to the City of Unley and Adelaide Hills Councils. Budget variations in relation to the service provision have been requested in this review which improve the budget position by \$20K.

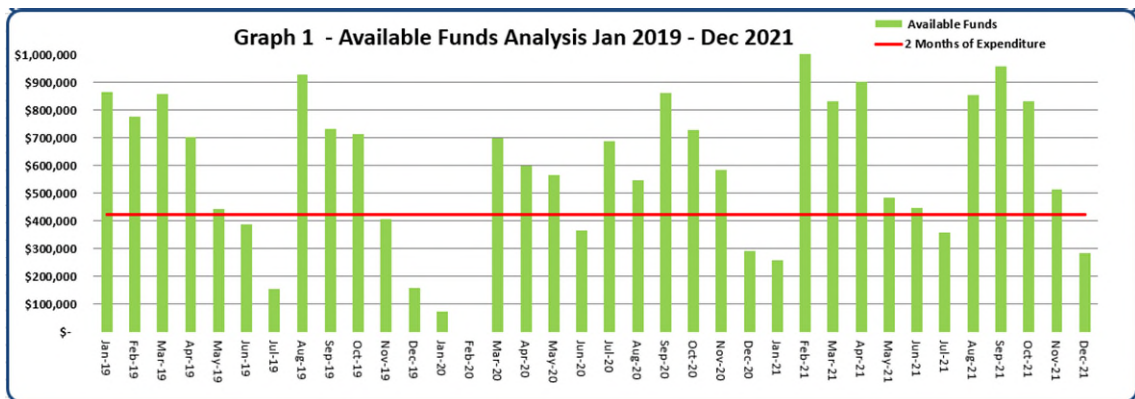
The amended budget is provided as attachment 2.

Summary Table of Funding Statement Variations				
Favourable variances are shown in green and unfavourable variances are shown in red.				
Description	YTD Budget	YTD Actual	Variation	Comment
Income				
Fines and Expiations	\$25,000	\$10,295	(\$14,705)	Decrease in YTD expiations issued. No variation requested at this point in time.
Immunisation Service Provision	\$0	\$0	\$0	Income from Immunisation Service Provision Contracts. 70K variation requested.
Total of Income Variations Requested				\$70K
Expenditure				
Employee Costs	\$906,704	\$891,487	(\$15,217)	Staffing for Immunisation Service Provision Contracts. 50K variation requested.
Total of Expenditure Variations Requested				\$50K
Net Result of Variation Requested				\$20K

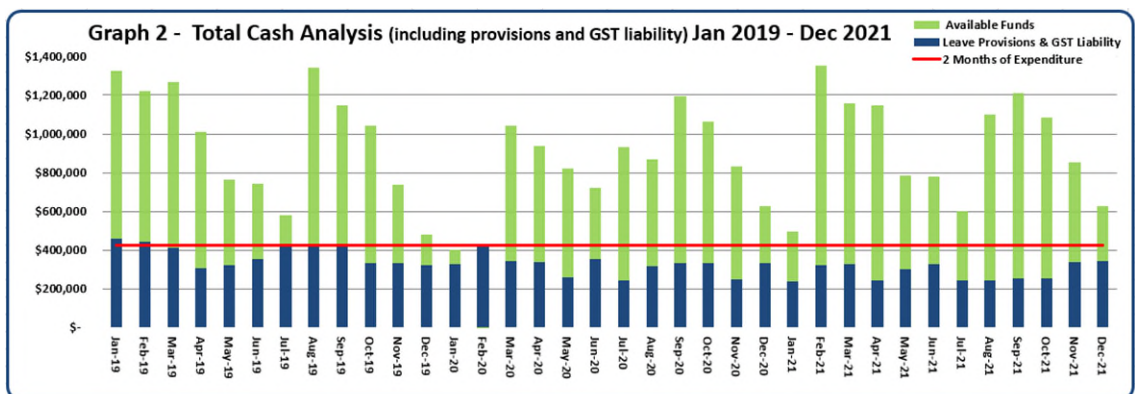
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 December 2021 is provided as attachment 3. It shows that on 31 December 2021 available funds were \$285,605 in comparison with \$957,494 on 30 September 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 Second (December 2021) Budget Review Report for 2021/2022 be received.
2. The amended budget for 2021/2022 (provided as attachment 2) is adopted.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 December 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	\$57,270	\$61,000	(\$3,731)	-6%
Legionella registration and Inspection	\$4,181	\$4,000	\$181	5%
SRF Licenses	\$0	\$1,500	(\$1,500)	-100%
Fines & Expiation Fees	\$10,295	\$25,000	(\$14,705)	-59%
Total Statutory Charges	\$71,746	\$91,500	(\$19,754)	-22%
User Charges				
Immunisation: Clinic Vaccines	\$23,006	\$24,000	(\$994)	-4%
Immunisation: Worksites Vaccines	\$1,544	\$0	\$1,544	0%
Immunisation: Clinic Service Fee	\$730	\$0	\$730	0%
Food Auditing	\$41,801	\$41,000	\$801	2%
Total User Charges	\$67,081	\$65,000	\$2,081	3%
Grants, Subsidies, Contributions				
Child Immunisation Register	\$13,314	\$9,000	\$4,314	48%
PHN Project	\$19,000	\$19,000	\$0	0%
Total Grants, Subsidies, Contributions	\$32,314	\$28,000	\$4,314	15%
Investment Income				
Interest on investments	\$3,200	\$5,000	(\$1,800)	-36%
Total Investment Income	\$3,200	\$5,000	(\$1,800)	-36%
Other Income				
Motor Vehicle re-imburements	\$1,473	\$2,000	(\$527)	-26%
Sundry Income	\$351	\$3,502	(\$3,151)	-90%
Total Other Income	\$1,824	\$5,502	(\$3,678)	-67%
Total of non Constituent Council Income	\$176,165	\$195,002	(\$18,837)	-10%
Total Income	\$1,090,297	\$1,109,134	(\$18,837)	-2%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 December 2021				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$791,922	\$823,705	(\$31,783)	-4%
Superannuation	\$87,226	\$72,500	\$14,726	20%
Workers Compensation	\$12,339	\$9,000	\$3,339	37%
Medical Officer Retainer	\$0	\$1,500	(\$1,500)	-100%
Total Employee Costs	\$891,487	\$906,705	(\$15,217)	-2%
Prescribed Expenses				
Auditing and Accounting	\$13,428	\$15,000	(\$1,573)	-10%
Insurance	\$22,618	\$19,000	\$3,618	19%
Maintenance	\$12,927	\$19,500	(\$6,573)	-34%
Vehicle Leasing/maintenance	\$11,774	\$7,396	\$4,378	59%
Total Prescribed Expenses	\$60,746	\$60,896	(\$150)	34%
Rent and Plant Leasing				
Electricity	\$4,461	\$5,500	(\$1,039)	-19%
Plant Leasing Photocopier	\$1,742	\$1,500	\$242	16%
Water	\$0	\$150	(\$150)	-100%
Gas	\$0	\$1,350	(\$1,350)	-100%
Total Rent and Plant Leasing	\$6,203	\$8,500	(\$2,297)	-27%
IT Licensing and Support				
IT Licences	\$35,279	\$37,667	(\$2,388)	-6%
IT Support	\$22,832	\$26,000	(\$3,168)	-12%
Internet	\$6,332	\$5,500	\$832	15%
IT Other	\$403	\$1,000	(\$597)	-60%
Total IT Licensing and Support	\$64,846	\$70,167	(\$5,321)	-8%
Administration				
Administration Sundry	\$4,165	\$3,000	\$1,165	39%
Accreditation Fees	\$0	\$1,500	(\$1,500)	-100%
Board of Management	\$2,580	\$6,000	(\$3,420)	-57%
Bank Charges	\$2,261	\$2,000	\$260	13%
Public Health Sundry	\$3,380	\$2,500	\$880	35%
Fringe Benefits Tax	\$7,136	\$7,500	(\$364)	-5%
Health promotion	\$0	\$2,500	(\$2,500)	-100%
Legal	\$9,247	\$10,000	(\$753)	-8%
Printing & Stationery & Postage	\$15,124	\$14,000	\$1,124	8%
Telephone	\$11,027	\$9,500	\$1,527	16%
Occupational Health & Safety	\$5,827	\$5,000	\$827	17%
Rodenticide	\$656	\$1,000	(\$344)	-34%
Staff Amenities	\$1,584	\$3,500	(\$1,916)	-55%
Staff Training	\$3,412	\$6,000	(\$2,588)	-43%
Human Resource Sundry	\$6,795	\$5,000	\$1,795	36%
Total Administration	\$73,194	\$79,000	(\$5,806)	-7%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 December 2021				
Immunisation				
Immunisation SBP Consumables	\$2,555	\$4,500	(\$1,945)	-43%
Immunisation clinic vaccines	\$13,558	\$17,500	(\$3,942)	-23%
Immunisation worksite vaccines	\$24	\$0	\$24	0%
Total Immunisation	\$16,136	\$22,000	(\$5,864)	-27%
Sampling				
Legionella Testing	\$1,253	\$998	\$255	26%
Total Sampling	\$1,253	\$998	\$255	26%
Finance Costs				
Interest on Loan	\$2,238	\$2,238	\$0	0%
Interest - Building Lease	\$19,812	\$20,000	(\$188)	-1%
Unallocated - Bank Trace	(\$2,137)	\$0	(\$2,137)	0%
Total Finance Costs	\$19,913	\$ 22,238	(\$2,325)	-10%
Total Materials, contracts and other expenses	\$1,133,778	\$1,170,503	(\$36,725)	-3%
Depreciation - Building Lease	\$60,000	\$60,000	\$0	0%
Depreciation - Motor Vehicle Lease	\$12,000	\$12,000	\$0	0%
Depreciation	\$14,000	\$14,000	\$0	0%
Finance Costs	\$2,672	\$2,672	\$0	0%
Total Operating Expenditure	\$1,222,450	\$1,259,175	(\$36,725)	-3%
Total Operating Income	\$1,090,297	\$1,109,134	(\$18,837)	-2%
Operating Result	(\$132,154)	(\$150,042)	\$17,888	12%

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME					
FOR THE YEAR ENDING 30 JUNE 2022					
AUDITED RESULTS 2020/2021		ADOPTED BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2021/2022
	INCOME				
1,790,675	Council Contributions	1,828,263		-	1,828,263
31,190	Public Health Plan / Service Review Contributions	-		-	-
150,625	Statutory Charges	181,500	-	-	181,500
236,151	User Charges	256,000	-	70,000	326,000
256,514	Grants, subsidies and contributions	254,000	-	-	254,000
4,901	Investment Income	10,000	-	-	10,000
4,549	Other Income	11,000	-	-	11,000
2,474,605	TOTAL INCOME	2,540,763		70,000	2,610,763
	EXPENSES				
1,635,933	Employee Costs	1,802,000	-	50,000	1,852,000
509,065	Materials, contracts and other expenses	526,000	24,000	-	550,000
48,445	Finance Charges	44,209	(1,209)	-	43,000
190,797	Depreciation	168,554	(23,277)	-	145,277
2,384,240	TOTAL EXPENSES	2,540,763	(486)	50,000	2,590,277
90,365	Operating Surplus/(Deficit)	-	486	20,000	20,486
	Net gain (loss) on disposal of assets	-	-	-	-
90,365	Net Surplus/(Deficit)	-	486	20,000	20,486
90,365	Total Comprehensive Income	-	486	20,000	20,486

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2022					
AUDITED RESULTS 2020/2021		DRAFT BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2021/2022
	CASHFLOWS FROM OPERATING ACTIVITIES				
	Receipts				
1,821,865	Council Contributions	1,828,263	-	-	1,828,263
150,625	Fees & other charges	181,500	-	-	181,500
227,736	User Charges	256,000		70,000	326,000
5,757	Investment Receipts	10,000	-	-	10,000
256,514	Grants utilised for operating purposes	254,000	-	-	254,000
4,549	Other	11,000	-	-	11,000
	Payments				
(1,637,628)	Employee costs	(1,802,000)		(50,000)	(1,852,000)
(525,832)	Materials, contracts & other expenses	(652,166)	127,359	-	(524,807)
(49,988)	Finance Payments	(44,209)	-	-	(43,000)
253,598	Net Cash Provided/(Used) by Operating Activities	42,388	127,359	20,000	190,956
	CASH FLOWS FROM FINANCING ACTIVITIES				
	Loans Received				
-		-	-	-	-
(70,732)	Repayment of Borrowings	(76,131)	-	-	(76,131)
(121,280)	Repayment of Finance Lease Liabilities		(102,873)		(102,873)
(192,012)	Net Cash Provided/(Used) by Financing Activities	(76,131)	(102,873)	-	(179,004)
	CASH FLOWS FROM INVESTING ACTIVITIES				
	Receipts				
	Sale of Replaced Assets	-	-	-	-
	Payments				
	Expenditure on renewal / replacements of assets	-	-	-	-
	Expenditure on new / upgraded assets	-	-	-	-
	Distributions paid to constituent Councils	-	-	-	-
-	Net Cash Provided/(Used) by Investing Activities	-	-	-	-
61,586	NET INCREASE (DECREASE) IN CASH HELD	(33,743)	24,486	20,000	10,743
721,310	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	694,220	88,676	-	782,896
782,896	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	660,477	113,162	20,000	793,639

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION					
FOR THE YEAR ENDING 30 JUNE 2022					
AUDITED RESULTS 2020/2021		DRAFT BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2021/2022
	CURRENT ASSETS				
782,896	Cash and Cash Equivalents	660,477	113,162		773,639
188,901	Trade & Other Receivables	155,650	33,251	-	188,901
971,797	TOTAL CURRENT ASSETS	816,127	146,413	-	962,540
	NON-CURRENT ASSETS				
1,300,714	Infrastructure, property, plant and equipment	1,129,957	25,480	-	1,155,437
1,300,714	TOTAL NON-CURRENT ASSETS	1,129,957	25,480	-	1,155,437
2,272,511	TOTAL ASSETS	1,946,084	171,893	-	2,117,977
	CURRENT LIABILITIES				
163,940	Trade & Other Payables	157,719	6,221	-	163,940
307,903	Provisions	307,885	18	-	307,903
177,021	Borrowings	38,391	138,630	-	177,021
648,864	TOTAL CURRENT LIABILITIES	503,995	144,869	-	648,864
	NON-CURRENT LIABILITIES				
21,716	Provisions	38,690	(16,974)	-	21,716
1,036,687	Borrowings	956,520	(98,835)	-	857,685
1,058,403	TOTAL NON-CURRENT LIABILITIES	995,210	(115,809)	-	879,401
1,707,267	TOTAL LIABILITIES	1,499,205	29,060	-	1,528,265
322,933	NET CURRENT ASSETS/(CURRENT LIABILITIES)	312,132	1,544	-	313,676
565,244	NET ASSETS	446,879	142,833	-	589,712
	EQUITY				
565,244	Accumulated Surplus/(Deficit)	446,879	118,833		565,712
565,244	TOTAL EQUITY	446,879	118,833	-	565,712

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY					
FOR THE YEAR ENDING 30 JUNE 2022					
AUDITED RESULTS 2020/2021		DRAFT BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2020/2021
	ACCUMULATED SURPLUS				
474,879	Balance at beginning of period	446,879	118,347		565,226
90,365	Net Surplus/(Deficit)	-	486	20,000	20,486
565,244	BALANCE AT END OF PERIOD	446,879	118,833	20,000	585,712
	TOTAL EQUITY				
474,879	Balance at beginning of period	446,879	118,347	-	565,226
90,365	Net Surplus/(Deficit)	-	486	20,000	20,486
565,244	BALANCE AT END OF PERIOD	446,879	118,833	20,000	585,712

Eastern Health Authority			
Bank Reconciliation as at 31 December 2021			
Bank SA Account No. 141/0532306840			
Balance as per Bank Statement 31 December 2021			\$146,366.31
Plus Outstanding cheques	\$	-	
Add Outstanding deposits	\$	-	
BALANCE PER General Ledger			\$146,366.31
GST as 31 December 2021			
GST Collected	\$5,000.53		
GST Paid	<u>(\$16,549.75)</u>		
Net GST Claimable (Payable)	<u>(\$11,549.22)</u>		
Funds Available December 2021			
Account	31-Dec-21	30-Sep-21	Variance
Bank SA Cheque Account	\$ 146,366	\$ 231,721	(\$85,354.34)
Local Government Finance Authority	\$ 480,326	\$ 977,458	-\$ 497,132
Net GST Claimable (Payable)	(\$11,549.22)	\$77,993.63	(\$89,543)
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	\$ 285,524	\$ 957,554	(\$672,030)

6.2 DEVELOPMENT OF ANNUAL BUSINESS PLAN FOR 2022/2023

Author: Michael Livori
Ref: AF21/85

Summary

Eastern Health Authority (EHA) is required to develop an Annual Business Plan which supports and informs its annual budget. This report seeks to outline the process to be taken in relation to the development of the Annual Business Plan for 2022/2023.

Report

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

Legislative and Charter Requirements

EHA's Charter requires pursuant to clause 8.1 that;

8. **BUSINESS PLAN**

8.1. **Contents of the Business Plan**

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

Proposed Process for the Development of the 2022/2023 Annual Business Plan

To comply with the requirements of the Charter the following process is proposed for the development of the 2022/2023 Annual Business Plan.

February 2022

- Board Members are requested to provide comments and suggestions in relation to the development of the 2022/2023 Annual Business Plan. The current Annual Business Plan is available at <https://www.eha.sa.gov.au/about-us/annual-business-plan>. Comments to be provided to the Chief Executive Officer by **2 March 2021**.
- Constituent Councils have been requested via their nominated contact to provide comments and suggestions in relation to the development of the 2022/2023 Annual Business Plan. Comments to be provided to the Chief Executive Officer by **2 March 2021**.
- EHA Administration continues development of 2022/2023 Annual Business Plan and Budget.

March 2022

- Annual Business Plan and Budget workshop to be held on 9 March 2022 to consider feedback from Board Members and Constituent Councils in relation to the Annual Business Plan. Members will also consider a preliminary draft budget at the workshop.

Following Board endorsement, a copy of the preliminary draft Annual Business Plan and Budget will be provided to Constituent Councils requesting their feedback by **25 May 2022**.

April 2022

- Preliminary feedback from Constituent Councils and a proposed Annual Business Plan and Budget detailing the estimated contributions from Constituent Councils to be considered by the Board of Management at its meeting to be held on **27 April 2022**.
- If the endorsed draft Annual Business Plan contains any substantive changes from the preliminary draft Annual Business Plan which was provided to Constituent Council following the Budget Workshop, details of those changes will be provided to Constituent Councils requesting any further comment by **15 June 2022**.

June 2022

- Budget to be considered for adoption at the Board of Management to be held on **29 June 2022**

- Copy of budget provided to Chief Executive Officers of each Constituent Councils within 5 days of its adoption.

RECOMMENDATION

That:

1. The Development of the Annual Business Plan for 2022/2023 report is received.
2. The process for the Development of the Annual Business Plan for 2022/2023 is endorsed.

6.3 UPDATE IN RELATION TO TOWN OF WALKERVILLE (ToW) PARTICIPATION IN EASTERN HEALTH AUTHORITY (EHA)

Author: Michael Livori

Ref: AF21/37

Summary

This report provides an update in relation to ToW's participation in EHA.

Report

At the EHA Board of Management meeting held on 8 September 2021, the following was resolved.

EHA SERVICE REVIEW RECOMMENDATION 1 – CHARTER FORMULA REVISION

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

On 21 September 2021 correspondence was provided to City of Burnside, Campbelltown City Council, City of Norwood Payneham & St Peters, and City of Prospect requesting that their respective Councils consider endorsing the formula change at their next available meeting. The correspondence provided details in relation to the estimated financial impact of the formula change on Constituent Councils to assist with decision making.

EHA received correspondence from all Constituent Councils which has confirmed their respective endorsement of the proposed formula change. The dates on which each Constituent Council considered this matter is detailed below.

City of Burnside	28 September 2021
Campbelltown City Council	19 October 2021
City of Norwood Payneham & St Peters	1 November 2021
City of Prospect	26 October 2021

On 5 November 2021 correspondence was provided to ToW to advise of the above.

On 2 February 2022 EHA was provided with correspondence from Mellor Olsson (provided as attachment 1) on behalf of the Town of Walkerville (ToW) advising that the ToW is

reconsidering its position in relation to withdrawing as a Constituent Council of the Eastern Health Authority (EHA) and contemplating remaining a member of EHA.

In the correspondence, Mellor Olsson requested that Eastern Health Authority advises its view in relation to this change of position.

On 4 February 2022 I provided a response on behalf of EHA (provided as attachment 2) in which I stated that I was confident, based on the Board of Management's recent consideration of this matter, and in particular its support of the Notice of Motion tabled by the ToW Board Members at the 8 September 2021 meeting for a change to the Charter formula, that EHA is supportive of ToW remaining as a Constituent Council of EHA.

I also acknowledged on behalf of EHA that any decisions in relation to membership of EHA rests with the Constituent Councils themselves. Mellor Olsson have corresponded with each of the Constituent Councils separately for their respective positions. I am confident that the Constituent Councils will agree to Walkerville remaining and will advise Board Members when EHA is made aware of their respective responses.

RECOMMENDATION

That:

1. The Update in relation to Town of Walkerville participation in Eastern Health Authority report is received.
2. The Board of Management reconfirm their support in relation to Town of Walkerville remaining as a participant in Eastern Health Authority.

Our Ref: AK:A210973

2 February 2022

Mr Michael Livori
 Eastern Health Authority
 101 Payneham Road
 ST PETERS SA 5069

BY EMAIL: EHA@EHA.SA.GOV.AU

Dear Sir

**CORPORATION OF THE TOWN OF WALKERVILLE:
 PARTICIPATION IN EASTERN HEALTH AUTHORITY**

We refer to our letter to you dated 28 May 2021.

In our letter we advised that the Town of Walkerville had determined to withdraw as a Constituent Council of the Eastern Health Authority ('EHA') and, in accordance with clause 9.2 of the Charter, provided notice of Council's intention to resign from the EHA, effective 30 June 2022.

We have not heard from you in respect of the above mentioned notice since your acknowledgement letter dated 1 June 2021.

As a result of the recent Eastern Health Authority Review and, as we understand it, the Constituent Councils' preparedness to adopt a revision to the administrative component of the cost recovery formula, Council is currently reconsidering its position in respect of the withdrawal and is contemplating remaining a member of the EHA.

The Charter is silent as to the process of withdrawing a notice from a Constituent Council whereby it advises of its intention to resign from the EHA.

We are therefore writing to ascertain the position of the remaining Constituent Councils to the Town of Walkerville remaining a Constituent Council of the EHA.

We will be writing to each of the Constituent Councils separately, but ask that you advise as to your position on this issue by 5:00 pm on Monday 21 February 2021.

Adelaide
 Pirie House, Level 6, 89 Pirie Street
 Adelaide SA 5000

GPO Box 74 Adelaide SA 5001

P 08 8414 3400
 F 08 8414 3444

Port Lincoln
 11 Mortlock Terrace
 Port Lincoln SA 5606

PO Box 411 Port Lincoln SA 5606

P 08 8682 3133
 F 08 8682 6030

Clare
 165 Main North Road
 Clare SA 5453

PO Box 671 Clare SA 5453

P 08 8842 1833
 F 08 8842 1811

Regional Offices
(By appointment only)

Barossa Valley, Bordertown,
 Kadina, Keith, McLaren Vale

P 1300 414 414
 F 08 8414 3444

2 February 2022

We await your response.

Yours faithfully
MELLOR OLSSON

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

ANTHONY KELLY
Partner
Direct Email: akelly@molawyers.com.au
Direct Phone: (08) 8414 3449 (Adelaide)



101 Payneham Road,
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ABN 52 535 526 438

Our Ref: D22/1052

4 February 2022

Mr Anthony Kelly
Mellor Olsson Lawyers
GPO Box 74
ADELAIDE SA 5001

Dear Sir

RE: TOWN OF WALKERVILLE PARTICIPATION IN EASTERN HEALTH AUTHORITY

I acknowledge receipt of your letter dated 2 February 2022 to both myself and Sue Whittington, advising that the Town of Walkerville (ToW) is reconsidering its position in relation to withdrawing as a Constituent Council of the Eastern Health Authority (EHA) and contemplating remaining a member of EHA.

In the correspondence you have requested that Eastern Health Authority advises its view in relation to this change of position.

I am confident, based on the Board of Management's recent consideration of this matter, and in particular its support of the Notice of Motion tabled by the ToW Board Members at the 8 September 2021 meeting for a change to the Charter formula, that EHA is supportive of ToW remaining as a Constituent Council of EHA.

EHA acknowledges that any decisions in relation to membership of EHA rests with the Constituent Councils themselves and notes that you have corresponded with each of the Constituent Councils separately for their respective positions.

Please feel free to contact me if you have any further queries in relation to the response provided.

Yours sincerely

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

Michael Livori
Chief Executive Officer

6.4 EASTERN HEALTH AUTHORITY AUDIT COMMITTEE TERMS OF REFERENCE

Author: Michael Livori
Ref: AF12/195

Summary

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

Report

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

The ToR is required to be annually reviewed. At a meeting of the Eastern Health Authority Audit Committee held on 8 December 2021 the committee considered a report relating to a review of the ToR and a number of changes have been incorporated into a revised document for the Board of Management to consider adopting. These changes are detailed below.

- Amendment of clause 6.1 to ensure the Committee meets three times per annum to coincide with budget and reporting cycle, undertaking activities as identified in the workplan and to meet the Committee's terms of reference.
- Addition of clause 6.2 to ensure the Committee can meet otherwise as required, and as approved by the Chair.
- Amendment of clause 8.2 to include all Board members of EHA to receive minutes of Committee meetings within 5 days after a meeting.
- Addition of clause 8.3 to ensure Agendas and Minutes of Committee meeting will be provided to the Board of Management.
- Addition of Clause 10.5.7.9 The Committee shall meet with the external auditor at least once a year, without EHA Administration present.
- Deletion of Clause 10.6.2 Removed. Not applicable.
- Amendment of clause 11.1 to clarify wording of reporting responsibilities of Audit Committee.
- Amendment of clause 12.1 to remove the word "own" from clause.
- Addition of clause 13 to include COVID-19 Provision protocols.

A copy of the ToR with the changes accepted is provided as attachment 1 to this report for adoption.

A copy of the ToR with marked up changes is provided as attachment 2 to this report.

RECOMMENDATION

That:

1. The report regarding the Eastern Health Authority Audit Committee Terms of Reference is received.
2. The Eastern Health Authority Audit Committee Terms of Reference provided as attachment 1 to this report are adopted.



EHA Audit Committee TERMS OF REFERENCE

EHA Audit Committee

TERMS OF REFERENCE

1. Establishment of the Audit Committee

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

2. Membership

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

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

3. Authority

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

4. Secretarial Resources

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

5. Quorum

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

6. Frequency of Meetings

- 6.1. The Committee shall meet at least three times per annum at appropriate times in the budgeting and reporting cycle, to undertake the activities as identified in the endorsed annual work plan and to meet the Committee's terms of reference.
- 6.2. The Committee can meet otherwise as required, and as approved by the Chair.

7. Notice of Meetings

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

8. Minutes of Meetings

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

9. Conduct of Meetings

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

10. Role of the Committee

10.1. Financial Reporting and Sustainability

The Committee shall:

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

10.2. Risk Management and Internal Control

The Committee shall:

- 10.2.1. Monitor and review the performance and adequacy of EHA's Risk Management Program and Framework for identifying, monitoring and managing significant

business risks, including Work Health and Safety and EHA's Business Continuity Plan.

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

10.3. Whistle Blowing and Fraud

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

10.4. Internal Audit

The Committee shall:

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

10.5. External Audit

The Committee shall:

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

- 10.5.7.2. recommending the approval of the external auditor's terms of engagement, including any engagement letter issued at the commencement of each audit and the scope of the audit;
- 10.5.7.3. assessing the external auditor's independence and objectivity taking into account relevant professional and regulatory requirements and the extent of EHA's relationship with the auditor, including the provision of any non-audit services;
- 10.5.7.4. satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the external auditor and EHA (other than in the ordinary course of business);
- 10.5.7.5. monitoring the external auditor's compliance with legislative requirements on the rotation of audit partners; and
- 10.5.7.6. assessing the external auditor's qualifications, expertise and resources and the effectiveness of the audit process (which shall include a report from the external auditor on the audit Committee's own internal quality procedures);
- 10.5.7.7. review any representation letter(s) requested by the external auditor before they are signed by management;
- 10.5.7.8. review the management letter and management's response to the external auditor's findings and recommendations.;
- 10.5.7.9. meet as needed with the external auditor. The Committee shall meet the external auditor at least once a year, without the Authority Executive being present; to discuss the external auditor's report and any issues arising from the audit.

10.6. Policy Development

The Committee shall:

- 10.6.1. Undertake a questioning and testing role in the development and review of EHA's financial and risk management policies;

11. Reporting Responsibilities

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

12. Annual Review and Reporting to Board Committee

- 12.1. The Committee shall annually review its performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend changes it considers necessary to the Board for approval.

- 12.2. In reviewing its performance, the Committee will have regard to:

- 12.2.1. The achievement of the Committee's role and Terms of Reference.

- 12.2.2. The Committee’s decision making process.
- 12.2.3. The timeliness, quality and quantity of information received.
- 12.2.4. The relationship with the Board, Administration and other members of the Committee.
- 12.3. The involvement and attendance by members.
- 12.4. Following the Committee’s annual review, the Chair (and other Independent Members as appropriate) of the Audit Committee shall provide a report to the Board on the Audit Committee’s view in relation to the key areas of responsibility under these Terms of Reference, being, where relevant:
 - 12.4.1. Financial statements and the EHA’s financial position;
 - 12.4.2. Key financial and risk related policy issues;
 - 12.4.3. EHA’s risk management practices and framework;
 - 12.4.4. Internal financial controls;
 - 12.4.5. Fraud and whistleblowing provisions;
 - 12.4.6. EHA’s long term financial planning;
 - 12.4.7. Asset management planning;

13. COVID- 19 Provision

- 13.1. For the duration of the COVID-19 public health emergency, the following applies.
- 13.2. The Committee will only consider functions designated to it by the Local Government Act 1999 or other legislation as relevant.
- 13.3. The Committee will meet at least once per year. Further meetings will be conducted as determined by the Chief Executive Officer (or nominee), in consultation with the Committee Presiding Member.
- 13.4. Where meetings are conducted, all Members may participate in the meeting via electronic means, in accordance with the requirements set out in EHA’s Code of Practice for Meeting Procedures.
- 13.5. In line with the Local Government (Public Health Emergency) Amendment Act 2020, this clause will cease to apply 28 days after the cessation of all relevant declarations relating to the emergency, or as otherwise revoked by EHA through resolution and return back to the existing code of Meeting Procedures.

Amendments to Version 1 and 2 ToR

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

Amendments to Version 3 ToR

Clause 1.2 amended by deleting the sentence “The Chair may be a member of the Committee, however will not hold the position of the Presiding Member of the Committee” in accordance with resolution 9:082013 of the Eastern Health Authority Board Meeting 28 August 2013.

- 2 Clause 1.9 changed to read “The Presiding Member of the Committee will be one of the independent members and will be appointed by the Audit Committee for the term of the Committee.” to reflect that there are two independent members on the Committee in accordance with resolution 9:082013 of the Eastern Health Authority Board Meeting 28 August 2013.

Amendments to Version 4 ToR

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

Amendments to Version 5 ToR

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

Amendments to Version 6 ToR

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

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

Amendments to Version 7 ToR

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

Amendments to Version 8 ToR

- Addition of clause 2.2 to set Board appointed member term to coincide with local Government General Election.
- Addition of clause 2.4 to mirror requirements of the *Local Government (Financial Management) Regulations 2011* in relation to Constituent Council required approval for certain committee membership.

- Deletion of clause requiring meeting being held in place open to the public.
- Clause 2.8 (formerly 2.7) amended to increase maximum single term of membership to three years.
- Addition of Clause 2.9 to ensure an orderly rotation and continuity of membership where possible.
- Addition of clauses 2.11 and 2.12 to set maximum length of membership of Independent Member and eligibility for future reappointment.

Amendments to Version 9 ToR

- Amendment of clause 6.1 to ensure the Committee meets three times per annum to coincide with budget and reporting cycle, undertaking activities as identified in the workplan and to meet the Committee's terms of reference.
- Addition of clause 6.2 to ensure the Committee can meet otherwise as required, and as approved by the Chair.
- Amendment of clause 8.2 to include all Board members of EHA to receive minutes of Committee meetings within 5 days after a meeting.
- Addition of clause 8.3 to ensure Agendas and Minutes of Committee meeting will be provided to the Board of Management.
- Addition of Clause 10.5.7.9 The Committee shall meet with the external auditor at least once a year, without EHA Administration present.
- Deletion of Clause 10.6.2 Removed. Not applicable.
- Amendment of clause 11.1 to clarify wording of reporting responsibilities of Audit Committee.
- Amendment of clause 12.1 to remove the word "own" from clause.
- Addition of clause 13 to include COVID-19 Provision protocols.



EHA Audit Committee TERMS OF REFERENCE

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EHA Audit Committee

TERMS OF REFERENCE

1. Establishment of the Audit Committee

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

2. Membership

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

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

3. Authority

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

4. Secretarial Resources

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

5. Quorum

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

6. Frequency of Meetings

- 6.1. The Committee shall meet at least three times per annum at appropriate times in the budgeting and reporting cycle, to undertake the activities as identified in the endorsed annual work plan and to meet the Committee’s terms of reference.
- 6.2. The Committee can meet otherwise as required, and as approved by the Chair.

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7. Notice of Meetings

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

8. Minutes of Meetings

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

8.3. Agendas and Minutes of the Committee meeting will be provided to the Board of Management.

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9. Conduct of Meetings

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

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

10. Role of the Committee

10.1. Financial Reporting and Sustainability

The Committee shall:

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

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10.2. Risk Management and Internal Control

The Committee shall:

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

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10.3. Whistle Blowing and ~~F~~raud

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

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10.4. Internal Audit

The Committee shall:

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

10.5. External Audit

The Committee shall:

- 10.5.1. Monitor and review the effectiveness of EHA’s external audit function;
- 10.5.2. Consider and make recommendation on the program of the external audit function;
- 10.5.3. Review the external auditor’s report on the preparation of EHA’s end of year financial statements;
- 10.5.4. Review any reports on EHA’s operations prepared by the external auditor;
- 10.5.5. Review and monitor management’s responsiveness to the findings and recommendations of the external auditor;
- 10.5.6. Consider and make recommendations to EHA, in relation to the appointment, re-appointment and removal of EHA’s external auditor, including where the auditor resigns during the period of appointment.
- 10.5.7. Oversee EHA’s relationship with the external auditor including, but not limited to:
 - 10.5.7.1. recommending the approval of the external auditor’s remuneration, whether fees for audit or non-audit services, and recommending whether the level of fees is appropriate to enable an adequate audit to be conducted;
 - 10.5.7.2. recommending the approval of the external auditor’s terms of engagement, including any engagement letter issued at the commencement of each audit and the scope of the audit;
 - 10.5.7.3. assessing the external auditor’s independence and objectivity taking into account relevant professional and regulatory requirements and the extent of EHA’s relationship with the auditor, including the provision of any non-audit services;

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- 10.5.7.4. satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the external auditor and EHA (other than in the ordinary course of business);
- 10.5.7.5. monitoring the external auditor’s compliance with legislative requirements on the rotation of audit partners; and
- 10.5.7.6. assessing the external auditor’s qualifications, expertise and resources and the effectiveness of the audit process (which shall include a report from the external auditor on the audit Committee’s own internal quality procedures);
- 10.5.7.7. review any representation letter(s) requested by the external auditor before they are signed by management;
- 10.5.7.8. review the management letter and management’s response to the external auditor’s findings and recommendations.;
- 10.5.7.9. meet as needed with the external auditor. The Committee shall meet the external auditor at least once a year, without the Authority Executive being present; to discuss the external auditor’s report and any issues arising from the audit.

10.6. Policy Development
The Committee shall:

- 10.6.1. Undertake a questioning and testing role in the development and review of EHA’s financial and risk management policies;

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11. Reporting Responsibilities

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

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12. Annual Review and Reporting to Board Committee

- 12.1. The Committee shall annually review its performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend changes it considers necessary to the Board for approval.
- 12.2. In reviewing its performance, the Committee will have regard to:
 - 12.2.1. The achievement of the Committee’s role and Terms of Reference.
 - 12.2.2. The Committee’s decision making process.
 - 12.2.3. The timeliness, quality and quantity of information received.
 - 12.2.4. The relationship with the Board, Administration and other members of the Committee.
- 12.3. The involvement and attendance by members.

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12.4. Following the Committee’s annual review, the Chair (and other Independent Members as appropriate) of the Audit Committee shall provide a report to the Board on the Audit Committee’s view in relation to the key areas of responsibility under these Terms of Reference, being, where relevant:

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

13. COVID- 19 Provision

- 13.1.1. For the duration of the COVID-19 public health emergency, the following applies.
- 13.1.2. The Committee will only consider functions designated to it by the Local Government Act 1999 or other legislation as relevant.
- 13.1.3. The Committee will meet at least once per year. Further meetings will be conducted as determined by the Chief Executive Officer (or nominee), in consultation with the Committee Presiding Member.
- 13.1.4. Where meetings are conducted, all Members may participate in the meeting via electronic means, in accordance with the requirements set out in EHA’s Code of Practice for Meeting Procedures.
- 13.1.5. In line with the Local Government (Public Health Emergency) Amendment Act 2020, this clause will cease to apply 28 days after the cessation of all relevant declarations relating to the emergency, or as otherwise revoked by EHA through resolution and return back to the existing code of Meeting Procedures.

Amendments to Version 1 and 2 ToR

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

Amendments to Version 3 ToR

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

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accordance with resolution 9:082013 of the Eastern Health Authority Board Meeting 28 August 2013.

Amendments to Version 4 ToR

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

Amendments to Version 5 ToR

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

Amendments to Version 6 ToR

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

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

Amendments to Version 7 ToR

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

Amendments to Version 8 ToR

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

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- Addition of clauses 2.11 and 2.12 to set maximum length of membership of Independent Member and eligibility for future reappointment.

Amendments to Version 9 ToR

- Amendment of clause 6.1 to ensure the Committee meets three times per annum to coincide with budget and reporting cycle, undertaking activities as identified in the workplan and to meet the Committee’s terms of reference.
- Addition of clause 6.2 to ensure the Committee can meet otherwise as required, and as approved by the Chair.
- Amendment of clause 8.2 to include all Board members of EHA to receive minutes of Committee meetings within 5 days after a meeting.
- Addition of clause 8.3 to ensure Agendas and Minutes of Committee meeting will be provided to the Board of Management.
- Addition of Clause 10.5.7.9 The Committee shall meet with the external auditor at least once a year, without EHA Administration present.
- Deletion of Clause 10.6.2 Removed. Not applicable.
- Amendment of clause 11.1 to clarify wording of reporting responsibilities of Audit Committee.
- Amendment of clause 12.1 to remove the word “own” from clause.
- Addition of clause 13 to include COVID-19 Provision protocols.

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6.5 RISK AND OPPORTUNITY MANAGEMENT POLICY

Author: Michael Livori
Ref: AF19/111

Summary

Eastern Health Authority (EHA) Risk and Opportunity Management Policy (the Policy) was originally adopted at a Board of Management meeting held on 24 February 2016. A review of the policy has been undertaken and a revised policy is provided for consideration.

Report

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

Risk is defined as 'something happening that may have an impact on the achievement of objectives. Risk and Opportunity Management is described as the planned and systematic approach used to identify, evaluate, and manage the whole range of business risks and opportunities facing the EHA.

At a meeting of the Eastern Health Authority Audit Committee held on 8 December 2021 the committee considered a report relating to a review of the Risk and Opportunity Management Policy.

It has only been necessary to make a number of minor changes to the policy and a copy of the policy identifying the changes is provided as attachment 2.

A copy of a draft amended Policy with these changes accepted is provided as attachment 1 for consideration and adoption.

RECOMMENDATION

That:

1. The report regarding the Risk and Opportunity Management Policy is received.
2. The Risk and Opportunity Management Policy (attachment 1 to this report) is adopted.



RISK AND OPPORTUNITY MANAGEMENT POLICY

Policy Reference	GOV08
Date of initial Board Adoption	24 February 2016
Minutes Reference	9: 082018
Date of Audit Committee Endorsement (if applicable)	15 August 2018
Date last reviewed by Eastern Health Authority Board of Management	29 August 2018
Relevant Document Reference	AS ISO 31000:2018 Risk Management - Guidelines Local Government Act 1999 Risk and Opportunity Management Framework Work Health Safety and Injury Policy Procurement Policy

1. Purpose

The aim of this policy is to provide management with a formalised process for identifying and managing risk and opportunity in a consistent manner.

This policy provides minimum standards for management of risks within Eastern Health Authority (EHA) and is to be considered within the context of a positive organisational culture.

2. Scope

This policy applies to all EHA Staff, Board and Committee members in relation to the provision of goods, works and services provided by EHA.

3. Definitions

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Risk is defined as “The effect of uncertainty on objectives. For EHA, a risk is anything that could prevent EHA from achieving its objectives. Risk may arise from an event, an action or from a lack of action. It is measured in terms of consequences and likelihood”

Risk Management is described as “The culture, processes and structures directed towards the effective management of potential opportunities and adverse effects.

4. Principles

EHA understands that the effective management of risk:

- Is an integral part of sound governance and strategic planning
- Applies across all EHA activities
- Is implemented and integrated into EHA through the creation and continuous improvement of a framework
- Improves its ability to deliver services on behalf of its Constituent Councils

5. Policy

This policy is based on the practices and principles of risk management contained in AS ISO 31000:2018. A Risk and Opportunity Management Framework has been developed in accordance with this Standard, to provide management with a formalised process for identifying and managing risk in a consistent manner.

EHA is committed to effective risk and opportunity management and this policy seeks to:

- Add value to all the activities of EHA
- Assist in achieving EHA’s goals and deliver programs and services within a tolerable level of risk
- Embed risk and opportunity management into all our management activities, critical business systems and processes
- Ensure all risks are consistently assessed and managed within EHA’s risk and opportunity framework
- Improve our ability to deliver community priorities, services delivery and outcomes for EHA;
- Maximise opportunities and minimise the impact and likelihood of risk
- Protect its employees, assets, liabilities and its community by avoiding or mitigating losses
- Provide greater certainty for our employees, stakeholders and the community in which we operate by understanding and managing our risks.

6. Responsibility

EHA’s Board through its Audit Committee has the responsibility to monitor and review all risk management processes. Management has the responsibility for risk management within their program, service or area of responsibility.

7. Review

The policy will be formally reviewed every 48 months or as needed.

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RISK AND OPPORTUNITY MANAGEMENT POLICY

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Relevant Document Reference	<p>AS ISO 31000:2018 Risk Management - Guidelines</p> <p>Local Government Act 1999</p> <p>Risk and Opportunity Management Framework</p> <p>Work Health Safety and Injury Policy</p> <p>Procurement Policy</p>

Deleted: AS/NZS ISO 31000:2009 International Risk Management Standard[]

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Deleted: Governance Framework (To be developed)[]

1. Purpose

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2. Scope

This policy applies to all EHA Staff, Board and Committee members in relation to the provision of goods, works and services provided by EHA.

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- Ensure all risks are consistently assessed and managed within EHA’s risk and opportunity framework
- Improve our ability to deliver community priorities, services delivery and outcomes for EHA;
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- Provide greater certainty for our employees, stakeholders and the community in which we operate by understanding and managing our risks.

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EHA’s Board through its Audit Committee has the responsibility to monitor and review all risk management processes. Management has the responsibility for risk management within their program, service or area of responsibility.

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The policy will be formally reviewed every 48 months or as needed.

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7.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

1.0 General Activity

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

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

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

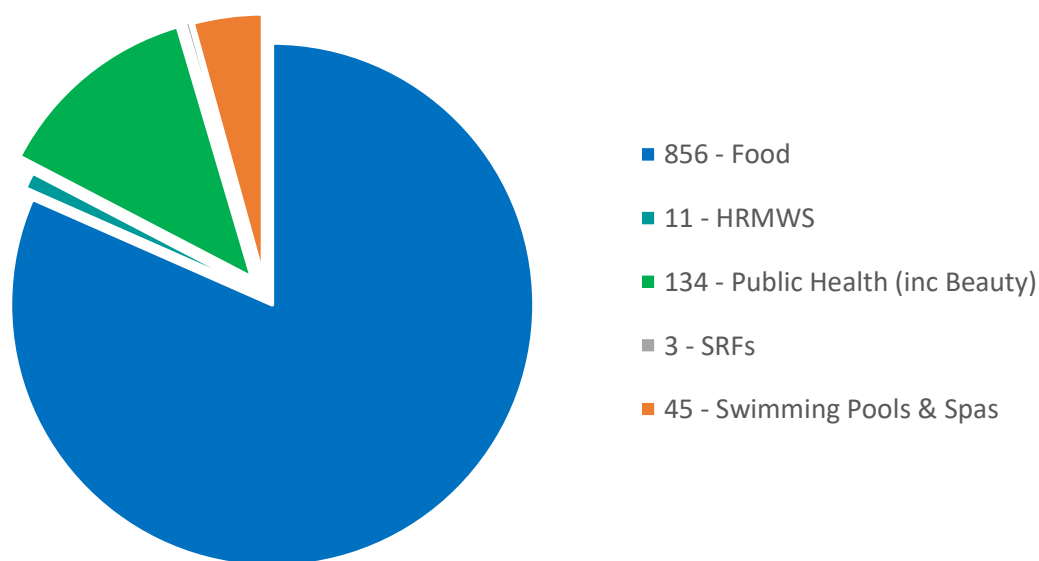


Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	215	222	277	114	28	856
Beauty	1	1	2	0	0	4
HRMWS	0	4	6	1	0	11
Public Health Complaint	31	38	36	18	7	130
SRFs	2	0	0	1	0	3
Swimming Pools & Spas	15	5	17	4	4	45
Total	264	270	338	138	39	1,049

2.0 Food Safety

2.1 Food Premise Inspections

A total of 149 routine inspections of food businesses were undertaken during the reporting period. An additional 96 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 311 food premise inspections were completed during the reporting period (Table 2).

As shown in Graph 2 the number of routine inspections increased by 7% when compared to the reporting period for the previous year. However, the number of complaint and follow up inspections undertaken when compared to the reporting period for the previous year decreased by 10% and 32% respectively.

Graph 2: A two year comparison of the total number of inspections conducted from 1 November 2021 to 31 January 2022.

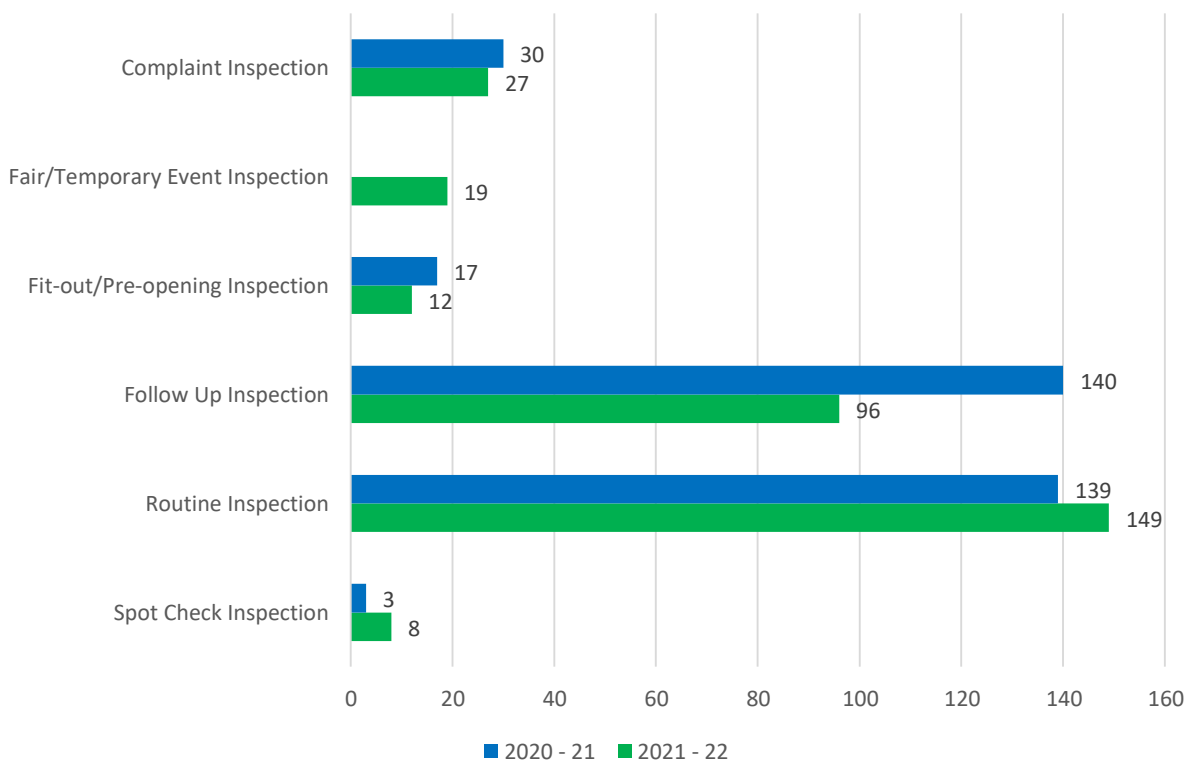


Table 2: Food premises inspections from 1 November 2021 to 31 January 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	35	26	57	20	11	149
Follow up Inspection	26	22	36	7	5	96
Complaint Inspection	9	7	6	4	1	27
Fit-out/Pre-opening Inspection	3	3	5	1	0	12
Fair/Temporary Event Inspection	0	19	0	0	0	19
Spot Check Inspection	2	0	0	6	0	8
Total	75	77	104	38	17	311

Graph 3 shows that there has been a decrease in the number of complaint, fit out and follow-up inspections required for the financial year to date when compared to the previous year. There has been a 13% increase in the number of routine inspections completed. The total number of inspections completed per Constituent Council area for the financial year to date are represented in Table 3.

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

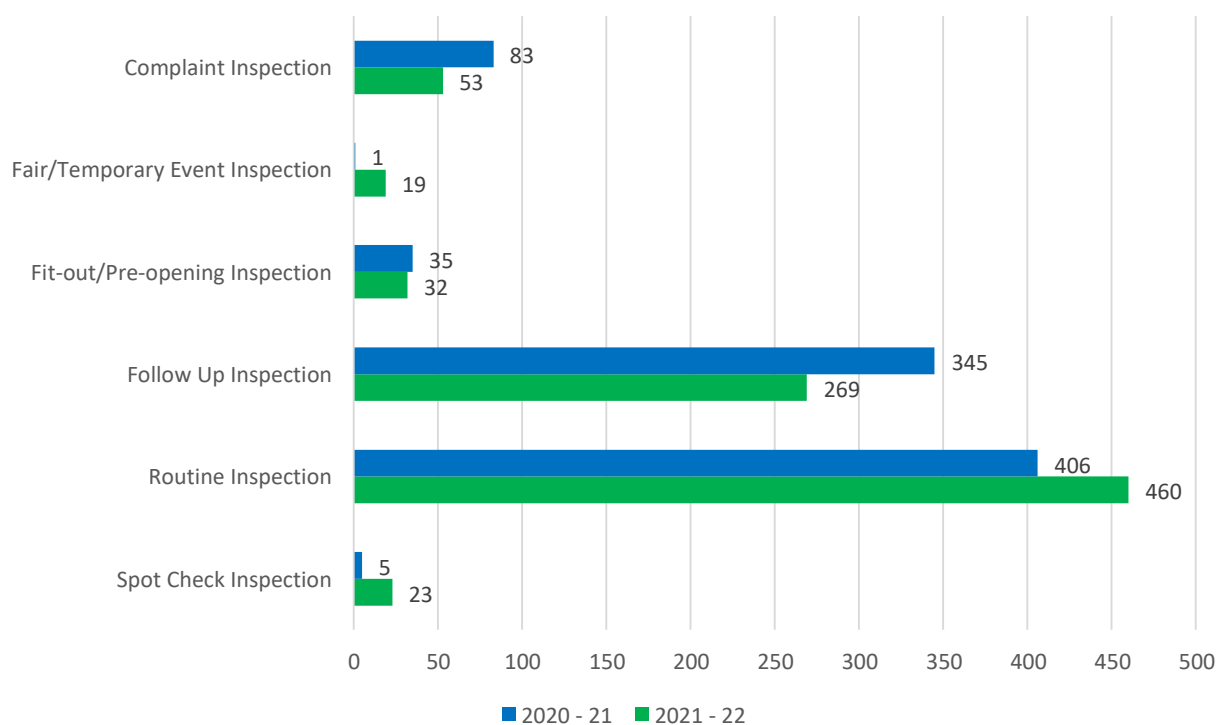


Table 3: Food premises inspections for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	116	119	149	56	20	460
Follow up Inspection	64	63	100	36	6	269
Complaint Inspection	15	11	17	9	1	53
Fit-out/Pre-opening Inspection	11	6	10	4	1	32
Fair/Temporary Event Inspection	0	19	0	0	0	19
Spot Check Inspection	9	4	1	9	0	23
Total	215	222	277	114	28	856

2.2 Non-Compliance with Food Safety Standards

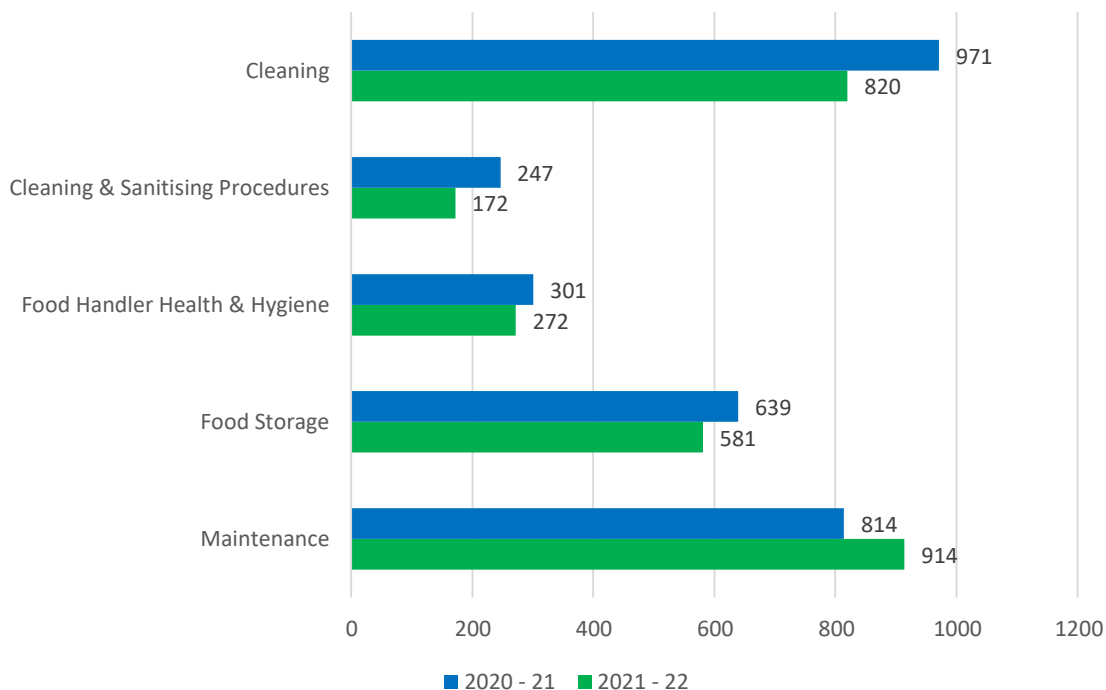
The SA Health Food Safety Rating Scheme Checklist (FSRS) is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 901 non-compliances with the Food Safety Standards during the reporting period (Table 4). The majority of non-compliances were minor in nature.

Table 4: The type and number of non-compliances identified at routine inspections from 1 November 2021 to 31 January 2022.

Type of non-compliance	Number of non-compliances
Minor	638
Major	194
Serious	69
Total	901

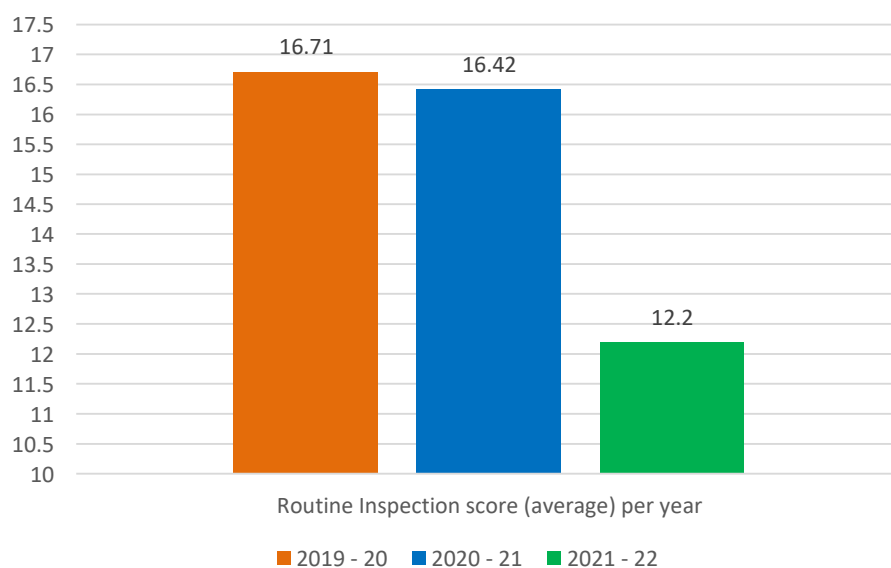
A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date over a two year period (Graph 4). There has been a decrease in cleaning and food storage non-compliances of 16% and 9% respectively when compared to the previous reporting period. There was a 12% increase in the number of maintenance non-compliances recorded when compared to the reporting period for the previous year (Graph 4).

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



Graph 5 demonstrates that there is a decreasing trend in the average routine inspection score for the financial year to date over the past three years. The decrease in the average routine inspection score is a positive indication that food safety standards within businesses are improving.

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



2.3 Legal Actions for Food Premises

During the reporting period, 17 Improvement Notices, two Final Warnings and two Prohibition Orders were issued. In addition, two Expiations Notices were issued.

The majority of the food businesses requiring legal action were P1 high risk businesses (Table 7). Enforcement action is however not limited to high-risk businesses with legal actions also required to be taken for lower risk P2 and P3 food businesses. A total of 67 legal actions were required to be taken for food businesses for the financial year to date (Table 6).

As shown in Graph 6 there has been a significant increase in the number of Improvement Notices, Expiation Notices and Warning Letters issued for the financial year to date. The two Prohibition Orders that have been issued in this reporting period are due to extremely poor standards of cleanliness and unsafe food processing practices.

Table 5: Legal action taken from 1 November 2021 to 31 January 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	0	1	1	0	0	2
Improvement Notice	2	6	6	1	2	17
Expiation Notice	0	2	0	0	0	2
Prohibition Order	0	0	2	0	0	2
Total	2	9	9	1	2	23

Graph 6: A two year comparison of legal action taken for the financial year-to-date.

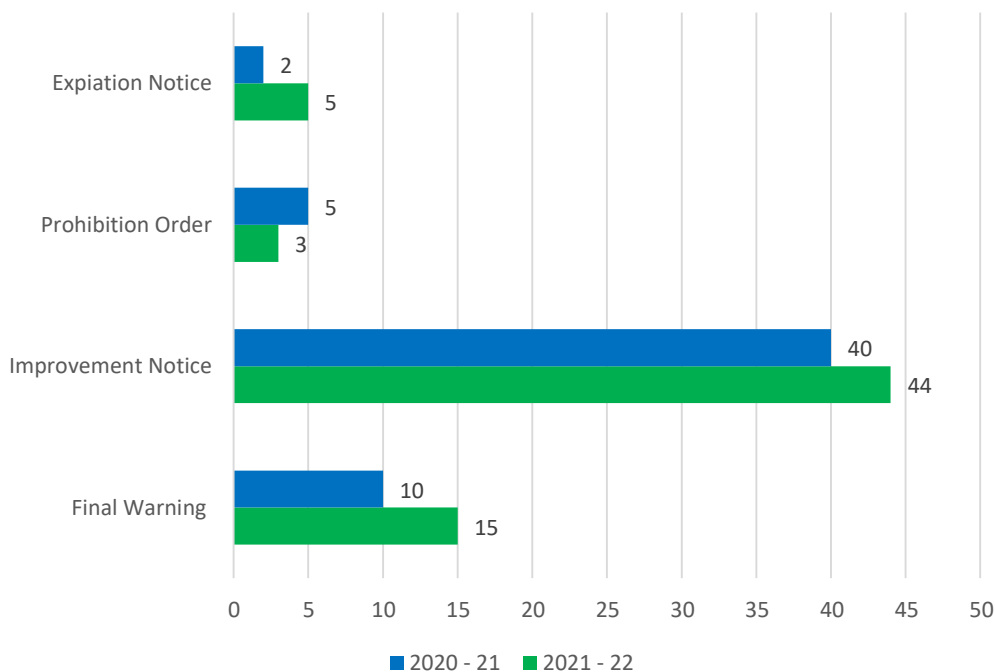


Table 6: Legal action taken for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	3	7	4	1	0	15
Improvement Notice	7	14	13	7	3	44
Expiation Notice	0	4	0	1	0	5
Prohibition Order	0	0	2	1	0	3
Total	10	25	19	10	3	67

Table 7: Legal action taken per food business risk classification from 1 November 2021 to 31 January 2022.

	P1	P2	P3
Final Warning	2	0	0
Improvement Notice	16	0	1
Expiation Notice	2	0	0
Prohibition Order	1	1	0

2.4 Food Complaints

For the reporting period 1 November 2021 to 31 January 2022 EHA received 27 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 7 and by respective Constituent Council area in Table 8.

Poor personal hygiene/food handling practices and unsuitable/unsafe food were the most common type of complaints received and investigated for both the reporting period and financial year to date (Graphs 7 and 8).

There has been a significant decrease in the number of alleged food poisoning complaints received during the reporting period and financial year to date when compared to the previous year (Graph 7 and 8).

Graph 7: A two year comparison of food complaints received from 1 November 2021 to 31 January 2022.

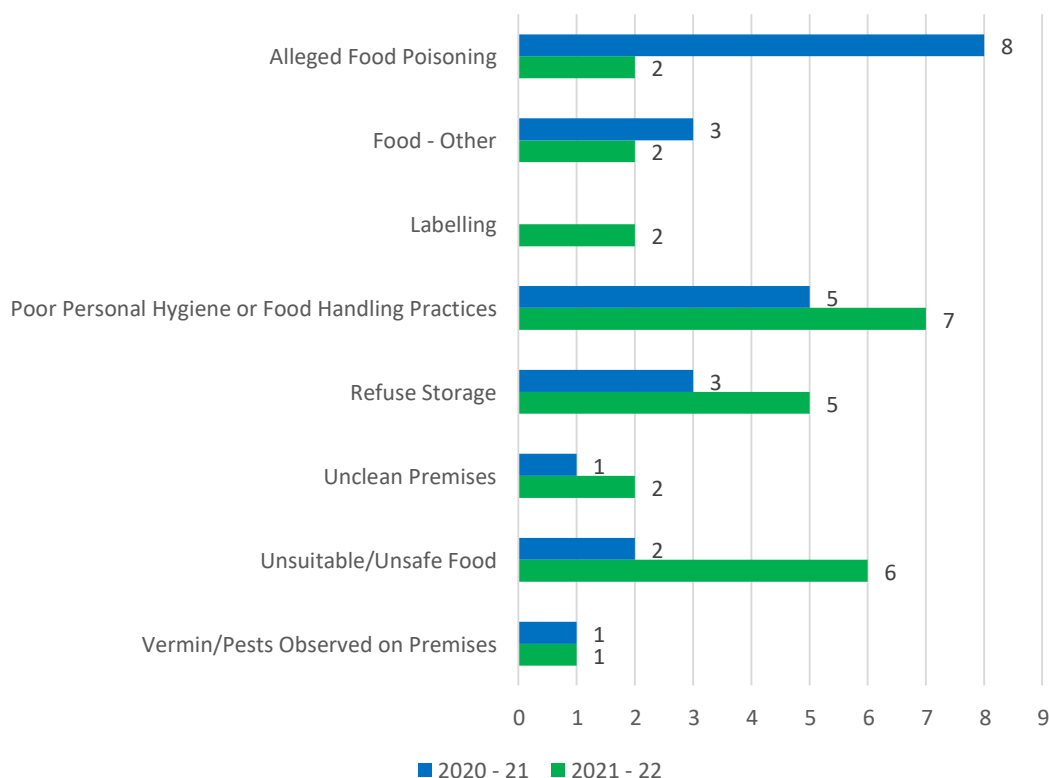


Table 8: Food complaints received by council area from 1 November 2021 to 31 January 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	1	0	0	0	1	2
Food - Other	0	1	0	0	1	2
Labelling	1	1	0	0	0	2
Poor personal hygiene or food handling practices	1	1	4	0	1	7
Refuse Storage	3	1	0	1	0	5
Unclean premises	1	1	0	0	0	2
Unsuitable/unsafe food	0	2	3	1	0	6
Vermin/pests observed on premises	1	0	0	0	0	1
Total	8	7	7	2	3	27

Graph 8: A two year comparison of food complaints received for the financial year-to-date.

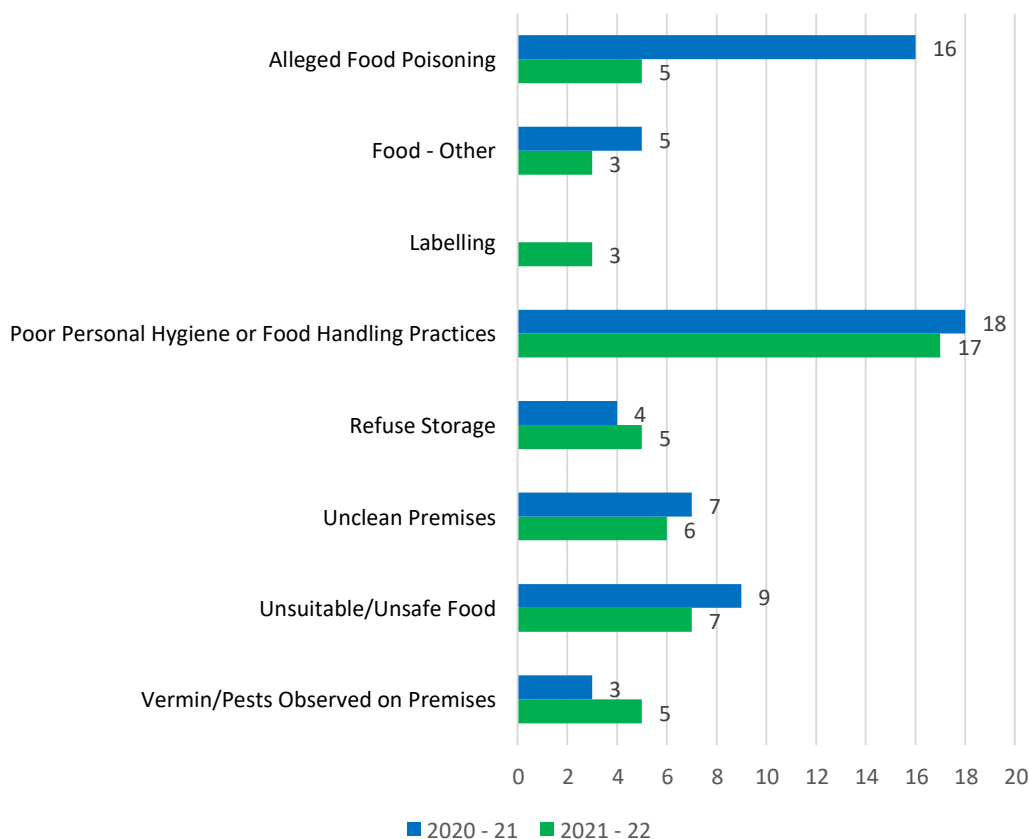


Table 9: Food complaints received by council area for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	1	1	1	1	1	5
Food - Other	0	2	0	0	1	3
Labelling	2	1	0	0	0	3
Poor personal hygiene or food handling practices	3	3	6	3	2	17
Refuse Storage	3	1	0	1	0	5
Unclean premises	2	1	2	1	0	6
Unsuitable/unsafe food	0	3	3	1	0	7
Vermin/pests observed on premises	2	0	3	0	0	5
Total	13	12	15	7	4	51

2.5 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 18 businesses within the Constituent Council boundaries and 17 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. An additional three follow-up audits were required.

A total of 76 audits of businesses that serve vulnerable populations and three follow up audits have been completed in the financial year to date (Table 11).

Table 10: Food audits completed for the period from 1 November 2021 to 31 January 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	5	6	5	2	0	17	35
Follow-up audits	0	0	1	0	0	2	3
Total	5	6	6	2	0	19	38

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	7	15	14	10	1	29	76
Follow-up audits	0	0	1	0	0	2	3
Total	7	15	15	10	1	31	79

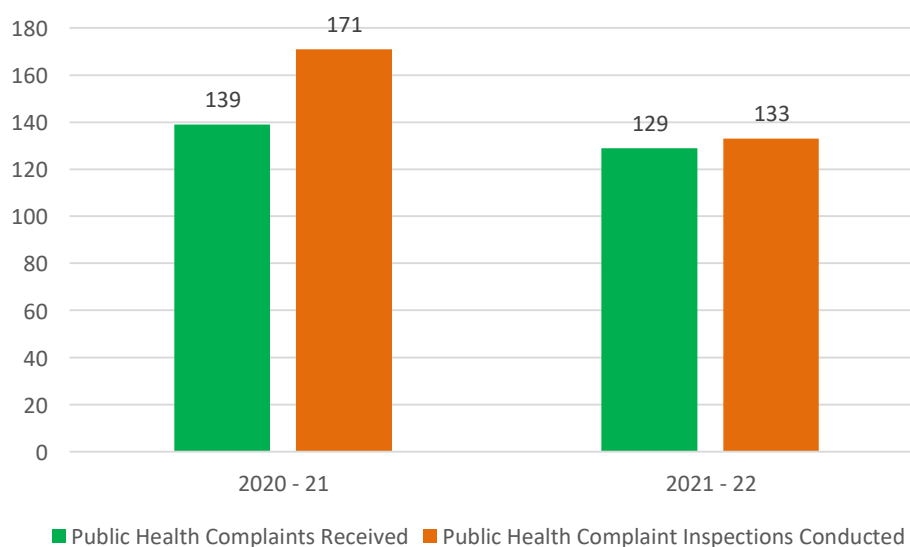
3.0 Public Health

3.1 Public Health Complaints

For the reporting period 1 November 2021 to 31 January 2022 there was a total of 66 public and environmental health related complaints received (Table 13).

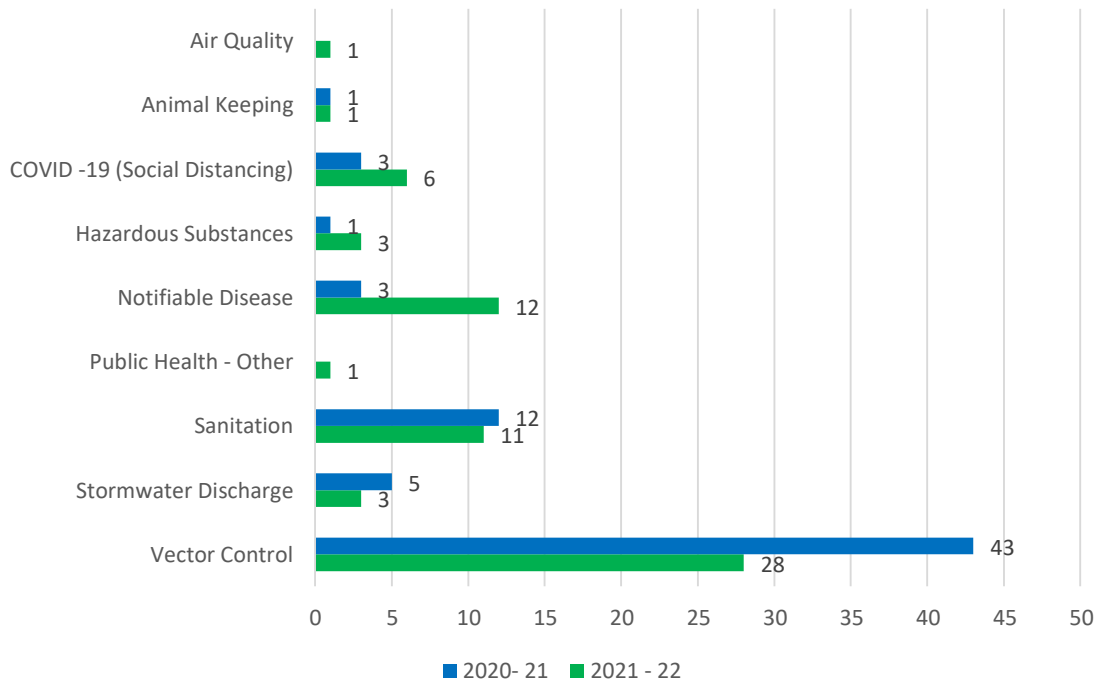
As shown in Graph 9 there is a decrease in both the total number of complaints and number of inspections undertaken over the past two years. The graph also shows that there is an average rate of 1.13 inspections required per complaint received over the past two years.

Graph 9: A two year comparison of the public and environmental health complaints received compared to completed inspections for the financial year-to-date.



As shown in Graphs 10 and 11 vector control and sanitation complaints account for the most common type of complaints received and investigated over the past two years. Although there has been a decrease in the number of public health complaints received when compared to the previous year, 42% of the total complaints received during the current reporting period relate to vector control (Table 12).

Graph 10: A two year comparison of public and environmental health complaints received from 1 November 2021 to 31 January 2022.



Graph 11: A two year comparison of public and environmental health complaints received for the financial year-to-date.

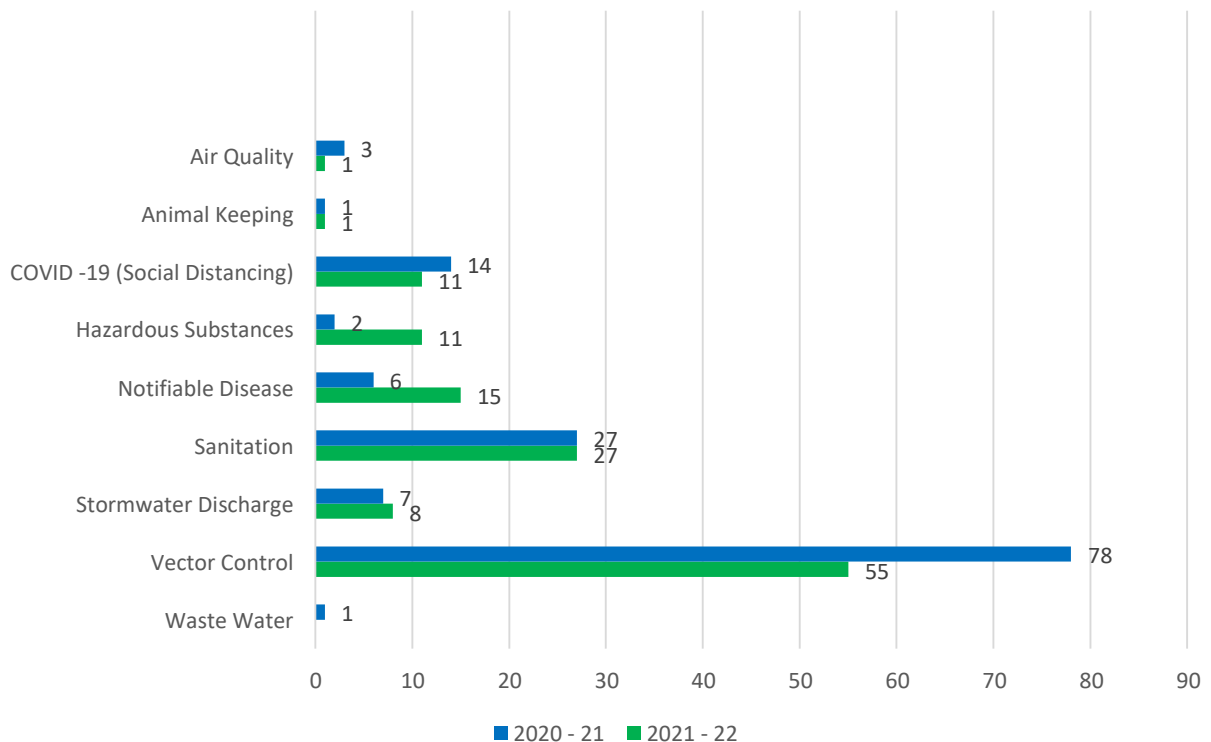


Table 12: Public and environmental health complaints for 1 November 2021 to 31 January 2022 by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	1	0	0	0	1
Animal Keeping	0	0	0	0	1	1
COVID – 19 (Social Distancing)	1	3	2	0	0	6
Hazardous Substances	0	2	0	1	0	3
Notifiable Disease	1	3	6	1	1	12
Public Health - Other	0	1	0	0	0	1
Sanitation	4	1	2	4	0	11
Stormwater Discharge	2	0	1	0	0	3
Vector Control	8	10	5	3	2	28
Total	16	21	16	9	4	66

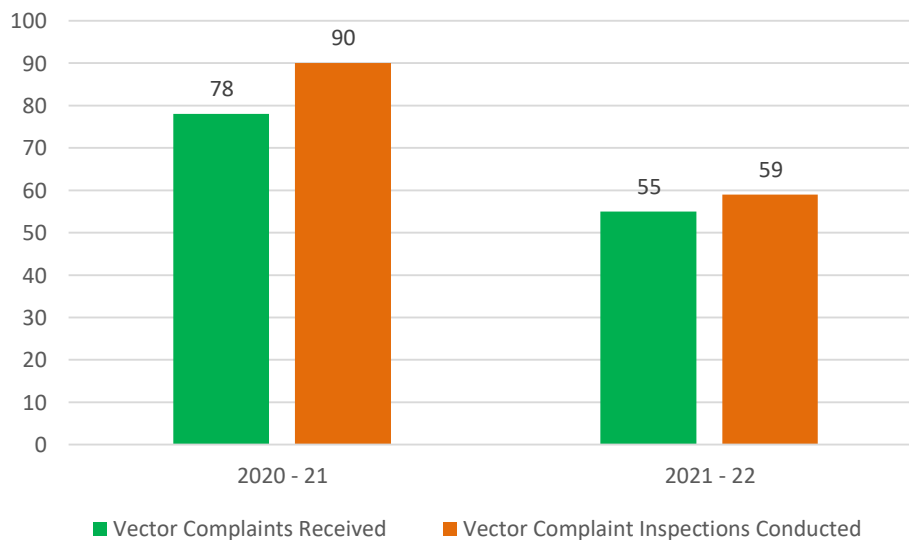
Table 13: Public and environmental health complaints for financial year-to-date by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	1	0	0	0	1
Animal Keeping	0	0	0	0	1	1
COVID – 19 (Social Distancing)	2	5	3	1	0	11
Hazardous Substances	1	5	3	2	0	11
Notifiable Disease	1	3	8	2	1	15
Public Health - Other	0	1	0	0	0	1
Sanitation	7	3	9	7	1	27
Stormwater Discharge	3	0	5	0	0	8
Vector Control	17	20	8	6	4	55
Total	31	38	36	18	7	130

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

As illustrated in Graph 11 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 30% decrease in the number of vector control complaints received and a 35% decrease in the number of inspections required to be undertaken for the current reporting period (Graph 12).

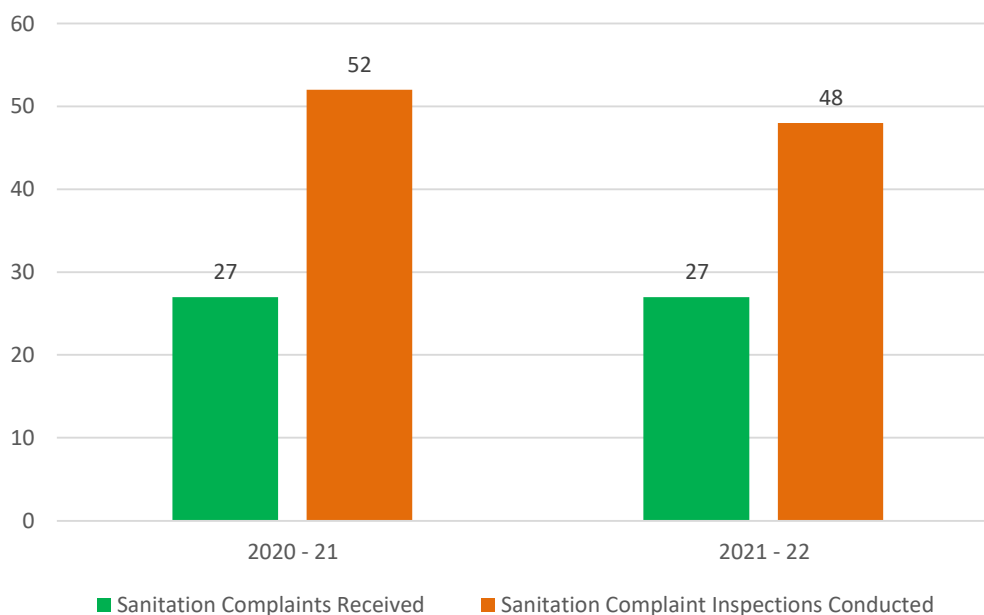
Graph 12: A two year comparison of vector control complaints received compared to completed inspections for the financial year-to-date.



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. Within the current financial year there has been a total of 34 inspections completed for the 12 premises that have required multiple inspections.

Graph 13 shows that the number of sanitation complaints received require more than one inspection with the average rate of 1.85 inspections required per sanitation complaint received over the past two years.

Graph 13: A two year comparison of sanitation complaints received compared to completed inspections for the financial year-to-date.



3.2 Cooling Towers & Warm Water Systems

During the reporting period four cooling tower inspections and six warm water systems were conducted at five sites. One warm water site returned positive results for *Legionella* sampling. The required decontamination was undertaken as required.

No complaints were received during the reporting period.

Table 14: Cooling Tower and Warm Water System Inspections conducted from 1 November 2021 to 31 January 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	3	6	1	0	10
Follow-up Inspection	0	0	0	0	0	0
<i>Legionella</i> Detections during sampling	0	0	1	0	0	1
Total	0	3	7	1	0	11

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	4	6	1	0	11
Follow-up Inspection	0	0	0	0	0	0
<i>Legionella</i> Detections during sampling	0	0	1	0	0	1
Total	0	4	7	1	0	12

3.3 Public Swimming Pools and Spas

During the reporting period 25 swimming and spa pool inspections were conducted at 15 sites. A further six follow up inspections were completed at four separate sites.

No complaints were received during the reporting period.

Table 16: Swimming and Spa Pool Inspections conducted between 1 November 2021 to 31 January 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	10	3	8	2	2	25
Follow-up Inspection	0	2	0	2	2	6
Total	10	5	8	4	4	31

Table 17: Swimming and Spa Pool Inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	15	3	13	2	2	35
Follow-up Inspection	0	2	1	2	2	7
Complaint Inspection	0	0	3	0	0	3
Total	15	5	17	4	4	45

3.4 Personal Care and Body Art

During the reporting period two routine inspections were completed for two Personal Care and Body Art premises.

One fit-out/pre-opening inspection was completed for a tattoo studio.

No complaints were received during the reporting period.

Table 18: Personal Care and Body Art Premise Inspections conducted between 1 November 2021 to 31 January 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	1	0	1	0	0	2
Fit-out/Pre-opening Inspection	0	0	1	0	0	1
Total	1	0	2	0	0	3

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	1	0	1	0	0	2
Complaint Inspection	0	1	0	0	0	1
Fit-out/Pre-opening Inspection	0	0	1	0	0	1
Total	1	1	2	0	0	4

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.

Table 20: Wastewater actions completed between 1 November 2021 to 31 January 2022 and financial year-to-date.

Type of Activity	1 November 2021 – 31 January 2022	Year to date
Number of applications received	1	3
Number of pending decisions	2	2
Number of applications approved	1	2
Number of applications refused	0	0
Number of Inspections to determine progress of approved wastewater works	1	2
Number of complaint investigations	0	0

4.0 Health Care and Community Services - Supported Residential Facilities

For the reporting period 1 November 2021 to 31 January 2022 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, two unannounced structural audits were completed.

Complaints

Two 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.

Licence Transfer

There were no licence transfer applications or approvals.

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

7.2 IMMUNISATION

2021 School Immunisation Program (SIP)

During the reporting period of 1 November 2021 to 31 December 2021, five school immunisation sessions were completed and a total of 773 vaccines were administered. These final visits completed the 2021 School Immunisation Program for the 19 high schools in EHA's Constituent Council areas.

A total of 10,402 vaccines have been administered for the school year from January to December 2021 which is a decrease of 95 (-1%) when compared to the same period in 2020.

This minor decrease is in part due to the COVID-19 vaccines being made available for students 12+ ages and requiring a 7-day interval between the SIP program and COVID-19 vaccine. These students as a result were unable to have the second dose of the SIP program, having to attend clinic to catch up the missed vaccine. EHA advised via text message to all affected students alerting them of the 7-day interval between COVID-19 and SIP vaccines.

During the reporting period EHA again offered additional catch-up clinics for school absentees which continued to prove highly successful.

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

Council	Human Papillomavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	1,166	650	1,075	629	3,520
Campbelltown	807	519	918	452	2,696
NPSP	1,034	474	1,064	590	3,162
Prospect	191	107	201	107	606
Walkerville	121	74	131	92	418
Total	3,319	1,824	3,389	1,870	10,402

Commencement of the SIP Program for 2022 was launched in January with the consent forms distributed to all schools. RN's are now underway working through all the necessary checks, follow ups and data input work that is to be completed prior to the commencement date of booked school visits. EHA's first school visit was scheduled for Tuesday 22 February 2022.

EHA now (in 2022) will be visiting 26 schools, an additional 9 schools with the Adelaide Hills and Unley council contracts in place.

EHA has scheduled for the 2022 SIP program:

- 27-year 8 first visits
- 25-year 10 first visits
- 26-year 8 second visits
- 25-year 10 second visits

This totalling 52 first visits and 51 second visits planned for throughout the year.

Each year schools provide EHA with approximate enrolment numbers. Of these numbers we should see around 80-90% with a “yes” consent to receive immunisations at school, there is always a portion of students who decline as they have already been immunised or choose to not consent.

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

The program will therefore offer the following vaccinations:

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

Workplace Influenza Program

During the period of review EHA’s existing workplace client database were mailed EHA’s 2022 seasonal influenza workplace promotional material.

The response for workplace influenza programs has again been instantaneous with booking requests submitted commencing from the mid to end of March 2022.

EHA staff are continuing to focus on how we deliver the workplace influenza program throughout 2022. Opportunities for the program to be provided to those companies with staff working from home in a larger clinic like setting are being explored to ensure all clients are continued to be serviced.

Continuing Professional Development & Affiliations

Over the past months EHA has been organising the annual CPR and training day scheduled for 11th February 2022.

Immunisation and Administration staff attend EHA offices with the day planned with the following:

- Update their Senior First Aid, completing their annual CPR update.
- Rebecca Haysman, Senior RN EHA nurse provides annual update regarding upcoming SIP program for 2022.
- Meningococcal ACWY Update with a guest speaker Paul Carroll from Pfizer.

Public Clinics

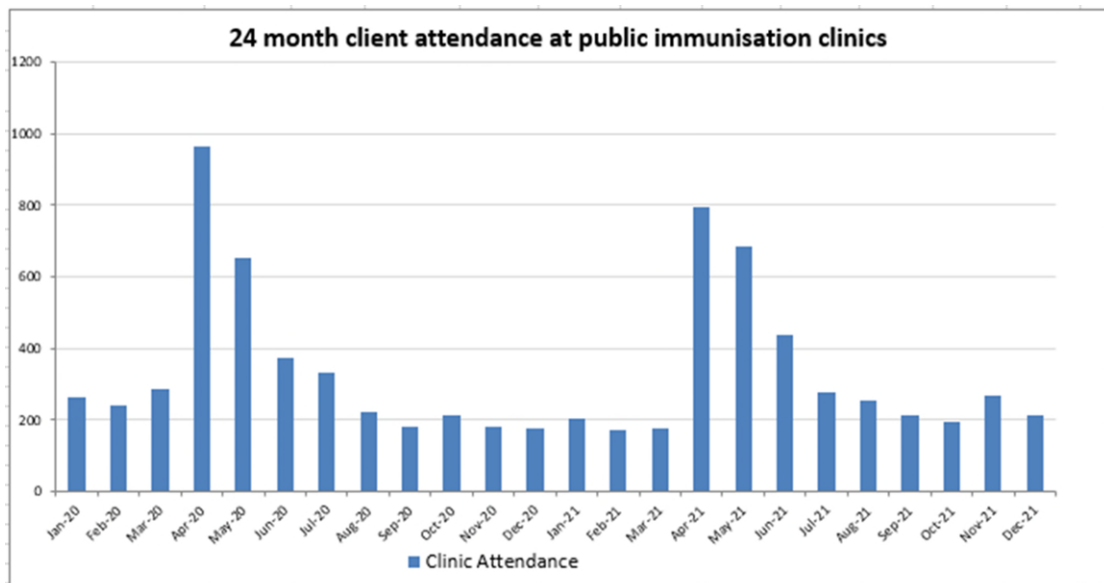
During the period of review 685 clients received 1323 vaccines at EHA’s public immunisation clinics. This is an increase of 126 clients (22.55%) clients with an increase of 69 (6.86%) vaccines in comparison to the same period in 2021.

The small increase in both clients and vaccines is due to both City of Unley and Adelaide Hills Council commencing in January 2022.

EHA is in full swing with all clinics now commenced back at our Constituent Council locations, this being well received by our clients. We continue to ensure COVID-19 restrictions are being managed with the introduction of N95 masks compulsory for all staff and clients also now in place.

With these ongoing COVID-19 restrictions in place, we have re-introduced walk-in clinic options to operate in conjunction with the existing appointment-based clinics which have proved highly successful with clinic numbers continuing to show a steady increase.

Graph 2: Client Numbers at public clinics – 24-month comparison



EHA’s public immunisation clinics will now expand in 2022 to include both City of Unley and Adelaide Hills Council. As a result, we will offer the following additional clinics to our regular timetable:

City of Unley

- 1 x Monthly Wednesday and Saturday walk-in clinic
- 1 x Monthly Friday appointment-based clinic

Adelaide Hills Council

- 1 x Monthly Thursday walk-in clinic at Stirling
- 1 x Monthly Thursday walk-in clinic at Woodside

The revised 2022 public clinic timetable is provided below.

	Monday		Tuesday		Wednesday		Thursday			Friday	Saturday
	Burnside	St Peters	Campbelltown	The AMC	Prospect	Unley	St Peters	Addiside Hills	Unley	Unley	St Peters
	Conyers House	Town Hall Complex			Town Hall	Civic Centre	Town Hall Complex	Stirling	Civic Centre	Civic Centre	Town Hall Complex
	By Appointment	By Appointment	By Appointment	By Appointment	By Appointment	Walk-in	By Appointment	Walk-in	By Appointment	Walk-in	Walk-in
	10:00am-12:30pm	9:30am-12:30pm	10am-12:30pm	4:00- 6pm	10am-12:30pm	2:30-4:30pm	9:30am-12:30pm	2:00-5:00pm	10am-12pm	10am-12pm	9:30am-12:30pm
January	10	18	5	19	12	12	6, 11, 20, 27	6	21	8	N/A
February	7	15	2	16	9	9	3, 10, 13, 17, 24	3	17	5	26
March	28	15	2	16	9	9	3, 10, 17, 24, 31	3	17	5	26
April	11	19	6	20	13	13	7, 14, 21, 28	7	21	2	30
	2 (PLU Apppt)	5 (12 PLU Apppt, 19 PLU Apppt, 20 PLU Apppt)	4	18	11	11	5, 12, 19, 26	5	19	20	28
May	9	17	3	18	11	11	5, 12, 19, 26	5	19	20	28
June	27	21	1	15	8	8	2, 9, 16, 23, 30	2	16	17	25
July	11	19	6	20	13	13	7, 14, 21, 28	7	21	22	23
August	8	16	3	17	10	10	4, 11, 18, 25	4	18	19	27
September	12	20	7	21	14	14	1, 8, 15, 22, 29	1	15	16	24
October	10	18	5	19	12	12	6, 13, 20, 27	6	20	21	22
November	14	15	2	16	9	9	3, 10, 17, 24	3	17	18	26
December	12	N/A	7	21	14	14	1, 8, 15, 22	1	15	16	N/A



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

EASTERN HEALTH AUTHORITY PUBLIC IMMUNISATION CLINICS																				
CLIENT ATTENDANCE BY COUNCIL AREA																				
BURNSIDE CLINIC held at Burnside Council every 2nd and 4th Monday of the month 2.00 pm to 4.00 pm																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
Nov-Dec-Jan	65	87	2	2	5	9	0	0	2	2	0	0	1	5	4	9	79	114		
Year to Date	160	255	21	48	25	41	1	3	4	8	0	0	0	0	5	13	216	368		
CAMPBELLTOWN CLINIC HELD AT the ARC every 1st & 3rd Wednesday of the month 10 am to 12 noon and 4.00 pm to 6.30 pm																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
Nov-Dec-Jan	27	38	59	109	10	23	3	7	2	2	0	0	0	0	3	6	104	185		
Year to Date	32	45	109	217	16	33	7	16	2	2	0	0	0	0	3	6	169	319		
NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office ST PETERS CLINIC is held every 2nd and 4th Tuesday of the month 10 am to 12.30 pm and St Peters Evening Clinic is held every 2nd and 4th Tuesday of the month 5.00 pm to 7.00 pm																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
Nov-Dec-Jan	166	277	91	199	117	255	21	58	23	47	1	1	1	1	17	39	437	877		
Year to Date	322	603	283	651	357	745	62	133	67	125	1	1	1	1	52	111	1145	2370		
PROSPECT CLINIC held every 1st Wednesday of the month																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
Nov-Dec-Jan	0	0	1	1	1	1	10	24	4	12	0	0	0	0	2	4	18	42		
Year to Date	2	6	4	5	4	8	29	66	6	14	0	0	0	0	3	5	48	104		
ADELAIDE HILLS CLINIC held every 3rd Monday of the month																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
Nov-Dec-Jan	2	2	1	4	1	2	0	0	0	0	3	3	1	1	1	4	9	16		
Year to Date	2	2	1	4	1	2	0	0	0	0	3	3	1	1	1	4	9	16		
UNLEY CLINIC held every 3rd Monday of the month																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
Nov-Dec-Jan	10	25	12	19	4	14	1	1	0	0	0	0	10	26	1	4	38	89		
Year to Date	10	25	12	19	4	14	1	1	0	0	0	0	10	26	1	4	38	89		
																	Grand Total			
																	Nov-Dec-Jan		685	1323
																	Year to date		1625	3266
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		ADEL HILLS		UNLEY		OTHER		TOTALS			
Nov-Dec-Jan	270	429	166	334	138	304	35	90	31	63	4	4	13	33	28	66	685	1323		
Year to date	528	936	430	944	407	843	100	219	79	149	4	4	12	28	65	143	1625	3266		

RECOMMENDATION

That:

The Immunisation Services Report is received.