



Board of Management

29 June 2022



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 29 JUNE 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 29 June 2022 commencing at 6.30 pm.

A light meal will be served at 6.00 pm.

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

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY 29 MAY 2022

Commencing at 6.30 pm

1 Opening

2 Acknowledgement of Traditional Owners

We acknowledge this land that we meet on today is the traditional land of the Kurna People and that we respect their spiritual relationship with their country.

3 Opening Statement

We seek understanding and guidance in our debate, as we make decisions for the management of the Eastern Health Authority, that will impact the public health on those that reside, study, work in and visit the constituent councils that the Eastern Health Authority Charter provides services to.

4 Apologies

5 Minutes

Recommendation

That the minutes of the meeting of the Council held on Wednesday 25 May 2022 as printed and circulated be taken as read and confirmed.

EASTERN HEALTH AUTHORITY

Minutes of the Meeting of the Board of Management of Eastern Health Authority (EHA) held at EHA Offices, 101 Payneham Road, St Peters on 25 May 2022 commencing 6.30pm

MEMBERS PRESENT:

Cr G Knoblauch, Cr S Whittington	Norwood, Payneham & St Peters
Cr P Cornish, Cr J Davey	Burnside
Cr J Kennedy	Campbelltown
Cr K Barnett	Prospect
Cr J Nenke, Cr N Coleman	Corporation of the Town of Walkerville

In attendance:

M Livori	Chief Executive Officer
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1 OPENING:

The meeting was declared open by the Cr P Cornish at 6.04 pm.

2 ACKNOWLEDGEMENT OF TRADITIONAL OWNERS:

We acknowledge this land that we meet on today is the traditional land of the Kurna People and that we respect their spiritual relationship with their country.

3 OPENING STATEMENT:

We seek understanding and guidance in our debate, as we make decisions for the management of the Eastern Health Authority, that will impact the public health on those that reside, study, work in and visit the constituent councils that the Eastern Health Authority Charter provides services to.

4 APOLOGIES:

M Hammond	Campbelltown
N Cunningham	Prospect

5 CONFIRMATION OF MINUTES:

Cr S Whittington moved:

The minutes of the meeting of the Board held on 27 April 2022 be taken as read and confirmed.

Seconded by Cr J Kennedy

CARRIED UNANIMOUSLY

1: 052022

6 MATTERS ARISING FROM THE MINUTES:

Nil.

7 CONFIDENTIAL REPORTS

**7.1 APPOINTMENT OF INDEPENDENT MEMBER TO THE EASTERN HEALTH
AUTHORITY AUDIT COMMITTEE**

RECOMMENDATION 1

Cr J Davey moved:

That:

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter and Section 90(2) of the *Local Government Act 1999* the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer, be excluded from attendance at the meeting for Agenda Item 7.1 - Appointment of Independent Member to the Eastern Health Authority Audit Committee.
2. The Board is satisfied that, pursuant to Section 90(3)(a) of the *Local Government Act 1999*, the information to be received, discussed, or considered in confidence is namely:

Information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of any person (living or dead).
3. Accordingly, on this basis, the Board considers the principle that meetings of the Board should be conducted in a place open to the public has been outweighed by the need to keep the information or matter confidential.

Seconded by Cr K Barnett

CARRIED UNANIMOUSLY

2: 052022

RECOMMENDATION 3

Cr J Davey moved:

That:

In accordance with Clause 3.11(c) of the Eastern Health Authority Charter the Board of Management (Board) orders that in relation to the Appointment of Independent Member to the Eastern Health Authority Audit Committee Report, all relevant documentation and minutes arising from the report, having been considered by the Board in confidence under Clause 3.10(b) of the Eastern Health Authority Charter and Section 90 (3)(a) of the Act be kept confidential and not available for public inspection on the grounds that it involves information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of the applicants.

Seconded by Cr J Kennedy

CARRIED UNANIMOUSLY 3: 052022

7.2 CHIEF EXECUTIVE OFFICER PERFORMANCE REVIEW AND REMUNERATION REVIEW 2021

RECOMMENDATION 1

Cr S Whittington moved:

That:

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter and Section 90(2) of the *Local Government Act 1999* the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer be excluded from attendance at the meeting for Agenda Item 7.2 - Chief Executive Officer Performance Review.
2. The Board is satisfied that, pursuant to Section 90(3)(a) of the *Local Government Act 1999*, the information to be received, discussed or considered in confidence is namely:

information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of a person, being the performance and remuneration of the Chief Executive Officer.
3. Accordingly, on this basis, the Board considers the principle that meetings of the Board should be conducted in a place open to the public has been outweighed by the need to keep the information or matter confidential.

Seconded by Cr J Kennedy

CARRIED UNANIMOUSLY 4: 052022

RECOMMENDATION 3

Cr G Knoblauch moved:

That:

In accordance with Clause 3.11(c) of the Eastern Health Authority Charter the Board of Management (Board) orders that in relation to the Chief Executive Officer Performance and Remuneration Review Report, all relevant documentation and minutes arising from the report, having been considered by the Board in confidence under Clause 3.10(b) of the Eastern Health Authority Charter and Section 90 (3)(a) of the Act be kept confidential and not available for public inspection on the grounds that it involves information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of the Chief Executive Officer. This order is to remain in place until the Chief Executive Officer ceases employment with the Eastern Health Authority.

Seconded by Cr J Kennedy

CARRIED UNANIMOUSLY 5: 052022

8 OTHER BUSINESS

9 CORRESPONDENCE

Cr J Kennedy moved:

That:

The correspondence from and to the Corporation of the Town of Walkerville in relation to their continued participation as a Constituent Council of EHA is noted.

Seconded by Cr K Barnett

CARRIED UNANIMOUSLY 6: 052022

10 CLOSURE OF MEETING:

The Chairperson, Cr P Cornish, declared the meeting closed at 6:44 pm.

The foregoing minutes were printed and circulated to EHA Members and member Councils on 1 June 2022.

Cr P Cornish

CHAIRPERSON

Agenda continued

6 Matters arising from the minutes

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Agenda continued

9 Other Business

10 Closure of Meeting

5.1 FINANCIAL REPORTS

Author: Michael Livori

Ref: AF22/27

Summary

So that members can ensure that Eastern Health Authority (EHA) is operating according to its adopted budget, financial reports are regularly received and adopted.

Report

The following reports relate to the financial performance of EHA between 1 July 2021 and 31 May 2022.

The Level 1 report below gives a simple analysis of year-to-date income, expenditure and operating result.

Eastern Health Authority - Financial Statement				
July 2021 to 31 May 2022				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Income	\$2,372,839	\$2,472,976	(\$100,137)	-4.0%
Total Operating Expenditure	\$2,199,995	\$2,283,584	(\$83,589)	-3.7%
Net Profit/(Loss)	\$172,844	\$189,392	(\$16,547)	-8.7%

The report shows that for the reporting period, income was \$100,137 (-4.0%) less than budgeted and expenditure was \$83,589 (-3.7%) less than budgeted.

The net result is \$16,547 less than the budgeted year to date comparative result.

A Level 3 report (provided as attachment 1) provides more detail in relation to individual income and expenditure budget lines. It provides budget performance information in relation to these individual categories.

Any variances greater than \$5,000 are detailed in the following tables named Operating Income Variances and Operating Expenditure Variances which provide explanatory comments for the year to date variation. As EHA has completed the three required budget reviews previously there are no requests to vary the budget. Any end of year variations will be reflected in the Audited Financial Statements that will be presented at the August 2022 Board Meeting.

Operating Income Variances

Favourable variances are shown in **black** and **unfavourable** variances are shown in **red**.

Description	YTD Variation	Comment
Income		
Food Inspection Fees	(\$28,585)	Less income than budgeted for food inspections
Fines & Expiation Fees	(\$34,391)	Reduction in fines issued YTD.
Immunisation: Clinic Vaccines	\$9,708	Increase in purchase of vaccinations at public clinics
Immunisation: Worksite Vaccines	(\$15,692)	Reduction in worksite vaccinations provided.
PHN Project	(\$12,833)	Return of unexpended grant funds

Operating Expenditure Variances

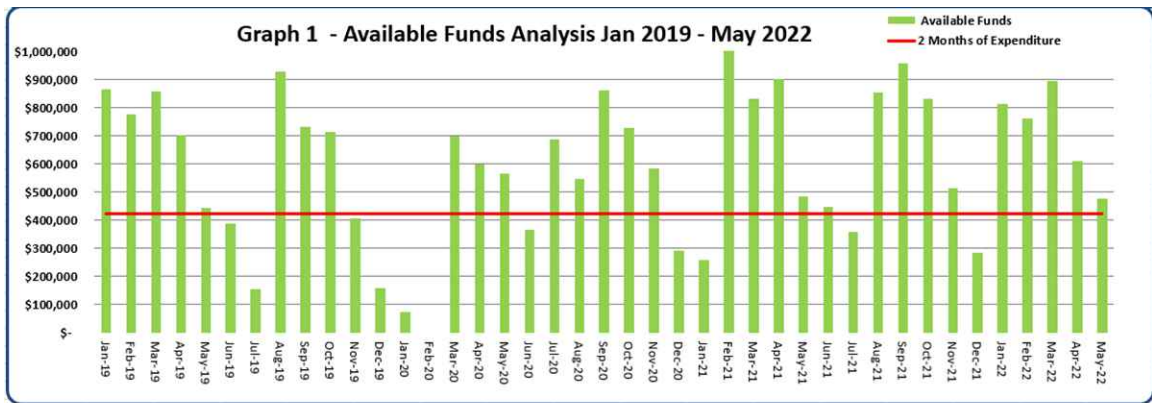
Favourable variances are shown in **black** and **unfavourable** variances are shown in **red**.

Description	YTD Variation	Comment
Expenditure		
Employee Costs	(\$48,755)	Delay in appointment of staff to budgeted positions
Legal	(\$5,335)	Decrease in legal advice required YTD
Clinic Vaccines	(\$9,698)	Increase in purchase of vaccinations at public clinics

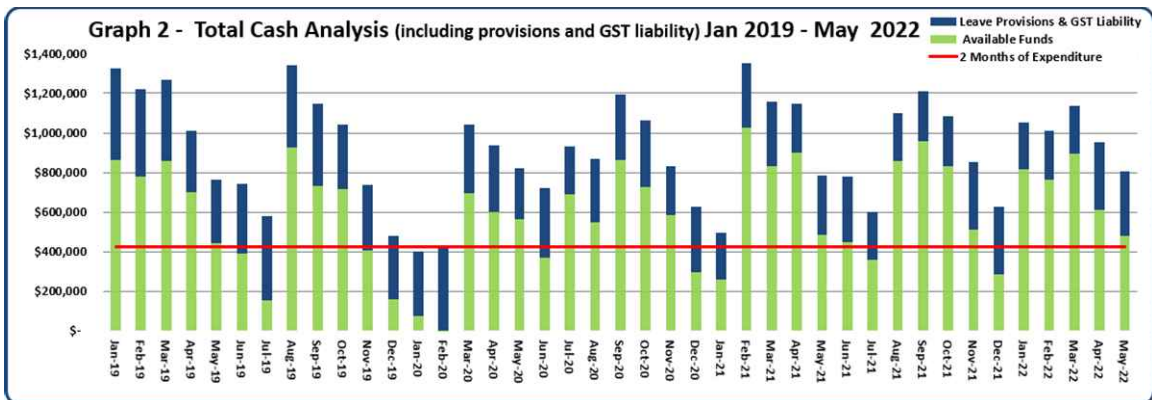
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 May 2022 is provided in attachment 2. It shows that, at 31 May 2022, available funds were \$477,719 in comparison with \$878,693 on 31 March 2022.

Graph 1 which follows, details the level of available funds (total cash minus leave provisions and GST liability) for the preceding 4-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 level of cash available in the annual cash cycle have generally maintained this target.

RECOMMENDATION

That:

1. The financial report is received and adopted.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 May 2022				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$448,572	\$448,572	\$0	0%
City of Campbelltown	\$478,298	\$478,298	\$0	0%
City of NPS	\$571,786	\$571,786	\$0	0%
City of Prospect	\$225,897	\$225,897	\$0	0%
Town of Walkerville	\$103,710	\$103,710	\$0	0%
Total Constituent Council Contributions	\$1,828,263	\$1,828,263	\$0	0%
Statutory Charges				
Food Inspection fees	\$83,248	\$111,833	(\$28,586)	-26%
Legionella registration and Inspection	\$6,745	\$7,333	(\$588)	-8%
SRF Licenses	\$420	\$1,500	(\$1,080)	-72%
Fines & Expiation Fees	\$11,444	\$45,835	(\$34,391)	-75%
Total Statutory Charges	\$101,857	\$166,502	(\$64,645)	-39%
User Charges				
Immunisation: Service Provision	\$35,250	\$35,000	\$250	1%
Immunisation: Clinic Vaccines	\$63,708	\$54,000	\$9,708	18%
Immunisation: Worksites Vaccines	\$44,768	\$60,460	(\$15,692)	-26%
Immunisation: Clinic Service Fee	\$1,010	\$0	\$1,010	0%
Food Auditing	\$74,668	\$76,000	(\$1,332)	-2%
Food Safety Training	\$0	\$1,667	(\$1,667)	-100%
Total User Charges	\$219,405	\$227,127	(\$7,723)	-3%
Grants, Subsidies, Contributions				
Immunisation School Program	\$182,701	\$184,000	(\$1,299)	-1%
Child Immunisation Register	\$17,580	\$21,250	(\$3,670)	-17%
PHN Project	\$15,667	\$28,500	(\$12,833)	-45%
Total Grants, Subsidies, Contributions	\$215,948	\$233,750	(\$17,802)	-8%
Investment Income				
Interest on investments	\$3,829	\$8,333	(\$4,504)	-54%
Total Investment Income	\$3,829	\$8,333	(\$4,504)	-54%
Other Income				
Motor Vehicle re-imburements	\$2,992	\$3,667	(\$674)	-18%
Sundry Income	\$546	\$5,334	(\$4,788)	-90%
Total Other Income	\$3,538	\$9,001	(\$5,463)	-61%
Total of non Constituent Council Income	\$544,576	\$644,713	(\$100,137)	-16%
Total Income	\$2,372,839	\$2,472,976	(\$100,137)	-4%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 May 2022				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$1,359,209	\$1,428,330	(\$69,121)	-5%
Superannuation	\$143,833	\$149,788	(\$5,955)	-4%
Workers Compensation	\$16,451	\$18,000	(\$1,549)	-9%
Employee Leave - LSL Accruals	\$27,600	\$33,000	(\$5,400)	-16%
Medical Officer Retainer	\$0	\$3,000	(\$3,000)	-100%
Agency Staff	\$36,270	\$0	\$36,270	0%
Total Employee Costs	\$1,583,363	\$1,632,118	(\$48,755)	-3%
Prescribed Expenses				
Auditing and Accounting	\$13,428	\$15,000	(\$1,573)	-10%
Insurance	\$30,085	\$30,000	\$85	0%
Maintenance	\$20,956	\$30,567	(\$9,611)	-31%
Vehicle Leasing/maintenance	\$18,096	\$12,365	\$5,731	46%
Total Prescribed Expenses	\$82,564	\$87,931	(\$5,367)	-6%
Rent and Plant Leasing				
Electricity	\$8,163	\$10,083	(\$1,921)	-19%
Plant Leasing Photocopier	\$2,904	\$2,750	\$154	6%
Water	\$0	\$300	(\$300)	-100%
Gas	\$0	\$2,025	(\$2,025)	-100%
Total Rent and Plant Leasing	\$11,067	\$15,158	(\$4,092)	-27%
IT Licensing and Support				
IT Licences	\$59,169	\$62,778	(\$3,609)	-6%
IT Support	\$65,414	\$67,667	(\$2,253)	-3%
Internet	\$9,930	\$10,083	(\$153)	-2%
IT Other	\$3,110	\$1,833	\$1,276	70%
Total IT Licensing and Support	\$137,623	\$142,361	(\$4,738)	-3%
Administration				
Administration Sundry	\$7,449	\$5,500	\$1,949	35%
Accreditation Fees	\$0	\$2,750	(\$2,750)	-100%
Board of Management	\$10,372	\$11,000	(\$628)	-6%
Bank Charges	\$3,839	\$3,667	\$173	5%
Public Health Sundry	\$5,483	\$4,583	\$900	20%
Fringe Benefits Tax	\$14,272	\$15,000	(\$728)	-5%
Health Promotion	\$0	\$3,333	(\$3,333)	-100%
Legal	\$12,998	\$18,333	(\$5,335)	-29%
Printing & Stationery & Postage	\$16,546	\$18,333	(\$1,788)	-10%
Telephone	\$16,555	\$17,417	(\$861)	-5%
Occupational Health & Safety	\$7,087	\$9,167	(\$2,079)	-23%
Rodenticide	\$1,950	\$1,833	\$117	6%
Staff Amenities	\$2,213	\$6,417	(\$4,204)	-66%
Staff Training	\$6,379	\$10,900	(\$4,521)	-41%
Human Resource Sundry	\$15,550	\$14,667	\$883	6%
Total Administration	\$120,694	\$142,900	(\$22,206)	-16%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 May 2022				
Immunisation				
Immunisation SBP Consumables	\$9,741	\$8,250	\$1,491	18%
Immunisation Clinic Vaccines	\$41,781	\$32,083	\$9,698	30%
Immunisation Worksite Vaccines	\$25,030	\$30,000	(\$4,970)	-17%
Immunisation PHN Project	\$1,452	\$0	\$1,452	0%
Total Immunisation	\$78,004	\$70,333	\$7,671	11%
Sampling				
Legionella Testing	\$1,457	\$1,833	(\$376)	-21%
Total Sampling	\$1,457	\$1,833	(\$376)	-21%
Finance Costs				
Interest on Loan	\$4,475	\$4,475	\$0	0%
Interest - Building Lease	\$38,525	\$38,525	\$0	0%
Unallocated - Bank Trace	(\$5,726)	\$0	(\$5,726)	0%
Total Finance Costs	\$37,274	\$ 43,000	(\$5,726)	-13%
Total Materials, contracts and other expenses	\$2,052,045	\$2,135,635	(\$83,589)	-4%
Depreciation - Building Lease	\$119,277	\$119,277	\$0	0%
Depreciation	\$26,000	\$26,000	\$0	0%
Finance Costs	\$2,672	\$2,672	\$0	0%
Total Operating Expenditure	\$2,199,995	\$2,283,584	(\$83,589)	-4%
Total Operating Income	\$2,372,839	\$2,472,976	(\$100,137)	-4%
Operating Result	\$172,844	\$189,392	(\$16,547)	-9%

Eastern Health Authority			
Bank Reconciliation as at 31 May 2022			
Bank SA Account No. 141/0532306840			
Balance as per Bank Statement 31 May 2022		\$	326,314.10
Less Outstanding cheques	\$	-	
Add Outstanding deposits	\$	381.00	
BALANCE PER General Ledger		\$	<u>326,695.10</u>
GST as 31 May 2022			
GST Collected	\$18,063.45		
GST Paid	<u>(\$17,512.55)</u>		
Net GST Claimable (Payable)	<u><u>\$550.90</u></u>		
Funds Available 31 May 2022			
Account	31-May-22	31-Mar-22	Variance
Bank SA Cheque Account	\$ 326,314	\$ 642,258	(\$315,943.90)
Local Government Finance Authority	\$ 480,955	\$ 480,326	\$629.30
Net GST Claimable (Payable)	\$ 69.01	\$ 85,728.47	(\$85,659)
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	\$ 477,719	\$ 878,693	(\$400,974)

7.2 ADOPTION OF ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2022/2023

Author: Michael Livori
Ref: AF21/5 & AF21/3

Summary

In accordance with the *Local Government Act 1999*, Schedule 2, Part 2 Section 25:

- (1) a regional subsidiary must have a budget for each financial year
- (2) each budget of a regional subsidiary
 - (a) must deal with each principal activity of the subsidiary on a separate basis; and
 - (b) must be consistent with its business plan; and
 - (c) must comply with standards and principles prescribed by the regulations; and
 - (d) must be adopted after 31 May for the ensuing financial year, and before a date fixed by the Constituent Councils; and
 - (e) must be provided to the Constituent Councils in accordance with the regulations.

Eastern Health Authority's (EHA) Charter requires pursuant to clause 7.3 that;

7.3. Budget

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

Report

At the 30 March 2022 Board of Management meeting members were provided with a report in relation to the Draft Annual Business Plan and Budgeted Financial Statements that was developed for the 2022/2023 financial year.

At the meeting:

Cr J Kennedy moved:

That:

1. The Draft Annual Business Plan and Budgeted Financial Statements for 2022/2023 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2022/2023 as amended and provided as attachment 1 to this report is endorsed.

Seconded by Cr S Whittington

CARRIED UNANIMOUSLY 2: 032022

There have been no material changes made to the content of Draft Annual Business Plan and Budgeted Financial Statements provided as attachment 1 to this report from those presented for the Boards consideration at the 29 April 2021 meeting and provided to Constituent Councils for consideration on 5 April 2022.

The Draft Annual Business Plan and Budgeted Financial Statements have however been updated into a presentational format.

Correspondence received from Constituent Councils is provided as attachment 2 which details that all Constituent Councils have endorsed the Draft Annual Business Plan and Budgeted Financial Statements for 2022/2023.

EHA has now complied with clauses 8.1(c) of its Charter in seeking endorsement from its Constituent Councils in relation to its Annual Business Plan and Budget.

In accordance with the *Local Government Act 1999* and the Eastern Health Authority Charter, the Annual Business Plan and Budget for 2022/2023 (provided as attachment 1) now require adoption by the Board.

RECOMMENDATION

That:

1. The report regarding the adoption of the Eastern Health Authority Annual Business Plan and Budgeted Financial Statements for 2022/2023 is received.
2. The Eastern Health Authority Annual Business Plan and Budget for 2022/2023 provided as attachment 1 to the report is adopted.
3. A copy of the Eastern Health Authority Annual Business Plan 2022/2023 incorporating the Budget are provided to the Chief Executive Officer of each Constituent Council within five business days.



Annual Business Plan and Budget

2022/23





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Introduction

–About EHA

Keeping the community healthy

EHA has a proud history of promoting and enforcing public health standards in Adelaide's eastern and inner northern suburbs.

We are a regional subsidiary established under the Local Government Act 1999 and work across our Constituent Councils to protect the health and wellbeing of around 165,000 residents.

EHA is guided by the collective vision and commitment to public health and safety of our five Constituent Councils:

- City of Burnside
- Campbelltown City Council
- City of Norwood Payneham and St Peters
- City of Prospect
- Town of Walkerville

These councils have come together to prepare a shared Regional Public Health and Wellbeing Plan 2020-2025. EHA's role is covered in the Plan's strategic directions for Protecting Health and includes vital public and environment health services such as immunisation, hygiene and sanitation control, licensing and monitoring of Supported Residential Facilities (SRFs), and inspection and regulation of food premises.

EHA effectively manages the risk profile for public and environmental health and food safety across the region, having centralised services provided through a regional subsidiary model which is well recognised and valued by stakeholders.

With a single focus, and highly specialised and experienced staff, EHA is well-equipped to deal with the increasing diversity and complexity of public and environmental health on behalf of its Constituent Councils.

Key Statistics

Population Served	165,573
Staffing	28 Staff (19.2 FTE)
Number of Inspections Undertaken	2,114
Number of Immunisations Administered	21,730
Total Budget	\$2,739K
Grant Funding Received	\$301K
User Income Generated	\$407K
Constituent Council Contributions	\$1,828K



Introduction

Developing our 2022-23 Annual Business Plan

Eastern Health Authority is governed by a Board of Management comprised of two members elected by each of our Constituent Councils. Our Charter is the formal agreement between the Councils about how EHA will operate and meet our obligations under the Local Government Act 1999.

The EHA Board is required to adopt an Annual Business Plan and Budget each year to outline our objectives and activities for the financial year, our financial requirements and how we will measure our performance.

This year we have responded to the feedback of Constituent Councils and delivered a streamlined Annual Business Plan that has a more strategic focus. We have developed a series of strategic objectives, drawn from EHA's commitment to good governance under our Charter and our responsibilities under the Regional Public Health and Wellbeing Plan 2020-2025, which is prepared for and adopted by our Constituent Councils. EHA is responsible for the 'Protection for Health' priorities in the Regional Public Health Plan, and this is reflected in our four key focus areas:

1. Public and environmental health services
2. Immunisation
3. Food safety
4. Governance and organisational development

In consultation with our Constituent Councils, we have prepared a Plan for the next 12 months that aligns to our strategic objectives within each focus area and guides the efficient and effective delivery of our day-to-day operations.

As we are committed to continuous improvement, EHA plans to undertake further consultation with Constituent Councils throughout the year to review and refine our strategic objectives and adopt an improved business planning and reporting framework.

A summary of our 2022-23 budget and how we are performing against our Long-Term Financial Plan is also included within this Plan.

Our performance against this Annual Business Plan will be reported in our Annual Report, which will be provided to Constituent Councils by 30 September 2023.



Introduction

Key influences in 2022-23

The environment in which EHA and our Constituent Councils operate in is always changing. In preparing our 2022-23 Annual Business Plan, EHA has considered the key influences that we need to be aware of and respond to throughout the next 12 months. The major external factors that we have taken into consideration in the preparation of our Plan are summarised below.

POLITICAL

P

- New State Government
- Local Government Elections – New Board
- Changes in government / council policies
- Revised Charter

ECONOMIC

E

- Use of revised funding formula
- Enterprise Agreement Labour Cost Increase
- CPI forecast of 3.9% for 2022 FY
- New Immunisation Service Provision Contracts
- Increase in size of School Immunisation Program in 2023
- Reduced Finance Costs

SOCIAL

S

- Impacts of COVID – public and mental health, compliance activities
- Potential for Covid Vaccines to be delivered by local government
- Community attitudes to vaccines
- Community expectations of environmental health
- Community attitude towards compliance
- Changing customer / community expectations
- Heightened media interest in public health and safety issues

TECHNOLOGICAL

T

- Data collection and analysis
- Smart technology
- Online services / immunisation bookings / information provision
- New ways of communicating
- Increased functionality from enhanced Immunisation Database

ENVIRONMENTAL

E

- Ongoing COVID restrictions and impacts
- Increased risk of emergency events
- Impacts of climate change
- Disease from pests

LEGAL

L

- Revised public health regulations
- Training and evidence requirements for Food Businesses
- Lack of appropriate registration and licensing systems for food safety and public health matters
- Review of Supported Residential Facility legislation.





2022-2023 Annual Business Plan Overview

Our 2022-23 Priorities

Focus Area	2022-23 Priorities
1. Public and Environmental Health Services	<ol style="list-style-type: none"> 1. Continue to assist SAPOL and SA Health with monitoring and education of relevant COVID-19 Directions. 2. Develop educational material to be communicated to Personal Care and Body Art premises on specific high-risk practices. 3. Provide feedback to SA Health on the review of Public Health Regulations review as required.
2. Immunisation	<ol style="list-style-type: none"> 1. Promotion of EHA's public immunisation clinic program through channels identified in the EHA Marketing Plan. 2. Continue to ensure the effective governance and delivery of EHA's public clinic immunisation program in accordance with the National Immunisation Program (NIP) Schedule. 3. Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract. 4. Develop a business case for the provision of immunisation services on behalf of non-Constituent Councils (dependent on available opportunities)
3. Food Safety	<ol style="list-style-type: none"> 1. Prepare a report on the outcomes from the first twelve months of the SA Health voluntary Food Star Rating Scheme. 2. Communicate and inform food businesses of the proposed legislative food management tools: food safety supervisor; food handler training and evidence that will come into effect within 12 months. 3. Collate a biennial food safety newsletter training be distributed to EHA's food businesses. 4. Provide tailored food safety training to workplaces upon request.
4. Governance and Organisational Development	<ol style="list-style-type: none"> 1. In consultation with Constituent Councils, review and revise the EHA business planning and reporting framework. 2. Work with the Audit Committee and the Board to review and revise the financial indicators in the Long-Term Financial Plan. 3. Create a Chief Executive group with Constituent Council CEOs to channel information and bilateral communication. 4. Development of targeted quarterly performance report for Constituent Councils. 5. Develop a presentation highlighting strengths and benefits of centralised service delivery model for Constituent Council Elected Members.





Focus Area 1 - Public and Environmental Health Services



Focus Area 1 - Public and Environmental Health Services

Strategic Objectives

- | | |
|---|---|
| <p>1.1 Provide services that protect and maintain the health of the community and reduce the incidence of disease, injury or disability.</p> <p>1.2 Increase awareness and understanding of good public and environmental health through community and business education programs.</p> | <p>1.3 Promote a safe and home-like environment for residents by ensuring quality of care in supported residential facilities.</p> <p>1.4 Facilitate community safety and resilience through the integration of public and environmental health in emergency management planning.</p> |
|---|---|

2022-23 Priorities

Priority	Why this is important	Strategy
1. Continue to assist SAPOL and SA Health with monitoring and education of relevant COVID-19 State Directions.	As partners in government, local government has been asked to assist with administering the public health Directions issued by the State. EHA will continue to play a role based on advice from the Local Government Functional Support Group (LGFSG).	1.1
2. Develop educational material to be communicated to Personal Care and Body Art premises on specific high-risk practices.	Develop and provide education material to inform a high-risk industry on new skin penetration practices to help minimise the risk of clients contracting certain infectious diseases.	1.2
3. Provide feedback to SA Health on the review of Public Health Regulations review as required.	EHA's key responsibility is to administer the SA Public Health Act 2011 and its associated Regulations. Providing feedback to the review of the Regulations enables EHA to address what is working well and areas of change to enable these legislative tools to be effective to ensure residents are provided with a safe and healthy lifestyle.	1.1

Core services

EHA will continue to:

- Implement the elements of the Regional Public Health Plan 'Better Living, Better Health' as they apply to EHA.
- Comply with all relevant legislation and reporting requirements in undertaking assessments and investigating complaints to ensure appropriate standards are met in regulated premises:
 - o Public swimming pools and spas
 - o Cooling towers and warm water systems
 - o Personal care and body art
 - o Onsite wastewater management systems
- Respond to or coordinate multi-agency responses to public health enquiries and complaints within the built environment that give rise to public health risk.
- Provide information, advice and resources to households and businesses to assist with the management of public health risks.
- Contribute to and promote interagency management of residents impacted by hoarding and squalor.
- Develop, maintain, and distribute a comprehensive range of health education and promotion material to educate the community and promote good public health.
- Assess applications under the Supported Residential Facilities legislation and undertake inspections and investigations to ensure residents receive an appropriate level of care.
- Liaise with Constituent Councils and Eastern Adelaide Zone Emergency Management Committee to ensure integration of emergency management arrangements.
- Provide public and environmental health information to the community and businesses during emergencies to minimise public health consequences of emergency events.



Focus Area 1 - Key performance indicators

We will know that we are on track to achieve our strategic objectives if we are meeting these Key Performance Indicators.

Strategic Objectives	KPIs
1.1 Provide services that protect and maintain the health of the community and reduce the incidence of disease, injury or disability.	<p>EHA is meeting all public and environmental inspection requirements as per relevant legislation (and / or) adopted service standards.</p> <p>All public health complaints are responded to within EHA's adopted service standards.</p>
1.2 Increase awareness and understanding of good public and environmental health through community and business education programs.	<p>Reduce the number of health inspections that require a follow up inspection to achieve compliance.</p> <p>All Constituent Councils are using EHA public health resources in their own communications.</p> <p>Participation in at least two proactive educational activities annually.</p>
1.3 Promote a safe and home-like environment for residents by ensuring quality of care in supported residential facilities.	<p>Conduct unannounced audits of all single license / non-dual Support Residential Facilities annually.</p> <p>All licensing applications are processed within the legislated timeframes.</p>
1.4 Facilitate community safety and resilience through the integration of public and environmental health in emergency management planning.	<p>Attend and participate in all Eastern Adelaide Zone Emergency Management Committee meetings.</p> <p>Conduct or participate in at least one business continuity or emergency management plan exercise annually.</p>



Focus Area 2 - Immunisations





Focus Area 2 - Immunisations

Strategic Objectives

- | | |
|---|---|
| <p>2.1 Contribute to the effective control of preventable disease by delivering a high-quality public clinic immunisation service that complies with all relevant legislation and standards.</p> <p>2.2 Increase number of adult and child clients and vaccinations through promotion and provision of accessible clinics, booking systems and appointment times.</p> | <p>2.3 Continue to be recognised as a trusted partner and sector leading immunisation provider of choice.</p> <p>2.4 Advocate for appropriate funding to ensure that local government delivery of immunisation services is financially sustainable.</p> |
|---|---|

2022-23 Priorities

Priority	Why this is important	Strategy
1. Promotion of EHA's public immunisation clinic program through channels identified in the EHA Marketing Plan.	<p>The development and distribution of promotional and information materials to our community increases awareness of our services and the importance of immunisation.</p> <p>EHA's website is an effective platform for communication of this information and other information relating to the various immunisation programs and projects being delivered.</p> <p>Building EHA's social media presence through Constituent Council platforms will assist in increasing awareness of immunisation clinics and Flu Worksites.</p>	<p>2.1</p> <p>2.2</p> <p>2.3</p>
2. Continue to ensure the effective governance and delivery of EHA's public clinic immunisation program in accordance with the National Immunisation Program (NIP) Schedule.	<p>Immunisation is a safe and effective way of protecting people against harmful diseases that can cause serious health problems. Effective management and governance of the immunisation program delivered by our specialist immunisation nurses and our customer service team, ensures that our community receive a high quality and safe immunisation service.</p>	<p>2.1</p> <p>2.2</p> <p>2.3</p>
3. Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract.	<p>An effective ongoing relationship with SA Health and the high schools located within our area is critical the delivery of a successful program.</p> <p>Key elements include liaising with school coordinators and SA Health regarding the implementation and evaluation of the program, community engagement with schools, submission of consent information and statistics via IRIS and the Australian Immunisation Register (AIR).</p>	<p>2.4</p>
4. Develop a business case for the provision of immunisation services on behalf of non-Constituent Councils (dependent on available opportunities).	<p>EHA can diversify its revenue sources by providing additional services where it has capacity and where there will be a net benefit to Constituent Councils.</p>	<p>2.3</p>

Core services

EHA will continue to:

- Deliver a School Immunisation Program in accordance with the SA Health Service Agreement.
- Ensure effective governance and delivery of a public health clinic immunisation program in accordance with relevant legislation and EHA's adopted service standards.
- Promote and provide a professional and quality Workplace Immunisation Program on a fee for service basis.
- Promote EHA's public immunisation clinic program in accordance with the EHA Marketing Plan.
- Provide Constituent Councils with educational and promotional materials relating to immunisation.
- Promote EHA's online booking system for immunisation appointments.
- Participate in discussions with SA Health and the Local Government Association about funding and support for the delivery of local government immunisation services.
- EHA services have not historically been included in the Commonwealth's current roll out of COVID-19 vaccinations. EHA will however continue its regular contact with SA Health to enquire about future involvement in delivery of the COVID-19 vaccine in both our SIP and NIP programs.
- Facilitate the Adelaide Public Health Network Community Engagement Project with the aim of increasing immunisation coverage in the Adelaide metropolitan region.

Key performance indicators

We will know that we are on track to achieve our strategic objectives if we are meeting these Key Performance Indicators.

Strategic Objectives	KPIs
2.1 Contribute to the effective control of preventable disease by delivering a high-quality public clinic immunisation service that complies with all relevant legislation and standards.	Annual clinical performance evaluation completed. Submit all reports within the required timeframes.
2.2 Continue to increase number of adult and child clients and vaccinations through promotion and provision of accessible clinics, booking systems and appointment times.	Maintain or increase the number of public immunisation clinics offered by EHA annually. All eligible students are offered vaccinations through the School Immunisation Program and all absent students are invited to EHA public clinics to catch up. 70% of bookings are made via the Immunisation Online Booking System. Clinic Timetable reviewed and published by 30 November.
2.3 Continue to be recognised as a trusted partner and sector leading immunisation provider of choice.	Renewal rate for EHA Workplace Immunisation Program is not less than 70% Satisfy all requirements of the SA Health Service Agreement contract.
2.4 Advocate for appropriate funding to ensure that local government delivery of immunisation services is financially sustainable.	No reduction in the level of State Government funding provided to EHA to deliver immunisation services.



Focus Area 3 - Food Safety



Focus Area 3 - Food Safety

Strategic Objectives

- 3.1 Contribute to the effective control of preventable illness by monitoring and enforcing food safety standards and investigating food related complaints on behalf of Constituent Councils.
- 3.2 Be proactive in building positive relationships with food businesses and provide training and resources to encourage and support compliance with food safety standards.
- 3.3 Build community awareness of food safety issues by leading or participating in food safety education projects and partnerships.

2022-23 Priorities

Priority	Why this is important	Strategy
1. Prepare a report on the outcomes from the first twelve months of the SA Health voluntary Food Star Rating Scheme.	EHA formally commenced its participation in the SA Health voluntary Food Star Rating Scheme in July 2021. Undertaking a review in 2022/23, including feedback from food businesses, will help EHA to monitor the impact the scheme is having on food safety compliance and consumer awareness and identify any suggested improvements to the Scheme.	3.1 3.2
2. Communicate and inform food businesses of the proposed legislative food management tools: food safety supervisor; food handler training and evidence that will come into effect within 12 months.	On 3 March 2022 LGA notified that FSANZ has assessed a proposal to consider food safety management tools for the food service and retail sectors. In summary there are three proposed food safety management tools: food safety supervisor; food handler training and evidence. Following feedback, the proposed Standard 3.2.2A is stated to commence 12 months after gazettal, meaning that businesses and food regulators will have 12 months to implement them. During this process EHA's feedback on the proposed standard and communication to the respective food businesses is critical in ensuring they are prepared and understand the expected changes.	3.1 3.2
3. Collate a biennial food safety newsletter training be distributed to EHA's food businesses.	A newsletter provides communication to a target audience. It enables EHA to communicate to food businesses on any key legislative updates, promotes positive food safety culture, spotlights safe food safety practices and new initiatives within the industry. The newsletter also enables food businesses to recognise that EHA services extends to education providing food businesses with confidence to contact EHA regarding food safety questions and advice.	3.1 3.2 3.3
4. Provide tailored food safety training to workplaces upon request.	Extend the food safety training program to workplaces. This enables a training program to be tailored specifically to the food business. This type of training addresses food safety practices specific to the workplace and allows the staff to engage in a proactive manner.	3.2 3.3 3.4



Focus Area 3 - Food Safety

Core services

EHA will continue to:

- Monitor and maintain a register of all food businesses operating within EHA's jurisdiction.
- Conduct routine food business assessments using an appropriate food safety rating tool to ensure compliance with the Food Act 2001 and Food Safety Standards.
- Undertake enforcement action in relation to breaches of the Food Act 2001 and Food Safety Standards and follow up actions to ensure compliance is achieved.
- Implement the voluntary SA Health Food Star Rating Scheme.
- Respond to food related customer complaints in accordance with customer service standards and SA Health guidelines and maintain a register of all food related complaints.
- Respond to food recalls in accordance with SA Health recommendations.
- Engage with applicants and provide advice to Constituent Councils about development applications and the structural fit out of new food businesses.
- Assess risks, conduct safety assessments where required and provide educational materials for temporary food businesses and temporary events.
- Provide reports on food safety assessments investigations and actions to the Board, Constituent Councils and SA Health.
- Provide a food safety training program for new businesses
- Develop and maintain a comprehensive range of health education and promotion material on food safety related issues.

Key performance indicators

We will know that we are on track to achieve our strategic objectives if we are meeting these Key Performance Indicators.

Strategic Objectives	KPIs
3.1 Contribute to the effective control of preventable illness by monitoring and enforcing food safety standards and investigating food related complaints on behalf of Constituent Councils.	EHA is meeting all food safety inspection requirements for higher risk food business determined by the SA Food Business Risk Classification Framework and performance of the food business. All food safety complaints are investigated in accordance with EHA service standards and SA Health instructions.
3.2 EHA is proactive in building positive relationships with food businesses and provide training and resources to encourage and support compliance with food safety standards.	Reduce the number of routine food premise inspections requiring a follow up inspection to address non-compliance. The average rating given under the SA Health Food Star Rating Scheme is increasing annually All new food businesses receive an EHA Welcome Pack following notification.
3.3 Build community awareness of food safety issues by leading or participating in food safety education projects and partnerships.	Provide food safety training to at least 75 participants annually. All Constituent Councils are using EHA food safety education materials in their communications.



Focus Area 4 -
Governance and
Organisational Development





Focus Area 4 - Governance and Organisational Development

Strategic Objectives

- | | |
|---|--|
| <p>4.1 Achieve best practice standards of governance in accordance with the EHA Charter and relevant legislation.</p> <p>4.2 Keep Constituent Councils informed of the services and actions performed by EHA on their behalf and the community outcomes being achieved.</p> | <p>4.3 Demonstrate leadership within the local government sector as an advocate for public health reforms that benefit the community and councils.</p> <p>4.4 Provide a safe, healthy and rewarding working environment.</p> |
|---|--|

2022-23 Priorities

Priority	Why this is important	Strategy
1. In consultation with Constituent Councils, review and revise the EHA business planning and reporting framework.	Feedback from Constituent Councils highlights that we can improve the way we plan our services and measure the outcomes we deliver to councils and the community. The new format of this Annual Business Plan is the start of this process and further improvements can be made by developing and adopting a new planning and reporting framework.	4.1 4.2
2. Work with the Audit Committee and the Board to review and revise the financial indicators in the Long-Term Financial Plan.	The EHA Long Term Financial Plan contains financial sustainability measures that are consistent with those used by Councils. As a subsidiary with a clearly defined focus on delivering public health services, we can explore whether these are the most meaningful measures for EHA to use in its new business planning and reporting framework.	4.1
3. Create a Chief Executive group with Constituent Council CEOs to channel information and bilateral communication.	Feedback from Constituent Councils indicated that regular executive communication at a group and individual level between EHA and its Constituent Councils would strengthen relationships.	4.2
4. Development of targeted quarterly performance reports for Constituent Councils.	Regular targeted performance reporting focusing on high-level EHA service provision information and pertinent service delivery expectations for each Constituent Council will assist in councils having comfort that their legislative requirements relating to public health are being appropriately managed and also provide a level of understanding in relation to the breadth of services provided by EHA.	4.2
5. Develop a presentation highlighting strengths and benefits of centralised service delivery model for Constituent Council Elected Members.	A presentation provided to Constituent Council Elected Members and/or Executive which highlight the benefits of EHA as a centralised service delivery model provider will assist with strategic council engagement and relationships.	4.2

Core services

EHA will continue to:

- Achieve full compliance with the requirements of the EHA Charter and the Local Government Act 1999.
- Provide administrative assistance to the Public Health Plan Advisory Committee.
- Prepare and monitor a Long-Term Financial Plan.
- Prepare, monitor, and implement a Corporate Risk Plan
- Make submissions on public health reforms on behalf of Constituent Councils.
- Compile and submit all periodic reports on EHAs activities required by legislation (Public Health Act, Food Act, Safe Drinking Water Act etc).
- Explore the potential for the expansion of service provision to areas outside of current Constituent Councils.
- Expand the functionality of Health Manager and Mobile Health to improve inspection, compliant and administrative efficiency and reporting capabilities.
- Foster team cohesiveness and support effective teamwork.
- Provide systems for a safe working environment with appropriate Work Health and Safety (WHS) practices in place.
- Provide professional development opportunities to staff and encourage membership of relevant professional organisations.

Key performance indicators

We will know that we are on track to achieve our strategic objectives if we are meeting these Key Performance Indicators.

Strategic Objectives	KPIs
4.1 Achieve best practice standards of governance in accordance with the EHA Charter and relevant legislation.	No instances of non-compliance with the EHA Charter. No instances of non-compliance with the reporting requirements to external bodies required by legislation. A new business planning and reporting framework is adopted by the Board and implemented by 30 June 2023. Ongoing implementation of all risk controls in the EHA Corporate Risk Plan.
4.2 Keep Constituent Councils informed of the services and actions performed by EHA on their behalf and the community outcomes being achieved.	Meet with Constituent Council nominated contacts at least four times per year. Respond to all Constituent Council requests for information within five business days. Provide an Annual Report to Constituent Councils by 30 September. All Constituent Councils participate in EHA’s Annual Business Plan and Budget setting process.
4.3 Demonstrate leadership within the local government sector as an advocate for public health reforms that benefit the community and councils.	Written submissions on public health reform proposals are endorsed by the Board. Attend meetings of the Environmental Managers Forum.
4.4 Provide a safe, healthy and rewarding working environment.	WHS is an agenda item at all EHA staff meetings. Annual staff training and development budget is not less than 1.75% of total budget. Staff portfolios are reviewed annually as part of a performance development framework.



Eastern Health Authority

Budget Financial Statements 2022/23







Budget Overview

The forecast for the 2022/2023 financial year is that EHA's operating result will be a deficit of \$49,000. The deficit is an accounting deficit (depreciation and amortisation treatments for leases) and the contributions requested from Constituent Councils will provide for a balanced operating cash budget.

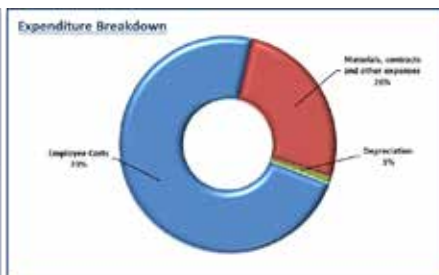
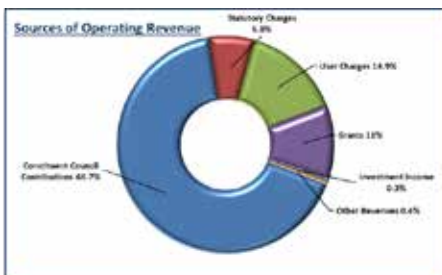
A total of \$1,828,000 will be raised through contributions from our Constituent Councils.

This represents a zero (0%) increase in overall collective contributions from the previous year.

Operating Activity	(\$'000s)
Total Income	\$2,739
Less	
Employee costs	\$2,014
Operating Expenditure	\$725
Depreciation	\$131
Net Surplus (Deficit)	(\$49) Deficit

The key assumptions that have been used to prepare the 2022-23 Budget are summarised below.

- Use of Revised Contribution Formula which will have differing impacts on individual councils.
- CPI of 3.9%, equivalent to Adelaide CPI forecast to June 2022 used for Enterprise Agreement increase.
- Delivery of Immunisation Service Contracts to Unley Council and Adelaide Hills Council.
- Increase (33%) to 2023 School Immunisation Program (additional year level).
- Reduced Finance Costs
- New Initiative – Development of Strategic Plan



Budget Overview

Funding the Annual Business Plan

The component of income required from Constituent Councils to fund EHA operations is determined by a formula contained within the EHA Charter. In the past, included in the formula calculations was a nominal administration fee of 12.5% which was shared evenly (2.5%) per council, while the remaining costs were shared on a proportional basis, dependent upon the numbers of individual public health activities conducted by EHA on behalf of Constituent Councils.

A recommendation from the 2021 EHA Service Review Report was that the administration fee of 12.5% be broken into fixed and variable components. The fixed portion of 5% is now shared equally (1% per council), while the variable component is calculated on a proportional basis. The net effect is that that larger councils pay a slightly higher proportion of the administrative fee and smaller councils less. While the total administrative charge remains at 12.5%, individual charges now ranges from 3.44% to 1.27% as compared to the 2.5% charged previously.

Financial Sustainability

The following financial ratios are used to monitor the financial performance of the EHA in its Long-Term Financial Plan (LTFP). Overall, the ratios show that EHA is on track to achieve its LTFP targets.

During FY2023, EHA is committed to reviewing its current financial sustainability indicators and presenting these to both the Audit Committee and the Board for consideration.

Indicator	LTFP Projections 2023	2022-23 Annual Budget Estimate	Comments
Operating Surplus / (Deficit) - \$'000	(17,556)	(49,000)	-
Operating Surplus Ratio - %	(1)%	(1)%	-
Net Financial Liabilities - \$'000	457,429	354,456	-
Net Financial Liabilities Ratio - %	18.1%	12.94%	-



2022-23 Budget

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME

for the year ending 30 June 2023

REVISED BUDGET 2021/2022		DRAFT BUDGET 2022/2023
INCOME		
1,828,263	Council Contributions	1,828,000
181,500	Statutory Charges	185,000
326,000	User Charges	407,000
254,000	Grants, subsidies and contributions	301,000
10,000	Investment Income	7,000
11,000	Other Income	11,000
2,610,763	TOTAL INCOME	2,739,000
EXPENSES		
1,852,000	Employee Costs	2,014,000
550,000	Materials, contracts and other expenses	608,000
43,000	Finance Charges	35,000
145,277	Depreciation	131,000
2,590,277	TOTAL EXPENSES	2,788,000
20,486	OPERATING SURPLUS/(DEFICIT)	(49,000)
	Net gain (loss) on disposal of assets	
20,486	NET SURPLUS/(DEFICIT)	(49,000)
20,486	TOTAL COMPREHENSIVE INCOME	(49,000)

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS

for the year ending 30 June 2023

REVISED BUDGET
2021/2022

DRAFT BUDGET
2022/2023

CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts		
1,828,263	Council Contributions	1,828,000
181,500	Fees & other charges	185,000
326,000	User Charges	407,000
10,000	Investment Receipts	7,000
254,000	Grants utilised for operating purposes	301,000
11,000	Other	11,000
Payments		
(1,852,000)	Employee costs	(2,014,000)
(548,807)	Materials, contracts & other expenses	(608,000)
(44,209)	Finance Payments	(35,000)
165,747	NET CASH PROVIDED/(USED) BY OPERATING ACTIVITIES	82,000
CASH FLOWS FROM OPERATING ACTIVITIES		
-	Loans Received	-
(76,131)	Repayment of Borrowings	(38,391)
(102,873)	Repayment of Finance Lease Liabilities	(82,000)
(179,004)	NET CASH PROVIDED/(USED) BY FINANCING ACTIVITIES	(120,391)
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		
(13,257)	NET INCREASE (DECREASE) IN CASH HELD	(38,391)
782,896	CASH AND CASH EQUIVALENTS AT BEGINNING OF reporting period	769,639
769,639	CASH AND CASH EQUIVALENTS AT END OF reporting period	731,248



2022-23 Budget

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION

for the year ending 30 June 2023

**REVISED BUDGET
2021/2022**

**DRAFT BUDGET
2022/2023**

CURRENT ASSETS		
769,639	Cash and Cash Equivalents	731,248
188,901	Trade & Other Receivables	188,901
958,540	TOTAL CURRENT ASSETS	920,149
NON-CURRENT ASSETS		
1,155,437	Infrastructure, property, plant and equipment	1,024,437
1,155,437	TOTAL NON-CURRENT ASSETS	1,024,437
2,113,977	TOTAL ASSETS	1,944,586
CURRENT LIABILITIES		
163,940	Trade & Other Payables	163,940
307,903	Provisions	307,903
177,021	Borrowings	119,871
648,864	TOTAL CURRENT LIABILITIES	591,714
NON-CURRENT LIABILITIES		
21,716	Provisions	21,716
857,685	Borrowings	794,444
879,401	TOTAL NON-CURRENT LIABILITIES	816,160
1,528,265	TOTAL LIABILITIES	1,407,874
309,676	NET CURRENT ASSETS/(CURRENT LIABILITIES)	328,435
585,712	NET ASSETS	536,712
EQUITY		
585,712	Accumulated Surplus/(Deficit)	536,712
585,712	TOTAL EQUITY	536,712

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY

for the year ending 30 June 2023

REVISED BUDGET
2021/2022

DRAFT BUDGET
2022/2023

CASH FLOWS FROM OPERATING ACTIVITIES		
ACCUMULATED SURPLUS		
565,226	Balance at beginning of period	585,712
20,486	Net Surplus/(Deficit)	(49,000)
585,712	BALANCE AT END OF PERIOD	536,712
TOTAL EQUITY		
565,226	Balance at beginning of period	585,712
20,486	Net Surplus/(Deficit)	(49,000)
585,712	BALANCE AT END OF PERIOD	536,712

Karen Walker

From: Helen Bortoluzzi <HBortoluzzi@burnside.sa.gov.au>
Sent: Thursday, 5 May 2022 11:01 AM
To: Michael Livori
Cc: Mary Papageorgiou
Subject: RE: Eastern Health Authority Draft Annual Business Plan & Budget for 2022/2023

Dear Michael

At its meeting held on Thursday 28 April 2022. Council resolved

11.4 Regional Subsidiaries Annual Business Plans 2022/23 (Report No: 102-22)

Motion C280422/13140

That Council (in part)

Adopts the Eastern Health Authority draft Budget 2022/23, noting the Budgeted result is a Deficit of \$49k.

If you have any queries, please do not he hesitate to contact Chris Cowley on 8366 4205.

Regards



Helen Bortoluzzi | Executive Support Officer
City of Burnside | 401 Greenhill Road Tasmore SA 5065
P: 08 8366 4255
hbortoluzzi@burnside.sa.gov.au
www.burnside.sa.gov.au



From: Mary Papageorgiou <MPapageorgiou@eha.sa.gov.au>
Sent: Tuesday, 5 April 2022 3:40 PM
To: City of Burnside <burnside@burnside.sa.gov.au>
Cc: Magnus Heinrich <MHeinrich@burnside.sa.gov.au>; Farlie Taylor <FTaylor@burnside.sa.gov.au>
Subject: Eastern Health Authority Draft Annual Business Plan & Budget for 2022/2023

Please find attached correspondence for the attention of the Chief Executive Officer and Council Contacts.

If you have any queries, please do not hesitate to contact Michael Livori on 8132 3611.

Kind regards

Mary Papageorgiou
Administration Officer
T / 8132 3642 (Tues-Fri)



Enq: Simon Zbierski
Ph: 8366 9289

20 April 2022

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

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

Dear Mr Livori

Eastern Health Authority – Draft Annual Business Plan and Budget for 2022/2023

I refer to your correspondence dated 5 April 2022 and wish to advise that at its meeting held on Tuesday 19 April 2022 Council endorsed the Authority's draft 2022/2023 Annual Business Plan and Budget.

If you have any queries or wish to discuss this matter further, please contact Council's Manager Finance, Mr Simon Zbierski, on 8366 9289.

Yours sincerely

Paul Di Iulio
Chief Executive Officer

File Number: qA88432 (A397445)
Enquiries To: Sharon Perkins
Direct Telephone: 8366 4533

13 May 2022

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

Dear Michael

**EASTERN HEALTH AUTHORITY DRAFT 2021-2022 ANNUAL BUSINESS PLAN
AND BUDGET**

Thank you for your letter dated 5 April 2022, regarding the Draft 2022-2023 Annual Business Plan and Budget.

I wish to advise that the Council considered the EHA Draft 2022-2023 Annual Business Plan and Budget at its meeting held on 2 May 2022.

Following the consideration of the Draft 2022-2023 Annual Business Plan and Budget, the Council resolved that the Eastern Health Authority be advised that pursuant to Clause 8(1)(c) of the Charter, the Council has considered and hereby approves the Authority's Draft 2022-2023 Annual Business Plan and Budget.

Should you wish to discuss the above further, please do not hesitate to contact me.

Yours sincerely



Sharon Perkins
GENERAL MANAGER, CORPORATE SERVICES



Ref. CR22/25422

26 May 2022

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

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

Dear Michael

EHA DRAFT ANNUAL BUSINESS PLAN

I am pleased to advise that Council, at its ordinary meeting on 24 May 2022, resolved to support the EHA Annual Business Plan and Budget 2022/2023 through the following resolution:

RESOLUTION 2022/103

That Council:

1. Having considered Item 10.5 Eastern Health Authority Draft Annual Business Plan and Budget 2022/2023 receives and notes the report.
2. Endorses the Draft Eastern Health Authority Annual Business Plan 2022/2023 (as presented in Attachments 1).
3. The Chief Executive Officer writes to the Eastern Health Authority by 31 May 2022 advising of Council's decision to endorse their draft Annual Business Plan for 2022/2023 ahead of its final adoption by the Eastern Health Authority Board of Management in accordance with its Charter.

CARRIED UNANIMOUSLY

Should you require additional information please contact Brendan Lott, Manager Community Development.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Chris White', written over a white background.

Chris White
Chief Executive Officer



The Corporation of the Town of Walkerville

ABN 49 190 949 882

66 Walkerville Terrace, Gilberton SA 5081

PO Box 55, Walkerville SA 5081

File Number: 40.98.2.9

Contact Officer: Council Secretariat, Danielle Edwards

Telephone: (08) 8342 7100

Facsimile: (08) 8269 7820

Email: walkerville@walkerville.sa.gov.au

www.walkerville.sa.gov.au

01 June 2022

Mr Michael Livori
Eastern Health Authority
101 Payneham Road,
St Peters SA 5069

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

Dear Mr Livori,

Re: Eastern Health Authority 2022-23 Draft Annual Business Plan and Budget Endorsement

At Councils Special Meeting held on Monday 30 May 2022, Council received and endorsed Eastern Health Authority's Draft 2022-23 Annual Business Plan and Budget. The following was resolved;

CNC313/21-22

- 1. That Council receive and endorse the Eastern Health Authority Draft Annual Business Plan and Budget 2022-23, appearing as Attachment B to this report.**
- 2. That Administration write to Eastern Health Authority advising of Council's decision.**

Please accept this letter as formal notification of the Town of Walkerville's endorsement for this document.

Yours sincerely,

Scott Reardon
Acting Chief Executive Officer

7.3 REVIEW OF THE FOOD BUSINESS INSPECTION FEE POLICY

Author: Nadia Conci
Ref: AF22/27

Summary

Due to the amendments to the *Food Regulations 2002* that are to take effect from 1 July 2022, it is necessary to amend the Food Inspection Fee Policy accordingly. The revised policy is provided for the Board's endorsement.

Report

The Food Business Inspection Fee Policy is based on model policies developed by the Local Government Association (LGA).

The *Food Regulations 2002* enable enforcement agencies to impose a fee for the inspection of premises or vehicles required in connection with enforcement of the *Food Act 2001*.

On 17 June 2022 SA Health advised that the prescribed fees have, effective from the date of notification.

As previously reported to the Board on 24 June 2021 a full review of the Policy took place. For this reason, only the amendments to the prescribed fees are considered necessary.

A copy of the current Food Business Inspection Fee Policy with tracked changes to reflect the amended fees is provided as attachment 1. A clean copy of the reviewed policy is provided as attachment 2 for the Board's endorsement. No other additional alteration to the wording of the policy is required during this review.

RECOMMENDATION

That:

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

FOOD BUSINESS INSPECTION FEE POLICY**1****FOOD BUSINESS INSPECTION FEE POLICY**

Policy Reference	GOV04
Date of initial Board Adoption	12 February 2003
Minutes Reference	5:24062021
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	24 June 2021 <u>17 June 2022</u>
Applicable legislation	Memorandum of Understanding between The Minister for Health and Local Government Association (February 2009) Guidelines prepared by LGA for Councils - Inspection Fees, <i>Food Act 2001</i>

1. Purpose

The Food Business Inspection Fee Policy (Policy) outlines the circumstances that fees are applied for the inspection of food businesses as provided by Regulation 11 of the *Food Regulations 2017*.

To specify the rate at which inspection fees are charged.

2. Scope

This Policy applies to food businesses that are subject to inspection by authorised officers appointed by the Eastern Health Authority (EHA), an enforcement agency under the *Food Act 2001*.

3. Definitions

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

D11/2059[~~v41~~v12]

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FOOD BUSINESS INSPECTION FEE POLICY**2**

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

South Australian Food Business Risk Classification (FBRC)

- **'Priority 1 (P1)' and 'Priority 2 (P2)'** – businesses that characteristically handle foods that support the growth of pathogenic micro-organisms and where such pathogens are present or could be present. The handling of food will involve at least one step at which control actions must be implemented to ensure safety of the food. P1 businesses are further characterised by known risk-increasing factors, such as potential for inadequate / incorrect temperature control. Due to the high risk nature of the foods and their practices regular and lengthy inspections are required.
- **'Priority 3 (P3)'** – Businesses that will characteristically handle only 'low risk' or 'medium risk' foods and will warrant an inspection.
- **'Priority 4 (P4)'** - Businesses that will normally handle only 'low risk' foods, because they handle pre-packaged low risk food, and hence will not warrant regular or lengthy inspections. Examples include pharmacies, video stores and newsagents.

'Routine Inspection' - an inspection conducted at a scheduled frequency determined by the business' priority classification and performance history utilising Environmental Health Australia's Food Safety Standard of Practice and Australian Food Safety Assessment tool.

'Re-inspection' – an inspection carried out as a result of non-compliance that has been identified with the *Food Act 2001* or Food Safety Standards.

'Small Business' - a food business employing not more than 20 full-time equivalent food handling staff.

'Large Business' - a food business employing more than 20 full-time equivalent food handling staff.

4. Principles

Regulation 11 of the *Food Regulations 2017* provides for EHA as an enforcement agency to charge an inspection fee for the carrying out of any inspection that is required in connection with the operation or administration of the *Food Act 2001*.

Under the Regulations, the maximum fee for inspection is prescribed:

- for a **small business** - \$13~~41~~.00 per inspection excl GST
- in any other case - \$~~33427~~.00 per inspection excl GST

D11/2059[v1~~24~~]

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FOOD BUSINESS INSPECTION FEE POLICY**3**

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

The Minister for Health, Department of Health (DH) and Local Government administer and enforce the *Food Act 2001*, with some functions exercised jointly and others exclusively performed by one authority or the other. The Memorandum of Understanding between the Minister for Health and Local Government Association of SA, adopted in February 2009, clarifies the allocation of responsibility for enforcement of specific areas of the Act.

EHA is responsible for ensuring compliance with Chapter 3 of the Food Standards Code (Food Safety Standards) and the safety and suitability of food sold. This is achieved by performing inspections of food businesses based on a priority classification system developed by Food Standards Australia New Zealand (FSANZ).

The priority categories of high, medium and low risk are determined by the type of food, activity of the business, method of processing and customer base. SA Health has developed the South Australian Food Business Risk Classification (FBRC) using the national food safety risk profiling framework that allocates food businesses into risk classifications, based on their likelihood of contributing to foodborne disease and the potential magnitude of that contribution.

The FBRC took effect from 1 July 2014. From this date EHA utilises SA FBRC system to determine the priority classifications and inspection frequencies for food businesses in accordance with the table below:

Classification	Frequencies (every x months)		
	Starting point (new business owners)	Maximum	Minimum
Priority 1 (P1) – Highest risk	6	3	12
Priority 2 (P2)	12	6	18
Priority 3 (P3)	18	12	24
Priority 4 (P4) – Lowest risk	Inspect on complaint or change to risk profile only	Inspect on complaint or change to risk profile only	

4.0 Fee Schedule

The following inspection and re-inspection fees are based on the 'priority risk rating' of a food business to recognise the inherent risk and time taken to undertake an inspection. The following fee schedule is outlined in the table below:

D11/2059[v1~~2~~4]

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FOOD BUSINESS INSPECTION FEE POLICY

4

4.1. Routine Inspections

Classification	Small Business	Large Business
Priority 1 & 2 (P1 & P2) – Highest risk*	\$13 41 .00	\$33 427 .00
Priority 3 (P3)	\$9 29 .00	\$22 247 .00
Priority 4 (P4) – Lowest risk	No fee	No fee

*A six month inspection frequency is applied to new P1 businesses within their first year of operation. Fees apply to these routine inspections.

4.2 Re-inspections

Priority 1 and 2 – High risk food businesses

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$13 41 .00	\$33 427 .00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$13 41 .00	\$33 427 .00

Priority 3 – Low risk food businesses including Community Groups, Charitable and Not for Profit Organisations

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$9 29 .00	\$22 247 .00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$9 29 .00	\$22 247 .00

D11/2059[v1~~24~~]

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4.3 Complaint Inspection

An inspection fee will not be imposed for an inspection carried out in response to food safety related complaints received from the public.

If a routine inspection is conducted in conjunction with the investigation of a complaint, an 'inspection fee' will be issued to the food business. This fee applies to P1, P2 and P3 food businesses.

4.4 Inspection of Festivals, Fetes and Markets

4.4.1 Constituent Council temporary events

Temporary events inspections will not incur a charge for festivals, fetes and markets that are organised by EHA's Constituent Councils.

4.4.2 Non- Constituent Council temporary events

A food safety inspection fee to the organising body / event coordinator of food market, festivals, fetes, shows and other events to cover the assessment involved in ensuring food vendors are meeting their requirements under the *Food Act 2001* and Food Safety Standards.

At the discretion of the Authorised Officer, with consideration of the SA food risk classification system an appropriate inspection fee will be considered in the application of fees to the organising body/ event coordinator with aim to balance reasonable cost recovery with supporting community event.

Food markets, festivals, fetes, shows and other events with mobile food vendors and mobile food vending businesses will be 50% charge of the standard inspection fee for a small business or large business depending on the number of temporary food stalls at an event as follows:

Number of Stall Holders	Type of Standard Inspection Fee	Non -Council Event Inspection Fee
1-10	Small Business Inspection Fee (P1&2)	\$65.50
more than 10	Large Business Inspection Fee (P1&2)	\$164.00

Where markets occur on a frequent basis more than one inspection will be required throughout the year. The frequency of the inspection is dependent on the type and transient nature of the food vendors and foods being sold. A charge will apply to these inspections.

D11/2059[v124]

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4.4.3 Exclusion of inspection fees at non-Constituent Council temporary events

The following temporary food stall/vendor and mobile food vehicles will be excluded when determining an inspection fee charge.

- community or charitable organisations
- sale of 'low risk foods' that are pre-packaged, shelf stable and appropriately labelled and do not require specific storage requirements such as temperature control
- a mobile food vehicle notified within EHA and are inspected as part of a routine premises inspection and subject to an inspection fee during that inspection.

If all food vendors at a temporary event are within one of these above-mentioned categories food inspection fees will not apply.

4.5 Inspection of Businesses with Food Safety Programs

An inspection fee will apply for food businesses that have formal audited food safety programs in place. Please refer to the Food Business Audit Fee Policy.

4.6 Exemptions

4.6.1 Community and Charitable Organisations

Routine inspection fees will not be imposed upon community and charitable organisations.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

4.6.2 Schools and Educational Institutions

Inspection fees will not be imposed for inspections of the canteen or out of school hours care service (OSHC) in schools and educational institutions unless the operator of the canteen / OSHC operates the service as a commercial concern for profit.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

4.6.3 Nominal Risk Businesses

Inspection fees will not be imposed upon nominal P4 risk businesses.

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4.6.4 Mobile Food Vans

Inspection fees will not be imposed upon mobile food vans that can display evidence of having completed notification with an alternate local council.

5. Review of the Food Inspection Fee Policy

Every 24 months or as needed.

6. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on 12 February 2003.

D11/2059[v1~~2~~4]

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FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	GOV04
Date of initial Board Adoption	12 February 2003
Minutes Reference	5:24062021
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	17 June 2022
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4. Principles

Regulation 11 of the *Food Regulations 2017* provides for EHA as an enforcement agency to charge an inspection fee for the carrying out of any inspection that is required in connection with the operation or administration of the *Food Act 2001*.

Under the Regulations, the maximum fee for inspection is prescribed:

- for a **small business** - \$134.00 per inspection excl GST
- in any other case - \$334.00 per inspection excl GST

D11/2059[v12]

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4.1. Routine Inspections

Classification	Small Business	Large Business
Priority 1 & 2 (P1 & P2) – Highest risk*	\$134.00	\$334.00
Priority 3 (P3)	\$92.00	\$222.00
Priority 4 (P4) – Lowest risk	No fee	No fee

*A six month inspection frequency is applied to new P1 businesses within their first year of operation. Fees apply to these routine inspections.

4.2 Re-inspections

Priority 1 and 2 – High risk food businesses

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$134.00	\$334.00
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Priority 3 – Low risk food businesses including Community Groups, Charitable and Not for Profit Organisations

Re-inspection Type	Small Business	Large Business
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4.4 Inspection of Festivals, Fetes and Markets

4.4.1 Constituent Council temporary events

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If all food vendors at a temporary event are within one of these above-mentioned categories food inspection fees will not apply.

4.5 Inspection of Businesses with Food Safety Programs

An inspection fee will apply for food businesses that have formal audited food safety programs in place. Please refer to the Food Business Audit Fee Policy.

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4.6.2 Schools and Educational Institutions

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Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

4.6.3 Nominal Risk Businesses

Inspection fees will not be imposed upon nominal P4 risk businesses.

4.6.4 Mobile Food Vans

Inspection fees will not be imposed upon mobile food vans that can display evidence of having completed notification with an alternate local council.

5. Review of the Food Inspection Fee Policy

Every 24 months or as needed.

6. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on 12 February 2003.

7.4 EASTERN HEALTH AUTHORITY ENFORCEMENT POLICY REVIEW

Author: Nadia Conci
Ref: AF22/27

Summary

The Eastern Health Authority's (EHA) has adopted an Enforcement Policy to ensure a consistent and fair approach to the enforcement of public health legislation it administers. The Enforcement Policy has been reviewed and a revised version is presented to members for consideration.

Report

EHA's Enforcement Policy (the Policy) was first adopted in October 2008. The Policy has proven to be a beneficial tool to ensure that the enforcement of legislation is fair, transparent, and accountable in relation to the management of public health risks.

The Policy is intended to provide guidance on the use of enforcement provisions of legislation administered by EHA including:

- *Food Act 2001*
- *SA Health Act 2011*
- *Supported Residential Facilities Act 1992*
- *Environment Protection Act 1993*

The current Policy mirrors the LGA model enforcement policy and has objectives which include, ensuring that enforcement action is proportionate to the alleged offence; enforcement duties are conducted in a fair, equitable and consistent manner; and transparency when dealing with either businesses or persons in the enforcement framework.

With the assistance of Kelledy Jones Lawyers significant amendments to the Policy were made in January 2018. The revised Policy was less prescriptive whilst maintaining key objectives. It has allowed EHA sufficient flexibility to pursue various enforcement options depending on the circumstances in question.

A review of the current Policy took place during May this year. Minor wording along with minor procedural amendments have been made to recognise EHA's Constituent Councils during high-level decision-making processes such as Action on Default and Prosecutions.

A copy of the current Enforcement Policy with tracked changes to reflect the amendments is provided as attachment 1. A clean copy of the reviewed policy is provided as attachment 2 for the Board's endorsement.

RECOMMENDATION

That:

1. The report regarding the Eastern Health Authority Enforcement Policy is received.
2. The Policy entitled Eastern Health Authority Enforcement Policy, marked attachment 2 to this report, is adopted.

ENFORCEMENT POLICY

1



ENFORCEMENT POLICY

Policy Reference	GOV06
Date of Initial Board Adoption	22 October 2008
Minutes Reference	8:102008
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	24 February 2018 29 June 2022
Relevant Document Reference	Action on Default Standard Operating Procedure Expiation Standard Operating Procedure

1. PURPOSE

- 1.1. Eastern Health Authority (“EHA”) Enforcement Policy (“the Policy”) outlines the compliance and enforcement strategies adopted by EHA to ensure that enforcement decisions best achieve applicable legislative objectives and are in the broader public interest.
- 1.2. The objectives of the Policy are to:
- 1.2.1. assist, encourage or require individuals, organisations and businesses to fulfil their legal responsibilities without imposing unnecessary burdens;
 - 1.2.2. ensure that enforcement action is proportionate to the alleged breach in each case;
 - 1.2.3. ensure that EHA carries out its duties in a fair, equitable and consistent manner;
 - 1.2.4. ensure that EHA is transparent in dealing with customers; and
 - 1.2.5. ensure that EHA works with others where appropriate to develop effective partnerships in achieving these objectives.
- 1.3. EHA recognises that enforcement decisions are dependent on a number of variables. The decision regarding what enforcement action to take (if any) to address a breach of legislation is at the discretion of EHA (and its delegates). This Policy is intended to guide EHA officers in
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ENFORCEMENT POLICY**2**

making such a decision, noting that due regard must always, be had to the particular circumstances in question.

2. SCOPE

- 2.1. The Policy provides guidance for pursuing compliance and enforcement strategies in relation to all legislation administered by EHA including:
- 2.1.1. *Food Act 2001;*
 - 2.1.2. *South Australian Public Health Act 2011;*
 - 2.1.3. *Supported Residential Facilities Act 1992;*
 - 2.1.4. *Environment Protection Act 1993; and*
- 2.2. For the avoidance of doubt the Policy applies to all enforcement decisions made by EHA, including decisions by a delegate or person appointed as an authorised officer under any of the above legislation.

3. PRINCIPLES OF ENFORCEMENT

EHA officers will have regard to the principles set out below in making decisions to enforce and encourage a person's compliance with his/her legislative obligations.

3.1. Graduated Response

- 3.1.1. Wherever possible, EHA adopts a graduated approach to enforcement. This envisages the initial use of informal (non-legislative) enforcement options such as education, verbal advice and/or written warnings. If these options do not achieve compliance, EHA may pursue more significant enforcement options such as issuing statutory notices, orders or expiation notices, and/or commencing a prosecution.
- 3.1.2. Decisions about a graduated response must be balanced against the severity of the alleged offence. In circumstances where a breach is considered serious and/or the risk to public health arising from the breach is high, a graduated response may not be appropriate. In these circumstances, EHA may take immediate and firm action against those who are responsible for the breach. For example, a food premises that is infested with cockroaches and/or vermin and continues to operate and process food for sale, may warrant the issuing of an immediate Prohibition Order under the *Food Act 2001*.

3.2. Proportionality

- 3.2.1. EHA will endeavour to ensure that action taken to address any breach of legislation is proportionate to the problem it seeks to address and considers how culpable, or responsible the offender is for the breach.

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3.2.1. Expiation amounts for offences are determined by State Government within each piece of legislation administered. EHA does not have the discretion to reduce or set these fees.

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- 3.2.2. In determining what action to take, regard will be had to the following factors:
- the seriousness of the breach;
 - whether there are serious risks to public health or safety;
 - whether potential hazards are adequately controlled;
 - the measures taken to avoid the breach (if any);
 - the extent and urgency of any remedial action required (including the cost of such action);
 - as far as the law allows, the circumstances and attitude of offenders (such as compliance history and willingness to co-operate with EHA); and
 - the impact the breach has had on others.

3.3. Consistency

- 3.3.1. To ensure that individuals, organisations and businesses are treated fairly and equally, EHA will adopt an approach that aims to achieve a similar outcome in similar circumstances.
- 3.3.2. Decisions regarding enforcement action require use of professional judgement and discretion to assess varying circumstances. To best achieve consistency EHA will:
- observe the Policy and follow standard operating procedures where possible (noting that circumstances may warrant departure from such procedures and this Policy for good reason);
 - ensure fair, equitable and non-discriminatory treatment of individuals; and
 - record the reasons for any deviation from the Policy and standard operating procedures.
- 3.3.3. In addition, EHA will facilitate the review of complex cases by senior management and seek advice from legal advisors, if deemed to be appropriate.

3.4. Transparency

- 3.4.1. EHA will be open and transparent, and will assist individuals, organisations and businesses to understand what is expected of them and what they can expect from EHA. For this purpose, a copy of the Policy is available to the public on EHA website.
- 3.4.2. EHA will ensure that (where applicable) any 'best practice' advice that is offered to recipients is distinguished from the recipient's legal obligations and rights to appeal. EHA remains open to discussing potential and actual compliance failures, before, during and after formal action has been taken.

3.5. Conflict of Interest

Where an EHA officer has a personal association or relationship with an alleged offender or any other person involved in an investigation conducted by EHA:

- 3.5.1. an alternative person will make decisions where possible; and

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3.5.2. the facts about any conflict / relationship will be recorded.

3.6. Authorised Officers

Only officers who are competent by training, qualification and/or experience will be Authorised to take enforcement action. Officers will also have sufficient training and understanding of Council's policies and procedures to ensure a consistent approach to their duties. Any decision to act other than in accordance with this policy must have approval from the relevant Manager and the reasons for action recorded in accordance with Council's Records Management protocols.

Officers are required to show their Authorised Officer/Person identification card on request.
3.6.2.

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4. DECISION MAKING

- 4.1. Enforcement decisions must be fair, consistent, balanced and uphold accepted industry standards.
- 4.2. In making a decision on the most appropriate enforcement strategy, EHA shall consider, amongst other relevant considerations the following:
 - 4.2.1. the seriousness of the harm or potential harm resulting from the breach (including the risk to public health);
 - 4.2.2. the degree of wilfulness of the offender and/or the offender's knowledge of the breach;
 - 4.2.3. that actions taken by the offender to avoid or mitigate the breach or, any failure by the offender to take reasonable action where the breach (or the potential for it to occur) was known to him/her;
 - 4.2.4. the offender's past history including the seriousness and timeframe of previous non-compliance, as well as the responsiveness of the offender in taking corrective action;
 - 4.2.5. the consequences of non-compliance;
 - 4.2.6. the likely effectiveness of the various enforcement options;
 - 4.2.7. general and specific deterrence; and
 - 4.2.8. consistency of approach to similar breaches/offences.
- 4.3. Factors that are irrelevant when making a decision on the most appropriate enforcement strategy (and that will not, therefore, be taken into account) are:

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- 4.3.1. previous enforcement decisions made in dissimilar circumstances;
 - 4.3.2. any element that would lead to the discrimination of or bias against a person such as ethnicity, nationality, political association, religion, gender, sexuality or beliefs; and
 - 4.3.3. possible political advantage or disadvantage to a government or political group or party.
- 4.4. Reasons for enforcement decisions will be recorded and, where appropriate, will be notified to affected persons. However, this information will not be provided if to do so may prejudice enforcement action (including action that may be taken at a future date) or the outcome of any investigation conducted by EHA.

5. COMPLIANCE AND ENFORCEMENT OPTIONS**5.1. General Considerations**

- 5.1.1. There are a range of actions available to EHA to achieve and encourage compliance, including:
- taking no action;
 - education;
 - informal action such as offering verbal or written advice, issuing verbal or written warnings and requests for action; and increasing inspection frequency for premises; and
 - formal action including issuing a statutory order or notice, taking action in default, revoking or cancelling a licence, issuing an expiation notice and/or commencing a prosecution.
- 5.1.2. Mediation services may also be recommended where EHA determines that the complaint is incapable of resolution through other informal or formal means.
- 5.1.3. EHA has the flexibility to select the appropriate action based on the factors outlined above and may use multiple actions to obtain compliance. In some cases, the actions of an alleged offender in response to enforcement action may lead to further action being taken. For example, a failure to comply with a statutory notice may result in an additional offence and result in EHA issuing an expiation notice or commencing a prosecution.
- 5.1.4. Compliance and enforcement actions will be selected and implemented in a way that best achieves the objectives of and compliance with the respective legislation.

5.2. No Action

- 5.2.1. It may be appropriate for EHA to take no action where:
- after investigation, no breach of a legislative provision was discovered;
 - the alleged offence is outside of EHA's area of authority;
 - a complaint is frivolous, vexatious or trivial in nature; or

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- taking action may prejudice other major investigations.

5.2.2. Where a decision is made to take no action, the decision and reasons must be recorded by EHA.

5.3. Education

5.3.1. EHA uses education as a tool to increase people's skills and knowledge, thereby enhancing compliance with legislation and other requirements. Education may be provided by various means, including through verbal and written advice on-site during inspections and complaint investigations, publications, media releases, newsletters and EHA's website.

5.3.2. EHA observes business trends and implements training opportunities as a tool to encourage improvement in areas of poor performance. For example, EHA food safety training.

5.4. Informal Action: Provision of Compliance Advice

5.4.1. Verbal advice from EHA will be put clearly and simply and will be confirmed in writing.

5.4.2. The provision of advice to achieve compliance may be appropriate in circumstances where it is considered that conduct gives rise to a breach of the law, but the matter does not justify the prioritisation of resources to pursue further action.

5.4.3. Compliance advice provided by EHA will:

- where applicable, outline the nature and cause of the complaint(s) received or the concerns held by EHA;
- specify the relevant legislative provision(s), including those they may have allegedly been breached;
- explain the applicable general principles that should guide the recipients future conduct;
- specify the penalties that may be imposed for breaches of the relevant legislation; and
- clearly differentiate between legal requirements and recommendations of good practice.

5.4.4. Compliance advice is not legal advice. EHA will advise the recipient that if further information or guidance on the matter is required that they should seek independent legal advice.

5.5. Informal Action: Warnings and requests for action

5.5.1. Verbal warnings should only be used to address minor and first time breaches of legislation and confirmed in writing.

5.5.2. Informal warnings or requests for action may be an appropriate enforcement option where:

- the act or omission is not serious enough to warrant formal action;

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- the offender's past history reasonably suggests that informal action will secure compliance;
- confidence in the individual, business or organisation is high;
- the consequences of non-compliance will not pose a significant risk to public safety;
- informal action is more appropriate or effective than a formal approach. This may be particularly relevant in the case of voluntary organisations using volunteers; and
- where statutory action is not possible but it would be beneficial in a wider public health context to urge a particular outcome.

5.5.3. Written warnings must outline:

- the nature of the offence alleged to have been committed;
- the relevant legislative provision(s) allegedly breached;
- the actions required to ensure compliance with the relevant legislation;
- the proposed timeframe for compliance; and
- a clear warning regarding the penalties that may be imposed for further breaches of the relevant legislation and the intention of EHA to enforce the legislation if compliance is not achieved.

5.5.4. EHA will follow up after the timeframe for compliance has expired, to ensure that required actions have been undertaken.

5.5.5. Failure to comply with a warning or request for action will generally result in the implementation of more serious enforcement action.

5.6. Formal Action: Statutory Notices & Orders5.6.1. In inspecting public health activities, EHA may issue statutory notices or orders. Examples include an improvement notice or prohibition order under the *Food Act 2001* or, a notice to secure compliance with the General Duty under the *South Australian Public Health Act 2011*.

5.6.2. EHA will generally pursue this option where informal action has not achieved compliance or the circumstances otherwise justify this approach (taking the considerations outline in this Policy into account).

5.6.3. Statutory notices and orders will be issued in accordance with any applicable statutory preconditions. For example, some legislation may specify that a notice of intention to issue an order/notice must first be issued together with an invitation to the recipient to provide submissions in relation to the matter.

5.6.4. Ordinarily a statutory notice/order will outline actions that are required to be taken by the recipient. This may include directing that specified work is carried out, that activities are modified, or that the recipient cease and desist from taking certain action. Where a statutory notice/order is issued, the recipient is obligated to comply with its terms and failure to do so may give rise to an offence

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- 5.6.5. Officers will use professional judgement and discretion to assess the requirements that should be included in an order/notice and the timeframe within which the requirements are to be complied with.
- 5.6.6. In circumstances where there is an immediate threat to public health or safety, an authorised person may consider taking emergency action (without giving prior notice to the affected persons). An example is an Authorised Officer issuing an Emergency Order or taking emergency action under the *South Australian Public Health Act 2011*. In these circumstances immediate compliance to resolve a situation may be required.
- 5.6.7. Statutory notices and orders will generally outline:
- the relevant legislative provision(s) that the issuing officer believes is being, or has been breached;
 - a description of the relevant breach and the legislative grounds for issuing the notice/order;
 - the action that is required in order to rectify the non-compliance; and
 - the consequences of failing to comply with the requirements of the notice.
- Where practicable they will be accompanied by a covering letter that outlines the reasons why the notice/order has been issued.
- 5.6.8. The timeframe allowed for carrying out the requirements of a notice/order will vary depending upon the urgency of the matter and the remedial action that is required. Wherever practicable, an officer will discuss the notice/order with the responsible person.
- 5.6.9. Extending the time for compliance provided in a notice/order may be granted at the discretion of EHA. A request for an extension will be considered where the request is received before the timeframe for action as stipulated in the notice/order has expired.
- 5.6.10. In many instances, the recipient of the notice/order may have a right of appeal. If this is the case, EHA will advise the recipient in writing of the right to appeal and the relevant legal provisions (such information may be included in the notice/order itself).
- 5.6.11. Where an offence has been committed EHA may, where considered appropriate, issue an Expiation Notice or commence a prosecution in addition to serving a statutory notice or order.

5.7. Formal Action: Action in default

- 5.7.1. In many cases, a failure to comply with a statutory notice or order may enliven EHA's power to take action in default. This is where EHA itself arranges for the requirements of the order/notice to be carried out.
- 5.7.2. EHA will consider this option:
- only where it is provided by legislation; and
 - to secure compliance with the requirements of a statutory notice or order where the necessary works have not been carried out in the time allowed without good reason.

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- 5.7.3. A decision as to whether or not to take action in default will be made weighing up the benefits of taking such action and the costs of doing so. Further, before carrying out work itself EHA will consider whether there is a realistic prospect that the person, business or organisation responsible will complete the works within a reasonable time.
- 5.7.4. Where EHA carries out works in default the respective Constituent Council will seek to recover all costs over a fair period, using all statutory means available.
- 5.7.5. Failure to comply with a notice or order may allow EHA to expiate or prosecute the person who failed to comply in addition to taking action in default. EHA will only pursue such action where the conduct of the recipient justifies this approach. In coming to a decision, EHA will consider whether the persons responsible have been cooperative or have otherwise obstructed EHA officers and/or deliberately provided false information and, the degree of harm or risk of harm caused by delaying the required action.
- 5.7.6. The decision to carry out action in default will be made by the Chief Executive Officer or Team Leader Environmental Health in consultation with a representative of the relevant Constituent Council.

5.8. Formal Action: Cancellation of a Licence

- 5.8.1. This option may be considered where EHA is the authority responsible for issuing a licence or permit to authorise a person to conduct an activity. An example is licences issued under the *Supported Residential Facilities Act 1992*.
- 5.8.2. A decision to revoke or cancel a licence or permit will generally be made as a last resort where alternative enforcement strategies have not achieved compliance or where EHA is satisfied that the legislative grounds to cancel/revoke the licence/permit (if any) are made out.
- 5.8.3. Before a decision is made to cancel/revoke a licence/permit, EHA will first provide the licence/permit holder with notice of its intention to do so and will invite and consider submissions from him/her regarding the proposal.

5.9. Formal Action: Expiation Notices

- 5.9.1. An expiation notice may be appropriate where:
- the offence(s) committed are considered to be significant;
 - a person has failed to correct an identified problem after having been given reasonable opportunity to do so by EHA;
 - a person has failed to comply with the requirements of a statutory notice or order without a reasonable excuse;
 - confidence in the individual, business or organisation is low; and/or
 - a warning has been given for a similar offence.
- 5.9.2. The recipient of an expiation notice is entitled to elect to be prosecuted for the alleged offence that is subject of the notice. Accordingly, before issuing an expiation notice,

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EHA will ensure that there ~~is substantial~~ is substantial, reliable and admissible evidence to establish the alleged offence.

- 5.9.3. Expiation notices will generally not be issued 'on the spot' and may be served some time after an alleged offence (note that an expiation notice must be issued within 6 months of the offence date pursuant to the *Expiation of Offences Act 1996*). Authorised Officers are required to complete an Expiation Matrix (checklist) to allow relevant evidence and information to be considered consistently, fairly and objectively. The Expiation Matrix is submitted to the Chief Executive Officer and/or Team Leader of Environmental Health to assist with ensuring an informed decision is made in relation to the issue of an Expiation notice.

5.10. Formal Action: Prosecution

- 5.10.1. A Prosecution will generally be pursued for more serious legislative breaches or where a graduated response has not been sufficient to address non-compliance. A prosecution will only proceed where there is a reasonable likelihood of securing a conviction against the alleged offender (i.e. where there is sufficient evidence to prove the relevant offence(s) beyond reasonable doubt).
- 5.10.2. The following are circumstances that may justify EHA commencing a prosecution:
- a flagrant breach of the law where the health, safety and welfare of the community or individuals has been put at risk;
 - the alleged breach is too serious or the risks too great to be dealt with by means of an expiation;
 - a person has failed to correct an identified serious problem after having been given reasonable opportunity to do so;
 - a person has failed to comply with the requirements of a statutory notice or order;
 - the alleged offender has an established and recorded history of similar offences; or
 - the alleged offender has demonstrated or expressed an unwillingness, on, to prevent a recurrence of the problem and/or to address established non-compliance.
- 5.10.3. Before a prosecution is recommended there must be substantial, reliable and admissible evidence to establish that the alleged offender committed the alleged offence. All relevant evidence and information will be considered to enable a consistent, fair and objective decision to be made.
- 5.10.4. A decision to prosecute must be in the public interest. In considering whether a prosecution is in the public interest, the following additional factors will be considered:
- whether the offence was premeditated;
 - the need to influence the offender's future behaviour;
 - the seriousness of the offence;
 - the availability and efficacy of any alternatives to prosecution;
 - the prevalence of the alleged offence and the need for deterrence, both personal and general; and
 - the likely length, expense and outcome of a trial.

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~~5.10.5.~~—The decision to commence a prosecution will be made by the Chief Executive Officer in consultation with the Team Leader Environmental Health. The respective Constituent Council will be advised of the decision to prosecute prior to proceedings commencing in consultation with a representative of the relevant Constituent Council.
~~5.10.6.~~

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6. REVIEW OF THE ENFORCEMENT POLICY

Every 24 months or as needed.

7. STATEMENT OF ADOPTION

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

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ENFORCEMENT POLICY

Policy Reference	GOV06
Date of Initial Board Adoption	22 October 2008
Minutes Reference	8:102008
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	29 June 2022
<i>Relevant Document Reference</i>	Action on Default Standard Operating Procedure Expiation Standard Operating Procedure

1. PURPOSE

- 1.1. Eastern Health Authority (“EHA”) Enforcement Policy (“the Policy”) outlines the compliance and enforcement strategies adopted by EHA to ensure that enforcement decisions best achieve applicable legislative objectives and are in the broader public interest.
- 1.2. The objectives of the Policy are to:
 - 1.2.1. assist, encourage or require individuals, organisations and businesses to fulfil their legal responsibilities without imposing unnecessary burdens;
 - 1.2.2. ensure that enforcement action is proportionate to the alleged breach in each case;
 - 1.2.3. ensure that EHA carries out its duties in a fair, equitable and consistent manner;
 - 1.2.4. ensure that EHA is transparent in dealing with customers; and
 - 1.2.5. ensure that EHA works with others where appropriate to develop effective partnerships in achieving these objectives.

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- 1.3. EHA recognises that enforcement decisions are dependent on a number of variables. The decision regarding what enforcement action to take (if any) to address a breach of legislation is at the discretion of EHA (and its delegates). This Policy is intended to guide EHA officers in making such a decision, noting that due regard must always, be had to the particular circumstances in question.

2. SCOPE

- 2.1. The Policy provides guidance for pursuing compliance and enforcement strategies in relation to all legislation administered by EHA including:
 - 2.1.1. *Food Act 2001*;
 - 2.1.2. *South Australian Public Health Act 2011*;
 - 2.1.3. *Supported Residential Facilities Act 1992*;
 - 2.1.4. *Environment Protection Act 1993*; and
- 2.2. For the avoidance of doubt the Policy applies to all enforcement decisions made by EHA, including decisions by a delegate or person appointed as an authorised officer under any of the above legislation.

3. PRINCIPLES OF ENFORCEMENT

EHA officers will have regard to the principles set out below in making decisions to enforce and encourage a person's compliance with his/her legislative obligations.

3.1. *Graduated Response*

- 3.1.1. Wherever possible, EHA adopts a graduated approach to enforcement. This envisages the initial use of informal (non-legislative) enforcement options such as education, verbal advice and/or written warnings. If these options do not achieve compliance, EHA may pursue more significant enforcement options such as issuing statutory notices, orders or expiation notices, and/or commencing a prosecution.
- 3.1.2. Decisions about a graduated response must be balanced against the severity of the alleged offence. In circumstances where a breach is considered serious and/or the risk to public health arising from the breach is high, a graduated response may not be appropriate. In these circumstances, EHA may take immediate and firm action against those who are responsible for the breach. For example, a food premises that is infested with cockroaches and/or vermin and continues to operate and process food for sale, may warrant the issuing of an immediate Prohibition Order under the *Food Act 2001*.

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3.2. Proportionality

- 3.2.1. EHA will endeavour to ensure that action taken to address any breach of legislation is proportionate to the problem it seeks to address and considers how culpable, or responsible the offender is for the breach.

Expiation amounts for offences are determined by State Government within each piece of legislation administered. EHA does not have the discretion to reduce or set these fees.

- 3.2.2. In determining what action to take, regard will be had to the following factors:
- the seriousness of the breach;
 - whether there are serious risks to public health or safety;
 - whether potential hazards are adequately controlled;
 - the measures taken to avoid the breach (if any);
 - the extent and urgency of any remedial action required (including the cost of such action);
 - as far as the law allows, the circumstances and attitude of offenders (such as compliance history and willingness to co-operate with EHA); and
 - the impact the breach has had on others.

3.3. Consistency

- 3.3.1. To ensure that individuals, organisations and businesses are treated fairly and equally, EHA will adopt an approach that aims to achieve a similar outcome in similar circumstances.
- 3.3.2. Decisions regarding enforcement action require use of professional judgement and discretion to assess varying circumstances. To best achieve consistency EHA will:
- observe the Policy and follow standard operating procedures where possible (noting that circumstances may warrant departure from such procedures and this Policy for good reason);
 - ensure fair, equitable and non-discriminatory treatment of individuals; and
 - record the reasons for any deviation from the Policy and standard operating procedures.
- 3.3.3. In addition, EHA will facilitate the review of complex cases by senior management and seek advice from legal advisors, if deemed to be appropriate.

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- 3.5.2. the facts about any conflict / relationship will be recorded.

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Officers are required to show their Authorised Officer/Person identification card on request.

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- 4.1. Enforcement decisions must be fair, consistent, balanced and uphold accepted industry standards.
- 4.2. In making a decision on the most appropriate enforcement strategy, EHA shall consider, amongst other relevant considerations the following:
 - 4.2.1. the seriousness of the harm or potential harm resulting from the breach (including the risk to public health);
 - 4.2.2. the degree of wilfulness of the offender and/or the offender's knowledge of the breach;
 - 4.2.3. that actions taken by the offender to avoid or mitigate the breach or, any failure by the offender to take reasonable action where the breach (or the potential for it to occur) was known to him/her;
 - 4.2.4. the offender's past history including the seriousness and timeframe of previous non-compliance, as well as the responsiveness of the offender in taking corrective action;
 - 4.2.5. the consequences of non-compliance;
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 - 4.2.7. general and specific deterrence; and
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- 4.3. Factors that are irrelevant when making a decision on the most appropriate enforcement strategy (and that will not, therefore, be taken into account) are:
- 4.3.1. previous enforcement decisions made in dissimilar circumstances;
 - 4.3.2. any element that would lead to the discrimination of or bias against a person such as ethnicity, nationality, political association, religion, gender, sexuality or beliefs; and
 - 4.3.3. possible political advantage or disadvantage to a government or political group or party.
- 4.4. Reasons for enforcement decisions will be recorded and, where appropriate, will be notified to affected persons. However, this information will not be provided if to do so may prejudice enforcement action (including action that may be taken at a future date) or the outcome of any investigation conducted by EHA.

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- 5.1.1. There are a range of actions available to EHA to achieve and encourage compliance, including:
- taking no action;
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5.2. *No Action*

- 5.2.1. It may be appropriate for EHA to take no action where:
- after investigation, no breach of a legislative provision was discovered;
 - the alleged offence is outside of EHA's area of authority;
 - a complaint is frivolous, vexatious or trivial in nature; or
 - taking action may prejudice other major investigations.
- 5.2.2. Where a decision is made to take no action, the decision and reasons must be recorded by EHA.

5.3. *Education*

- 5.3.1. EHA uses education as a tool to increase people's skills and knowledge, thereby enhancing compliance with legislation and other requirements. Education may be provided by various means, including through verbal and written advice on-site during inspections and complaint investigations, publications, media releases, newsletters and EHA's website.
- 5.3.2. EHA observes business trends and implements training opportunities as a tool to encourage improvement in areas of poor performance. For example, EHA food safety training.

5.4. *Informal Action: Provision of Compliance Advice*

- 5.4.1. Verbal advice from EHA will be put clearly and simply and will be confirmed in writing.
- 5.4.2. The provision of advice to achieve compliance may be appropriate in circumstances where it is considered that conduct gives rise to a breach of the law, but the matter does not justify the prioritisation of resources to pursue further action.
- 5.4.3. Compliance advice provided by EHA will:
- where applicable, outline the nature and cause of the complaint(s) received or the concerns held by EHA;
 - specify the relevant legislative provision(s), including those they may have allegedly been breached;
 - explain the applicable general principles that should guide the recipients future conduct;
 - specify the penalties that may be imposed for breaches of the relevant legislation; and
 - clearly differentiate between legal requirements and recommendations of good practice.
- 5.4.4. Compliance advice is not legal advice. EHA will advise the recipient that if further information or guidance on the matter is required that they should seek independent legal advice.

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5.5. **Informal Action: Warnings and requests for action**

- 5.5.1. Verbal warnings should only be used to address minor and first time breaches of legislation and confirmed in writing.
- 5.5.2. Informal warnings or requests for action may be an appropriate enforcement option where:
- the act or omission is not serious enough to warrant formal action;
 - the offender's past history reasonably suggests that informal action will secure compliance;
 - confidence in the individual, business or organisation is high;
 - the consequences of non-compliance will not pose a significant risk to public safety;
 - informal action is more appropriate or effective than a formal approach. This may be particularly relevant in the case of voluntary organisations using volunteers; and
 - where statutory action is not possible but it would be beneficial in a wider public health context to urge a particular outcome.
- 5.5.3. Written warnings must outline:
- the nature of the offence alleged to have been committed;
 - the relevant legislative provision(s) allegedly breached;
 - the actions required to ensure compliance with the relevant legislation;
 - the proposed timeframe for compliance; and
 - a clear warning regarding the penalties that may be imposed for further breaches of the relevant legislation and the intention of EHA to enforce the legislation if compliance is not achieved.
- 5.5.4. EHA will follow up after the timeframe for compliance has expired, to ensure that required actions have been undertaken.
- 5.5.5. Failure to comply with a warning or request for action will generally result in the implementation of more serious enforcement action.

5.6. **Formal Action: Statutory Notices & Orders**

- 5.6.1. In inspecting public health activities, EHA may issue statutory notices or orders. Examples include an improvement notice or prohibition order under the *Food Act 2001* or, a notice to secure compliance with the General Duty under the *South Australian Public Health Act 2011*.
- 5.6.2. EHA will generally pursue this option where informal action has not achieved compliance or the circumstances otherwise justify this approach (taking the considerations outline in this Policy into account).
- 5.6.3. Statutory notices and orders will be issued in accordance with any applicable statutory preconditions. For example, some legislation may specify that a notice of intention to issue an order/notice must first be issued together with an invitation to the recipient to provide submissions in relation to the matter.

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- 5.6.4. Ordinarily a statutory notice/order will outline actions that are required to be taken by the recipient. This may include directing that specified work is carried out, that activities are modified, or that the recipient cease and desist from taking certain action. Where a statutory notice/order is issued, the recipient is obligated to comply with its terms and failure to do so may give rise to an offence
- 5.6.5. Officers will use professional judgement and discretion to assess the requirements that should be included in an order/notice and the timeframe within which the requirements are to be complied with.
- 5.6.6. In circumstances where there is an immediate threat to public health or safety, an authorised person may consider taking emergency action (without giving prior notice to the affected persons). An example is an Authorised Officer issuing an Emergency Order or taking emergency action under the *South Australian Public Health Act 2011*. In these circumstances immediate compliance to resolve a situation may be required.
- 5.6.7. Statutory notices and orders will generally outline:
- the relevant legislative provision(s) that the issuing officer believes is being, or has been breached;
 - a description of the relevant breach and the legislative grounds for issuing the notice/order;
 - the action that is required in order to rectify the non-compliance; and
 - the consequences of failing to comply with the requirements of the notice.
- Where practicable they will be accompanied by a covering letter that outlines the reasons why the notice/order has been issued.
- 5.6.8. The timeframe allowed for carrying out the requirements of a notice/order will vary depending upon the urgency of the matter and the remedial action that is required. Wherever practicable, an officer will discuss the notice/order with the responsible person.
- 5.6.9. Extending the time for compliance provided in a notice/order may be granted at the discretion of EHA. A request for an extension will be considered where the request is received before the timeframe for action as stipulated in the notice/order has expired.
- 5.6.10. In many instances, the recipient of the notice/order may have a right of appeal. If this is the case, EHA will advise the recipient in writing of the right to appeal and the relevant legal provisions (such information may be included in the notice/order itself).
- 5.6.11. Where an offence has been committed EHA may, where considered appropriate, issue an Expiation Notice or commence a prosecution in addition to serving a statutory notice or order.

5.7. Formal Action: Action in default

- 5.7.1. In many cases, a failure to comply with a statutory notice or order may enliven EHA's power to take action in default. This is where EHA itself arranges for the requirements of the order/notice to be carried out.
- 5.7.2. EHA will consider this option:

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- only where it is provided by legislation; and
 - to secure compliance with the requirements of a statutory notice or order where the necessary works have not been carried out in the time allowed without good reason.
- 5.7.3. A decision as to whether or not to take action in default will be made weighing up the benefits of taking such action and the costs of doing so. Further, before carrying out work itself EHA will consider whether there is a realistic prospect that the person, business or organisation responsible will complete the works within a reasonable time.
- 5.7.4. Where EHA carries out works in default the respective Constituent Council will seek to recover all costs over a fair period, using all statutory means available.
- 5.7.5. Failure to comply with a notice or order may allow EHA to expiate or prosecute the person who failed to comply in addition to taking action in default. EHA will only pursue such action where the conduct of the recipient justifies this approach. In coming to a decision, EHA will consider whether the persons responsible have been cooperative or have otherwise obstructed EHA officers and/or deliberately provided false information and, the degree of harm or risk of harm caused by delaying the required action.
- 5.7.6. The decision to carry out action in default will be made by the Chief Executive Officer or Team Leader Environmental Health in consultation with a representative of the relevant Constituent Council.

5.8. Formal Action: Cancellation of a Licence

- 5.8.1. This option may be considered where EHA is the authority responsible for issuing a licence or permit to authorise a person to conduct an activity. An example is licences issued under the *Supported Residential Facilities Act 1992*.
- 5.8.2. A decision to revoke or cancel a licence or permit will generally be made as a last resort where alternative enforcement strategies have not achieved compliance or where EHA is satisfied that the legislative grounds to cancel/revoke the licence/permit (if any) are made out.
- 5.8.3. Before a decision is made to cancel/revoke a licence/permit, EHA will first provide the licence/permit holder with notice of its intention to do so and will invite and consider submissions from him/her regarding the proposal.

5.9. Formal Action: Expiation Notices

- 5.9.1. An expiation notice may be appropriate where:
- the offence(s) committed are considered to be significant;
 - a person has failed to correct an identified problem after having been given reasonable opportunity to do so by EHA;
 - a person has failed to comply with the requirements of a statutory notice or order without a reasonable excuse;
 - confidence in the individual, business or organisation is low; and/or

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- a warning has been given for a similar offence.
- 5.9.2. The recipient of an expiation notice is entitled to elect to be prosecuted for the alleged offence that is subject of the notice. Accordingly, before issuing an expiation notice, EHA will ensure that there is substantial, reliable and admissible evidence to establish the alleged offence.
- 5.9.3. Expiation notices will generally not be issued 'on the spot' and may be served some time after an alleged offence (note that an expiation notice must be issued within 6 months of the offence date pursuant to the *Expiation of Offences Act 1996*). Authorised Officers are required to complete an Expiation Matrix (checklist) to allow relevant evidence and information to be considered consistently, fairly and objectively. The Expiation Matrix is submitted to the Chief Executive Officer and/or Team Leader of Environmental Health to assist with ensuring an informed decision is made in relation to the issue of an Expiation notice.

5.10. Formal Action: Prosecution

- 5.10.1. A Prosecution will generally be pursued for more serious legislative breaches or where a graduated response has not been sufficient to address non-compliance. A prosecution will only proceed where there is a reasonable likelihood of securing a conviction against the alleged offender (i.e. where there is sufficient evidence to prove the relevant offence(s) beyond reasonable doubt).
- 5.10.2. The following are circumstances that may justify EHA commencing a prosecution:
- a flagrant breach of the law where the health, safety and welfare of the community or individuals has been put at risk;
 - the alleged breach is too serious or the risks too great to be dealt with by means of an expiation;
 - a person has failed to correct an identified serious problem after having been given reasonable opportunity to do so;
 - a person has failed to comply with the requirements of a statutory notice or order;
 - the alleged offender has an established and recorded history of similar offences;
 - or
 - the alleged offender has demonstrated or expressed an unwillingness, on, to prevent a recurrence of the problem and/or to address established non-compliance.
- 5.10.3. Before a prosecution is recommended there must be substantial, reliable and admissible evidence to establish that the alleged offender committed the alleged offence. All relevant evidence and information will be considered to enable a consistent, fair and objective decision to be made.
- 5.10.4. A decision to prosecute must be in the public interest. In considering whether a prosecution is in the public interest, the following additional factors will be considered:
- whether the offence was premeditated;
 - the need to influence the offender's future behaviour;
 - the seriousness of the offence;
 - the availability and efficacy of any alternatives to prosecution;

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- the prevalence of the alleged offence and the need for deterrence, both personal and general; and
- the likely length, expense and outcome of a trial.

The decision to commence a prosecution will be made by the Chief Executive Officer in consultation with the Team Leader Environmental Health. The respective Constituent Council will be advised of the decision to prosecute prior to proceedings commencing

6. REVIEW OF THE ENFORCEMENT POLICY

Every 24 months or as needed.

7. STATEMENT OF ADOPTION

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

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7.5 SUPPORTED RESIDENTIAL FACILITY LICENSING REPORT

Author: Tina-Marie Aghiana and Lee Dyson

Ref: EH12/70

Eastern Health Authority (EHA) acts under delegated authority as the Licensing Authority pursuant to section 10 of the *Supported Residential Facilities Act 1992* (the Act) for its Constituent Councils. The re-licensing of one pension-only supported residential facilities (SRFs) and three dual-licenced SRFs for one year is recommended and the re-licensing of one pension-only facility for four months is recommended.

During this licensing period Authorised Officers conducted multiple announced and unannounced audits including documentation and structural audits at all facilities.

Minor non-conformances were identified during audits, however, follow up inspections were conducted, and remedial action was taken promptly to rectify majority of issues identified.

Report

During this licensing period Authorised Officers conducted announced and unannounced audits at the two pension-only and three dual licensed facilities. The outcomes of the audits have been considered and collated below. The re-licensing audits addressed a range of issues including:

- the adequacy of menus to assess nutrition provided to residents using the nutrition auditing tool
- the prospectus specific to the facility
- the quality of personal care services and suitability of contracts and service plans
- the documentation relating to the management of finances and medication
- structural maintenance, safety and cleanliness of the facility
- the provision of a home like environment for residents; including bedroom allocations, bathrooms, storage and display of personal effects
- ensuring privacy is afforded to residents
- the qualifications, adequacy and experience of staff
- police/ DHS clearance records
- level of staffing using staff rosters
- financial solvency of the business
- building fire safety
- disputes procedures and notification of authorities of untoward events
- public liability insurance; and
- business continuity planning

As a result of the introduction of the National Disability Insurance Scheme (NDIS) the provision of personal care services and the availability of activities for residents has changed. Residents' access to group activities is now dependent on the residents' individual NDIS package. The Proprietors of the two pension only SRFs are approved National Disability Insurance Agency (NDIA) service providers. Therefore, staff of these facilities continue to provide existing personal care services to most residents. Residents also have the option to receive services from alternative NDIS approved service providers of their choosing.

During documentation audits of these facilities, the NDIS care plans were reviewed in conjunction with the facilities' service plans. Service plans remain a requirement of the Act. Officers accepted a combined Service and NDIS plan during this year's audits, as the NDIS plans are quite intricate and include all details required by the Act.

The auditing process of the three dual licensed facilities found, except for very minor structural and documentation non-conformances, that Proprietors had adhered to the requirements of the Act to a high standard. Several areas of the SRF Legislation do not apply to the dual licenced facilities including resident contracts, termination of contracts, fees, schedules and at times the nutritional guidance material. All of these areas are captured under the Retirement Village Legislation and nutrition is often prescribed by the client's doctor, dietician and other health professionals.

During the re-licensing process, the Building Fire Safety Committees of all Constituent Councils were consulted. Building Fire Safety Officers conducted onsite inspections. Correspondence has been received from all Constituent Councils which indicated that the respective Building Fire Safety Committees are satisfied that the facilities have the appropriate level of fire safety and recommended licensing from a fire safety perspective.

Annual routine food safety inspections were performed at each facility and the reports were reviewed to ensure compliance with legislative requirements. Facilities were assessed to ensure compliance with the Food Safety Standards.

It is recommended that that one pension-only facility and three dual licensed facilities be licenced for 12 months. Additionally, it is recommended that one pension only facility be licensed for 4 months with conditions as detailed below:

City of Burnside

Applicant: Magill Lodge Supported Residential Care Pty Ltd.

**Premises: Magill Lodge Supported Residential Care
524 Magill Road Magill SA 5072**

Premises type: Pension only SRF

Magill Lodge Supported Residential Care is a pension only facility, accommodating residents in predominantly single rooms, with a few shared rooms available. Bathrooms and toilets are communal for most residents. There are a few bedrooms where residents share an ensuite bathroom, which are gender specific, and one bedroom has a private ensuite bathroom. The facility caters for residents requiring additional support to live independently, whilst providing opportunities for residents to develop life skills such as supervised laundry activities.

Two unannounced re-licensing audits were conducted at Magill Lodge Supported Residential Care throughout the year. There were multiple maintenance, cleaning and documentation issues identified including but not limited to:

- Damaged or deteriorated flooring in bedrooms and bathrooms.
- Peeling paint on ceilings and walls.
- Rusted and deteriorated fixtures and fittings in bedrooms and bathrooms.
- Dust and dirt built up in window tracks and ledges.
- Odour and ventilation issues in bedrooms.
- Unmaintained aviary and unclean surrounding surfaces.
- Minor anomalies in contracts and schedule 3 document.
- Deficiencies in service plans.
- Minor inconsistency with manufacturer's instructions for the storage of medication.
- Minor deficiencies in the menus in accordance with the nutrition tool.

A follow up inspection was conducted during which it was observed that the manager and proprietor had addressed the structural and cleaning issues that had been identified. Due to the ongoing nature of the cleaning and maintenance issues, a cleaning and maintenance schedule is still required to be in place at the facility. All updated and amended documentation relevant to the non-conformances relating to records management were provided to the Officer promptly following the audit, which adequately rectified all issues.

Based on the audit findings and correspondence received from the City of Burnside Building Fire Safety Committee; Authorised Officers are of the opinion that the licence be granted for one year with the following conditions:

1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report.
2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.
3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.

4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.
5. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

City of Prospect

Applicant: MGB Residential Care Pty Ltd

**Premises: Prospect Community Village
4 - 6 Dean Street Prospect SA 5082**

Premises type: Pension only SRF

Prospect Community Village is a pension only facility, accommodating residents in single and shared rooms. All bathrooms and toilets are communal.

A fire safety inspection by Walkerville Prospect Building Fire Safety Committee was conducted as part of the re-licensing process. The City of Prospect issued a letter stating that no deficiency with fire safety was identified and that licensing from a fire safety point of view is recommended.

Re-licensing audits were conducted by EHA Officers at this facility. Authorised Officers reviewed all relevant documentation provided through the renewal application process.

During these two unannounced re-licensing audits, and subsequent communications there were minor maintenance, and documentation issues identified including but not limited to:

- Missing window screens in bedrooms.
- No grab rail in one of the communal bathrooms.
- Expired Public Liability documentation.
- A copy of current lease agreement was not available.
- A statement of solvency from the business (MGB Residential Care Pty Ltd) accountant was not available.
- Minor anomalies in the resident's contracts and service plans.
- Minor deficiencies in the menus.

A follow up inspection was conducted, and it was observed that the proprietor had addressed the maintenance issues. Updated and amended documentation relevant to the non-conformances relating to records management were provided to the Officer promptly following the audit, which adequately rectified all issues other than the provision of a copy of eth facility lease.

During the licence period EHA was notified of concerns about certain events involving residents that occurred outside the facility. Due to jurisdictional restrictions, EHA is not in a position to investigate these matters, as they did not occur onsite at the SRF.

The concerns were also lodged with the NDIS Quality and Safeguards Commission (QSGC). EHA was notified that QSGC served a Notice on MGB Residential Care Pty Ltd, which required the Proprietor to undertake a third-party independent investigation. As the Licensing Authority under the Act, the current Notice served on MGB Residential by the QSGC and the outcomes of the third-party independent investigation should be considered during the Licence Renewal Process.

EHA subsequently requested a copy of the initial QSGC Notice from the Proprietor and a copy of the investigative report upon completion. The Proprietor has refused to provide a copy of the Notice and indicated that they do not intend to provide EHA with the Independent Investigative Report when it is completed. EHA solicitors have corresponded with MGB Residential Care Pty Ltd in relation to the refusal to provide the documentation.

In light of the ongoing processes being undertaken by the QSGC, and the refusal by MGB Residential Care Pty Ltd to provide requested information, Authorised Officers are of the opinion that a licence be granted until 4 November 2022. This will allow for the issue in relation to the provision of information being resolved and deliberation of the outcomes of the QSGC considerations. The Board will then be provided a further licencing report at their 2 November 2022 meeting.

In the interim, and if required, the Chief Executive Officer has delegated authority in place to make any required licensing decisions.

The recommended conditions that will form part of the 4 month Licence are:

1. Provide a copy of the Notices served upon MGB Residential Care Pty Ltd by the Quality and Safeguard Commission **by 14 July 2022.**
2. Provide a copy of the Independent Investigative Report required by the Quality and Safeguard Commission **within 3 days of its submission to the Quality and Safeguard Commission.**
3. Provide a copy of the current lease agreement between MGB Residential Care Pty Ltd and the owner of 4-6 Dean Street Prospect SA 5082 **by 14 July 2022.**
4. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report.
5. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.

6. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.
7. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.
8. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

Campbelltown City Council

Applicant: Palm Gardens Consolidated Pty Ltd

**Premises: Magill Estate Retirement Village
122 Reid Avenue Magill SA 5072**

Premises type: Retirement Village (Dual licensed SRF)

The facility is a dual licensed SRF providing minimal personal care services to a small number of residents. The rooms are spacious single occupancy apartments with ensuite bathrooms.

Authorised Officers conducted an onsite audit at the facility and inspected the bedrooms of residents receiving personal care services. All relevant documentation was reviewed. All documentation confirmed that there were no changes to processes and services provided to residents. Based on the findings from the audit all provisions of the *Supported Residential Facilities Act, 1992* and Regulations, *Housing Improvement Act 2016* and Australian Standards 1428.1 2001 have been complied with to a satisfactory standard.

Authorised Officers are of the opinion that the licence be granted for one year with the following condition:

1. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

Applicant: Bellara Aged Care Village Pty Ltd

**Premises: Bellara Village
98 Newtown Road Campbelltown SA 5074**

Premises type: Retirement Village (Dual licensed SRF)

The facility is a dual licenced SRF that provides personal care services and/or nursing care to residents. The rooms are spacious single occupancy apartments with ensuite bathrooms. Some rooms have the option for twin share accommodation.

Authorised Officers conducted an onsite audit at the facility and inspected the bedrooms of residents receiving personal care services. All relevant documentation was reviewed. Minor anomalies were observed in the current staff register, clearances and qualifications. Minor discrepancies were identified in the medication records and there was a minor deficiency in the visitor book. All issues were rectified and supporting documentation was provided following the audit.

Based on the audit findings and the correspondence received from the City of Campbelltown Building Fire Safety Committee; Authorised Officers are of the opinion that the licence be granted for one year with the following condition:

1. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

City of Norwood Payneham and St Peters

Applicant: Vailima Gardens Pty Ltd

Premises: Vailima Gardens Retirement Village
63 Hackney Road Hackney SA 5069

Premises type: Retirement Village

The SRF is a dual licensed facility providing the personal care service of medication prompting to a small number of residents. The rooms are spacious single occupancy apartments with ensuite bathrooms.

Authorised Officers conducted an onsite audit at the facility and inspected the bedrooms of residents receiving personal care services. During the audit Officers observed records that demonstrated that the communication system was being routinely tested to ensure the system is maintained in a fully functional state.

During the onsite audit all relevant documentation was reviewed. All documentation confirmed that there were no changes to processes and services provided to residents. All documentation confirmed that there were no changes to processes and services provided to residents. Based on the findings from the audit all provisions of the Supported Residential Facilities Act, 1992 and Regulations, *Housing Improvement Act 2016* and Australian Standards 1428.1 2001 have been complied with to a satisfactory standard.

Based on these findings and the correspondence received from the City of Norwood Payneham and St Peters Building Fire Safety Committee; Authorised Officers are of the opinion that the licence be granted for one year with the following condition:

Comply with the requirements of Section 71 of the Development Act 1993 in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

RECOMMENDATION

That:

1. The Supported Residential Facilities 2021-2022 Licensing Report is received.
2. The applicant detailed below be granted a licence to operate a Supported Residential Facility for a period of one year from 1 July 2022 to 30 June 2023 under the provisions of the *Supported Residential Facilities Act 1992* with conditions:

Applicant	Premises
Magill Lodge Supported Residential Care Pty Ltd	Magill Lodge Supported Residential Care 524 Magill Road Magill SA 5072
Conditions	
<ol style="list-style-type: none"> 1. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report. 2. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules. 3. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1. 4. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents. 5. Comply with the requirements of Section 71 of the <i>Development Act 1993</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises. 	
Applicant	Premises
Palm Gardens Consolidated Pty Ltd	Magill Estate Retirement Village 122 Reid Avenue Magill SA 5072

Conditions	
1. Comply with the requirements of Section 71 of the <i>Development Act 1993</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.	
Applicant	Premises
Bellara Aged Care Village Pty Ltd	Bellara Village 98 Newton Road Campbelltown SA 5074
Conditions	
1. Comply with the requirements of Section 71 of the <i>Development Act 1993</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.	
Applicant	Premises
Vailima Gardens Pty Ltd	Vailima Gardens Retirement Village 63 Hackney Road Hackney SA 5069
Conditions	
2. Comply with the requirements of Section 71 of the <i>Development Act 1993</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.	

4. The applicant below be granted a licence to operate a Supported Residential Facility for a period of 4 months from 1 July 2022 to 30 October 2022 under the provisions of the *Supported Residential Facilities Act 1992* subject to conditions as detailed:

Applicant	Premises
MGB Residential Care Pty Ltd	Prospect Community Village 4-6 Dean Street Prospect SA 5082
Conditions	
1. Provide a copy of the Notices served upon MGB Residential Care Pty Ltd by the Quality and Safeguard Commission by 14 July 2022.	
2. Provide a copy of the Independent Investigative Report required by the Quality and Safeguard Commission within 3 days of its submission to the Quality and Safeguard Commission.	

3. Provide a copy of the current lease agreement between MGB Residential Care Pty Ltd and the owner of 4-6 Dean Street Prospect SA 5082 **by 14 July 2022.**
4. Ensure that the facility, and all furniture, fixtures and fittings at the facility are maintained in a clean, safe and hygienic condition as indicated in the audit report.
5. Maintain records of cleaning and maintenance activities undertaken at the facility in accordance with the approved cleaning and maintenance schedules.
6. Retain all cleaning and maintenance records at the facility to demonstrate compliance with condition 1.
7. If there are 30 or more residents of the facility – ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case – ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.
8. Comply with the requirements of Section 71 of the *Development Act 1993* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

8.1 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.

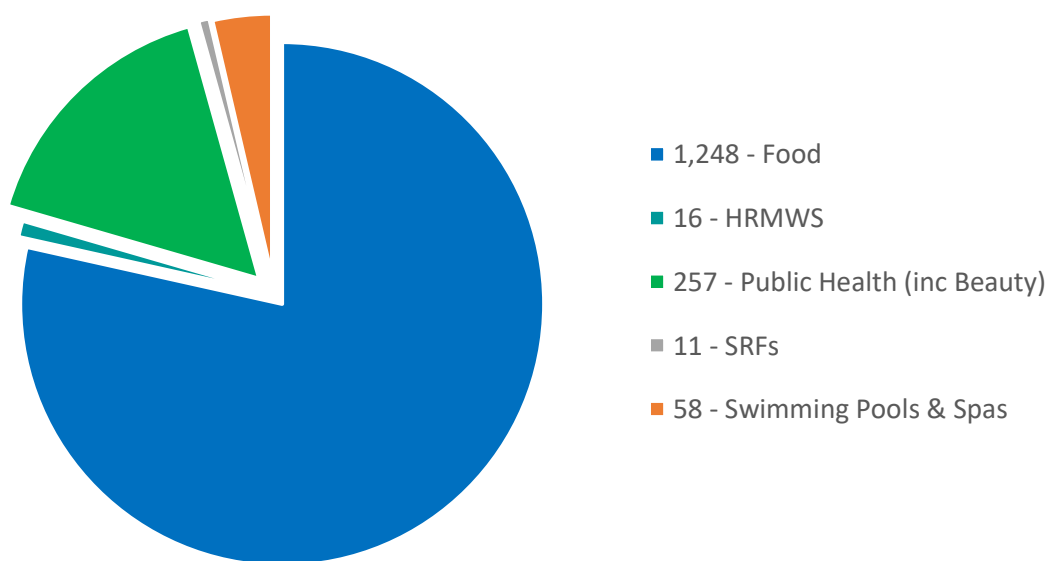


Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	315	283	437	171	42	1,248
Beauty	2	1	2	3	0	8
HRMWS	0	8	7	1	0	16
Public Health Complaint	69	54	69	38	19	249
SRFs	4	2	1	4	0	11
Swimming Pools & Spas	19	9	22	4	4	58
Total	409	357	538	221	65	1,590

2.0 Food Safety

2.1 Food Premise Inspections

A total of 109 routine inspections of food businesses were undertaken during the reporting period. An additional 63 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 203 food premise inspections were completed during the reporting period (Table 2).

As shown in Graph 2 the number of routine inspections decreased by 26% when compared to the reporting period for the previous year. Whilst there was a decrease in the number of inspections during the reporting period, the number of routine inspections for the financial year to date is comparable to the previous year (Graph 3).

There was a 15% increase in the required number of complaint inspections received requiring investigation when compared the reporting period for the previous year (Graph 2).

As shown in Graph 2 and 3 there has been a decrease in the follow-up inspections required for the reporting period and financial year to date when compared to the previous year. The significant decrease in follow-up inspections is an indication that there is overall improved compliance with the Food Safety Standards.

The total number of inspections completed for the financial year to date are further broken down by Council area in Table 3.

Graph 2: A two year comparison of the total number of inspections conducted from 1 April 2022 to 31 May 2022.

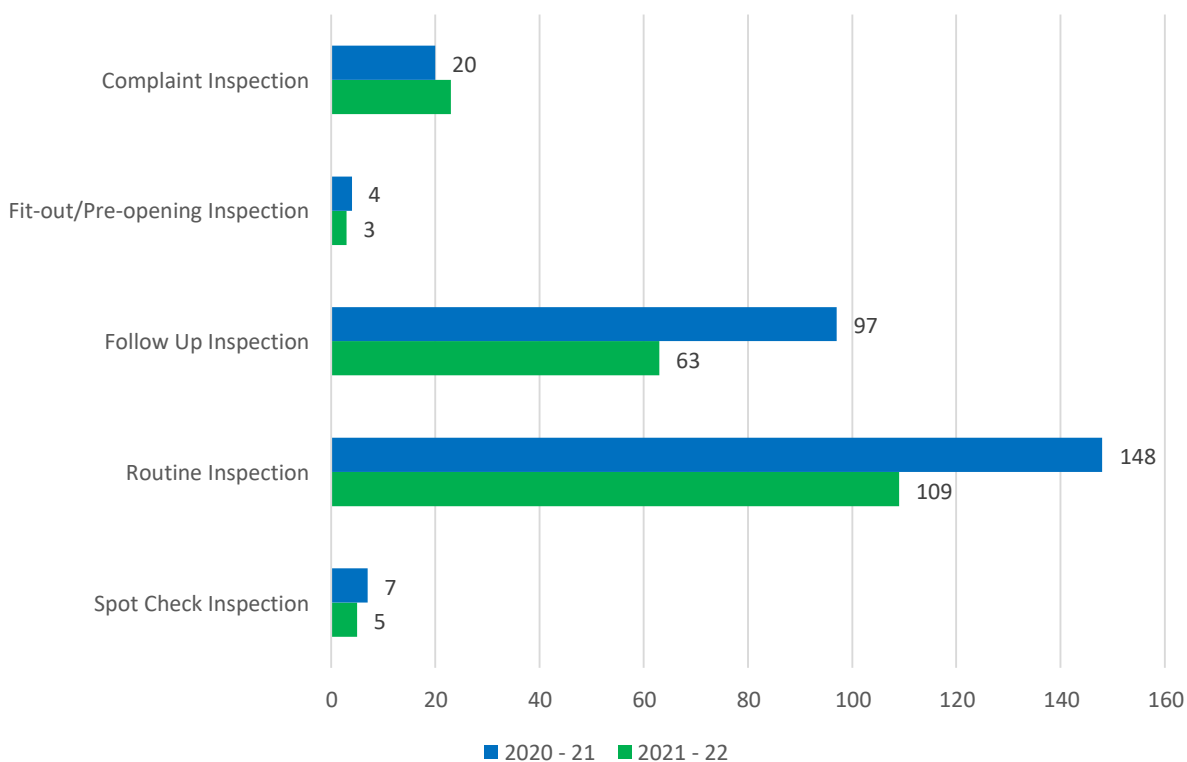


Table 2: Food premises inspections from 1 April 2022 to 31 May 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	33	10	44	18	4	109
Follow up Inspection	12	13	26	8	4	63
Complaint Inspection	11	2	4	5	1	23
Fit-out/Pre-opening Inspection	1	0	1	1	0	3
Spot Check Inspection	3	0	1	1	0	5
Total	60	25	76	33	9	203

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

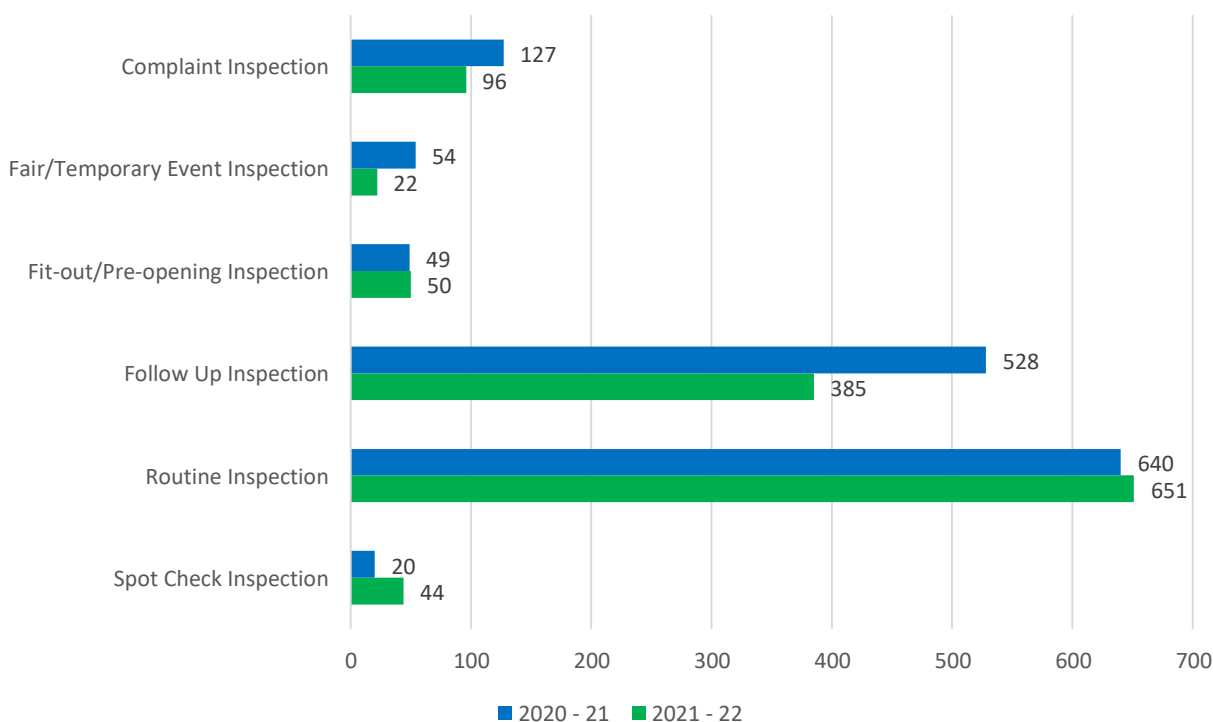


Table 3: Food premises inspections for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	164	141	234	85	27	651
Follow up Inspection	89	86	149	49	12	385
Complaint Inspection	34	19	26	15	2	96
Fit-out/Pre-opening Inspection	15	12	16	6	1	50
Fair/Temporary Event Inspection	0	19	0	3	0	22
Spot Check Inspection	13	6	12	13	0	44
Total	315	283	437	171	42	1,248

2.2 Non-Compliance with Food Safety Standards

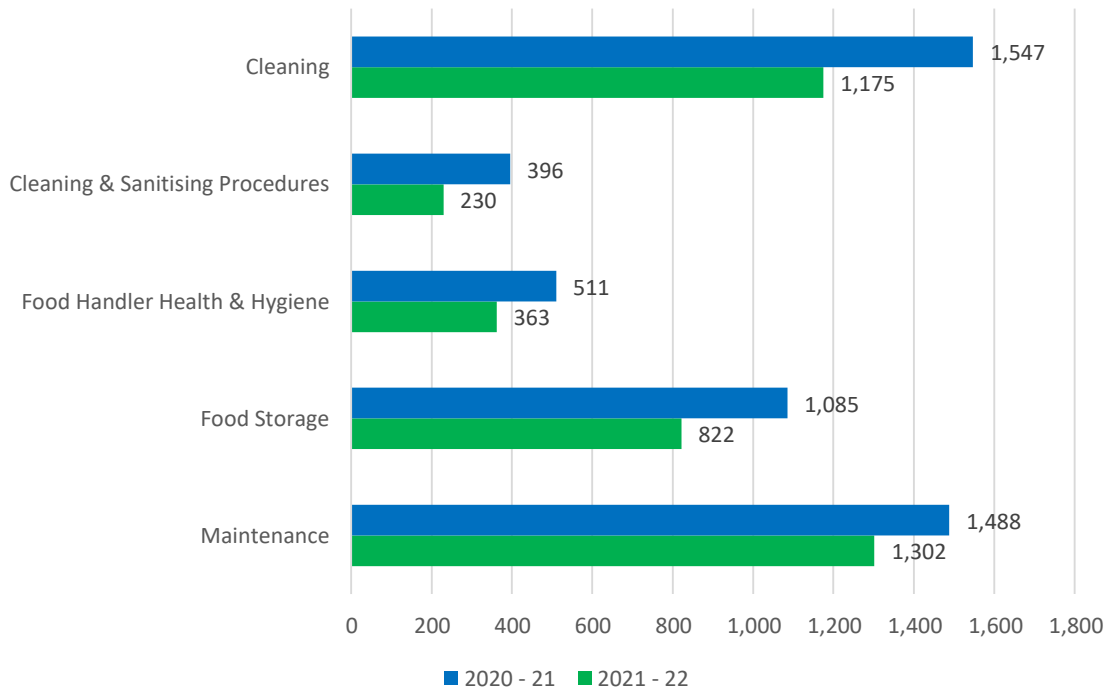
The SA Health Food Safety Rating Scheme Checklist (FSRS) is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 748 non-compliances with the Food Safety Standards during the reporting period (Table 4). The majority of non-compliances were minor in nature, with 77% of the non-compliances captured within this category.

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

Type of non-compliance	Number of non-compliances
Minor	573
Major	118
Serious	57
Total	748

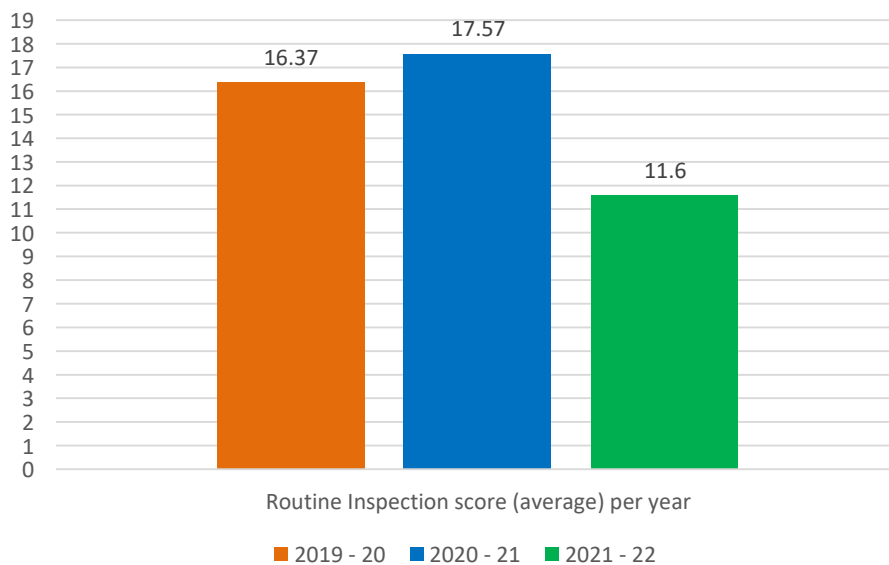
A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date over a two year period (Graph 4). For the current financial year there has been a decrease in cleaning and food storage non-compliances each of 24% respectively when compared to the same reporting period for the previous year. Maintenance non-compliances recorded have also shown a 13% decrease 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 over time 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, 10 Improvement Notices, three Final Warnings and two Prohibition Orders were issued. The Prohibition Orders that were issued during the reporting period were due to unsafe food handling practices and extremely poor standards of cleanliness. There were no Expiations Notices issued during the reporting period. The majority of the food businesses requiring legal action were P1 high risk businesses (Table 7).

A total of 91 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 decrease in the number of legal actions required to be taken for the current financial year to date is compared to the previous year.

Table 5: Legal action taken from 1 April 2022 to 31 May 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	1	0	2	0	0	3
Improvement Notice	2	1	4	2	1	10
Prohibition Order	0	0	1	1	0	2
Total	3	1	7	3	1	15

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

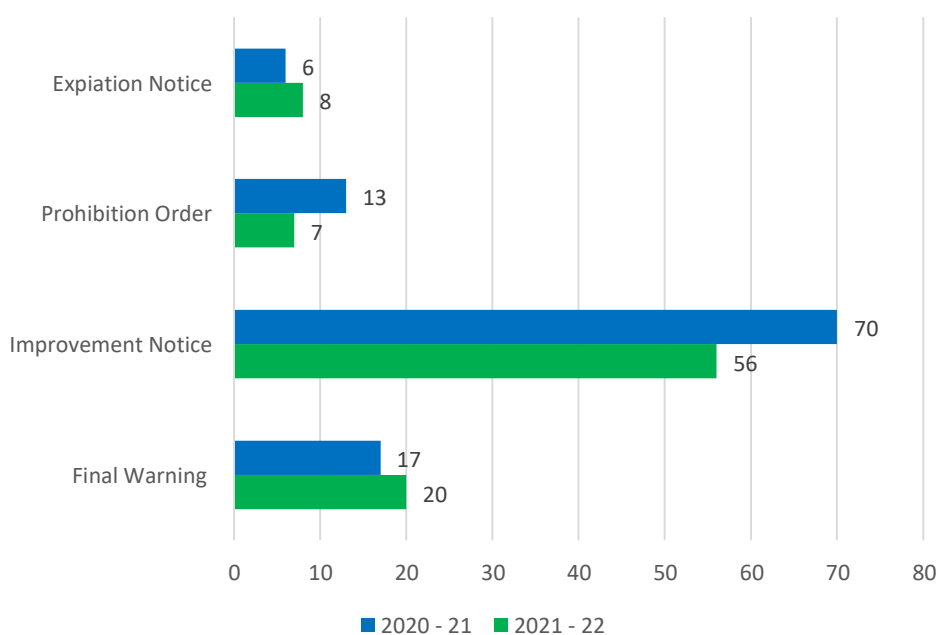


Table 6: Legal action taken for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	4	8	7	1	0	20
Improvement Notice	9	18	16	9	4	56
Expiation Notice	0	5	2	1	0	8
Prohibition Order	0	1	4	2	0	7
Total	13	32	29	13	4	91

Table 7: Legal action taken per food business risk classification from 1 April 2022 to 31 May 2022.

	P1	P2	P3
Final Warning	3	0	0
Improvement Notice	9	1	0
Expiation Notice	0	0	0
Prohibition Order	2	0	0

2.4 Food Complaints

For the reporting period 1 April 2022 to 31 May 2022 EHA received 14 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 7 and by respective 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 and unclean premises complaints received during the financial year to date when compared to the previous year (Graph 8). All other types of complaints received during the financial year to date were comparable to the previous year (Graph 8).

Graph 7: A two year comparison of food complaints received from 1 April 2022 to 31 May 2022.

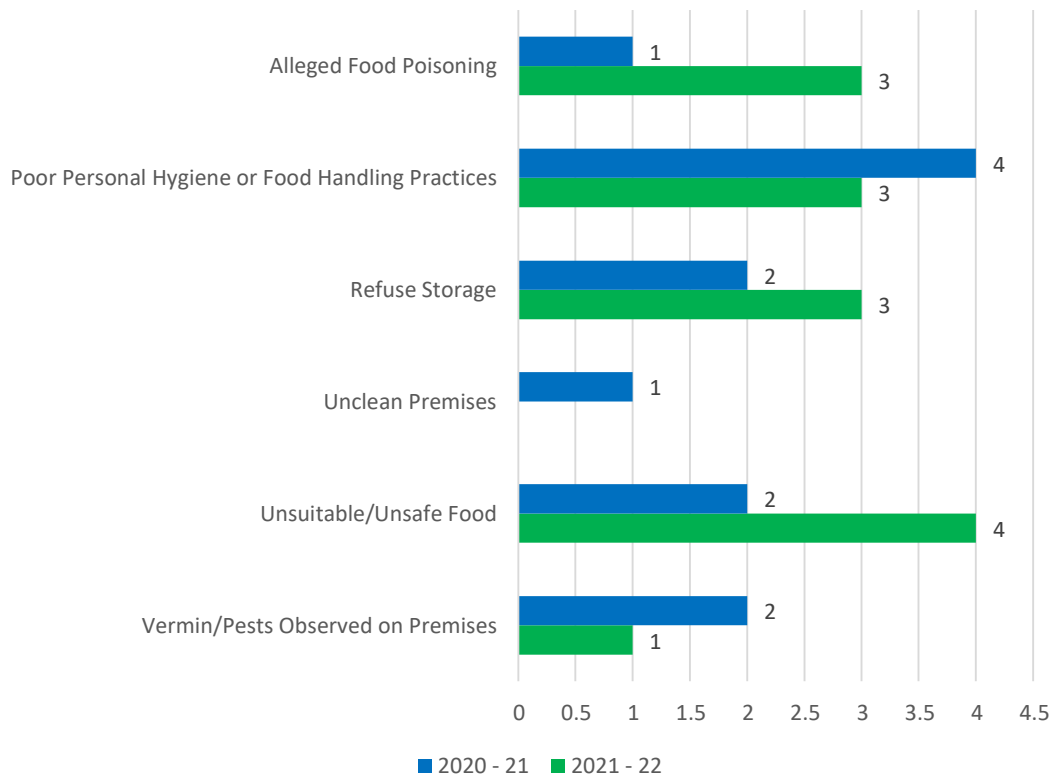


Table 8: Food complaints received by council area from 1 April 2022 to 31 May 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	0	3	0	0	3
Poor personal hygiene or food handling practices	1	0	1	0	1	3
Refuse Storage	2	0	0	1	0	3
Unsuitable/unsafe food	3	0	0	1	0	4
Vermin/pests observed on premises	0	1	0	0	0	1
Total	6	1	4	2	1	14

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

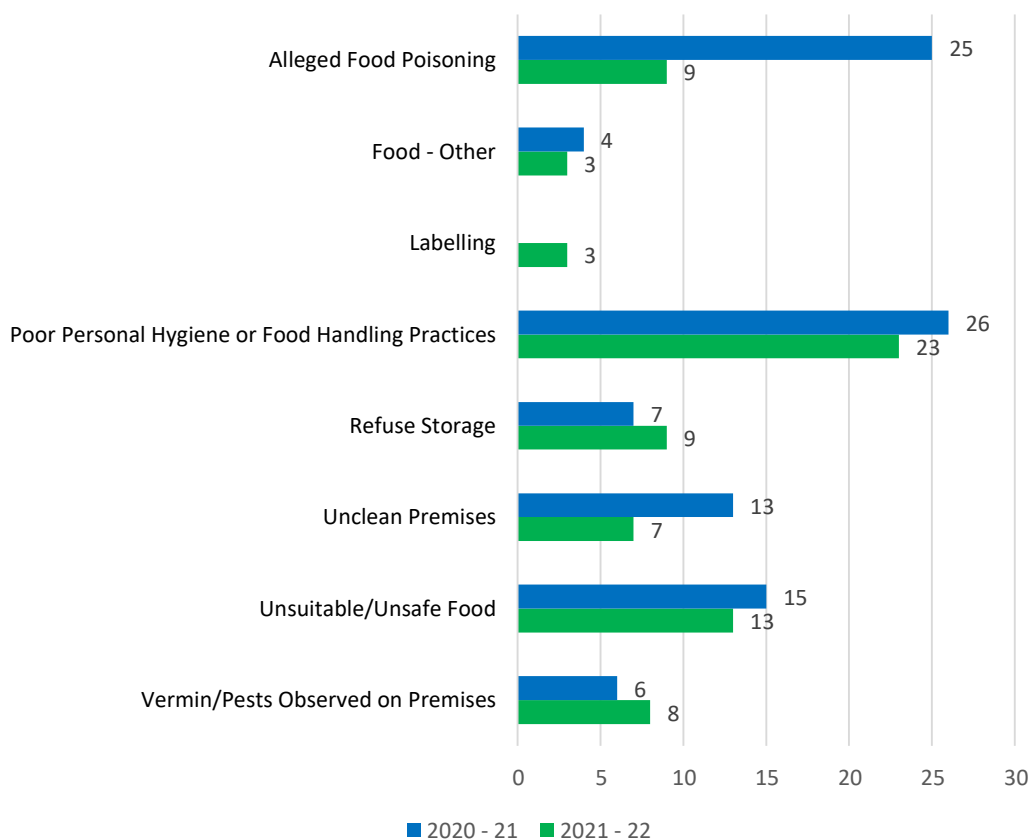


Table 9: Food complaints received by council area for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	2	1	4	1	1	9
Food - Other	1	1	0	0	1	3
Labelling	2	1	0	0	0	3
Poor personal hygiene or food handling practices	4	4	9	3	3	23
Refuse Storage	5	1	1	2	0	9
Unclean premises	2	1	3	1	0	7
Unsuitable/unsafe food	3	4	3	3	0	13
Vermin/pests observed on premises	3	1	4	0	0	8
Total	22	14	24	10	5	75

2.5 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, six businesses within the Constituent Council boundaries and 11 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. There was one additional follow-up audit required.

A total of 127 audits of businesses that serve vulnerable populations and four follow up audits have been completed in the financial year-to-date (Table 11).

Table 10: Food audits completed for the period from 1 April 2022 to 31 May 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	1	2	2	1	0	11	17
Follow-up audits	1	0	0	0	0	0	1
Total	2	2	2	1	0	11	18

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	17	20	18	11	1	60	127
Follow-up audits	1	0	1	0	0	2	4
Total	18	20	19	11	1	62	131

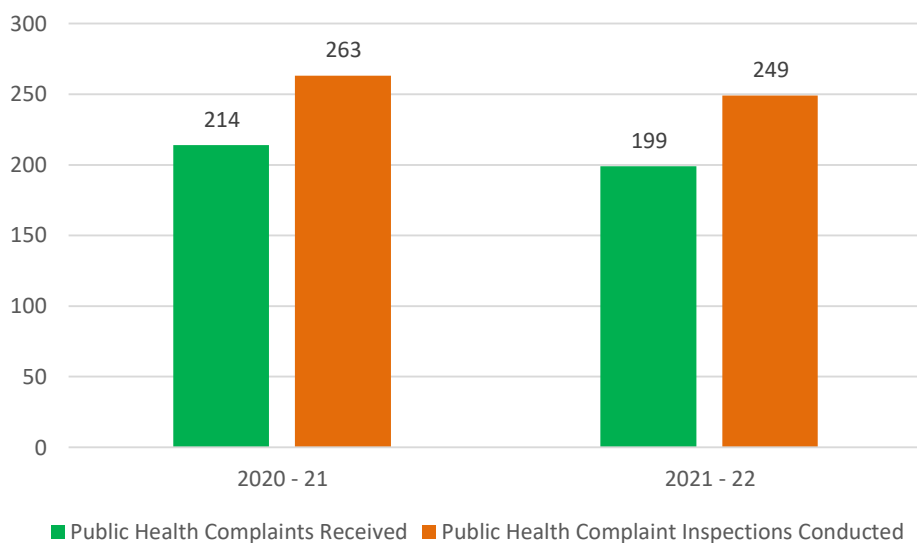
3.0 Public Health

3.1 Public Health Complaints

For the reporting period 1 April 2022 to 31 May 2022 there was a total of 28 public and environmental health related complaints received.

As shown in Graph 9 the total number of complaints and the number of inspections undertaken over the past two years is relatively consistent. The graph also shows that there is an average rate of 1.24 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.



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

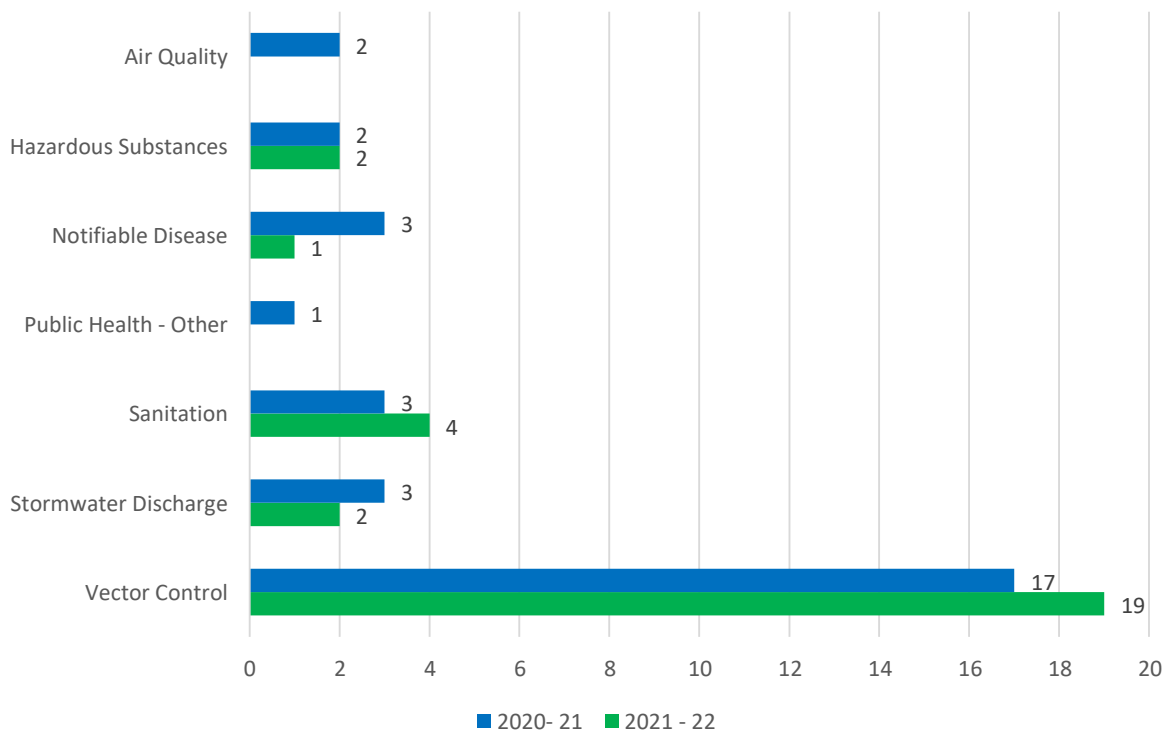


Table 12: Public and environmental health complaints for 1 April 2022 to 31 May 2022 by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Hazardous Substances	0	0	2	0	0	2
Notifiable Disease	0	1	0	0	0	1
Sanitation	2	1	0	1	0	4
Stormwater Discharge	1	0	1	0	0	2
Vector Control	5	4	4	2	4	19
Total	8	6	7	3	4	28

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 slight decrease (7%) in the number of public health complaints received when compared to the previous year (Graph 9), the majority (68%) of the of the complaints received during the current reporting period related to vector control (Table 12).

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

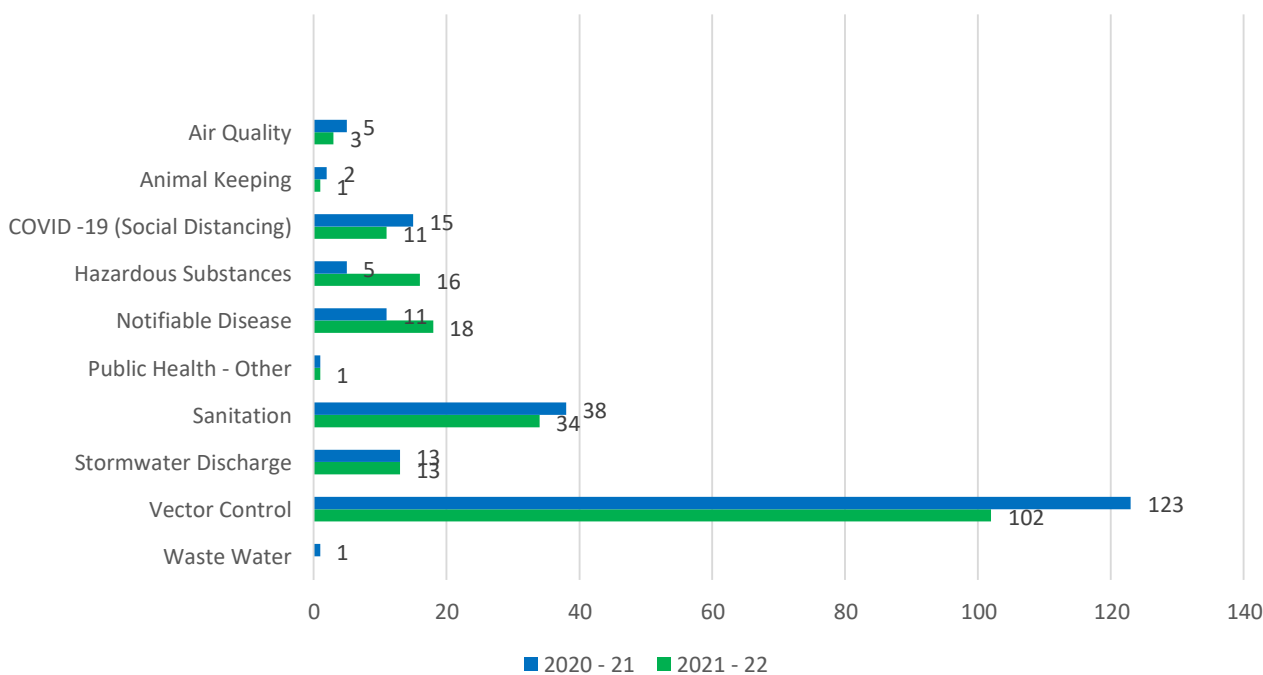


Table 13: Public and environmental health complaints for financial year-to-date by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	2	0	1	0	3
Animal Keeping	0	0	0	0	1	1
COVID – 19 (Social Distancing)	2	5	3	1	0	11
Hazardous Substances	1	5	6	2	2	16
Notifiable Disease	3	4	8	2	1	18
Public Health - Other	0	1	0	0	0	1
Sanitation	11	4	9	9	1	34
Stormwater Discharge	4	0	9	0	0	13
Vector Control	30	33	19	9	11	102
Total	51	54	54	24	16	199

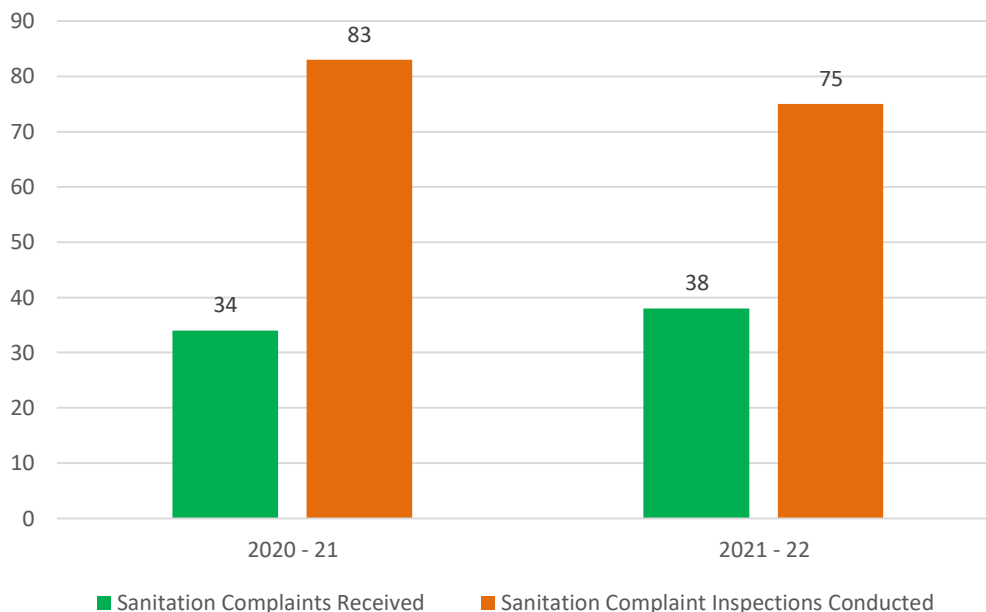
Due to the nature of vector control and sanitation complaints the investigation will often require more than one inspection.

Sanitation complaints most commonly involve hoarding and squalor. These types of complaints are often complex and have additional underlying issues that require interaction from other agencies. Multiple inspections over an extended period of time are required to enable the complaint to be successfully addressed. Within the current financial year there has been a total of 66 inspections completed for the 19 premises that have required two or more inspections.

As shown in Graph 12, there is a significantly high proportion of the number of inspections conducted to investigate sanitation complaints over a two-year period.

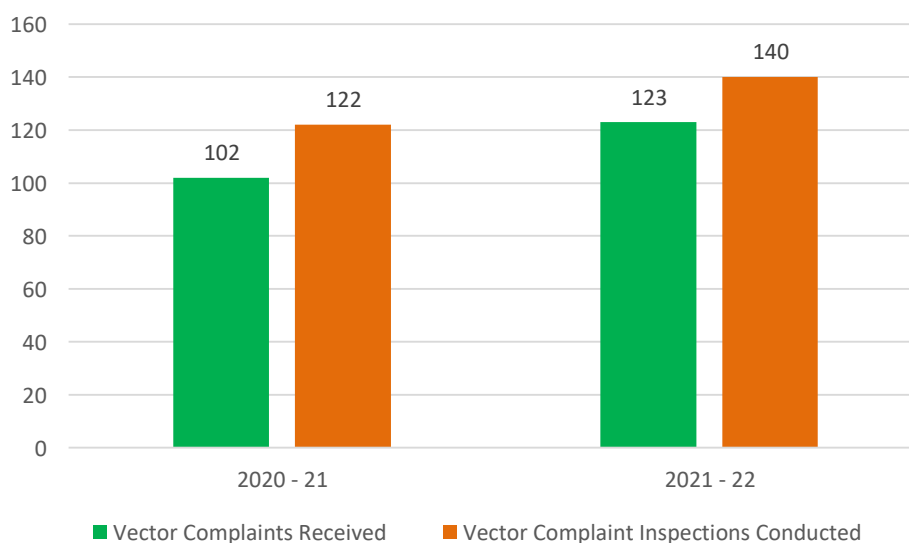
The graph also shows that there is a high average rate of 2.2 inspections required per sanitation complaint over the past two years.

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



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 17% decrease in the number of vector control complaints received and a 13% decrease in the number of inspections required to be undertaken for the financial year to date (Graph 13).

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



3.2 Cooling Towers & Warm Water Systems

During the reporting period one cooling tower inspection was conducted at one site.

No follow-up inspections were required and no complaints were received during the reporting period.

Table 14: Cooling Tower and Warm Water System Inspections for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	8	7	1	0	16
<i>Legionella</i> Detections during sampling	0	2	1	0	0	3
Total	0	10	8	1	0	19

3.3 Public Swimming Pools and Spas

During the reporting period nine swimming and spa pool inspections were conducted at six sites. No follow-up inspections were required and no complaints were received during the reporting period.

Table 15: Swimming and Spa Pool Inspections conducted between 1 April 2022 to 31 May 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	2	3	4	0	0	9
Follow-up Inspection	0	0	0	0	0	0
Total	2	3	4	0	0	9

A total of 48 swimming and spa pool inspections, seven follow up and three complaint inspections have been completed in the financial year-to-date (Table 16).

Table 16: Swimming and Spa Pool Inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	19	7	18	2	2	48
Follow-up Inspection	0	2	1	2	2	7
Complaint Inspection	0	0	3	0	0	3
Total	19	9	22	4	4	58

3.4 Personal Care and Body Art

During the reporting period three routine inspections were undertaken tattoo studios. No follow-up inspections were required and no complaints were received during the reporting period.

Table 17: Personal Care and Body Art Premise Inspections conducted for 1 April 2022 to 31 May 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	1	0	0	2	0	3
Follow-up Inspection	0	0	0	0	0	0
Total	1	0	0	2	0	3

Table 18: Personal Care and Body Art Premise Inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	2	0	1	3	0	6
Complaint Inspection	0	1	0	0	0	1
Fit-out/Pre-opening Inspection	0	0	1	0	0	1
Total	2	1	2	3	0	8

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 received, and a further application approved during the reporting period.

Table 19: Wastewater actions completed between 1 April 2022 to 31 May 2022 and financial year-to-date.

Type of Activity	1 April 2022 – 31 May 2022	Year to date
Number of applications received	1	4
Number of pending decisions	1	1
Number of applications approved	1	3
Number of applications refused	0	0
Number of inspections to determine progress of approved wastewater works	0	3
Number of complaint investigations	0	0

4.0 Health Care and Community Services - Supported Residential Facilities

Audits/Inspections

Documentation licencing audits were undertaken for two pension only facilities for the next licensing period of 1 July 2022 – 30 June 2023. During the audits follow inspections were undertaken for outstanding structural non-compliance for both facilities. All structural issues had been rectified to a satisfactory standard at both facilities.

A further three structural and documentation on-site licensing audits were carried out for the three dual licensed facilities. The re-licensing audits included a detailed review of documentation, standards of care, staffing arrangements, facilities, hygiene and safety.

Complaints

One complaint was received during the reporting period.

Approval of Manager / Acting Manager

During the reporting period one application for the approval of a manager and one application for an acting manager were received from the same site. An additional application received for an acting manager in the last reporting period was approved.

Licence Transfer

There were no licence transfer applications or approvals.

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

8.2 IMMUNISATION

2022 School Immunisation Program (SIP)

Between 1 April 2022 and 31 May 2022 there were 19 school visits for the 2022 School Immunisation Program and a total of 3,543 vaccines administered.

A total of 6,387 vaccines have been administered for the school year from January to May 2022 which is a 17.51% increase when compared to the same period in 2021 (5,435).

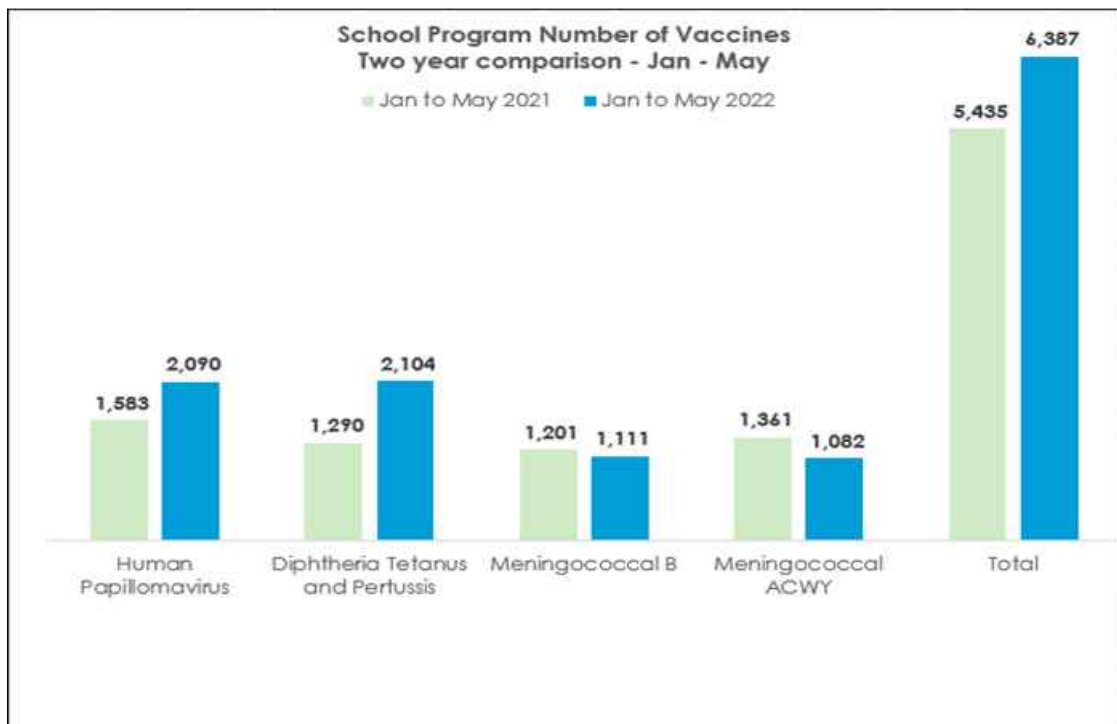
This increase is due to the addition of the Unley and Adelaide Hills schools to our 2022 School Immunisation Program.

Table 1 below shows the breakdown of the vaccines by type which have been administered specific to each council area.

Table 1: School Vaccinations for Calendar Year to Date – January to May 2022

Council	Human Papillomavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	759	767	309	311	2,146
Campbelltown	221	224	18	10	473
NPSP	477	472	109	121	1,179
Prospect	112	113	103	87	415
Walkerville	67	67	64	69	267
Unley	153	156	198	165	672
Adelaide Hills	301	305	310	319	1,235
Total	2,090	2,104	1,111	1,082	6,387

Graph 1: School Program number of vaccines administered - Two-year comparison 2021 - 2022



Workplace Influenza Program

The 2022 Staff Workplace Influenza Program commenced on Tuesday 5 April 2022 and was delivered across 87 workplace visits, a minor decrease of 19 visits when compared to 106 in 2021. A total of 3,276 vaccines were administered at these visits compared to 4,085 in 2021 (-19.8%).

Workplace Flu bookings proved quite challenging for EHA through 2022 with staff shortages due to COVID along with several cancellations of bookings due to numerous companies operating with staff working from home and the impact of the State Government free flu policy at the end of the programme.

The Staff Workplace Influenza Program for 2022 also experienced a delayed launch due to the postponed confirmation of availability of vaccines from suppliers. From mid-February EHA proceeded with website updates, direct emails, flyer mail outs and social media posts to launch into commencement of the program for 2022.

EHA staff will now conduct a review of the Staff Workplace Influenza Program and commence planning for 2023 to be launched mid to late November.

Marketing Update

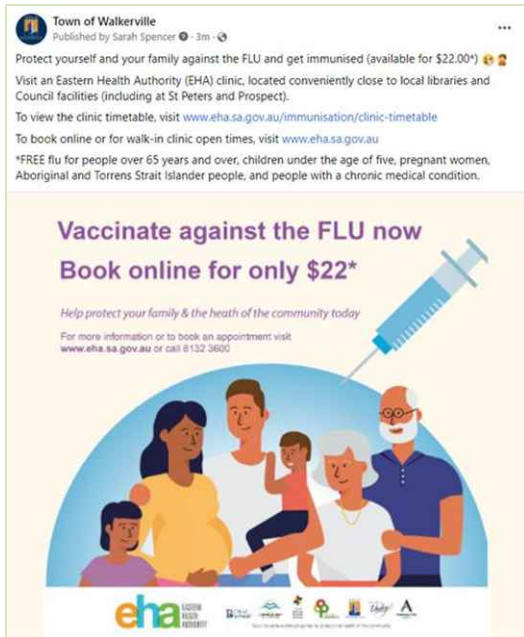
EHA staff along with our Council contact from City of Prospect worked closely with our graphic designer to put together a series of promotional 1200 x 1650 immunisation posters and signage to help promote and boost client attendance numbers at the monthly appointment clinics as well as bring awareness of the immunisation services offered to the Prospect council residents.

The signs are displayed at various locations in the Prospect Council area, in particular high traffic locations such as major roads and intersections.

Examples of current display locations are:

- Prospect Memorial Garden and Playground,
- Prospect Road across from the library and town hall,
- Prospect oval





Public Clinics

During the period of review 1,443 clients received 2,152 vaccines at EHA’s public immunisation clinics. This is a minor decrease of 23 (-1.05%) vaccines administered compared to the same period in 2021.

On a longer-term basis, client numbers are improving at public clinics after the significant impact of COVID 19. Demand for immunisation at our public clinics continues to be booked out for several months in advance. As a result, we are re-opening our St Peter’s Thursday clinic to a second nurse to cater for the increased number of client bookings.

EHA’s walk-in clinics at our Constituent Council locations, have proven to be very successful over the past two months. In April we immunised 79 clients in 2 ½ hours through our Saturday morning St Peters clinic.

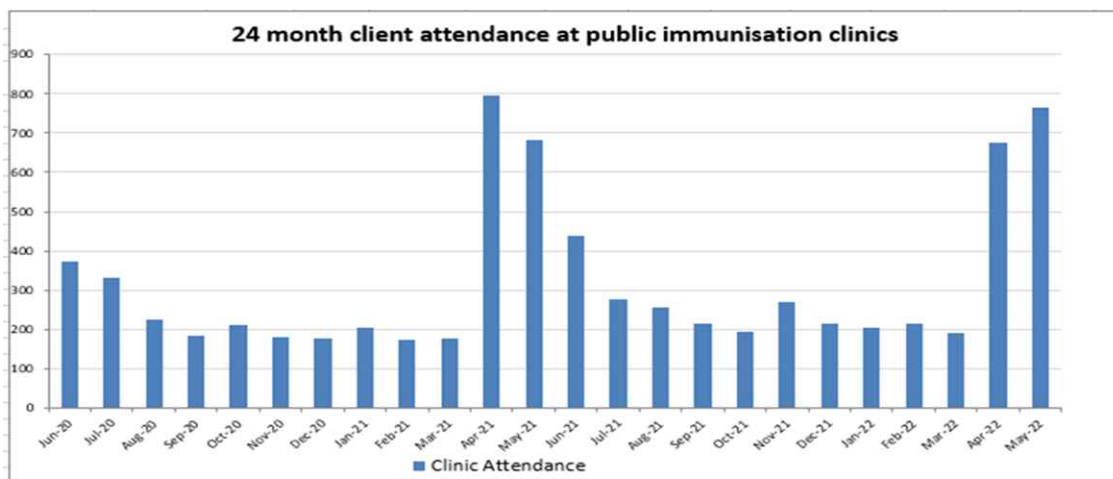
Social media tiles were sent to council’s communications departments in May to advertise the availability of the Flu vaccine at EHA clinics. EHA has maintained a fee of \$22 unchanged for our 2022 flu program.

It was announced on 29 May 2022 by SA Health that the Flu vaccine would be available for free in GP’s and Pharmacies until July 1. Several Local Government Immunisation Providers Strategic Working Group members (including Michael Livori) met with Nicola Spurrier in relation to the free flu programme where she informed all that Local Government was now also eligible to participate in the free flu programme.

This financial year (July to May) 6,420 vaccinations have been provided at EHA public clinics.

The graph on the following page details Client Attendance and Vaccines administered for the reporting period (April to May) in 2021 and 2022.

Graph 2: Two-year comparison of clients and vaccines April – May 2021 & 2022



The table below provides a detailed analysis of attendance at each of the public clinics provided. It also provides information in relation to our client’s council of origin.

Table 2: Combined Clinic breakdown for April 2022 – May 2022

EASTERN HEALTH AUTHORITY PUBLIC IMMUNISATION CLINICS																		
CLIENT ATTENDANCE BY COUNCIL AREA																		
<i>BURNSIDE CLINIC held at Burnside Council</i>																		
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total	
Apr-May 2022	88	124	15	18	12	15	7	12	2	2	5	9	4	7	10	10	143	197
Year to Date	274	430	40	75	39	62	8	15	6	10	5	9	9	20	15	23	396	644
<i>CAMPBELLTOWN CLINIC HELD AT the ARC</i>																		
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total	
Apr-May 2022	20	35	94	143	32	44	6	7	2	2	5	8	6	11	7	7	172	257
Year to Date	55	83	229	429	54	91	13	23	4	4	5	8	6	11	11	14	377	663
<i>NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office</i>																		
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total	
Apr-May 2022	161	260	133	203	328	475	66	98	51	72	21	38	39	56	42	56	841	1258
Year to Date	533	990	482	1042	764	1429	144	272	132	233	25	49	53	92	99	102	2232	4289
<i>PROSPECT CLINIC - held at Prospect Town Hall - Payinthe</i>																		
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total	
Apr-May 2022	3	6	6	12	9	9	32	40	0	0	0	0	4	8	9	13	63	88
Year to Date	4	11	7	14	8	12	59	128	6	14	0	0	2	8	8	14	94	201
<i>ADELAIDE HILLS CLINIC held at Stirling and Woodside</i>																		
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total	
Apr-May 2022	8	11	2	5	0	0	0	0	0	0	69	98	1	2	5	8	85	124
Year to Date	10	13	3	9	1	2	0	0	0	0	92	140	2	3	6	12	114	179
<i>UNLEY CLINIC held at Unley Civic Centre</i>																		
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total	
Apr-May 2022	13	30	6	13	7	14	14	21	3	3	1	1	85	127	10	19	139	228
Year to Date	30	73	23	43	21	51	16	26	3	3	1	1	122	214	16	33	232	444
Grand Total																		
Apr - May																		
Year to date																		
1443 2152																		
3445 6420																		
<i>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</i>																		
	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		TOTALS	
Apr-May 2022	293	466	256	394	388	557	125	178	58	79	101	154	139	211	83	113	1443	2152
Year to date	906	1600	764	1012	887	1647	240	464	151	264	128	207	194	348	155	278	3445	6420

RECOMMENDATION

That:

The Immunisation Services Report is received.