



Audit Committee Meeting

13 July 2022



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
AUDIT COMMITTEE MEETING**

WEDNESDAY 13 July 2022

Notice is hereby given that a meeting of the Audit Committee of Eastern Health Authority will be held at EHA's offices at **101 Payneham Road, St Peters** on Wednesday 13 July 2022 commencing at 5.00 pm.

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**



AGENDA

EASTERN HEALTH AUTHORITY AUDIT COMMITTEE MEETING

WEDNESDAY 13 July 2022
Commencing at 5.00

1	Opening	
2	Apologies	
3	Presiding Member's Remarks	
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	Correspondence from and to the Corporation of the Town of Walkerville Re: Membership of EHA	
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5.1 FINANCE REPORT AND THIRD AND FINAL (MARCH 2022) BUDGET REVIEW FOR 2021/2022

Author: Michael Livori

Ref: AF21/5

Summary

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

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

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

At its meeting of 27 April 2022, the third and final budget reviews required in accordance with regulation 9 (1) relating to the financial performance of EHA between 1 July 2021 and 31 March 2022 was considered. It provides the opportunity to compare the adopted budget with revised projections of income and expenditure for the 2021/2022 financial year.

Report

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

Eastern Health Authority - Financial Statement (Level 1)				
1 July 2021 to 31 March 2022				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Expenditure	\$1,759,324	\$1,855,448	(\$96,124)	-5%
Total Operating Income	\$2,163,741	\$2,220,910	(\$57,170)	-3%
Operating Result	\$404,417	\$365,462	\$38,955	11%

The report shows that for the reporting period income was \$57,170 (-2.6%) less than budgeted and expenditure was \$96,124 (-5.2%) less than budgeted.

The net result is a positive variation of \$38,955 on the budgeted year to date comparative operating result.

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

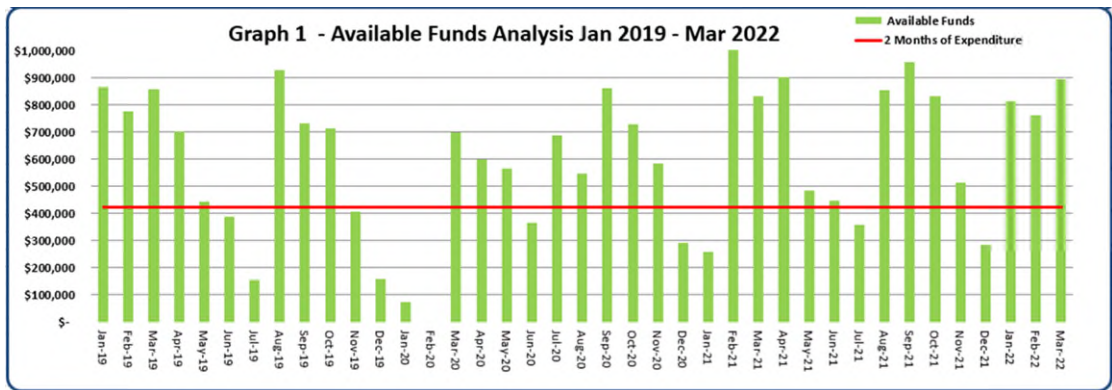
Summary Table of Funding Statement Variations				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	YTD Variation	Comment
Income				
Food Inspection Fees	\$91,500	\$69,862	(\$21,639)	Decrease in YTD budgeted inspections. Delay in appointment of staff to budgeted positions. No Variation requested.
Fines	\$37,501	\$11,159	(\$26,342)	Reduction in YTD fines issued. No Variation requested.
Income variations requested				Nil
Expenditure				
Employee Costs	\$1,361,795	\$1,294,417	(\$67,378)	Delay in appointment of staff to budgeted positions. No Variation requested.
Expenditure variations requested				Nil

There are no budget variations requested or required in this review. A copy of the budget is provided as attachment 2.

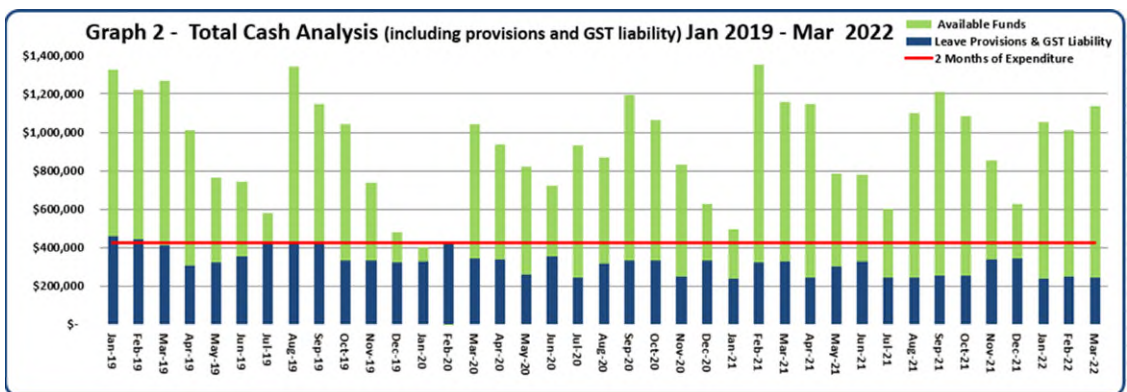
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 March 2022 is provided as attachment 3. It shows that available funds were \$878,693 on 31 March 2022 in comparison with \$285,605 on 31 December 2021.

Graph 1 which follows details the level of available funds (total cash minus leave provisions and GST liability) for the preceding 2-year period.



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



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

RECOMMENDATION

That:

1. The Finance Report and Third and Final (March 2022) Budget Review for 2021/2022 Report be received.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 March 2022				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$448,572	\$448,572	\$0	0%
City of Campbelltown	\$478,298	\$478,298	\$0	0%
City of NPS	\$571,786	\$571,786	\$0	0%
City of Prospect	\$225,897	\$225,897	\$0	0%
Town of Walkerville	\$103,710	\$103,710	\$0	0%
Total Constituent Council Contributions	\$1,828,263	\$1,828,263	\$0	0%
Statutory Charges				
Food Inspection fees	\$69,862	\$91,500	(\$21,639)	-24%
Legionella registration and Inspection	\$6,035	\$6,000	\$35	1%
SRF Licenses	\$420	\$1,500	(\$1,080)	-72%
Fines & Expiation Fees	\$11,159	\$37,501	(\$26,342)	-70%
Total Statutory Charges	\$87,476	\$136,501	(\$49,025)	-36%
User Charges				
Immunisation: Clinic Vaccines	\$40,922	\$42,000	(\$1,078)	-3%
Immunisation: Worksites Vaccines	\$1,544	\$0	\$1,544	0%
Immunisation: Clinic Service Fee	\$810	\$0	\$810	0%
Food Auditing	\$62,632	\$62,000	\$632	1%
Food Safety Training	\$0	\$1,001	(\$1,001)	-100%
Total User Charges	\$105,908	\$105,001	\$907	1%
Grants, Subsidies, Contributions				
Immunisation School Program	\$90,965	\$92,000	(\$1,035)	-1%
Child Immunisation Register	\$15,930	\$16,643	(\$713)	-4%
PHN Project	\$28,500	\$28,500	\$0	0%
Total Grants, Subsidies, Contributions	\$135,395	\$137,143	(\$1,748)	-1%
Investment Income				
Interest on investments	\$3,588	\$7,500	(\$3,912)	-52%
Total Investment Income	\$3,588	\$7,500	(\$3,912)	-52%
Other Income				
Motor Vehicle re-imburements	\$2,618	\$3,000	(\$382)	-13%
Sundry Income	\$491	\$3,502	(\$3,011)	-86%
Total Other Income	\$3,109	\$6,502	(\$3,393)	-52%
Total of non Constituent Council Income	\$335,478	\$392,647	(\$57,170)	-15%
Total Income	\$2,163,741	\$2,220,910	(\$57,170)	-3%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 March 2022				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$1,120,616	\$1,196,932	(\$76,316)	-6%
Superannuation	\$118,957	\$121,363	(\$2,407)	-2%
Workers Compensation	\$16,451	\$13,500	\$2,951	22%
Employee Leave - LSL Accruals	\$24,055	\$27,000	(\$2,945)	-11%
Medical Officer Retainer	\$0	\$3,000	(\$3,000)	-100%
Agency Staff	\$14,338	\$0	\$14,338	0%
Total Employee Costs	\$1,294,417	\$1,361,795	(\$67,378)	-5%
Prescribed Expenses				
Auditing and Accounting	\$13,428	\$15,000	(\$1,573)	-10%
Insurance	\$25,292	\$24,500	\$792	3%
Maintenance	\$17,871	\$21,750	(\$3,879)	-18%
Vehicle Leasing/maintenance	\$15,644	\$10,698	\$4,946	46%
Total Prescribed Expenses	\$72,233	\$71,948	\$286	0%
Rent and Plant Leasing				
Electricity	\$6,055	\$8,250	(\$2,195)	-27%
Plant Leasing Photocopier	\$2,614	\$2,250	\$364	16%
Water	\$0	\$225	(\$225)	-100%
Total Rent and Plant Leasing	\$8,669	\$10,725	(\$2,056)	-19%
IT Licensing and Support				
IT Licences	\$51,781	\$54,333	(\$2,552)	-5%
IT Support	\$53,434	\$51,000	\$2,434	5%
Internet	\$8,030	\$8,250	(\$220)	-3%
IT Other	\$1,750	\$1,500	\$249	17%
Total IT Licensing and Support	\$114,995	\$115,083	(\$89)	0%
Administration				
Administration Sundry	\$5,284	\$4,500	\$784	17%
Accreditation Fees	\$0	\$2,250	(\$2,250)	-100%
Board of Management	\$8,316	\$9,000	(\$684)	-8%
Bank Charges	\$3,278	\$3,000	\$278	9%
Public Health Sundry	\$4,922	\$3,750	\$1,172	31%
Fringe Benefits Tax	\$10,704	\$11,250	(\$546)	-5%
Legal	\$9,710	\$14,000	(\$4,290)	-31%
Printing & Stationery & Postage	\$20,027	\$16,000	\$4,027	25%
Telephone	\$13,354	\$14,250	(\$896)	-6%
Occupational Health & Safety	\$7,087	\$7,500	(\$413)	-6%
Rodenticide	\$1,311	\$1,500	(\$189)	-13%
Staff Amenities	\$1,768	\$5,250	(\$3,482)	-66%
Staff Training	\$5,925	\$9,000	(\$3,075)	-34%
Human Resource Sundry	\$10,370	\$12,000	(\$1,630)	-14%
Total Administration	\$102,056	\$113,250	(\$11,194)	-10%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2021 to 31 March 2022				
Immunisation				
Immunisation SBP Consumables	\$5,712	\$6,750	(\$1,038)	-15%
Immunisation clinic vaccines	\$22,436	\$26,250	(\$3,814)	-15%
Immunisation PHN Project	\$169	\$0	\$169	0%
Total Immunisation	\$28,317	\$33,000	(\$4,683)	-14%
Sampling				
Legionella Testing	\$1,457	\$1,499	(\$42)	-3%
Total Sampling	\$1,457	\$1,499	(\$42)	-3%
Finance Costs				
Interest on Loan	\$4,475	\$4,475	\$0	0%
Interest - Building Lease	\$29,812	\$30,000	(\$188)	-1%
Unallocated - Bank Trace	(\$10,780)	\$0	(\$10,780)	0%
Total Finance Costs	\$23,507	\$ 34,475	(\$10,968)	-32%
Total Materials, contracts and other expenses	\$1,645,651	\$1,741,776	(\$96,124)	-6%
Depreciation - Building Lease	\$90,000	\$90,000	\$0	0%
Depreciation	\$21,000	\$21,000	\$0	0%
Finance Costs	\$2,672	\$2,672	\$0	0%
Total Operating Expenditure	\$1,759,324	\$1,855,448	(\$96,124)	-5%
Total Operating Income	\$2,163,741	\$2,220,910	(\$57,170)	-3%
Operating Result	\$404,417	\$365,462	\$38,955	11%

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

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS						
FOR THE YEAR ENDING 30 JUNE 2022						
AUDITED RESULTS 2020/2021		DRAFT BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2021/2022
	CASHFLOWS FROM OPERATING ACTIVITIES					
	Receipts					
1,821,865	Council Contributions	1,828,263	-	-	-	1,828,263
150,625	Fees & other charges	181,500	-	-	-	181,500
227,736	User Charges	256,000		70,000	-	326,000
5,757	Investment Receipts	10,000	-	-	-	10,000
256,514	Grants utilised for operating purposes	254,000	-	-	-	254,000
4,549	Other	11,000	-	-	-	11,000
	Payments					
(1,637,628)	Employee costs	(1,802,000)		(50,000)	-	(1,852,000)
(525,832)	Materials, contracts & other expenses	(652,166)	103,359	-	-	(548,807)
(49,988)	Finance Payments	(44,209)	-	-	-	(44,209)
253,598	Net Cash Provided/(Used) by Operating Activities	42,388	103,359	20,000	-	165,747
	CASH FLOWS FROM FINANCING ACTIVITIES					
	Loans Received	-	-	-	-	-
(70,732)	Repayment of Borrowings	(76,131)	-	-	-	(76,131)
(121,280)	Repayment of Finance Lease Liabilities	-	(102,873)	-	-	(102,873)
(192,012)	Net Cash Provided/(Used) by Financing Activities	(76,131)	(102,873)	-	-	(179,004)
	CASH FLOWS FROM INVESTING ACTIVITIES					
	Receipts					
	Sale of Replaced Assets	-	-	-	-	-
	Payments					
	Expenditure on renewal / replacements of assets	-	-	-	-	-
	Expenditure on new / upgraded assets	-	-	-	-	-
	Distributions paid to constituent Councils	-	-	-	-	-
-	Net Cash Provided/(Used) by Investing Activities	-	-	-	-	-
61,586	NET INCREASE (DECREASE) IN CASH HELD	(33,743)	486	20,000	-	(13,257)
721,310	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	694,220	88,676	-	-	782,896
782,896	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	660,477	89,162	20,000	-	769,639

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION						
FOR THE YEAR ENDING 30 JUNE 2022						
AUDITED RESULTS 2020/2021		DRAFT BUDGET 2021/2022	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2021/2022
	CURRENT ASSETS					
782,896	Cash and Cash Equivalents	660,477	89,162	20,000	-	769,639
188,901	Trade & Other Receivables	155,650	33,251	-	-	188,901
971,797	TOTAL CURRENT ASSETS	816,127	122,413	20,000	-	958,540
	NON-CURRENT ASSETS					
1,300,714	Infrastructure, property, plant and equipment	1,129,957	25,480	-	-	1,155,437
1,300,714	TOTAL NON-CURRENT ASSETS	1,129,957	25,480	-	-	1,155,437
2,272,511	TOTAL ASSETS	1,946,084	147,893	20,000	-	2,113,977
	CURRENT LIABILITIES					
163,940	Trade & Other Payables	157,719	6,221	-	-	163,940
307,903	Provisions	307,885	18	-	-	307,903
177,021	Borrowings	38,391	138,630	-	-	177,021
648,864	TOTAL CURRENT LIABILITIES	503,995	144,869	-	-	648,864
	NON-CURRENT LIABILITIES					
21,716	Provisions	38,690	(16,974)	-	-	21,716
1,036,687	Borrowings	956,520	(98,835)	-	-	857,685
1,058,403	TOTAL NON-CURRENT LIABILITIES	995,210	(115,809)	-	-	879,401
1,707,267	TOTAL LIABILITIES	1,499,205	29,060	-	-	1,528,265
322,933	NET CURRENT ASSETS/(CURRENT LIABILITIES)	312,132	(22,456)	20,000	-	309,676
565,244	NET ASSETS	446,879	118,833	20,000	-	585,712
	EQUITY					
565,244	Accumulated Surplus/(Deficit)	446,879	118,833	20,000	-	585,712
565,244	TOTAL EQUITY	446,879	118,833	20,000	-	585,712

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

Eastern Health Authority				
Bank Reconciliation as at 31 March 2022				
Bank SA Account No. 141/0532306840				
Balance as per Bank Statement 31 March 2021				\$656,633.20
Less Outstanding cheques		\$	-	
Less Outstanding deposits		\$	14,375.32	
BALANCE PER General Ledger				<u>\$642,257.88</u>
GST as 31 March 2022				
GST Collected		\$103,733.67		
GST Paid		<u>(\$18,005.20)</u>		
Net GST Claimable (Payable)		<u>\$85,728.47</u>		
Funds Available 31 March 2022				
Account	31-Mar-22	31-Dec-21	Variance	
Bank SA Cheque Account	\$ 642,258	\$ 146,366	\$495,891.88	
Local Government Finance Authority	\$ 480,326	\$ 480,326	\$0.00	
Net GST Claimable (Payable)	\$85,728.47	(\$11,468.24)	\$97,197	
Long Service Leave Provision	(\$182,826.00)	(\$182,826.00)	\$0.00	
Annual Leave Provision	(\$146,793.00)	(\$146,793.00)	\$0.00	
TOTAL FUNDS AVAILABLE	\$ 878,693	\$ 285,605	\$593,089	

5.2 FINANCIAL REPORTS

Author: Michael Livori

Ref: AF22/27

Summary

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

Report

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

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

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

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

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

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

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

Operating Income Variances

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

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

Operating Expenditure Variances

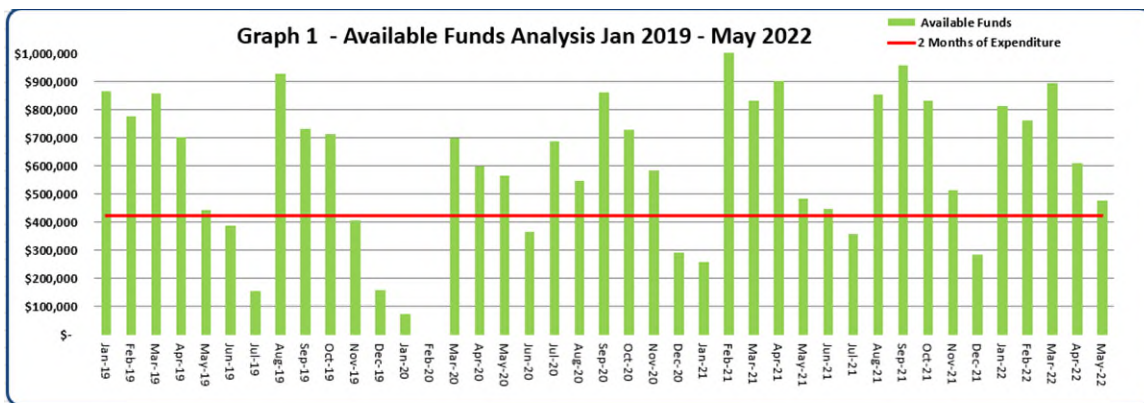
Favourable variances are shown in **black** and **unfavourable** variances are shown in **red**.

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

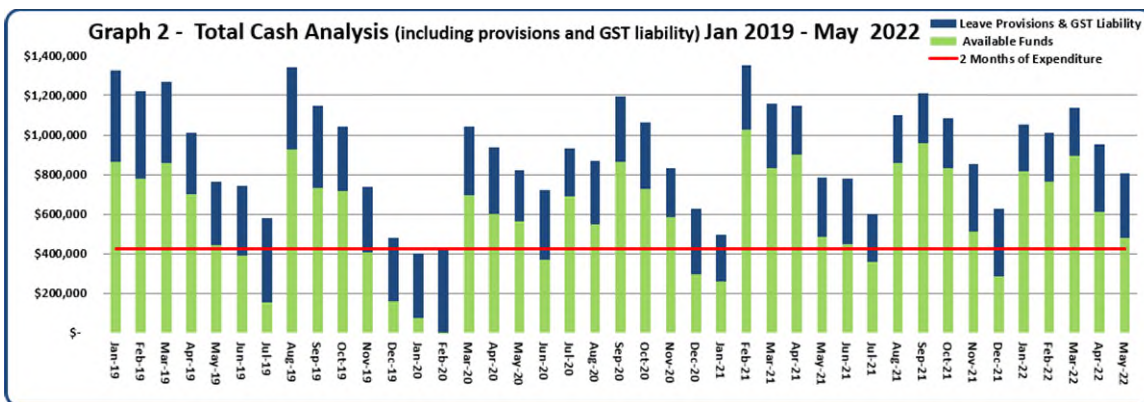
Cash Management

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

Graph 1 which follows, details the level of available funds (total cash minus leave provisions and GST liability) for the preceding 4-year period.



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



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

RECOMMENDATION

That:

1. The financial report is received and adopted.

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

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

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

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

Author: Michael Livori
Ref: AF21/85 & AF21/87

Summary

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

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

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

7.3. Budget

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

Report

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

At the meeting the following was resolved:

That:

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

Following the meeting a copy of the draft Annual Business Plan and Budget for 2022/2023 were for provided to Constituent Councils for endorsement. Correspondence received from Constituent Councils is provided as attachment 2 which details that all Constituent Councils have endorsed the Draft Annual Business Plan and Budgeted Financial Statements for 2022/2023.

There were no material changes made to the content of the Draft Annual Business Plan and Budgeted Financial Statements provided for the Boards consideration on 30 March 2022 and provided to Constituent Councils for consideration on 5 April 2022. The Draft Annual Business Plan and Budgeted Financial Statements have however been updated into a presentational format.

Having complied with clauses 8.1(c) of its Charter in seeking endorsement from its Constituent Councils in relation to its Annual Business Plan and Budget, and in accordance with the *Local Government Act 1999*, the Annual Business Plan and Budget for 2022/2023 (provided as attachment 1) was adopted by the Board of Management at its meeting held on 29 June 2022.

A copy of the adopted Annual Business Plan and Budget for 2022/2023 was provided to the Chief Executive Officers of the Constituent Council following the meeting.

RECOMMENDATION

That:

1. The report regarding the adoption of the Eastern Health Authority Annual Business Plan and Budgeted Financial Statements for 2022/2023 is received.



Annual Business Plan and Budget

2022/23





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Introduction

–About EHA

Keeping the community healthy

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

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

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

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

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

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

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

Key Statistics

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



Introduction

Developing our 2022-23 Annual Business Plan

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

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

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

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

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

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

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

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



Introduction

Key influences in 2022-23

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

POLITICAL

P

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

ECONOMIC

E

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

SOCIAL

S

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

TECHNOLOGICAL

T

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

ENVIRONMENTAL

E

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

LEGAL

L

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





2022-2023 Annual Business Plan Overview

Our 2022-23 Priorities

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





Focus Area 1 -
Public and Environmental
Health Services



Focus Area 1 - Public and Environmental Health Services

Strategic Objectives

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

2022-23 Priorities

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

Core services

EHA will continue to:

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



Focus Area 1 - Key performance indicators

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

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



Focus Area 2 - Immunisations





Focus Area 2 - Immunisations

Strategic Objectives

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

2022-23 Priorities

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

Core services

EHA will continue to:

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

Key performance indicators

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

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



Focus Area 3 -
Food Safety



Focus Area 3 - Food Safety

Strategic Objectives

3.1 Contribute to the effective control of preventable illness by monitoring and enforcing food safety standards and investigating food related complaints on behalf of Constituent Councils.

3.2 Be proactive in building positive relationships with food businesses and provide training and resources to encourage and support compliance with food safety standards.

3.3 Build community awareness of food safety issues by leading or participating in food safety education projects and partnerships.

2022-23 Priorities

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



Focus Area 3 - Food Safety

Core services

EHA will continue to:

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

Key performance indicators

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

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



Focus Area 4 - Governance and Organisational Development





Focus Area 4 - Governance and Organisational Development

Strategic Objectives

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

2022-23 Priorities

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

Core services

EHA will continue to:

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

Key performance indicators

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

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



Eastern Health Authority

Budget Financial Statements 2022/23







Budget Overview

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

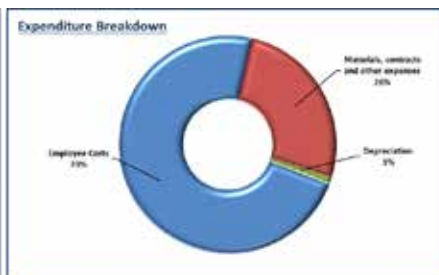
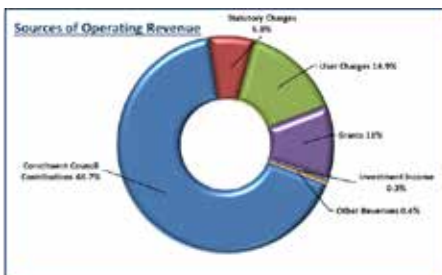
A total of \$1,828,000 will be raised through contributions from our Constituent Councils.

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

Operating Activity	(\$'000s)
Total Income	\$2,739
Less	
Employee costs	\$2,014
Other Expenses	\$643
Depreciation	\$131
Net Surplus (Deficit)	(\$49) Deficit

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

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



Budget Overview

Funding the Annual Business Plan

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

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

Financial Sustainability

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

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

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



2022-23 Budget

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME

for the year ending 30 June 2023

REVISED BUDGET
2021/2022

DRAFT BUDGET
2022/2023

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

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS

for the year ending 30 June 2023

REVISED BUDGET
2021/2022**DRAFT BUDGET**
2022/2023

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



2022-23 Budget

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION

for the year ending 30 June 2023

REVISED BUDGET 2021/2022		DRAFT BUDGET 2022/2023
CURRENT ASSETS		
769,639	Cash and Cash Equivalents	731,248
188,901	Trade & Other Receivables	188,901
958,540	TOTAL CURRENT ASSETS	920,149
NON-CURRENT ASSETS		
1,155,437	Infrastructure, property, plant and equipment	1,024,437
1,155,437	TOTAL NON-CURRENT ASSETS	1,024,437
2,113,977	TOTAL ASSETS	1,944,586
CURRENT LIABILITIES		
163,940	Trade & Other Payables	163,940
307,903	Provisions	307,903
177,021	Borrowings	119,871
648,864	TOTAL CURRENT LIABILITIES	591,714
NON-CURRENT LIABILITIES		
21,716	Provisions	21,716
857,685	Borrowings	794,444
879,401	TOTAL NON-CURRENT LIABILITIES	816,160
1,528,265	TOTAL LIABILITIES	1,407,874
309,676	NET CURRENT ASSETS/(CURRENT LIABILITIES)	328,435
585,712	NET ASSETS	536,712
EQUITY		
585,712	Accumulated Surplus/(Deficit)	536,712
585,712	TOTAL EQUITY	536,712

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY

for the year ending 30 June 2023

REVISED BUDGET
2021/2022**DRAFT BUDGET**
2022/2023

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

Karen Walker

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

Dear Michael

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

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

Motion C280422/13140

That Council (in part)

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

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

Regards



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



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

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

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

Kind regards

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



Enq: Simon Zbierski
Ph: 8366 9289

20 April 2022

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

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

Dear Mr Livori

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

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

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

Yours sincerely

Paul Di Iulio
Chief Executive Officer

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

13 May 2022

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

Dear Michael

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

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

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

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

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

Yours sincerely



Sharon Perkins
GENERAL MANAGER, CORPORATE SERVICES



Ref. CR22/25422

26 May 2022

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

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

Dear Michael

EHA DRAFT ANNUAL BUSINESS PLAN

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

RESOLUTION 2022/103

That Council:

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

CARRIED UNANIMOUSLY

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

Yours sincerely

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

Chris White
Chief Executive Officer



The Corporation of the Town of Walkerville

ABN 49 190 949 882

66 Walkerville Terrace, Gilberton SA 5081

PO Box 55, Walkerville SA 5081

File Number: 40.98.2.9

Contact Officer: Council Secretariat, Danielle Edwards

Telephone: (08) 8342 7100

Facsimile: (08) 8269 7820

Email: walkerville@walkerville.sa.gov.au

www.walkerville.sa.gov.au

01 June 2022

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

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

Dear Mr Livori,

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

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

CNC313/21-22

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

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

Yours sincerely,

Scott Reardon
Acting Chief Executive Officer

6.4 FRAUD AND CORRUPTION PREVENTION POLICY

Author: Michael Livori
Ref: AF17/86

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.

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) is now presented to the Audit Committee for consideration. 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 dated 13 July 20022 is referred to the Board of Management for adoption.



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
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:

D15/15273[2]

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Fraud and Corruption Prevention Policy

2

- 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;

D15/15273[2]

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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

D15/15273[2]

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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.

D15/15273[2]

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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

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
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 • <i>Public Interest Disclosure Act 2018</i> • Whistleblowers Protection Act 1993

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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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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;~~
~~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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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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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~~ means the Independent Commission 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~~
- ~~• Unreasonable, unjust, oppressive or improperly discriminatory; or~~
- ~~• Based upon improper motives; or~~
- ~~• A result of acting outside the parameters of recommended practice.~~

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

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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;
- ~~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.

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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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- 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 ~~appointed and authorised to receive and act upon information provided by a Whistleblower.~~ designated by EHA as a Responsible Officer under section 12 of the PID Act. 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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Fraud and Corruption Prevention 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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Fraud and Corruption Prevention Policy

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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.~~

Commented [FD8]: Does EHA have both a policy and procedure?

Commented [FD9]: See comment above

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~~5.4.1.4 Further information about reporting requirements is available at the OPI ICAC website: www.publicintegrity.sa.gov.auwww.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.auwww.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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Commented [FD11]: Is there both a policy and a procedure?

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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).

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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6.0 Eastern Health Authority – Audit Committee FY2022 Workplan

	Dec 2021	July 2022	Aug 2022	Dec 2022	Notes
End of Financial Year					
Auditor Attendance					
External Audit Recommendations-Status Update	<input checked="" type="checkbox"/>				
Long Term Financial Plan					
Year end - General Purpose Financial Statements					
Performance Reports					
Annual Business Plan & Budget					
First Budget Review	<input checked="" type="checkbox"/>				
Third Budget Review					
Policy					
Debtors Policy					Finalised policy to be presented to August 2022 Meeting.
Fraud and Corruption Prevention Policy					
Risk and Opportunity Management Policy	<input checked="" type="checkbox"/>				
Risk Management					
Corporate Risk Register					
Internal Controls Review	<input checked="" type="checkbox"/>				
Terms of Reference					
Audit Committee - Annual Evaluation					
Review Terms of Reference	<input checked="" type="checkbox"/>				

7 - Correspondence



The Corporation of the Town of Walkerville

ABN 49 190 949 882

66 Walkerville Terrace, Gilberton SA 5081

PO Box 55, Walkerville SA 5081

File Number: 40.98.2.9

Contact Officer: Joshua Bowen - Group Manager Planning,
Environment, Regulatory & Customer Service

Telephone: (08) 8342 7100

Facsimile: (08) 8269 7820

Email: walkerville@walkerville.sa.gov.au

www.walkerville.sa.gov.au

6 May 2022

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

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

Dear Michael,

Re: Council decision regarding Membership of Eastern Health Authority

At Councils Ordinary Meeting held on the 19 April 2022 Council considered a report detailing the next steps relating to the Town of Walkerville remaining a Constituent Council of the Eastern Health Authority. The following was resolved;

CNC273/21-22

That Council rescind Point 2 (only) of Resolution CNC387/20-21 from 17 May 2021 which reads:

The Council resolves to withdraw as a Constituent Council from the Eastern Health Authority (EHA), in accordance with clause 9.2 of the EHA Charter;

and in lieu thereof endorse the following;

That Council;

- ***resolves to remain a Constituent Council of the Eastern Health Authority (EHA);***
- ***instructs Administration to write to the CEO of EHA confirming the withdrawal of the Town of Walkerville's intention to withdraw notice (the Notice); and***
- ***instructs Administration to write to Eastern Health Authority and Constituent Councils advising of its decision to formally withdraw the Notice and remain a Constituent Council within EHA.***

CARRIED

Please take this letter as the formal acknowledgement of Council's decision to withdraw the Notice and remain a constituent Council of the Eastern Health Authority.

I invite you to contact Joshua Bowen, Group Manager Planning, Environment, Regulatory and Customer Services on 0411 840 244 should you have any questions.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Scott Reardon', with a long horizontal flourish extending to the right.

Scott Reardon
Acting Chief Executive Officer



101 Payneham Road,
St Peters SA 5069

PO Box 275
Stepney SA 5069

T 8132 3600 / F 8132 3623
eha@eha.sa.gov.au

www.eha.sa.gov.au
ABN 52 535 526 438

Our Ref: D22/4023

10 May 2022

Scott Reardon
Acting Chief Executive Officer
Town of Walkerville
PO Box 55
WALKERVILLE SA 5081

Dear Sir

RE: TOWN OF WALKERVILLE PARTICIPATION IN EASTERN HEALTH AUTHORITY

I acknowledge receipt of your letter dated 6 May 2022, advising that the Town of Walkerville (ToW) has rescinded its decision to withdraw as a Constituent Council of the Eastern Health Authority (EHA), and will in effect remain a Constituent Council of EHA.

EHA looks forward to continuing to provide Environmental Health services to ToW.

Yours sincerely

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

Michael Livori
Chief Executive Officer