



Board of Management

31 August 2022



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 31 August 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 31 August 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 31 August 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 29 June 2022 as printed and circulated be taken as read and confirmed.

6 Matters arising from the minutes

Agenda Continued

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8 Other Business

9 Closure of Meeting

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 29 June - 2022 commencing at 6:30pm.

MEMBERS PRESENT:

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

In attendance:

M Livori	Chief Executive Officer
N Conci	Team Leader Environmental Health
K Paparella	Team Leader Administration and Immunisation

1 OPENING:

The meeting was declared open by the Cr P Cornish at 6:30 pm.

2 ACKNOWLEDGEMENT OF TRADITIONAL OWNERS:

We acknowledge this land that we meet on today is the traditional land of the Kaurna 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:

Cr S Whittington	Norwood, Payneham & St Peters
N Cunningham	Prospect
Cr N Coleman	Corporation of the Town of Walkerville

5 CONFIRMATION OF MINUTES:

Cr J Davey moved:

The minutes of the meeting of the Board held on 25 May 2022 be taken as read and confirmed.

Seconded by Cr J Kennedy

CARRIED UNANIMOUSLY

1: 062022

6 MATTERS ARISING FROM THE MINUTES:

Nil.

7 ADMINISTRATION REPORT

7.1 FINANCIAL REPORTS

Cr G Knoblauch moved:

That:

1. **The financial report is received and adopted.**

Seconded by Cr J Davey

CARRIED UNANIMOUSLY

2: 062022

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

M Hammond moved:

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.

Seconded by Cr K Barnett

CARRIED UNANIMOUSLY 3: 062022

7.3 REVIEW OF THE FOOD BUSINESS INSPECTION FEE POLICY

Cr G Knoblauch moved:

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.

Seconded by Cr J Davey

CARRIED UNANIMOUSLY 4: 062022

7.4 EASTERN HEALTH AUTHORITY ENFORCEMENT POLICY REVIEW

Cr J Kennedy moved:

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.

Seconded by Cr J Nenke

CARRIED UNANIMOUSLY 5: 062022

7.5 SUPPORTED RESIDENTIAL FACILITY LICENSING REPORT

Cr J Davey moved:

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	
<ol style="list-style-type: none"> 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	
<ol style="list-style-type: none"> 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	
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.	

3. 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	
<ol style="list-style-type: none"> 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.

Seconded by Cr J Kennedy

CARRIED UNANIMOUSLY 6: 062022

8 INFORMATION REPORTS

8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

Cr G Knoblauch moved:

That:

1. The Environmental Health Activity Report is received.

Seconded by Cr J Nenke

CARRIED UNANIMOUSLY 7: 062022

8.2 IMMUNISATION REPORT

Cr K Barnett moved:

That:

1. The Immunisation Services Report is received.

Seconded by Cr J Nenke

CARRIED UNANIMOUSLY 8: 062022

9 OTHER BUSINESS

Nil.

10 CLOSURE OF MEETING:

The Chairperson, Cr P Cornish, declared the meeting closed at 7:28 pm.

The foregoing minutes were printed and circulated to EHA Members and member Councils on 4 July 2022.

Cr P Cornish

CHAIRPERSON

7.1 DRAFT GENERAL PURPOSE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Author: Michael Livori

Ref: AF21/41

Summary

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

This report presents the General Purpose Financial Reports incorporating the Annual Financial Statements for the year ending 30 June 2022 for adoption by the Board of Management.

Report

The General Purpose Financial Reports for the year ending 30 June 2022 (provided as attachment 1) have been prepared in accordance with the Local Government (Financial Management) Regulations 2011, Australian Accounting Standards, and the South Australian Model Financial Statements for 2022. They reflect the operations of EHA between the period 1 July 2021 and 30 June 2022.

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

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

As detailed in the reports, EHA is reporting an Operating Deficit of \$13,674 for 2021-2022 compared to a \$90,365 operating surplus in 2020-2021.

Differences when comparing 2021 and 2022 Financial Statements

A full comparison of the 2021 and 2022 audited financial results is provided as attachment 2.

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

Statement of Comprehensive Income				
	2021/2022	2020/2021	Variation	Commentary
Income				
Statutory Charges	111,391	150,625	(39,234)	Decrease in expiation income and expiations unrecoverable written off
User Charges	295,541	236,151	59,390	Immunisation Services to Unley/Adelaide Hills.
Grants and subsidies	226,108	256,514	(30,406)	End of PHN funding
Expenses				
Employee Costs	1,750,609	1,635,933	114,676	Reduction in time to replace staff, commencement of immunisation service provision contracts
Depreciation/Amortisation and Impairment	168,844	190,797	(21,953)	Application of AAASB Standard 16 Leases
Net Surplus/(Deficit)	(13,674)	90,365	(104,039)	
Statement of Financial Position				
	2021/2022	2020/2021	Variation	Commentary
Total Current Assets	871,963	971,797	(99,834)	Decrease in cash.
Total Non-Current Assets	1,214,249	1,300,714	(86,465)	Decrease due to application of AAASB Standard 16 Leases – value of leased assets
Total Current Liabilities	563,485	648,864	(85,379)	Reduction in payables, provisions and borrowings
Total Non-Current Liabilities	971,157	1,058,403	(87,246)	Reduction in borrowings
Total Liabilities	1,534,642	1,707,267	(172,625)	See above
Net Assets	551,570	565,244	(13,674)	Income Statement result

Statement of Cash Flows				
	2021/2022	2020/2021	Variation	Commentary
Net Cash Provided / (used) by Operating Activities	51,983	253,598	(202,615)	See Note 7
Net Increase (Decrease) in cash held	(142,013)	61,586	(203,599)	See Note 7
Cash and cash equivalents at end of period	640,883	782,896	(142,013)	See Note 7
Statement of Changes in Equity				
Accumulated Surplus Balance at end of Period	551,570	565,244	(13,674)	Income Statement result
Total Equity Balance at end of Period	551,570	565,244	(13,674)	Income Statement result

A meeting of the Eastern Health Authority Audit Committee (the Committee) was held on 22 August 2022 at which the Draft General Purpose Financial Reports for the year ending 30 June 2022 were considered.

David Francis (Lead Auditor) from Bentleys was in attendance at the meeting to discuss his audit findings with the committee.

A copy of the Audit Completion report has been received and is provided as attachment 3. The auditors intend to issue an unmodified audit opinion over the financial report of Eastern Health Authority.

The only current year matter raised by the Auditor was in relation to a suggestion to implement Enterprise Resource Planning which would integrate timesheets with the payroll system. Management are currently making enquiries in relation to suitable potential systems.

Outstanding prior year observations in relation to credit account balances in receivables and long service leave entitlement of a casual employee have been resolved to the auditor's satisfaction.

The Audit Committee resolved the following:

That:

1. The Draft General Purpose Financial Statements for the Year ending 30 June 2022 Report is noted.
2. The Committee is satisfied that the 2021/2022 draft statements present fairly the state of affairs of the organisation.
3. The 2021/2022 final audited statements are presented to the Board of Management.

4. The Presiding Member of the Audit Committee is authorised to sign a statement to certify the independence of the external auditors.

RECOMMENDATION

That:

1. The General Purpose Financial Reports for the Year ending 30 June 2022 report is received.
2. The General Purpose Financial Reports including the Annual Financial Statements for the Year ending 30 June 2022 provided as attachment 1 are received and adopted.
3. The Chair and Chief Executive Officer be authorised to sign the Certification of Financial Statements in relation to the audit for the 2021/2022 year.
4. A copy of the General Purpose Financial Reports including the Annual Financial Statements for the Year ending 30 June 2022 are provided to the Constituent Councils.

Eastern Health Authority
General Purpose Financial Reports
for the year ended 30 June 2022

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EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

CERTIFICATION OF FINANCIAL STATEMENTS

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

- the accompanying financial statements comply with the *Local Government Act 1999*, *Local Government (Financial Management) Regulations 2011* and Australian Accounting Standards.
- the financial statements present a true and fair view of EHA’s financial position at 30 June 2022 and the results of its operations and cash flows for the financial year.
- internal controls implemented by the Council provide a reasonable assurance that the Council’s financial records are complete, accurate and reliable and were effective throughout the financial year.
- the financial statements accurately reflect the Council’s accounting and other records.

.....
Michael Livori
CHIEF EXECUTIVE OFFICER

.....
Cr Peter Cornish
CHAIRPERSON
EHA BOARD OF MANAGEMENT

Date:

Eastern Health Authority
Statement of Comprehensive Income
for the year ended 30 June 2022

	Notes	2022 \$	2021 \$
INCOME			
Council Contributions	2	1,828,263	1,821,865
Statutory charges	2	111,391	150,625
User charges	2	295,541	236,151
Grants, subsidies and contributions	2	226,108	256,514
Investment income	2	4,320	4,901
Other income	2	3,585	4,549
Total Income		<u>2,469,208</u>	<u>2,474,605</u>
EXPENSES			
Employee costs	3	1,750,609	1,635,933
Materials, contracts & other expenses	3	516,677	509,065
Depreciation, amortisation & impairment	3	168,844	190,797
Finance costs	3	46,752	48,445
Total Expenses		<u>2,482,882</u>	<u>2,384,240</u>
OPERATING SURPLUS / (DEFICIT)		<u>(13,674)</u>	<u>90,365</u>
Other Comprehensive Income		<u>-</u>	<u>-</u>
Total Other Comprehensive Income		<u>-</u>	<u>-</u>
TOTAL COMPREHENSIVE INCOME		<u>(13,674)</u>	<u>90,365</u>

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

Eastern Health Authority
Statement of Financial Position
as at 30 June 2022

ASSETS	Notes	2022	2021
		\$	\$
Current Assets			
Cash and cash equivalents	4	640,883	782,896
Trade & other receivables	4	231,080	188,901
Total Current Assets		<u>871,963</u>	<u>971,797</u>
Non-current Assets			
Infrastructure, property, plant & equipment	5	1,214,249	1,300,714
Total Non-current Assets		<u>1,214,249</u>	<u>1,300,714</u>
Total Assets		<u>2,086,212</u>	<u>2,272,511</u>
LIABILITIES			
Current Liabilities			
Trade & other payables	6	133,225	163,940
Borrowings	6	140,794	177,021
Provisions	6	289,466	307,903
Total Current Liabilities		<u>563,485</u>	<u>648,864</u>
Non-current Liabilities			
Borrowings	6	961,297	1,036,687
Provisions	6	9,860	21,716
Total Non-current Liabilities		<u>971,157</u>	<u>1,058,403</u>
Total Liabilities		<u>1,534,642</u>	<u>1,707,267</u>
NET ASSETS		<u>551,570</u>	<u>565,244</u>
EQUITY	Notes	2022	2021
		\$	\$
Accumulated Surplus		551,570	565,244
TOTAL EQUITY		<u>551,570</u>	<u>565,244</u>

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

Eastern Health Authority
Statement of Changes in Equity
for the year ended 30 June 2022

2022	Notes	Acc'd Surplus \$	TOTAL EQUITY \$
Balance at end of previous reporting period		565,244	565,244
Net Surplus / (Deficit) for Year		(13,674)	(13,674)
Balance at end of period	9	551,570	551,570

2021	Notes	Acc'd Surplus \$	TOTAL EQUITY \$
Balance at end of previous reporting period		474,879	474,879
Net Surplus / (Deficit) for Year		90,365	90,365
Balance at end of period	9	565,244	565,244

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

Eastern Health Authority
Statement of Cash Flows
for the year ended 30 June 2022

	Notes	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
<i>Receipts:</i>			
Council Contributions		1,828,263	1,821,865
Statutory Charges		111,391	150,625
User charges		227,946	227,736
Investment receipts		4,044	5,757
Grants utilised for operating purposes		226,108	256,514
Other revenues		3,585	4,549
<i>Payments:</i>			
Employee costs		(1,764,556)	(1,637,628)
Materials, contracts & other expenses		(536,431)	(525,832)
Finance payments		(48,367)	(49,988)
Net Cash provided by (or used in) Operating Activities		51,983	253,598
CASH FLOWS FROM INVESTING ACTIVITIES			
<i>Payments:</i>			
Expenditure on renewal/replacement of assets		(82,379)	-
Net Cash provided by (or used in) Investing Activities		(82,379)	-
CASH FLOWS FROM FINANCING ACTIVITIES			
<i>Payments:</i>			
Repayments of borrowings		(74,132)	(70,732)
Repayment of principal portion of lease liabilities		(37,485)	(121,280)
Net Cash provided by (or used in) Financing Activities		(111,617)	(192,012)
Net Increase (Decrease) in cash held		(142,013)	61,586
Cash & cash equivalents at beginning of period	7	782,896	721,310
Cash & cash equivalents at end of period	7	640,883	782,896

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

Eastern Health Authority

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

Note 1 - Significant Accounting Policies

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

1 Basis of Preparation

1.1 Compliance with Australian Accounting Standards

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

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

1.2 Historical Cost Convention

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

1.3 Critical Accounting Estimates

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

1.4 Rounding

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

1.5 Covid-19

The COVID-19 pandemic has impacted the 2021/22 financial statements. The financial impacts are a direct result of either EHA response to the pandemic or due to mandatory shutdowns as directed by the Australian Government and the advice from the Australian Government Department of Health and SA Health.

2 The Local Government Reporting Entity

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

3 Income recognition

3.1 Revenue

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

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

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

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 1 - Significant Accounting Policies

4 Cash, Cash Equivalents and Other Financial Instruments

4.1 Cash, Cash Equivalent Assets

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

4.2 Other Financial Instruments

All receivables are reviewed as at the reporting date and adequate allowance made for amounts the receipt of which is considered doubtful.

All financial instruments are recognised at fair value at the date of recognition. A detailed statement of the accounting policies applied to financial instruments also form part of Note 8.

5 Property, Plant & Equipment

5.1 Initial Recognition

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

5.2 Materiality

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

5.3 Depreciation of Non-Current Assets

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

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

Major depreciation periods for each class of asset are shown in Note 5. Depreciation periods for infrastructure assets have been estimated based on the best information available to EHA, but appropriate records covering the entire life cycle of these assets are not available, and extreme care should be used in interpreting financial information based on these estimates.

5.4 Impairment

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

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

Where an asset that has been revalued is subsequently impaired, the impairment is first offset against such amount as stands to the credit of that class of assets in Asset Revaluation Reserve, any excess being recognised as an expense.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022
Note 1 - Significant Accounting Policies

6 Payables

6.1 Goods & Services

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

6.2 Payments Received in Advance & Deposits

Amounts received from external parties in advance of service delivery, and security deposits held against possible damage to EHA assets, are recognised as liabilities until the service is delivered or damage reinstated, or the amount is refunded as the case may be.

7 Borrowings

Borrowings are initially recognised at fair value net of transaction costs incurred and are subsequently measured at amortised cost. Any difference between the proceeds (net of transaction costs) and the redemption amount is recognised in the income statement over the period of the borrowings using the effective interest method.

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

8 Provisions

8.1 Employee Benefits

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

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

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

Superannuation:

The Authority makes employer superannuation contributions in respect of its employees to the Hostplus Superannuation Scheme. The Scheme has two types of membership, each of which is funded differently. Details of the accounting policies applied and Authority's involvement with the schemes are reported in Note 11.

9 Leases

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

Authority as a lessee:

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

i) Right-of-use assets

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

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 1 - Significant Accounting Policies

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

The right-of-use assets are also subject to impairment. Refer to the accounting policies in section 6.5 - Impairment of non-financial assets above.

ii) Lease liabilities

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

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

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

10 GST Implications

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

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

11 New and amended standards and interpretations

EHA applied for the first-time certain standards and amendments, which are effective for annual periods beginning on or after 1 January 2021. New standards and amendments relevant to EHA are listed below. EHA has not early adopted any other standard, interpretation or amendment that has been issued but is not yet effective.

Amendments to AASB 16 Covid-19 Related Rent Concessions:

In 2020, the AASB issued AASB 2020-4, Amendments to AASBs - Covid-19-Related Rent Concessions. The amendments provide relief to lessees from applying AASB 16 guidance on lease modification accounting for rent concessions arising as a direct consequence of the Covid-19 pandemic. As a practical expedient, a lessee may elect not to assess whether a Covid-19 related rent concession from a lessor is a lease modification. A lessee that makes this election accounts for any change in lease payments resulting from the Covid-19 related rent concession the same way it would account for the change under IFRS 16, if the change were not a lease modification. The amendment was intended to apply until 30 June 2021, but as the impact of the Covid-19 pandemic is continuing, in 2021 the AASB extended the period of application of the practical expedient to 30 June 2022. The amendment applies to annual reporting periods beginning on or after 1 April 2021. This amendment had no impact on the consolidated financial statements of the Group.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 2 - INCOME

	Notes	2022 \$	2021 \$
COUNCIL CONTRIBUTIONS			
City of Burnside		448,572	438,131
Campbelltown City Council		478,298	452,548
City of Norwood, Payneham & St Peters		571,786	586,308
City of Prospect		225,897	210,656
Town of Walkerville		103,710	103,032
Public Health Plan/Service Review (equal constituent share)		-	31,190
		<u>1,828,263</u>	<u>1,821,865</u>
STATUTORY CHARGES			
Inspection Fees: Food		91,848	91,852
Inspection Fees: Legionella		8,524	10,665
SRF Licences		2,145	3,255
Fines & expiation fees		8,874	44,853
		<u>111,391</u>	<u>150,625</u>
USER CHARGES			
Immunisation: Clinic Vaccines		68,441	62,086
Immunisation: Service Provision		69,000	-
Immunisation: Worksite Vaccines		73,044	96,879
Immunisation: Clinic Service Fee		1,050	-
Food Auditing		84,006	77,186
		<u>295,541</u>	<u>236,151</u>
INVESTMENT INCOME			
Interest on investments:			
Local Government Finance Authority		4,320	4,901
		<u>4,320</u>	<u>4,901</u>
OTHER INCOME			
Motor Vehicle Reimbursements		2,992	3,705
Sundry		593	844
		<u>3,585</u>	<u>4,549</u>
GRANTS, SUBSIDIES, CONTRIBUTIONS			
Immunisation: School Programme		182,701	180,024
Immunisation: AIR		18,240	21,860
Immunisation: PHN Project		25,167	54,630
		<u>226,108</u>	<u>256,514</u>

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 3 - EXPENSE

	Notes	2022 \$	2021 \$
EMPLOYEE COSTS			
Salaries and Wages		1,510,095	1,434,514
Employee leave expense		18,047	35,942
Superannuation - defined contribution plan contributions	11	144,032	128,218
Superannuation - defined benefit plan contributions	11	16,909	16,100
Workers' Compensation Insurance		16,451	17,050
Other - Agency staff and Consultant Medical Officer		45,075	4,109
Total Operating Employee Costs		1,750,609	1,635,933
Total Number of Employees		18	18
<i>(Full time equivalent at end of reporting period)</i>			
MATERIALS, CONTRACTS & OTHER EXPENSES			
<u>Prescribed Expenses</u>			
Auditor's Remuneration			
- Auditing the financial reports		8,300	8,000
Bad and Doubtful Debts		4,251	-
Governance expenses		10,437	4,158
Lease Expenses	10	15,783	3,769
Subtotal - Prescribed Expenses		38,771	15,927
<u>Other Materials, Contracts & Expenses</u>			
Accounting		5,127	8,848
Contractors		23,154	26,065
Energy		8,868	9,066
Fringe benefits tax		14,272	14,272
Human resources		15,657	7,573
Income protection		25,692	18,355
Insurance		30,085	29,245
IT licencing & support		147,883	119,736
Legal Expenses		13,560	28,646
Motor vehicle expenses		19,895	15,399
Parts, accessories & consumables		94,211	143,529
Printing & stationery		17,660	21,155
Staff training		13,410	6,924
Sundry		22,327	24,150
Telephone		17,758	14,414
Work health & safety consultancy		8,347	5,761
Subtotal - Other Materials, Contracts & Expenses		477,906	493,138
		516,677	509,065

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 3 - EXPENSE con't

	2022	2021
Notes	\$	\$
DEPRECIATION, AMORTISATION & IMPAIRMENT		
Depreciation		
Buildings & Other Structures	23,642	23,642
Office Equipment, Furniture & Fittings	14,247	15,877
Right of Use Assets	130,955	151,278
	<u>168,844</u>	<u>190,797</u>
FINANCE COSTS		
Interest on Loans	5,532	6,332
Interest on Leases	41,220	42,113
	<u>46,752</u>	<u>48,445</u>

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 4 - CURRENT ASSETS

	Notes	2022	2021
		\$	\$
CASH & EQUIVALENT ASSETS			
Cash on Hand and at Bank		159,713	405,770
Deposits at Call		481,170	377,126
		<u>640,883</u>	<u>782,896</u>
TRADE & OTHER RECEIVABLES			
Accrued Revenues		369	93
Debtors - general		230,711	163,116
Prepayments		-	25,692
		<u>231,080</u>	<u>188,901</u>

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

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

	2021				2022			
	\$				\$			
Fair Value Level	Fair Value	Cost	Acc' Dep'n	Carrying Amount	Fair Value	Cost	Acc' Dep'n	Carrying Amount
Buildings & Other Structures	-	472,846	(235,612)	237,234	-	472,846	(259,254)	213,592
Office Equipment, Furniture & Fittings	-	264,186	(235,983)	28,203	-	264,185	(250,229)	18,501
Right of Use Assets	-	1,333,000	(297,723)	1,035,277	-	1,325,000	(342,844)	982,156
Total IPP&E	-	2,070,032	(769,318)	1,300,714	-	2,062,031	(852,327)	1,214,249
Comparatives	-	2,070,032	(578,521)	1,491,511	-	2,070,032	(769,318)	1,300,714

This Note continues on the following pages.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 5 -PROPERTY, PLANT & EQUIPMENT

	2021	Carrying Amounts Movement During the Year				2022
	\$	\$				\$
Carrying Amount		Additions		Disposals	Dep'n	Carrying Amount
		New / Upgrade	Renewals			
Buildings & Other Structures	237,234	-	-	-	(23,642)	213,592
Office Equipment, Furniture & Fittings	28,203	-	4,545	-	(14,247)	18,501
Right of Use Assets	1,035,277	-	77,834	-	(130,955)	982,156
Total IPP&E	1,300,714	-	82,379	-	(168,844)	1,214,249
Comparatives	1,491,511	-	-	-	(190,797)	1,300,714

This note continues on the following pages.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 6 - LIABILITIES

	Notes	2022		2021	
		Current	Non-current	Current	Non-current
TRADE & OTHER PAYABLES					
Goods & Services		75,708	-	122,323	-
Accrued expenses - employee entitlements		54,921	-	38,575	-
Accrued expenses - other		836	-	2,451	-
GST Payable		1,760	-	591	-
		133,225	-	163,940	-
BORROWINGS					
Loans		38,391	-	74,132	38,391
Leases Liabilities	10	102,403	961,297	102,889	998,296
		140,794	961,297	177,021	1,036,687
PROVISIONS					
LSL Employee entitlements (including oncosts)		165,971	9,860	167,217	21,716
AL Employee entitlements (including oncosts)		123,495	-	140,686	-
		289,466	9,860	307,903	21,716

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 7 - RECONCILIATION TO CASH FLOW STATEMENT

(a) Reconciliation of Cash

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

	Notes	2022	2021
		\$	\$
Total cash & equivalent assets	4	640,883	782,896
Balances per Cash Flow Statement		<u>640,883</u>	<u>782,896</u>

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

Net Surplus (Deficit)		(13,674)	90,365
Non-cash items in Income Statement			
Depreciation, amortisation & impairment		168,844	190,797
Net increase (decrease) in unpaid employee benefits		(13,947)	(1,695)
		<u>141,223</u>	<u>279,467</u>
Add (Less): Changes in Net Current Assets			
Net (increase) decrease in receivables		(42,179)	(33,251)
Net increase (decrease) in trade & other payables		(47,061)	7,382
Net Cash provided by (or used in) operations		<u>51,983</u>	<u>253,598</u>

(c) Financing Arrangements

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

Corporate Credit Cards	5,000	5,000
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Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 8 - FINANCIAL INSTRUMENTS

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

Accounting Policies - Recognised Financial Instruments

Bank, Deposits at Call, Short Term Deposits

Accounting Policy: initially recognised at fair value and subsequently measured at amortised cost, interest is recognised when earned

Terms & conditions: Deposits are returning fixed interest rates 0.30% (2021: 0.30%).

Carrying amount: approximates fair value due to the short term to maturity.

Receivables - Fees & other charges

Accounting Policy: initially recognised at fair value and subsequently measured at amortised cost. An impairment provision is recognised using the expected credit loss method

Terms & conditions: Unsecured, and do not bear interest. Although Authority is not materially exposed to any individual debtor, credit risk exposure is concentrated within the Authority's boundaries.

Carrying amount: approximates fair value (after deduction of any allowance).

Receivables - other levels of government

Accounting Policy: initially recognised at fair value and subsequently measured at amortised cost. An impairment provision is recognised using the expected credit loss method.

Terms & conditions: Amounts due have been calculated in accordance with the terms and conditions of the respective programs following advice of approvals, and do not bear interest. All amounts are due by Departments and Agencies of State and Federal Governments.

Carrying amount: approximates fair value.

Liabilities - Interest Bearing Borrowings

Accounting Policy: initially recognised at fair value and subsequently at amortised cost, interest is charged as an expense using the effective interest rate

Carrying amount: approximates fair value.

Liabilities - Finance Leases

Accounting Policy: accounted for in accordance with AASB 16 as stated in Note 10

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 8 - FINANCIAL INSTRUMENTS (con't)

Liquidity Analysis

2022	Due < 1 year	Due > 1 year ≤ 5 years	Due > 5 years	Total Contractual Cash Flows	Carrying Values
Financial Assets	\$	\$	\$	\$	\$
Cash & Equivalents	640,883	-	-	640,883	640,883
Receivables	233,141	-	-	233,141	231,080
Total	874,024	-	-	874,024	871,963
Financial Liabilities					
Payables	77,861	-	-	77,861	77,468
Current Borrowings	38,391	-	-	38,391	38,391
Lease Liabilities	102,403	347,325	613,972	1,063,700	1,063,700
Total	218,655	347,325	613,972	1,179,952	1,179,559
2021					
2021	Due < 1 year	Due > 1 year; ≤ 5 years	Due > 5 years	Total Contractual Cash Flows	Carrying Values
Financial Assets	\$	\$	\$	\$	\$
Cash & Equivalents	782,896	-	-	782,896	782,896
Receivables	163,209	-	-	163,209	163,209
Total	946,105	-	-	946,105	946,105
Financial Liabilities					
Payables	122,914	-	-	122,914	122,914
Current Borrowings	74,132	-	-	74,132	74,132
Lease Liabilities	102,889	330,236	668,060	1,101,185	1,101,185
Non-Current Borrowings	-	38,391	-	38,391	38,391
Total	299,935	368,627	668,060	1,336,622	1,336,622

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

	30 June 2022		30 June 2021	
	Weighted Average Interest Rate %	Carrying Value \$	Weighted Average Interest Rate %	Carrying Value \$
Fixed Interest Rates	4.75	38,391	4.75	122,523
		38,391		122,523

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 8 - FINANCIAL INSTRUMENTS (con't)

Net Fair Value

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

Risk Exposures:

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

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

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

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

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 9 - UNIFORM PRESENTATION OF FINANCES

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

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

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

	2022	2021
	\$	\$
Income	2,469,208	2,474,605
Expenses	(2,482,882)	(2,384,240)
Operating Surplus / (Deficit)	(13,674)	90,365
 Net Outlays on Existing Assets		
Capital Expenditure on renewal and replacement of Existing Assets	(82,379)	-
Add back Depreciation, Amortisation and Impairment	168,844	190,797
	86,465	190,797
Net Lending / (Borrowing) for Financial Year	72,791	281,162

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 10 - OPERATING LEASES

Authority as a Lessee

Right of Use Asset

(include description of assets which are leased)

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

Carrying Value	Building & Structures	Motor Vehicles	Office Equipment	Total
At 1 July 2021	1,008,000	27,277	-	1,035,277
Additions	-	77,834	-	77,834
Depreciation Charge	(96,000)	(34,955)	-	(130,955)
At 30 June 2022	912,000	70,156	-	982,156

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

	2022	2021
Opening Balance 1 July 2021	1,101,185	1,222,465
Additions	77,834	-
Payments	(115,349)	(121,280)
Closing Balance 30 June 2022	1,063,670	1,101,185
Current	102,403	102,889
Non Current	961,267	998,296

The maturity analysis of lease liabilities is included in note 8

The following are amounts recognised on profit or loss:

Depreciation expense right of use asset	-	151,278
Interest expense on lease liabilities	41,220	42,113
Expenses relating to short term leases	15,783	3,769
Total amount recognised in profit and loss	57,003	197,160

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 11 – SUPERANNUATION

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

Accumulation only Members

Accumulation only members receive both employer and employee contributions on a progressive basis. Employer contributions are based on a fixed percentage of ordinary time earnings in accordance with superannuation guarantee legislation (9.50% in 2020-21; 10.0% in 2021-22). No further liability accrues to the EHA as the superannuation benefits accruing to employees are represented by their share of the net assets of the Fund.

Salarylink (Defined Benefit Fund) Members

Salarylink is a defined benefit scheme where the benefit payable is based on a formula determined by the member's contribution rate, number of years and level of contribution and final average salary. EHA makes employer contributions to Salarylink as determined by the Fund's Trustee based on advice from the appointed Actuary. The rate is currently 6.3% (6.3% in 2020-21) of "superannuation" salary.

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

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

The most recent actuarial investigation was conducted by the Fund's actuary, Louise Campbell, FIAA, of Willis Towers Watson as at 30 June 2022. The Trustee has determined that the current funding arrangements are adequate for the expected Salarylink liabilities. However, future financial and economic circumstances may require changes to EHA's contribution rates at some future time.

Contributions to Other Superannuation Schemes

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

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 12 - CONTINGENT ASSETS AND CONTINGENT LIABILITIES

There are no contingencies, assets or liabilities not recognised in the financial statements for the year ended 30 June 2022.

Note 13 - EVENTS OCCURRING AFTER REPORTING DATE

There are no events subsequent to 30 June 2022 that need to be disclosed in the financial statements.

Eastern Health Authority
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Note 14 - RELATED PARTY DISCLOSURES

KEY MANAGEMENT PERSONNEL

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

	2022	2021
	\$	\$
Salaries, allowances & other short term benefits	190,215	180,314
TOTAL	190,215	180,314

Amounts received from Related Parties during the financial year:

	2022	2021
	\$	\$
City of Burnside	448,572	438,131
Campbelltown City Authority	478,298	452,548
City of Norwood, Payneham & St Peters	571,786	586,308
City of Prospect	225,897	210,656
Town of Walkerville	103,710	103,032
Public Health Plan/Service Review (equal constituent share)	-	31,190
TOTAL	1,828,263	1,821,865

Amounts paid to Related Parties during the financial year:

	2022	2021
	\$	\$
City of Norwood, Payneham & St Peters	110,754	108,739
TOTAL	110,754	108,739

Description of Services provided to all related parties above:

Assist the Constituent Councils to meet their legislative responsibilities in accordance with the SA Public Health Act 2011, the Food Act 2001 (SA), the Supported Residential Facilities Act 1992 (SA), the Expiation of Offences Act 1996 (SA), (or any successor legislation to these Acts) and any other legislation regulating similar matters that the Constituent Councils determine is appropriate within the purposes of EHA; Take action to preserve, protect and promote public and environmental health within the area of the Constituent Councils.



EASTERN HEALTH AUTHORITY


**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2022, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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


.....
Michael Livori
CHIEF EXECUTIVE OFFICER


.....
Madeleine Vezis
**PRESIDING MEMBER
AUDIT COMMITTEE**

Date:



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2022, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

A handwritten signature in blue ink, consisting of a series of loops and a horizontal line.

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

Date: 12 July 2022



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2022, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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



Chris Cowley
CHIEF EXECUTIVE OFFICER
CITY OF BURNSIDE

Date: 18 July 2022



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2022, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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



Mario Farone PSM.
CHIEF EXECUTIVE OFFICER
CITY OF NORWOOD, PAYNEHAM & ST PETERS

Date: 14. 07. 2022.



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2022, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

A handwritten signature in black ink, appearing to read 'C. White', is positioned above a horizontal dotted line.

Chris White
**CHIEF EXECUTIVE OFFICER
CITY OF PROSPECT**

Date: 14 July 2022



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

CERTIFICATION OF AUDITOR INDEPENDENCE

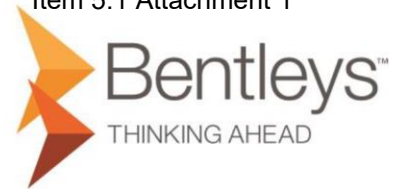
To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2022, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

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

Scott Reardon
**ACTING CHIEF EXECUTIVE OFFICER
CORPORATION OF THE TOWN OF WALKERVILLE**

Date: 12/07/2022



Bentleys SA Audit Partnership

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63 Pirie Street
Adelaide SA 5000

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Adelaide SA 5001

ABN 43 877 091 903

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

Certification of Auditor Independence

I confirm that, for the audit of the financial statements of Eastern Health Authority Inc for the year ended 30 June 2022, I have maintained my independence in accordance with the requirements of APES 110 – Code of Ethics for Professional Accountants, Section 290, published by the Accounting Professional and Ethical Standards Board, in accordance with the Local Government Act 1999 and the Local Government (Financial Management) Regulations 2011 made under that Act.

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

Bentleys SA Audit Partnership

A handwritten signature in blue ink, appearing to read "David Francis", is written over a faint, light blue grid background.

David Francis
Partner

Dated at Adelaide this 31st day of August 2022

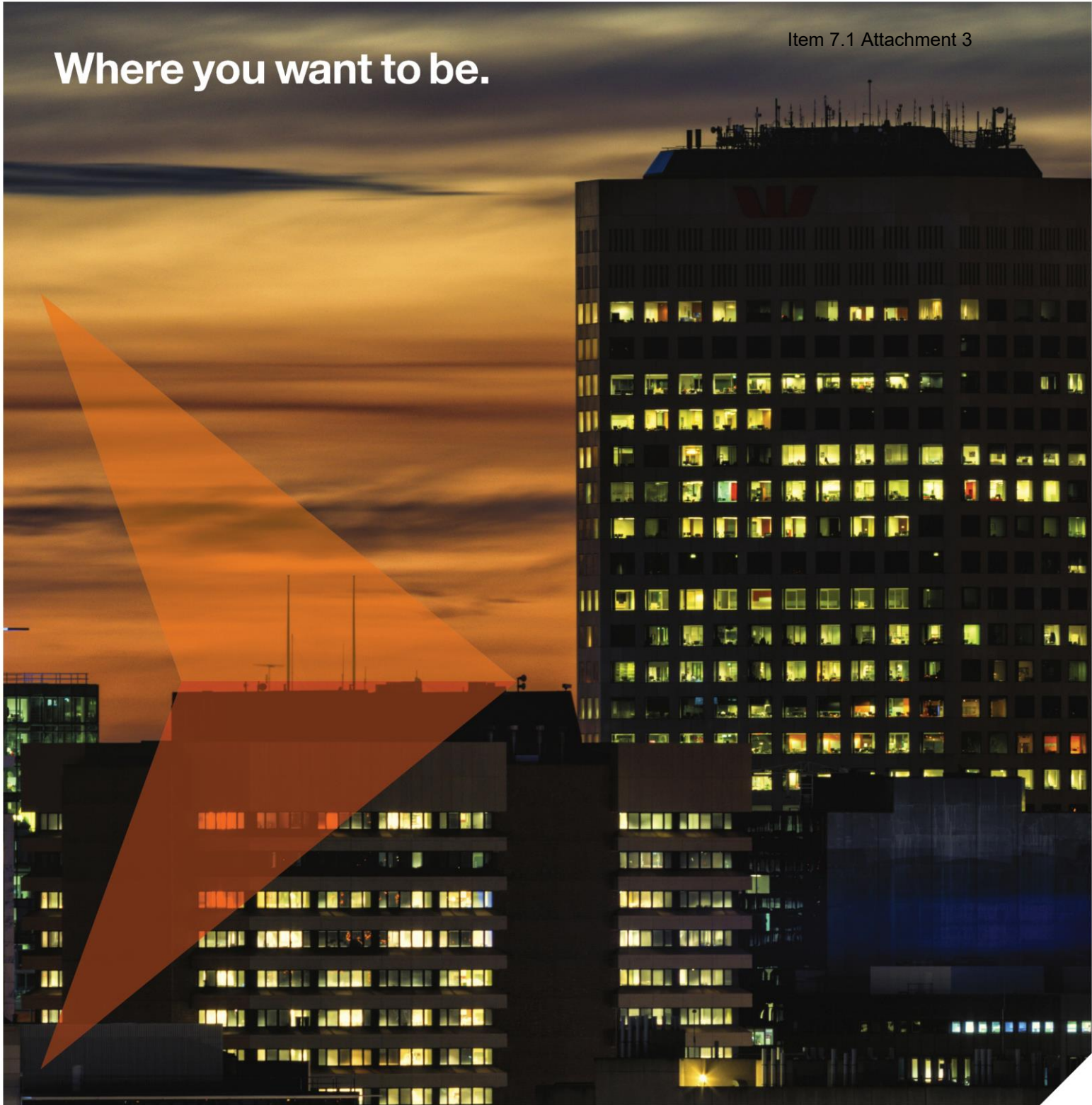
EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME COMPARISON OF AUDITED RESULTS TO PREVIOUS YEARS RESULTS FOR THE YEAR ENDING 30 JUNE 2022				
	AUDITED RESULT 2021/2022	ACTUAL 2020/2021	Variation from 2020/2021	Variation from 2020/2021
			\$	%
INCOME				
Council Contributions	1,828,263	1,790,675	37,588	2.1%
Public Health Plan / Service Review Contributions		31,190	(31,190)	N/A
Statutory Charges	111,391	150,625	(39,234)	-35.2%
User Charges	295,541	236,151	59,390	20.1%
Grants, subsidies and contributions	226,108	256,514	(30,406)	-13.4%
Investment Income	4,320	4,901	(581)	-13.4%
Other Income	3,585	4,549	(964)	-26.9%
TOTAL INCOME	2,469,208	2,474,605	(5,397)	-0.2%
EXPENSES				
Employee Costs	1,750,609	1,635,933	114,676	6.6%
Materials, contracts and other expenses	516,677	509,065	7,612	1.5%
Finance Charges	46,752	48,445	(1,693)	-3.6%
Depreciation/Amortisation and Impairment	168,844	190,797	(21,953)	-13.0%
TOTAL EXPENSES	2,482,882	2,384,240	98,642	4.0%
Operating Surplus/(Deficit)	(13,674)	90,365	(104,039)	
Net gain (loss) on disposal of assets	-	-		
Net Surplus/(Deficit)	(13,674)	90,365	(104,039)	
Total Comprehensive Income	(13,674)	90,365	(104,039)	

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS COMPARISON OF AUDITED RESULTS TO PREVIOUS YEARS RESULTS FOR THE YEAR ENDING 30 JUNE 2022				
	AUDITED RESULT	ACTUAL 2020/2021	Variation from 2020/2021	Variation from 2020/2021
CASHFLOWS FROM OPERATING ACTIVITIES		-	\$	%
Receipts		-		
Council Contributions	1,828,263	1,821,865	6,398	0.3%
Fees & other charges	111,391	150,625	(39,234)	-35.2%
User Charges	227,946	227,736	210	0.1%
Investment Receipts	4,044	5,757	(1,713)	-42.4%
Grants utilised for operating purposes	226,108	256,514	(30,406)	-13.4%
Other	3,585	4,549	(964)	-26.9%
Payments		-		
Employee costs	(1,764,556)	(1,637,628)	(126,928)	7.2%
Materials, contracts & other expenses	(536,431)	(525,832)	(10,599)	2.0%
Finance Payments	(48,367)	(49,988)	1,621	-3.4%
Net Cash Provided/(Used) by Operating Activities	51,983	253,598	(201,615)	
CASH FLOWS FROM FINANCING ACTIVITIES		-		
Loans Received	-	-	-	
Repayment of Borrowings	(74,132)	(70,732)	(3,400)	4.6%
Repayment of Finance Lease Liabilities	(37,485)	(121,280)		
Net Cash Provided/(Used) by Financing Activities	(111,617)	(192,012)	(3,400)	0
CASH FLOWS FROM INVESTING ACTIVITIES		-		
Receipts		-		#DIV/0!
Sale of Replaced Assets		-		#DIV/0!
Payments		-		#DIV/0!
Expenditure on renewal / replacements of assets	(82,379)	-		0.0%
Expenditure on new / upgraded assets	-	-		#DIV/0!
Distributions paid to constituent Councils	-	-		#DIV/0!
Net Cash Provided/(Used) by Investing Activities	(82,379)	-	(82,379)	
NET INCREASE (DECREASE) IN CASH HELD	(142,013)	61,586	(203,599)	
CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	782,896	721,310	61,586	
CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	640,883	782,896	(142,013)	

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION COMPARISON OF AUDITED RESULTS TO PREVIOUS YEARS RESULTS FOR THE YEAR ENDING 30 JUNE 2022				
	AUDITED RESULT	ACTUAL 2020/2021	Variation from 2020/2021	Variation from 2020/2021
CURRENT ASSETS		-	\$	%
Cash and Cash Equivalents	640,883	782,896	(142,013)	-22.2%
Trade & Other Receivables	231,080	188,901	42,179	18.3%
TOTAL CURRENT ASSETS	871,963	971,797	(99,834)	-11.4%
NON-CURRENT ASSETS		-		
Infrastructure, property, plant and equipment	1,214,249	1,300,714	(86,465)	-7.1%
TOTAL NON-CURRENT ASSETS	1,214,249	1,300,714	(86,465)	-7.1%
TOTAL ASSETS	2,086,212	2,272,511	(186,299)	-8.9%
CURRENT LIABILITIES		-		
Trade & Other Payables	133,225	163,940	(30,715)	-23.1%
Provisions	289,466	307,903	(18,437)	-6.4%
Borrowings	140,794	177,021	(36,227)	-25.7%
TOTAL CURRENT LIABILITIES	563,485	648,864	(85,379)	-15.2%
NON-CURRENT LIABILITIES		-		
Provisions	9,860	21,716	(11,856)	-120.2%
Borrowings	961,297	1,036,687	(75,390)	-7.8%
TOTAL NON-CURRENT LIABILITIES	971,157	1,058,403	(87,246)	-9.0%
TOTAL LIABILITIES	1,534,642	1,707,267	(172,625)	-11.2%
NET CURRENT ASSETS/(CURRENT LIABILITIES)	308,478	322,933	(14,455)	-4.7%
NET ASSETS	551,570	565,244	(13,674)	-2.5%
EQUITY		-		
Accumulated Surplus/(Deficit)	551,570	565,244	(13,674)	-2.5%
TOTAL EQUITY	551,570	565,244	(13,674)	-2.5%

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY COMPARISON OF AUDITED RESULTS TO PREVIOUS YEARS RESULTS FOR THE YEAR ENDING 30 JUNE 2022				
	AUDITED RESULT	AUDITED RESULTS 2020/2021	Variation from 2019/2020	Variation from 2019/2020
ACCUMULATED SURPLUS		-	\$	
Balance at beginning of period	565,244	474,879	90,365	
Net Surplus/(Deficit)	(13,674)	90,365	(104,039)	
BALANCE AT END OF PERIOD	551,570	565,244	(13,674)	
TOTAL EQUITY		-	\$	
Balance at beginning of period	565,244	474,879	90,365	0.0%
Net Surplus/(Deficit)	(13,674)	90,365	(104,039)	0.0%
BALANCE AT END OF PERIOD	551,570	565,244	(13,674)	

Where you want to be.



August 2022

Eastern Health Authority

Report of Audit Findings

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

 Advisors  Accountants  Auditors

Executive summary

We are providing our report on the audit of Eastern Health Authority for the year ended 30/06/2022.

Dear Board of Management

We have conducted our financial audit of Eastern Health Authority for the year ended 30/06/2022 and report to management and those charged with governance the following matters for information purposes and for consideration of implementation or corrective action.

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

The following matters are reported to management:

Current Year Matters:

- Implementing ERP

Update on prior year matters:

1. Credit account balances in receivables
2. LSL entitlement of casual employee

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

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

Sincerely,



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

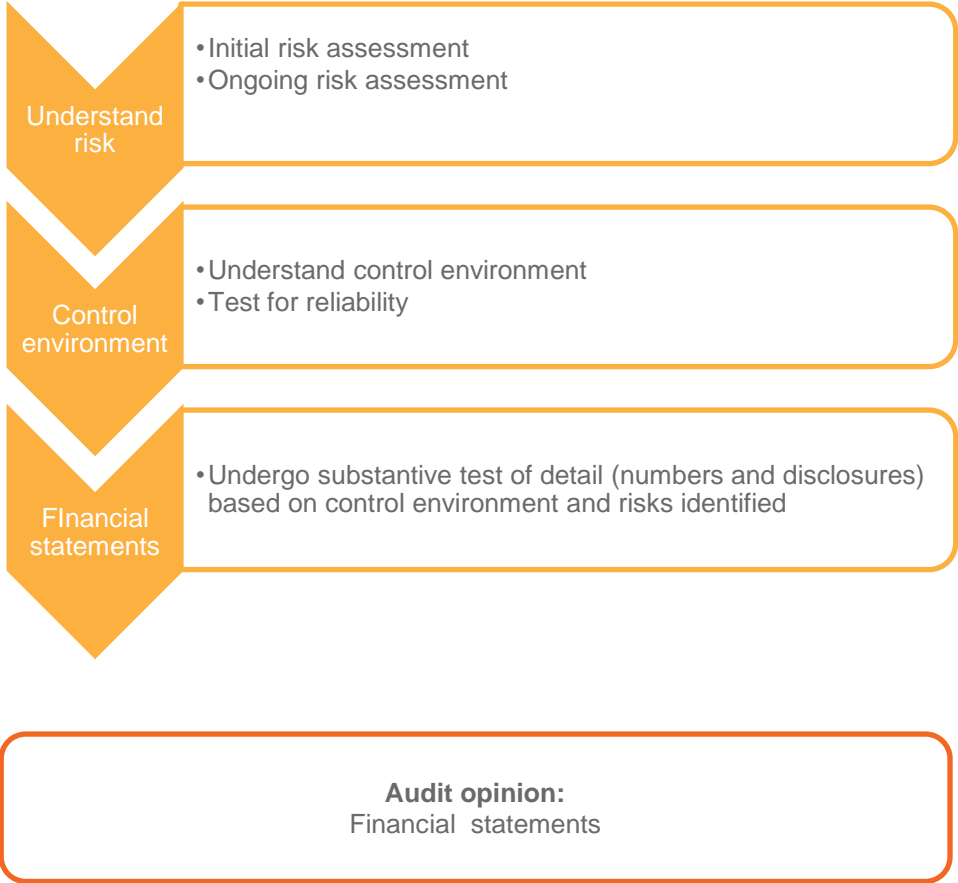


Audit approach

Helping businesses achieve their goals and aspirations.

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

1. Audit efficiency
2. Increased organisational assurance
3. A review of your control environment
4. Timely and effective audits



Identified audit risks

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

Risk identified at planning

Area

Provision for doubtful debts

Risk

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

Audit Approach

We reviewed the aged receivables summary as of 30 June 2022 and performed an assessment of management's debtor analysis.

Outcome

We understand that a comprehensive review of the debtors ledger has occurred during the year, and as a result \$4,250 of uncollectible debtors were written off. Credit balances have also been reduced. There is no provision for doubtful debts at 30 June 2022. We have accepted management's assertion that the debtors balance will be collected.



Financial statement matters for the year

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

Current year matter

Implementing Enterprise Resource Planning (ERP)

Observation

The current suite of management systems used by EHA do not all integrate with each other, and require a level of manual processing. This includes the timesheet system (Flexi Minder and manual time books); payroll module (myob) and billing employee's time for food audits.

Recommendation

We understand that implementing new integrated systems can be expensive, and the nature of the employee base may not always be conducive to electronic timesheets.

However, for efficiency and to reduce the risk of manual transposition errors, it is preferable that the systems should integrate with each other.

Management response

EHA management are currently reviewing the accounting and related systems to identify if changes should be made.



Status of prior points raised

Prior Year Issue 1

1. Credit account balances in Receivables (2020)

Prior Year Observations

The MYOB debtor reconciliation report includes account balances in credit totalling \$6,069. Majority of this balance had long been outstanding with some credit balances dating back as far as 2010.

Current Year follow-up

The debtors ledger has been cleaned up during the year and the account balances in credit has reduced to \$929. We are happy that this matter has been resolved.

Prior Year Issue 3

2. Long service leave (LSL) entitlement of casual employee (2021)

Prior year observation

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

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

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

Current Year follow-up

The long-standing casual employee has been included in the calculation of provision for long service leave as at 30 June 2022. This has now been resolved.



Matters for those charged with governance

Fraud

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

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

Legal compliance

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

Financial reporting and accounting policies

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

Going concern

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

Cooperation with management

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



Where you want to be

Address a critical business issue. Gain efficiency. Achieve strategic growth. Propel your organisation's success.

Contact Bentleys.

Bentleys is a network of independent advisory and accounting firms located throughout Australia, New Zealand and Asia. All members of the Bentleys Network are affiliated only, are separate legal entities and not in partnership. Limited liability by a scheme approved under Professional Standards Legislation. Bentleys is a member of Allinial Global – an association of independent accounting and consulting firms.



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➤ Advisors ➤ Accountants ➤ Auditors

7.2 REPORT ON FINANCIAL RESULTS FOR THE YEAR ENDED 30 JUNE 2022

Author: Michael Livori

Ref: AF21/5

Summary

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

Report

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

The EHA Audit Committee considered the information in this report at its meeting of 22 August 2022.

Statement of Comprehensive Income

- Total Operating Income was \$141,555 (-6%) less than budgeted.
- Total Operating Expenditure was \$107,395 (-4%) less than budgeted.
- More detail in relation to income and expenditure variations is provided later in the report (see Funding Statement section of report).
- The operating result estimate was a deficit of \$13,674 compared to a budgeted result of a \$20,486 surplus.
- The operating result is \$34,160 less than the budgeted result.

Statement of Cash Flow

- Cash and Cash Equivalents (C&CE) at the End of Reporting Period was \$640,833.
- C&CE were \$128,756 less than the budgeted estimate.

Statement of Financial Position

- Total Assets are \$2,086,212.
- A significant proportion of the recorded assets is due to the application of AAASB Standard 16 Leases which requires the estimated value of leases to be treated as an asset (Equipment) on Balance Sheet. EHA has a long-term rental lease for its office

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

- Total liabilities are \$1,534,642
- A significant proportion of the recorded liabilities are due to the application of AAASB Standard 16 Leases which requires the estimated costs of maintaining leases to be treated as a liability (Borrowings) on Balance Sheet. EHA has a long-term rental lease for its office facility in the St Peters library Complex and a number of short-term motor vehicle leases (value of leases - see Note 10)

Total Equity is \$551,570 which is \$34,142 less than the budgeted estimate.

Statement of Changes in Equity

The net result of a \$13,674 deficit was \$34,142 less favourable than the budgeted estimate.

Total Equity reduced by \$13,674, and at the end of the reporting period is now \$551,570.

Eastern Health Authority Funding Statement 2021/2022

EHA's Funding Statement 2021/2022 provides more detailed information in relation to individual budget line performance against both the Original and Revised budget. The Funding Statement is provided as attachment 2.

The table below details income variations against the Revised Budget of greater than \$10,000 and where appropriate an explanation for the variation. Unfavourable variations are shown in red, while favourable variations are green.

Income Variations		
Budget Line	Variation	Reason
Food Inspection Fees	(30,152)	Staff Unavailable for periods of year
Fines	(41,126)	Less fines issued, 12K of fines written off as unrecoverable
Worksite Immunisation	(36,956)	Reduced numbers provided than budgeted, influenced heavily by State Government free flu program
Child Immunisation register	(11,760)	Less contribution received for 0-5 years of age
PHN Project	(14,833)	Unexpended funds returned

The variation in relation to total actual income received as compared to budgeted income is **(\$141,555)** or **-5.4%** (Actual \$2,469,208 / Budgeted \$2,610,763).

The following table details expenditure variations of greater than \$10,000 and where appropriate an explanation for the variation. Unfavourable variations are shown in red, while favourable variations are black.

Expenditure Variations		
Budget Line	Variation	Reason
Total Employee Costs	(\$101,391)	Staff on long term leave, time in replacing staff
Maintenance	(\$14,377)	Reduction in maintenance expenses
Vehicle Lease	\$18,775	Increase in lease costs allocated to operating budget due to lease continuations.
Immunisation Clinic Vaccines	\$12,567	Increase in fee for service vaccines purchased.

The variation in relation to total expenditure as compared to budgeted expenditure is **(\$107,395)** or **-4.2%** (Actual \$2,482,882/ Budgeted \$2,590,277).

The Budgeted Net Operating Result was a surplus of \$20,486, while the actual Net Operating Result was a deficit of \$13,674 (a difference of **-\$34,160**).

RECOMMENDATION

That:

The report on Financial Results for the Year Ending 30 June 2022 is received.

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME								
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET								
FOR THE YEAR ENDING 30 JUNE 2022								
	ADOPTED BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2021/2022	AUDITED RESULT 2021/2022	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET
							\$	%
INCOME								
Council Contributions	1,828,263	-	-	-	1,828,263	1,828,263	-	0%
Public Health Plan / Service Review Contributions	-	-	-	-	-	-	-	#DIV/0!
Statutory Charges	181,500	-	-	-	181,500	111,391	(70,109)	-39%
User Charges	256,000	-	70,000	-	326,000	295,541	(30,459)	-9%
Grants, subsidies and contributions	254,000	-	-	-	254,000	226,108	(27,892)	-11%
Investment Income	10,000	-	-	-	10,000	4,320	(5,680)	-57%
Other Income	11,000	-	-	-	11,000	3,585	(7,415)	-67%
TOTAL INCOME	2,540,763	-	70,000	-	2,610,763	2,469,208	(141,555)	-6%
EXPENSES								
Employee Costs	1,802,000	-	50,000	-	1,852,000	1,750,609	(101,391)	-5%
Materials, contracts and other expenses	526,000	24,000	-	-	550,000	516,677	(33,323)	-6%
Finance Charges	44,209	(1,209)	-	-	43,000	46,752	3,752	9%
Depreciation/Amortisation and Impairment	168,554	(23,277)	-	-	145,277	168,844	23,567	16%
TOTAL EXPENSES	2,540,763	(486)	50,000	-	2,590,277	2,482,882	(107,395)	-4%
Operating Surplus/(Deficit)	-	486	20,000	-	20,486	(13,674)	(34,160)	
Net gain (loss) on disposal of assets	-	-	-	-	-	-	-	
Net Surplus/(Deficit)	-	486	20,000	-	20,486	(13,674)	(34,160)	
Total Comprehensive Income	-	486	20,000	-	20,486	(13,674)	(34,160)	

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS								
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET								
FOR THE YEAR ENDING 30 JUNE 2022								
	ADOPTED BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2021/2022	AUDITED RESULT	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET
							\$	%
CASH FLOWS FROM OPERATING ACTIVITIES								
Receipts								
Council Contributions	1,828,263	-	-	-	1,828,263	1,828,263	-	0%
Fees & other charges	181,500	-	-	-	181,500	111,391	(70,109)	-39%
User Charges	256,000	-	70,000	-	326,000	227,946	(98,054)	-30%
Investment Receipts	10,000	-	-	-	10,000	4,044	(5,956)	-60%
Grants utilised for operating purposes	254,000	-	-	-	254,000	226,108	(27,892)	-11%
Other	11,000	-	-	-	11,000	3,585	(7,415)	-67%
Payments								
Employee costs	(1,802,000)	-	(50,000)	-	(1,852,000)	(1,764,556)	87,444	-5%
Materials, contracts & other expenses	(652,166)	103,359	-	-	(548,807)	(536,431)	12,376	-2%
Finance Payments	(44,209)	-	-	-	(44,209)	(48,367)	(4,158)	9%
Net Cash Provided/(Used) by Operating Activities	42,388	103,359	20,000	-	165,747	51,983	(113,764)	
CASH FLOWS FROM FINANCING ACTIVITIES								
Loans Received	-	-	-	-	-	-	-	-
Repayment of Borrowings	(76,131)	-	-	-	(76,131)	(74,132)	1,999	
Repayment of Finance Lease Liabilities	-	(102,873)	-	-	(102,873)	(37,485)	65,388	
Net Cash Provided/(Used) by Financing Activities	(76,131)	(102,873)	-	-	(179,004)	(111,617)	67,387	
CASH FLOWS FROM INVESTING ACTIVITIES								
Receipts								
Sale of Replaced Assets	-	-	-	-	-	-	-	-
Payments								
Expenditure on renewal / replacements of assets	-	-	-	-	-	(82,379)	(82,379)	
Expenditure on new / upgraded assets	-	-	-	-	-	-	-	
Distributions paid to constituent Councils	-	-	-	-	-	-	-	
Net Cash Provided/(Used) by Investing Activities	-	-	-	-	-	(82,379)	(82,379)	
NET INCREASE (DECREASE) IN CASH HELD	(33,743)	486	20,000	-	(13,257)	(142,013)	(128,756)	
CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	694,220	88,676	-	-	782,896	782,896	-	
CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	660,477	89,162	20,000	-	769,639	640,883	(128,756)	

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION								
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET								
FOR THE YEAR ENDING 30 JUNE 2022								
	ADOPTED BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2021/2022	AUDITED RESULT	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET
CURRENT ASSETS							\$	%
Cash and Cash Equivalents	660,477	89,162	20,000	-	769,639	640,883	(128,756)	-17%
Trade & Other Receivables	155,650	33,251	-	-	188,901	231,080	42,179	22%
TOTAL CURRENT ASSETS	816,127	122,413	20,000	-	958,540	871,963	(86,577)	-9%
NON-CURRENT ASSETS								
Infrastructure, property, plant and equipment	1,129,957	25,480	-	-	1,155,437	1,214,249	58,812	5%
TOTAL NON-CURRENT ASSETS	1,129,957	25,480	-	-	1,155,437	1,214,249	58,812	5%
TOTAL ASSETS	1,946,084	147,893	20,000	-	2,113,977	2,086,212	(27,765)	-4%
CURRENT LIABILITIES								
Trade & Other Payables	157,719	6,221	-	-	163,940	133,225	(30,715)	-19%
Provisions	307,885	18	-	-	307,903	289,466	(18,437)	-6%
Borrowings	38,391	138,630	-	-	177,021	140,794	(36,227)	-20%
TOTAL CURRENT LIABILITIES	503,995	144,869	-	-	648,864	563,485	(85,379)	-13%
NON-CURRENT LIABILITIES								
Provisions	38,690	(16,974)	-	-	21,716	9,860	(11,856)	-55%
Borrowings	956,520	(98,835)	-	-	857,685	961,297	103,612	12%
TOTAL NON-CURRENT LIABILITIES	995,210	(115,809)	-	-	879,401	971,157	91,756	10%
TOTAL LIABILITIES	1,499,205	29,060	-	-	1,528,265	1,534,642	6,377	0%
NET CURRENT ASSETS/(CURRENT LIABILITIES)	312,132	(22,456)	20,000	-	309,676	308,478	(1,198)	0%
NET ASSETS	446,879	118,833	20,000	-	585,712	551,570	(34,142)	-6%
EQUITY								
Accumulated Surplus/(Deficit)	446,879	118,833	20,000	-	585,712	551,570	(34,142)	-6%
TOTAL EQUITY	446,879	118,833	20,000	-	585,712	551,570	(34,142)	-6%

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY								
COMPARISON OF AUDITED RESULTS TO ADOPTED BUDGET								
FOR THE YEAR ENDING 30 JUNE 2022								
	ADOPTED BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2020/2021	AUDITED RESULT	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET
ACCUMULATED SURPLUS							\$	%
Balance at beginning of period	446,879	118,347		-	565,226	565,244	18	0%
Net Surplus/(Deficit)	-	486	20,000	-	20,486	(13,674)	(34,160)	-167%
BALANCE AT END OF PERIOD	446,879	118,833	20,000	-	585,712	551,570	(34,142)	-8%
TOTAL EQUITY							\$	%
Balance at beginning of period	446,879	118,347	-	-	565,226	565,244	18	0%
Net Surplus/(Deficit)	-	486	20,000	-	20,486	(13,674)	(34,160)	-167%
BALANCE AT END OF PERIOD	446,879	118,833	20,000	-	585,712	551,570	(34,142)	-8%

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2021/2022				
COMPARISON OF BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2022				
Income	Adopted Budget 2021-2022	Revised Budget	Actual Result	Variation to Revised Budget
Constituent Council Income				
City of Burnside	\$ 448,572	\$ 448,572	\$ 448,572	\$ -
City of Campbelltown	\$ 478,298	\$ 478,298	\$ 478,298	\$ -
City of Norwood Payneham & St Peters	\$ 571,786	\$ 571,786	\$ 571,786	\$ -
City of Prospect	\$ 225,897	\$ 225,897	\$ 225,897	\$ -
Town of Walkerville	\$ 103,710	\$ 103,710	\$ 103,710	\$ -
Total Constituent Council Contributions	\$ 1,828,263	\$ 1,828,263	\$ 1,828,263	\$ -
Statutory Charges				
Food Inspection fees	\$ 122,000	\$ 122,000	\$ 91,848	\$ (30,152)
Legionella registration and Inspection	\$ 8,000	\$ 8,000	\$ 8,524	\$ 524
SRF Licenses	\$ 1,500	\$ 1,500	\$ 2,145	\$ 645
Fines	\$ 50,000	\$ 50,000	\$ 8,874	\$ (41,126)
Total Statutory Charges	\$ 181,500	\$ 181,500	\$ 111,391	\$ (70,109)
User Charges				
Immunisation Service Provision	\$ -	\$ 70,000	\$ 69,000	\$ (1,000)
Immunisation - non funded vaccines	\$ 60,000	\$ 60,000	\$ 69,491	\$ 9,491
Immunisation - Worksites	\$ 110,000	\$ 110,000	\$ 73,044	\$ (36,956)
Food Auditing	\$ 84,000	\$ 84,000	\$ 84,006	\$ 6
Food Safety Training	\$ 2,000	\$ 2,000	\$ -	\$ (2,000)
Total User Charges	\$ 256,000	\$ 326,000	\$ 295,541	\$ (30,459)
Grants, Subsidies, Contributions				
School Based immunisation Program	\$ 184,000	\$ 184,000	\$ 182,701	\$ (1,299)
Child Immunisation register	\$ 30,000	\$ 30,000	\$ 18,240	\$ (11,760)
Adelaide PHN Immunisation Community Engagement Project	\$ 40,000	\$ 40,000	\$ 25,167	\$ (14,833)
Total Grants, Subsidies, Contributions	\$ 254,000	\$ 254,000	\$ 226,108	\$ (27,892)
Investment Income				
Interest on investments	\$ 10,000	\$ 10,000	\$ 4,320	\$ (5,680)
Total Investment Income	\$ 10,000	\$ 10,000	\$ 4,320	\$ (5,680)
Other Income				
Motor Vehicle re-imburements	\$ 4,000	\$ 4,000	\$ 2,992	\$ (1,008)
Sundry Income	\$ 7,000	\$ 7,000	\$ 593	\$ (6,407)
Total Other Income	\$ 11,000	\$ 11,000	\$ 3,585	\$ (7,415)
Total of non Constituent Council Income	\$ 712,500	\$ 782,500	\$ 640,945	\$ (141,555)
Total Income	\$ 2,540,763	\$ 2,610,763	\$ 2,469,208	\$ (141,555)

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2021/2022 (CONT)				
COMPARISON OF BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2022 (cont)				
Expenditure	Adopted Budget 2021-2022	Revised Budget	Actual Result	Variation to Revised Budget
Employee Costs				
Salaries & Wages	\$ 1,600,000	\$ 1,645,000	\$ 1,555,170	\$ (89,830)
Superannuation	\$ 145,000	\$ 150,000	\$ 160,941	\$ 10,941
Workers Compensation	\$ 18,000	\$ 18,000	\$ 16,451	\$ (1,549)
Employee Leave Expenses	\$ 36,000	\$ 36,000	\$ 18,047	\$ (17,953)
Medical Officer Retainer and Agency Staff	\$ 3,000	\$ 3,000		\$ (3,000)
Total Employee Costs	\$ 1,802,000	\$ 1,852,000	\$ 1,750,609	\$ (101,391)
Prescribed Expenses				
Auditing and Accounting	\$ 15,000	\$ 15,000	\$ 13,427	\$ (1,573)
Bad and Doubtful Debts	\$ -	\$ -	\$ 4,251	\$ 4,251
Insurance	\$ 30,000	\$ 30,000	\$ 30,085	\$ 85
Maintenance	\$ 45,000	\$ 45,000	\$ 30,623	\$ (14,377)
Vehicle Leasing/maintenance	\$ 14,000	\$ 14,000	\$ 32,775	\$ 18,775
Total Prescribed Expenses	\$ 104,000	\$ 104,000	\$ 111,161	\$ 7,161
Rent and Plant Leasing				
Electricity	\$ 11,000	\$ 11,000	\$ 8,868	\$ (2,132)
Plant Leasing Photocopier	\$ 3,000	\$ 3,000	\$ 2,904	\$ (96)
Rent	\$ -	\$ -	\$ -	\$ -
Water	\$ 300	\$ 300	\$ -	\$ (300)
Gas	\$ 2,700	\$ 2,700	\$ -	\$ (2,700)
Total Rent and Plant Leasing	\$ 17,000	\$ 17,000	\$ 11,772	\$ (5,228)
IT Licensing and Support				
IT Licences and Subscriptions	\$ 73,000	\$ 73,000	\$ 67,723	\$ (5,277)
IT Support	\$ 52,000	\$ 76,000	\$ 67,487	\$ (8,513)
Internet	\$ 11,000	\$ 11,000	\$ 10,779	\$ (221)
IT Other	\$ 2,000	\$ 2,000	\$ 1,894	\$ (106)
Total IT Licensing and Support	\$ 138,000	\$ 162,000	\$ 147,883	\$ (14,117)
Administration				
Administration Sundry	\$ 6,000	\$ 6,000	\$ 7,748	\$ 1,748
Accreditation Fees	\$ 3,000	\$ 3,000	\$ -	\$ (3,000)
Governance Expenses	\$ 12,000	\$ 12,000	\$ 10,437	\$ (1,563)
Bank Charges	\$ 4,000	\$ 4,000	\$ 4,231	\$ 231
Public Health Sundry	\$ 5,000	\$ 5,000	\$ 5,933	\$ 933
Fringe Benefits Tax	\$ 15,000	\$ 15,000	\$ 14,272	\$ (728)
Health promotion	\$ 5,000	\$ 5,000	\$ -	\$ (5,000)
Legal	\$ 20,000	\$ 20,000	\$ 13,560	\$ (6,440)
Printing & Stationery & Postage	\$ 20,000	\$ 20,000	\$ 17,660	\$ (2,340)
Telephone	\$ 19,000	\$ 19,000	\$ 17,758	\$ (1,242)
Work Health and Safety	\$ 10,000	\$ 10,000	\$ 8,347	\$ (1,653)
Rodenticide	\$ 2,000	\$ 2,000	\$ 1,950	\$ (50)
Staff Amenities	\$ 7,000	\$ 7,000	\$ 2,464	\$ (4,536)
Staff Training	\$ 22,000	\$ 22,000	\$ 13,410	\$ (8,590)
Human Resource / Organisational Development	\$ 16,000	\$ 16,000	\$ 15,657	\$ (343)
Total Administration	\$ 166,000	\$ 166,000	\$ 133,427	\$ (32,573)

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2021/2022 (CONT)				
COMPARISON OF BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2022 (cont)				
Expenditure	Adopted Budget 2021-2022	Revised Budget	Actual Result	Variation to Revised Budget
Immunisation				
Immunisation SBP Consumables	\$ 9,000	\$ 9,000	\$ 10,895	\$ 1,895
Immunisation clinic vaccines	\$ 35,000	\$ 35,000	\$ 47,567	\$ 12,567
Immunisation worksite vaccines	\$ 30,000	\$ 30,000	\$ 25,030	\$ (4,970)
Immunisation PHN project	\$ -	\$ -	\$ 1,452	
Total Immunisation	\$ 74,000	\$ 74,000	\$ 84,944	\$ 9,492
Income protection				
Income Protection	\$ 25,000	\$ 25,000	\$ 25,692	\$ 692
Total Uniforms/Income protection	\$ 25,000	\$ 25,000	\$ 25,692	\$ 692
Sampling				
Legionella Testing	\$ 2,000	\$ 2,000	\$ 1,798	\$ (202)
Food Sampling	\$ -	\$ -	\$ -	\$ -
Total Sampling	\$ 2,000	\$ 2,000	\$ 1,798	\$ (202)
New Initiatives				
Website Upgrade	\$ -	\$ -	\$ -	\$ -
Public Health Plan Review	\$ -	\$ -	\$ -	\$ -
Service/Governance Review	\$ -	\$ -	\$ -	\$ -
Total New Initiatives	\$ -	\$ -	\$ -	\$ -
Total Materials, contracts and other expenses	\$ 526,000	\$ 550,000	\$ 516,677	\$ (33,323)
Total Operating Expenditure	\$ 2,328,000	\$ 2,402,000	\$ 2,267,286	\$ (134,714)
Finance Charges	\$ 44,209	\$ 43,000	\$ 46,752	\$ 3,752
Depreciation, amortisation and impairment	\$ 168,554	\$ 145,277	\$ 168,844	\$ 23,567
Total Expenditure	\$ 2,540,763	\$ 2,590,277	\$ 2,482,882	\$ (107,395)
Total Income	\$ 2,540,763	\$ 2,610,763	\$ 2,469,208	\$ (141,555)
Net Surplus/Deficit	\$ -	\$ 20,486	\$ (13,674)	\$ (34,160)
Depreciation Add Back	\$ 26,000	\$ 26,000	\$ 37,889	\$ 11,889
Amortisation Add Back	\$ 16,388	\$ 16,388	\$ 51,863	\$ 35,475
Loans Received	\$ -	\$ -	\$ -	\$ -
Capital Expenditure - plant and Equipment	\$ -	\$ -	\$ (4,545)	\$ (4,545)
Capital Expenditure - Office Fit-out	\$ -	\$ -	\$ -	\$ -
Loan Repayments	\$ (76,131)	\$ (76,131)	\$ (74,132)	\$ 1,999
Funding Result	\$ (33,743)	\$ (13,257)	\$ (2,599)	\$ 10,658

7.3 DEBT COLLECTION POLICY

Author: Michael Livori
Ref: AF17/79

Summary

Eastern Health Authority (EHA) Debt Collection Policy (the policy) was originally adopted at an Audit Committee meeting held on 15 August 2018. The latest reviewed version of the policy was considered by the Audit Committee at its meeting held on 22 August 2022. The reviewed policy has been endorsed by the Audit Committee and is now presented to the Board of Management for adoption.

Report

The Debt Collection Policy sets out a clear, equitable, accountable, and transparent process that EHA will follow for its debt management and collection practices. The Policy assists in ensuring that all debts owed to EHA are received by the due date or followed up within specified timeframes.

The current policy has been reviewed and a number of minor updates have been proposed in relation to the process of managing debt.

The Policy has been updated to reflect that if payment has not been received by the due date reminder letters will be scheduled in MYOB at 7, 14 and 21 days overdue. If payment remains outstanding at 14 days; telephone contact to the customer will commence with a final notice being sent at 28 days via both email and post.

If payment is not received within 7 days of the final notice being sent to the customer, action will commence with an external Debt Collection Agency.

By shortening our collection time frames we anticipate a significant reduction in the accounts falling into doubtful debt timeframes.

The revised policy was considered and endorsed by the Audit Committee at its meeting held on 22 August 2022 where the following was resolved.

That:

1. The report regarding the Debt Collection Policy as amended is received.
2. A The Debt Collection Policy marked attachment 2 to the Debt Collection Policy report dated 22 August 2022 is endorsed and referred to the Board of Management for adoption.

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

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

RECOMMENDATION

That:

1. The report regarding the Debt Collection Policy is received.
2. The Debt Collection Policy marked attachment 2 to the Debt Collection Report dated 31 August 2022 is adopted.



DEBT COLLECTION POLICY

Policy Reference	FM03
Date of initial Board Adoption	19 February 2014
Minutes Reference	8: 082018
Date of Audit Committee Endorsement (if applicable)	15 August 2018 22 August 2022
Date last reviewed by Eastern Health Authority Board of Management	29 August 2018
<i>Relevant Document Reference</i>	EHA Standard Operating Procedure - Debt Collection
Applicable Legislation	S143 Local Government Act 1999

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1. Purpose

This Debt Collection Policy (Policy) sets out a clear, equitable, accountable and transparent process that Eastern Health Authority (EHA) will follow for its debt management and collection practices.

The Policy will also assist in ensuring that debts owed to EHA are received by the due date or followed up within specified timeframes and to provide a consistent approach to debt management.

2. Scope

This policy applies to all EHA Staff in relation to the collection of outstanding debt.

3. Definitions

Credit – the purchase and/or provision of goods and services from EHA by a debtor on the basis of a commitment to pay at a future time.

Debt – the amount of money owed by the debtor as a result of a transaction with EHA. A debt is expected to be settled within the normal payment terms of trade.

Debtor – an individual, organisation or other party that transacts with EHA where goods or services are provided, use of facilities are made available, fines and licence fees are levied and any other transaction that results in a future payment to EHA.

A debtor is an asset for EHA, as it gives rise to an anticipated future benefit. The future benefits are cash inflows, which occur when the debt is paid.

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Debt Collection Policy

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Invoice Date – the date which the invoice has been raised in the debtors system.

Write Off – the accounting procedure for cancelling a debt that is no longer collectable resulting in its removal from EHA's Balance Sheet.

4. Principles

Decisions relating to collection of outstanding debts will be considered in the context of:

- **Accountability and Transparency**

EHA's practices and decisions will be made in accordance with the relevant legislation and accepted conventions. Staff will ensure that internal controls are applied when dealing with outstanding debts.

- **Fairness and Equity**

EHA will ensure that all credit and related debts are managed fairly and equitably.

This Policy confirms that parties who incur debts do so on the understanding that the prescribed repayment terms are met.

- **Responsibilities**

The team providing the goods and/or service to the debtor will be responsible for completing the documentation required for an invoice to be generated.

Administration will be responsible for raising the invoice and the recovery of any debts for all teams.

- **Risk Management**

Principles of risk management will underpin decisions made in relation to credit and related debt management. To reduce the risk of non-payment of debt, a structured collection and recovery process will be applied.

5. Policy

EHA staff will maintain procedures that support the administration of this Policy.

5.1 Credit Management

Credit terms for all Debtors are 30 days from the date of invoice.

5.2 Debt Management

- 5.2.1 If payment has not been received ~~by the due date within 30 days~~ of the invoice ~~date an invoice a payment reminder will be emailed scheduled in MYOB to be sent at 7, 14 and 21 days overdue, if the customer's debtor's account remains unpaid. to the debtor advising of invoices still to be paid as a first reminder.~~

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Debt Collection Policy**3**

- 5.2.2 ~~If payment has not been received within 60 days of the invoice date a Final Demand Letter will be sent to the debtor requesting immediate payment. The letter will advise that debt collection will commence if the invoice is not paid in full and all costs associated with this process will be added to the outstanding debt. If payment is not received within 14 days of the invoice date, telephone contact to the debtors customer will commence. Please note: payment reminders as mentioned above will continue to be sent if payment is not made.~~
- 5.2.3 ~~If payment has not been received within 90 28 days of the invoice date, a final notice will be sent to the- debtorseustomer, by both email and post. telephone contact is made requesting immediate payment. Repeated attempts are made by EHA staff to speak to the debtor and resolve the outstanding debt.~~
- 5.2.4 ~~If payment is not received within 7 days of the final notice being issued and all telephone contact has been exhausted, a further 14 days and attempts to contact the debtor have been unsuccessful. EHA Finance & Administration staff Officer will seek approval from the relevant Team Leader and CEO to refer the outstanding debt, and all relevant account information will be to the forwarded to the Debt Collection Agency.~~ This resulting action will be determined on a case by case basis.
- 5.2.5 If approval is given for the debt to be referred to the Debt Collection Agency, the debtor's contact details and relevant outstanding debt information will be provided to the Debt Collection Agency.
- 5.2.6 The Chief Executive Officer has the discretion to vary steps in 5.2.
- 5.2.7 This process does not apply to debts managed by the Fines Enforcement and Recovery Unit of South Australia.

6. Provision for Doubtful Debts

Where the recovery of debt is unlikely prior to completing all steps listed in 5.2 (i.e. where the debtor is bankrupt or in liquidation), a provision for doubtful debt shall be made.

7. Write off

- 7.1 Section 143 of the Local Government Act 1999 will apply when determining if an outstanding debt should be written off.
- 7.2 Debts will only be written off when all reasonable attempts to recover outstanding amounts have been made or the costs of recovery are likely to equal or exceed the amount to be recovered.
- 7.3 All debts up to the value of \$10,000 must be authorised by the CEO.
- 7.4 Any debts greater than \$10,000 must be authorised by the Board of Management.

8. Review & Evaluation

This Policy will be reviewed at least once every two years. However, EHA may revise or

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Debt Collection Policy

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review this Policy at any time (but not so as to affect any process that has already commenced).

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DEBT COLLECTION POLICY

Policy Reference	FM03
Date of initial Board Adoption	19 February 2014
Minutes Reference	8: 082018
Date of Audit Committee Endorsement (if applicable)	22 August 2022
Date last reviewed by Eastern Health Authority Board of Management	29 August 2018
<i>Relevant Document Reference</i>	EHA Standard Operating Procedure - Debt Collection
Applicable Legislation	S143 Local Government Act 1999

1. Purpose

This Debt Collection Policy (Policy) sets out a clear, equitable, accountable and transparent process that Eastern Health Authority (EHA) will follow for its debt management and collection practices.

The Policy will also assist in ensuring that debts owed to EHA are received by the due date or followed up within specified timeframes and to provide a consistent approach to debt management.

2. Scope

This policy applies to all EHA Staff in relation to the collection of outstanding debt.

3. Definitions

Credit – the purchase and/or provision of goods and services from EHA by a debtor on the basis of a commitment to pay at a future time.

Debt – the amount of money owed by the debtor as a result of a transaction with EHA. A debt is expected to be settled within the normal payment terms of trade.

Debtor – an individual, organisation or other party that transacts with EHA where goods or services are provided, use of facilities are made available, fines and licence fees are levied and any other transaction that results in a future payment to EHA.

A debtor is an asset for EHA, as it gives rise to an anticipated future benefit. The future benefits are cash inflows, which occur when the debt is paid.

Invoice Date – the date which the invoice has been raised in the debtors system.

Write Off – the accounting procedure for cancelling a debt that is no longer collectable resulting in its removal from EHA's Balance Sheet.

4. Principles

Decisions relating to collection of outstanding debts will be considered in the context of:

- **Accountability and Transparency**

EHA's practices and decisions will be made in accordance with the relevant legislation and accepted conventions. Staff will ensure that internal controls are applied when dealing with outstanding debts.

- **Fairness and Equity**

EHA will ensure that all credit and related debts are managed fairly and equitably.

This Policy confirms that parties who incur debts do so on the understanding that the prescribed repayment terms are met.

- **Responsibilities**

The team providing the goods and/or service to the debtor will be responsible for completing the documentation required for an invoice to be generated.

Administration will be responsible for raising the invoice and the recovery of any debts for all teams.

- **Risk Management**

Principles of risk management will underpin decisions made in relation to credit and related debt management. To reduce the risk of non-payment of debt, a structured collection and recovery process will be applied.

5. Policy

EHA staff will maintain procedures that support the administration of this Policy.

5.1 Credit Management

Credit terms for all Debtors are 30 days from the date of invoice.

5.2 Debt Management

- 5.2.1 If payment has not been received by the due date of the invoice a payment reminder will be scheduled in MYOB to be sent at 7, 14 and 21 days overdue, if the debtor's account remains unpaid.

- 5.2.2 If payment is not received within 14 days of the invoice date, telephone contact to the debtors will commence. Please note: payment reminders as mentioned above will continue to be sent if payment is not made.
- 5.2.3 If payment has not been received within 28 days of the invoice date, a final notice will be sent to the debtors, by both email and post.
- 5.2.4 If payment is not received within 7 days of the final notice being issued and all telephone contact has been exhausted, EHA Finance & Administration Officer will seek approval from the relevant Team Leader and CEO to refer the outstanding debt. This resulting action will be determined on a case by case basis.
- 5.2.5 If approval is given for the debt to be referred to the Debt Collection Agency, the debtor's contact details and relevant outstanding debt information will be provided to the Debt Collection Agency.
- 5.2.6 The Chief Executive Officer has the discretion to vary steps in 5.2.
- 5.2.7 This process does not apply to debts managed by the Fines Enforcement and Recovery Unit of South Australia.

6. Provision for Doubtful Debts

Where the recovery of debt is unlikely prior to completing all steps listed in 5.2 (i.e. where the debtor is bankrupt or in liquidation), a provision for doubtful debt shall be made.

7. Write off

- 7.1 Section 143 of the Local Government Act 1999 will apply when determining if an outstanding debt should be written off.
- 7.2 Debts will only be written off when all reasonable attempts to recover outstanding amounts have been made or the costs of recovery are likely to equal or exceed the amount to be recovered.
- 7.3 All debts up to the value of \$10,000 must be authorised by the CEO.
- 7.4 Any debts greater than \$10,000 must be authorised by the Board of Management.

8. Review & Evaluation

This Policy will be reviewed at least once every two years. However, EHA may revise or review this Policy at any time (but not so as to affect any process that has already commenced).

7.4 ANNUAL BUSINESS PLAN 2021/2022 PERFORMANCE EVALUATION

Author: Michael Livori
Ref: AF22/9

Summary

This report outlines Eastern Health Authority's (EHA's) performance for 2021/2022 against the performance measures contained within the Annual Business Plan.

Report

The Annual Business Plan 2021/2022 was adopted by the Board of Management at its meeting held on 24 June 2021.

The Annual Business Plan includes the following:

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

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

Outcomes of 2021/2022 have been evaluated against the performance measures contained within the Annual Business Plan to determine whether the objectives of the core activities have been achieved.

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

RECOMMENDATION

That:

The Annual Business Plan 2021/2022 Performance Evaluation report is received.

Business Plan Review - Progress Against Actions 1 July 2021 – 30 June 2022

1.0 – Governance and Organisational Development

Objective 1 Administration of legislative and corporate governance requirements

Actions	Performance Measures	Result
1.1 Monitor the compliance of statutory requirements identified in the Charter.	Statutory requirements complied with as per Charter.	Compliance monitored. Required actions are detailed below.
1.2 Properly convene Board meetings providing agendas and minutes.	5 meetings conducted. Appropriate notice given. Timeframe met.	The EHA Board of Management (BOM) met eight times during the year to consider EHA business. Time frames met.
1.3 Conduct election for Chair and Deputy Chair of Board of Management in February.	Election conducted at February meeting.	Chair and Deputy Chair elected at meeting held on 23 February 2022.
1.4 In accordance clause 6.5 of EHA's Charter 2016, undertake the required strategies to attain any priority or goal which the Regional Public Health Plan, 'Better Living, Better Health' (the Plan) specifies as EHA's responsibility.	As detailed in 'Better Health, Better 'Protection for Health'	The required 'Protection for Health' outcome goals are detailed within EHA Annual Business Plan. COVID-19 impacting the implementation of some outcome goals.
1.5 Provide administrative assistance to the Public Health Plan Advisory Committee.	Meetings conducted as required.	Administrative assistance provided to the Regional Public Health Plan Advisory Committee. Committee met on two occasions. Committee agreed that meetings to be held biannually.
1.6 Annual business plan to be developed with detailed objectives for the year in consultation with Constituent Councils.	Draft considered at March meeting and adopted at June meeting.	Budget presentation provided to BOM on 9 March 2022. Draft considered by BOM at March 2022 meeting and adopted at June 2022 meeting. Constituent Councils provided draft in March 2022 for endorsement.

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Actions	Performance Measures	Result
1.7 Develop budgeted financial statements to implement the Annual Business Plan of EHA. Draft Budgeted Financial Statements considered at April/May meeting. Budgeted Financial Statements adopted at June meeting.	Budget and Financial Statements adopted. Copy of budget provided to CEO of Constituent Councils within 5 days of adoption.	Draft Budget presented at March 2022 meeting. Budget Adopted at June 2022 meeting. Budget provided to councils on 4 July 2022.
1.8 Keep proper books of account, regularly report on the financial position of EHA, and apply prudent financial management as required by the Charter.	Financial reports provided at each Board Meeting. Budget reviews presented at October, February and May meetings.	Regular Finance Reports and three Budget Reviews considered and by BOM.
1.9 Conduct Audit Committee meetings as required by Charter.	Audit committee meet minimum of two times per annum.	Two Audit Committee meetings held.
1.10 Ensure the financial statements are audited annually as per the requirements of the Charter.	Audited financial statements adopted at August/September meetings and provided to Constituent Councils within 5 days.	Audited Financial Statements signed without qualification by Auditor and provided to Constituent Councils on 09 September 2021.
1.11 Monitor Long Term Financial Plan.	Plan reviewed annually as part of budget process.	Reviewed Financial Estimates considered by Audit Committee and Board of Management August /September 2021.
1.12 Provide regular statistical reports to Board Members and Constituent Council.	Reports provided at scheduled Board meetings.	Reports provided to all Board meetings including statistical reports.
1.13 Conduct review of delegations as required. Lead Constituent Councils in process. Resolutions and Instruments of delegation provided to Constituent Councils.	Documents provided to Constituent Councils. Delegations from EHA to CEO reviewed annually.	Delegation review process has been reviewed by LGA. Preliminary work conducted in relation to revised process. Future contact to be made with Constituent Councils to ensure consistency of process.
1.14 Provide information to the Board of Management in relation to public health reforms and provide written responses on behalf of EHA and Constituent Councils to State Government.	Information reports provided to Board and distributed to Constituent Councils as required.	Submission to FZANZ on Draft Food Safety Standard and Amendments to Food Safety Standard 1.1.17 – to introduce three proposed food safety management tools: food safety supervisor; food handler training and evidence.
1.15 Compile annual report in relation to the operations of EHA as required by the charter.	Annual report provided to Constituent Councils by 30 September.	Annual report developed and provided as required.

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Actions	Performance Measures	Result
1.16 Compile report pursuant to the <i>South Australian Public Health, Act 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at relevant Board meeting and provided to Public Health Council.	<i>SA Public Health Act 2011</i> Annual Report 2021-22 received at 31 August 2022 Board Meeting and provided to Public Health Council by due date.
1.17 Compile annual report pursuant to the <i>Food Act 2001</i> and <i>Safe Drinking Water Act, 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at August meeting and provided to SA Health.	<i>Food Act 2001</i> Annual Report 2021-22 received at 31 August 2022 Board Meeting and sent to SA Health by due date.
1.18 Compare Annual Business Plan against performance measures.	Report presented to September meeting.	2021/2022 evaluation considered at 31 August 2022 meeting.
1.19 Convene meetings of Constituent Council nominated contacts. Work with contacts to actively promote EHA's services to the Constituent Councils.	4 meetings conducted per year.	Council contacts met on four occasions. Agenda and minutes provided for each meeting.
1.20 Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	System developed to ensure appropriate standards are being met.	Monthly Audit reports are monitored for discrepancies in Content Manager.
1.21 Continually Review the EHA website to improve the functionality and available information and educational material.	Improved website functionality and available information.	Inclusion of immunisation client testimonials based on clinic feedback taken during survey period. New page created for testimonials as well and a feature on the home page. Pop up announcement used on various occasions to promote public health alerts and immunisation updates. Immunisation Online booking system confirmation e-mails reviewed and updated with relevant information regarding COVID-19 mandates (e.g masks in clinics, wait times etc). Link check ad on feature activated to ensure the automatic monitoring of the hyperlinks within the website and current and working. COVID-19 updates in relation to level of restrictions and impacts on EHA operations.

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Actions	Performance Measures	Result
1.22 Finalise the EHA Customer Service Health Enquiry Guidelines.	Document Finalised	Finalisation of document on hold. Focus on required regulatory inspections as a significant number of businesses were not accessible due to COVID-19 and fewer available EHO's to undertake inspections.
1.23 Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	Report to Board on expansion opportunities.	EHA successful in quote for provision of immunisation services to both City of Unley and Adelaide Hills Council.
1.24 Maintenance of Health Manager (electronic database) and Mobile Health (Inspection App). Continue to expand Health Manager and Mobile Health internal and external functionality, to improve inspection, complaint and administrative efficiency and reporting capabilities.	Introduce new applications and reporting capabilities where required. Continue to liaise with Open Office to discuss new applications.	Ongoing maintenance to HM to improve administration efficiency, reporting capabilities and record management. Dashboard reports - draft quarterly templates for Constituent Councils internally generated. Further consideration and options being explored to create reports where data can be easily extrapolated and reported for each individual council from HM.
1.25 Participate in the Environmental Managers Forum to address environmental health issues and promote uniformity and professional consistency.	Management to attend and participate in the Environmental Managers Forum meetings.	CEO (Convenor of Forum) attended all meetings. Team Leader Environmental Health attended meetings.
1.26 Engage with LGA, non Government Organisations and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Engage and actively participate in opportunities to promote consistency.	Survey - Skin Penetration - South Australian Public Health (General) Regulations 2013 review. Survey - Wastewater Application Assessment and Underfloor Sanitary Plumbing and Drainage Matters Written response to FSANZ on proposed New Draft Food Safety Standard and Amendments to Food Safety Standard 1.1.17.
1.27 Continue membership and actively participate in the Eastern Adelaide Zone Emergency Management Committee to develop and finalise the Eastern Zone Emergency Management Plan.	Attend the Eastern Adelaide Zone Emergency Management Committee and actively contribute towards the development of the Eastern Zone Emergency Management Plan.	Attended Emergency Management forum for SA Councils.

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Summary:

The Board of Management met eight times during the year to consider EHA's business. Audit signed without qualification by Auditor and adopted by Board of Management September 2021. Chair and Deputy Chair elected at meeting held in February 2022. Revised delegations review process being considered. Annual Report 2020/2021 published and circulated.

SA Public Health Act 2011 Annual Report 2020/2021 received at September 2021 Board Meeting and provided to Public Health Council. *Food Act 2001* Annual Report 2020/2021 received at September 2021 Board Meeting and submitted to SA Health.

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

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

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

Summary:

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

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

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2.0 – Public and Environmental Health

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

Actions	Performance Measures	Result
<p>2.1 Maintain and update a register of applicable public health related premises</p> <p>Public Health related premises are:</p> <ol style="list-style-type: none"> 1. premises with public swimming pools and spas 2. premises with cooling tower systems and warm water systems 3. Personal care and body art 4. Onsite wastewater management systems <p>Maintain and update a register of all public health related complaints.</p>	<p>Register maintained and updated as required.</p>	<p>Registered waste-water systems reviewed and updated as required.</p> <p>Register for beauty and skin penetration, high risk manufactured water systems and swimming pools were maintained and updated as required.</p> <p>Personal care and body art registered premises reviewed and updated as required.</p> <p>Ongoing surveillance to identify new or un-notified Public Health premises.</p> <p>Monitoring all business closures and re-openings in line with COVID-19 restrictions. Updated the register accordingly.</p>
<p>2.2 Undertake assessments and investigate complaints to determine appropriate standards of public swimming pools and spas are maintained in accordance with the South Australian Public Health (General) Regulations 2013.</p> <p>Inspection frequency may change subject to compliance.</p>	<p>All indoor pools assessed twice a year and outdoor pools once a year.</p> <p>Investigate and respond to complaints in accordance with the customer service standards.</p>	<p>A total of 24 sites were inspected at least once.</p> <p>59 routines and 7 follow up inspections were conducted.</p> <p>3 complaint investigations were required.</p> <p>No Compliance Notices were issued.</p> <p>Four swimming pool sites voluntarily closed.</p> <p>Two Sites were closed for the duration of the reporting period due to COVID concerns and maintenance upgrades. These sites are due to reopen during the next reporting period.</p>

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Actions	Performance Measures	Result
<p>2.3 Undertake assessments and collect water samples for analysis to determine appropriate standards of cooling towers and warm water systems for the management of <i>Legionella</i> in accordance with <i>South Australian Public Health (Legionella) Regulations 2013</i>.</p>	<p>Assessments performed at least annually.</p>	<p>19 cooling tower systems across 12 sites were inspected.</p> <p>In total 19 inspections were completed, 19 routine and no follow up inspections were required.</p> <p>Eight warm water systems across four sites were inspected.</p> <p>Three positive <i>Legionella</i> detections were identified from the routine sampling completed. All detections occurred in warm water systems.</p> <p>Three positive <i>Legionella</i> detections were notified to EHA from warm water system sites' internal testing.</p> <p>No legal actions undertaken in the reporting period.</p>
<p>2.4 Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in accordance with SA Health guidance and internal procedures.</p>	<p>Investigate incidences in accordance with EHA service standards and SA Health guidance.</p>	<p>Three positive <i>Legionella</i> notifications received from three sites own internal sampling.</p> <p>Inspection frequency for one site remains at 6 months.</p> <p>No desktop <i>Legionella</i> investigations were required by SA Health.</p>
<p>2.5 Undertake assessments and investigate complaints to determine appropriate standards at personal care and body art premises are maintained in accordance with guidelines and legislation.</p>	<p>Assessments performed according to risk-based schedule.</p> <p>Investigate and respond to complaints in accordance with the customer service standards.</p>	<p>Assessments undertaken at all Tattooists.</p> <p>One beauty premises complaint received and investigated.</p>
<p>2.6 Assess applications and undertake the required inspections for the installation of on-site wastewater systems in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i>, the On-site Wastewater System Code, 2013 and AS 1547 internal procedures, and service standards.</p>	<p>Applications assessed against with legislative requirements and customer service standards.</p>	<p>Five onsite wastewater system applications were received.</p> <p>Three applications approved.</p> <p>Two applications pending decision at the end of the reporting period.</p> <p>Five onsite inspections undertaken to determine progress of approved wastewater works.</p>

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Actions	Performance Measures	Result
2.7 Monitor service reports for aerobic wastewater treatment systems to identify non-compliances. Ensure non-compliances are addressed in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i> .	Monitor service reports for wastewater treatment systems to identify non-compliances.	108 service reports received.
2.8 Update and expand the current wastewater register to clearly identify systems installed within the non-sewered Constituent Council areas.	Update and expand the current register.	Review and update of waste water register on hold. Focus on required regulatory inspections as a significant number of businesses were not accessible due to COVID-19 and fewer available EHO's to undertake inspections.
2.9 Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to: <ul style="list-style-type: none"> - hoarding and squalor - sanitation - vector control - hazardous and infectious substances <ul style="list-style-type: none"> clandestine Drug Laboratory asbestos syringes - on-site wastewater systems - notifiable diseases - refuse storage Co-ordinate a multi-agency response where necessary. Undertake joint investigations with Constituent Councils where there may be an overlap relating to offences relating to <i>SA Public Health Act 2011, Environmental Protection (Water Quality) Policy 2015 and the Local Nuisance and Litter Control Act, 2017</i> .	Enquiries/complaints are investigated in accordance with the customer service standards and Guidelines. Undertake joint investigations with Constituent Councils where required.	209 Public health complaints were received. 11 of these complaints related to COVID-19 physical distancing. 269 onsite inspections performed. 3 x Compliance Notices (Severe Domestic Squalor) 2 X General Duty Notices were issued. Multiple joint inspections conducted with Constituent Council Officers where complaints overlap relating to public health and nuisance matters.
2.10 Administer the COVID-19 State Directions and undertake the required surveillance and report where required to SAPOL based on advice received from the Local Government Functional Support Group (LGFSG) who are considered as our lead agency. Continue to report COVID-19 physical distancing breaches on the LGA i-Responda Portal as advised and required by the LGA.	Surveillance and reporting as required by LGFSG.	Undertook physical distancing inspections to administer the COVID-19 State Directions and continue surveillance as required by the LGFSG. I-responda App was superseded by the SA Health COVID-19 Safe App. All inspections were entered electronically into the App during routine food inspections.

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Actions	Performance Measures	Result
		Due to the easing of the restrictions LGFSG required EHO's to undertake a passive surveillance role during routine inspections.
2.11 Provide information to households informing them of localised pests/vector issues that can be minimised. Provide rodent bait to residents upon request.	Provide information and rodent bait to residents as required.	Various vector control awareness information sheets, including mosquito, rodent and pigeon were disseminated to residential properties.
2.12 Undertake relevant notifiable disease investigations in collaboration with SA Health.	Respond to disease notifications in accordance with customer service standards and SA Health guidance.	<p>CDCB notifications received: <i>Campylobacter</i> – 261 <i>Salmonella</i> – 43 <i>Cryptosporidiosis</i> – 5 <i>Legionellosis</i> – 1</p> <p>Investigations were undertaken where required based in the instructions from CDCB.</p> <p>A total of 6,470 confirmed <i>COVID-19</i> notifications were received. No action was required.</p>
2.13 Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.	Information available to community and via website as required.	<p>Investigated four complaints and provided advice. Where required undertook joint inspections with Constituent Council General Inspectors.</p> <p>Information materials and advice provided to households as required.</p>
2.14 Assist members of the community by offering approved sharps containers at cost price. Free disposal of full and approved sharps containers delivered to EHA.	Provide sharps container at cost price and free disposal service to residents as required.	As required.
2.15 Continue to co-ordinate and attend the Eastern Hoarding and Squalor Committee meetings to promote interagency management of residents affected by hoarding and squalor.	Coordinate the Eastern Hoarding and Squalor meetings.	Eastern Hoarding and Squalor Group (the Group) has enabled an inter-agency response to hoarding and squalor issues. EHA continues to co-ordinate and convene the meetings. The group met on three occasions.

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Actions	Performance Measures	Result
		Presentations to the group were conducted from RSPCA, O'Shea's Organisation and EHA Environmental Health Officer on an unidentified case study.
2.16 Participate in Metropolitan Fire Service fire risk notification system.	Notify MFS when required as per the notification process.	MFS Assessment Tool used where required. 1 assessment undertaken 1 notification undertaken MFS Officer accompanied EHO to an on-site visit
2.17 Respond to development application referrals from councils regarding public health related premises and activities.	Respond to all referrals in accordance with the customer service standards.	Assessments are reviewed as required. Following review of applications EHO's contact new business proprietors and conducted a preliminary onsite inspection.
2.18 Monitor providers who supply water to the public under the <i>Safe Drinking Water Act 2012</i> meet the requirements set out by the Act and <i>Safe Drinking Water Regulations 2012</i> .	Continue to monitor potential water providers to ensure compliance with the Act and associated regulations.	Nil.

Summary

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

A total of 27 routine inspections were undertaken at 16 HRWMS sites. All sites were inspected at least annually. Water samples were obtained at all routine inspections, resulting in three detections of *Legionella*. These facilities were shut down and decontaminations were promptly undertaken as required by the SA Public Health (*Legionella*) Regulations 2013. No further legal action was required.

During the year, 59 routine inspections and 7 follow-up inspections were conducted at 27 swimming pool and spa sites were assessed.

During the year, 209 public health complaints were received (increase compared to the previous year) and 269 onsite inspections were performed. Following the declaration of the COVID-19 Pandemic and the Police Commissioner's State of Emergency the Authorised Officers investigated 11 complaints relating to COVID19 physical distancing.

Three compliance notices were issued to separate properties in relation to severe domestic squalor. Two General Duty Notices were issued to separate properties in relation to Clandestine drug Lab and unmaintained domestic swimming pool harbouring mosquito larvae.

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Eastern Hoarding and Squalor Group (the Group) has enabled an inter-agency response to hoarding and squalor issues. EHA continues to co-ordinate and convene the meetings. The group met on three occasions.

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

Actions	Performance Measures	Result
2.1.1 Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the resources of other health related agencies.	Information resources updates as required.	Continue to review of public health fact sheets as required.
2.1.2 Promote EHA services and educate the community on matters of public health in conjunction with Constituent Councils.	Provide information updates and articles to Constituent Councils as required.	Updated EHA Website with links relevant to: <ul style="list-style-type: none"> - poisonous mushrooms - Japanese encephalitis - COVID-19 Social media links and information sent to Constituent Councils to promote on their relevant social media platforms.
2.1.3 Participate in State/National proactive educational initiatives that raise awareness of public health related issues amongst the community.	Number of proactive educational activities conducted each year.	Nil.

Objective 2.2

D22/3708

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

Actions	Performance Measures	Results
2.2.1 Assess applications for new licences, licence renewals and transfer of licence with regard to SRF legislation and within legislative timeframes.	Applications processed within legislative timeframes.	Five licence renewal applications were received and approved.
2.2.2 Assess applications for manager and acting manager with regard to SRF legislation.	Applications processed within customer service standards.	Two acting manager applications were received.
2.2.3 Conduct relicensing audits of facilities against SRF legislation. Incorporate appropriate annual fire safety requirements from the Constituent Councils Building Fire and Safety Officers.	Unannounced audits conducted at all facilities. Issue of licences annually with conditions where required. Fire safety advice obtained annually. If required, Include as licence conditions as agreed between EHA and Constituent Councils.	Altogether, seven unannounced routine licensing audits were conducted across five facilities. Documentation audits were performed for all five facilities. Authorised Officers liaised with Officers from the relevant Building Fire Safety Committee to obtain fire safety reports for each facility. Four facilities were licenced for one year. One facility was granted a short term licence. Renewal of the licence is subject to compliance with the licence conditions.
2.2.4 Conduct follow-up inspections to ensure facilities continue to operate at satisfactory standards in accordance with the legislation.	Unannounced inspections and follow-ups conducted at SRFs where required.	Two follow-up inspections were performed at facilities where required.
2.2.5 Respond to enquiries/complaints in relation to SRFs	Respond to all enquiries and complaints in accordance with the customer service standards.	Four complaints were received and investigations were undertaken. One complaint continues to be investigated.
2.2.6 Liaise with service providers to ensure residents receive appropriate levels of care.	Liaise where required.	Regular liaison with service providers including; <ul style="list-style-type: none"> - SRF Managers and Proprietors - Quality Safe Guard Commission - Department of Human Services - SRF Health Access Team Dietician - SAPOL

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Actions	Performance Measures	Results
2.2.7 Liaise with Constituent Councils and other relevant stakeholders in relation to potential SRF closures and surrender of licence, strategic management options and appropriate alternative accommodation options.	Issues investigated and reported to Board of Management and relevant council as necessary.	One matter has required EHA to liaise with the NDIS Quality and Safeguards Commission. The relevant Constituent Council has been made aware and updated on the matter. Further action is dependant on the outcomes of the investigation.
2.2.8 Liaise with LGA and State Government to ensure legislation applicable to SRFs is appropriate and that local government receives appropriate support for its licensing role.	Continue discussion with LGA and State Government regarding these issues.	Regular contact made with LGA in relation to progress of legislative reforms. State Government have completed a body of work but have not yet released outcomes. Issue with overlap in NDIS oversight and SRF legislation identified and requires consideration as part of reform process.
2.2.9 Ensure COVID-19 State Directions are administered as guided by the LGFSG and DHS to protect the health and well-being of the SRF residents.	Monitor communication from LGFSG and DHS and operating within the current Directions.	-Communicate requirements of directions to supported residential facilities - Monitor the current practices of facilities to ensure that they are adhering to the requirements of the directions -Where necessary, relaying questions about current directions from the SRFs to DHS

Summary

Five licence renewal applications were received. Altogether, seven unannounced routine licensing audits were conducted across five facilities. Documentation audits were performed for all five facilities. Four facilities were licenced for one year. One facility was granted a short term licence with conditions. Renewal of the licence is subject to compliance with the licence conditions.

Four complaints were received and investigations were undertaken. One complaint continues to be investigated involving the NDIS Quality and Safeguards Commission

Two acting manager applications were received and approved. No licence transfers were received during the reporting period.

Throughout the year EHA maintained COVID-19 communication where relevant and monitored the current practices of facilities to ensure that they are adhering to the requirements of the directions.

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

Actions	Performance Measures	Results
2.3.1 Liaise with the Constituent Councils and Eastern Adelaide Zone Emergency Management Committee to ensure integration of emergency management arrangements.	Attend and participate in committee meetings.	Two meetings attended by Team Leader Environmental Health.
2.3.2 Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. Participate in any relevant exercises conducted by the Constituent Councils or by other organisations.	Conduct or participate in one exercise a year.	Participated at EAZEMC 'Exercise Subitis Responsio 2022'
2.3.3 Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. Participate in any relevant exercises conducted within the region by other organisations.	Conduct or participate in one exercise a year.	BCP last tested during Covid-19 Pandemic
2.3.4 Review and update emergency management information and proactively provide public health and food safety information to the community and businesses via the website or email.	Review and update as required.	<p>No updates undertaken.</p> <p>Team Leader Environmental Health invited by SA Health Disaster Preparedness and Resilience Branch to be part of a working group to review the State Public Health Emergency Management Plan.</p> <p>Finalisation of the Plan will enable EHA's Emergency Management Plan to be finalised.</p> <p>SA Health – Food Standards Surveillance and Public Health Protection Programs reviewing and preparing a suite of public health emergency management information for local councils. This will enable a consistent message during emergencies.</p>
2.3.5 Participate in the LGFSG and work with other agencies and councils in our emergency management zone regarding the coronavirus (COVID-19).	Participate when resources allow.	Attended LGFSG COVID-19 meetings. Updates and clarification on social distancing requirements and LG's role in the surveillance during the emergency management of COVID-19.

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Actions	Performance Measures	Results
2.3.6 Review of Business Continuity Plan considering COVID-19.	Plan Finalised.	BCP reviewed, but not yet finalised.
2.3.7 Emergency Management Plan strategies to be reflected in the Public Health Plan and Risk and Opportunity Management Policy and Framework to ensure consistency over the three strategic plans.	Emergency Management Plan incorporated in the Risk and Opportunity Management Policy and Framework. The Emergency Management Plan to be recognised during the public health planning process.	To be carried over in 2022-23.

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3.0 – Immunisation

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

Actions	Performance Measures	Results
<p>3.1</p> <p>Ensure effective governance and delivery of a public clinic immunisation program in accordance with:</p> <ul style="list-style-type: none"> • the current National Health and Medical Research Council (NHMRC) “Australian Immunisation Handbook” • National Vaccine Storage Guidelines ‘Strive for 5, 2nd Edition • the <i>Controlled Substances Act 1984</i> and the <i>Controlled Substances (Poisons) Regulations 2011</i> • Vaccine Administration Code October 2018 v 1.7 • South Australia’s Child Protection Legislation – Child Safe Environment Guidelines. • Immunisation Records and Inventory System (IRIS). <p>Immunisation Nurses are provided with opportunities to participate in appropriate professional development opportunities.</p>	<p>Annual clinical performance evaluation.</p> <p>Annual Cold Chain audit and pharmaceutical refrigerator maintenance.</p> <p>Annual review of Child Safe Environment Guidelines and Procedures.</p> <p>Opportunity provided to Permanent RN Immunisation Nurses to accumulate CPD points annually.</p>	<p>Changes to the online ‘Australian Immunisation Handbook’ are communicated to all Immunisation staff. The Immunise Australia website is checked monthly for updates.</p> <p>Cold Chain Audit completed in December 2021. Maintenance of Back up UPS system with battery bank for the vaccine fridge.</p> <p>Immunisation records are entered and updated at every clinic and school visit and automatically uploaded to AIR overnight.</p> <p>All workplace flu visits (March - June) were completed and data entered prior to 30 June 2022 and uploaded to AIR, ensuring proof of vaccination certificates via AIR available to clients in line with requirements.</p> <p>Annual CPR (Refresher Course) offered/attended each February Vaccinology update offered/attended in November</p>
<p>3.2</p> <p>Promotion of EHA’s public immunisation clinic program through channels identified in the EHA Marketing Plan.</p> <p>Build Social Media presence through Constituent Council platforms to promote immunisation clinics.</p> <p>EHA website used as a tool for communication of up-to-date information relating to immunisation.</p> <p>Provide Constituent Councils with educational and promotional materials relating to immunisation for circulation.</p>	<p>Increased number of clinic timetables required and distributed.</p> <p>Review Constituent Council Website and social media platforms for updated EHA information.</p> <p>Regular updates of information provided in the home page on immunisation issues.</p>	<p>5,000 copies of the 2022 clinic timetables were printed and distributed to constituent Councils, local preschools, primary schools, childcare centres, hospitals and CAFHS regional offices in January 2022.</p> <p>Constituent council communications departments were contacted and supplied with updated information and electronic versions of the timetable for their websites – links to the EHA booking system were also included.</p> <p>Social media posts were sent to constituent councils to be posted on their Facebook and Instagram pages with links to EHA website and relevant pages for ease of access. EHA website Homepage and online booking system monitored for updates on a weekly basis.</p>

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<p>Continue to develop the EHA Immunisation brand.</p>	<p>Source and distribute to Constituent Councils promotional and educational materials on immunisation in conjunction with Constituent Councils.</p>	<p>New promotional pull up banners were for the new contract councils, Unley and Adelaide Hills clinics, in the branding and style based on the 2022 timetable. These are currently placed at the customer service desks of council.</p> <p>Additional promotional signage developed for Prospect Council to enhance client numbers at clinics.</p>
<p>3.3</p> <p>Improve customer experience at EHA public immunisation clinics.</p> <p>Conduct an annual review of EHA's public clinic venues and timetable.</p> <p>Continual development and promotion of online immunisation appointment booking system.</p>	<p>Annual review and evaluation of each public clinic venue and times offered.</p> <p>Clinic Timetable reviewed and published in November for upcoming year.</p> <p>Increase mailout of Clinic Timetable and provision of electronic copy to relevant sites completed in November/December.</p> <p>Report and expand website analytical tools to monitor usage.</p> <p>Improve the access and increase in use of Immunisation Online Booking System.</p> <p>Implement program of review and reminders for residents of overdue vaccinations.</p>	<p>Clinic locations and days/times reviewed to accommodate public demand.</p> <p>An additional Saturday clinic was introduced at the Unley venue, expanding EHA's weekend services twice a month.</p> <p>Walk-in and appointment clinics offered according to demand/preferences.</p> <p>New design and overall concept of the clinic timetable developed based on current trend of graphics.</p> <p>Regular tests conducted on booking system, ongoing liaison with website developer to manage any updates and corrections for simpler usage and customer experience.</p> <p>Appointment confirmation e-mails reviews and updated wording in accordance with current situations at clinics. Registration of interest for walk in clinic re worded to avoid confusion during flu season.</p> <p>With the introduction of COVID-19 vaccinations for 12-year-old and over, SMS's, messages were sent out to all year 8 and 10 students regarding timing of vaccinations and 7-day interval as per SA Health's advice. High rate of absentees was recorded with the introduction of extra 'school absentee clinics' to ensure students were getting vaccinated.</p> <p>SMS message sent to all secondary students who had not completed required doses. High rate of bookings and immunisation resulted. Reports are run at completion of SIP delivery to identify consented students who have missed dose/s and reminders sent to parents.</p> <p>RNs ongoing review of established catchup programs to ensure children remain on track with scheduled vaccinations.</p>

Business Plan Review - Progress Against Actions 1 July 2021 – 30 June 2022

<p>3.4</p> <p>Deliver School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract.</p> <p>Liaise with school coordinators and SA Health regarding implementation and evaluation of program.</p> <p>Immunisation statistics submitted via IRIS to SA Health and the Australian Immunisation Register (AIR) in accordance with contractual arrangements.</p> <p>Community engagement with schools to provide support with all immunisation matters.</p>	<p>Statistics reported to AIR within 5 days of clinics.</p> <p>All students offered vaccinations. Those absent at school are invited to EHA public clinics to catch up.</p> <p>Statistics uploaded onto IRIS for the SIP within 10 days of school visit.</p> <p>Monitor and report on coverage data for the SIP compared to the SA Average. Delivery of SIP with ongoing improvement and evaluation of coverage data. Follow up of students who missed vaccination at school.</p> <p>Further promote EHA clinics, catch up facilities offered in regular school newsletter updates and electronic reminders to parents.</p>	<p>School vaccines encountered in IRIS at time of school visit and uploaded to AIR overnight</p> <p>SMS message sent to all secondary students who had not completed required doses. Reports are run at completion of SIP delivery to identify consented students who have missed dose/s and reminders sent to parents.</p> <p>SA Health implementing the change of providers to upload their own enrolment numbers based on data received from Principal Confirmation forms. Enrolment numbers entered directly into IRIS by 30 April 2022.</p> <p>School stats (girls/boys consented/vaccinated) entered onto IRIS within 3 days of school visit. All data related to SIP immunisations are uploaded to IRIS by administration on the day of the school visit.</p> <p>Suggested newsletters and information for the 2022 school year were sent via e-mail to all school coordinators including an electronic timetable and EHA promo services flyer for inclusion in newsletters and on parental/student portals.</p> <p>School Immunisation Protocols updated in November 2021. All documents and templates sent to the schools for the upcoming SIP year are updated to reflect any changes in protocols.</p> <p>Education session to all nursing staff at the beginning of the year to discuss changes to the school immunisation program and the influenza workplace program.</p>
<p>3.5</p> <p>Promote and provide a professional and quality Workplace Immunisation Program on a fee for service basis.</p> <p>Continual development and promotion of online workplace immunisation appointment booking system.</p> <p>Account Management: including launch of program bookings, account liaison, pre visit consultation.</p>	<p>Target and provide services to organisations whose staff are at high risk of acquiring vaccine preventable diseases.</p> <p>Generate new business and management of existing clients.</p> <p>Income generated and EHA brand awareness.</p> <p>Review program annually.</p>	<p>The Staff Workplace Influenza Program for 2022 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.</p> <p>The 2022 Staff Workplace Influenza Program 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%).</p> <p>The workplace program is reviewed at the conclusion of season (August) to ascertain opportunity for improvement and to review pricing and operations.</p>

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<p>3.6</p> <p>The CEO/Team Leader Immunisation lobby through LGA for appropriate funding for sustainability of local government delivery of immunisation services.</p>	<p>Meet with LGA and SA Health to discuss funding and support from governments.</p>	<p>CEO member of LGA/SA Health Immunisation Strategic Working Group where advocacy for appropriate funding continues. After initially being excluded, after meeting with SA Health, access to funding for free Flu programme granted.</p>
<p>3.7</p> <p>Continue to facilitate the Community Engagement Project which forms part of a broader Adelaide PHN Immunisation Hub initiative.</p> <p>The initiative aims to increase immunisation coverage and reduce vaccine preventable illness in the Adelaide metropolitan region.</p> <p>Increase community awareness and knowledge of the benefits of childhood immunisation, increasing coverage within the eastern and inner northern suburbs of metropolitan Adelaide</p> <p>Conduct on-site education and awareness raising sessions at participating childcare centres, schools and hospitals.</p> <p>Use advocacy of Adelaide PHN to encourage State and Federal Government to include EHA services for current / ongoing phases of COVID-19 vaccination.</p>	<p>Comply with the Adelaide PHN project specific requirements, including submission of periodic reports as required.</p> <p>Meet with PHN periodically to monitor and review compliance against project Schedule.</p> <p>Monitor the increased rates of immunisation via catchups (overseas, adolescents, school absentees).</p> <p>Meet with PHN to discuss support for EHA involvement in COVID-19 vaccinations.</p>	<p>Ongoing relations with Adelaide PHN to deliver program as per Work Plan.</p> <p>Education sessions completed via Teams with Burnside Hospital for 6 staff.</p> <p>Face to Face education sessions for CECC Hazelwood Park.</p> <p>Contact made with approximately 49 Child Care Centres and 26 Preschools.</p> <p>Distributed approximately 200 Immunisation packs to Maternity Units at both Burnside Hospital and North-eastern Community Hospital.</p> <p>Over 1000 EHA Immunisation Flyers were distributed by both CYHS and CCC, with each centre also displaying EHA's PHN education posters in 7 Centres.</p> <p>Contact made via phone and or email with 82 vaccine hesitant parents of Yr 8 students, who declined to have their children immunised as part of EHA's School Immunisation Program.</p> <p>Redesign PREMS form to include data on CALD and ATSI families and add Migrant Interpreting Services contacts to EHA website.</p> <p>Answered approx. 10 immunisation queries (in addition to Yr 8 school program) and worked on 8 catch ups for children of varying ages and groups.</p> <p>Seek opportunity to encourage required 'catch ups' and follow through with assessments and clinic immunisation.</p> <p>Identify 'at risk' and opportunity for non-Medicare funded immunisation.</p>

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3.8 Provision of COVID-19 vaccination	Meet with SA Health, LGA & Adelaide PHN to advocate for local government immunisation services to be included in COVID-19 vaccination program.	Discussions ongoing during LGA/SA Health Immunisation Strategic Working Group meetings.
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Summary

As part of the annual clinic review the details of clients per council, choice of clinic venue and vaccines administered at public clinics continue to be monitored to allow for future planning.

During July 2021 EHA commenced the annual review for the 2022 venue timetable and design. Printing and distribution/publication was completed in December/January. Council websites were updated, and social media tiles were issued for use on Council social platforms.

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.

The online booking system continued to be well utilised in 2021/2022 with recent survey results showing more than 75-80% of bookings are made online. As per EHA's analytics results showed 1,887 bookings were made online, 960 of those were booked from March – June (Peak Flu season), a small decrease of 255 from our previous year 2020/21.

The SIP program was delivered to Year 8 and 10 students in 2021, with some COVID-related disruptions to timing managed and overcome. Specifically, Year 8 with the introduction of the COVID vaccine to this age cohort. Increased numbers of absentee's due to COVID which resulted in high levels of follow up with schools and parents required. Considerable time and effort were given to ensuring all COVID protocols were adhered to. IE: ensuring all students attending were wearing masks.

Electronic material has been provided to schools to distribute via their school communities, including social media tiles. EHA continues to achieve higher school coverage rates than the state average.

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%). 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.

Workplace Flu bookings was 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.

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.

Business Plan Review - Progress Against Actions 1 July 2021 – 30 June 2022

4.0 – Food Safety

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

<i>Actions</i>	<i>Performance Measures</i>	<i>Results</i>
<p>4.1 Ensure businesses provide notification of their business details.</p> <p>Monitor and maintain a register of all food business operating within EHA's jurisdiction.</p> <p>Continue to monitor businesses that have temporarily closed due to COVID-19.</p>	<p>Update within accordance with the customer service policy.</p>	<p>194 notifications received advising of a new food business or change of ownership, were lodged with EHA.</p> <p>178 businesses closed. A decrease when compared to previous year.</p>
<p>4.2 Assign and where required update food businesses risk classification in accordance with the SA Health Food Business Risk Classification Framework.</p>	<p>Apply relevant risk rating to new businesses and undertake assessments in accordance with SA Health Food Business Risk Classification Framework.</p> <p>Monitor and identify new food processing practices during routine assessments.</p> <p>Update the risk classification to reflect the changes.</p>	<p>Existing and new businesses assigned with a 'Risk Rating' in accordance with the updated SA Health Food Business Risk Classification system.</p>
<p>4.3 Conduct routine food business assessments using an appropriate food safety rating tool to ensure compliance with the <i>Food Act 2001</i> and Food Safety standards.</p> <p>Determine the frequency of routine assessments by the food business risk classification framework.</p>	<p>Assessment performed using the appropriate food safety rating tool.</p> <p>Assessments conducted in accordance with the assigned risk rating and frequency.</p>	<p>692 routine inspections were conducted.</p> <p>COVID-19 restrictions imposed resulted in the temporary closure and also permanent closure of food businesses. These abovementioned factors affected the number of food safety assessments performed during the year.</p>
<p>4.4 Introduce and implement the voluntary SA Health Food Star Rating Scheme.</p>	<p>Assign food businesses a star rating following a routine inspection.</p>	<p>SA Health Food Star Rating Scheme implemented from 1 July 2021.</p> <p>All food businesses were notified prior to the implementation of the scheme.</p> <p>Number of food businesses inspected and eligible to participate in the Scheme issued a star rating across all Constituent Councils for 2021-22:</p>

Business Plan Review - Progress Against Actions 1 July 2021 – 30 June 2022

<i>Actions</i>	<i>Performance Measures</i>	<i>Results</i>
		82 – 5 Star 78 – 4 Star 67 – 3 Star 198 – no star
4.5 Monitor food businesses during inspections to assess if they are captured by the Primary Production Standards.	Inform SA Health of new food businesses that may be captured under the Primary Production Standards as required.	Informed SA Health of new businesses and new practices within existing food businesses as required.
4.6 Ensure appropriate enforcement action is taken in relation to breaches of the Food Act 2001 and associated standards in accordance with EHA's enforcement policy.	Number of enforcement actions taken.	407 Follow-up Inspections 20 Warning letters. 63 Improvement Notices 11 businesses issued with more than one Improvement Notice 8 Prohibition Orders 12 Expiation Notices
4.7 Investigate food related in relation to: <ul style="list-style-type: none"> • alleged food poisoning • microbiological and chemical contamination • foreign matter found in food • poor personal hygiene and handling practices • unclean premises • vermin, insects and pest activity • refuse storage • wastewater disposal • allergens • COVID-19 (physical distancing) <p>Liaise with SA Health and other councils to ensure a consistent approach as required.</p> <p>Maintain and update a register of all food related complaints.</p>	Respond to complaints in accordance with customer service standards and when necessary, SA Health guidance.	82 food complaints received and actioned. The main complaints received related to alleged food poisoning and poor personal hygiene.

Business Plan Review - Progress Against Actions 1 July 2021 – 30 June 2022

Actions	Performance Measures	Results
<p>4.8 Administer the COVID-19 State Directions and undertake the required surveillance during inspections based on advice received from the LGFSG who are considered as our lead agency.</p> <p>Continue to report COVID-19 physical distancing breaches on the LGA i-Responda Portal as advised and required by the LGFSG.</p>	Surveillance and reporting as required by LGFSG.	<p>Undertook physical distancing inspections to administer the COVID-19 State Directions and continue surveillance as required by the LGFSG.</p> <p>I-responda App was superseded by the SA Health COVID-19 Safe App. All inspections were entered electronically into the App during routine food inspections.</p> <p>Due to the easing of the restrictions LGFSG required EHO's to undertake a passive surveillance role during routine inspections.</p>
<p>4.9 Respond to food recalls in accordance with SA Health recommendations.</p>	Number of recalls actioned when required or based on SA Health direction.	Responded to all recalls in accordance with SA Health recommendations.
<p>4.10 Ensure all businesses servicing vulnerable populations within the Constituent Councils have their food safety plan audited in accordance with Food Safety Standard 3.2.1 and the <i>Food Act 2001</i>.</p>	Number of audits conducted in accordance to audit frequency.	<p>Database of businesses servicing vulnerable populations is maintained.</p> <p>55 sites required their food safety plan to be audited by EHA and the remainder audited by SA Health and other Councils. 74 audits and two follow-up audits were undertaken.</p> <p>COVID-19 restricted the accessibility to the aged facilities that required to be audited during 2021-22.</p>
<p>4.11 Provide professional auditing services to businesses servicing vulnerable populations outside of EHA's of Constituent Councils.</p>	Number of audits conducted in accordance to audit frequency.	<p>Professional auditing services provided to 81 sites external to Constituent Council boundaries.</p> <p>69 audits and two follow-up audits were undertaken.</p> <p>COVID-19 restricted the accessibility to the aged facilities that required to be audited during 2021-22.</p>
<p>4.12 Review plans liaise with the applicant regarding structural fit out of a food business.</p>	Review plans and undertake onsite inspections as required.	<p>49 structural food fit out inspections conducted.</p> <p>Received plans from Constituent Councils. All reviewed by EHA in accordance with the agreed Development Assessment information sharing process and customer service standards.</p>

Business Plan Review - Progress Against Actions 1 July 2021 – 30 June 2022

Actions		Performance Measures	Results
4.13	Provide Feedback to Constituent Councils when requested as per the Development Assessment sharing process.	Respond and provide feedback to Constituent Councils as required.	As required
4.14	Provide new food businesses with a welcome pack to acknowledge their notification and to introduce EHA.	Information provided following receipt of notification.	Ongoing. Following the receipt of a new Food Business Notification, the notification is processed, and welcome pack is sent electronically to the new food business.
4.15	<p>Manage temporary stall notification form sand ensure temporary food businesses are provided with adequate resources and information in safe food practices.</p> <p>Risk assess all event notifications to determine the requirement to inspect the specific events.</p> <p>Conduct food safety assessments of fairs and festivals and temporary events in collaboration with the Constituent Councils and relevant event co-ordinators. Provide written correspondence and feedback to all stall holders assessed at these events.</p>	Food safety assessments are undertaken based on risk. Provide correspondence and feedback to stall holders where required.	<p>Attended festivals and fairs and inspected 22 stalls. A decrease due to a decrease in the number or special events due to COVID-19.</p> <p>Decision tree developed and used to determine whether inspection is necessary. This has ensured consistency in approach.</p>
4.16	<p>Liaise with Constituent Council and relevant event coordinators to ensure all stall holders at fairs, festivals and temporary events are well informed of the legislative requirements.</p> <p>Conduct stall holder meetings and food safety training for stall holders upon request by the Constituent Councils and relevant event coordinators.</p> <p>Develop school temporary event fair/fete information pack.</p>	<p>Liaise with Constituent Council, other Councils and relevant event coordinators prior to the event.</p> <p>Provide stall holder presentations where required.</p> <p>Develop a school fair/fete information pack.</p>	<p>EHA is in contact with Constituent Councils on upcoming events. Notification form completed by event co-ordinators and stall holders.</p> <p>No request to conduct presentations.</p> <p>Development of information pack postponed due to a decrease in the number or special events due to COVID-19.</p>
4.17	<p>Maintain and update a register of food stalls/Mobile food vehicles on Health Manager.</p> <p>Maintain the register of all events within the Constituent Council areas on Health Manager.</p>	Update Health Manager as required.	<p>New temporary stalls / food vehicles assigned with a 'Risk Rating' in accordance with the updated SA Health Food Business Risk Classification system.</p> <p>Health manager updated following notification of new temporary stalls / food vehicles.</p> <p>New events are entered into Health Manager.</p>

Business Plan Review - Progress Against Actions 1 July 2021 – 30 June 2022

Actions		Performance Measures	Results
4.18	Following the assessment of food stalls at Constituent Councils special events, provide feedback to the relevant council on the food safety standards observed at the event.	Provide feedback to council following an event.	EHO's correspondence and inspection reports provided to relevant Councils where further action is required following an event. Draft template of letter to inform councils of food safety outcomes of special events undergoing development.
4.19	Assessments, investigations and actions are updated in Health Manager to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.	Update within accordance with the customer service policy.	Officers enter assessments, investigations and actions in Health Manager in a timely manner.
4.20	Provide information to the Board of Management in relation to food safety reforms and provide written responses on behalf of EHA and Constituent Councils to State Government.	Information reports provided to Board and distributed to Constituent Councils as required.	New Draft Food Safety Standard and Amendments to Food Safety Standard 1.1.17.

Business Plan Review - Progress Against Actions 1 July 2021 – 30 June 2022

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

Actions	Performance Measures	Results
4.1.1 Continue to provide the food safety training program for food businesses.	Provide food safety training.	Six training sessions on the fundamentals of food safety were held throughout the year to which all food businesses in our constituent council areas. Due to COVID-19 restrictions two sessions were provided online. 65 participants with varying levels of experience in the food industry and from a variety of food businesses.
4.1.2 Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the resources of other health related agencies.	Information resources maintained.	Promote food safety videos available on EHA website during routine inspections. Continue to review food safety fact sheets.
4.1.3 Participate in State/National proactive educational initiatives that raise awareness of public health related issues amongst the community.	Number of proactive educational activities conducted each year.	Promotion of banning non-biodegradable plastic and polystyrene waste within food businesses. Promotion via email banners and food inspections. EHA also liaised closely with NPSP to assist with the communication to local businesses. Food safety training and education on food safety matters provided to local businesses and community.
4.1.4 Undertake a service survey and investigate the feedback to identify areas of improvement and development of further educational materials within the food safety area.	Undertake a service feedback survey	Project plan and draft survey questionnaire developed focusing on feedback and impact from food business on the SA Health voluntary Food Star Rating Scheme and customer service.

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Summary

A total of 692 routine food safety inspections were conducted throughout the year, a decrease when compared to the previous year. This was mainly attributed to fewer available Authorised Officers and the number of food businesses temporarily closed. A total of 407 follow-up inspections, with 58% of routine inspections requiring a follow-up inspection. 83 food businesses required more than one follow-up inspection.

EHA's Enforcement Policy allows for a graduated and proportionate response to be applied, with businesses issued with Prohibition Orders or Expiation Notices having had a significant history of non-compliance. There was an increase in enforcement action taken with a total of 63 Improvement Notices issued to 50 food businesses. A total of 11 businesses received more than one Improvement Notice during the year.

Eight Prohibition Orders were issued to food businesses, a 50% decrease when compared to the previous year. The majority of Prohibition Orders were issued to take-away food premises for serious offences relating to pest activity and poor standard of cleanliness and failure to protect food from potential contamination.

Expiations were issued to 12 businesses. A total of 15 offences were committed under the *Food Act, 2001*.

EHA received a total of 82 complaints relating to food during 2021-22, with alleged food poisoning, poor personal hygiene and poor refuse storage amongst the most common complaints received.

A total of 74 scheduled food safety audits and two follow-up audits were conducted within EHA's jurisdiction during the year. By request, a total of 69 audits and two follow-up audit were conducted outside EHA's council areas.

During the 2021-2022 financial year, EHA conducted training sessions on the fundamentals of food safety. All food businesses in our Constituent Council areas were invited to attend, with a total of six training sessions held and 65 participants attending. During SA's COVID-19 peak in early 2022, we were able to navigate the obstacles and deliver two sessions online, with a great response from food businesses. The training sessions were structured with the intention of improving or refreshing food handler's overall knowledge of safe food practices and in turn, businesses compliance with the Food Safety Standards. Participants comprised of different backgrounds and varying levels of experience in the food industry, from businesses such as restaurants, cafés, aged care homes, childcare centres, fruit and veg shops and catering businesses. The feedback provided by the participants was overwhelmingly positive with attendees requesting longer and additional sessions, as well as requests for tailored workplace training (e.g., childcare centres). Future training sessions will be scheduled for the new financial year.

7.5 EASTERN HEALTH AUTHORITY (EHA) AUDIT COMMITTEE ANNUAL EVALUATION REPORT 2021/2022

Author: Michael Livori
Ref: AF16/97

Summary

Clause 12 of the Audit Committee Terms of Reference provides details in relation to the Annual Review and Reporting to the Board in relation to the Audit Committee's own performance to ensure it is operating at maximum effectiveness. The Audit Committee has prepared an Annual Evaluation Report 2021/2022 for the Board of Management.

Report

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

12. ANNUAL REVIEW AND REPORTING TO BOARD COMMITTEE

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

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

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

12.2.2. The Committee's decision making process.

12.2.3. The timeliness, quality and quantity of information received.

12.2.4. The relationship with the Board, Administration and other members of the Committee.

12.3. The involvement and attendance by members.

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

12.4.1. Financial statements and the EHA's financial position.

12.4.2. Key financial and risk related policy issues.

- 12.4.3. EHA's risk management practices and framework.
- 12.4.4. Internal financial controls.
- 12.4.5. Fraud and whistleblowing provisions.
- 12.4.6. EHA's long term financial planning.
- 12.4.7. Asset management planning.
- 12.4.8. Other issues of note.

The EHA Audit Committee Annual Evaluation report is provided as attachment 1. The report serves as a self-evaluation tool for the Committee, summarises the work undertaken during the 2021/2022 financial year and identifies any training needs and future Audit Work Plan proposals.

RECOMMENDATION

That:

- 1 The report titled EHA Audit Committee Annual Report Evaluation 2021/2022 is received.



EHA Audit Committee

Annual Report Evaluation FY 2022

Background

The Audit Committee (the Committee) Terms of Reference states “the Committee shall annually review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend changes it considers necessary to the Board for approval.”

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

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

This report presents a summary of Eastern Health Authority (EHA) Audit Committee’s activities during the FY 2022 year.

Conduct of Meetings

The Committee met on 2 occasions during 2021-2022. The table below provides membership and meetings attended:

Meeting Dates
18 August 2021
8 December 2021

Committee Membership	Term Expiry	Number of Meetings Attended
Claudia Goldsmith – Presiding Member	16 February 2022	2 [a]
Madeleine Vezis – New Presiding Member	15 February 2025	2 [b]
Paula Davies – Independent Member	31 December 2025	0 [c]
Peter Cornish – Board Representative		2

[a] Attended last meeting as Presiding Member on 18 December 2021

[b] Attended first meeting as Presiding Member on 13 July 2022

[c] Attended first meeting as Independent Member on 13 July 2022

Role of Audit Committee

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

During the financial year the Audit Committee met twice and considered reports on matters which had been referred to the Committee. The third meeting of the year was delayed until the appointment of the new independent member to the Committee, Paula Davies.

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

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

During FY 2022 Committee members attended the following training courses/sessions:

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

Cost of Audit Committee

Audit Committee Membership FY 2022	Fees Paid FY 2022
Claudia Goldsmith – Presiding Member	\$900
Madeleine Vezis	\$700
Peter Cornish	\$0

Number of Outstanding Resolutions:

No	Outstanding Resolution	Status
Nil		

Audit Committee Evaluation

In July 2022 the Committee undertook a self-assessment of its performance by completing a questionnaire (all members were invited to complete this questionnaire).

Below is a consolidated summary of the self-assessment.

Ref	Question	Response	Comment
1	Is the Committee satisfied that its current Terms of Reference are appropriate?	Yes	N/a
2	Does the work program address the Terms of Reference and is it achievable?	Yes	N/a
3	Is the Committee satisfied that it is effectively monitoring risk management and internal controls	Yes	EHA management manage these areas well given the available resources; some areas for improvement have been identified which will be considered by the new Committee in FY 22.
4	Is there sufficient time allocated during the meetings to adequately discuss agenda items?	Yes	N/a
5	Are the reports prepared for the meetings sufficiently comprehensive to allow you to make informed decisions?	Yes	N/a
6	Does the Committee believe it is adequately informed on current and emerging trends and factors?	Yes	N/a
7	The Committee size is adequate	Yes	Too early to make observations for the new member of the committee.
8	The frequency and duration of meetings are sufficient to ensure effective committee governance	Yes	N/a

Each question in the table below was scored using a scale of 1 to 5 where 1 is poor and 5 is excellent.

Ref	Question	Average
9	How do you rate the overall efficiency and effectiveness of the Committee?	4
10	How do you rate the performance of the Chairperson in preparing for and conducting meetings?	4
11	How do you rate the performance of the other members of the Committee in fulfilling their role on the Committee	4
12	How do you rate the performance of the staff in facilitating the committee’s role and function?	4
13	Do you have any suggestions for improving any aspect of the Committee’s, performance, role or function?	A higher level of assurance could be provided to the EHA Board if additional resources were made available to independently review key risks and related internal controls.

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

Training/Professional Development Need	Committee Member
Nil	Nil

Chairperson’s Comments

Annual Report FY 2022

Presiding Member Report

As the new Presiding Member of the Audit Committee, I am satisfied that the Committee has met its responsibilities under the Terms of Reference. The Committee provides the required level of assurance to the Board and continues to encourage EHA to improve financial reporting, risk management and internal control processes using the available resources .

The Committee consists of members with the requisite mix of skills, knowledge and experience. The addition of a member with a legal background will further extend the Committee’s coverage.

The Committee reviewed and commented on Management's response to the FY 2021 external audit findings and will continue to monitor the implementation of the corrective actions initiated. Of particular note is the work that has been undertaken to address findings in relation to the provision for doubtful debts and credit receivable balances.

Other activities undertaken by the Committee include consideration of the:

- General Purpose Financial Statements for the year ended 30 June 2021
- Report on Financial Results for the Year Ended 30 June 2021
- Long Term Financial Plan
- Corporate Risk Summary
- Internal Controls Register
- Update on Audit Finding Recommendations
- EHA Charter
- Audit Committee Terms of Reference
- Risk and Opportunity Management Policy
- Fraud and Corruption Prevention Policy.

On behalf of the Audit Committee, I thank the CEO and the Administration for their support and assistance, and in providing comprehensive and understandable reports to the Committee. This has allowed the us to meet ours responsibilities as outlined in the Terms of Reference during this year.

Madeleine Vezis
Presiding Member

7.6 FRAUD AND CORRUPTION PREVENTION POLICY

Author: Michael Livori
Ref: AF17/85

Summary

Fraud and corruption in public administration has the potential to cause significant financial and non-financial harm and the control of fraud and corruption is an important feature within the systems and procedures of a responsible local government regional subsidiary. To assist in establishing a framework for the identification of fraud and corruption a Fraud and Corruption Prevention Policy (the Policy) was developed.

The policy was reviewed, and a draft revised version presented to the Audit Committee at its meeting of 8 December 2021. At the meeting the Audit Committee requested that the policy be further reviewed to reflect recent changes in the ICAC Act and associated processes.

At the Audit Committee held on 13 July 2022 the Policy which had been revised in line with the Audit Committee recommendations was considered and is now presented to the Board of Management for adoption.

Report

EHA is committed to acting in the best interest of the community and to upholding the principles of honesty, integrity and transparency which are all key components of good governance. The Fraud and Corruption Prevention Policy aims to provide a statement which outlines the principles and objectives for Board Members and employees of EHA in relation to Fraud and Corruption Prevention.

In line with the recommendation of the Audit Committee, the revised policy has been amended so that it reflects changes in the ICAC Act and associated processes.

The attached version of the Policy has been made to ensure consistency with the recent amendments to the Independent Commission Against Corruption Act 2012 and the Ombudsman Act 1972 and also EHA's Public Interest and Disclosure Procedure.

The draft revised policy (provided as attachment 1) was endorsed by the Audit Committee at its meeting held on 13 July 2022 where it resolved that the revised policy be presented to the Board of Management for adoption. A copy of the policy with marked up changes is provided as attachment 2.

RECOMMENDATION

That:

1. The report regarding the Fraud and Corruption Prevention Policy as amended is received.
2. The Fraud and Corruption Prevention Policy marked attachment 1 to the Fraud and Corruption Prevention Policy Report dated 31 August 2022 is adopted.



FRAUD AND CORRUPTION PREVENTION POLICY

Policy Reference	FM05
Date of Initial Board Adoption	24 February 2016
Minutes Reference	9: 022016
Date of Audit Committee Endorsement (if applicable)	13 July 2022
Date last reviewed by Eastern Health Authority Board of Management	N/A
Relevant Document Reference	<ul style="list-style-type: none"> • Code of Conduct for Board Members (D12/1640[v4]) • Code of Conduct for Employees (D14/15685[v5]) • Risk and Opportunity Management Policy (D15/5720[v4]) • Public Interest Disclosure Procedure (D20/11480) • Internal Control Manual and Procedures (D15/6787[v6]) •
Applicable Legislation	<ul style="list-style-type: none"> • Section 132A of the <i>Local Government Act 1999</i> • <i>Independent Commissioner Against Corruption Act 2012</i> • <i>Public Interest Disclosure Act 2018</i> •

1. Purpose

Eastern Health Authority (EHA) recognises that Fraud and Corruption has the potential to cause significant financial and non-financial harm, and that the prevention and control of Fraud and Corruption should feature predominantly within the systems and procedures of a responsible organisation.

The purpose of the Fraud and Corruption Prevention Policy (the "Policy") is to clearly define EHA's commitment to preventing fraud and corruption, and to outline the methodology in place to minimise fraud and corruption threats.

2. Scope

This Policy is intended to complement and be implemented in conjunction with other EHA policies, including:

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- Code of Conduct for Board Members
- Code of Conduct for Employees
- Risk and Opportunity Management Policy
- Internal Control Manual and Procedures
- Public Interest Disclosure Policy and Procedures

This Policy applies to all disclosures that relate to the actual or suspected occurrence of fraud and corruption within EHA by Public Officers.

3. Definitions

For the purposes of this Policy the following definitions apply:

A person makes an **appropriate disclosure of environmental and health information** if the person:

- (a) believes on reasonable grounds that the information is true; or
- (b) is not in a position to form a belief on reasonable grounds about the truth of the information, but believes on reasonable grounds that the information may be true and is of sufficient significance to justify its disclosure so that its truth may be investigated; and
- (c) the disclosure is made to a relevant authority.

A person makes an **appropriate disclosure of public administration information** if the person:

- (a) is a public officer; and
- (b) reasonably suspects that the information raises a potential issue of corruption, misconduct or maladministration in public administration; and
- (c) the disclosure is made to a relevant authority.

Upon receipt of an appropriate disclosure of public interest information, it will be dealt with in accordance with the processes described in EHA's Public Interest Disclosure Procedure.

Corruption is dishonest activity in which a Public Officer acts contrary to the interests of the organisation and abuses his/her position of trust in order to achieve some personal gain or advantage for him or herself or for another person or entity³

Corruption in public administration means:

- a) an offence against Part 7 Division 4 (Offences relating to public officers) of the *Criminal Law Consolidation Act 1935*, which includes the following offences:
 - (i) bribery or Corruption of public officers;
 - (ii) threats or reprisals against public officers;
 - (iii) abuse of public office;
 - (iv) demanding or requiring benefit on basis of public office;

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- (v) offences relating to appointment to public office.
- b) an offence against the *Public Sector (Honest and Accountability) Act 1995* or the *Public Corporations Act 1993*, or an attempt to commit such an offence; or
- c) an offence against the *Lobbyist Act 2015*, or an attempt to commit such an offence; or
- d) any of the following in relation to an offence referred to in a preceding paragraph:
 - (i) aiding, abetting, counselling or procuring the commission of the offence;
 - (ii) inducing, whether by threats or promises or otherwise, the commission of the offence;
 - (iii) being in any way, directly or indirectly, knowingly concerned in, or party to, the commission of the offence;
 - (iv) conspiring with others to affect the commission of the offence.

Deception means deceiving another person to obtain a benefit or to cause detriment to a person.

Employee means any person who is employed by EHA, but also includes any contractors, volunteers and consultants undertaking work for, or on behalf of EHA.

A **False Disclosure** is a disclosure of information involving actual or suspected fraud or corruption that is made by a person who knows the information to be false or, who is reckless as to whether it is false.

Fraud means dishonest activity causing actual or potential financial loss to any person or entity including theft of moneys or other property by a Public Officer and where deception is used at the time, immediately before or immediately following the activity. It can also include the deliberate falsification, concealment, destruction or use of falsified documentation used or intended for use for a normal business purpose, or the improper use of information or position for personal financial benefit.

The theft of property belonging to EHA by a person or persons elected, working or volunteering for EHA but where deception is not used is also considered "fraud" for the purposes of this definition.

For the purposes of this Policy, Fraud will include an intentional dishonest act or omission done with the purpose of deceiving.

Note: unlike 'Corruption' there is no statutory definition of 'Fraud'. Fraud is a style of offending. The offences addressed under Part 5 and Part 6 of the *Criminal Law Consolidation Act 1935* are considered to constitute Fraud offences.

ICAC Act means the *Independent Commission Against Corruption Act 2012*.

Maladministration in public administration is defined in the Ombudsman Act and

- (a) means:
 - i) conduct of a public officer, or a practice, policy or procedure of a public authority, that results in an irregular and unauthorised use of public

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- money or substantial mismanagement of public resources; or
- ii) conduct of a public officer involving substantial mismanagement in or in relation to the performance of official functions; and
- (b) includes conduct resulting from improperly, incompetence or negligence; and
 - (c) is to be assessed having regard to relevant statutory provisions and administrative instructions and directions.

Misconduct in public administration is defined in the Ombudsman Act and means:

- An intentional and serious contravention of a code of conduct by a public officer while acting in their capacity as a public officer that constitutes a ground for disciplinary action against the officer.

Ombudsman Act means the *Ombudsman Act 1972*.

OPI Directions and Guidelines refer to the document titled as such and available on the website www.publicintegrity.sa.gov.au.

OPI (Office for Public Integrity) is the office established under the *ICAC Act 2012* that has the function to:

- (a) receive and assess complaints about public administration from members of the public;
- (b) receive and assess reports about corruption, misconduct and maladministration in public administration from the inquiry agencies, public authorities and public officers;
- (c) refer complaints and reports to inquiry agencies, public authorities and public officers or to determine to take no action in accordance with the *ICAC Act*.

Team Leader means any Employee of EHA who is responsible for the direct supervision of other Employees, and/or, for the management of a EHA Department.

PID Act means the *Public Interest Disclosure Act 2018*.

Public administration defined at section 4 of the *ICAC Act 2012* means without limiting the acts that may comprise public administration, an administrative act within the meaning of the *Ombudsman Act* will be taken to be carried out in the course of public administration.

Public Officer has the same meaning as in the *ICAC Act 2012* and includes (but is not limited to):

- A Board Member of EHA;
- An Independent Member of an EHA Committee;
- An Employee of EHA.

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A **Responsible Officer** is a person designated by EHA as a Responsible Officer under section 12 of the PID Act. The Chief Executive Officer is the Responsible Officer under the PID Act.

A **Relevant Authority** that receives disclosure of public interest information includes:

- Office for Public Integrity;
- A Minister of the Crown;
- A member of the South Australian Police Force - where the information relates to an illegal activity;
- The Auditor-General – where the information relates to the irregular or unauthorised use of public money or substantial mismanagement of public resources;
- The Ombudsman – where the information relates to EHA;
- In relation to a public officer who is an employee or officer of EHA:
 - a person who is, in accordance with any PID Guidelines, designated as a person who is taken to be responsible for the management or supervision of the public officer; or
 - a person who is, in fact, responsible for the management or supervision of the public officer, including the Chief Executive Officer of EHA; or
 - where the information relates to a public officer who is an elected member, employee or officer of a Constituent Council:
 - a person who is, in accordance with any PID Guidelines, designated as a person who is taken to be responsible for the management or supervision of the public officer or to the responsible officer of the relevant Constituent Council; or
 - a person who is, in fact, responsible for the management or supervision of the public officer or to the responsible officer of the relevant Constituent Council; or
- where the information relates to a location within the area of a Constituent Council - a member, officer or employee of the relevant Constituent Council; or
- where the information relates to a risk to the environment - the Environment Protection Authority.

SAPOL means the South Australian Police Force.

For the purposes of this Policy misconduct or maladministration in public administration will be taken to be **serious or systemic** if the misconduct or maladministration –

- (a) is of such a significant nature that it would undermine public confidence in the relevant public authority, or in public administration generally; and
- (b) has significant implications for the relevant public authority or for public administration generally (rather than just for the individual public officer concerned).

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Waste refers to the waste of public resources (including public money), which occurs as a result of the substantial mismanagement, irregular or, unauthorised use of public resources.

4. Principles

EHA is committed to acting in the best interest of the community and to upholding the principles of honesty, integrity and transparency, which are all key components of good governance.

EHA will not tolerate fraudulent or corrupt activity and is committed to control and prevention of such activities by:

- Establishing and maintaining an effective system of internal controls and enforcing compliance with those controls;
- Regularly undertaking and reviewing risk assessments to identify circumstances in which fraud and corruption could potentially occur;
- Implementing fraud and corruption prevention and mitigation strategies in its day to day operations;
- Establishing formal procedures for the investigation of allegations relating to fraudulent and/or corrupt activity;
- Taking appropriate action in response to allegations of fraudulent and/or corrupt activity including, reporting allegations through appropriate channels and where allegations are substantiated, taking disciplinary action in accordance with EHA's Codes of Conduct or other relevant processes;
- Ensuring all Board Members and Employees are aware of their obligations in regards to the prevention of fraud and corruption within EHA; and
- Fostering an ethical environment in which dishonest and fraudulent behavior is actively discouraged.

5. Policy

5.1 Prevention

EHA recognises that:

- The occurrence of fraud and corruption will prevail in an administrative environment where opportunities exist for abuse and maladministration; and
- The most effective way to prevent the occurrence of fraud and corruption is to promote an ethical workplace in which internal control mechanisms have been implemented.

EHA expects that Public Officers will assist in preventing fraud and corruption within EHA by:

- Understanding the responsibilities of their position;
- Familiarising themselves with EHA's procedures and adhering to them;

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- Understanding what behavior constitutes fraudulent and/or corrupt conduct;
- Maintaining an awareness of the strategies that have been implemented by EHA to minimise fraud and corruption;
- Being continuously vigilant to the potential for fraud and/or corruption to occur; and
- Reporting suspected or actual occurrences of fraud or corruption in accordance with part 5.4 of this Policy.

5.2 Responsibilities

5.2.1 Board Members are responsible for ensuring that EHA:

- Supports the Chief Executive Officer in the implementation of adequate security for the prevention of fraud and corruption including the provision of secure facilities for storage of assets, and procedures to deter fraudulent or corrupt activity from occurring; and
- Makes reports in accordance with part 5.4 of this Policy and facilitates cooperation with any investigation undertaken by an external authority (such as SAPOL or the Commissioner Independent Commissioner Against Corruption).

5.2.2 The Chief Executive Officer is responsible for:

- Making reports in accordance with part 5.4 of this Policy and facilitates cooperation with any investigation undertaken by an external authority (such as SAPOL or the Commissioner Independent Commissioner Against Corruption);
- Providing adequate security for the prevention of fraud and corruption, including the provision of secure facilities for storage of assets and procedures to deter fraudulent or corrupt activity from occurring;
- Promoting EHA's commitment to the prevention of fraud and corruption to the Community on relevant occasions;
- Providing mechanisms for receiving allegations of fraud or corruption, including ensuring that Responsible Officers and Employees receive appropriate training;
- Promoting a workplace culture and environment in which fraud and corruption is actively discouraged and is readily reported should it occur; and
- Undertaking and reviewing a fraud and corruption risk assessment on a regular basis.

5.2.3 Team Leaders are responsible for:

- The conduct of any Employees whom they supervise and, will be held accountable for such;

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- Any property under their control and, will be held accountable for such;
- Reporting in accordance with part 5.4 of this Policy;
- Creating an environment in which fraud and corruption is discouraged and readily reported by Employees. Such an environment shall be fostered by the Team Leader's own attitude to fraud and corruption and, by the accountability and integrity they both display and encourage from other Employees;
- Ensuring that new Employees for whom they are responsible are aware of their responsibilities in relation to fraud and corruption and, of the standard of conduct expected from all Employees.
- Identifying potential fraud and corruption risks; and
- Leading by example to promote ethical behavior.

5.2.4 Employees are responsible for:

- Performing their functions and duties with care, diligence, honesty and integrity;
- Conducting themselves in a professional manner at all times;
- Adhering to EHA's Policy and Procedures that have been established to prevent fraud or corruption;
- Taking care of EHA's property which includes avoiding the waste or misuse of EHA's resources;
- Maintaining and enhancing the reputation of EHA;
- Remaining scrupulous in their use of EHA's information, assets, funds, property, goods or services; and
- Reporting in accordance with part 5.4 of this Policy.

5.3 Fraud and Corruption Risk Assessment

EHA's main objective is to minimise the occurrence of fraud and corruption within EHA. This objective can generally be achieved by:

- Identifying Fraud and Corruption Risks;
- Reviewing and monitoring internal controls
- Determining strategies to control those risks; and
- Defining responsibility for and, the time frame within which the strategies will be implemented.

5.3.2 Team Leaders must be alert to the potential occurrence of fraud and corruption and factors which may leave EHA vulnerable to fraud and

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corruption, including:

- Changes to EHA delegations and subdelegations;
- Implementation of cost cutting measures;
- Contracting out, outsourcing or services where EHA is generating an income;
- The impact of new technology; and
- Changes to risk management practices.

5.4 Reporting Fraud and Corruption in Public Administration to the OPI

5.4.1 Public Officers

5.4.1.1 A Public Officer must report to the OPI any matter that the Public Officer reasonably suspects involves corruption in public administration unless the public officer knows that the matter has already been reported to the OPI.

The Public Officer should adhere to documents as identified at part 2 to the extent possible, when making the report.

5.4.1.2 A report to the OPI by an Employee or Board Member should be made on the online report form available at www.publicintegrity.sa.gov.au in accordance with the ICAC Act and include particulars, as included in the OPI Directions and Guidelines.

5.4.1.3 Nothing in this section is intended to prevent a Public Officer from reporting suspected Corruption or Misconduct or Maladministration in EHA or in other public administration to a Relevant Authority, under the PID Act. Such a disclosure may be protected under the PID Act and, if made to a Relevant Authority will be managed in accordance with the EHA's Public Interest Disclosure Policy and Procedures. Public Officers are encouraged to have regard to the EHA Public Interest Disclosure Policy and Procedures when determining where to direct a disclosure.

5.4.1.4 Further information about reporting requirements is available at the OPI website: www.publicintegrity.sa.gov.au

5.4.2 EHA

5.4.2.1 EHA must report to the OPI any matter that EHA reasonably suspects involves corruption in public administration unless EHA knows that the matter has already been reported to the OPI. The Chief Executive Officer is responsible for preparing a report to the OPI on behalf of EHA where EHA directs the Chief Executive Officer accordingly for these purposes (where the matter relates to the Chief Executive Officer the Chair is to make the report). The report must be made immediately upon receiving direction from EHA.

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5.4.2.2 A report to the OPI by the Chief Executive Officer on behalf of EHA must be made on the online report form available at www.publicintegrity.sa.gov.au in accordance with the ICAC Act.

5.4.3 The Report to the OPI

5.4.3.1 The report must be made in accordance with the Directions and Guidelines.

5.5 Reporting Fraud

5.5.1 Any Employee or Board Member that has or acquires knowledge of actual or suspected Fraud that:

5.5.1.1 does not constitute corruption in public administration; and

5.5.1.2 impacts or causes detriment (or has the potential to impact or cause detriment) to EHA must report such information to the Responsible Officer, the Ombudsman (if it constitutes misconduct or maladministration under the Ombudsman Act), or otherwise to SAPOL.

5.5.2 A report made under part 5.5.1 may be protected under the PID Act and will be managed in accordance with EHA's Public Interest Disclosure Policy and Procedures.

5.6 Confidentiality and Publication Prohibitions

5.6.1 The provisions in the ICAC Act, Ombudsman Act and PID Act apply in relation to the disclosure and publication of information as set out in that legislation.

5.7 Action by the Chief Executive Officer

5.7.1 Unless otherwise directed by OPI, ICAC, the Ombudsman or SAPOL, the Chief Executive Officer will investigate how the alleged Corruption, Fraud, Misconduct or Maladministration occurred to determine the cause for the breakdown in controls and identify, if any, recommendations as to changes in policies, procedures or internal controls that should be made by EHA. The investigation should:

- occur as soon as practicable after the alleged incident;
- not impose on or detract from any investigation being undertaken by the ICAC, Ombudsman or SAPOL
- have regard to any recommendations in any report received from the ICAC, Ombudsman or SAPOL on the incident.

5.7.2 The Chief Executive Officer will, in conducting the investigation and deciding whether and how to report on the investigation to EHA, have

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regard to the provisions of EHA's Public Interest Disclosure Policy and Procedures, and any confidentiality requirements under the PID Act, the ICAC Act and the Ombudsman Act.

- 5.7.3 In the event that allegations of Fraud and/or Corruption are substantiated, EHA may take disciplinary action against any Employee who was involved.
- 5.7.4 Where the allegations have been made against the Chief Executive Officer, the actions listed in this part of the policy will be undertaken by the Chair of EHA.

5.8 False Disclosure

- 5.8.1 A person who makes a statement knowing that it is false or misleading in a complaint or report under the *ICAC Act, Ombudsman Act or PID Act* knowing it to be false or misleading in a material particular, is guilty of an offence.
- 5.8.2 An Employee who makes a report under the *ICAC Act, Ombudsman Act or PID Act* knowing it to be false or misleading in a material particular, in addition to being guilty of an offence, may face disciplinary action that may include instant dismissal.
- 5.8.3 Board Members who make a false disclosure, in addition to being guilty of an offence, may face disciplinary action pursuant to the Code of Conduct for Board Members.

5.9 Educating for Awareness

EHA recognises that the success and credibility of this Policy will largely depend upon how effectively it is communicated throughout the organisation and beyond.

EHA's policies regarding Internal Control and the prevention of fraud and corruption are available on the EHA website.

Employees will make reference to EHA's fraud and corruption initiatives in the Annual Report and facilitate public access to documents within EHA's Fraud and Corruption framework, including those documents identified at part 7.1 of this Policy.

5.10 Supporting documentation

All allegations of fraud and corruption and results of any investigations conducted will be securely maintained in EHA's Records Management System.

6. Review & Evaluation

This policy will be reviewed at least once every two years. However, EHA may revise or review this Policy at any time (but not to affect any process that has already commenced).

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7. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on [insert date].

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Fraud and Corruption Prevention Policy

1



FRAUD AND CORRUPTION PREVENTION POLICY

Policy Reference	FM05
Date of Initial Board Adoption	24 February 2016
Minutes Reference	9: 022016
Date of Audit Committee Endorsement (if applicable)	25 November 2015 <u>13 July 2022</u>
Date last reviewed by Eastern Health Authority Board of Management	N/A
Relevant Document Reference	<ul style="list-style-type: none"> • Code of Conduct for Board Members (D12/1640[v42]) • Code of Conduct for Employees (D14/5682[v2], D14/15685[v5]) • Risk and Opportunity Management Policy and Framework and Internal Control Manual and Procedures (D15/5720[v4]) • Public Interest Disclosure Policy procedure (D20/11480) • Internal Control Manual and Procedures (D15/6787[v6]) • Whistleblower Protection Policy (D14/10620[v3])
Applicable Legislation	<ul style="list-style-type: none"> • Section 132A of the <i>Local Government Act 1999</i> • Independent Commissioner Against Corruption Act 2012 • <u>Public Interest Disclosure Act 2018</u> • Whistleblowers Protection Act 1993

1. Purpose

Eastern Health Authority (EHA) recognises that Fraud and Corruption has the potential to cause significant financial and non-financial harm, and that the prevention and control of Fraud and Corruption should feature predominantly within the systems and procedures of a responsible organisation.

The purpose of the Fraud and Corruption Prevention Policy (the "Policy") is to clearly define EHA's commitment to preventing fraud and corruption, and to outline the methodology in place to minimise fraud and corruption threats.

2. Scope

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Fraud and Corruption Prevention Policy

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This Policy is intended to complement and be implemented in conjunction with other EHA policies, including:

- Code of Conduct for Board Members
- Code of Conduct for Employees
- ~~Risk and Opportunity Management Policy and Framework,~~
- ~~and Internal Control Manual and Procedures,~~
- Public Interest Disclosure Policy and Procedures
- ~~Whistleblower Protection Policy.~~

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This Policy applies to all disclosures that relate to the actual or suspected occurrence of fraud and corruption within EHA by Public Officers.

3. Definitions

For the purposes of this Policy the following definitions apply:

~~An Appropriate Relevant Authority that receives disclosure of public interest information includes:~~

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~~Office for Public Integrity;~~

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- ~~A Minister of the Crown;~~
- ~~A member of the South Australian Police Force where the information relates to an illegal activity;~~
- ~~The Auditor-General where the information relates to the irregular or unauthorised use of public money or substantial mismanagement of public resources;~~
- ~~The Ombudsman where the information relates to EHA a public officer;~~

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~~In relation to a public officer who is an employee or officer of EHA — a person who is, in accordance with any PID Guidelines, designated as a person who is taken to be responsible for the management or supervision of the public officer; or a person who is, in fact, responsible for the management or supervision of the public officer, including the Chief Executive Officer of EHA;~~

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~~where the information relates to a public officer who is an elected member, employee or officer of a Constituent Council; — a person who is, in accordance with any PID Guidelines, designated as a person who is taken to be responsible for the management or supervision of the public officer or to the responsible officer of the relevant Constituent Council; or~~

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~~a person who is, in fact, responsible for the management or supervision of the public officer or to the responsible officer of the relevant Constituent Council; or~~

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Fraud and Corruption Prevention Policy

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~~where the information relates to a location within the area of a Constituent Council – a member, officer or employee of the relevant Constituent Council; or~~

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~~where the information relates to a risk to the environment – the Environment Protection Authority~~

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~~• A Responsible Officer, where the information relates to a matter falling within the sphere of responsibility of a Local Government body;~~

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~~• An appointed Officer under EHA’s Whistleblowers Public Interest Disclosure Policy; or~~

~~• Any other person¹ to whom, in the circumstances of the case, it is reasonable and appropriate to make the disclosure².~~

~~A person makes an appropriate disclosure of public interest information if~~

~~(a) The person~~

~~i. Believes on reasonable grounds that the information is true; or~~

~~ii. Is not in a position to form a belief on reasonable grounds about the truth of the information but believes on reasonable grounds that the information may be true and is of sufficient significance to justify its disclosure so that its truth may be investigated; and~~

~~(b) The disclosure is made to the Appropriate Authority.~~

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~~A person makes an **appropriate disclosure of environmental and health information** if the person:~~

~~(a) believes on reasonable grounds that the information is true; or~~

~~(b) is not in a position to form a belief on reasonable grounds about the truth of the information, but believes on reasonable grounds that the information may be true and is of sufficient significance to justify its disclosure so that its truth may be investigated; and~~

~~(c) the disclosure is made to a relevant authority.~~

~~A person makes an **appropriate disclosure of public administration information** if the person:~~

~~(a) is a public officer; and~~

~~(b) reasonably suspects that the information raises a potential issue of corruption, misconduct or maladministration in public administration; and~~

~~(c) the disclosure is made to a relevant authority.~~

~~Where a person making a disclosure request to do so under the Whistleblowers Protection Public Interest Disclosure Act 2018, the matter will be managed in accordance with EHA’s Whistleblowers Public Interest Disclosure Policy rather than this document.~~

~~Upon receipt of an appropriate disclosure of public interest information, it will be dealt with in accordance with the processes described in EHA’s Public Interest Disclosure Procedure.~~

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Fraud and Corruption Prevention Policy

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Corruption is dishonest activity in which a Public Officer acts contrary to the interests of the organisation and abuses his/her position of trust in order to achieve some personal gain or advantage for him or herself or for another person or entity³

Corruption in public administration means:

- a) an offence against Part 7 Division 4 (Offences relating to public officers) of the *Criminal Law Consolidation Act 1935*, which includes the following offences:
- (i) bribery or Corruption of public officers;
 - (ii) threats or reprisals against public officers;
 - (iii) abuse of public office;
 - (iv) demanding or requiring benefit on basis of public office;
 - (v) offences relating to appointment to public office.
- b) an offence against the *Public Sector (Honest and Accountability) Act 1995* or the *Public Corporations Act 1993*, or an attempt to commit such an offence; or
- c) an offence against the *Lobbyist Act 2015*, or an attempt to commit such an offence; or
- ~~b) any other offence (including an offence against Part 5 (Offences of dishonesty) of the *Criminal Law Consolidation Act 1935*) committed by a public officer while acting in his or her capacity as a public officer or by a former public officer and related to his or her former capacity as a public officer, or by a person before becoming a public officer and related to his or her capacity as a public officer, or an attempt to commit such an offence; or~~
- e)d) any of the following in relation to an offence referred to in a preceding paragraph:
- (i) aiding, abetting, counselling or procuring the commission of the offence;
 - (ii) inducing, whether by threats or promises or otherwise, the commission of the offence;
 - (iii) being in any way, directly or indirectly, knowingly concerned in, or party to, the commission of the offence;
 - (iv) conspiring with others to affect the commission of the offence.

Deception means deceiving another person to obtain a benefit or to cause detriment to a person.

~~**OPI Directions and Guidelines** refer to the document titled as such and available on the ICAC O website www.publicintegrity.sa.gov.au www.icac.sa.gov.au~~

Employee means any person who is employed by EHA, but also includes any

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Fraud and Corruption Prevention Policy

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contractors, volunteers and consultants undertaking work for, or on behalf of EHA.

A **False Disclosure** is a disclosure of information involving actual or suspected fraud or corruption that is made by a person who knows the information to be false or, who is reckless as to whether it is false.

Fraud means dishonest activity causing actual or potential financial loss to any person or entity including theft of moneys or other property by a Public Officer and where deception is used at the time, immediately before or immediately following the activity. It can also include the deliberate falsification, concealment, destruction or use of falsified documentation used or intended for use for a normal business purpose, or the improper use of information or position for personal financial benefit.

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The theft of property belonging to EHA by a person or persons elected, working or volunteering for EHA but where deception is not used is also considered "fraud" for the purposes of this definition.

For the purposes of this Policy, Fraud ~~is~~ will include an intentional dishonest act or omission done with the purpose of deceiving.

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Note: unlike 'Corruption' there is no statutory definition of 'Fraud'. Fraud is a style of offending. The offences addressed under Part 5 and Part 6 of the *Criminal Law Consolidation Act 1935* are considered to constitute Fraud offences.

ICAC Act ~~is~~ means the *Independent Commissioner Against Corruption Act 2012*.

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Maladministration in public administration is defined in Section 5(4) of the ICAC Act ~~the Ombudsman Act~~ and generally includes impropriety or negligence, which may extend to ~~conduct of a serious nature that is:~~

(a) ~~means:~~

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i) ~~conduct of a public officer, or a practice, policy or procedure of a public authority, that results in an irregular and unauthorised use of public money or substantial mismanagement of public resources; or~~

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ii) ~~conduct of a public officer involving substantial mismanagement in or in relation to the performance of official functions; and~~

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(b) ~~includes conduct resulting from improperly, incompetence or negligence; and~~

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(c) ~~is to be assessed having regard to relevant statutory provisions and administrative instructions and directions.~~

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~~• Contrary to law; or~~

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~~• Unreasonable, unjust, oppressive or improperly discriminatory; or~~

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~~• Based upon improper motives; or~~

~~• A result of acting outside the parameters of recommended practice.~~

Misconduct in public administration is defined in section 5(3) of the ICAC Act ~~the Ombudsman Act~~ and means:

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Fraud and Corruption Prevention Policy

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- ~~—An intentional and serious contravention of a code of conduct by a public officer while acting in their capacity as a public officer that constitutes a ground for disciplinary action against the officer.~~

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~~—contravention of a code of conduct by a public officer while acting in his or her capacity as a public officer that constitutes a ground for disciplinary action against the officer; or~~

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~~—other misconduct of a public officer while acting in his or her capacity as a public officer.~~

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~~Ombudsman Act means the Ombudsman Act, 1972.~~

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OPI Directions and Guidelines refer to the document titled as such and available on the website www.publicintegrity.sa.gov.au.

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OPI (Office for Public Integrity) is the office established under the *ICAC Act 2012* that has the function to:

- receive and assess complaints about public administration from members of the public;
- receive and assess reports about corruption, misconduct and maladministration in public administration from the Ombudsman inquiry agencies, public authorities and public officers; ~~EHA and public officers~~;
- refer complaints and reports to inquiry agencies, public authorities and public officers or to determine to take no action in accordance with the ICAC Act were approved by the Commissioner or make recommendations as to whether and by whom complaints and reports should be investigated;

~~(d) perform other functions assigned to the Office by the Commissioner.~~

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Team Leader means any Employee of EHA who is responsible for the direct supervision of other Employees, and/or, for the management of a EHA Department.

PID Act means the *Public Interest Disclosure Act 2018*.

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Public administration defined at section 4 of the *ICAC Act 2012* means without limiting the acts that may comprise public administration, an administrative act within the meaning of the *Ombudsman Act 1972* will be taken to be carried out in the course of public administration.

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Public Officer has the same meaning as in the *ICAC Act 2012* and includes (but is not limited to):

- A Board Member of EHA;
- An Independent Member of an EHA Committee;

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Fraud and Corruption Prevention Policy

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- An Employee of EHA.

~~Publish~~ is defined in section 4 of the ICAC Act, and means publish by:

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A **Responsible Officer** is a person designated by EHA as a Responsible Officer under section 12 of the PID Act, appointed and authorised to receive and act upon information provided by a Whistleblower. The Chief Executive Officer is the Responsible Officer under the Whistleblowers Protection Act 1993, PID Act.

~~For the purposes of the ICAC Act, misconduct or maladministration in public administration will be taken to be serious or systemic if the misconduct or maladministration~~

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~~(a) is of such a significant nature that it would undermine public confidence in the relevant public authority, or in public administration generally; and~~

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~~(a) has significant implications for the relevant public authority or for public administration generally (rather than just for the individual public officer concerned);~~

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A **Relevant Authority** that receives disclosure of public interest information includes:

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- Office for Public Integrity;
- A Minister of the Crown;
- A member of the South Australian Police Force - where the information relates to an illegal activity;
- The Auditor-General – where the information relates to the irregular or unauthorised use of public money or substantial mismanagement of public resources;
- The Ombudsman – where the information relates to EHA;
- In relation to a public officer who is an employee or officer of EHA:
 - a person who is, in accordance with any PID Guidelines, designated as a person who is taken to be responsible for the management or supervision of the public officer; or
 - a person who is, in fact, responsible for the management or supervision of the public officer, including the Chief Executive Officer of EHA; or
 - where the information relates to a public officer who is an elected member, employee or officer of a Constituent Council:
 - a person who is, in accordance with any PID Guidelines, designated as a person who is taken to be responsible for the management or supervision of the public officer or to the responsible officer of the relevant Constituent Council; or
 - a person who is, in fact, responsible for the management or supervision of the public officer or to the responsible officer of the relevant Constituent Council; or
- where the information relates to a location within the area of a Constituent Council - a member, officer or employee of the relevant Constituent Council; or

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Fraud and Corruption Prevention Policy

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- where the information relates to a risk to the environment - the Environment Protection Authority.

SAPOL means the ~~Anti Corruption Branch of the~~ South Australian Police Force.

For the purposes of this Policy ~~ICAC Act~~, misconduct or maladministration in public administration will be taken to be **serious or systemic** if the misconduct or maladministration –

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- (a) is of such a significant nature that it would undermine public confidence in the relevant public authority, or in public administration generally; and
- (b) has significant implications for the relevant public authority or for public administration generally (rather than just for the individual public officer concerned).

~~A **Whistleblower** is any person who makes an appropriate disclosure of public interest information.~~

Waste refers to the waste of public resources (including public money), which occurs as a result of the substantial mismanagement, irregular or, unauthorised use of public resources.

4. Principles

EHA is committed to acting in the best interest of the community and to upholding the principles of honesty, integrity and transparency, which are all key components of good governance.

EHA will not tolerate fraudulent or corrupt activity and is committed to control and prevention of such activities by:

- Establishing and maintaining an effective system of internal controls and enforcing compliance with those controls;
- Regularly undertaking and reviewing risk assessments to identify circumstances in which fraud and corruption could potentially occur;
- Implementing fraud and corruption prevention and mitigation strategies in its day to day operations;
- Establishing formal procedures for the investigation of allegations relating to fraudulent and/or corrupt activity;
- Taking appropriate action in response to allegations of fraudulent and/or corrupt activity including, reporting allegations through appropriate channels and where allegations are substantiated, taking disciplinary action in accordance with EHA's Codes of Conduct or other relevant processes;
- Ensuring all Board Members and Employees are aware of their obligations in regards to the prevention of fraud and corruption within EHA; and
- Fostering an ethical environment in which dishonest and fraudulent behavior is actively discouraged.

5. Policy

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Fraud and Corruption Prevention Policy

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5.1 Prevention

EHA recognises that:

- The occurrence of fraud and corruption will prevail in an administrative environment where opportunities exist for abuse and maladministration; and
- The most effective way to prevent the occurrence of fraud and corruption is to promote an ethical workplace in which internal control mechanisms have been implemented.

EHA expects that Public Officers will assist in preventing fraud and corruption within EHA by:

- Understanding the responsibilities of their position;
- Familiarising themselves with EHA's procedures and adhering to them;
- Understanding what behavior constitutes fraudulent and/or corrupt conduct;
- Maintaining an awareness of the strategies that have been implemented by EHA to minimise fraud and corruption;
- Being continuously vigilant to the potential for fraud and/or corruption to occur; and
- Reporting suspected or actual occurrences of fraud or corruption in accordance with part 5.4 of this Policy.

5.2 Responsibilities

5.2.1 ~~5.2.1~~ Board Members are responsible for ensuring that EHA:

- Supports the Chief Executive Officer in the implementation of adequate security for the prevention of fraud and corruption including the provision of secure facilities for storage of assets, and procedures to deter fraudulent or corrupt activity from occurring; and
- Makes reports in accordance with part 5.4 of this Policy and facilitates cooperation with any investigation undertaken by an external authority (such as SAPOL or the Commissioner Independent Commissioner Against Corruption).

5.2.2 The Chief Executive Officer is responsible for:

- Making reports in accordance with part 5.4 of this Policy and facilitates cooperation with any investigation undertaken by an external authority (such as SAPOL or the Commissioner Independent Commissioner Against Corruption);
- Providing adequate security for the prevention of fraud and corruption, including the provision of secure facilities for storage

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Fraud and Corruption Prevention Policy**10**

of assets and procedures to deter fraudulent or corrupt activity from occurring;

- Promoting EHA's commitment to the prevention of fraud and corruption to the Community on relevant occasions;
- Providing mechanisms for receiving allegations of fraud or corruption, including ensuring that Responsible Officers and Employees receive appropriate training;
- Promoting a workplace culture and environment in which fraud and corruption is actively discouraged and is readily reported should it occur; and
- Undertaking and reviewing a fraud and corruption risk assessment on a regular basis.

5.2.3 Team Leaders are responsible for:

- The conduct of any Employees whom they supervise and, will be held accountable for such;
- Any property under their control and, will be held accountable for such;
- Reporting in accordance with part 5.4 of this Policy;
- Creating an environment in which fraud and corruption is discouraged and readily reported by Employees. Such an environment shall be fostered by the Team Leader's own attitude to fraud and corruption and, by the accountability and integrity they both display and encourage from other Employees;
- Ensuring that new Employees for whom they are responsible are aware of their responsibilities in relation to fraud and corruption and, of the standard of conduct expected from all Employees.
- Identifying potential fraud and corruption risks; and
- Leading by example to promote ethical behavior.

5.2.4 Employees are responsible for:

- Performing their functions and duties with care, diligence, honesty and integrity;
- Conducting themselves in a professional manner at all times;
- Adhering to EHA's Policy and Procedures that have been established to prevent fraud or corruption;
- Taking care of EHA's property which includes avoiding the waste or misuse of EHA's resources;
- Maintaining and enhancing the reputation of EHA;
- Remaining scrupulous in their use of EHA's information, assets, funds, property, goods or services; and
- Reporting in accordance with part 5.4 of this Policy.

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5.3 Fraud and Corruption Risk Assessment

5.3.1 EHA's main objective is to minimise the occurrence of fraud and corruption within EHA. This objective can generally be achieved by:

- Identifying Fraud and Corruption Risks;
- [Reviewing and monitoring internal controls](#)
- Determining strategies to control those risks; and
- Defining responsibility for and, the time frame within which the strategies will be implemented.

5.3.2 Team Leaders must be alert to the potential occurrence of fraud and corruption and factors which may leave EHA vulnerable to fraud and corruption, including:

- Changes to EHA delegations and subdelegations;
- Implementation of cost cutting measures;
- Contracting out, outsourcing or services where EHA is generating an income;
- The impact of new technology; and
- Changes to risk management practices.

5.4 Reporting Fraud and Corruption in Public Administration to the OPI

5.4.1 Public Officers

5.4.1.1 A Public Officer must report to the OPI any matter that the Public Officer reasonably suspects involves corruption in public administration unless the public officer knows that the matter has already been reported to the OPI.

[The Public Officer should adhere to documents as identified at part 2 to the extent possible, when making the report.](#)

5.4.1.2 A report to the OPI by an Employee or Board Member ~~must~~ [should](#) be made on the online report form available at [www.icac.sa.gov.au/publicintegrity.sa.gov.au](#) in accordance with the ICAC Act [and include particulars, as included in the ICAGOPI Directions and Guidelines.](#)

5.4.1.3 [Nothing in this section is intended to prevent a Public Officer from reporting suspected Corruption or Systematic or Serious-Misconduct or Maladministration in EHA or in other public administration to a Relevant Authority, such as EHA's](#)

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~~Responsible Officer, for the purposes of the under the PID Act. Such a disclosure may be protected under the PID Act and, if made to a Relevant Authority, the EHA Responsible Officer, will be managed in accordance with the EHA's Public Interest Disclosure Policy and Procedures. Public Officers are encouraged to have regard to the EHA Public Interest Disclosure Policy and Procedures when determining where to direct a disclosure.~~

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5.4.1.4 Further information about reporting requirements is available at the OPI ICAC website: www.publicintegrity.sa.gov.au ~~www.icac.sa.gov.au~~

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5.4.2 EHA

5.4.2.1 EHA ~~(that is, the Board Members collectively)~~ must report to the OPI any matter that EHA reasonably suspects involves corruption in public administration unless EHA knows that the matter has already been reported to the OPI. The Chief Executive Officer is responsible for preparing a report to the OPI on behalf of EHA where EHA directs the Chief Executive Officer accordingly for these purposes (where the matter relates to the Chief Executive Officer the Chair is to make the report). The report must be made immediately upon receiving direction from EHA ~~(such as via the Chair).~~

5.4.2.2 A report to the OPI by the Chief Executive Officer on behalf of EHA must be made on the online report form available at www.publicintegrity.sa.gov.au ~~www.icac.sa.gov.au~~ in accordance with the ICAC Act.

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5.4.3 The Report to the OPI

5.4.3.1 The report must be made in accordance with the Directions and Guidelines.

5.5 Reporting Fraud

5.5.1 Any Employee or Board Member that has or acquires knowledge of actual or suspected Fraud that:

5.5.1.1 does not constitute corruption in public administration;⁴ and

5.5.1.2 impacts or causes detriment (or has the potential to impact or cause detriment) to EHA must report such information to the Responsible Officer, the Ombudsman (if it constitutes misconduct or maladministration under the Ombudsman Act), or otherwise to SAPOL.—

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~~5.5.1.2 must report such information to the Responsible Officer or the Ombudsman if it constitutes misconduct or maladministration under the Ombudsman Act, or otherwise to SAPOL the Anti-Corruption branch of SAPOL.~~

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⁴Such conduct may, for example, relate to persons who are not public officers;

~~must report such information to the Responsible Officer or the Anti-Corruption branch of SAPOL.~~

~~5.5.2 A report made under part 5.6 may be made under the Whistleblowers Protection Act 1993 and managed in accordance with EHA's Whistleblower Protection Policy.~~

~~5.5.2 A report made under part 5.5.1 may be protected under the PID Act and will be managed in accordance with EHA's Public Interest Disclosure Policy and Procedures.~~

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5.6 Confidentiality and Publication Prohibitions

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~~5.6.1 The provisions in the ICAC Act, Ombudsman Act and PID Act apply in relation to the disclosure and publication of information as set out in that legislation.~~

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~~A person who receives information knowing that the information is connected with a matter that forms or is the subject of a complaint, report, assessment, investigation, referral or evaluation under the ICAC Act must not disclose that information, other than in the limited circumstances set out in section 54(3) of the ICAC Act.~~

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~~A person must not, other than as authorised by the Commissioner or a court, publish or cause to be published any of the following:~~

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~~— information tending to suggest that a person is, has been, may be, or may have been, the subject of a complaint, report, assessment, investigation or referral under the ICAC Act.~~

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~~— information that might enable a person who has made a complaint or report under the ICAC Act to be identified or located;~~

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~~— the fact that a person has made or may be about to make a complaint or report under the ICAC Act;~~

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~~— information that might enable a person who has given or may be about to give information or other evidence under the ICAC Act to be identified or located;~~

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~~— the fact that a person has given or may be about to give~~

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Fraud and Corruption Prevention Policy

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~~information or other evidence under this Act; or~~

~~any other information or evidence which the Commissioner has prohibited from publication.~~

~~A failure to comply with part 5.6 of this Policy may constitute an offence. An EHA Employee who fails to comply with these requirements may also face disciplinary action which may include dismissal from employment.~~

~~In addition to the requirements of part 5.6, Board Members and Employees should also be mindful of the confidentiality provisions in the EHA's Public Interest Disclosure Policy and Procedures.~~

5.65.7 Action by the Chief Executive Officer

5.6.1 Following any report to the OPI or SAPOL under this Policy (or the Whistleblower Protection Policy as the case may be) of which the Chief Executive Officer has knowledge and, subject to the finalisation of any investigation undertaken by the Commissioner or SAPOL, the Chief Executive Officer will undertake a review into the area in which the Fraud or Corruption occurred to determine the cause for the breakdown in controls and, will report the findings of the review and provide recommendations (if any) to EHA. In undertaking any review, the Chief Executive Officer will have regard to any recommendations received from the Commissioner, SAPOL or the Ombudsman.

5.7.1 Unless otherwise directed by OPI, ICAC, the Ombudsman or SAPOL, the ~~CEO~~Chief Executive Officer will investigate how the alleged Corruption, Fraud, Misconduct or Maladministration occurred to determine the cause for the breakdown in controls and identify, if any, recommendations as to changes in policies, procedures or internal controls that should be made by EHA. The investigation should:

- occur as soon as practicable after the alleged incident;
- not impose on or detract from any investigation being undertaken by ~~the OPI or SAPOL~~the ICAC, Ombudsman or SAPOL
- have regard to any recommendations in any report received from ~~the Commissioner or SAPOL~~ICAC, Ombudsman or SAPOL on the incident.

5.7.2 The ~~CEO~~Chief Executive Officer will, in conducting the investigation and deciding whether and how to report on the investigation to EHA, have regard to the provisions of ~~the~~EHA's Public Interest Disclosure Policy and Procedures, and any confidentiality requirements under the PID Act, ~~the and/or~~ICAC Act and the Ombudsman Act.

5.7.3 In the event that allegations of Fraud and/or Corruption are substantiated, EHA may take disciplinary action against any

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Fraud and Corruption Prevention Policy

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Employee who was involved,

~~5.6.25.7.4~~ Where the allegations have been made against the Chief Executive Officer, the actions listed in this part of the policy will be undertaken by the Chair of EHA.

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5.75.8 False Disclosure

~~5.7.45.8.1~~ A person who makes a statement knowing that it is false or misleading in a complaint or report under the ~~ICAC Act 2012~~ ICAC Act, Ombudsman Act or PID Act or ~~makes disclosure of public interest information, under the Whistleblowers Protection Act 1993~~ Public Interest Disclosure Act 2018, knowing it to be false or ~~being reckless about whether it is false or~~ misleading in a material particular, is guilty of an offence.

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~~5.7.25.8.2~~ An Employee who makes a ~~false disclosure report under the ICAC Act, Ombudsman Act or PID Act~~ knowing it to be false or misleading in a material particular, in addition to being guilty of an offence, ~~will~~ may face disciplinary action that may include instant dismissal.

~~5.7.35.8.3~~ Board Members who make a false disclosure, in addition to being guilty of an offence, may face disciplinary action pursuant to the Code of Conduct for Board Members.

5.85.9 Educating for Awareness

EHA recognises that the success and credibility of this Policy will largely depend upon how effectively it is communicated throughout the organisation and beyond.

EHA's policies regarding Internal Control and the prevention of fraud and corruption are available on the EHA website.

Employees will make reference to EHA's fraud and corruption initiatives in the Annual Report and facilitate public access to documents within EHA's Fraud and Corruption framework, including those documents identified at part 7.1 of this Policy.

~~EHA's initiatives and policies regarding the control and prevention of fraud and corruption will be promoted by Employees at EHA office.~~

5.95.10 Supporting documentation

All allegations of fraud and corruption and results of any investigations conducted will be securely maintained in EHA's Records Management System.

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6. Review & Evaluation

This policy will be reviewed at least once every two years. However, EHA may revise or review this Policy at any time (but not to affect any process that has already commenced).

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7. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on ~~24 February 2016~~:[insert date](#).

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7.7 FOOD ACT ANNUAL REPORT 2021/2022

Author: Nadia Conci

Ref: AF11/205

Summary

Section 93 of the *Food Act 2001* (the Act) requires the head of an enforcement agency to report each year to SA Health. The completed annual Food Act Questionnaire 2021/2022 has been prepared on Eastern Health Authority's (EHA) performance under the Act for 2021/2022 and was submitted to SA Health Food Standards Surveillance and Food and Controlled Drugs Branch. A copy of the annual Food Act Questionnaire 2021/2022 is provided to the Board for their information.

Report

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

On 25 May 2021, SA Health requested that enforcement agencies provide the completed annual Food Act Questionnaire 2021/2022 in accordance with section 93 of the *Food Act 2001*.

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

The completed annual Food Act Questionnaire 2021/2022 is provided as attachment 1 of this report and is a statistical review of the work undertaken during 2020/2021. The completed questionnaire was submitted to SA Health Food Standards Surveillance and Food and Controlled Drugs Branch on 12 July 2022.

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

A total of 692 routine inspections were conducted during the year. A 8.5% decrease in routine inspections compared to the previous year. This is attributed to fewer available authorised officers for the majority of the financial year; food businesses remaining closed to COVID-19; and the inspection frequency for a proportion of Priority 2 and Priority 3 risk food businesses not being due during the year.

Proportionate legal action was taken where warranted resulting in a small decrease in the number of Improvement Notices and Expiations issued. A total of eight Prohibitions Orders were issued, a 50% reduction compared to the previous year. The number of Warnings was comparable to the previous year. This demonstrates EHO's efforts to ensure appropriate standards of food safety are maintained where serious non-compliance was observed.

EHA recognises the importance of investing time into training and providing advice. During the year EHA conducted training sessions on the fundamentals of food safety. All food businesses in our Constituent Council areas were invited to attend, with a total of six training sessions held and 65 participants attending.

During SA's COVID-19 peak in early 2022, we were able to navigate the obstacles and deliver two sessions online, with a great response from food businesses. The training sessions were structured with the intention of improving or refreshing food handler's overall knowledge of safe food practices and in turn, businesses compliance with the Food Safety Standards. The feedback provided by the participants was overwhelmingly positive with attendees requesting longer and additional sessions, as well as requests for tailored workplace training.

RECOMMENDATION

That:

The report titled Food Act Annual Report 2021/2022 be received.

FOOD ACT 2001 - ANNUAL REPORT QUESTIONNAIRE

Information on Local Government Administration of the Food Act for the period 1st July 2021 to 30th June 2022.

Note: When completing the questionnaire please do not delete or remove any formulas.

Council Name : Eastern Health Authority(EHA)

1. Authorised Officers

An authorised officer (AO) is defined as “a person appointed under Part 9, Division 3 of the *Food Act 2001*”. Under Division 3 a council is required to maintain a list of AOs appointed under the Act. Please provide the following advice on persons who were listed as an AO for your council, under this provision, on the **30th June 2022**.

The purpose of this question is to update the current list of authorised officers working in South Australia. Where part time staff are employed by more than one council, please indicate the name of all other councils the officer works for. If on the 30th of June 2022 the council did not have an AO under the Food Act please write NIL.

Name of Authorised Officer	Position Title	Contact Details			Full time or part time appointment	**If part time record the FTE (Full Time Equivalent)	Does the authorised officer work for more than one council?	If applicable name other councils worked for	Percentage of time spent on food related matters (including routine, follow-up and complaint inspections)	
		Phone	Mobile	Email					Inspection s	Audits
Luke Smith	EHO	8132 3660	0413 238 894	lsmith@eha.sa.gov.au	Full Time		No		60.00%	
Izabella Hayes	EHO	8132 3631	0481 033 817	ihayes@eha.sa.gov.au	Full Time		No		65.00%	
Ryan Roberts	EHO	8132 3630	0413 238 906	rroberts@eha.sa.gov.au	Full Time		No		65.00%	
Katina Vahaviolos	EHO	8132 3617	0413 239 015	kvahaviolos@eha.sa.gov.au	Full Time		No		50.00%	10.00%
Fadzai Chingovo	EHO	8132 3624	0413 238 978	fchingovo@eha.sa.gov.au	Part Time	0.8	No		55.00%	
Lee Dyson	EHO	8132 3614	0413 238 830	ldyson@eha.sa.gov.au	Full Time		No		60.00%	10.00%
Tina-marie Aghiana	EHO	8132 3640	0413 239 036	taghiana@eha.sa.gov.au	Part Time	0.8	Yes	SA Health	0.00%	70.00%
Nadia Conci	Team Leader	8132 3626	0413 238 927	nconci@eha.sa.gov.au	Full Time		No		35.00%	
Michael Livori	CEO	8132 3611	0400 102 077	mlivori@eha.sa.gov.au	Full Time		No		10.00%	
					Fulltime Employee	7	No of officer works for >1 Council			
					Part Time Employee	2	1			
TOTAL %									44.44%	30.00%

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

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

2. Audits & Inspections of Food Premises

2A. Food Audits

The Food Act requires businesses that process food for service to "Vulnerable Populations" to implement a documented Food Safety Program which is audited to verify compliance with Standard 3.2.1. Please complete the following table with respect to your council area only (if you audit outside your council area, these details will be captured by the respective council). If these businesses were also inspected by your council during the financial year, please indicate in the table.

Business Type - Vulnerable Population	No. of Businesses	Routine Audits (Standard 3.2.1, 3.2.2 & 3.2.3)		Routine Inspections (Standard 3.2.2 & 3.2.3)			
		No. of audits conducted by your council (in your jurisdiction)	No. of audits conducted by other councils (in your jurisdiction)	No. of inspections conducted of auditable businesses		No. of follow-up inspections conducted of auditable businesses	
Child Care Centres	41	30	9	4		1	
Aged Care Facilities	30	23	6	4		0	
Private Hospitals (Do not include Public Hospitals as they are audited by SA Health and reported separately)	3	1	1	5		0	
Others- e.g. central production kitchen for vulnerable pops (Do not include Not for Profit Meals on Wheels and Dom Care. They are audited by SA Health and reported separately)	1	0	4	0		0	
TOTAL	75	54	20	13	0	1	0

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

2B. Food Inspections

All food businesses in South Australia are required to comply with the Food Act 2001, the Food Regulations 2017 and the Food Safety Standards. Please complete the following table with respect to your Council EXCLUDING businesses that service "Vulnerable Populations" that were reported in section 2A of the questionnaire. Note: Number of businesses includes all the businesses during the financial year including the ones that were closed or changed ownership.

Businesses Inspections per Priority Risk Classification				
Risk Classification	Number of Businesses	Routine Inspections	Follow up Inspections	No. of inspections resulting from complaints
P1 (exc. "Vulnerable Pop" businesses)	657	417	331	71
P2	320	174	64	25
P3	213	86	11	5
P4	236	1	0	0
Total	1426	678	406	101

3. Food Audit and Inspection Fees

3A. Food Audit fees

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

Does your council conduct Food Audits?

Yes

If you answered NO to the above question go to section 3B.

Does your council charge fees for conducting Food Audits?

Yes

If you answered NO to the above question go to section 3B.

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

Audit Type/Activity					
	Desktop (offsite) audit	Routine (onsite) audit	Follow up audit	Travel costs	Other
Audit charge \$\$/unit*	\$95.00	\$195.00	Onsite - \$195 Desktop - \$95.00	\$95.00	Audit Preparation /Administration \$95.00/hr Desktop conducted on-site during audit \$195.00/hr Community - 20% discount
Is there is a cap on the maximum cost of an audit? If yes, please specify.			No.		

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

3B. Food Inspection fees

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

Does your council charge fees for conducting food premises inspections?

Yes

If you answered NO to the above question go to section 4.

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

Inspection Type					
	Routine Inspection	Follow up inspection	Complaint inspection	Home activity inspection	Other
Inspection charge (\$)/unit*	Small (< 20FTE) - P1 and P2 - \$131.00 P3 - 92.00 P4 - no charge In any other case (>20FTE) - P1 and P2 - \$321.00 P3 - \$214.00 P4 - no charge	a)When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the timeframes. b) Re-inspections to determine compliance with Improvement Notices and Prohibition Orders. Re-inspection charge amount same as the routine inspection.	N/A	Same as 'Routine Inspection' fees	Small Business Inspection Fee (P1&2) - 1 to 10 stalls \$65.50 and Large Business Inspection Fee (P1&2) - > 10 Stalls \$164.50. Note that these fees are charged to the event organisers.

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

4. Food Act Enforcement

4A Enforcement Activities

Please complete the following table indicating the enforcement activities undertaken by your councils during financial year 2021-2022. Notes for completing this section:

- "No. of businesses" includes all businesses that are/were open within the financial year (inc. ones that changed ownership or closed by the end of the year). **This column MUST be completed, even if no enforcement action has been taken.**

- "No. of businesses inspected" must be recorded as the number of businesses that were inspected in the financial year NOT the number of inspections. e.g. a takeaway may be inspected twice a year, but as this is only one business, it would be recorded as 1 in this column.

- "No. of businesses requiring enforcement action" means the number of businesses that had any one or more of the following: written warnings, improvement notices, prohibition orders, expiations or prosecutions. Only count the business once, even if multiple enforcement actions are undertaken.

Table 4A

Business Sector	Risk Level	No. of business	No. of business Inspected	No. of business requiring enforcement action	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued			No. of prosecutions	Percent Compliance - Inspected Businesses
								Body Corporate	Natural person	Sub Total		
Retailer												
Alcoholic beverages packaged	P4	3								0		#DIV/0!
Bakery products	P3	10	4	0	0	0	0	0	0	0		100%
Bakery products Perishable fillings	P2	3								0		#DIV/0!
Continental Type Delicatessen food	P2	4	1	0	0	0	0	0	0	0		100%
High risk food - perishable	P2	84	49	8	1	7	0	1	0	1		84%
Low risk packaged food	P4	221	1	0	0	0	0	0	0	0		100%
Low risk food unpackaged	P3	3	2	0	0	0	0	0	0	0		100%
Medium risk food - perishable	P3	45	17	0	0	0	0	0	0	0		100%
Raw Meat & Poultry	P2	0								0		#DIV/0!
Seafood(excludes Processing of Bivalve mollusc)	P2	3	1	0	0	0	0	0	0	0		100%
Others- see comments	P1	0								0		#DIV/0!
Others- see comments	P2	0								0		#DIV/0!
Others- see comments	P3	1								0		#DIV/0!
Others- see comments	P4	0								0		#DIV/0!
Total Retailer		377	75	8	1	7	0	1	0	1	0	

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

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

P4 'Low risk packaged foods' - Due to the low risk nature of the foods (ie. packaged lollies, alcoholic beverages etc) a scheduled inspection is not undertaken. However, when a notification of a new food business is received an initial inspection is undertaken to assess and confirm the priority rating and inspection frequency.

Business Sector	Risk Level	No. of Business	No. of business Inspected	No. of business requiring enforcement action	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued			No. of prosecutions	Percent Compliance - Inspected Businesses
								Body Corporate	Natural person	Sub Total		
Food Service												
Catering offsite activity	P1	9	2	0	0	0	0	0	0	0		100%
Catering onsite activity	P1	33	23	2	0	3	0	0	0	0		91%
Medium risk foods perishable	P3	30	12	0	0	0	0	0	0	0		100%

Business Sector	Risk Level	No. of Business	No. of business Inspected	No. of business requiring enforcement action	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued			No. of prosecutions	Percent Compliance - Inspected Businesses
								Body Corporate	Natural person	Sub Total		
Food Service - continued												
Others- see comments	P1	0								0		#DIV/0!
Others- see comments	P2	0								0		#DIV/0!
Others- see comments	P3	0								0		#DIV/0!
Others- see comments	P4	0								0		#DIV/0!
Total Food Service		72	37	2	0	3	0	0	0	0	0	

Comments: Snack bar/kiosk - low risk food unpackaged. P1 - Catering On-site - Aged care and child care facilities are also included in this category. Routine inspections were excluded for some of these facilities as a food safety audits were undertaken during the financial year. Due to COVID-19 scheduled food inspections continued to be interrupted as food business either remaining closed or gradually re-opened during the year.

Business Sector	Risk Level	No. of Business	No. of business Inspected	No. of business requiring enforcement	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	Body Corporate	Natural person	Sub Total	No. of prosecutions	Percent Compliance - Inspected Businesses
Bakery products Perishable fillings processing	P1	15	8	3	1	1	0	1	0	1		63%
Baby Food processing	P2	1								0		#DIV/0!
Beverage processing	P3	2	1	0	0	0	0	0	0	0		100%
Beverage processing small producer	P3	0								0		#DIV/0!
Canned food processing	P2	0								0		#DIV/0!
Canned food processing very small producer & high acid food	P3	2	1	1	0	0	1	0	0	0		0%
Chocolate processing	P2	0								0		#DIV/0!
Chocolate processing small producer	P3	2	1	0	0	0	0	0	0	0		100%
Cereal processing & medium/low risk bakery	P3	73	27	1	0	1	0	0	0	0		96%
Confectionary processing	P3	23	10	0	0	0	0	0	0	0		100%
Cook-Chill food Short shelf-life processing	P1	4	4	1	0	1	0	0	0	0		75%
Cook-chill food Extended shelf life processing;	P1	1								0		#DIV/0!
Cook-chill food Extended shelf life processing; Aseptic Packaging	P2	1								0		#DIV/0!
Cook-frozen food processing	P2	3	2	0	0	0	0	0	0	0		100%
Dairy processing (not including soft cheese)	P2	5	3	0	0	0	0	0	0	0		100%
Dairy processing - Soft cheese processing	P1	0								0		#DIV/0!

Business Sector	Risk Level	No. of Business	No. of business Inspected	No. of business requiring enforcement action	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued			No. of prosecutions	Percent Compliance - Inspected Businesses
								Body Corporate	Natural person	Sub Total		
Processor/ Manufacturer - Continued												
Egg Processing	P2	0								0		#DIV/0!
Fruit and Vegetables processing	P1	2	1	0	0	0	0	0	0	0		100%
Fruit and vegetable processing frozen	P2	0								0		#DIV/0!
Fruit and vegetable processing frozen, Blanch, wash & pack, dehydrating, condiments , small producer	P3	2	2	0	0	0	0	0	0	0		100%
Fruit and vegetable Juice Unpasteurised processing	P1	0								0		#DIV/0!
Fruit juice, Pasteurisation processing, Shelf stable processing	P2	0								0		#DIV/0!
Fruit Juice Pasteurisation processing, Shelf stable processing Small producer	P3	0								0		#DIV/0!
Infant formula product processing	P1	0								0		#DIV/0!
Meat Processing, Abattoir/ Boning Room	P2	0								0		#DIV/0!
Meat Processing, Fermented meat Processing, Small Goods Processing	P1	1								0		#DIV/0!
Oils and fats processing	P3	1	1	0	0	0	0	0	0	0		100%
Peanut Butter processing, Nut Processing	P2	0								0		#DIV/0!
Peanut Butter processing, Nut Processing Small Producer	P3	0								0		#DIV/0!
Poultry processing	P1	0								0		#DIV/0!
Prepared not ready to eat food processing	P2	0								0		#DIV/0!
Prepared ready to eat food processing	P1	12	4	2	0	1	0	1	0	1		50%
Salt & other low risk ingredients/additives processor	P3	0								0		#DIV/0!
Seafood processing	P2	2								0		#DIV/0!
Seafood processing RTE and shelf stable	P2	0								0		#DIV/0!

Business Sector	Risk Level	No. of Business	No. of business Inspected	No. of business requiring enforcement action	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued			No. of prosecutions	Percent Compliance - Inspected Businesses
								Body Corporate	Natural person	Sub Total		
Processor/ Manufacturer - Continued												
Seafood processing -Mollusc processing	P1	0								0		#DIV/0!
Snack chips processing	P3	0								0		#DIV/0!
Spices and dried herbs processing	P2	0								0		#DIV/0!
Spices and dried herbs processing small producer	P3	3	1	0	0	0	0	0	0	0		100%
Sprout processing	P1	1								0		#DIV/0!
Sushi processing	P1	1	1	0	0	0	0	0	0	0		100%
Vegetables in oil processing	P1	1	1	0	0	0	0	0	0	0		100%
Others- see comments	P1	0								0		#DIV/0!
Others- see comments	P2	0								0		#DIV/0!
Others- see comments	P3	1	1	0	0	0	0	0	0	0		100%
Others- see comments	P4	0								0		#DIV/0!
Total Processor/Manufacturer		159	69	8	1	4	1	2	0	2	0	
Comments: coffee roasting - Comments: P3* - Food Processors/Manufacturer - Coffee Roasting P3 Cereal Processing -majority are home based and processing low risk foods such as biscuits, muffins and jams.												
Business Sector	Risk Level	No. of Business	No. of business Inspected	No. of business requiring enforcement	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued			No. of prosecutions	Percent Compliance - Inspected Businesses
								Body Corporate	Natural person	Sub Total		
Food Transporter												
Bulk flour storage distributor	P3	0								0		#DIV/0!
Bulk milk collection distributor	P2	0								0		#DIV/0!
Dairy produce distributor	P3	2	1	0	0	0	0	0	0	0		100%
Dry goods and beverages distributor	P4	12								0		#DIV/0!
Frozen food distributor	P3	1	1	0	0	0	0	0	0	0		100%
Fruit and vegetables	P3	2	1	0	0	0	0	0	0	0		100%
Perishable ready to eat, packaged, medium risk food distributor	P3	4	1	0	0	0	0	0	0	0		100%
Perishable, ready to eat, packaged, high risk food distributor	P2	5	1	0	0	0	0	0	0	0		100%
Processed meat distributor	P2	0								0		#DIV/0!
Seafood distributor	P2	0								0		#DIV/0!
Others- see comments	P1	0								0		#DIV/0!
Others- see comments	P3	0								0		#DIV/0!

Business Sector	Risk Level	No. of Business	No. of business Inspected	No. of business requiring enforcement	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued			No. of prosecutions	Percent Compliance - Inspected Businesses
								Body Corporate	Natural person	Sub Total		
Food Transporter												
Others- see comments	P4	0								0		#DIV/0!
Total Food Transporter		26	5	0	0	0	0	0	0	0	0	
Comments: P3 and P4 - Low risk distributors.												

Table 4B

Please complete the following table indicating the enforcement activities undertaken by your councils on businesses captured by Std 3.2.1 during financial year 2021-2022.

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

5. Food related complaints

5A. Food Complaint Types

Please complete the following table indicating the type of complaints received by your councils during the 2021-2022 financial year.

Table 5a

	Total No. of Complaints	Total justified complaints
Foreign matter	9	1
Unsafe/unsuitable food due to microbial	4	0
Chemical contamination	0	0
Alleged food poisoning	10	2
Unclean premises	9	1
Poor personal hygiene or poor food handling practices	24	7
Pests in premises	8	4
Refuse storage	10	3
Labelling	3	0
Other (please state)	4	1
TOTALS	81	19
% Complaints Justified		23.45679012

6. Proactive projects, surveys and sampling programs**Food Safety Training**

During the 2021-2022 financial year, eastern health authority conducted training sessions on the fundamentals of food safety. All food businesses in our constituent council areas were invited to attend, with a total of six training sessions held and 65 participants attending. During SA's COVID-19 peak in early 2022, we were able to navigate the obstacles and deliver two sessions online, with a great response from food businesses. The training sessions were structured with the intention of improving or refreshing food handler's overall knowledge of safe food practices and in turn, businesses compliance with the Food Safety Standards. Participants comprised of different backgrounds and varying levels of experience in the food industry, from businesses such as restaurants, cafés, aged care homes, childcare centres, fruit and veg shops and catering businesses. The feedback provided by the participants was overwhelmingly positive with attendees requesting longer and additional sessions, as well as requests for tailored workplace training (e.g., childcare centres). Future training sessions will be scheduled for the new financial year.

COVID-19 and General Food Safety Information

Throughout the year food businesses were provided with regular communication updates on food safety and COVID-19 to assist business in meeting their statutory responsibilities. Correspondence was directly emailed to food businesses and made available on EHA's website.

7.8 2021 / 2022 FINANCIAL YEAR ANNUAL ENVIRONMENTAL HEALTH REPORT

Author: Nadia Conci
Ref: AF22/29

Summary

A report has been prepared on Eastern Health Authority's (EHA) performance under the *South Australian Public Health Act 2011* (the Act) for 2021/2022 and is provided for the Board's endorsement.

Report

The purpose of the 2021/2022 Financial Year Annual Environmental Health report is to assist in the review of the *South Australian Public Health Act 2011* (the Act), and assist the Minister for Health and Ageing and the Chief Public Health Officer and their delegates to perform their functions under the following sections of the Act:

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

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

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

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

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

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

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

On, 28 June 2022 correspondence was received from SA Health requesting that enforcement agencies provide an annual report in accordance the with the abovementioned sections of the *SA Public Health Act 2011*.

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

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

RECOMMENDATION

That:

1. The Report titled 2021/2022 Financial Year Annual Environmental Health Report is received.

Eastern Health Authority

101 Payneham Road St Peters, SA 5069

2021 / 2022 FINANCIAL YEAR ANNUAL ENVIRONMENTAL HEALTH REPORT Reporting period: 1 July 2021 to 30 June 2022 THE SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011

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

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

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

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

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

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

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

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

It is requested that all councils complete and submit this report by 30 September 2022.

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

Please submit your completed report by 30th September 2022 in electronic copy emailed to:

HealthProtectionPrograms@sa.gov.au

1 ENVIRONMENTAL HEALTH WORKFORCE

1.1 Authorised officers (s44)

Please provide a list of all persons currently authorised by the authority pursuant to s44 of the Act on 30 June 2022 in the following format. This is requested to confirm that the Chief Public Health Officer's notification register is up to date.

Authorised officer's full name	Employment type (PFT, PPT, CE or CNE)	Date authorised	Approved qualification number*	Environmental health experience (years/months)	Average EH hours worked per week
Luke Smith	PFT	21/03/2016	9	6years 10mths	38
Ryan Roberts*	CE (FT)	15/11/2021	17	4years 8 mths	38
Izabella Hayes*	CE (FT)	01/11/2021	9	2 years 8 mths	38
Ebony Daniell	Mat Leave	23/02/2018	9	8years 3 mths	0 hrs
Alysha Riley	Mat Leave	20/01/2020	9	2 year 5 mths	0 hrs
Fadzai Chingovo	PPT	6/07/2020	25	3 years 1mths	30.4
Lee Dyson	PFT	16/07/2020	9	1year 11 mths	38
Katina Nikas	PFT	22/06/2020	7	28 years	38
Tina-marie Aghiana	PPT	6/09/2013	8	18years 2mths	15.2
Nadia Conci	PFT	6/09/2013	8	21years 4mths	38
Michael Livori	PFT	6/09/2013	8	36 years	38

*Maternity Leave coverage for Environmental Health Officers Ebony Daniell and Alysha Riley.

Notes:

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

***Approved qualification number:**

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

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

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

1.2 Were any environmental health positions vacant on 30 June 2022?

- No – proceed to section 1.3
- Yes – complete the table below

Please provide information on all authorised officer positions vacant on 30 June 2022 in the following format.

Position title	Employment type (PFT, PPT, CE or CNE)	Average EH hours per week	Term of contract (if applicable)	Duration position has been vacant
Environmental Health Officer	Maternity Leave Backfill CE	45	N/A	N/A

1.3 Any additional comments relating to environmental health workforce

2 SA PUBLIC HEALTH ACT & REGULATIONS - ENFORCEMENT

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

No – proceed to section 2.2

Yes – proceed to section 2.1.1

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

Five Notices.

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

Three – Compliance Notices s92(1)(b)

- Squalor - due to keeping of significant number of feral pigeons within a dwelling and on the property
- Squalor – notification from MFS and SAPOL. No running water and functioning toilet. Significant accumulation of recyclables, general waste and hazardous waste.
- Significant Hoarding and Squalor – re-occurring matter. Significant hoarding within the home. Animal keeping outside the home resulting in the attraction of feral pigeons and vermin activity.

Two General Duty Notices

- Clandestine Drug
- Unmaintained residential swimming pool harbouring mosquito larvae

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

No – proceed to section 2.1.4

Yes – complete the table below

Details of action taken	Costs recoverable \$

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

No – proceed to section 2.1.5

Yes – complete the tables below

Expiation notices issued

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

Prosecutions commenced

Date prosecution	Details of the failure to comply	Details and outcome of prosecution

commenced (when)		

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

No – proceed to section 2.1.6

Yes – complete the table below

Review or appeal?	Summary of findings/outcome of review or appeal
Appeal	<p>A s92(1)b Compliance Notice was issued to a property owner on 3 November 2021 that involved the keeping of a significant number of pigeons within a home and on a property including a purpose-built bird loft.</p> <p>The owner submitted an appeal to the Notice issued regarding the matter. The Tribunal held a number of preliminary meetings and hearings via telephone and in person to determine the suitability of the Compliance Notice. In all instances the owner represented themselves despite the Tribunal advising their options to seek legal representation.</p> <p>On 3 June 2022 a hearing was held at the Tribunal where the Tribunal Member considered the material before the original decision maker and from the owner of the property, together with expert opinions.</p> <p>The Tribunal Member was satisfied that the condition of the premises constituted a risk to public health, noting the expert evidence as to the associated diseases and as per the South Australian Public Health (Severe Domestic Squalor) Policy 2013.</p> <p>The Tribunal Member was satisfied that the notice was issued to eliminate or minimise the risk to public health and the decision to issue the notice on 3 November 2021 is correct. The Tribunal Member confirmed that it was appropriate to vary the terms of the notice to reflect the following:</p> <ol style="list-style-type: none"> 1) remove all pigeons from the Premises; 2) refrain from allowing pigeons to enter and remain at the Premises <p>Compliance date varied to on or before 1 August 2022.</p>

2.1.6 Any additional comments relating to section 92 notices issued

—

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

No – proceed to section 2.2.4

Yes – complete tables 2.2.1 - 2.2.3 below

Please provide details on all expiation notices issued and prosecutions commenced by the authority on persons causing material or serious risks to public health between 1 July 2021 and 30 June 2022 in the following format.

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

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

2.2.2 s57 – Material risk to public health – prosecutions

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

2.2.3 s58 – Serious risk to public health – prosecutions

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

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

—

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

No – proceed to section 2.4

Yes – complete the table below

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

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

2.4 South Australian Public Health (General) Regulations 2013

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

—

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

Type of public pool	No. of known public pools and spas in council area. Please count each pool separately at premises with more than one pool.	No. of pools inspected <u>at least once</u> for compliance	Please provide details of any regularly encountered non-compliance issues
Swimming pool	36	33	General required disinfection not maintained as part of the total water treatment process.
Spa pool	4	4	Combined chlorine outside of required parameters.
Hydrotherapy pool	1	1	Nil – Well managed under new ownership.
Waterslide	0	0	n/a
Other	0	0	n/a
Totals	41	38	

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

No – proceed to section 2.4.4

Yes – complete the table below

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

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

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

—

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

—

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

No – proceed to section 2.5

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

—

2.5 South Australian Public Health (Wastewater) Regulations 2013

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

No – proceed to section 2.6

Yes – complete the table below

No. of pending applications carried over from the previous reporting periods	Number of new applications received during the reporting period.	No. of applications approved	No. of applications refused	No. of applications pending a decision	Total No. of applications received (including pending carried over from previous periods)
1	4	3		2	5

2.5.2 How many of the following types of applications for wastewater works approval did your council approve this reporting period?

New septic tank/primary treatment system	New aerated wastewater /Secondary treatment system	Alteration of existing septic tank/primary treatment system	Alteration to aerated wastewater /secondary treatment system	Addition/alteration to underfloor plumbing	Installation of system connecting to CWMS	New composting toilet system	New greywater treatment system
1	1						1

*CWMS: Community wastewater management systems

2.5.3 How many of the following types of inspections did your council undertake this current reporting period?

Preliminary site inspection	Underfloor plumbing and sanitary draining installation inspection	Tank/treatment unit installation inspection	Land application system installation inspection	Land application system inspection	Connection to CWMS inspection	Inspection of system after completion/commissioning	Total wastewater works inspections
5		1					6

2.6 South Australian Public Health (Legionella) Regulations 2013

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

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

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

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

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

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

No – proceed to section 2.6.5

Yes – complete the table below

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

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

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

No – proceed to section 2.6.6

Yes – complete the table below

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

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

—

2.6.7 Any additional comments relating to the Legionella Regulations

—

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

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

No – proceed to section 4.1

Yes – complete the table below

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

Total number of cases investigated	Total number of Preliminary Notices issued under Section 92(2)(b)	Total number of General Duty Notices issued under Section 92(1)(a)	Total number of Risk to Health Notices issued under Section 92(1)(b)
17	0	1	3

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

Yes – proceed to section 3.3

No – describe what other processes or tools are used.

—

3.3 Are you involved in an interagency squalor group?

No – proceed to section 3.4

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

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

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

Please refer to 2.1.2

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

No – proceed to section 3.6

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

—

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

Yes

No – provide an overview of your experiences

—

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

—

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

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

No – proceed to section 5.0

Yes – complete the table below

Please provide details on clandestine drug laboratory notifications.

Number of clan lab notifications carried over from previous reporting periods (not finalised*).	Number of new clan lab notifications received during the reporting period.	Number of clan lab notifications finalised* during the reporting period.	Number of unresolved clan lab notifications remaining on 30 June 2022
0	1	0	1

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

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

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

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

Yes - total number of inspections undertaken

No – proceed to section 4.3

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

Yes

No – provide an overview of your experiences

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

5 Skin Penetration Guidelines

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

This will potentially include the following procedures:

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

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

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

Type of premises	No. of known skin penetration premises in council area	No. of premises inspected <u>at least once</u> during the reporting period	Please provide details of any regularly encountered non-compliance issues
Tattoo parlour	10	10	Hand washing facility issues. Out of date ink. Hand washing practices.
Body piercing	n/a		
Body modification	n/a		
Beauty salon	116	1	
Unregulated health practitioner	20	0	Not inspected during the reporting period
Other	146	0	Hairdressers – not inspected during the reporting period
Totals	292	11	

6 Mosquito Surveillance and Control

SA Health provides funding to councils in high risk areas of arbovirus transmission under the Subsidy program to enhance their mosquito management activities.

Councils determine the measures best suited to their needs, but the focus is on reducing the risk of mosquito-borne disease, not just nuisance biting. SA Health and some local councils conduct a range of routine mosquito surveillance and arbovirus prevention activities to reduce the risk of human arboviral disease. The collective aim of these activities is to:

- > monitor human mosquito-borne disease risk status
- > provide an early warning of the presence of the viruses known to cause mosquito-borne disease
- > inform activities to reduce mosquito breeding opportunities in high-risk locations
- > advise the public and visitors to South Australia of the risks and how to protect themselves from mosquito-borne disease

6.1.1 Does your council undertake any mosquito/arbovirus surveillance and control?

Yes– provide an overview of your program and staff involved

No

6.1.2 Does your council have capacity to perform mosquito surveillance and control?

Yes

No

6.1. Does your council have a mosquito management plan?

Yes– please attach a copy when you submit this report

No

6.1.3 Was your council area affected by Japanese encephalitis virus in the 2021/22 season?

Yes– please provide details of how

No

6.1.4 Does your council have JEV response plan for the 2022/23 season?

Yes– please attach a copy when you submit this report


No

7 Environmental Health Complaints/Customer Requests


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

Type of complaint / customer request (category)	Number received
Accommodation Standards	4
Air Pollution / Odours / Air quality / Dust	4
Asbestos	2
Body Piercing / Tattooing / Other Skin Penetration	1
Combustion Heaters / Wood Heater Smoke	0
Community Amenity	0
Contaminated Land	0
Development Pollution	0
Discharge of Wastes / Waste Control / Refuse Storage and/or Disposal	4
Excessive Vegetation / Long Grass / Undergrowth / Fire Hazard	0
General Health Complaint or Enquiry / Other	1
Hazardous Substances	7
Hoarding and Squalor	17
Infectious Disease / Notifiable Condition (including COVID-19)	14
Hairdressing / Beauty Salons	0
Keeping of Animals	1
Legionella Investigation	0
Litter Control/Unsightly	0
Mosquitoes	15
Mould	0
Noise	0
Public Swimming Pools and Spa Pools	0
Rats or Mice	69
Sanitary Facilities	0
Septic Tanks / Aerobic Servicing / Failing Onsite System	0
Sharps Disposal	7
Stormwater	15
Supported Residential Facilities	4
Vermin (including pigeons and insects) other than rats, mice, wasps and mosquitoes	23
Wasps/Bees	0
Water Quality (other than public swimming pools and spa pools)	4

Person to contact regarding the contents of this report:

<u>Nadia Conci</u>	<u>22/8/2022</u>	<u></u>
Name	Date	Signature

Endorsed by Chief Executive Officer/delegated person:

<u>MICHAEL LIVORI</u>	<u>22/8/22</u>	<u></u>
Name	Date	Signature

Please submit your completed report by 30th September 2022 in electronic copy emailed to:

HealthProtectionPrograms@sa.gov.au

This template will be reviewed annually.

