



# Board of Management

9 September 2020



local councils working together to protect the health of the community





**EASTERN HEALTH AUTHORITY  
BOARD OF MANAGEMENT MEETING**

**WEDNESDAY – 9 September 2020**

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at **Payinthe, City of Prospect, 128 Prospect Road**, Prospect on Wednesday 9 September 2020 commencing at 6.30 pm.

A light meal will be served at 6.00 pm.

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

**MICHAEL LIVORI  
CHIEF EXECUTIVE OFFICER**



# AGENDA

## EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY – 9 September 2020

Commencing at 6.30 pm

- 1 Opening
- 2 Apologies
- 3 Confirmation of minutes – 24 June 2020
- 4 Matters arising from the minutes

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## **5.1 DRAFT GENERAL PURPOSE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020**

Author: Michael Livori

Ref: AF20/43

### **Summary**

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

This report presents the General Purpose Financial Reports incorporating the Annual Financial Statements for the year ending 30 June 2020 for adoption by the Board of Management.

### **Report**

The General Purpose Financial Reports for the year ending 30 June 2020 have been prepared in accordance with the Local Government (Financial Management) Regulations 2011, Australian Accounting Standards and the South Australian Model Financial Statements for 2020. They reflect the operations of EHA between the period 1 July 2019 and 30 June 2020.

A meeting of the Eastern Health Authority Audit Committee (the Committee) was held on 26 August 2020 at which the draft General Purpose Financial Reports for the year ending 30 June 2020 were considered.

There are four principal financial statements which are accompanied by notes which form part of the General Purpose Financial Reports:

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

A copy of the EHA General Purpose Financial Report for the year ending 30 June 2020 is provided as attachment 1 to this report.

Note - It is intended that "Certification of Auditor Independence" statements from Constituent Council Chief Executive Officers will be tabled at the meeting and will form part of the final Financial Statements.

David Francis from Bentleys was in attendance at the Audit Committee meeting to discuss his Report of Audit Findings (provided as attachment 2). There were no Critical or Significant matters raised in the report. There were a number of areas of improvement

discussed (see pages 6-9 of Bentleys report) with the committee. The report contains a Management response to the areas raised.

The committee resolved the following:

Cr P Cornish moved:

That:

1. The Draft General Purpose Financial Statements for the Year ending 30 June 2020 Report is noted.
2. The Committee is satisfied that the 2019/2020 draft statements present fairly the state of affairs of the organisation.
3. The 2019/2020 final audited statements and audit completion report are presented to the Board of Management.
4. The Chair of the Audit Committee is authorised to sign a statement to certify the independence of the external auditors.

Seconded by: M Vezis

**CARRIED UNANIMOUSLY                      2: 082020**

### **Differences when comparing 2019 and 2020 Financial Statements**

A full comparison of the 2019 and 2020 audited financial results is provided as attachment 3.

*Impact of Australian Accounting Standards Board (AASB) Standard 16 Leases.*

It should be noted that a significant number of variations between the two financial years are a result of the introduction of AAASB Standard 16 Leases (the new Standard) in January 2016. The new standard is effective for periods beginning on or after 1 January 2019, that is 30 June 2020 year-ends.

The new Standard introduces a new model requiring lessees to recognise all leases on their balance sheet (rather than being presented as operating leases), except for short-term leases and leases of low value assets. The changes have had an impact on the Balance Sheet and Income Statement.

Note 1, point 10 of the Financial Statements provides a table which details the impact of the standard over a five-year period.

Commentary in relation to material differences (where applicable) is provided in the table commencing on following page.

<b>Statement of Comprehensive Income</b>				
	<b>2019/2020</b>	<b>2018/2019</b>	<b>Variation</b>	<b>Commentary</b>
<b>Income</b>				
<b>Council Contributions</b>	1,803,571	1,723,013	80,558	Regional Public Health Plan review costs
<b>Statutory Charges</b>	72,447	150,360	(77,913)	Food Inspection fee relief in response to COVID-19. Reduction in fines issued
<b>User Charges</b>	330,134	394,577	(64,443)	City of Unley Immunisation Contract concluded end of 2019
<b>Expenses</b>				
<b>Employee Costs</b>	1,636,215	1,767,577	(131,362)	Adjustment in staffing, staff on long term leave, time in replacing staff
<b>Materials, contracts and other expenses</b>	594,507	716,069	(121,562)	Application of AAASB Standard 16 Leases – impact on rent
<b>Finance Costs</b>	56,305	12,811	43,494	Application of AAASB Standard 16 Leases – recognise interest on leases
<b>Depreciation, amortisation and impairment</b>	190,358	37,355	153,003	Application of AAASB Standard 16 Leases – recognise amortisation of leases
<b>Net Surplus/(Deficit)</b>	<b>(13,401)</b>	<b>24,109</b>	<b>(37,510)</b>	Result was a 14,599 improvement on budgeted result of (28,000). Application of AASB Standard 16 Leases had a 35,910 negative impact on result. Net result is in effect 50,508 improvement on budget estimate
<b>Statement of Financial Position</b>				
<b>Total Current Assets</b>	<b>876,960</b>	<b>911,472</b>	<b>(34,512)</b>	Decrease in cash and receivables at year end
<b>Non-Current Assets</b>	<b>1,491,511</b>	<b>324,192</b>	<b>1,167,319</b>	Increase due to - Application of AAASB Standard 16 Leases - value of leased assets
<b>Total Assets</b>	<b>2,368,471</b>	<b>1,235,664</b>	<b>1,132,807</b>	Increase due to - Application of AAASB Standard 16 Leases - value of leased assets
<b>Total Current Liabilities</b>	<b>657,617</b>	<b>536,166</b>	<b>121,450</b>	Increase due to - Application of AAASB Standard 16 Leases – value of leased borrowings

<b>Statement of Financial Position (cont)</b>				
	<b>2019/2020</b>	<b>2018/2019</b>	<b>Variation</b>	<b>Commentary</b>
<b>Total Non- Current Liabilities</b>	<b>1,235,976</b>	<b>211,218</b>	<b>1,024,758</b>	Increase due to - Application of AAASB Standard 16 Leases – value of leased borrowings
<b>Total Liabilities</b>	<b>1,893,593</b>	<b>747,384</b>	<b>1,146,208</b>	Increase due to - Application of AAASB Standard 16 Leases – value of leased borrowings
<b>Net Assets</b>	<b>474,878</b>	<b>488,280</b>	<b>(13,402)</b>	Income Statement result
<b>Statement of Cash Flows</b>				
<b>Net Cash Provided / (used) by Operating Activities</b>	<b>180,738</b>	<b>(49,257)</b>	<b>229,996</b>	See Note 7
<b>Net Cash Provided / (used) by Financing Activities</b>	<b>(178,023)</b>	<b>(64,392)</b>	<b>(113,631)</b>	See Note 10
<b>Net (Decrease) in cash held</b>	<b>(21,962)</b>	<b>(133,282)</b>	<b>(111,320)</b>	
<b>Cash and cash equivalents at end of period</b>	<b>721,310</b>	<b>743,310</b>	<b>(21,962)</b>	
<b>Statement of Changes in Equity</b>				
<b>Accumulated Surplus Balance at end of Period</b>	<b>474,879</b>	<b>488,280</b>	<b>(13,401)</b>	Income Statement result
<b>Total Equity Balance at end of Period</b>	<b>474,879</b>	<b>488,280</b>	<b>(13,401)</b>	Income Statement result

## RECOMMENDATION

That:

1. The General Purpose Financial Reports for the Year ending 30 June 2020 report is received.
2. The General Purpose Financial Reports including the Annual Financial Statements for the Year ending 30 June 2020 provided as attachment 1 are received and adopted.
3. The Chair and Chief Executive Officer be authorised to sign the Certification of Financial Statements in relation to the audit for the 2019/2020 year.
4. A copy of the General Purpose Financial Reports including the Annual Financial Statements for the Year ending 30 June 2020 are provided to the Constituent Councils.

**Eastern Health Authority  
General Purpose Financial Reports  
for the year ended 30 June 2020**

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**EASTERN HEALTH AUTHORITY**

**ANNUAL FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2020**

**CERTIFICATION OF FINANCIAL STATEMENTS**

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

- the accompanying financial statements comply with the *Local Government Act 1999, Local Government (Financial Management) Regulations 2011* and Australian Accounting Standards.
- the financial statements present a true and fair view of EHA's financial position at 30 June 2020 and the results of its operations and cash flows for the financial year.
- internal controls implemented by the Council provide a reasonable assurance that the Council's financial records are complete, accurate and reliable and were effective throughout the financial year.
- the financial statements accurately reflect the Council's accounting and other records.

Michael Livori  
**CHIEF EXECUTIVE OFFICER**

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

Date: 2 September 2020

**Eastern Health Authority**  
**Statement of Comprehensive Income**  
**for the year ended 30 June 2020**

	Notes	2020 \$	2019 \$
<b>INCOME</b>			
Council contributions	2	1,803,571	1,723,013
Statutory charges	2	72,447	150,360
User charges	2	330,134	394,577
Grants, subsidies and contributions	2	245,618	257,814
Investment income	2	8,183	16,316
Other income	2	4,031	15,841
<b>Total Income</b>		<b>2,463,984</b>	<b>2,557,921</b>
<b>EXPENSES</b>			
Employee costs	3	1,636,215	1,767,577
Materials, contracts & other expenses	3	594,507	716,069
Depreciation, amortisation & impairment	3	190,358	37,355
Finance costs	3	56,305	12,811
<b>Total Expenses</b>		<b>2,477,385</b>	<b>2,533,812</b>
<b>OPERATING (DEFICIT) / SURPLUS</b>		<b>(13,401)</b>	<b>24,109</b>
<b>Other Comprehensive Income</b>		<b>-</b>	<b>-</b>
<b>Total Other Comprehensive Income</b>		<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>(13,401)</b>	<b>24,109</b>

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

**Eastern Health Authority**  
**Statement of Financial Position**  
**as at 30 June 2020**

<b>ASSETS</b>	<b>Notes</b>	<b>2020</b>	<b>2019</b>
		<b>\$</b>	<b>\$</b>
<b>Current Assets</b>			
Cash and cash equivalents	4	<b>721,310</b>	743,272
Trade & other receivables	4	<b>155,650</b>	168,200
<b>Total Current Assets</b>		<b><u>876,960</u></b>	<u>911,472</u>
<b>Non-current Assets</b>			
Infrastructure, property, plant & equipment	5	<b>1,491,511</b>	324,192
<b>Total Non-current Assets</b>		<b><u>1,491,511</u></b>	<u>324,192</u>
<b>Total Assets</b>		<b><u>2,368,471</u></b>	<u>1,235,664</u>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Trade & other payables	6	<b>157,719</b>	149,195
Borrowings	6	<b>262,051</b>	64,393
Provisions	6	<b>307,885</b>	322,578
<b>Total Current Liabilities</b>		<b><u>727,655</u></b>	<u>536,166</u>
<b>Non-current Liabilities</b>			
Borrowings	6	<b>1,143,669</b>	186,350
Provisions	6	<b>22,268</b>	24,868
<b>Total Non-current Liabilities</b>		<b><u>1,165,937</u></b>	<u>211,218</u>
<b>Total Liabilities</b>		<b><u>1,893,592</u></b>	<u>747,384</u>
<b>NET ASSETS</b>		<b><u>474,879</u></b>	<u>488,280</u>
<b>EQUITY</b>			
Accumulated Surplus		<b><u>474,879</u></b>	<u>488,280</u>
<b>TOTAL EQUITY</b>		<b><u>474,879</u></b>	<u>488,280</u>

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

**Eastern Health Authority**  
**Statement of Changes in Equity**  
**for the year ended 30 June 2020**

<b>2020</b>	<b>Notes</b>	<b>Acc'd Surplus \$</b>	<b>TOTAL EQUITY \$</b>
Balance at end of previous reporting period		488,280	488,280
<b>Net (Deficit) for Year</b>		<b>(13,401)</b>	<b>(13,401)</b>
<b>Balance at end of period</b>		<b>474,879</b>	<b>474,879</b>
<b>2019</b>			
Balance at end of previous reporting period		464,171	464,171
<b>Net Surplus for Year</b>		<b>24,109</b>	<b>24,109</b>
<b>Balance at end of period</b>		<b>488,280</b>	<b>488,280</b>

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

**Eastern Health Authority**  
**Statement of Cash Flows**  
**for the year ended 30 June 2020**

	Notes	2020 \$	2019 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<i>Receipts:</i>			
Council contributions		1,983,928	1,895,314
Fees & other charges		72,447	157,878
User charges		373,345	372,381
Investment receipts		7,234	16,316
Grants utilised for operating purposes		245,618	257,814
Other revenues		4,031	18,497
<i>Payments:</i>			
Employee costs		(1,645,676)	(1,779,142)
Materials, contracts & other expenses		(802,416)	(974,102)
Finance payments		(57,773)	(14,213)
<b>Net Cash provided by (or used in) Operating Activities</b>	7 (b)	<b>180,738</b>	<b>(49,257)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<i>Payments:</i>			
Expenditure on renewal/replacement of assets		(24,677)	(19,633)
<b>Net Cash used in Investing Activities</b>		<b>(24,677)</b>	<b>(19,633)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<i>Payments:</i>			
Repayments of borrowings		(67,488)	(64,392)
Repayment of lease liabilities		(110,535)	-
<b>Net Cash or used in Financing Activities</b>		<b>(178,023)</b>	<b>(64,392)</b>
<b>Net (Decrease) in cash held</b>		<b>(21,962)</b>	<b>(133,282)</b>
Cash & cash equivalents at beginning of period	7	743,272	876,554
<b>Cash &amp; cash equivalents at end of period</b>	7	<b>721,310</b>	<b>743,272</b>

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

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**  
**Note 1 - SIGNIFICANT ACCOUNTING POLICIES**

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

**1 Basis of Preparation**

**1.1 Compliance with Australian Accounting Standards**

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

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

**1.2 Historical Cost Convention**

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

**1.3 Critical Accounting Estimates**

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

**1.4 Rounding**

All amounts in the financial statements have been rounded to the nearest dollar (\$).

**2 The Local Government Reporting Entity**

Eastern Health Authority is incorporated under the SA Local Government Act 1999 and has its principal place of business at 101 Payneham Road, St Peters, SA 5069. These financial statements include EHA's direct operations and all entities through which EHA controls resources to carry on its functions. In the process of reporting on EHA as a single unit, all transactions and balances between activity areas and controlled entities have been eliminated.

**3 Income recognition**

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

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

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

**4 Cash, Cash Equivalents and other Financial Instruments**

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

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

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

## **5 Property, Plant & Equipment**

### **5.1 Initial Recognition**

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

### **5.2 Materiality**

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

### **5.3 Depreciation of Non-Current Assets**

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

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

### **5.4 Impairment**

Assets that have an indefinite useful life are not subject to depreciation and are reviewed annually for impairment. Assets carried at fair value whose future economic benefits are not dependent on the ability to generate cash flows, and where the future economic benefits would be replaced if EHA were deprived thereof, are not assessed for impairment.

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

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

### **5.5 Borrowing Costs**

Borrowing costs in relation to qualifying assets (net of offsetting investment revenue) have been capitalised in accordance with AASB 123 "Borrowing Costs". The amounts of borrowing costs recognised as an expense or as part of the carrying amount of qualifying assets are disclosed in Note 3, and the amount (if any) of interest revenue offset against borrowing costs in Note 2.

## **6 Payables**

### **6.1 Goods & Services**

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

### **6.2 Payments Received in Advance & Deposits**

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

## 7 Borrowings

Loans are carried at their principal amounts which represent the present value of future cash flows associated with servicing the debt. Interest is accrued over the period to which it relates and is recorded as part of "Payables".

### 7.1 Salaries, Wages & Compensated Absences

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

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

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

#### *Superannuation*

EHA makes employer superannuation contributions in respect of its employees to the Local Government Superannuation Scheme. The Scheme has two types of membership, each of which is funded differently. No changes in accounting policy have occurred during either the current or previous reporting periods. Details of the accounting policies applied and EHA's involvement with the schemes are reported in Note 11.

## 8 Leases

### Accounting Policy applicable for the year ending 30 June 2019 (comparatives):

Lease arrangements have been accounted for in accordance with Australian Accounting Standard AASB 117.

In respect of finance leases, where EHA substantially carries the entire risks incident to ownership, the leased items are initially recognised as assets and liabilities equal in amount to the present value of the minimum lease payments. The assets are disclosed within the appropriate asset class and are amortised to expense over the period during which EHA is expected to benefit from the use of the leased assets. Lease payments are allocated between interest expense and reduction of the lease liability, according to the interest rate implicit in the lease.

In respect of operating leases, where the lessor substantially retains all of the risks and benefits incident to ownership of the leased items, lease payments are charged to expense over the lease term.

### Accounting policy applicable from 01 July 2019:

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

#### EHA as a lessee

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

##### i) Right-of-use assets

EHA recognises right-of-use assets at the commencement date of the lease. Right-of-use assets are measured at cost, less any accumulated depreciation and impairment losses, and adjusted for any remeasurement of lease liabilities. The cost of right-of-use assets includes the amount of lease liabilities recognised, initial direct costs incurred, lease payments made at or before the commencement date less any lease incentives received and the estimate of costs to be incurred to restore the leased asset. Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets.

The right-of-use assets are also subject to impairment. Refer to the accounting policies in section (5.4) Impairment of non-financial assets.

ii) Lease liabilities

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

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

EHA applies the short-term lease recognition exemption to its short-term leases of equipment (i.e. those leases that have a lease term of 12 months or less from the commencement date).

It also applies the low-value assets recognition exemption to leases of equipment that are considered to be low value. Lease payments on short-term leases and leases of low-value assets are recognised as expense on a straight-line basis over the lease term.

## 9 GST Implications

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

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

## 10 New and amended standards and interpretations

### *Adoption of AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities:*

EHA applied AASB 15 and AASB 1058, for the first time from 1 July 2019. AASB 1058 clarifies and simplifies the income recognition requirements that apply to not-for-profit (NFP) entities, in conjunction with AASB 15. These Standards supersede the NFP income recognition requirements previously in AASB 1004 Contributions (with the exception of certain matters relating to public sector NFP entities) as well as current revenue recognition guidance including AASB 118 Revenue, AASB 111 Construction Contracts and the related Interpretations. The timing of income recognition depends on whether such a transaction gives rise to a liability or other performance obligation (a promise to transfer a good or service). Details of the accounting policy adopted for these standards can be found in section 10 of this note. EHA has elected to adopt the modified retrospective method on transition to the new standards with an initial application date of 1 July 2019. The cumulative effect of initially applying AASB 15 and AASB 1058 is recognised at the date of initial application as an adjustment to the opening balance of Accumulated Surplus. Therefore, the comparative information was not restated and continues to be reported under AASB 111, AASB 118, AASB 1004 and related Interpretations.

The impact of adopting the new standards as at 1 July 2019 was an increase to liabilities of nil and a decrease to Accumulated Surplus of nil.

### *Adoption of AASB 16 Leases (AASB 16)*

EHA applied AASB 16 for the first time from 1 July 2019. AASB 16 supersedes AASB 117 Leases, Interpretation 4 Determining whether an Arrangement contains a Lease and other related Interpretations. The standard sets out the principles for the recognition, measurement, presentation and disclosure of leases and requires lessees to recognise most leases on the balance sheet under a single on-balance sheet model. EHA has lease contracts for a building and some equipment. Before the adoption of AASB 16, EHA classified each of its leases (as lessee) at the inception date as either a finance lease or an operating lease.

EHA adopted AASB 16 using the modified retrospective method of adoption. Under this method, the standard has been applied retrospectively with the cumulative effect of initially applying the standard recognised as an adjustment to the opening balance of Accumulated Surplus as at 1 July 2019 and comparatives have not been restated.

EHA recognised right-of-use assets and lease liabilities for those leases previously classified as operating leases, except for short-term leases with lease terms that end within 12 months of the date of initial application and leases of low-value assets. The right-of-use assets for all leases were recognised based on the amount equal to the lease liabilities. No adjustments were needed for any previously recognised prepaid or accrued lease expenses as there were none. Lease liabilities were recognised based on the present value of the remaining lease payments, discounted using the incremental borrowing rate at the date of initial application.

The effect of adoption AASB 16 as at 1 July 2019 (increase/(decrease)) is, as follows:

	2020	2021	2022	2023	2024
	\$	\$	\$	\$	\$
Income Statement					
Interest expense	46,655	42,786	38,525	34,934	32,063
Depreciation	146,445	151,278	119,277	100,833	100,833
Lease expense	(157,190)	(164,067)	(141,414)	(117,175)	(113,543)
Profit or loss impact	35,910	29,998	16,388	18,593	19,354
Balance Sheet					
Right of use asset	1,186,555	1,035,277	916,833	816,000	715,167
Lease liability	(1,222,465)	(1,031,146)	(988,227)	(916,261)	(834,787)

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 2 - INCOME**

	Notes	2020 \$	2019 \$
<b>COUNCIL CONTRIBUTIONS</b>			
City of Burnside		437,022	444,498
Campbelltown City Council		426,994	403,854
City of Norwood, Payneham & St Peters		559,954	523,301
City of Prospect		230,650	237,123
Town of Walkerville		102,500	114,237
Public Health Plan/Service Review (equal constituent share)		46,451	-
		<b>1,803,571</b>	<b>1,723,013</b>
<b>STATUTORY CHARGES</b>			
Inspection Fees: Food		53,213	108,095
Inspection Fees: Legionella		8,603	9,795
SRF Licences		1,520	2,200
Fines & Expiation Fees		9,111	30,270
		<b>72,447</b>	<b>150,360</b>
<b>USER CHARGES</b>			
Immunisation: Clinic Vaccines		87,341	116,097
Immunisation: Worksite Vaccines		98,799	98,419
Food Auditing		84,428	79,538
City of Unley		59,566	100,523
		<b>330,134</b>	<b>394,577</b>
<b>INVESTMENT INCOME</b>			
Interest on investments:			
Local Government Finance Authority		8,183	16,316
		<b>8,183</b>	<b>16,316</b>
<b>OTHER INCOME</b>			
Motor Vehicle Reimbursements		1,627	10,597
Sundry Income		2,404	5,244
		<b>4,031</b>	<b>15,841</b>
<b>GRANTS, SUBSIDIES, CONTRIBUTIONS</b>			
Other grants, subsidies and contributions			
Immunisation: School Programme		220,308	169,874
Meningoccal B Study		-	59,644
Immunisation: AIR		25,310	28,296
		<b>245,618</b>	<b>257,814</b>

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 3 - EXPENSE**

	Notes	2020 \$	2019 \$
<b>EMPLOYEE COSTS</b>			
Salaries and Wages		1,453,727	1,521,123
Employee leave expense		9,091	38,321
Superannuation - defined contribution plan contributions	11	124,020	117,126
Superannuation - defined benefit plan contributions	11	12,212	24,653
Workers' Compensation Insurance		18,441	16,470
Other - Agency staff and Consultant Medical Officer		18,724	49,884
<b>Total Operating Employee Costs</b>		<b>1,636,215</b>	<b>1,767,577</b>
<b>Total Number of Employees</b>		<b>15</b>	<b>18</b>
<i>(Full time equivalent at end of reporting period)</i>			
<b>MATERIALS, CONTRACTS &amp; OTHER EXPENSES</b>			
<u>Prescribed Expenses</u>			
Auditor's Remuneration			
- Auditing the financial reports		7,494	7,210
Bad and Doubtful Debts		1,227	1,532
Governance expenses		11,144	15,946
Lease Expenses - short term leases	10	6,000	60,708
Subtotal - Prescribed Expenses		<b>25,865</b>	<b>85,396</b>
<u>Other Materials, Contracts &amp; Expenses</u>			
Accounting		5,473	5,971
Contractors		26,466	26,506
Energy		10,808	10,967
Fringe benefit tax		12,447	17,165
Human resources		18,983	11,742
Income protection		24,177	22,430
Insurance		28,817	27,248
IT licencing & support		161,608	136,462
Legal Expenses		13,605	17,484
Motor vehicle expenses		14,250	26,293
Office rent		-	104,829
Parts, accessories & consumables		181,373	130,593
Printing & stationery		15,088	17,557
Staff training		6,843	13,254
Sundry		21,889	33,703
Telephone		18,923	17,638
Work health & safety consultancy		7,892	10,831
Subtotal - Other Materials, Contracts & Expenses		<b>568,642</b>	<b>630,673</b>
<b>Total Materials, Contracts &amp; Expenses</b>		<b>594,507</b>	<b>716,069</b>

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 3 - EXPENSE (cont.)**

		2020	2019
	Notes	\$	\$
<b>DEPRECIATION, AMORTISATION &amp; IMPAIRMENT</b>			
<b>Depreciation</b>			
Buildings & Other Structures		23,642	23,642
Office Equipment, Furniture & Fittings		20,271	13,713
Right of Use Assets	10	146,445	-
		<u>190,358</u>	<u>37,355</u>
<b>FINANCE COSTS</b>			
Interest on Loans		9,650	12,811
Interest on Leases	10	46,655	-
		<u>56,305</u>	<u>12,811</u>

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 4 - CURRENT ASSETS**

	Notes	2020 \$	2019 \$
<b>CASH &amp; EQUIVALENT ASSETS</b>			
Cash on Hand and at Bank		168,947	158,728
Deposits at Call		552,363	584,544
		<u>721,310</u>	<u>743,272</u>
<b>TRADE &amp; OTHER RECEIVABLES</b>			
Accrued Revenues		949	-
Debtors - general		154,701	168,200
Total		<u>155,650</u>	<u>168,200</u>
Less: Allowance for Doubtful Debts		-	-
		<u>155,650</u>	<u>168,200</u>

*Amounts included in receivables that are not expected to be received within 12 months of reporting date.*

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 5 - PROPERTY, PLANT & EQUIPMENT (PP&E)**

	2019				2020			
	\$				\$			
	Fair Value	Cost	Acc' Dep'n	Carrying Amount	Fair Value	Cost	Acc' Dep'n	Carrying Amount
Buildings & Other Structures	-	472,846	(188,328)	284,518	-	<b>472,846</b>	<b>(211,970)</b>	<b>260,876</b>
Office Equipment, Furniture & Fittings	-	239,509	(199,835)	39,674	-	<b>264,186</b>	<b>(220,106)</b>	<b>44,080</b>
Right of Use Assets	-	-	-	-	-	<b>1,333,000</b>	<b>(146,445)</b>	<b>1,186,555</b>
<b>Total PP&amp;E</b>	-	712,355	(388,163)	324,192	-	<b>2,070,032</b>	<b>(578,521)</b>	<b>1,491,511</b>
<b>Comparatives</b>	-	<b>809,838</b>	<b>(467,924)</b>	<b>341,914</b>	-	<b>712,355</b>	<b>(388,163)</b>	<b>324,192</b>

	2019	CARRYING AMOUNT MOVEMENTS DURING YEAR					2020	
	\$	\$					\$	
	Carrying Amount	Net Adjust AASB 16	Additions New / Upgrade	Renewals	Disposals	Dep'n	Impair't	Carrying
Buildings & Other Structures	284,518	-	-	-	-	(23,642)	-	260,876
Office Equipment, Furniture & Fittings	39,674	-	-	24,677	-	(20,271)	-	44,080
Right of Use Assets	-	1,333,000	-	-	-	(146,445)	-	1,186,555
<b>Total PP&amp;E</b>	<b>324,192</b>	<b>1,333,000</b>	-	<b>24,677</b>	-	<b>(190,358)</b>	-	<b>1,491,511</b>
<b>Comparatives</b>	<b>341,914</b>	-	-	<b>19,633</b>	-	<b>(37,355)</b>	-	<b>324,192</b>

*This note continues on the following pages.*

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 6 - LIABILITIES**

	Notes	2020		2019	
		Current	Non-current	Current	Non-current
<b>TRADE &amp; OTHER PAYABLES</b>					
Goods & Services		108,316	-	111,829	-
Accrued expenses - employee entitlements		39,736	-	31,904	-
Accrued expenses - other		3,994	-	5,462	-
GST Payable		5,673	-	-	-
		<u>157,719</u>	<u>-</u>	<u>149,195</u>	<u>-</u>

*Amounts included in trade & other payables that are not expected to be settled within 12 months of reporting date.*

**BORROWINGS**

Loans		70,732	112,523	64,393	186,350
Leases Liabilities	10	191,319	1,031,146	-	-
		<u>262,051</u>	<u>1,143,669</u>	<u>64,393</u>	<u>186,350</u>

*All interest bearing liabilities are secured over the future revenues of EHA.*

**PROVISIONS**

Employee entitlements (including oncosts)		307,885	22,268	322,578	24,868
		<u>307,885</u>	<u>22,268</u>	<u>322,578</u>	<u>24,868</u>

*Amounts included in provisions that are not expected to be settled within 12 months of reporting date.*

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 7 - RECONCILIATION TO CASH FLOW STATEMENT**

**(a) Reconciliation of Cash**

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

	Notes	2020 \$	2019 \$
Total cash & equivalent assets	4	<u>721,310</u>	<u>743,272</u>
Balances per Cash Flow Statement		<u>721,310</u>	<u>743,272</u>

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

Net (Deficit) Surplus		(13,401)	24,109
Non-cash items in Income Statement			
Depreciation, amortisation & impairment		190,358	37,355
Net (decrease) in unpaid employee benefits		<u>(9,461)</u>	<u>(11,565)</u>
		167,496	49,899
Add (Less): Changes in Net Current Assets			
Net decrease (increase) in receivables		12,550	(45,871)
Net increase (decrease) in trade & other payables		<u>692</u>	<u>(53,285)</u>
<b>Net Cash provided by (or used in) operations</b>		<u>180,738</u>	<u>(49,257)</u>

**(c) Financing Arrangements**

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

Corporate Credit Cards	5,000	5,000
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**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 8 - FINANCIAL INSTRUMENTS**

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

**Accounting Policies - Recognised Financial Instruments**

<b>Bank, Deposits at Call, Short Term Deposits</b>	<p><b>Accounting Policy:</b> initially recognised at fair value and subsequently measured at amortised cost, interest is recognised when earned</p> <p><b>Terms &amp; conditions:</b> Deposits are returning fixed interest rates 0.45% (2019: 1.25%).</p> <p><b>Carrying amount:</b> approximates fair value due to the short term to maturity.</p>
<b>Receivables - Fees &amp; other charges</b>	<p><b>Accounting Policy:</b> initially recognised at fair value and subsequently measured at amortised cost. An impairment provision is recognised using the expected credit loss method</p> <p><b>Terms &amp; conditions:</b> Unsecured, and do not bear interest. Although EHA is not materially exposed to any individual debtor, credit risk exposure is concentrated within the EHA's boundaries.</p> <p><b>Carrying amount:</b> approximates fair value (after deduction of any allowance).</p>
<b>Receivables - other levels of government</b>	<p><b>Accounting Policy:</b> initially recognised at fair value and subsequently measured at amortised cost. An impairment provision is recognised using the expected credit loss method.</p> <p><b>Terms &amp; conditions:</b> Amounts due have been calculated in accordance with the terms and conditions of the respective programs following advice of approvals, and do not bear interest. All amounts are due by Departments and Agencies of State and Federal Governments.</p> <p><b>Carrying amount:</b> approximates fair value.</p>
<b>Liabilities - Creditors and Accruals</b>	<p><b>Accounting Policy:</b> Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to EHA.</p> <p><b>Terms &amp; conditions:</b> Liabilities are normally settled on 30 day terms.</p> <p><b>Carrying amount:</b> approximates fair value.</p>
<b>Liabilities - Interest Bearing Borrowings</b>	<p><b>Accounting Policy:</b> initially recognised at fair value and subsequently at amortised cost, interest is charged as an expense using the effective interest rate</p> <p><b>Terms &amp; conditions:</b> secured over future revenues, borrowings are repayable (describe basis); interest is charged at fixed (or variable - describe) rates between 4% and 5% (2019: 4% and 5%)</p> <p><b>Carrying amount:</b> approximates fair value.</p>
<b>Liabilities - Finance Leases</b>	<p><b>Accounting Policy:</b> accounted for in accordance with AASB 16</p>

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 8 - FINANCIAL INSTRUMENTS (cont.)**

**Liquidity Analysis**

<b>2020</b>	Due < 1 year	Due > 1 year ≤ 5 years	Due > 5 years	Total Contractual Cash Flows	Carrying Values
<b><u>Financial Assets</u></b>	\$	\$	\$	\$	\$
Cash & Equivalents	721,310			721,310	721,310
Receivables	155,650	-	-	155,650	155,650
<b>Total</b>	<b>876,960</b>	<b>-</b>	<b>-</b>	<b>876,960</b>	<b>876,960</b>
<b><u>Financial Liabilities</u></b>					
Payables	157,719	-	-	157,719	157,719
Current Borrowings	70,732	-	-	70,732	70,732
Lease Liabilities	121,280	386,361	714,824	1,222,465	1,222,465
Non-Current Borrowings	-	112,523	-	112,523	112,523
<b>Total</b>	<b>349,731</b>	<b>498,884</b>	<b>714,824</b>	<b>1,563,439</b>	<b>1,563,439</b>
<b>2019</b>	Due < 1 year	Due > 1 year; ≤ 5 years	Due > 5 years	Total Contractual Cash Flows	Carrying Values
<b><u>Financial Assets</u></b>	\$	\$	\$	\$	\$
Cash & Equivalents	743,272			743,272	743,272
Receivables	168,200	-	-	168,200	168,200
<b>Total</b>	<b>911,472</b>	<b>-</b>	<b>-</b>	<b>911,472</b>	<b>911,472</b>
<b><u>Financial Liabilities</u></b>					
Payables	149,195	-	-	149,195	149,195
Current Borrowings	64,393	-	-	64,393	64,393
Non-Current Borrowings	-	186,350	-	186,350	186,350
<b>Total</b>	<b>213,588</b>	<b>186,350</b>	<b>-</b>	<b>399,938</b>	<b>399,938</b>

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

	30 June 2020		30 June 2019	
	Weighted Average Interest Rate	Carrying Value	Weighted Average Interest Rate	Carrying Value
	%	\$	%	\$
Fixed Interest Rates	4.75	183,255	4.75	690,438
		<u>183,255</u>		<u>690,438</u>

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 8 - FINANCIAL INSTRUMENTS (cont.)**

**Net Fair Value**

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

Risk Exposures:

Credit Risk represents the loss that would be recognised if counterparties fail to perform as contracted. The maximum credit risk on financial assets of EHA is the carrying amount, net of any impairment. All EHA investments are made with the SA Local Government Finance Authority and are guaranteed by the SA Government. Except as detailed in Notes 4 in relation to individual classes of receivables, exposure is concentrated within EHA's boundaries, and there is no material exposure to any individual debtor.

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

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

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

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 9 - UNIFORM PRESENTATION OF FINANCES**

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

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

The arrangements ensure that all Councils provide a common 'core' of financial information, which enables meaningful comparisons of each Council's finances

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
Income	<b>2,463,984</b>	2,557,921
Expenses	<b>(2,477,385)</b>	<b>(2,533,812)</b>
<b>Operating Surplus / (Deficit)</b>	<b>(13,401)</b>	<b>24,109</b>
 <b>Net Outlays on Existing Assets</b>		
Capital Expenditure on renewal and replacement of Existing Assets	<b>(24,677)</b>	(19,633)
Add back Depreciation, Amortisation and Impairment	<b>190,358</b>	37,355
	<b>165,681</b>	<b>17,722</b>
 <b>Net Lending / (Borrowing) for Financial Year</b>	 <b>152,280</b>	 <b>41,831</b>

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 10 - OPERATING LEASES**

***EHA as a Lessee***

**Operating Lease Commitments**

EHA leases various plant and equipment under finance leases expiring within 1 to 4 years. At expiry, EHA may re-lease, or return or acquire the leased assets.

Some leases provide for the payment of contingent rentals depending on actual use of the equipment. Contingent rental payments made are disclosed in Note 3.

Commitments under operating leases at the reporting date are as follows:

	2020	2019
	\$	\$
Not later than one year	191,319	64,188
Later than one year and not later than 5 years	42,919	73,861
Later than 5 years	988,227	-
Minimum lease payments	<u>1,222,465</u>	<u>138,049</u>
Less: future finance charges	-	(45,644)
<b>Net Lease Liability</b>	<b><u>1,222,465</u></b>	<b><u>92,405</u></b>

***Right of Use Asset***

**Office Buildings & Motor Vehicles**

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

Carrying Value	Building & Structures	Motor Vehicles
At 1 July 2019	1,200,000	133,000
Depreciation Charge	(96,000)	(50,445)
<b>At 30 June 2020</b>	<u>1,104,000</u>	<u>82,555</u>
Depreciation expense right of use asset	96,000	50,445
Interest expense on lease liabilities	42,000	4,655
<b>Total amount recognised in profit and loss</b>	<b><u>144,000</u></b>	<b><u>55,100</u></b>

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 11 – SUPERANNUATION**

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

**Accumulation only Members**

Accumulation only members receive both employer and employee contributions on a progressive basis. Employer contributions are based on a fixed percentage of ordinary time earnings in accordance with superannuation guarantee legislation (9.50% in 2018-19; 9.50% in 2019-20). No further liability accrues to EHA as the superannuation benefits accruing to employees are represented by their share of the net assets of the Fund.

**Salarylink (Defined Benefit Fund) Members**

Salarylink is a defined benefit scheme where the benefit payable is based on a formula determined by the member's contribution rate, number of years and level of contribution and final average salary. EHA makes employer contributions to Salarylink as determined by the Fund's Trustee based on advice from the appointed Actuary. The rate is currently 6.3% (6.3% in 2018-19) of "superannuation" salary.

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

The Salarylink section is a multi-employer sponsored plan. As the Salarylink section's assets and liabilities are pooled and are not allocated by each employer, and employees may transfer to another employer within the local government sector and retain membership of the Fund, the Actuary is unable to allocate benefit liabilities, assets and costs between employers. As provided by AASB 119.32(b), EHA does not use defined benefit accounting for these contributions.

The most recent actuarial investigation was conducted by the Fund's actuary, Louise Campbell, FIAA, of Willie Towers Watson as at 30 June 2020. The Trustee has determined that the current funding arrangements are adequate for the expected Salarylink liabilities. However, future financial and economic circumstances may require changes to EHA's contribution rates at some future time.

**Contributions to Other Superannuation Schemes**

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

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 12 – CONTINGENT ASSETS AND CONTINGENT LIABILITIES**

There are no contingencies, asset or liabilities not recognised in the financial statements for the year ended 30 June 2020.

**Note 13 – EVENTS OCCURRING AFTER REPORTING DATE**

There are no events subsequent to 30 June 2020 that need to be disclosed in the financial statements.

**Eastern Health Authority**  
**Notes to and forming part of the Financial Statements**  
**for the year ended 30 June 2020**

**Note 14 - RELATED PARTY DISCLOSURES**

**KEY MANAGEMENT PERSONNEL**

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

	<b>2020</b>	2019
	\$	\$
Salaries, allowances & other short term benefits	182,847	182,054
<b>TOTAL</b>	<b>182,847</b>	<b>182,054</b>

Amounts received from Related Parties during the financial year:

	<b>2020</b>	2019
	\$	\$
City of Burnside	<b>437,022</b>	444,498
Campbelltown City Council	<b>426,994</b>	403,854
City of Norwood, Payneham & St Peters	<b>559,954</b>	523,301
City of Prospect	<b>230,650</b>	237,123
Town of Walkerville	<b>102,500</b>	114,237
Public Health Plan/Service Review (equal constituent share)	<b>46,451</b>	-
<b>TOTAL</b>	<b>1,803,571</b>	<b>1,723,013</b>

Amounts paid to Related Parties during the financial year:

	<b>2020</b>	2019
	\$	\$
City of Norwood, Payneham & St Peters	<b>106,978</b>	104,829
<b>TOTAL</b>	<b>106,978</b>	<b>104,829</b>

**Description of Services provided to all related parties above:**

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

**Eastern Health Authority  
Annual Financial Statements  
for the year ended 30 June 2020**

**CERTIFICATION OF AUDITOR INDEPENDENCE**

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2020, the Auditor, Bentleys SA Audit Partnership, has maintained its independence in accordance with the requirements of the *Local Government Act 1999* and the *Local Government (Financial Management) Regulations 2011* made under that Act.

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

  
Michael Livori  
CHIEF EXECUTIVE OFFICER

  
PRESIDING MEMBER  
AUDIT COMMITTEE

Date: 28/8/2020



**Bentleys SA Audit Partnership**

Level 5  
63 Pirie Street  
Adelaide SA 5000

GPO Box 939  
Adelaide SA 5001

ABN 43 877 091 903

T +61 8 8372 7900  
F +61 8 8372 7999

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

**Certification of Auditor Independence**

I confirm that, for the audit of the financial statements of Eastern Health Authority Inc for the year ended 30 June 2020, I have maintained my independence in accordance with the requirements of APES 110 – Code of Ethics for Professional Accountants, Section 290, published by the Accounting Professional and Ethical Standards Board, in accordance with the Local Government Act 1999 and the Local Government (Financial Management) Regulations 2011 made under that Act.

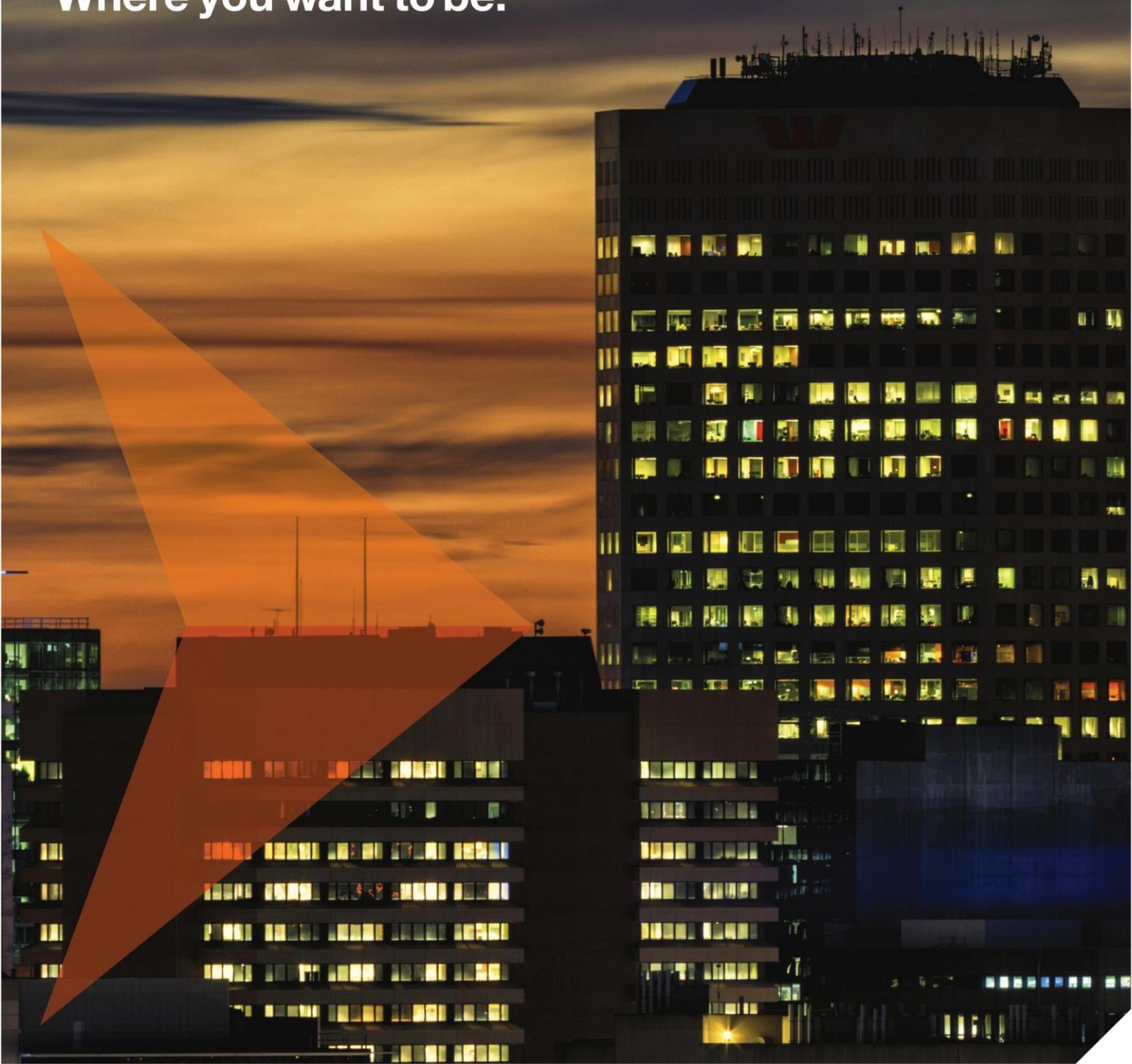
This statement is prepared in accordance with the requirements of Regulation 22 (5) Local Government (Financial Management) Regulations 2011.

**Bentleys SA Audit Partnership**

David Francis  
Partner

**Dated at Adelaide this 2<sup>nd</sup> September 2020**

Where you want to be.



**August 2020**

## Eastern Health Authority

### Report of Audit Findings

David Francis, Partner  
Level 5, 63 Pirie St, Adelaide SA 5000  
Telephone +61 8 8372 7900  
[dfrancis@adel.bentleys.com.au](mailto:dfrancis@adel.bentleys.com.au) | [bentleys.com.au](http://bentleys.com.au)

 Advisors  Accountants  Auditors

## Executive summary

We are providing our Final report on the audit of Eastern Health Authority for the year ended 30 June 2020.

Dear Board of Management

We have conducted our audit of Eastern Health Authority (EHA) for the year ended 30 June 2020 and report to management and those charged with governance the following matters for information purposes and for consideration of implementation or corrective action:

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

	Internal controls	Financial Statements
<b>Critical</b>	-	-
<b>Significant</b>	-	-
<b>Area for Improvement</b>	-	<ul style="list-style-type: none"> <li>- Provision for doubtful debts</li> <li>- Credit balances in receivables</li> <li>- High level of annual leave accrued</li> <li>- Contract of employment</li> </ul>

*Note: an empty comment means nothing to report*

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

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

Sincerely,



David Francis

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

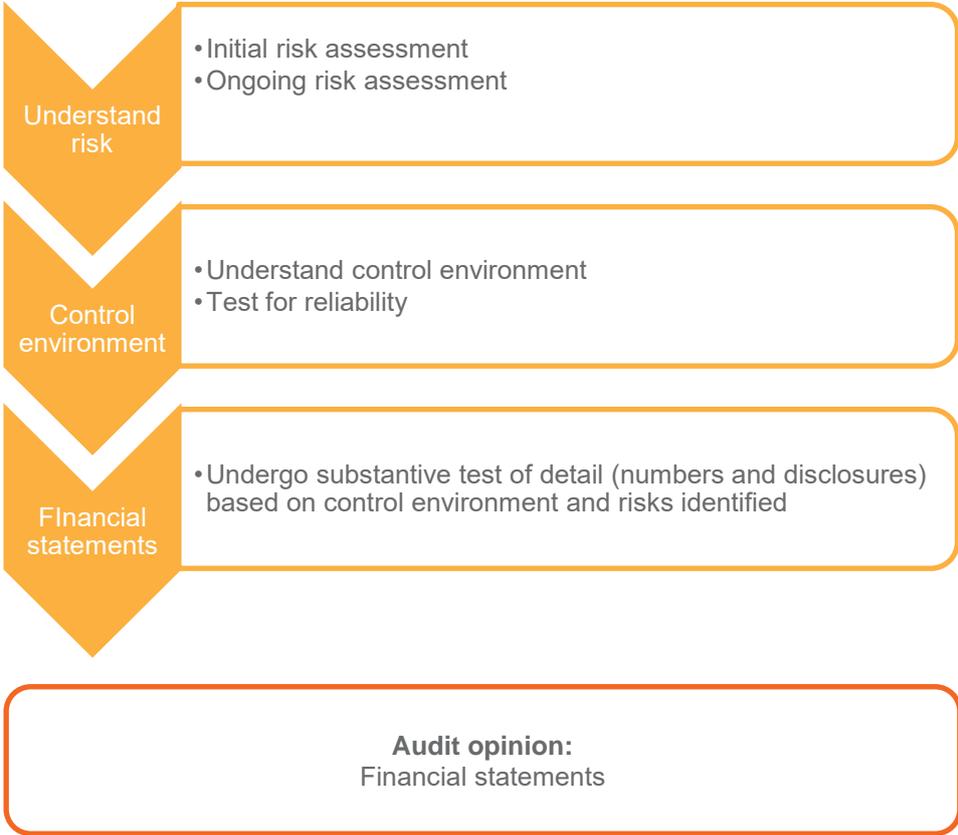


### Audit approach

Helping businesses achieve their goals and aspirations.

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

- Audit efficiency
- Increased organisational assurance
- A review of your control environment
- Timely and effective audits



## Identified audit risks

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

We have identified financial statement risk relating to this year's audit.

### Risks identified at planning

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#### Area

#### Adoption of new accounting standard

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#### Risk

Risk that the adoption of new accounting standard (AASB 16 -Leases) is materially incorrect.

Risk that disclosure within the financial statements is insufficient and not in line with requirements of the new accounting standard.

---

#### Audit Approach

Assessed calculations over AASB 16 (Leases) and reviewed disclosures within the financial statements.

---

#### Outcome

Satisfactory results.

---

Identified audit risks

Area

Impact of COVID-19

Risk

Significant changes in work practices are occurring as organisations adapt to new working arrangements. This will likely result in a change to the control environment and therefore increase the risk of control failure.

Audit Approach

Conducted additional testing over the February to April period and tested changes in the control environment to ensure they were operating effectively.

Outcome

Satisfactory

## Financial statement matters for the year

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

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### Issue

#### 1. Provision for doubtful debts

---

### Observation

The receivable balance as at 30 June 2020 includes long overdue accounts totalling \$22,160. Majority of these accounts relate to fines which are now being administered by the Fines and Recovery Unit who provides service to issuing authorities across South Australia in the recovery of debts owed on expiation notices issued. Some balances have been outstanding since 2012.

There is no provision for doubtful debts balance to recognise the possible non-recovery of these long outstanding balances.

### Risk

There is a risk that receivable balances are not recorded at recoverable value.

---

### Requirement

Under the accounting standard (AASB 9), management is required to assess provision for doubtful debts based on analysis of historical credit losses within a specific debtor category. The new impairment model under this new accounting standard allows entities to calculate credit losses on trade receivables using a provision matrix which is a current and forward-looking estimate.

---

### Recommendation

We recommend that management should review the requirements under AASB 9 and assess provision for doubtful debts in accordance with the Standard. A formal doubtful debts policy should then be developed in line with the accounting standard.

It is also important that outstanding debts are periodically and consistently reviewed and assessed for recoverability. Account balances where probability of collection is considered remote should be written-off with prior Board approval.

---

### Management response

EHA will review the current doubtful debts policy and ensure the necessary changes are made to meet requirements under AASB 9 prior to 30 June 2021.

Debt, where all reasonable steps to collect have been exhausted and further pursuit is not viable will be considered for write off. In the event the debt is required to be submitted to the Fines Recovery Unit EHA will continue to liaise for regular updates regarding the status of the debt outstanding.

---

## Financial statement matters for the year

---

### Issue

#### 2. Credit account balances in Receivables

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### Observation

The MYOB debtor reconciliation report as at 30 June 2020 includes account balances in credit totalling \$6,409. Majority of this balance had long been outstanding with some credit balances dating back as far as 2010.

---

### Risk

There are several implications of credit balances, including but not limited to:

- The customer overpaid the balance due, causing an immediate liability of Eastern Health Authority;
  - A payment from another customer may be erroneously applied; and
  - The customer had a balance and has been making payments but is given a discount or credit for a legitimate reason.
- 

### Recommendation

We recommend that management should investigate credit balances regularly as part of its periodic review of debtors to ensure they are actioned on a timely basis.

---

### Management response

A review of all credit balances as at 30 June 2020 will be undertaken and settled prior to 30 June 2021. Moving forward investigation of credit balances will be managed as part of the periodic debtors review to ensure timely action is taken.

---

Financial  
statement matters  
for the year

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**Issue**

**3. Contract of employment**

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**Observation**

We noted an instance when an employee was remunerated at 0.8 FTE however, we were not able to obtain the employee's updated employment contract to support the FTE hours. The only available employment contract was dated April 2008 when the employee previously worked at 0.6 FTE.

---

**Risk**

Employment law changes regularly and if employee agreements are not updated and re-signed by the employee, there is a risk that they will become outdated and invalid.

---

**Recommendation**

We recommend that employment agreements should be updated on a periodic basis and re-signed by the employee and employer to document the understanding of the terms of employment.

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**Management response**

All employment agreements will be reviewed prior to 30th June 2021.

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## Financial statement matters for the year

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### Issue

#### 4. High level of annual leave accrued

---

### Observation

There are 2 employees who each have accrued annual leave of more than 370 hours (approximately 10 weeks) as at 30 June 2020.

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### Significance

The high level of accrued annual leave indicate that employees are not taking their entitled leave on a regular basis. Taking leave is important for the health and wellbeing of the employees and allows for some rotation of duties. Keeping accrued leave entitlements low allows the organisation to better manage its commitments and its cash flow

---

### Recommendation

We suggest that management consider the current leave backlog and consider implementing a plan to reduce the outstanding balances over a defined period. Although this may be difficult in the short term, we suggest that consideration be given to this matter over the medium to longer term.

We recommend that employees are encouraged to use their leave entitlements. The maintenance of low accrued leave entitlements will allow the entity to better manage its commitments and cash flow.

---

### Management response

High annual leave accruals will be managed through discussions with relevant staff to ensure entitlements are taken over the medium to long term.

---

Financial  
statement matters  
for the year

---

**Standard**

**AASB 16 - Leases**

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**Audit Comments**

We have reviewed and applied the requirements under AASB 16.

- The operating lease for Unit 3 St Peters Town Hall Complex is to June 2032 and this has resulted in the recognition of a “right of use asset” and lease liability on the balance sheet of \$1.1m at application date.
- There are 8 motor vehicle leases that have also resulted in the recognition of a “right of use asset” and lease liability on the balance sheet of \$87k at application date.

The right of use assets are depreciated on a straight-line basis over the remaining term of the lease and so has been depreciated by \$146k during the year. The lease liability was reduced by the notional principal payment of \$110k during the year.

The profit and loss statement has also been affected by the new accounting standard. The lease payment of \$157k has been replaced by an interest charge of \$47k and the depreciation charge of \$146k, resulting to a net impact of \$36k in the statement of comprehensive income.

---

## Matters for those charged with governance

---

### Fraud

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

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

---

### Legal compliance

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

---

### Financial reporting and accounting policies

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

---

### Going concern

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

---

### Cooperation with management

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

---

## Where you want to be

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

**Contact Bentleys.**

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



Level 5, 63 Pirie St Adelaide South Australia 5000  
Telephone +61 8 8372 7900  
[advice@adel.bentleys.com.au](mailto:advice@adel.bentleys.com.au) | [bentleys.com.au](http://bentleys.com.au)



EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME				
COMPARISON OF AUDITED RESULTS TO PREVIOUS YEARS RESULTS				
FOR THE YEAR ENDING 30 JUNE 2020				
	Audited Result	Actual 2018/2019	Variation from 2018/2019	Variation from 2018/2019
			\$	%
<b>INCOME</b>				
Council Contributions (includes RPHP Review)	1,803,571	1,723,013	80,558	4.5%
Statutory Charges	72,447	150,360	(77,913)	-107.5%
User Charges	330,134	394,577	(64,443)	-19.5%
Grants, subsidies and contributions	245,618	257,814	(12,196)	-5.0%
Investment Income	8,183	16,316	(8,133)	-99.4%
Other Income	4,031	15,841	(11,810)	-293.0%
<b>TOTAL INCOME</b>	<b>2,463,984</b>	<b>2,557,921</b>	<b>(93,937)</b>	<b>-3.8%</b>
<b>EXPENSES</b>				
Employee Costs	1,636,215	1,767,577	(131,362)	-8.0%
Materials, contracts and other expenses	594,507	716,069	(121,562)	-20.4%
Finance Charges	56,305	12,811	43,494	77.2%
Depreciation	190,358	37,355	153,003	80.4%
<b>TOTAL EXPENSES</b>	<b>2,477,385</b>	<b>2,533,812</b>	<b>(56,427)</b>	<b>-2.3%</b>
Operating Surplus/(Deficit)	(13,401)	24,109	(37,510)	
Net gain (loss) on disposal of assets	-	-	-	-
Net Surplus/(Deficit)	(13,401)	24,109	(37,510)	
<b>Total Comprehensive Income</b>	<b>(13,401)</b>	<b>24,109</b>	<b>(37,510)</b>	

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS COMPARISON OF AUDITED RESULTS TO PREVIOUS YEARS RESULTS FOR THE YEAR ENDING 30 JUNE 2020				
	Audited Result	Actual 2018/2019	Variation from 2018/2019	Variation from 2018/2019
			\$	%
<b>CASHFLOWS FROM OPERATING ACTIVITIES</b>				
<b>Receipts</b>				
Council Contributions	1,983,928	1,895,314	88,614	4.5%
Fees & other charges	72,447	157,878	(85,431)	-117.9%
User Charges	373,345	372,381	964	0.3%
Investment Receipts	7,234	16,316	(9,082)	-125.5%
Grants utilised for operating purposes	245,618	257,814	(12,196)	-5.0%
Other	4,031	18,497	(14,466)	-358.9%
<b>Payments</b>				
Employee costs	(1,645,676)	(1,779,142)	133,466	-8.1%
Materials, contracts & other expenses	(802,416)	(974,102)	171,686	
Interest Expense	(57,773)	(14,213)	(43,560)	75.4%
<b>Net Cash Provided/(Used) by Operating Activities</b>	<b>180,738</b>	<b>(49,257)</b>	<b>229,995</b>	
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>				
<b>Loans Received</b>				
Loans Received	-	-	-	
<b>Loan Repayments</b>				
Loan Repayments	(67,488)	(64,392)	(3,096)	4.6%
<b>Repayment of Finance Lease Liabilities</b>				
Repayment of Finance Lease Liabilities	(110,535)	-	(110,535)	
<b>Net Cash Provided/(Used) by Financing Activities</b>	<b>(178,023)</b>	<b>(64,392)</b>	<b>(113,631)</b>	<b>0</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
<b>Receipts</b>				
<b>Sale of Replaced Assets</b>				
Sale of Replaced Assets	-	-	-	
<b>Payments</b>				
Expenditure on renewal / replacements of assets	(24,677)	(19,633)	(5,044)	20.4%
Expenditure on new / upgraded assets	-	-	-	
Distributions paid to constituent Councils	-	-	-	
<b>Net Cash Provided/(Used) by Investing Activities</b>	<b>(24,677)</b>	<b>(19,633)</b>	<b>(5,044)</b>	
<b>NET INCREASE (DECREASE) IN CASH HELD</b>	<b>(21,962)</b>	<b>(133,282)</b>	<b>111,320</b>	
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD</b>	<b>743,272</b>	<b>876,554</b>	<b>(133,282)</b>	
<b>CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD</b>	<b>721,310</b>	<b>743,272</b>	<b>(21,962)</b>	

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION COMPARISON OF AUDITED RESULTS TO PREVIOUS YEARS RESULTS FOR THE YEAR ENDING 30 JUNE 2020				
	Audited Result	Actual 2018/2019	Variation from 2018/2019	Variation from 2018/2019
<b>CURRENT ASSETS</b>			\$	%
Cash and Cash Equivalents	721,310	743,272	(21,962)	-3.0%
Trade & Other Receivables	155,650	168,200	(12,550)	-8.1%
<b>TOTAL CURRENT ASSETS</b>	<b>876,960</b>	<b>911,472</b>	<b>(34,512)</b>	<b>-3.9%</b>
<b>NON-CURRENT ASSETS</b>				
Equipment	1,491,511	324,192	1,167,319	78.3%
<b>TOTAL NON-CURRENT ASSETS</b>	<b>1,491,511</b>	<b>324,192</b>	<b>1,167,319</b>	<b>78.3%</b>
<b>TOTAL ASSETS</b>	<b>2,368,471</b>	<b>1,235,664</b>	<b>1,132,807</b>	<b>47.8%</b>
<b>CURRENT LIABILITIES</b>				
Trade & Other Payables	157,719	149,195	8,524	5.4%
Provisions	307,885	322,578	(14,693)	-4.8%
Borrowings	192,012	64,393	127,619	66.5%
<b>TOTAL CURRENT LIABILITIES</b>	<b>657,616</b>	<b>536,166</b>	<b>121,450</b>	<b>18.5%</b>
<b>NON-CURRENT LIABILITIES</b>				
Provisions	22,268	24,868	(2,600)	-11.7%
Borrowings	1,213,708	186,350	1,027,358	84.6%
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>1,235,976</b>	<b>211,218</b>	<b>1,024,758</b>	<b>82.9%</b>
<b>TOTAL LIABILITIES</b>	<b>1,893,592</b>	<b>747,384</b>	<b>1,146,208</b>	<b>60.5%</b>
<b>NET CURRENT ASSETS/(CURRENT LIABILITIES)</b>	<b>219,344</b>	<b>375,306</b>	<b>(155,962)</b>	<b>-71.1%</b>
<b>NET ASSETS</b>	<b>474,879</b>	<b>488,280</b>	<b>(13,401)</b>	<b>-2.8%</b>
<b>EQUITY</b>				
Accumulated Surplus/(Deficit)	474,878	488,280	(13,402)	-2.8%
<b>TOTAL EQUITY</b>	<b>474,878</b>	<b>488,280</b>	<b>(13,402)</b>	<b>-2.8%</b>

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY COMPARISON OF AUDITED RESULTS TO PREVIOUS YEARS RESULTS FOR THE YEAR ENDING 30 JUNE 2020				
	Audited Result	Actual 2018/2019	Variation from 2018/2019	Variation from 2018/2019
<b>ACCUMULATED SURPLUS</b>			\$	
Balance at beginning of period	488,280	464,171	24,109	
Net Surplus/(Deficit)	(13,401)	24,109	(37,510)	
<b>BALANCE AT END OF PERIOD</b>	<b>474,879</b>	<b>488,280</b>	<b>(13,401)</b>	
<b>TOTAL EQUITY</b>			\$	
Balance at beginning of period	488,280	464,171	24,109	
Net Surplus/(Deficit)	(13,401)	24,109	(37,510)	
<b>BALANCE AT END OF PERIOD</b>	<b>474,879</b>	<b>488,280</b>	<b>(13,401)</b>	

## 5.2 REPORT ON FINANCIAL RESULTS FOR THE YEAR ENDED 30 JUNE 2020

Author: Michael Livori

Ref: AF19/143

### Summary

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

### Report

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

The EHA Audit Committee considered the information in this report at its meeting of 26 August 2020.

### Statement of Comprehensive Income

- Total Operating Income was \$52,136 (-2%) less than budgeted.
- Total Operating Expenditure was \$66,735 (-3%) less than budgeted.
- More detail in relation to income and expenditure variations is provided later in the report (see Funding Statement section of report).
- The operating result estimate was a deficit of \$13,401 compared to a budgeted result of a \$28,000 deficit.
- The operating result is an improvement of \$14,599 on the budgeted result.
- The operating result was negatively impacted by the application of AAASB Standard 16 Leases by \$35,910.

### Statement of Cash Flow

- Cash and Cash Equivalents (C&CE) at the End of Reporting Period was \$721,310.
- C&CE were \$53,526 more than the adopted budget estimate – refer Note 7

### Statement of Financial Position

- Total Assets are \$2,368, 471.
- Total Assets are \$1,228,295 more than budgeted estimate.

- The significant variation is due to the application of AAASB Standard 16 Leases which requires the estimated value of leases to be treated as an asset (Equipment) on Balance Sheet. EHA has a long-term rental lease for its office facility in the St Peters library Complex and a number of short-term motor vehicle leases (value of leases – see Note 10).
- Total liabilities are \$1,893,593.
- Total liabilities are \$1,213,696 more than budgeted estimate.
- The significant variation is due to the application of AAASB Standard 16 Leases which requires the estimated costs of maintaining leases to be treated as a liability (Borrowings) on Balance Sheet. EHA has a long-term rental lease for its office facility in the St Peters library Complex and a number of short-term motor vehicle leases (value of leases - see Note 10)

Total Equity is \$474,878 which is \$14,598 more than the budgeted estimate.

#### Statement of Changes in Equity

The net deficit was \$14,599 less (favourable) than the budgeted estimate.

Total Equity at the end of the reporting period is \$474,879, a \$14,599 improvement on the adopted budget estimate.

#### Eastern Health Authority Funding Statement 2019/2020

EHA's Funding Statement 2019/2020 provides more detailed information in relation to individual budget line performance against the Revised Budget. The Funding Statement is provided as attachment 2.

The table below details income variations against the Revised Budget of greater than \$5,000 and where appropriate an explanation for the variation. Unfavourable variations are shown in red, while favourable variations are green.

Income Variations		
Budget Line	Variation	Reason
Food Inspection Fees	(\$16,788)	Food Inspection fee relief in response to COVID-19.
Fines	(\$15,889)	Less fines issued
Non-funded vaccines	\$12,341	Sale of Men B vaccine at Public Clinics
Worksite Immunisation	(\$6,201)	Reduced numbers provided
Child Immunisation register	(\$6,690)	Less contribution received for 0-5 years of age
Interest	(\$6,817)	Reduced interest rates on cash holdings

The variation in relation to total actual income received as compared to budgeted income is **(\$52,136)** or **-2.1%** (Actual \$2,463,984 / Budgeted \$2,516,120).

The following table details expenditure variations of greater than \$5,000 and where appropriate an explanation for the variation. Unfavourable variations are shown in red, while favourable variations are green.

Expenditure Variations		
Budget Line	Variation	Reason
Total Employee Costs	<b>(\$76,785)</b>	Adjustment in staffing, staff on long term leave, time in replacing staff
Vehicle Lease/Maintenance	<b>(\$51,235)</b>	Application of AAASB Standard 16 Leases – impact on vehicle lease cost treatment
Rent	<b>(\$106,700)</b>	Application of AAASB Standard 16 Leases – impact on rent (not treated as operating expense)
IT Support	<b>\$9,588</b>	Cyber Security improvements and Operational changes resulting from COVID-19
Fringe Benefits Tax	<b>(\$7,553)</b>	Less Tax Paid
Legal	<b>(\$6,395)</b>	Reduced Legal Costs
Staff Training	<b>(\$15,157)</b>	Reduced training spend, impact of COVID-19
Immunisation Consumables	<b>\$6,307</b>	Additional equipment and supplies due to COVID-19
Clinic Vaccines	<b>\$8,082</b>	Increase demand for vaccines for sale at Public Clinics
Finance Charges	<b>\$45,185</b>	Application of AAASB Standard 16 Leases – recognise interest on leases
Depreciation	<b>\$140,358</b>	Application of AAASB Standard 16 Leases – recognise amortisation of leases as operating expense

The variation in relation to total operating expenditure as compared to budgeted expenditure is **(\$66,735)** or **-2.6%** (Actual \$2,477,385 Budgeted \$2,544,120).

The **Net Operating Result** was a deficit of \$13,401. The budgeted operating result estimate was a deficit of \$28,000. The result was an improvement of \$14,599.

Application of AASB Standard 16 Leases had a \$35,910 negative impact on result.

The Net Operating result is in effect equivalent to a \$50,509 improvement on budget estimate.

The Funding Result which considers depreciation add back, capital expenditure and loan repayments was (\$25,446). This was a \$50,022 improvement on the budgeted funding result estimate of (\$75,488).

**RECOMMENDATION**

That:

The report on Financial Results for the Year Ending 30 June 2020 is received.

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME								
COMPARISON OF AUDITED RESULTS TO BUDGET								
FOR THE YEAR ENDING 30 JUNE 2020								
	ADOPTED BUDGET 2019/2020	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2019/2020	AUDITED RESULT 2019/2020	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET
							\$	%
<b>INCOME</b>								
Council Contributions (includes RPHP Review)	1,807,120	-	-	-	1,807,120	1,803,571	(3,549)	0%
Statutory Charges	180,000	-	-	(75,000)	105,000	72,447	(32,553)	-31%
User Charges	331,000	-	-	(2,000)	329,000	330,134	1,134	0%
Grants, subsidies and contributions	244,000	-	-	7,000	251,000	245,618	(5,382)	-2%
Investment Income	15,000	-	-	-	15,000	8,183	(6,817)	-45%
Other Income	19,000	-	-	(10,000)	9,000	4,031	(4,969)	-55%
<b>TOTAL INCOME</b>	<b>2,596,120</b>	<b>-</b>	<b>-</b>	<b>(80,000)</b>	<b>2,516,120</b>	<b>2,463,984</b>	<b>(52,136)</b>	<b>-2%</b>
<b>EXPENSES</b>								
Employee Costs	1,805,000	-	-	(92,000)	1,713,000	1,636,215	(76,785)	-4%
Materials, contracts and other expenses	758,000	40,000	-	(28,000)	770,000	594,507	(175,493)	-23%
Finance Charges	11,120	-	-	-	11,120	56,305	45,185	406%
Depreciation	50,000	-	-	-	50,000	190,358	140,358	281%
<b>TOTAL EXPENSES</b>	<b>2,624,120</b>	<b>40,000</b>	<b>-</b>	<b>(120,000)</b>	<b>2,544,120</b>	<b>2,477,385</b>	<b>(66,735)</b>	<b>-3%</b>
Operating Surplus/(Deficit)	(28,000)	(40,000)	-	40,000	(28,000)	(13,401)	14,599	
Net gain (loss) on disposal of assets	-	-	-	-	-	-	-	
Net Surplus/(Deficit)	(28,000)	(40,000)	-	40,000	(28,000)	(13,401)	14,599	
Total Comprehensive Income	(28,000)	(40,000)	-	40,000	(28,000)	(13,401)	14,599	

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION									
COMPARISON OF AUDITED RESULTS TO BUDGET									
FOR THE YEAR ENDING 30 JUNE 2020									
	ADOPTED BUDGET 2019/2020	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2019/2020	AUDITED RESULT	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET	
							\$	%	
<b>CURRENT ASSETS</b>									
Cash and Cash Equivalents	776,673	(108,889)	-	-	667,784	721,310	53,526	8%	
Trade & Other Receivables	122,329	45,871	-	-	168,200	155,650	(12,550)	-7%	
<b>TOTAL CURRENT ASSETS</b>	<b>899,002</b>	<b>(63,018)</b>	<b>-</b>	<b>-</b>	<b>835,984</b>	<b>876,960</b>	<b>40,976</b>	<b>5%</b>	
<b>NON-CURRENT ASSETS</b>									
Equipment	281,914	22,278	-	-	304,192	1,491,511	1,187,319	390%	
<b>TOTAL NON-CURRENT ASSETS</b>	<b>281,914</b>	<b>22,278</b>	<b>-</b>	<b>-</b>	<b>304,192</b>	<b>1,491,511</b>	<b>1,187,319</b>	<b>390%</b>	
<b>TOTAL ASSETS</b>	<b>1,180,916</b>	<b>(40,740)</b>	<b>-</b>	<b>-</b>	<b>1,140,176</b>	<b>2,368,471</b>	<b>1,228,295</b>	<b>395%</b>	
<b>CURRENT LIABILITIES</b>									
Trade & Other Payables	197,380	(48,185)	-	-	149,195	157,719	8,524	6%	
Provisions	325,421	(2,843)	-	-	322,578	307,885	(14,693)	-5%	
Borrowings	67,488	(3,095)	-	-	64,393	192,012	127,619	198%	
<b>TOTAL CURRENT LIABILITIES</b>	<b>590,289</b>	<b>(54,123)</b>	<b>-</b>	<b>-</b>	<b>536,166</b>	<b>657,616</b>	<b>121,450</b>	<b>23%</b>	
<b>NON-CURRENT LIABILITIES</b>									
Provisions	38,690	(13,822)	-	-	24,868	22,268	(2,600)	-10%	
Borrowings	115,766	3,096	-	-	118,862	1,213,708	1,094,846	921%	
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>154,456</b>	<b>(10,726)</b>	<b>-</b>	<b>-</b>	<b>143,730</b>	<b>1,235,976</b>	<b>1,092,246</b>	<b>760%</b>	
<b>TOTAL LIABILITIES</b>	<b>744,745</b>	<b>(64,849)</b>	<b>-</b>	<b>-</b>	<b>679,896</b>	<b>1,893,592</b>	<b>1,213,696</b>	<b>179%</b>	
<b>NET CURRENT ASSETS/(CURRENT LIABILITIES)</b>	<b>308,713</b>	<b>(8,895)</b>	<b>-</b>	<b>-</b>	<b>299,818</b>	<b>219,344</b>	<b>(80,474)</b>	<b>-27%</b>	
<b>NET ASSETS</b>	<b>436,171</b>	<b>24,109</b>	<b>-</b>	<b>-</b>	<b>460,280</b>	<b>474,879</b>	<b>14,599</b>	<b>3%</b>	
<b>EQUITY</b>									
Accumulated Surplus/(Deficit)	436,171	24,109	-	-	460,280	474,878	14,599	3%	
<b>TOTAL EQUITY</b>	<b>436,171</b>	<b>24,109</b>	<b>-</b>	<b>-</b>	<b>460,280</b>	<b>474,878</b>	<b>14,599</b>	<b>3%</b>	

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS									
COMPARISON OF AUDITED RESULTS TO BUDGET									
FOR THE YEAR ENDING 30 JUNE 2020									
	ADOPTED BUDGET 2019/2020	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2019/2020	AUDITED RESULT	VARIATION AGAINST ADOPTED BUDGET	VARIATION AGAINST ADOPTED BUDGET	
<b>CASHFLOWS FROM OPERATING ACTIVITIES</b>							\$	%	
Receipts									
Council Contributions	1,807,120	40,000	-	(40,000)	1,807,120	1,983,928	176,808	10%	
Fees & other charges	180,000	-	-	(75,000)	105,000	72,447	(32,553)	-31%	
User Charges	331,000	-	-	(2,000)	329,000	373,345	44,345	13%	
Investment Receipts	15,000	-	-	-	15,000	7,234	(7,766)	-52%	
Grants utilised for operating purposes	244,000	-	-	7,000	251,000	245,618	(5,382)	-2%	
Other	19,000	-	-	(10,000)	9,000	4,031	(4,969)	-55%	
Payments									
Employee costs	(1,805,000)	-	-	92,000	(1,713,000)	(1,645,676)	67,324	-4%	
Materials, contracts & other expenses	(758,000)	(40,000)	-	28,000	(770,000)	(802,416)	(32,416)	4%	
Interest Expense	(11,120)	-	-	-	(11,120)	(57,773)	(46,653)	420%	
Net Cash Provided/(Used) by Operating Activities	22,000	-	-	-	22,000	180,738	158,738		
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>									
Loans Received	-	-	-	-	-	-	-	-	
Loan Repayments	(67,488)	-	-	-	(67,488)	(67,488)	-	-	
Repayment of Finance Lease Liabilities	-	-	-	-	-	(110,535)	(110,535)	-	
Net Cash Provided/(Used) by Financing Activities	(67,488)	-	-	-	(67,488)	(178,023)	(110,535)	-	
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>									
Receipts									
Sale of Replaced Assets	-	-	-	-	-	-	-	-	
Payments									
Expenditure on renewal / replacements of assets	(30,000)	-	-	-	(30,000)	(24,677)	5,323		
Expenditure on new / upgraded assets	-	-	-	-	-	-	-	-	
Distributions paid to constituent Councils	-	-	-	-	-	-	-	-	
Net Cash Provided/(Used) by Investing Activities	(30,000)	-	-	-	(30,000)	(24,677)	5,323		
<b>NET INCREASE (DECREASE) IN CASH HELD</b>	<b>(75,488)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(75,488)</b>	<b>(21,962)</b>	<b>53,526</b>		
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD</b>	<b>852,161</b>	<b>(108,889)</b>	<b>-</b>	<b>-</b>	<b>743,272</b>	<b>743,272</b>	<b>-</b>		
<b>CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD</b>	<b>776,673</b>	<b>(108,889)</b>	<b>-</b>	<b>-</b>	<b>667,784</b>	<b>721,310</b>	<b>53,526</b>		

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY								
COMPARISON OF AUDITED RESULTS TO BUDGET								
FOR THE YEAR ENDING 30 JUNE 2020								
	ADOPTED BUDGET 2019/2020	SEPTEMBER REVIEW	DECEMBER REVIEW	MARCH REVIEW	REVISED BUDGET 2019/2020	AUDITED RESULT	VARIATION AGAINST REVISED BUDGET	VARIATION AGAINST REVISED BUDGET
<b>ACCUMULATED SURPLUS</b>							\$	%
Balance at beginning of period	464,171	24,109		-	488,280	488,280	-	0%
Net Surplus/(Deficit)	(28,000)	(40,000)	-	40,000	(28,000)	(13,401)	14,599	-52%
<b>BALANCE AT END OF PERIOD</b>	<b>436,171</b>	<b>(15,891)</b>	<b>-</b>	<b>40,000</b>	<b>460,280</b>	<b>474,879</b>	<b>14,599</b>	<b>3%</b>
<b>TOTAL EQUITY</b>							\$	%
Balance at beginning of period	464,171	24,109		-	488,280	488,280	-	0%
Net Surplus/(Deficit)	(28,000)	-	-	-	(28,000)	(13,401)	14,599	-52%
<b>BALANCE AT END OF PERIOD</b>	<b>436,171</b>	<b>24,109</b>	<b>-</b>	<b>-</b>	<b>460,280</b>	<b>474,879</b>	<b>14,599</b>	<b>3%</b>

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2019/2020				
COMPARISON OF BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2020				
Income	Adopted Budget 2019-2020	Revised Budget	Actual Result	Variation to Revised Budget
<b>Constituent Council Income</b>				
City of Burnside	\$ 437,022	\$ 437,022	\$ 437,022	\$ -
City of Campbelltown	\$ 426,994	\$ 426,994	\$ 426,994	\$ -
City of Norwood Payneham & St Peters	\$ 559,954	\$ 559,954	\$ 559,954	\$ -
City of Prospect	\$ 230,650	\$ 230,650	\$ 230,650	\$ -
Town of Walkerville	\$ 102,500	\$ 102,500	\$ 102,500	\$ -
Public Health Plan Review and Service Review (cc to share 5 x10K)	\$ 50,000	\$ 50,000	\$ 46,451	\$ (3,549)
<b>Total Constituent Council Contributions</b>	<b>\$ 1,807,120</b>	<b>\$ 1,807,120</b>	<b>\$ 1,803,571</b>	<b>\$ (3,549)</b>
<b>Statutory Charges</b>				
Food Inspection fees	\$ 120,000	\$ 70,000	\$ 53,213	\$ (16,788)
Legionella registration and Inspection	\$ 8,000	\$ 8,000	\$ 8,603	\$ 603
SRF Licenses	\$ 2,000	\$ 2,000	\$ 1,520	\$ (480)
Fines	\$ 50,000	\$ 25,000	\$ 9,111	\$ (15,889)
<b>Total Statutory Charges</b>	<b>\$ 180,000</b>	<b>\$ 105,000</b>	<b>\$ 72,447</b>	<b>\$ (32,553)</b>
<b>User Charges</b>				
Immunisation - non funded vaccines	\$ 45,000	\$ 75,000	\$ 87,341	\$ 12,341
Immunisation - Worksites	\$ 105,000	\$ 105,000	\$ 98,799	\$ (6,201)
Food Auditing	\$ 70,000	\$ 85,000	\$ 84,428	\$ (572)
City of Unley	\$ 107,000	\$ 60,000	\$ 59,566	\$ (434)
Food Safety Training	\$ 4,000	\$ 4,000	\$ -	\$ (4,000)
<b>Total User Charges</b>	<b>\$ 331,000</b>	<b>\$ 329,000</b>	<b>\$ 330,134</b>	<b>\$ 1,134</b>
<b>Grants, Subsidies, Contributions</b>				
School Based immunisation Program	\$ 212,000	\$ 219,000	\$ 220,308	\$ 1,308
Meningococcal B Study	\$ -	\$ -	\$ -	\$ -
Child Immunisation register	\$ 32,000	\$ 32,000	\$ 25,310	\$ (6,690)
<b>Total Grants, Subsidies, Contributions</b>	<b>\$ 244,000</b>	<b>\$ 251,000</b>	<b>\$ 245,618</b>	<b>\$ (5,382)</b>
<b>Investment Income</b>				
Interest on investments	\$ 15,000	\$ 15,000	\$ 8,183	\$ (6,817)
<b>Total Investment Income</b>	<b>\$ 15,000</b>	<b>\$ 15,000</b>	<b>\$ 8,183</b>	<b>\$ (6,817)</b>
<b>Other Income</b>				
Motor Vehicle re-imburements	\$ 12,000	\$ 2,000	\$ 1,627	\$ (373)
Sundry Income	\$ 7,000	\$ 7,000	\$ 2,404	\$ (4,596)
<b>Total Other Income</b>	<b>\$ 19,000</b>	<b>\$ 9,000</b>	<b>\$ 4,031</b>	<b>\$ (4,969)</b>
<b>Total of non Constituent Council Income</b>	<b>\$ 789,000</b>	<b>\$ 709,000</b>	<b>\$ 660,413</b>	<b>\$ (48,587)</b>
<b>Total Income</b>	<b>\$ 2,596,120</b>	<b>\$ 2,516,120</b>	<b>\$ 2,463,984</b>	<b>\$ (52,136)</b>

EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2019/2020 (CONT)				
COMPARISON OF BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2019 (cont)				
Expenditure	Adopted Budget 2019-2020	Revised Budget	Actual Result	Variation to Revised Budget
<b>Employee Costs</b>				
Salaries & Wages	\$ 1,616,000	\$ 1,526,000	\$ 1,453,727	\$ (72,273)
Superannuation	\$ 135,000	\$ 133,000	\$ 136,232	\$ 3,232
Workers Compensation	\$ 17,000	\$ 17,000	\$ 18,441	\$ 1,441
Employee Leave Expense	\$ 34,000	\$ 34,000	\$ 9,091	\$ (24,909)
Medical Officer Retainer and Agency Staff	\$ 3,000	\$ 3,000	\$ 18,724	\$ 15,724
<b>Total Employee Costs</b>	<b>\$ 1,805,000</b>	<b>\$ 1,713,000</b>	<b>\$ 1,636,215</b>	<b>\$ (76,785)</b>
<b>Prescribed Expenses</b>				
Auditing and Accounting	\$ 17,000	\$ 17,000	\$ 12,967	\$ (4,034)
Bad and Doubtful Debts	\$ -	\$ -	\$ 1,227	\$ 1,227
Insurance	\$ 27,000	\$ 27,000	\$ 28,817	\$ 1,817
Maintenance	\$ 45,000	\$ 45,000	\$ 42,636	\$ (2,364)
Vehicle Leasing/maintenance	\$ 76,000	\$ 68,000	\$ 16,765	\$ (51,235)
<b>Total Prescribed Expenses</b>	<b>\$ 165,000</b>	<b>\$ 157,000</b>	<b>\$ 102,412</b>	<b>\$ (54,588)</b>
<b>Rent and Plant Leasing</b>				
Electricity	\$ 10,000	\$ 10,000	\$ 10,808	\$ 808
Plant Leasing Photocopier	\$ 3,500	\$ 3,500	\$ 3,485	\$ (15)
Rent	\$ 106,700	\$ 106,700	\$ -	\$ (106,700)
Water	\$ 300	\$ 300	\$ 271	\$ (29)
Gas	\$ 3,000	\$ 3,000	\$ 1,854	\$ (1,146)
<b>Total Rent and Plant Leasing</b>	<b>\$ 123,500</b>	<b>\$ 123,500</b>	<b>\$ 16,417</b>	<b>\$ (107,083)</b>
<b>IT Licensing and Support</b>				
IT Licences	\$ 63,000	\$ 63,000	\$ 66,051	\$ 3,051
IT Support	\$ 68,000	\$ 68,000	\$ 77,588	\$ 9,588
Internet	\$ 10,000	\$ 10,000	\$ 11,906	\$ 1,906
IT Other	\$ 2,000	\$ 2,000	\$ 6,063	\$ 4,063
<b>Total IT Licensing and Support</b>	<b>\$ 143,000</b>	<b>\$ 143,000</b>	<b>\$ 161,608</b>	<b>\$ 18,608</b>
<b>Administration</b>				
Administration Sundry	\$ 7,000	\$ 7,000	\$ 4,776	\$ (2,224)
Accreditation Fees	\$ 3,000	\$ 3,000	\$ 3,656	\$ 656
Board of Management	\$ 13,000	\$ 13,000	\$ 11,144	\$ (1,856)
Bank Charges	\$ 4,000	\$ 4,000	\$ 2,872	\$ (1,128)
Public Health Sundry	\$ 5,000	\$ 5,000	\$ 1,616	\$ (3,384)
Fringe Benefits Tax	\$ 20,000	\$ 20,000	\$ 12,447	\$ (7,553)
Health promotion	\$ 5,000	\$ 5,000	\$ 3,214	\$ (1,786)
Legal	\$ 20,000	\$ 20,000	\$ 13,605	\$ (6,395)
Printing & Stationery & Postage	\$ 25,000	\$ 20,000	\$ 15,088	\$ (4,912)
Telephone	\$ 19,000	\$ 19,000	\$ 18,923	\$ (77)
Work Health and Safety	\$ 10,000	\$ 10,000	\$ 7,892	\$ (2,108)
Rodenticide	\$ 2,000	\$ 2,000	\$ 1,224	\$ (776)
Staff Amenities	\$ 7,000	\$ 7,000	\$ 2,407	\$ (4,593)
Staff Training	\$ 22,000	\$ 22,000	\$ 6,843	\$ (15,157)
Human Resource / Organisational Development	\$ 16,000	\$ 16,000	\$ 18,983	\$ 2,983
<b>Total Administration</b>	<b>\$ 178,000</b>	<b>\$ 173,000</b>	<b>\$ 124,689</b>	<b>\$ (48,311)</b>
<b>Immunisation</b>				
Immunisation SBP Consumables	\$ 10,000	\$ 10,000	\$ 16,307	\$ 6,307
Immunisation clinic vaccines	\$ 33,000	\$ 58,000	\$ 66,082	\$ 8,082
Immunisation worksite vaccines	\$ 30,000	\$ 30,000	\$ 34,623	\$ 4,623
<b>Total Immunisation</b>	<b>\$ 73,000</b>	<b>\$ 98,000</b>	<b>\$ 117,013</b>	<b>\$ 19,013</b>
<b>Income protection</b>				
Income Protection	\$ 23,000	\$ 23,000	\$ 24,177	\$ 1,177
<b>Total Uniforms/Income protection</b>	<b>\$ 23,000</b>	<b>\$ 23,000</b>	<b>\$ 24,177</b>	<b>\$ 1,177</b>
<b>Sampling</b>				
Legionella Testing	\$ 1,500	\$ 1,500	\$ 1,740	\$ 240
Food Sampling	\$ 1,000	\$ 1,000	\$ -	\$ (1,000)
<b>Total Sampling</b>	<b>\$ 2,500</b>	<b>\$ 2,500</b>	<b>\$ 1,740</b>	<b>\$ (760)</b>
<b>New Initiatives</b>				
Public Health Plan Review and Service Review	\$ 50,000	\$ 50,000	\$ 46,450	\$ (3,550)
Service/Governance Review	\$ -	\$ -	\$ -	\$ -
<b>Total New Initiatives</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>	<b>\$ 46,450</b>	<b>\$ (3,550)</b>

<b>EASTERN HEALTH AUTHORITY FUNDING STATEMENT 2019/2020 (CONT)</b>				
<b>COMPARISON OF BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2019 (cont)</b>				
<b>Expenditure</b>	<b>Adopted Budget 2019-2020</b>	<b>Revised Budget</b>	<b>Actual Result</b>	<b>Variation to Revised Budget</b>
Total Materials, contracts and other expenses	\$ 758,000	\$ 770,000	\$ 594,507	\$ (175,493)
Total Operating Expenditure	\$ 2,563,000	\$ 2,483,000	\$ 2,230,722	\$ (252,278)
Finance Charges	\$ 11,120	\$ 11,120	\$ 56,305	\$ 45,185
Depreciation, amortisation and impairment	\$ 50,000	\$ 50,000	\$ 190,358	\$ 140,358
Total Expenditure	\$ 2,624,120	\$ 2,544,120	\$ 2,477,385	\$ (66,735)
Total Income	\$ 2,596,120	\$ 2,516,120	\$ 2,463,984	\$ (52,136)
Net Surplus/Deficit	\$ (28,000)	\$ (28,000)	\$ (13,401)	\$ 14,599
Depreciation Add Back	\$ 50,000	\$ 50,000	\$ 43,913	\$ (6,087)
Less Amortisation Add Back	\$ -	\$ -	\$ 36,188	\$ -
Loans Received	\$ -	\$ -	\$ -	\$ -
Capital Expenditure - plant and Equipment	\$ (30,000)	\$ (30,000)	\$ (24,677)	\$ 5,323
Capital Expenditure - Office Fit-out	\$ -	\$ -	\$ -	\$ -
Loan Repayments	\$ (67,488)	\$ (67,488)	\$ (67,489)	\$ (1)
Funding Result	\$ (75,488)	\$ (75,488)	\$ (25,466)	\$ 50,022

### 5.3 LONG-TERM FINANCIAL PLAN REVISED FINANCIAL ESTIMATES

**Author:** Michael Livori  
**Ref:** AF13/78

#### Summary

This report provides updated Long-Term Financial Estimates for consideration by the Board of Management.

#### Report

The purpose of the EHA LTFP is to express, in financial terms, the activities that EHA proposes to undertake over the medium to longer term to achieve its stated objectives as outlined in its Charter and Business Plan.

EHA is an operational based organisation focused on meeting the regulatory requirements of its member councils. Unlike its Constituent Councils it is not responsible for managing a high level of long-lived assets.

The one exception to this is the upgrade of office accommodation at EHA's St Peters office which occurred in 2012. A 10 year loan (final payment to be made in July 2022) from the LGFA was used to fund the required office accommodation.

The LTFP is, apart from the loan, simply a projection of current operating arrangements moving forward.

The Long-Term Financial Plan revised estimates were presented to and consider by the EHA Audit Committee at its meeting of 26 August 2020 (provided as attachment 1).

In light of the current economic climate the key assumptions used to develop the Long-Term financial estimates have not been changed. The table below details the current figures used.

	<b>Current</b>
Growth	1.2%
CPI	1.5%
Wages	2.5%
Materials	1.5%

The committee were comfortable with this approach and resolved that the revised estimates be presented to the Board of Management for consideration.

#### RECOMMENDATION

That:

1. Long-Term Financial Plan revised financial estimates report is received.

Eastern Health Authority Long Term Financial Plan Mode ESTIMATED COMPREHENSIVE INCOME STATEMENT												
Year Ended 30 June:	2020 Actual	2021 Estimate	2022 Plan Year 1	2023 Plan Year 2	2024 Plan Year 3	2025 Plan Year 4	2026 Plan Year 5	2027 Plan Year 6	2028 Plan Year 7	2029 Plan Year 8	2030 Plan Year 9	2031 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>INCOME</b>												
Constituent Council Contributions	1,803,571	1,830,675	1,839,024	1,888,678	1,939,673	1,992,045	2,045,831	2,101,068	2,157,797	2,216,058	2,275,892	2,337,342
Statutory Charges	72,447	180,500	183,208	185,956	188,745	191,577	194,450	197,366	200,327	203,332	206,381	209,477
User Charges	330,134	270,000	274,050	278,161	282,333	286,568	290,867	295,231	299,659	304,154	308,717	313,348
Grants, subsidies, contributions	245,618	252,000	215,180	218,408	221,685	225,010	228,385	231,811	235,288	238,818	242,401	246,037
Investment Income	8,183	15,000	7,228	6,205	5,287	5,903	6,154	6,879	7,683	8,790	10,116	11,733
Other Income	4,031	6,999	7,104	7,211	7,319	7,429	7,540	7,653	7,768	7,885	8,003	8,123
<b>Total Revenues</b>	<b>2,463,984</b>	<b>2,555,174</b>	<b>2,525,794</b>	<b>2,584,619</b>	<b>2,645,042</b>	<b>2,708,532</b>	<b>2,773,227</b>	<b>2,840,008</b>	<b>2,908,522</b>	<b>2,979,037</b>	<b>3,051,510</b>	<b>3,126,060</b>
<b>EXPENSES</b>												
Employee costs	1,636,215	1,762,000	1,805,870	1,850,835	1,896,921	1,944,155	1,992,568	2,042,188	2,093,046	2,145,172	2,198,598	2,253,358
Materials, contracts & other expenses	594,506	573,816	566,105	600,491	609,498	618,642	627,921	637,341	646,900	656,601	666,448	676,446
Depreciation	190,358	201,278	156,235	124,475	124,475	124,475	124,475	124,475	124,475	124,475	124,475	124,475
Finance Costs	56,305	50,660	56,854	49,701	46,788	44,037	41,530	38,666	35,740	32,594	29,296	25,801
Other Expenses	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Expenses</b>	<b>2,477,384</b>	<b>2,587,754</b>	<b>2,585,064</b>	<b>2,625,502</b>	<b>2,677,682</b>	<b>2,731,309</b>	<b>2,786,494</b>	<b>2,842,670</b>	<b>2,900,161</b>	<b>2,958,842</b>	<b>3,018,817</b>	<b>3,080,080</b>
<b>OPERATING SURPLUS/(DEFICIT) BEFORE CAPITAL AMOUNTS</b>	<b>(13,400)</b>	<b>(32,580)</b>	<b>(59,270)</b>	<b>(40,883)</b>	<b>(32,640)</b>	<b>(22,777)</b>	<b>(13,267)</b>	<b>(2,662)</b>	<b>8,361</b>	<b>20,195</b>	<b>32,693</b>	<b>45,980</b>
Net gain/(loss) on disposal or revaluations	0	0	0	0	0	0	0	0	0	0	0	0
Amounts specifically for new assets	0	0	0	0	0	0	0	0	0	0	0	0
<b>NET SURPLUS/(DEFICIT)</b>	<b>(13,400)</b>	<b>(32,580)</b>	<b>(59,270)</b>	<b>(40,883)</b>	<b>(32,640)</b>	<b>(22,777)</b>	<b>(13,267)</b>	<b>(2,662)</b>	<b>8,361</b>	<b>20,195</b>	<b>32,693</b>	<b>45,980</b>
<b>Other Comprehensive Income</b>												
Changes in revaluation surplus - IPP&E	0	0	0	0	50,022	0	0	0	0	22,154	0	0
<b>Total Other Comprehensive Income</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50,022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,154</b>	<b>0</b>	<b>0</b>
<b>TOTAL COMPREHENSIVE INCOME</b>	<b>(13,400)</b>	<b>(32,580)</b>	<b>(59,270)</b>	<b>(40,883)</b>	<b>17,382</b>	<b>(22,777)</b>	<b>(13,267)</b>	<b>(2,662)</b>	<b>8,361</b>	<b>42,349</b>	<b>32,693</b>	<b>45,980</b>

Eastern Health Authority Long Term Financial Plan Mode ESTIMATED BALANCE SHEET												
Year Ended 30 June:	2020 Actual	2021 Estimate	2022 Plan Year 1	2023 Plan Year 2	2024 Plan Year 3	2025 Plan Year 4	2026 Plan Year 5	2027 Plan Year 6	2028 Plan Year 7	2029 Plan Year 8	2030 Plan Year 9	2031 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>ASSETS</b>												
<b>Current Assets</b>												
Cash & Equivalent Assets	721,310	605,689	590,760	578,685	605,243	622,966	652,830	684,936	724,939	770,719	824,103	884,975
Trade & Other Receivables	155,650	155,650	157,985	160,355	162,760	165,201	167,679	170,194	172,747	175,338	177,968	180,638
Investments & Other Financial Assets	0	0	0	0	0	0	0	0	0	0	0	0
Inventories	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total	876,960	761,339	748,745	739,040	768,003	788,167	820,509	855,130	897,686	946,057	1,002,071	1,065,613
Non-current assets held for sale	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Current Assets</b>	<b>876,960</b>	<b>761,339</b>	<b>748,745</b>	<b>739,040</b>	<b>768,003</b>	<b>788,167</b>	<b>820,509</b>	<b>855,130</b>	<b>897,686</b>	<b>946,057</b>	<b>1,002,071</b>	<b>1,065,613</b>
<b>Non-Current Assets</b>												
Receivables	0	0	0	0	0	0	0	0	0	0	0	0
Other Financial Assets	0	0	0	0	0	0	0	0	0	0	0	0
Equity Accounted Investments in Council Businesses	0	0	0	0	0	0	0	0	0	0	0	0
Investment Property	0	0	0	0	0	0	0	0	0	0	0	0
Infrastructure, Property, Plant & Equipment	1,491,511	1,290,233	1,133,998	1,009,523	935,070	810,595	686,120	561,645	437,170	334,849	210,374	85,899
Inventories	0	0	0	0	0	0	0	0	0	0	0	0
Other Non-Current Assets	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Non-Current Assets</b>	<b>1,491,511</b>	<b>1,290,233</b>	<b>1,133,998</b>	<b>1,009,523</b>	<b>935,070</b>	<b>810,595</b>	<b>686,120</b>	<b>561,645</b>	<b>437,170</b>	<b>334,849</b>	<b>210,374</b>	<b>85,899</b>
<b>Total Assets</b>	<b>2,368,471</b>	<b>2,051,572</b>	<b>1,882,743</b>	<b>1,748,563</b>	<b>1,703,073</b>	<b>1,598,762</b>	<b>1,506,629</b>	<b>1,416,775</b>	<b>1,334,856</b>	<b>1,280,906</b>	<b>1,212,445</b>	<b>1,151,512</b>
<b>LIABILITIES</b>												
<b>Current Liabilities</b>												
Trade & Other Payables	157,719	157,719	154,926	155,265	159,667	158,638	160,337	160,675	161,701	162,388	163,250	164,031
Borrowings	262,051	137,049	90,367	81,464	86,028	90,768	95,699	100,830	106,166	111,717	117,489	126,090
Provisions	307,885	307,885	327,231	329,467	340,663	347,631	357,054	365,558	374,858	384,094	393,710	403,491
Other Current Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total	727,655	602,653	572,524	566,196	586,358	597,037	613,090	627,063	642,725	658,199	674,449	693,612
Liabilities Relating to Non-Current Assets held for sale	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Current Liabilities</b>	<b>727,655</b>	<b>602,653</b>	<b>572,524</b>	<b>566,196</b>	<b>586,358</b>	<b>597,037</b>	<b>613,090</b>	<b>627,063</b>	<b>642,725</b>	<b>658,199</b>	<b>674,449</b>	<b>693,612</b>
<b>Non-Current Liabilities</b>												
Trade & Other Payables	22,268	0	10,937	5,432	8,426	6,981	7,761	7,426	7,650	7,594	7,679	7,693
Borrowings	1,143,668	1,006,619	916,252	834,788	748,760	657,992	562,293	461,463	355,297	243,580	126,091	1
Provisions	0	0	0	0	0	0	0	0	0	0	0	0
Other Non-Current Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Non-Current Liabilities</b>	<b>1,165,936</b>	<b>1,006,619</b>	<b>927,189</b>	<b>840,220</b>	<b>757,186</b>	<b>664,973</b>	<b>570,054</b>	<b>468,889</b>	<b>362,947</b>	<b>251,174</b>	<b>133,770</b>	<b>7,694</b>
<b>Total Liabilities</b>	<b>1,893,591</b>	<b>1,609,272</b>	<b>1,499,713</b>	<b>1,406,416</b>	<b>1,343,544</b>	<b>1,262,010</b>	<b>1,183,144</b>	<b>1,095,952</b>	<b>1,005,672</b>	<b>909,373</b>	<b>808,219</b>	<b>701,306</b>

<b>NET ASSETS</b>	<b>474,880</b>	<b>442,300</b>	<b>383,030</b>	<b>342,147</b>	<b>359,529</b>	<b>336,752</b>	<b>323,485</b>	<b>320,823</b>	<b>329,184</b>	<b>371,533</b>	<b>404,226</b>	<b>450,206</b>
<b>EQUITY</b>												
Accumulated Surplus	474,880	442,300	383,030	342,147	309,507	286,730	273,463	270,801	279,162	299,357	332,050	378,030
Asset Revaluation Reserve	0	0	0	0	50,022	50,022	50,022	50,022	50,022	72,176	72,176	72,176
Other Reserves	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL EQUITY</b>	<b>474,880</b>	<b>442,300</b>	<b>383,030</b>	<b>342,147</b>	<b>359,529</b>	<b>336,752</b>	<b>323,485</b>	<b>320,823</b>	<b>329,184</b>	<b>371,533</b>	<b>404,226</b>	<b>450,206</b>
	0	0	0	0	0	0	0	0	0	0	0	0

**Eastern Health Authority  
Long Term Financial Plan Mode  
ESTIMATED CASH FLOW STATEMENT**

Year Ended 30 June:	2020 Actual	2021 Estimate	2022 Plan Year 1	2023 Plan Year 2	2024 Plan Year 3	2025 Plan Year 4	2026 Plan Year 5	2027 Plan Year 6	2028 Plan Year 7	2029 Plan Year 8	2030 Plan Year 9	2031 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>												
<b>Receipts</b>												
Constituent Council Contributions		1,830,675	1,836,689	1,896,308	1,937,268	1,989,604	2,043,353	2,098,553	2,155,244	2,213,467	2,273,262	2,334,672
Statutory Charges		180,500	183,208	185,956	188,745	191,577	194,450	197,366	200,327	203,332	206,381	209,477
User Charges		270,000	274,050	278,161	282,333	286,568	290,867	295,231	299,659	304,154	308,717	313,348
Grants, subsidies, contributions		252,000	215,180	218,408	221,685	225,010	228,385	231,811	235,288	238,818	242,401	246,037
Investment Income		15,000	7,228	6,205	5,287	5,903	6,154	6,879	7,683	8,790	10,116	11,733
Reimbursements		0	0	0	0	0	0	0	0	0	0	0
Other Income		6,999	7,104	7,211	7,319	7,429	7,540	7,653	7,768	7,885	8,003	8,123
Employee costs		(1,784,268)	(1,775,587)	(1,854,104)	(1,882,731)	(1,938,632)	(1,982,365)	(2,034,019)	(2,083,522)	(2,135,992)	(2,188,897)	(2,243,563)
Materials, contracts & other expenses		(573,816)	(568,898)	(600,152)	(605,096)	(619,671)	(626,222)	(637,003)	(645,874)	(655,914)	(665,586)	(675,665)
Finance Costs		(50,660)	(56,854)	(49,701)	(46,788)	(44,037)	(41,530)	(38,666)	(35,740)	(32,594)	(29,296)	(25,801)
Loss - Joint Ventures		0	0	0	0	0	0	0	0	0	0	0
Other Expenses		0	0	0	0	0	0	0	0	0	0	0
<b>Net Cash provided by (or used in) Operating Activities</b>		<b>146,430</b>	<b>122,120</b>	<b>78,292</b>	<b>108,022</b>	<b>103,751</b>	<b>120,632</b>	<b>127,805</b>	<b>140,833</b>	<b>151,946</b>	<b>165,101</b>	<b>178,361</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>												
<b>Receipts</b>												
Amounts Specifically for New/Upgraded Assets		0	0	0	0	0	0	0	0	0	0	0
Sale of Renewed/Replaced Assets		0	0	0	0	0	0	0	0	0	0	0
Sale of Surplus Assets		0	0	0	0	0	0	0	0	0	0	0
Proceeds of disposals - Invest. Prop.		0	0	0	0	0	0	0	0	0	0	0
Net disposal of Investment Securities		0	0	0	0	0	0	0	0	0	0	0
Pods of disposal - Real Estate Devel.		0	0	0	0	0	0	0	0	0	0	0
Repayments of Loans by Community Groups		0	0	0	0	0	0	0	0	0	0	0
Distributions Received from Associated Entities		0	0	0	0	0	0	0	0	0	0	0
<b>Payments</b>												
Expenditure on Renewal/Replacement of Assets		0	0	0	0	0	0	0	0	0	0	0
Expenditure on New/Upgraded Assets		0	0	0	0	0	0	0	0	0	0	0
Purchase of Investment Property		0	0	0	0	0	0	0	0	0	0	0
Net purchase of Investment Securities		0	0	0	0	0	0	0	0	0	0	0
Acquisitions - Real Estate developments		0	0	0	0	0	0	0	0	0	0	0
Loans Made to Community Groups		0	0	0	0	0	0	0	0	0	0	0
Capital Contributed to Associated Entities		0	0	0	0	0	0	0	0	0	0	0
<b>Net Cash Provided by (or used in) Investing Activities</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>												
<b>Receipts</b>												
Proceeds from Borrowings		0	0	0	0	0	0	0	0	0	0	0
Proceeds from Aged Care Facility Deposits		0	0	0	0	0	0	0	0	0	0	0
<b>Payments</b>												
Repayments of Borrowings		(70,732)	(74,131)	(38,391)	0	0	0	0	0	0	0	0
Repayment of Finance Lease Liabilities		(191,319)	(62,918)	(51,976)	(81,464)	(86,028)	(90,768)	(95,699)	(100,830)	(106,166)	(111,717)	(117,489)
Repayment of Aged Care Facility Deposits		0	0	0	0	0	0	0	0	0	0	0
<b>Net Cash provided by (or used in) Financing Activities</b>		<b>(262,051)</b>	<b>(137,049)</b>	<b>(90,367)</b>	<b>(81,464)</b>	<b>(86,028)</b>	<b>(90,768)</b>	<b>(95,699)</b>	<b>(100,830)</b>	<b>(106,166)</b>	<b>(111,717)</b>	<b>(117,489)</b>
<b>Net Increase/(Decrease) in cash held</b>		<b>(115,621)</b>	<b>(14,929)</b>	<b>(12,075)</b>	<b>26,558</b>	<b>17,723</b>	<b>29,864</b>	<b>32,106</b>	<b>40,003</b>	<b>45,780</b>	<b>53,384</b>	<b>60,872</b>
<b>Opening cash, cash equivalents or (bank overdraft)</b>		<b>721,310</b>	<b>605,689</b>	<b>590,760</b>	<b>578,685</b>	<b>605,243</b>	<b>622,966</b>	<b>652,830</b>	<b>684,936</b>	<b>724,939</b>	<b>770,719</b>	<b>824,103</b>
<b>Closing cash, cash equivalents or (bank overdraft)</b>		<b>721,310</b>	<b>605,689</b>	<b>590,760</b>	<b>578,685</b>	<b>605,243</b>	<b>622,966</b>	<b>652,830</b>	<b>684,936</b>	<b>724,939</b>	<b>770,719</b>	<b>824,103</b>

**Eastern Health Authority  
Long Term Financial Plan Mode  
ESTIMATED STATEMENT OF CHANGES IN EQUITY**

Year Ended 30 June:	2020 Actual	2021 Estimate	2022 Plan Year 1	2023 Plan Year 2	2024 Plan Year 3	2025 Plan Year 4	2026 Plan Year 5	2027 Plan Year 6	2028 Plan Year 7	2029 Plan Year 8	2030 Plan Year 9	2031 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>ACCUMULATED SURPLUS</b>												
Balance at end of previous reporting period	488,280	474,880	442,300	383,030	342,147	309,507	286,730	273,463	270,801	279,162	299,357	332,050
Net Result for Year	(13,400)	(32,580)	(59,270)	(40,883)	(32,640)	(22,777)	(13,267)	(2,662)	8,361	20,195	32,693	45,980
Other Comprehensive Income	0	0	0	0	0	0	0	0	0	0	0	0
Transfers to Other Reserves	0	0	0	0	0	0	0	0	0	0	0	0

Transfers from Other Reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Balance at end of period</b>	<b>474,880</b>	<b>442,300</b>	<b>383,030</b>	<b>342,147</b>	<b>309,507</b>	<b>286,730</b>	<b>273,463</b>	<b>270,801</b>	<b>279,162</b>	<b>299,357</b>	<b>332,050</b>	<b>378,030</b>	
<b>ASSET REVALUATION RESERVE</b>													
Buildings	0	0	0	0	0	0	0	0	0	0	0	0	0
Plant and Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0
Right of Use	0	0	0	0	50,022	50,022	50,022	50,022	50,022	72,176	72,176	72,176	
Asset Group 4	0	0	0	0	0	0	0	0	0	0	0	0	0
Asset Group 5	0	0	0	0	0	0	0	0	0	0	0	0	0
Asset Group 6	0	0	0	0	0	0	0	0	0	0	0	0	0
Asset Group 7	0	0	0	0	0	0	0	0	0	0	0	0	0
Asset Group 8	0	0	0	0	0	0	0	0	0	0	0	0	0
Asset Group 9	0	0	0	0	0	0	0	0	0	0	0	0	0
Asset Group 10	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Balance at end of period</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50,022</b>	<b>50,022</b>	<b>50,022</b>	<b>50,022</b>	<b>50,022</b>	<b>72,176</b>	<b>72,176</b>	<b>72,176</b>	
<b>OTHER RESERVES</b>													
Balance at end of previous reporting period	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfers from Accumulated Surplus	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfers to Accumulated Surplus	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Balance at end of period</b>	<b>0</b>	<b>0</b>											
<b>TOTAL EQUITY AT END OF REPORTING PERIOD</b>	<b>474,880</b>	<b>442,300</b>	<b>383,030</b>	<b>342,147</b>	<b>359,529</b>	<b>336,752</b>	<b>323,485</b>	<b>320,823</b>	<b>329,184</b>	<b>371,533</b>	<b>404,226</b>	<b>450,206</b>	
	0	0	0	0	0	0	0	0	0	0	0	0	0

**Eastern Health Authority  
Long Term Financial Plan Mode  
SUMMARY STATEMENT INCLUDING FINANCING TRANSACTIONS**

Year Ended 30 June:	2020 Actual	2021 Estimate	2022 Plan Year 1	2023 Plan Year 2	2024 Plan Year 3	2025 Plan Year 4	2026 Plan Year 5	2027 Plan Year 6	2028 Plan Year 7	2029 Plan Year 8	2030 Plan Year 9	2031 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Operating Revenues	2,463,984	2,555,174	2,525,794	2,584,619	2,645,042	2,708,532	2,773,227	2,840,008	2,908,522	2,979,037	3,051,510	3,126,060
less Operating Expenses	2,477,384	2,587,754	2,585,064	2,625,502	2,677,682	2,731,309	2,786,494	2,842,670	2,900,161	2,958,842	3,018,817	3,080,080
<b>Operating Surplus/(Deficit) before Capital Amounts</b>	<b>(13,400)</b>	<b>(32,580)</b>	<b>(59,270)</b>	<b>(40,883)</b>	<b>(32,640)</b>	<b>(22,777)</b>	<b>(13,267)</b>	<b>(2,662)</b>	<b>8,361</b>	<b>20,195</b>	<b>32,693</b>	<b>45,980</b>
<b>Less: Net Outlays on Existing Assets</b>												
Capital Expenditure on Renewal/Replacement of Existing Assets	24,677	0	0	0	0	0	0	0	0	0	0	0
less Depreciation, Amortisation & Impairmen	190,358	201,278	156,235	124,475	124,475	124,475	124,475	124,475	124,475	124,475	124,475	124,475
less Proceeds from Sale of Replaced Assets	0	0	0	0	0	0	0	0	0	0	0	0
	<b>(165,681)</b>	<b>(201,278)</b>	<b>(156,235)</b>	<b>(124,475)</b>								
<b>Less: Net Outlays on New and Upgraded Assets</b>												
Capital Expenditure on New/Upgraded Assets	0	0	0	0	0	0	0	0	0	0	0	0
less Amounts Specifically for New/Upgraded Assets	0	0	0	0	0	0	0	0	0	0	0	0
less Proceeds from Sale of Surplus Assets	0	0	0	0	0	0	0	0	0	0	0	0
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Lending / (Borrowing) for Financial Year</b>	<b>152,281</b>	<b>168,698</b>	<b>96,965</b>	<b>83,592</b>	<b>91,835</b>	<b>101,698</b>	<b>111,208</b>	<b>121,813</b>	<b>132,836</b>	<b>144,670</b>	<b>157,168</b>	<b>170,455</b>

In any one year, the above financing transactions are associated with either applying surplus funds stemming from a net lending result or accommodating the funding requirement stemming from a net borrowing result.

Year Ended 30 June:	2020 Actual	2021 Estimate	2022 Plan Year 1	2023 Plan Year 2	2024 Plan Year 3	2025 Plan Year 4	2026 Plan Year 5	2027 Plan Year 6	2028 Plan Year 7	2029 Plan Year 8	2030 Plan Year 9	2031 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
New Borrowings	0	0	0	0	0	0	0	0	0	0	0	0
Repayment of Principal on Borrowings	70,732	74,131	74,131	38,391	0	0	0	0	0	0	0	0
(Increase)/Decrease in Cash and Cash Equivalents	115,621	14,929	14,929	12,075	(26,558)	(17,723)	(29,864)	(32,106)	(40,003)	(45,780)	(53,384)	(60,872)
(Increase)/Decrease in Receivables	0	(2,335)	(2,335)	(2,370)	(2,405)	(2,478)	(2,515)	(2,553)	(2,591)	(2,630)	(2,630)	(2,670)
Increase/(Decrease) in Payables & Provisions	(22,268)	27,490	27,490	(2,930)	18,592	4,494	11,902	8,507	10,550	9,867	10,563	10,576
Other – Including the Movement in Inventories	(332,783)	(211,180)	(211,180)	(128,758)	(81,464)	(86,028)	(90,768)	(95,699)	(100,830)	(106,166)	(111,717)	(117,489)
<b>Financing Transactions</b>	<b>(168,698)</b>	<b>(96,965)</b>	<b>(96,965)</b>	<b>(83,592)</b>	<b>(91,835)</b>	<b>(101,698)</b>	<b>(111,208)</b>	<b>(121,813)</b>	<b>(132,836)</b>	<b>(144,670)</b>	<b>(157,168)</b>	<b>(170,455)</b>

Year Ended 30 June:	2020 Actual	2021 Estimate	2022 Plan Year 1	2023 Plan Year 2	2024 Plan Year 3	2025 Plan Year 4	2026 Plan Year 5	2027 Plan Year 6	2028 Plan Year 7	2029 Plan Year 8	2030 Plan Year 9	2031 Plan Year 10
<b>Operating Surplus / (Deficit) - \$'000</b>	<b>(13,400)</b>	<b>(32,580)</b>	<b>(59,270)</b>	<b>(40,883)</b>	<b>(32,640)</b>	<b>(22,777)</b>	<b>(13,267)</b>	<b>(2,662)</b>	<b>8,361</b>	<b>20,195</b>	<b>32,693</b>	<b>45,980</b>
<b>Operating Surplus Ratio - %</b>	<b>(1)%</b>	<b>(2)%</b>	<b>(3)%</b>	<b>(2)%</b>	<b>(2)%</b>	<b>(1)%</b>	<b>(1)%</b>	<b>(0)%</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>
<b>Net Financial Liabilities - \$'000</b>	<b>1,016,631</b>	<b>847,933</b>	<b>750,968</b>	<b>667,376</b>	<b>575,541</b>	<b>473,843</b>	<b>362,635</b>	<b>240,822</b>	<b>107,986</b>	<b>(36,684)</b>	<b>(193,852)</b>	<b>(364,307)</b>
<b>Net Financial Liabilities Ratio - %</b>	<b>41.3%</b>	<b>33.2%</b>	<b>29.7%</b>	<b>25.8%</b>	<b>21.8%</b>	<b>17.5%</b>	<b>13.1%</b>	<b>8.5%</b>	<b>3.7%</b>	<b>(1.2)%</b>	<b>(6.4)%</b>	<b>(11.7)%</b>
<b>Interest Cover Ratio - %</b>	<b>2.0%</b>	<b>1.4%</b>	<b>2.0%</b>	<b>1.7%</b>	<b>1.6%</b>	<b>1.4%</b>	<b>1.3%</b>	<b>1.1%</b>	<b>1.0%</b>	<b>0.8%</b>	<b>0.6%</b>	<b>0.5%</b>
<b>Asset Sustainability Ratio - %</b>	<b>13%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<b>Asset Consumption Ratio - %</b>	<b>72%</b>	<b>62%</b>	<b>55%</b>	<b>49%</b>	<b>43%</b>	<b>38%</b>	<b>32%</b>	<b>26%</b>	<b>20%</b>	<b>15%</b>	<b>9%</b>	<b>4%</b>

## 5.4 RISK AND OPPORTUNITY MANAGEMENT – UPDATED CORPORATE RISK SUMMARY

Author: Michael Livori  
Ref: AF18/81

### Summary

The Risk and Opportunity Management Policy and Framework for Eastern Health Authority (EHA) contemplate the analysis of organisational risks. A Corporate Risk Summary has been developed to assist with the assessment and maintenance of organisational risk.

A review of the Corporate Risk Summary has been undertaken by administrative staff and a revised risk summary was considered by the Audit Committee. A number of further changes were made to the revised risk summary which is now provided to the Board of Management for information.

### Report

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

A copy of the revised Corporate Risk Summary with tracked changes is provided as attachment 1. A copy of the revised Corporate Risk Summary with changes accepted is provided as attachment 2.

Items of note include:

- Service Review has been rescheduled to 2020/2021 financial year.
- LGA Member Access – appropriate staff have been provided with individual login access.
- Distribution of LG Circulars broadened to appropriate staff.
- Review of Environmental Work Health Safety Procedures to align with industry standards to be undertaken.
- WHS staff induction presentation updated and completed.
- Development of 3 Step WHS Risk Assessment. All staff to be educated in the implementation of the tool.
- Development and implementation of Operational COVID-19 Safe Plan.
- Development and implementation of Working Remotely policy and checklist.
- Explore the implementation of the Lean principles to identify areas of improvement and efficiencies.
- BCP tested by Covid-19, review ongoing.

- CIT Disaster Recovery Plan and Cyber Risk Action Plan substantially complete.
- Business Interruption Insurance Limits and Risk Environment reviews conducted.
- A number of timing changes.

## **RECOMMENDATION**

That:

1. The report regarding the Risk and Opportunity Management – Updated Corporate Risk Summary is received.

## Corporate Risk Summary

	Risk Description	Initial Risk Rating	Revised Consequence	Revised Likelihood	Revised Risk Rating
1.	Serious breach of legislation (other than WH&S) <sup>1</sup> duty of care, standards and agreements threatening operations.	HIGH	4	<del>BA</del>	<del>HIGH</del> MODERATE
2.	WH&S <del>not properly managed.</del> <u>system fails to prevent serious workplace injury.</u>	HIGH	4	C	HIGH
3.	Business Plan objectives not appropriate or not achieved.	MODERATE	3	C	MODERATE
4.	Unfavourable financial impact due to changes in government policy, or changes to service provision arrangements.	MODERATE	3	C	MODERATE
5.	Inability to recruit and retain appropriately qualified staff.	HIGH	3	C	HIGH
6	A significant, unplanned, adverse event threatens the continued operations of the organisation.	MODERATE	3	B	MODERATE
7.	Inadequate business processes and systems to deliver services.	HIGH	3	B	MODERATE

<sup>1</sup> WH&S addressed in Risk Description No 2.

Ref: MT – Management Team

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## Risk Assessment

### Corporate Strategic Risks – Documentation of Key Risks and Opportunities

Date Updated: 20 August 202019

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
1.	Serious breach of legislation, duty of care, standards and agreements threatening operations	<ul style="list-style-type: none"> <li>Staff trained in key legislation where appropriate.</li> <li>Clear reporting to Board on legislative requirements</li> <li>Delegations Register</li> <li>External Audit</li> <li>Charter Review</li> <li>Use of legal firms familiar with Local Government Operations.</li> <li>Professional Indemnity (PI) and Public liability (PL) Insurances in place and also built into all contracts.</li> <li>Business Plan contemplates the monitoring of compliance of statutory requirements identified in the Charter.</li> </ul>	4	B	HIGH	<ul style="list-style-type: none"> <li>Program Review (<i>rescheduled to 2020/2021 request for quotes developed as per Risk no. 3</i>)</li> <li><del>LGA Member Access – appropriate staff provided with individual login access</del></li> <li><del>Distribution of LG Circulars is broaden to appropriate staff.</del></li> </ul>	4	<del>AB</del>	<del>Moderate</del> <b>HIGH</b>	1	CEO	<del>Dec 2019</del> <u>June 2021</u>

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<u>Existing</u> <del>Current</del> Controls in place	Consequence	Likelihood	Rating	<u>Additional</u> <del>Future</del> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>• Required staff subject to DCSI employment screening checks.</li> <li>• National Police Checks for staff that are not subjected to DCSI employment screening checks.</li> <li>• <u>Enforcement Policy</u></li> <li>• <u>Completion of Enforcement Matrix to assist with decision of most appropriate enforcement strategy with consideration of the Enforcement Policy.</u></li> <li>• Code of Conduct for Board Members and Staff</li> <li>• Application of the Food Business Risk Classification System</li> <li>• Policy Register including regular reviews</li> <li>• Regular meetings with staff regarding use of delegated authority. Maintain and distribute list of applicable legislation &amp; legal obligations.</li> <li>• <u>All non-compicance and best practice recommendations resulting from Governance Review have been</u></li> </ul>										

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<p>implemented. Date Completed: 22/08/2019.</p> <ul style="list-style-type: none"> <li><u>LGA Member Access – appropriate staff provided with individual login access.</u></li> <li><u>Distribution of LG Circulars is broadened to appropriate staff.</u></li> </ul>										
2.	<u>WH&amp;S not properly managed. WHS system fails to prevent serious workplace injury.</u>	<p><i>Safety and Security</i></p> <ul style="list-style-type: none"> <li>Building Security Procedures in place including monitored security alarm and access tags which are audited.</li> <li>Duress alarms at reception.</li> <li>Worksafe Guardian – offsite duress monitoring system.</li> <li>Minimal cash on site at all times.</li> <li>Staff training and awareness including dealing with aggressive people and Fire Safety.</li> <li>Regular inspection audits undertaken of all equipment.</li> <li>Internal Audit process conducted every 3 years.</li> </ul>	5	B	HIGH	<ul style="list-style-type: none"> <li>Ongoing Review and development of WH&amp;S policies.</li> <li><u>Response team to be developed to deal with aggressive situations in short timeframe.</u></li> <li><u>Review of EH WHS Procedures to align with industry standards.</u></li> <li><del>Updated the WHS staff induction presentation.</del></li> <li><del>Development of 3 Step WHS Risk Assessment. All staff to be educated in the</del></li> </ul>	4	C	HIGH	1	MT	<del>Dec 2019</del> <u>Ongoing</u>
										2	MT	<del>Dec 2019</del> <u>June 2021</u>
										1	NC	<del>Dec 2019</del> <u>June 2021</u>
										2	MT	<del>Dec 2019</del> <u>March 2021</u>

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>WHS System reviewed in regard to legislative changes.</li> <li>Annual Capital budget to provide for capital replacements as needed. (building and equipment maintenance).</li> <li>WH&amp;S 3 year plan.</li> <li>Participation in Emergency Management Planning Committee meetings for St Peters Town Hall Complex.</li> <li>Emergency Management Plan.</li> </ul> <p><i>Staff Health</i> Health policy in place including:</p> <ul style="list-style-type: none"> <li>All staff offered annual flu vaccinations.</li> <li>At risk staff offered Hepatitis A &amp; B and Diphtheria, Tetanus and Pertussis vaccinations as required.</li> <li>Immunisation History of all staff requested, and vaccinations offered.</li> </ul>				<ul style="list-style-type: none"> <li><u>implementation of the tool.</u></li> <li><u>Ongoing review and Development and implementation of Operational COVID-19 Safe Plan.</u></li> <li><u>Development and implementation of Working Remotely policy and checklist.</u></li> </ul>						<u>Ongoing Development-2020</u>

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<u>Existing</u> <del>Current</del> Controls in place	Consequence	Likelihood	Rating	<u>Additional</u> <del>Future</del> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>○ Inform staff to stay home if sick.</li> <li>○ Participation in CHG Health Lifestyle Programs including Health Assessments and Skin</li> <li>○ Ergonomic Workstation Assessments</li> <li>○ Personal Protective Equipment.</li> <li>○ WHS on all Team Meeting Agendas.</li> <li>○ First Aid Kits in office and all motor vehicles.</li> <li>○ Safe Operating Procedures specific for each area.</li> <li>○ Annual CPR training.</li> <li>○ Manual Handling Update.</li> <li>○ WHS Training Register.</li> </ul> <p><i>Other.</i></p> <ul style="list-style-type: none"> <li>● Risk Assessments undertaken for all function activities.</li> </ul>										

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<u>Existing</u> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<u>Additional</u> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>• <u>Maintain and distribute list of applicable WHS legislation &amp; legal obligations.</u></li> <li>• <u>Ensure the WHS staff induction presentation is current.</u></li> <li>• <u>3 Step WHS Risk Assessment.</u></li> <li>• <u>Working Remotely policy and checklist.</u></li> </ul>										
3.	Business Plan objectives not appropriate or not achieved.	<ul style="list-style-type: none"> <li>• Annual Business Plan in place.</li> <li>• Annual Business Plan supported by appropriate Budget.</li> <li>• Annual review of Annual Business Plan undertaken including requests for input from Constituent Councils.</li> <li>• Annual Report detailing activities and achievements.</li> <li>• Annual evaluation of EHA's performance against the performance measures contained within the Business Plan</li> </ul>	3	C	MODERATE	<ul style="list-style-type: none"> <li>• Service Improvement Review for all programs, services and activities to be undertaken.</li> </ul> <p><i>(rescheduled to 2020/2021) (Request for quotes developed as per Risk no. 1)</i></p>	3	C	MODERATE	1	CEO	<del>Dec 2019</del> <u>June 2021</u>

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<u>Existing</u> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<u>Additional</u> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>Organisational structure provides effective leadership.</li> <li>Benchmarking/Comparison Report developed and presented to the Board of Management.</li> <li>Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed.</li> </ul>										
4.	Unfavourable financial impact due to changes in government policy or changes to service provision arrangements.	<ul style="list-style-type: none"> <li>Report to Board and Constituent Councils on financial and operational impact of changes to government policy.</li> <li>Regular financial reporting to the Board and Audit Committee.</li> <li>Statutory Budget reviews undertaken.</li> <li>Long Term Financial Plan (LTFP) in place and reviewed annually.</li> <li>Annual Capital budget to provide for capital replacements</li> </ul>	3	C	MODERATE	<ul style="list-style-type: none"> <li>Continue to identify opportunities for other board membership and participation on other committees for networking.</li> </ul>	3	C	MODERATE	1	MT	Ongoing

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		as needed and for building and equipment maintenance. <ul style="list-style-type: none"> <li>• External Audit conducted annually.</li> <li>• Grant funding opportunities monitored.</li> <li>• Public image/Reputation maintained through:                             <ul style="list-style-type: none"> <li>○ Internet Web site. Revision of information material.</li> <li>○ Promotion of services at Constituent Councils.</li> </ul> </li> <li>• Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed.</li> <li>• Ongoing exploration of new/expanded income opportunities (subject to Charter compliance).</li> <li>• Participation on Committees for Networking and education including:</li> </ul>										

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>○ Eastern Hoarding and Squalor Regional Public Health Planning Committee.</li> <li>○ Immunisation Providers Network.</li> <li>○ Immunisation Administration Network.</li> <li>○ Environmental Health Managers Forum including sub-committees.</li> <li>○ Environmental Health Australia state conference committee.</li>   <li>○ LGA/SIP Providers Strategic Working Group</li> <li>○ Annual Food Auditors Forum</li> <li>○ <u>LGA/SIP Providers Strategic Working Group</u></li> </ul>										

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<u>Existing</u> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<u>Additional</u> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>o <a href="#">COVID-19 LGRS operational Briefings</a></li> </ul>										
5.	Inability to recruit and retain appropriately qualified staff.	<ul style="list-style-type: none"> <li>• Appropriate Staff recruitment process.</li> <li>• Appropriate Staff induction process.</li> <li>• Use of SEEK.COM for ongoing recruitment.</li> <li>• Comply with Awards and annual Award wage increases.</li> <li>• Professional development opportunities provided including study.</li> <li>• Create team work ethos/innovative culture.</li> <li>• Establish an intranet for internal communication.</li> <li>• Code of Conduct and other staff policies in place.</li> <li>• General Staff Meetings held bi-monthly – Agenda item 'Successes and Achievements'.</li> </ul>	4	C	HIGH	<ul style="list-style-type: none"> <li>• Conduct formal exit interviews.</li> <li>• Succession Plan for CEO in place.</li> </ul>	3	C	MODERATE	1 2	NC CEO	<p><del>Dec 2019</del> <u>Mar 2021</u></p> <p><del>Dec 2019</del> <u>Mar 2021</u></p>

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>Individual Performance Development process including identification of training needs.</li> <li>Staff Social Club functions.</li> <li>Annual Review of Job Descriptions.</li> <li>Continue to engage with tertiary providers of EHOs.</li> <li>Use of skilled agency staff for Immunisation roles.</li> <li>Staff engagement survey offered to all staff.</li> </ul>										
6.	A significant, unplanned, adverse event threatens operations of the organisation.	<ul style="list-style-type: none"> <li>Business Continuity Plan (BCP).</li> <li>Public Health Functional Emergency Management Plan (currently under review).</li> <li>St Peters Town Hall Complex Facility Emergency Management Plan (EMP).</li> <li>Monitored fire alarm in place.</li> <li>Building evacuation and situation drills.</li> </ul>	3	B	MODERATE	<ul style="list-style-type: none"> <li>Review BCP Note: Revised BCP provided by LGRS. Revised document currently being reviewed <u>to align with COVID-19 implications</u>.</li> <li>Test of the BCP to be undertaken affecting whole organisation (<u>COVID 19</u>).</li> </ul>	3	<u>CB</u>	MODERATE	1	MT	<u>Dec 2019</u> <u>Mar 2021</u>
										3	MT	
										4	MT	<u>June 2020</u> <u>Mar 2021</u>

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>Cloud based CIT environment including Disaster Recovery Module.</li> <li>IT back-up tapes off site and offsite storage of records.</li> <li>Preventative Maintenance Plans in place for building and equipment and regular inspections.</li> <li>Appropriate building, asset and business insurance in place.</li> <li>Key staff have mobile phones.</li> <li>Call diversion facility with Optus for business phones.</li> <li>Active monitoring of CIT environment by Comunet.</li> <li>Fraud/Cyber Awareness Training</li> </ul>				<ul style="list-style-type: none"> <li>Review of Functional Emergency Management Plan <del>(currently under review).</del></li> <li>CIT Disaster Recovery Plan <u>in final stage of development.</u></li> <li>Cyber Risk Assessment Action Plan <u>– All High risk resolved and moderate risks resolved in process of being resolved. Small number of low risks outstanding.</u></li> <li><u>Business Interruption Insurance Limits Review to be conducted – Awaiting</u></li> </ul>				2	CEO	<del>June 2021</del> <del>Dec 2019</del>
										2	CEO	
										2	CEO	<del>Dec 2019</del> <del>Mar 2021</del>
												<del>Dec 2019</del> <del>Mar 2021</del>
										2	CEO	<del>Dec 2019</del> <del>Mar 2021</del>

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
						<ul style="list-style-type: none"> <li><u>documentation from LGRS contractor.</u></li> <li>•</li> <li><u>Independent review of risk environment to be conducted -</u></li> <li><u>Awaiting documentation from LGRS contractor.</u></li> <li>•</li> </ul>				<u>2</u>	<u>CEO</u>	<u>Dec 2019</u> <u>Mar 2021</u>

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
7.	Inadequate business processes and systems to deliver services.	<ul style="list-style-type: none"> <li>Policy Manual.</li> <li>Internal Controls Register to manage risks. eg. fraud</li> <li>Standard Operating Procedures.</li> <li>Induction program to ensure all staff trained in correct use of organisational systems, Policies and Standard Operating Procedures.</li> <li>EHA High Performance Framework and Individual Performance Management Plan for all staff.</li> <li>Use of LGCS purchasing arrangements.</li> <li>Legal advice available when needed.</li> <li>Corporate Risk Summary.</li> <li>External Financial Audit undertaken.</li> <li>Service Agreement in place for maintenance of CIT systems.</li> <li>Gap analysis undertaken on all policies and procedures</li> </ul>	4	C	HIGH	<ul style="list-style-type: none"> <li>Service Improvement Review for all programs, services, activities. <i>(rescheduled to 2020/2021)(request for quotes developed as per Risk no-3)</i></li> <li>Efficiency and Effectiveness Review. <i>(rescheduled to 2020/2021)(request for quotes developed as per Risk no-3)</i></li> <li><a href="#">Explore the implementation of the Lean principles to identify areas of improvement and efficiencies.</a></li> </ul>	3	B	MODERATE	1	CEO	<del>Dec 2019</del> <u>June 2021</u>
										2	MT	<del>Dec 2019</del> <u>June 2021</u>
										<u>2</u>	<u>MT</u>	<u>June 2021</u>

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	<del>Existing</del> <u>Current</u> Controls in place	Consequence	Likelihood	Rating	<del>Additional</del> <u>Future</u> Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe

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## Corporate Risk Summary

	<b>Risk Description</b>	<b>Initial Risk Rating</b>	<b>Revised Consequence</b>	<b>Revised Likelihood</b>	<b>Revised Risk Rating</b>
1.	Serious breach of legislation (other than WH&S) <sup>1</sup> duty of care, standards and agreements threatening operations.	HIGH	4	A	MODERATE
2.	WHS system fails to prevent serious workplace injury.	HIGH	4	C	HIGH
3.	Business Plan objectives not appropriate or not achieved.	MODERATE	3	C	MODERATE
4.	Unfavourable financial impact due to changes in government policy, or changes to service provision arrangements.	MODERATE	3	C	MODERATE
5.	Inability to recruit and retain appropriately qualified staff.	HIGH	3	C	HIGH
6	A significant, unplanned, adverse event threatens the continued operations of the organisation.	MODERATE	3	B	MODERATE
7.	Inadequate business processes and systems to deliver services.	HIGH	3	B	MODERATE

<sup>1</sup> WH&S addressed in Risk Description No 2.

Ref: MT – Management Team

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## Risk Assessment

### Corporate Strategic Risks – Documentation of Key Risks and Opportunities

Date Updated: 20 August 2020

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
1.	Serious breach of legislation, duty of care, standards and agreements threatening operations	<ul style="list-style-type: none"> <li>• Staff trained in key legislation where appropriate.</li> <li>• Clear reporting to Board on legislative requirements</li> <li>• Delegations Register</li> <li>• External Audit</li> <li>• Charter Review</li> <li>• Use of legal firms familiar with Local Government Operations.</li> <li>• Professional Indemnity (PI) and Public liability (PL) Insurances in place and also built into all contracts.</li> <li>• Business Plan contemplates the monitoring of compliance of statutory requirements identified in the Charter.</li> </ul>	4	B	HIGH	<ul style="list-style-type: none"> <li>• Program Review (rescheduled to 2020/2021)</li> <li>•</li> </ul>	4	A	Moderate	1	CEO	June 2021

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>• Required staff subject to DCSI employment screening checks.</li> <li>• National Police Checks for staff that are not subjected to DCSI employment screening checks.</li> <li>• Enforcement Policy</li> <li>• Completion of Enforcement Matrix to assist with decision of most appropriate enforcement strategy with consideration of the Enforcement Policy.</li> <li>• Code of Conduct for Board Members and Staff</li> <li>• Application of the Food Business Risk Classification System</li> <li>• Policy Register including regular reviews</li> <li>• Regular meetings with staff regarding use of delegated authority. Maintain and distribute list of applicable legislation &amp; legal obligations.</li> <li>• All non-complicance and best practice recommendations resulting from Governance Review have been</li> </ul>										

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		implemented. Date Completed: 22/08/2019. <ul style="list-style-type: none"> <li>LGA Member Access – appropriate staff provided with individual login access.</li> <li>Distribution of LG Circulars is broadened to appropriate staff.</li> </ul>										
2.	WHS system fails to prevent serious workplace injury.	<b>Safety and Security</b> <ul style="list-style-type: none"> <li>Building Security Procedures in place including monitored security alarm and access tags which are audited.</li> <li>Duress alarms at reception.</li> <li>Worksafe Guardian – offsite duress monitoring system.</li> <li>Minimal cash on site at all times.</li> <li>Staff training and awareness including dealing with aggressive people and Fire Safety.</li> <li>Regular inspection audits undertaken of all equipment.</li> <li>Internal Audit process conducted every 3 years.</li> </ul>	5	B	HIGH	<ul style="list-style-type: none"> <li>Ongoing Review and development of WH&amp;S policies.</li> <li>Response team to be developed to deal with aggressive situations in short timeframe.</li> <li>Review of EH WHS Procedures to align with industry standards.</li> <li>Ongoing review and implementation of Operational COVID-19 Safe Plan.</li> <li></li> </ul>	4	C	HIGH	1	MT	Ongoing
										2	MT	June 2021
										1	NC	March 2021
												Ongoing

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Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>• WHS System reviewed in regard to legislative changes.</li> <li>• Annual Capital budget to provide for capital replacements as needed. (building and equipment maintenance).</li> <li>• WH&amp;S 3 year plan.</li> <li>• Participation in Emergency Management Planning Committee meetings for St Peters Town Hall Complex.</li> <li>• Emergency Management Plan.</li> </ul> <p><i>Staff Health</i> Health policy in place including:</p> <ul style="list-style-type: none"> <li>○ All staff offered annual flu vaccinations.</li> <li>○ At risk staff offered Hepatitis A &amp; B and Diphtheria, Tetanus and Pertussis vaccinations as required.</li> <li>○ Immunisation History of all staff requested, and vaccinations offered.</li> </ul>										

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Eastern Health Authority Corporate Risk Summary

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		<ul style="list-style-type: none"> <li>○ Inform staff to stay home if sick.</li> <li>○ Participation in CHG Health Lifestyle Programs including Health Assessments and Skin</li> <li>○ Ergonomic Workstation Assessments</li> <li>○ Personal Protective Equipment.</li> <li>○ WHS on all Team Meeting Agendas.</li> <li>○ First Aid Kits in office and all motor vehicles.</li> <li>○ Safe Operating Procedures specific for each area.</li> <li>○ Annual CPR training.</li> <li>○ Manual Handling Update.</li> <li>○ WHS Training Register.</li> </ul> <p><i>Other.</i></p> <ul style="list-style-type: none"> <li>● Risk Assessments undertaken for all function activities.</li> </ul>										

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## Eastern Health Authority Corporate Risk Summary

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		<ul style="list-style-type: none"> <li>Maintain and distribute list of applicable WHS legislation &amp; legal obligations.</li> <li>Ensure the WHS staff induction presentation is current.</li> <li>3 Step WHS Risk Assessment.</li> <li>Working Remotely policy and checklist.</li> </ul>										
3.	Business Plan objectives not appropriate or not achieved.	<ul style="list-style-type: none"> <li>Annual Business Plan in place.</li> <li>Annual Business Plan supported by appropriate Budget.</li> <li>Annual review of Annual Business Plan undertaken including requests for input from Constituent Councils.</li> <li>Annual Report detailing activities and achievements.</li> <li>Annual evaluation of EHA's performance against the performance measures contained within the Business Plan</li> </ul>	3	C	MODERATE	<ul style="list-style-type: none"> <li>Service Improvement Review for all programs, services and activities to be undertaken. <i>(rescheduled to 2020/2021)</i></li> </ul>	3	C	MODERATE	1	CEO	June 2021

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>Organisational structure provides effective leadership.</li> <li>Benchmarking/Comparison Report developed and presented to the Board of Management.</li> <li>Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed.</li> </ul>										
4.	Unfavourable financial impact due to changes in government policy or changes to service provision arrangements.	<ul style="list-style-type: none"> <li>Report to Board and Constituent Councils on financial and operational impact of changes to government policy.</li> <li>Regular financial reporting to the Board and Audit Committee.</li> <li>Statutory Budget reviews undertaken.</li> <li>Long Term Financial Plan (LTFP) in place and reviewed annually.</li> <li>Annual Capital budget to provide for capital replacements</li> </ul>	3	C	MODERATE	<ul style="list-style-type: none"> <li>Continue to identify opportunities for other board membership and participation on other committees for networking.</li> </ul>	3	C	MODERATE	1	MT	Ongoing

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Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		as needed and for building and equipment maintenance. <ul style="list-style-type: none"> <li>• External Audit conducted annually.</li> <li>• Grant funding opportunities monitored.</li> <li>• Public image/Reputation maintained through:                             <ul style="list-style-type: none"> <li>○ Internet Web site. Revision of information material.</li> <li>○ Promotion of services at Constituent Councils.</li> </ul> </li> <li>• Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed.</li> <li>• Ongoing exploration of new/expanded income opportunities (subject to Charter compliance).</li> <li>• Participation on Committees for Networking and education including:</li> </ul>										

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		<ul style="list-style-type: none"> <li>○ Eastern Hoarding and Squalor Regional Public Health Planning Committee.</li> <li>○ Immunisation Providers Network.</li> <li>○ Immunisation Administration Network.</li> <li>○ Environmental Health Managers Forum including sub-committees.</li> <li>○ Environmental Health Australia state conference committee.</li>   <li>○ LGA/SIP Providers Strategic Working Group</li> <li>○ Annual Food Auditors Forum</li> <li>○ LGA/SIP Providers Strategic Working Group</li> </ul>										

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> <li>○ COVID-19 LGRS operational Briefings</li> </ul>										
5.	Inability to recruit and retain appropriately qualified staff.	<ul style="list-style-type: none"> <li>• Appropriate Staff recruitment process.</li> <li>• Appropriate Staff induction process.</li> <li>• Use of SEEK.COM for ongoing recruitment.</li> <li>• Comply with Awards and annual Award wage increases.</li> <li>• Professional development opportunities provided including study.</li> <li>• Create team work ethos/innovative culture.</li> <li>• Establish an intranet for internal communication.</li> <li>• Code of Conduct and other staff policies in place.</li> <li>• General Staff Meetings held bi-monthly – Agenda item 'Successes and Achievements'.</li> </ul>	4	C	HIGH	<ul style="list-style-type: none"> <li>• Conduct formal exit interviews.</li> <li>• Succession Plan for CEO in place.</li> </ul>	3	C	MODERATE	1	NC	Mar 2021
										2	CEO	Mar 2021

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		<ul style="list-style-type: none"> <li>Individual Performance Development process including identification of training needs.</li> <li>Staff Social Club functions.</li> <li>Annual Review of Job Descriptions.</li> <li>Continue to engage with tertiary providers of EHOs.</li> <li>Use of skilled agency staff for Immunisation roles.</li> <li>Staff engagement survey offered to all staff.</li> </ul>										
6.	A significant, unplanned, adverse event threatens operations of the organisation.	<ul style="list-style-type: none"> <li>Business Continuity Plan (BCP).</li> <li>Public Health Functional Emergency Management Plan (currently under review).</li> <li>St Peters Town Hall Complex Facility Emergency Management Plan (EMP).</li> <li>Monitored fire alarm in place.</li> <li>Building evacuation and situation drills.</li> </ul>	3	B	MODERATE	<ul style="list-style-type: none"> <li>Review BCP Note: Revised BCP provided by LGRS. Revised document currently being reviewed to align with COVID-19 implications.</li> <li>Test of the BCP to be undertaken affecting whole organisation (COVID 19).</li> </ul>	3	C	MODERATE	1	MT	Mar 2021
										3	MT	Mar 2021
										4	MT	June 2021 Mar 2021

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		<ul style="list-style-type: none"> <li>Cloud based CIT environment including Disaster Recovery Module.</li> <li>IT back-up tapes off site and offsite storage of records.</li> <li>Preventative Maintenance Plans in place for building and equipment and regular inspections.</li> <li>Appropriate building, asset and business insurance in place.</li> <li>Key staff have mobile phones.</li> <li>Call diversion facility with Optus for business phones.</li> <li>Active monitoring of CIT environment by Comunet.</li> <li>Fraud/Cyber Awareness Training</li> </ul>				<ul style="list-style-type: none"> <li>Review of Functional Emergency Management Plan</li> <li>CIT Disaster Recovery Plan in final stage of development.</li> <li>Cyber Risk Assessment Action Plan – All High risk resolved and moderate risks in process of being resolved. Small number of low risks outstanding.</li> <li>Business Interruption Insurance Limits Review to be conducted – Awaiting documentation from LGRS contractor.</li> </ul>				2	CEO	Mar 2021
										2	CEO	Mar 2021
										2	CEO	Mar 2021
										2	CEO	Mar 2021

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						<ul style="list-style-type: none"> <li>Independent review of risk environment to be conducted - Awaiting documentation from LGRS contractor.</li> </ul>				2	CEO	

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## Eastern Health Authority Corporate Risk Summary

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
7.	Inadequate business processes and systems to deliver services.	<ul style="list-style-type: none"> <li>Policy Manual.</li> <li>Internal Controls Register to manage risks. eg. fraud</li> <li>Standard Operating Procedures.</li> <li>Induction program to ensure all staff trained in correct use of organisational systems, Policies and Standard Operating Procedures.</li> <li>EHA High Performance Framework and Individual Performance Management Plan for all staff.</li> <li>Use of LGCS purchasing arrangements.</li> <li>Legal advice available when needed.</li> <li>Corporate Risk Summary.</li> <li>External Financial Audit undertaken.</li> <li>Service Agreement in place for maintenance of CIT systems.</li> <li>Gap analysis undertaken on all policies and procedures</li> </ul>	4	C	HIGH	<ul style="list-style-type: none"> <li>Service Improvement Review for all programs, services, activities.</li> <li><i>(rescheduled to 2020/2021)</i>Efficiency and Effectiveness Review.</li> <li><i>(rescheduled to 2020/2021)</i>Explore the implementation of the Lean principles to identify areas of improvement and efficiencies.</li> </ul>	3	B	MODERATE	1	CEO	June 2021
										2	MT	June 2021
										2	MT	June 2021

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## 5.5 PUBLIC INTEREST DISCLOSURE PROCEDURE

**Author:** Michael Livori  
**Ref:** AF20/63

### Summary

The *Public Interest Disclosure Act 2018* (the PID Act) along with the *Public Interest Disclosure Regulations 2019* (the PID Regulations) came into effect on 1 July 2019. The PID Act, which repealed and effectively replaced the *Whistleblowers Protection Act 1993*, facilitates the disclosure of public interest information regarding certain persons, authorities and other matters. It provides increased protections for people who make disclosure in certain ways and sets out processes for dealing with such disclosures.

While the procedural requirements of the PID Act do not strictly apply to subsidiaries, including Eastern Health Authority (EHA), it is pertinent for EHA to implement a procedure to manage public interest disclosures in line with the relevant legislation. The draft Public Interest Disclosure Procedure (the Procedure) is intended to replace EHA's existing *Whistleblowers Protection Policy* and provide a mechanism for EHA to appropriately receive and handle public interest disclosures.

EHA has sought the assistance of Norman Waterhouse Lawyers to prepare a draft of the Procedure.

### Report

The PID Act, along with the PID Regulations, came into effect on 1 July 2019. The PID Act repealed the *Whistleblowers Protection Act 1993*. The PID Act establishes a scheme that encourages and facilitates the disclosure of public interest information regarding certain persons, authorities and other matters, to 'relevant authorities' (a public interest disclosure). It provides increased protections for people who make a public interest disclosure and prescribes processes for dealing with such disclosures.

The procedural requirements of the PID Act only apply to public sector agencies and local government councils. These requirements do not strictly apply to subsidiaries, however, it is appropriate for EHA to develop a procedure that is consistent with the obligations of its constituent councils. Further, for the purposes of consistency and transparency, it is prudent for EHA to implement a mechanism for the receipt and handling of public interest disclosures made by informants.

The Procedure establishes that the Chief Executive Officer is responsible for public interest disclosures made to Board Members or employees of EHA. It provides a mechanism for the Chief Executive Officer, Board Members and employees to receive and handle public interest disclosures. As the Procedure is intended to replace EHA's existing *Whistleblowers*

*Protection Policy*, it also provides for appropriate protections for informants of public interest disclosures.

In summary, outside of the standard policy clauses, the Procedure outlines the following:

- Scope of the Procedure;
- Types of Disclosures;
- Responsibilities (of the Chief Executive Officer, Board Members and Employees);
- Disclosure Process;
- Confidentiality and Protection for the Informant;
- Receipt of a Disclosure; and
- Securing Handling and Storage of Information.

It is recommended that the Audit Committee recommend to the EHA Board of Management that it adopts the draft Procedure as presented at Attachment 1 to this report.

### **RECOMMENDATION**

That the Eastern Health Authority Board of Management adopts the Public Interest Disclosure Procedure as provided for in Attachment 1 to this report.

**PUBLIC INTEREST DISCLOSURE PROCEDURE****1****PUBLIC INTEREST DISCLOSURE PROCEDURE**

Procedure Reference	GOVP01
Date of initial Board Adoption	
Minutes Reference	
Date of Audit Committee endorsement (if applicable)	26 August 2020
Date last reviewed by Eastern Health Authority Board of Management	
Applicable legislation	<i>The Public Interest Disclosure Act 2019</i> <i>Public Interest Disclosure Regulations 2019</i>

**Chief Executive Officer - Statement of Intent**

This Procedure has been prepared with regard to the *Public Interest Disclosure Act 2018* (PID Act).

This Procedure is designed to encourage and facilitate:

- further transparency and accountability in EHA's administrative and management practices; and
- the disclosure, in the public interest, of information about substantial risks to public health or safety, or to the environment, and about corruption, misconduct and maladministration in public administration

I, and the other staff, officers and board members at EHA remain deeply committed to the protection of informants who make disclosures in accordance with the PID Act, and to the genuine and efficient consideration and action in relation to such disclosures.

Any questions about this Procedure can be directed in the first instance to me as Chief Executive Officer of EHA.

**Michael Livori**  
**Chief Executive Officer, Eastern Health Authority**

## PUBLIC INTEREST DISCLOSURE PROCEDURE

2

### 1. INTRODUCTION

1.1 EHA is committed to:

- upholding the principles of transparency and accountability in its administrative and management practices;
- the protection of informants who make appropriate disclosures of public interest information;
- the genuine and efficient consideration and action in relation to information provided in an appropriate disclosure of public interest information; and
- encouraging the making of appropriate disclosures of public interest information in accordance with the PID Act and this Procedure.

1.2 This document explains the applicable procedures and processes that EHA has in place in relation to how appropriate disclosures of public interest information are to be made and dealt with.

### 2. SCOPE

2.1 This Procedure applies to appropriate disclosures of public interest information that are made in accordance with the PID Act.

2.2 This Procedure is intended to complement the reporting framework under the ICAC Act and any PID policies or procedures of the Constituent Councils. This Procedure operates in conjunction with other relevant existing policies and procedures of EHA, including the:

- Code of Conduct for EHA Employees;
- Code of Conduct for Board Members; and
- Complaints Handling Policy.

### 3. DEFINITIONS

3.1 For the purposes of this Procedure the following definitions apply.

3.1.1 **board member** means a member of the Board of EHA;

3.1.2 **CEO** means the Chief Executive Officer of EHA;

3.1.3 **Constituent Council** means a Constituent Council of EHA, being:

- (a) The Corporation of the City of Norwood Payneham & St Peters;
- (b) City of Burnside;

**PUBLIC INTEREST DISCLOSURE PROCEDURE****3**

- (c) The Corporation of the City of Campbelltown;
  - (d) City of Prospect; and
  - (e) The Corporation of the Town of Walkerville;
- 3.1.4 **corruption in public administration** has the same meaning as in the ICAC Act;
- 3.1.5 **disclosure** means an appropriate disclosure of public interest information made by an informant to a relevant authority within the meaning of the PID Act;
- 3.1.6 **EHA** means Eastern Health Authority;
- 3.1.7 **environmental and health information** means information that raises a potential issue of a substantial risk to the environment or to the health or safety of the public generally or a significant section of the public;
- 3.1.8 **ICAC Act** is the Independent Commissioner Against Corruption Act 2012;
- 3.1.9 **ICAC Directions and Guidelines** means the Directions and Guidelines for Public Officers issued by the Commissioner pursuant to the ICAC Act;
- 3.1.10 **informant** means a person who makes an appropriate disclosure of public interest information;
- 3.1.11 **maladministration in public administration** has the same meaning as in the ICAC Act;
- 3.1.12 **misconduct in public administration** is has the same meaning as in the ICAC Act.
- 3.1.13 **OPI** means the Office for Public Integrity;
- 3.1.14 **public administration information** means information that raises a potential issue of corruption, misconduct or maladministration in public administration;
- 3.1.15 **public interest information** means environmental and health information, or public administration information;
- 3.1.16 **PID Guidelines** means guidelines issued pursuant to the PID Act;
- 3.1.17 **PID Act** is the Public Interest Disclosure Act 2018;
- 3.1.18 **public officer** has the meaning as in the ICAC Act;
- 3.1.19 **relevant authority**, see clause 5.

**PUBLIC INTEREST DISCLOSURE PROCEDURE****4****4. TYPES OF DISCLOSURES**

- 4.1 A person makes an appropriate disclosure of environmental and health information if the person:
- 4.1.1 believes on reasonable grounds that the information is true; or
  - 4.1.2 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
  - 4.1.3 the disclosure is made to a relevant authority.
- 4.2 A person makes an appropriate disclosure of public administration information if the person:
- 4.2.1 is a public officer; and
  - 4.2.2 reasonably suspects that the information raises a potential issue of corruption, misconduct or maladministration in public administration; and
  - 4.2.3 the disclosure is made to a relevant authority.

**5. RELEVANT AUTHORITY**

- 5.1 A disclosure of public interest information relevant to EHA, and its employees, officers and board members is made to a relevant authority if it is made to:
- 5.1.1 where the information relates to a public officer who is an employee or officer of EHA:
    - (a) 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
    - (b) a person who is, in fact, responsible for the management or supervision of the public officer, including the Chief Executive Officer of EHA; or
  - 5.1.2 where the information relates to a public officer who is an elected member, employee or officer of a Constituent Council:
    - (a) 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

**PUBLIC INTEREST DISCLOSURE PROCEDURE****5**

- (b) 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
- 5.1.3 where the information relates to EHA - the Ombudsman; or
- 5.1.4 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
- 5.1.5 where the information relates to a risk to the environment - the Environment Protection Authority; or
- 5.1.6 where the information relates to an irregular and unauthorised use of public money or substantial mismanagement of public resources - the Auditor-General; or
- 5.1.7 where the information relates to the commission, or suspected commission, of any offence - a member of the police force; or
- 5.1.8 a Minister of the Crown; or
- 5.1.9 OPI
- 5.2 Disclosures relating to other persons can be made to such relevant authorities as identified in the PID Act. The Chief Executive Officer of EHA is able to assist in ensuring the disclosure is made to the relevant authority.

**6. RECEIPT OF A DISCLOSURE**

- 6.1 Upon receipt of an appropriate disclosure of public interest information it will be dealt with in accordance with the processes described in this Procedure and the PID Act.
- 6.2 A person to whom an appropriate disclosure of public interest information is made must assess the information as soon as practicable after the disclosure is made and, following such assessment:
  - 6.2.1 must take action in relation to the information in accordance with any applicable PID Guidelines or, if no applicable guidelines exist, take such action as is appropriate in the circumstances (unless no action is to be taken as provided under the PID Act); and
  - 6.2.2 must take reasonable steps to notify the informant (if the informant's identity is known) that an assessment of the information has been made and to advise the informant:

**PUBLIC INTEREST DISCLOSURE PROCEDURE****6**

- (a) of the action being taken in relation to the information; or
  - (b) if, no action is being taken in relation to the information - of the reasons why no action is being taken in relation to the information; and
- 6.2.3 must provide OPI with information relating to the disclosure in accordance with any applicable PID Guidelines.
- 6.3 No action need be taken in relation to an appropriate disclosure of public interest information if:
  - 6.3.1 the information disclosed does not justify the taking of further action; or
  - 6.3.2 the information disclosed relates to a matter that has already been investigated or acted upon by a relevant authority and there is no reason to re-examine the matter or there is other good reason why no action should be taken in respect of the matter.
- 6.4 A person who takes action in relation to an appropriate disclosure of public interest information (or if such action consists of referring the disclosure to another person) the person to whom it is referred:
  - 6.4.1 must take reasonable steps to notify the informant (if the informant's identity is known) of the outcome of that action; and
  - 6.4.2 must provide OPI with information relating to the outcome of that action in accordance with any applicable PID Guidelines.
- 6.5 If a person believes that his or her disclosure is not being dealt with appropriately or in accordance with this Procedure, he or she is encouraged to contact the CEO in the first instance.
- 6.6 If a board member, employee or officer of EHA receives what they consider may be a disclosure of public interest information, the recipient of that information may refer the disclosure to the CEO or other relevant authority as appropriate to be dealt with in accordance with the PID Act.
- 6.7 The CEO will be the primary point of contact for liaising with any other relevant authority.

**7. PROTECTION FOR INFORMANT****7.1 Confidentiality**

- 7.1.1 A person to whom an appropriate disclosure of public interest information is made or referred or who otherwise knows that such a disclosure has been made may not disclose the identity of an informant except:

- (a) so far as may be necessary to ensure that the matters to which the information relates are properly investigated; or
- (b) in accordance with any applicable PID Guidelines.

## 7.2 Immunity

7.2.1 If a person makes:

- (a) an appropriate disclosure of environmental and health information; or
- (b) a public officer makes an appropriate disclosure of public administration information,

the person is not subject to any liability as a result of that disclosure.

## 7.3 Victimisation

7.3.1 A person who causes detriment to another on the ground or substantially on the ground that the other person or a third person has made or intends to make an appropriate disclosure of public interest information commits an act of victimisation.

## 8. HOW TO MAKE APPROPRIATE DISCLOSURE OF PUBLIC INTEREST INFORMATION

8.1 A disclosure may be made in person, by telephone or in writing (either by post or email).

8.2 Disclosures made in writing should be marked Public Interest Disclosure and either emailed or posted to the attention of the CEO as follows:

- CEO Mr Michael Livori
- Telephone 8132 3600
- Email mlivori@eha.sa.gov.au
- Address 101 Payneham Road St Peters South Australia 5069

**PUBLIC INTEREST DISCLOSURE PROCEDURE****8****9. SECURE HANDLING AND STORAGE OF INFORMATION**

- 9.1 The CEO must ensure details of disclosures and informants are securely and confidentially maintained as appropriate and in accordance with any applicable PID Guidelines.

**10. OTHER MATTERS**

- 10.1 A person who knowingly makes a disclosure that is false or misleading in a material particular is guilty of an offence and may be prosecuted.
- 10.2 EHA will take action as appropriate in the circumstances of the relevant Disclosure/s to protect informants from victimisation as defined in the PID Act, and/or from being hindered or obstructed in making a disclosure.

**11. AVAILABILITY OF THE PROCEDURE**

This Procedure will be available free of charge for inspection at EHA's Offices during ordinary business hours and via EHA's website [www.eha.sa.gov.au](http://www.eha.sa.gov.au). Copies will also be provided to the public upon request.

## PUBLIC INTEREST DISCLOSURE PROCEDURE

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## Appendix A

Relevant Authorities<sup>1</sup>

Where the information relates to...	the relevant authority is...
<p>a public officer*</p> <p>*as defined and set out in Schedule 1 of the <i>Independent Commissioner Against Corruption Act 2012</i> - relevantly, this includes members, officers and employees of local government bodies</p>	<p>either:</p> <ul style="list-style-type: none"> <li>the person who is designated by the PID Guidelines as being taken to be responsible for management or supervision of the public officer;<sup>2</sup> or</li> <li>the person who is in fact responsible for the management or supervision of the public officer; or</li> <li>the relevant responsible officer (as designated by the Constituent Council in accordance with section 12 of the PID Act)</li> </ul>
a public sector agency or public sector employee	<p>either:</p> <ul style="list-style-type: none"> <li>the Commissioner for Public Sector Employment; or</li> <li>the responsible officer for the relevant public sector agency</li> </ul>
an agency to which the <i>Ombudsman Act 1972</i> applies	the Ombudsman
a location within the area of a particular council established under the <i>Local Government Act 1999</i>	a member, officer or employee of that Council
a risk to the environment	<p>the Environment Protection Authority</p> <p>the relevant Constituent Council where the information relates to a location within that Constituent Council's area</p>
an irregular and unauthorised use of public money or substantial mismanagement of public resources	the Auditor-General
the commission, or suspected commission, of any offence	a member of the police force
a judicial officer	the Judicial Conduct Commissioner
a member of Parliament	the Presiding Officer of the House of Parliament to which the member belongs

<sup>1</sup> In all cases, there will be multiple applicable Relevant Authorities to whom an Informant may choose to make a Disclosure.

<sup>2</sup> Presently, no persons have been designated.

**PUBLIC INTEREST DISCLOSURE PROCEDURE****10**

Where the information relates to...	the relevant authority is...
a person or a matter of a prescribed class <sup>3</sup>	an authority declared by the regulations to be a relevant authority in relation to such information
<p>public interest information - being:</p> <ul style="list-style-type: none"> <li>• environmental and health information (information that raises a potential issue of a substantial risk to the environment or to the health or safety of the public generally or a significant section of the public); or</li> <li>• public administration information (information that raises a potential issue of corruption, misconduct or maladministration in public administration)</li> </ul>	<ul style="list-style-type: none"> <li>• the OPI;</li> <li>• a Minister of the Crown; or</li> <li>• any other prescribed person or person of a prescribed class</li> </ul>

<sup>3</sup> Presently, no prescribed persons or classes have been identified

## 5.6 ANNUAL BUSINESS PLAN 2019/2020 PERFORMANCE EVALUATION

Author: Michael Livori  
Ref: AF19/6

### Summary

This report outlines Eastern Health Authority's (EHA's)'s performance for 2019/2020 against the performance measures contained within the Annual Business Plan.

### Report

The Annual Business Plan 2019/2020 was adopted by the Board of Management at its meeting held on 26 June 2019.

The Annual Business Plan includes the following:

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

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

Outcomes of 2019/2020 have been evaluated against the performance measures contained within the Annual Business Plan to determine whether the objectives of the seven core activities have been achieved.

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

### RECOMMENDATION

That:

The Annual Business Plan 2019/2020 Performance Evaluation report is received.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

### 1.0 – Governance and Organisational Development

#### Objective 1 Administration of legislative and corporate governance requirements

Actions	Performance Measures	Result
1.1 Monitor the compliance of statutory requirements identified in the Charter.	Statutory requirements complied with as per Charter.	Compliance schedule monitored. Required actions are detailed below.
1.2 Properly convene Board meetings providing agendas and minutes. Minimum of 5 ordinary meetings conducted. Notice of meeting given 3 clear days prior to meeting. Minutes provided within 5 days of meeting.	5 meetings conducted. Appropriate notice given. Timeframe met.	The EHA Board of Management (BOM) met six times during the year to consider EHA business.  Time frames met.
1.3 Conduct election for Chair and Deputy Chair of Board of Management in February.	Election conducted at February meeting.	Chair and Deputy Chair elected at meeting held on 26 February 2020.
1.4 In accordance clause 6.5 of EHA's Charter 2016, undertake the required strategies to attain any priority or goal which the Regional Public Health Plan, 'Better Living, Better Health' (the Plan) specifies as EHA's responsibility.	As detailed in 'Better Health, Better Living' section 7.3 'Protection for Health'	The required 'Protection for Health' outcome goals are detailed within EHA Annual Business Plan.
1.5 Commence the review of the Regional Public Health Plan, 'Better Living, Better Health' in accordance with section 51(19) SA Public Health Act 2011.	Review of Regional Public Health Plan	Engagement of consultant URPS in July 2019. Review of draft plan commenced in July 2019 involving a series of co-design workshops with Councils and key stakeholders. The draft Plan was available for community consultation between 11 November 2019 to 13 December 2019.  The adoption of the Regional Plan by all Constituent Councils occurred between April - May 2020.  EHA was invited by SA to participate in the Public Health Partnerships workshop - local government exploratory/co-design meeting.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Result
1.6 Provide administrative assistance to the Public Health Plan Advisory Committee and coordinate reports to the Board of Management.	Reports provided to Board Meetings as required.	Administrative assistance provided to the Regional Public Health Plan Advisory Committee. Update reports to the Board were required on the progress of the draft Regional Public Health Plan 2020-2025.
1.7 Annual business plan to be developed with detailed objectives for the year in consultation with Constituent Councils.	Draft considered at May meeting and adopted at June meeting.	Constituent Councils invited to provide initial comment in February 2019 and comment on preliminary draft in April 2019. Budget presentation provided to BOM 20 March 2019. Draft considered by BOM at 1 May 2019 meeting and adopted at 26 June 2019 meeting.
1.8 Develop budgeted financial statements to implement the Annual Business Plan of EHA. Draft Budgeted Financial Statements considered at May meeting. Budgeted Financial Statements adopted at June meeting.	Budget and Financial Statements adopted. Copy of budget provided to CEO of Constituent Councils within 5 days of adoption.	Draft Budget presented at 1 May 2019 meeting. Budget Adopted at 26 June 2019 meeting. Budget provided to councils on 2 July 2019.
1.9 Keep proper books of account, regularly report on the financial position of EHA, and apply prudent financial management as required by the Charter.	Financial reports provided at each Board Meeting. Budget reviews presented at October, February and May meetings.	Regular Finance Reports and three Budget Reviews considered and adopted by BOM.
1.10 Conduct Audit Committee meetings as required by Charter.	Audit committee meet minimum of two times per annum.	Two Audit Committee meetings held.
1.11 Ensure the financial statements are audited annually as per the requirements of the Charter.	Audited financial statements adopted at August meeting and provided to Constituent Councils within 5 days.	Audited Financial Statements signed without qualification by Auditor and provided to Constituent Councils on 20/09/2019.
1.12 Monitor Long Term Financial Plan.	Plan reviewed annually as part of budget process.	Initial LTFP adopted on 28 August 2013.  Reviewed Financial Estimates developed for September 2019 meeting.
1.13 Provide regular statistical reports to Board Members and Constituent Council.	Reports provided at scheduled Board meetings.	Reports provided to all Board meetings including statistical reports.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Result
1.14 Conduct annual review of delegations. Lead Constituent Councils in process. Resolutions and Instruments of delegation provided to Constituent Councils.	Documents provided to Constituent Councils. Delegations from EHA to CEO reviewed annually.	Review conducted in July 2019 in consultation with Constituent Councils.  Reports updating delegations considered at September 2019 meeting.
1.15 Compile annual report in relation to the operations of EHA as required by the charter.	Annual report adopted at August meeting and provided to Constituent Councils and other stakeholders.	Revised process agreed due to timelines. Administration liaised with Chair prior to Annual Report (2018/2019) being provided to Board of Management, Constituent Councils, Elected Members and Key Stakeholders.
1.16 Compile report pursuant to the <i>South Australian Public Health, Act 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at relevant Board meeting and provided to Public Health Council.	<i>SA Public Health Act 2011</i> Annual Report 2018-19 received at 18 September 2019 Board Meeting and provided to Public Health Council by due date.
1.17 Compile annual report pursuant to the <i>Food Act 2001</i> and <i>Safe Drinking Water Act, 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at August meeting and provided to SA Health.	<i>Food Act 2001</i> Annual Report 2018-19 received at 18 September 2019 Board Meeting and sent to SA Health by due date.
1.18 Coordinate the required biennial report pursuant to the <i>SA Public Health Act, 2011</i> in relation to the Regional Public Health Plan strategies implemented by EHA and the Constituent Councils.	Submit report to Chief Public Health Officer.	Last Biennial Regional Public Health Plan report pursuant to the <i>SA Public Health Act, 2011</i> submitted to the Chief Public Health Officer on 30 September 2018 on behalf of EHA's Constituent Councils. Next due September 2020.
1.19 Compare Annual Business Plan against performance measures.	Report presented to August meeting.	2018/2019 evaluation considered at 18 September 2019 meeting.
1.20 Provide delegates report to CEO of each Constituent Council following Board meetings for tabling at subsequent council meeting.	Reports provided following Board meetings.	Delegate reports provided in August 2018 and February, May 2019.
1.21 Properly convene meetings of Constituent Council nominated contacts including providing agendas and minutes.	4 meetings conducted per year.	Council contacts met on four occasions (September and December 2019 and March and June 2020).  Agenda and minutes provided for each meeting.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Result
1.22 Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	System developed to ensure appropriate standards are being met.	Records Management Policy was adopted by the Board in January 2020. Monthly Audit reports are monitored for discrepancies in Content Manager.
1.23 Continually Review the EHA website to improve the functionality and available information and educational material.	Improved website functionality and available information.	Link Checker automatically monitored to ensure external links are active. Review of online booking system completed and functionality improved for end user. Various information updated to reflect Covid-19.
1.24 Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	Report to Board on expansion opportunities.	No opportunities identified.
1.25 Maintenance of Health Manager (HM) (electronic database). Continue to expand HM's internal and external functionality, to improve inspection, complaint and administrative efficiency and reporting capabilities.	Introduce new applications and reporting capabilities where required. Continue to liaise with Open Office to discuss new applications.	Ongoing maintenance to HM to improve administration efficiency, reporting capabilities and record management. Upgrades include: <ul style="list-style-type: none"> <li>• Explored the use of electronic during swimming pool inspection.</li> <li>• Updated Improvement Notice and Prohibition Order templates on HM.</li> <li>• Improved the capability of the mail merge fields. Improved communication to be sent to food businesses directly from HM and automatically record into the electronic database.</li> </ul>
1.26 EHO's to continue to utilise the handheld electronic tablets with access to Health Manager during routine food inspections and complaint investigations. Expand the use of the electronic tablets in other EHO onsite field work.	Continue to utilise the handheld electronic tablets during routine and follow-up food inspections.  Implementation of electronic tablets during complaint investigations and other EHO onsite field work to improve inspection, complaint and administrative efficiency.	All routine food inspection are completed on the tablet with electronic reports compared to 95% in 2018/2019.  Updates to allow pre-opening/fit-out inspections to be completed on the tablet with electronic reports.
1.27 Participate in the Environmental Managers Forum to address environmental health issues and promote uniformity and professional consistency.	Management to attend and participate in the Environmental Managers Forum meetings.	CEO (Convenor of Forum) attended all meetings. Team Leader Environmental Health attended meetings.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Result
1.28 Continue membership and actively participate in the Eastern Adelaide Zone Emergency Management Committee to develop and finalise the Eastern Zone Emergency Management Plan.	Attend the Eastern Adelaide Zone Emergency Management Committee and actively contribute towards the development of the Eastern Zone Emergency Management Plan.	Attended Emergency Management forum for SA Councils.

### Summary:

The Board of Management met six times during the year to consider EHA's business. Audit signed without qualification by Auditor and adopted by Board of Management 19 September 2019. Chair and Deputy Chair elected at meeting held on 26 February 2020. Review of Delegations conducted in July 2019. Reports updating delegations considered at September 2019 Board Meeting. Annual Report 2018/2019 adopted.

*SA Public Health Act 2011* Annual Report 2018/2019 received at September 2019 Board Meeting and provided to Public Health Council. *Food Act 2001* Annual Report 2018/2019 received at September 2019 Board Meeting and submitted to SA Health.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

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

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

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

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

### Summary:

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

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

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

### 2.0 – Public and Environmental Health

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

Actions	Performance Measures	Result
<p>2.1 Maintain and update a register of all public health related premises.</p> <p>Public Health related premises are:</p> <ol style="list-style-type: none"> <li>1. premises with public swimming pools and spas</li> <li>2. premises with cooling tower systems and warm water systems</li> <li>3. Personal care and body art premises</li> <li>4. waste control systems</li> </ol>	<p>Register maintained and updated at all times.</p>	<p>Registered waste-water systems reviewed and updated as required.</p> <p>Register for beauty and skin penetration, high risk manufactured water systems and swimming pools were maintained and updated as required.</p> <p>Personal care and body art registered premises reviewed and updated as required.</p> <p>Ongoing surveillance to identify new or un-notified Public Health premises.</p> <p>Monitoring all business closures and re-openings in line with COVID-19 restrictions.</p>
<p>2.2 Using the SA Health assessment forms determine appropriate standards of public swimming pools and spas are maintained in accordance with the <i>South Australian Public Health (General) Regulations 2013</i>.</p>	<p>All year pools assessed twice a year and other pools once a year.</p>	<p>During the year 28 sites were inspected at least once.</p> <p>71 routine and 22 follow-up inspections were conducted. The COVID-19 restrictions imposed prevented the operation of Swimming Pools and Spas. This restricted the Authorised Officers to assess all year pools twice within the year.</p> <p>Two complaint investigation were carried out.</p> <p>One Compliance Notice was issued.</p> <p>Four swimming pool and spa voluntarily closed.</p> <p>21 sites temporary due to COVID 19 restrictions.</p>

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Result
2.3 Using the SA Health assessment forms, determine appropriate standards of cooling towers and warm water systems for the management of <i>Legionella</i> in accordance with <i>South Australian Public Health (Legionella) Regulations 2013</i> .	Assessments performed at least annually.	Assessments performed annually.  30 routine system inspections conducted at 17 sites.  Nil follow up inspections conducted.
2.4 Collect water samples from cooling towers and warm water systems for analysis based on requirements <i>South Australian Public Health (Legionella) Regulations 2013</i> .	Water samples collected and sent for analysis at least annually.	Samples collected during each annual inspection and as required during disease investigations.  Two detections of <i>Legionella</i> as a result of routine testing during annual inspections and in-house testing by High Risk Manufactured Water Systems (HRMWS) sites.
2.5 Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in a systematic manner in accordance with SA Health guidance and internal procedures.	Investigate incidences in accordance with EHA service standards and SA Health guidance.	Four incidences of high <i>Legionella</i> counts were received. Three required desktop investigations as per instructions by SA Health. No further action was required.
2.6 Investigate complaints to ensure appropriate infection control standards at personal care and body art premises are maintained in accordance with the relevant guidelines and legislation.	Investigate and respond to complaints in accordance with their customer service standards.	One beauty premises complaint required investigation.
2.7 Using the SA Health assessment forms determine appropriate standards at personal care and body art premises are maintained in accordance with guidelines and legislation.	Assessments performed according to risk of activities.	<u>Routine Inspections</u> Beauty - 6 Tattoo – 12  The COVID-19 restrictions imposed prevented the operation of Personal Care and Body Art Premises. For a period of four months PCBA Authorised Officers were unable to conduct routine assessments of these premises. As a result, all tattoo studios were inspected, however there was a decrease in the number of beauty premise inspections.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Result
2.8 Assess applications for the installation of on-site wastewater systems in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i> , the On-site Wastewater System Code, 2013 and AS 1547 internal procedures, and service standards.	Applications assessed against with legislative requirements and customer service standards.	Six onsite waste-water system applications were received. One approval refused. 2 pending applications carried over from the previous reporting period. 7 works approval. 1 application pending decision at the end of the reporting period. 7 onsite inspections undertaken to determine progress of approved wastewater works. No complaint investigations.
2.9 Monitor service reports for aerobic wastewater treatment systems to identify non-compliances. Ensure non-compliances are addressed in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i> .	Monitor service reports for wastewater treatment systems to identify non-compliances.	Service reports monitored as required.
2.10 Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to: <ul style="list-style-type: none"> <li>- hoarding and squalor</li> <li>- sanitation</li> <li>- vector control</li> <li>- hazardous and infectious substances</li> <li>- onsite wastewater systems</li> <li>- notifiable diseases</li> <li>- refuse storage</li> <li>- coordinate a multi-agency response where necessary</li> </ul>	Enquiries/complaints are investigated in accordance with the customer service standards. Seek to accomplish a long-term solution. Coordinate a multi-agency response where necessary.	213 Public health complaints were received. 28 of these complaints related to COVID-19 physical distancing. 279 onsite inspections performed. 4 x Compliance Notices (Clandestine Drug Laboratory) – 2 Sites 1 x Compliance Notices (Severe Domestic Squalor)
2.11 Undertake joint investigations with Constituent Councils where there may be an overlap relating to <i>SA Public Health Act 2011</i> and the <i>Local Nuisance and Litter Control Act 2017</i>	Undertake joint investigations where required.	Multiple joint inspections conducted with Constituent Council Officers where complaints overlap relating to public health and nuisance matters.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Result
2.12 Provide information to households informing them of localised vector problems that can be minimised.	Provide information as required.	Various vector control awareness information sheets, including mosquito, rodent and pigeon were disseminated to residential properties. Vector control mail outs were sent to 37 neighbourhoods.
2.13 Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.	Information available to community and via website and as required.	Information materials and advice provided to households as required.
2.14 Provide rodent bait to residents upon request.	Rodent bait provision maintained.	Rat bait available for collection. In special circumstances, bait is delivered to residents' homes. Rat bait packs were distributed to residents in response to vermin activity.
2.15 Undertake relevant notifiable disease investigations in collaboration with SA Health.	Respond to disease notifications in accordance with customer service standards and SA Health guidance.	CDCB notifications received: <i>Campylobacter</i> – 267 <i>Salmonella</i> – 79 <i>Cryptosporidiosis</i> – 5 <i>Legionellosis</i> – 5 Investigations were undertaken where required based in the instructions from CDCB.  A total of 51 confirmed <i>COVID-19</i> notifications were received. No action was required.
2.16 Assist members of the community by offering approved sharps containers at cost price. Free disposal of full and approved sharps containers delivered to EHA.	Provide sharps container at cost price and free disposal service to residents as required.	As required.
2.17 Assessments and investigations are updated in Health Manager (electronic database) to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.	Update within 5 days of assessment or action.	Entries into Health Manager are completed in a timely manner. Discussion regarding timely entry with officers as required.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Result
2.18 Co-ordinate the Eastern Hoarding and Squalor Committee meetings to promote interagency management of residents affected by hoarding and squalor	Coordinate the Eastern Hoarding and Squalor meetings.	Eastern Hoarding and Squalor Group (the Group) has enabled an inter-agency response to hoarding and squalor issues. EHA continues to co-ordinate and convene the meetings. The group met on three occasions.
2.19 Maintain the hoarding and squalor contact database.	Update where required.	Ongoing.
2.20 Participate in Metropolitan Fire Service fire risk notification system.	Notify MFS when required as per the notification process.	Progress updates provided by MFS at relevant forums.
2.21 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Attend and actively participate.	<p>Staff participate on a range of representative groups and working parties.</p> <p>EHO's convene the Public Health and Supported Residential Facilities Special Interest Groups.</p> <p>Team Leader and EHO are Board Members of Environmental Health Australia SA.</p> <p>CEO convenes Environmental Health Managers Forum. EHOs attended training on Clandestine Drug Laboratories provided through SA Health.</p> <p>EHOs attended the National Conference.</p>
2.22 Participate in the Environmental Health Australia 'Public Health' and 'Waste Control' Special Interest Groups (SIG) to promote uniformity, professional consistency and to discuss the latest information in relation to public health and waste control issues affecting local government.	Attend and actively participate at SIG meetings.	Public Health, and Waste Control SIG meetings held. SIG meetings attended by staff. Staff presented at SIG meetings.
2.23 Ensure activities and outcomes are communicated to the Board of Management, Constituent Councils and state government bodies	Board Reports and Annual Reports compiled and distributed.	Board Reports and Annual Reports compiled and distributed.
2.24 Respond to development application referrals from councils about public health related premises and activities.	Respond to all referrals in accordance with the customer service standards.	Assessments are reviewed as required. Following review of applications EHO's contact new business proprietors and conducted a preliminary onsite inspection.

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Actions	Performance Measures	Result
2.25      Ensure providers who supply water to the public under the <i>Safe Drinking Water Act 2012</i> , meet the requirements set out by the act and <i>Safe Drinking Water Regulations 2012</i> .	Continue to monitor potential water providers to ensure compliance with the Act and associated regulations.	Nil.

### Summary

Despite the COVID-19 restrictions imposed on businesses HRMWS, swimming pools and spas, tattooist and were assessed at least once during the year. However, the restrictions affected the ability for authorised officers to undertake inspections of beauty premises conducting high-risk activities.

A total of 30 routine inspections were undertaken at 17 HRWMS sites. All sites were inspected at least annually. Water samples were obtained at all routine inspections resulting in two detection of *Legionella* at two separate facilities. These facilities were shut down and decontaminations were promptly undertaken as required by the SA Public Health (*Legionella*) Regulations 2013.

During the year 71 routine inspections at 28 swimming pool and spa sites were assessed. A total of 22 follow-up inspections were conducted. Three pool sites required multiple follow-up inspections. Four swimming pool and spa sites closed voluntarily due to inadequate chemical levels within the pools. One site was issued with a Compliance Notice. The State COVID-19 restrictions required the 21 pool sites to temporarily close.

During the year, 213 public health complaints were received, and 279 onsite inspections were performed. Following the declaration of the COVID-19 Pandemic and the Police Commissioner's State of Emergency the Authorised Officers investigated 28 complaints relating to COVID19 physical distancing. No legal action under the SA Public Health Act 2011 was required.

Compliance Notices were issued to separate properties following confirmation of activities of Clandestine Drug Laboratory. An oral Emergency Notice was issued to a property to address matters relating to severe domestic squalor.

EHA continues to lead the Eastern Hoarding and Squalor Group (the Group). The Group continued into its eighth successful year and met three times. This collaborative forum for EHOs and representatives from Government and non-Government agencies allows for proactive discussion and information sharing on squalor and hoarding, services and resources available to resolve these issues.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

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

Actions	Performance Measures	Result
2.1.1 Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the resources of other health related agencies.	Information resources maintained.	Commenced review of public health fact sheets maintained by EHA.
2.1.2 Promote EHA services and educate the community on matters of public health in conjunction with Constituent Councils.	Provide information updates and articles to Constituent Councils as required.	Sent three educational emails to relevant businesses in relation to COVID-19 regarding restrictions, requirements and preventative measures.  Updated EHA website with links to relevant information regarding COVID-19.  277 social distancing observation inspections which we estimate to cover more than 1000 premises. Officers were proactive in educating businesses and also shopping centres in lead up to significant public events (ie. Easter) to ensure the requirements were adequately managed.
2.1.3 Review and update public health educational material to businesses that are required by EHA.	Educational material updated and provided as required.	Commenced review of public health fact sheets maintained by EHA.
2.1.4 Participate in State/National proactive educational initiatives that raise awareness of public health related issues amongst the community.	Number of proactive educational activities conducted each year.	Public Health Week is held every second year and will next be held in 2021.
2.1.5 Develop a customer service reference booklet for EHA and Constituent Councils staff – to assist with enquiries and provide a positive customer service experience.	Develop and distribute the customer service reference booklet.	Draft customer service reference booklet completed.

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### Objective 2.2

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

Actions	Performance Measures	Results
2.2.1 Assess applications for new licences, licence renewals and transfer of licence with regard to SRF legislation and within legislative timeframes.	Applications processed within legislative timeframes.	Five licence renewal applications were received and approved.
2.2.2 Assess applications for manager and acting manager with regard to SRF legislation.	Applications processed within customer service standards.	Two acting manager applications were received and approved.
<p>2.2.3 Conduct relicensing audits of facilities against SRF legislation and include conditions where necessary based on the findings of the audits conducted during the year and fire safety advice.</p> <p>Incorporate appropriate annual fire safety requirements from the Constituent Councils Building Fire and Safety Officers.</p>	<p>Unannounced audits conducted at all facilities. Issue of licences annually with conditions where required.</p> <p>Fire safety advice obtained annually. Include as licence conditions as agreed between EHA and Constituent Councils.</p>	<p>Due to COVID-19 directions, Authorised Officers were not permitted to enter SRFs from March – June 2020 when Officers would usually be performing relicensing audit inspections. Therefore, some facilities were licensed for a shorter period.</p> <p>Three unannounced routine licensing audits were conducted across two facilities. Documentation audits were performed for all five facilities.</p> <p>Authorised Officers liaised with Officers from the relevant Building Fire Safety Committee to obtain fire safety reports for each facility.</p> <p>One facility was licenced for one year. Three facilities were licensed for six months. One facility was licensed for four months.</p>
2.2.4 Conduct ongoing inspections to ensure facilities continue to operate at satisfactory standards in accordance with the legislation. Conduct inspections of facilities to ascertain compliance with licence conditions throughout the year.	Unannounced inspections and follow-ups conducted at SRFs.	Two follow up inspections were conducted.
2.2.5 Respond to enquiries/complaints in relation to SRFs	Respond to all enquiries and complaints in accordance with the customer service standards.	One complaint investigation was undertaken.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Results
2.2.6 Liaise with service providers to ensure residents receive appropriate levels of care.	Liaise where required.	Regular liaison with service providers including; <ul style="list-style-type: none"> <li>- SRF Managers and Proprietors</li> <li>- Department of Human Services</li> <li>- SRF Health Access Team Dietician</li> </ul>
2.2.7 Participate in the Environmental Health Australia 'SRF' Special Interest Group (SIG) to promote uniformity, professional consistency and to discuss the latest information in relation to SRF issues affecting local government.	Attend and actively participate at SRF SIG meetings.	EHA Staff convene the SRF Special Interest Group.  LGA regularly attend SRF Special Interest Group meeting.  Department of Human Services are invited to attend.
2.2.8 Liaise with Department of Human Services and Constituent Councils on the potential for SRF closures and surrender of licence, strategic management options and appropriate alternative accommodation options.	Issues investigated and reported to Board of Management and relevant council as necessary.	No SRF closures or surrender of licence matters.
2.2.9 Liaise with Sate Government to ensure legislation applicable to SRFs is appropriate and that local government receives appropriate support for its licensing role.	Continue discussions with LGA regarding these issues.	SRF Special Interest Group liaison with Department of Human Services to highlight impacts of transition to National Disability Insurance Scheme on licensing role and functions.
2.2.10 Ensure activities and outcomes are communicated to the Board of Management, Constituent Councils and state government bodies as required via: Reports to the Board of Management, Delegates Reports and Annual Report.	Board Reports and Annual Reports compiled and distributed.	Reports and presentations provided.
2.2.11 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Attend and actively participate.	No opportunities in this period.

## **Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020**

### **Summary**

Due to COVID-19 directions, Authorised Officers were not permitted to enter SRFs from March – June 2020 when Officers would usually be performing relicensing audit inspections. Therefore, some facilities were licensed for a shorter period. Three unannounced routine licensing audits were conducted across two facilities. Documentation audits were performed for all five facilities. Three dual licence facilities were licensed for six months and one pension only facility was licensed for four months. One pension only facility was licenced for one year as their audit was completed prior to the COVID-19 directions that were imposed.

Two action manager applications were received and approved.

No licence transfers were received during the reporting period.

EHA staff continue to convene the SRF Special Interest Group. During the year, the Group liaised with Department of Human Services to highlight impacts of transition to National Disability Insurance Scheme on licensing roles and functions.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

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

Actions	Performance Measures	Results
2.3.1 Liaise with the Constituent Councils and Eastern Adelaide Zone Emergency Management Committee to ensure integration of emergency management arrangements.	Attend and participate in committee meetings.	Three meetings attended by management staff.
2.3.2 Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. Participate in any relevant exercises conducted by the Constituent Councils or by other organisations.	Conduct or participate in one exercise a year.	Emergency Management Response workshop with the City of Burnside cancelled due to COVID-19.  Invited by SA Health to attend and participate in the Anthrax Biological Workshop - SA Health Emergency Service Department.
2.3.3 Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. Participate in any relevant exercises conducted within the region by other organisations.	Conduct or participate in one exercise a year.	BCP tested during Covid-19 Pandemic
2.3.4 Review and update emergency management information on the website.	Review and update as required.	No updates undertaken.
2.3.5 Finalise the review of the Emergency Management Plan.	Plan Finalised.	Review is ongoing.
2.3.6 Finalise the review of Business Continuity Plan.	Plan Finalised.	BCP reviewed and updated.
2.3.7 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Attend and actively participate	Team Leader Environmental Health participated in LGA Functional Support Group - COVID-19 – working group. The group developed industry resources including an information toolkit for EHO's and delegated councils' officers. This assisted officers in undertaking social distancing inspections in accordance with the State Directions and utilise emergency powers under the SA Public Health Act 2011.  EHA Management provided training to Constituent Council staff on the LGA COVID-19 Social Distancing Toolkit and emergency powers.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Results
2.3.8 Emergency Management Plan strategies to be reflected in the Public Health Plan and Risk and Opportunity Management Policy and Framework to ensure consistency over the three strategic plans.	Emergency Management Plan incorporated in the Risk and Opportunity Management Policy and Framework. The Emergency Management Plan to be recognised during the public health planning process.	Emergency Management strategies reflected in the Risk and Opportunity Management Policy Framework. Annual review of the Framework undertaken in August 2019

### Summary

One senior staff attended the quarterly Eastern Adelaide Zone Emergency Management Committee (EAZEMC) meetings.

EHA was invited by SA Health to attend and participate in the Anthrax Biological Workshop - SA Health Emergency Service Department. A senior staff member attended the workshop.

Following the declaration of the COVID-19 Pandemic and the Police Commissioners State of Emergency, a review of the Business Continuity Plan was undertaken.

Team Leader Environmental Health participated in LGA Functional Support Group - COVID-19 – working group. The group developed industry resources including an information toolkit for EHO's and delegated councils' officers. This assisted officers in undertaking social distancing inspections in accordance with the State Directions and utilise emergency powers under the SA Public Health Act 2011.

EHA Management provided training to Constituent Council staff on the LGA COVID-19 Social Distancing Toolkit and emergency powers.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

### 3.0 – Immunisation

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

Actions	Performance Measures	Results
<p>3.1 Ensure effective governance and delivery of a public clinic immunisation program in accordance with:</p> <ul style="list-style-type: none"> <li>• the current National Health and Medical Research Council (NHMRC) “Australian Immunisation Handbook”</li> <li>• National Vaccine Storage Guidelines ‘Strive for 5, 2<sup>nd</sup> Edition</li> <li>• the <i>Controlled Substances Act 1984</i> and the <i>Controlled Substances (Poisons) Regulations 2011</i></li> <li>• Vaccine Administration Code February 2018 v 1.7</li> <li>• EHA’s Work Health and Safety policies and procedures</li> <li>• South Australia’s Child Protection Legislation – Child Safe Environment Guidelines.</li> <li>• Immunisation Records and Inventory System (IRIS).</li> </ul> <p>Immunisation Nurses are provided with opportunities to participate in:</p> <ul style="list-style-type: none"> <li>• Immunisation Providers Network (SA) (IPN SA).</li> <li>• Other professional updates including participation of biannual PHAA Immunisation Conference</li> <li>• In-house education sessions and team meetings.</li> <li>• Annual CPR and Mandated Notification updates.</li> <li>• Complete 20 hours of valid documented Continuing Professional Development (CPD) annually.</li> </ul>	<p>Quality and effective clinical performance and evaluation.</p> <p>Annual Cold Chain audit and pharmaceutical refrigerator maintenance.</p> <p>Liaison with EHA’s Consultant Medical Office of Health.</p> <p>Annual review of Child Safe Environment Guidelines and procedures.</p> <p>Review of CPD of Immunisation Nurses annually.</p>	<p>Changes to the online ‘Australian Immunisation Handbook’ were communicated to all Immunisation staff. Immunise Australia website checked monthly for updates.</p> <p>School Immunisation Protocols updated in November 2019. All documents and templates to the Schools updated and improved to reflect the changes in the Protocols.</p> <p>Cold Chain Audit completed in December 2019.</p> <p>Successful installation of new immunisation fridge.</p> <p>Updated guidelines for National vaccine storage guidelines circulated to relevant staff.</p> <p>Immunisation staff attended vaccinology update November 2019.</p> <p>Annual CPR training February 2020.</p>
<p>3.2</p> <ul style="list-style-type: none"> <li>• Continues promotion of EHA’s public immunisation clinic program through channels identified in the EHA Marketing plan.</li> <li>• Continue to identify key circulation areas to promote EHA immunisation clinic timetable.</li> </ul>	<p>Increased number of clinic timetables required and distributed.</p> <p>Regular updates of information and videos and links provided in the home page on immunisation issues.</p>	<p>Clinic Timetables mailing list is utilised to capture all churches, playgroups, libraries, primary schools and childcare centres in our Constituent Council and contract council areas. This is reviewed and updated annually.</p> <p>The online booking system on the website continues to be well used in 2019/2020 with 1,503 confirmed bookings online.</p>

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Results
<ul style="list-style-type: none"> <li>• Use the EHA website as a tool for communication of up to date information relating to Immunisation and changes to the NIP.</li> <li>• Build social media presence through Constituent Council platforms to promote immunisation clinics.</li> <li>• Provide Constituent Councils with regular updates, education and promotional materials relating to immunisation to assist in updating and educating Constituent Council residents. Explore opportunities within each Constituent Council to provide updates to residents either by presentations or with promotional materials.</li> </ul>	<p>Source and distribute to Constituent Councils promotional and educational materials on immunisation in conjunction with Constituent Councils.</p>	<p>Referral traffic from our Constituent Council websites continues to increase. Social media tiles were developed for use by councils on their social media platforms to promote clinic times in each council area.</p> <p>Social media tiles used on 2 occasions to promote Flu and general clinics.</p> <p>Updated all immunisation pages online with all relevant COVID-19 information and new procedures.</p> <p>Posters created to put at constituent councils re Covid-19 change of venues.</p> <p>A3 posters created and emailed to Council Contacts.</p>
<p>3.3</p> <ul style="list-style-type: none"> <li>• Improve customer experience at EHA public immunisation clinics.</li> <li>• Conduct an annual review of EHA's public clinic venues and timetable. Evaluate clinic venues for areas where improvements could be made to improve customer experience. Produce and publish annual immunisation program timetable to reflect the review of the public clinics</li> <li>• Establish and promote public immunisation clinic at City of Prospects new Community Hub Library and Innovation Centre.</li> <li>• Promotion of online immunisation appointment booking system to improve user experience.</li> <li>• Develop opportunities for immunisation client feedback and satisfaction surveys.</li> <li>• Implement process of improved Recalls and Reminders. Use data provided by the Australian Immunisation Register to assist to identify overdue vaccinations.</li> </ul>	<p>Review and evaluate each public clinic venue and times offered. Implement improvements where needed.</p> <p>Clinic timetable reviewed and published in November.</p> <p>Increase mailout of clinic timetable.</p> <p>Explore opportunities to capture client feedback and satisfaction to further improve facilities and services offered.</p> <p>Report and expand website analytical tools to monitor usage.</p> <p>Improve the access and increase in us of the Immunisation Online Booking System.</p> <p>Implement program of review and reminder for residents of overdue vaccinations.</p>	<p>During August 2019 review commenced for 2020 venue timetable.</p> <p>Recommended at City of Prospect clinic on completion of the redevelopment of the Prospect Civic Centre.</p> <p>Additional clinics based on demand have been held throughout the year. Extra flu, School Absentees and over 65's clinics have also been held at St Peters to capture absentees on demand.</p> <p>Major improvements to the Online Booking System were made in October 2019. The system was made simpler for clients with the choice of dates and times. New email confirmations and reminders prior to appointments were implemented and clients now can cancel their own appointments.</p> <p>Changed all immunisation clinics from drop into appointment and all clinic venues were re-located to St Peters due to Covid-19.</p> <p>SMS and emails were sent out to all clients with precooked appointments regarding venue changes and instructions prior to attending appointment on safe practices, social distancing procedures due to Covid-19.</p>

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Results
<p>3.4 Deliver SIP to students at schools within EHA's area in accordance with the SA Health Service Agreement contract with local government. Report immunisation statistics to SA Health and the Australian Immunisation Register (AIR), in accordance with contractual arrangements.</p>	<p>Statistics uploaded onto IRIS for the SIP. All students offered vaccinations. Absent consenting students offered vaccination at EHA's public clinics. Statistics uploaded into IRIS for the SIP within 10 days of school visit. Monitor and report on coverage data for the SIP compared to the SA Average.</p>	<p>SIP program was delivered at 19 high schools in 2019 to Year 8, 10 and 11 students with 14,747 vaccines being administered.  Statistics submitted via an online database to SA Health.</p>
<p>3.5 Liaise with school coordinators and SA Health Immunisation Section regarding SIP implementation and evaluation of program.</p>	<p>Delivery of SIP with ongoing improvement and evaluation of coverage data.  Follow up of students who missed vaccination at school.  Further promote EHA clinics and catch up facilities offered in regular school newsletter updates and electronic reminders to parents.</p>	<p>EHA continues to achieve higher school coverage rates than the state average.  Regular articles for inclusion in school newsletters were emailed to all schools to promote students who missed doses at the school visit to attend a public clinic.  EHA coverage rates for the SIP was above State Average for each vaccine: dTpa Yr 8: EHA 89.35% (State 85.86%), HPV Yr 8 dose 1: EHA 89% (State 84.76%), HPV Yr8 dose 2: EHA 82.79% (State 74.81%) Meningococcal B Yr 10 dose 1: EHA 80.45% (State 79.39%) Meningococcal B Yr 10 dose 2: EHA 73.89% (State 70.17%) Meningococcal B Yr 11 dose 1: EHA 78.64% (State 73.76%) Meningococcal B Yr 11 dose 2: EHA 72.86% (State 64.04%) Meningococcal ACWY: EHA 80.29 % (State 74.85%)  School information literature expanded to include Covid-19 information and requirements for both staff and venue onsite, newsletter correspondence for parents.  New SMS system for absentee reminders who missed school vaccinations. Better response rate from parents versus posting absentee slips</p>

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Actions	Performance Measures	Results
<p>3.6 Provide a specialised Workplace Immunisation Program both within and external to the Constituent Council boundaries on a fee for service basis within the private sector</p> <p>Review and identify areas for improvement to the Workplace Online Booking System. Increase production and supply of promotional tools to increase uptake of staff flu vaccinations.</p> <p>Review program annually. Target services to organisations whose staff are at high risk of acquiring vaccine preventable diseases.</p> <p>Aim to provide a professional, quality service and provide competitive service.</p>	<p>Maintain a high repeat client rate.</p> <p>Income generated.</p>	<p>Total of 4,226 Influenza Vaccines administered at 98 workplace visits.</p> <p>Permanent EHA staff - 100% uptake.</p> <p>EHA's Constituent Councils provided their Staff access to Influenza Vaccination Programs held by EHA in May 2020.</p> <p>Education Session held in February 2020 for all Immunisation Nurses to provide an update on the 2020 School Program and the Annual Influenza vaccines.</p> <p>Improvements made in January 2020 to the Online Booking system for Workplaces.</p>
<p>3.7 The CEO/Team Leader Immunisation lobby through LGA for appropriate funding for sustainability of local government delivery of immunisation services.</p> <p>Development of the Immunisation Service Provision MOU for Local Government within the SA Public Health Act, 2011 by the State Government</p>	<p>Meet with LGA/IPN (SA) group to discuss funding and support from governments.</p> <p>Attend meetings in regard to the SA Public Immunisation Services between SA Health and LGA SA. MOU endorsed.</p>	<p>The CEO representing LGA/ EHA on Local Government Immunisation Providers Strategic Workgroup.</p>

### Summary

Details of clients per council, choice of clinic venue and vaccines administered at public clinics continue to be monitored to allow for planning. During August 2019 review commenced for 2020 venue timetable.

Additional clinics based on demand have been held throughout the year. Extra flu, School Absentees and over 65's clinics have also been held at EHA offices, St Peters to capture absentees on demand which were highly successful.

The online booking system on the website continues to be well used in 2019/2020 with 1,503 confirmed bookings online. Continuous improvements are being identified and implemented, with major upgrades completed in October 2019. This successful in making the system more user friendly for clients.

The SIP program was delivered to both Year 8 and 10 students in 2019. EHA continues to achieve higher school coverage rates than the state average.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Total of 4,226 Influenza Vaccines administered at 98 workplace visits. 87% of workplaces have continued to use the online booking system available on the EHA website in 2019. EHA has been proactive in ensuring we were able to provide influenza services whilst also adhering to COVID-19 restrictions. Successful bookings were conducted onsite at EHA offices, with a drive thru clinic also provided to ensure a client's original booking was honoured.

### 4.0 – Food Safety

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

<i>Actions</i>	<i>Performance Measures</i>	<i>Results</i>
4.1 Assign and where required update food businesses risk classification in accordance with the SA Health Food Business Risk Classification Framework.	Apply relevant risk rating to new businesses and undertake assessments in accordance with SA Health Food Business Risk Classification Framework. Monitor and identify new food processing practices during routine assessments. Update the risk classification to reflect the changes.	Existing and new businesses assigned with a 'Risk Rating' in accordance with the updated SA Health Food Business Risk Classification system.
4.2 Routine food business assessments conducted using an appropriate food safety rating tool to ensure compliance with the <i>Food Act 2001</i> and Food Safety standards. Frequency of routine assessments is determined by the food business risk classification and performance	Assessment performed using the appropriate food safety rating tool. Assessments conducted in accordance with Food Business Risk Classification Framework.	633 routine inspections were conducted.  COVID-19 restrictions imposed resulted in the temporary closure and also permanent closure of food businesses. Following instructions from SA Health and LGA Authorised Officers were also required to primarily focus on social distancing inspections. These abovementioned factors affected the number of food safety assessments performed during the year.
4.3 Monitor food businesses during inspections to assess if they are captured by the Primary Production Standards.	Inform SA Health of new food businesses that may be captured under the Primary Production Standards as required.	Informed SA Health of new businesses and new practices within existing food businesses as required.
4.4 Ensure appropriate enforcement action is taken in relation to breaches of the Food Act 2001 and associated standards in accordance with EHA's enforcement policy.	Number of enforcement actions taken in accordance with the enforcement policy.	465 Follow-up Inspections 17 Warning letters. 55 Improvement Notices 13 businesses issued with more than one Improvement Notice 3 Prohibition Orders

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<i>Actions</i>	<i>Performance Measures</i>	<i>Results</i>
		5 Expiation Notices  Expiation procedure was reviewed and updated.
<p>4.5 Investigate food related complaints in a systematic and timely manner in relation to:</p> <ul style="list-style-type: none"> <li>• alleged food poisoning</li> <li>• microbiological and chemical contamination</li> <li>• foreign matter found in food</li> <li>• poor personal hygiene and handling practices</li> <li>• unclean premises</li> <li>• vermin, insects and pest activity</li> <li>• refuse storage</li> </ul> <p>Liaise with SA Health and other councils to ensure a co-ordinated approach where necessary.</p>	Respond to complaints in accordance with customer service standards and when necessary SA Health guidance.	111 food complaints received and actioned.  The main complaints received related to Poor personal hygiene or poor food handling practices.
4.6 Respond to food recalls in accordance with SA Health recommendations.	Number of recalls actioned when required.	Responded to all recalls in accordance with SA Health recommendations.
4.7 Ensure that all businesses servicing vulnerable populations (within the boundaries of the Constituent Councils) have their food safety plan audited in accordance with Food Safety Standard 3.2.1 and the <i>Food Act, 2001</i> .	Number of audits conducted in accordance to audit frequency.	Database of businesses servicing vulnerable populations is maintained.  76 sites required their food safety plan to be audited. 17 audited by EHA and the remainder audited by SA Health and other Councils. Six follow-up audits were undertaken.
4.8 Provide a professional auditing service to businesses external to Constituent Council boundaries which require their food safety plans to be audited.	Number of audits conducted in accordance to audit frequency.	Professional auditing services provided to 62 sites external to Constituent Council boundaries.
4.9 Ensure all businesses provide notification of their business details. Maintain a register of all food businesses operating within EHA's jurisdiction.	Update within 5 days of receipt of notification.	215 businesses closed. An increase when compared to previous year due to the number of food businesses that temporarily closed as a result of COVID 19 restrictions  137 notifications received advising of a new food business or change of ownership, were lodged with EHA.  Food Business Notification form updated requiring Trusts to provide a copy of their Trust Deeds.

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<b>Actions</b>		<b>Performance Measures</b>	<b>Results</b>
4.10	Assessments, investigations and actions are updated in Health Manager to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.	Update within 5 days of assessment or action.	Officers enter assessments, investigations and actions in Health Manager in a timely manner.
4.11	Provide information to the Board of Management in relation to food safety reforms, such as the Parliamentary Enquiry into Food Safety Schemes, and provide written responses on behalf of EHA and Constituent Councils to State Government.	Information reports provided to Board and distributed to Constituent Councils as required.	Nil reports required.
4.12	Review plans liaise with the applicant regarding structural fit out of a food business.	Respond to requests as provided.	32 structural food fit out inspections conducted.  Received plans from Constituent Councils. All reviewed by EHA in accordance with the agreed Development Assessment information sharing process and customer service standards.  EHOs liaised with council on major shopping centre development.
4.13	Provide Feedback to Constituent Councils when requested as per the Development Assessment sharing process	Respond and provide feedback to Constituent Councils as required.	As required
4.14	Provide new food businesses with a welcome pack to introduce EHA, provide resources and information on safe food practice and inform businesses of EHA's inspection fee policy.	Information provided following receipt of notification form.	Ongoing. Following the receipt of a new Food Business Notification, the notification is processed, and welcome pack is sent electronically to the new food business.
4.15	Conduct food safety assessments of fairs and festivals and temporary events in collaboration with the Constituent Councils and relevant event co-ordinators. Provide written correspondence and feedback to all stall holders assessed at these events.	Food safety assessments are undertaken based on risk. Provide correspondence and feedback to stall holders where required.	Attended festivals and fairs and inspected 69 stalls.
4.16	Liaise with Constituent Council and relevant event coordinators to ensure all stall holders at fairs and festivals, temporary events are well informed of the legislative requirements and have the necessary equipment and sell safe and suitable food.  Conduct stall holder meetings for stall holders upon request by the Constituent Councils and relevant event coordinators.	Liaise with Constituent Council and relevant event coordinators prior to the event. Provide stall holder presentations where required.	EHA is in contact with Constituent Councils on upcoming events. Notification form completed by event co-ordinators and stall holders.  Information on safe food handling practices and presentation to stall holders provided prior to events.  EHO attended the Local Government Event Networks Meeting.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

<b>Actions</b>	<b>Performance Measures</b>	<b>Results</b>
4.17 Following the assessment of food stalls at Constituent Councils special events, provide feedback to the relevant council on the food safety standards observed at the event.	Provide feedback to council following an event.	Correspondence and inspection reports provided to relevant Councils where further action is required following an event. Draft template of letter to inform councils of food safety outcomes of special events has been created
4.18 Participate in the Environmental Health Australia "Food Safety" Special Interest Group (SIG) to promote uniformity, professional consistency and to discuss the latest information in relation to food safety issues affecting local government.	Attend and actively participate at SIG meetings.	SIG meetings attended by staff.
4.19 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional improvement.	Attend and actively participate.	Nil opportunities in this period.
4.20 Compile and review the results of the customer service survey within the environmental health sector. Develop and action plan to address identified areas of improvement.	Obtain and collate results. Develop a plan to provide an improved service.	COVID-19 restrictions imposed resulted in the temporary closure and permanent closure of food businesses. Survey postponed to when restrictions ease and businesses re-open.

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

<b>Actions</b>	<b>Performance Measures</b>	<b>Results</b>
4.1.1 Implement the food safety training program for food businesses	Implement the new food safety training program	Implementation of training program postponed as a result of COVID-19 restrictions imposed on food businesses.
4.1.2 Implement the food safety training program targeting specific food businesses that serve food to the vulnerable population and require a Food Safety Program	Implement the new food safety training program	Draft training program prepared.
4.1.3 Develop and maintain a comprehensive range of health education and promotion material targeting public health issues incorporating the recourses of other health related agencies	Information resources maintained	Food safety videos produced and published on EHA website: <ul style="list-style-type: none"> <li>- Hand washing</li> <li>- Safe food storage</li> <li>- Temperature measuring devices</li> </ul> Commenced review of food safety fact sheets.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Actions	Performance Measures	Results
4.1.4 Participate in State/National proactive educational initiative that rises awareness of public health related issues amongst the community.	Number of proactive educational activities conducted each year.	Participated in National Food Safety Culture and Eggs Project coordinated by SA Health: <ul style="list-style-type: none"> <li>- EHOs attended training provided by SA Health on implementing the project</li> <li>- Food businesses surveyed and provided with education and information.</li> </ul> EHA featured in the FZANZ Food Safety Culture Connections Autumn Newsletter. The article titled ' <u>Culture changers: Celebrating food safety champions</u> ' summarised a recent food business that took steps to improve their food safety culture and highlighted the importance of the balance an EHO's guidance/education and regulatory role to encourage and affirm the importance of food safety and the food business wanting to improve.
4.1.5 Develop a customer service reference booklet for EHA Constituent council staff – to assist with enquiries and provide a positive customer service experience.	Develop and distribute the customer service reference booklet.	Draft of document completed.
4.1.6 Collate the results from the customer service survey and investigate the feedback to identify areas of improvement and development of further educational materials.	Collate the customer service feedback. Develop and improvement plan to identify and priorities key issues.	COVID-19 restrictions imposed resulted in the temporary closure and also permanent closure of food businesses. Survey postponed to when restrictions ease and businesses re-open.

### Summary

A total of 633 routine food safety inspections were conducted throughout the year, a decrease when compared to the previous year. This is attributed to the declaration of the COVID-19 Pandemic and State of Emergency from the Police Commissioner and a decrease in available staff. The restrictions imposed resulted in the temporary closures and permanent closure of food businesses and Authorised Officers were also required to primarily focus on social distancing inspections.

73% of routine inspections required a follow-up inspection(s), this was an increase when compared to the previous year.

EHA's Enforcement Policy allows for a graduated and proportionate response to be applied, with businesses issued with Prohibition Orders or Expiation Notices having had a significant history of non-compliance. There was a decrease enforcement action taken with a total of 55 Improvement Notices issued to 41 food businesses. A total of 13 businesses received more than one Improvement Notice during the year.

## Business Plan Review - Progress Against Actions 1 July 2019 – 30 June 2020

Three Prohibition Orders were issued to food businesses, five less when compared to the previous years. Prohibition Orders were issued for serious offences relating equipment and general design construction of the premises being unfit for intended use and poor standard of cleanliness and failure to protect food from potential contamination.

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

EHA received a total of 111 complaints relating to food during 2019-20, with poor personal hygiene and unsafe unsuitable the most common complaints received.

A total of 56 scheduled food safety audits and six follow-up audits were conducted within EHA's jurisdiction during the year. By request, a total of 73 audits were conducted outside EHA's council areas. There was an increase in the number of audits compared to previous years due to new businesses requesting our services.

Food safety training videos were developed and made available on EHA website for free public access. The training videos are short films aimed to educate food handlers or the public in general on improving food safety practices. There are three training videos available that focus on handwashing, safe storage practices and temperature measuring devices. The videos are communicating the food safety messages through clear demonstrations and statements/instructions and symbols. This allows for a wide range of users to access the training.

EHA featured in the FZANZ Food Safety Culture Connections Autumn Newsletter. The article titled '[Culture changers: Celebrating food safety champions](#)' summarised a recent food business that took steps to improve their food safety culture and highlighted the importance of the balance an EHO's guidance/education and regulatory role to encourage and affirm the importance of food safety and the food business wanting to improve.

## 5.7 FOOD ACT ANNUAL REPORT 2019/2020

Author: Nadia Conci

Ref: AF11/205

### Summary

Section 93 of the Food Act 2001 (the Act) requires the head of an enforcement agency to report each year to SA Health. The completed annual Food Act Questionnaire 2019/2020 has been prepared on Eastern Health Authority's (EHA) performance under the Act for 2019/2020 and was submitted to SA Health Food Standards Surveillance and Food and Controlled Drugs Branch on 17 July 2020. A copy of the annual Food Act Questionnaire 2019/2020 is provided to the Board for their information.

### Report

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

On 5 June 2020, SA Health requested that enforcement agencies provide the completed annual Food Act Questionnaire 2019/2020 in accordance with section 93 of the Food Act 2001.

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

The completed annual Food Act Questionnaire 2019/2020 is provided as attachment 1 of this report and is a statistical review of the work undertaken during 2019/2020. The completed questionnaire was submitted to SA Health Food Standards Surveillance and Food and Controlled Drugs Branch on 17 July 2020.

Statistics detailed in the report are reflective of the Authorised Officers concerted effort to conduct thorough routine and follow-up inspections; food safety audits undertaken within and out of our Constituent Council areas; investigated complaints and the applied graduated and proportionate enforcement response to either re-occurring or very serious food safety breaches.

For further detail, Board Members are referred to the annual Food Act Questionnaire 2019/2020.

### RECOMMENDATION

That:

The report titled Food Act Annual Report 2019/2020 be received.

## FOOD ACT 2001 - ANNUAL REPORT QUESTIONNAIRE

Information on Local Government Administration of the Food Act for the period 1st July 2019 to 30th June 2020

Council Name : Eastern Health Authority(EHA)

## 1. Authorised Officers

An authorised officer (AO) is defined as "a person appointed under Part 9, Division 3 of the Food Act 2001". Under Division 3 a council is required to maintain a list of AOs appointed under the Act. Please provide the following advice on persons who were listed as an AO for your council, under this provision, on the 30<sup>th</sup> June 2020.

The purpose of this question is to update the current list of authorised officers working in South Australia. Where part time staff are employed by more than one council, please indicate the name of all other councils in the table below.

If on the 30th of June 2020 the council did not have an AO under the Food Act please provide a nil return.

Name of Authorised Officer	Position Title	Contact Details (phone, fax, mobile, email)	Full time or Part Time appointment	**if Part Times Record the FTE (Full time Equivalent)	Does the authorised officer work for more than one council?	Name the other councils	Percentage of time spent on food related matters (including routine, follow-up and complaints)	
							Inspections	Audits
Luke Smith	EHO	w: 8132 3660 m:0413238894 e:lsmith@eha.sa.gov.au	Full Time		No		85.00%	0.00%
Ebony Daniell	EHO	w:8132 3631 m:0481033817 e:edaniell@eha.sa.gov.au	Full Time		No		65.00%	15.00%
Jasmine Austin	EHO	w: 8132 3627 m:0412891993 e:jaustin@eha.sa.gov.au	Full Time		No		65.00%	0.00%
Leanne Thiele-Wittig	EHO	w:8132 3624 m:0413238978 e:ltthielewittig@eha.sa.gov.au	Full Time		No		65.00%	0.00%
Alysha Riley	EHO	w:8132 3630 m:0413238906 e:ariley@eha.sa.gov.au	Full Time		No		65.00%	0.00%
Leanne Thiele-Wittig	EHO	w:8132 3624 m:0413238978 e:ltthielewittig@eha.sa.gov.au	Part Time	0.8	No		65.00%	0.00%
Tina-marie Aghiana	EHO	w:8132 3640 m:0413239036 e:ttaghiana@eha.sa.gov.au	Part Time	0.9	No		10.00%	35.00%
Nadia Conci	Team Leader - EH	w:8132 3626 m:0413238927 e:nconci@eha.sa.gov.au	Full Time		No		30.00%	0.00%
Michael Livori	CEO	w:8132 3611 m:0400102077 e:mlivori@eha.sa.gov.au	Full Time		No		20.00%	0.00%
<b>TOTAL %</b>							<b>52.22%</b>	<b>5.56%</b>

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

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

## 2. Audits &amp; Inspections of Food Premises

## 2A Food Audits

The Food Act requires businesses that process food for service to "Vulnerable Populations" to have implemented a documented Food Safety Program and are subject to an audit in order to verify compliance with Standard 3.2.1. Please complete the following table with respect to your council area only (if you audit outside your council area, these details will be captured by the respective council). If these businesses were also inspected by your council during the financial year, please provide this information as well.

Business Type- Vulnerable Population	No. of Businesses	Routine Audits (Standard 3.2.1, 3.2.2 & 3.2.3)		Routine Inspections (Standard 3.2.2 & 3.2.3)	
		No. of audits conducted by your council (In your Jurisdiction)	No. of audits conducted by other councils (In your Jurisdiction)	No. of inspections conducted of auditable businesses	No. of follow-up inspections conducted of auditable businesses
Child Care Centres	36	28	3	3	0
Aged Care Facilities	34	25	6	6	5
Private Hospitals (Do not include Public Hospital data)	3	2	0	2	1
Others- Central production kitchen for vulnerable pops	2	1	0	0	0
<b>TOTAL</b>	<b>75</b>	<b>56</b>	<b>9</b>	<b>11</b>	<b>6</b>

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

**2B. Food Inspections**

All food businesses in South Australia are required to comply with the Food Act 2001, Regulations and Food Safety Standards. Please complete the following table with respect to your Council; however EXCLUDE businesses that service "Vulnerable Populations" which were reported in section 2A of this report.

Businesses Inspections Information as per Priority Risk Classification				
Risk Classification	Number of Businesses	Routine Inspections Conducted	Follow up Inspections	No. of Inspection resulting from complaints
P1 (please exclude businesses that service "Vulnerable Populations")	584	420	373	90
P2	300	138	82	17
P3	138	58	4	3
P4	206	0	0	0
<b>Total</b>	<b>1228</b>	<b>616</b>	<b>459</b>	<b>110</b>

**3. Food Audit and Inspection Fees**

**3A. Food Audit fees**

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

Does your council conduct Food Audits?

Yes

If you answered NO to the above question go to Q3B.

Does your council charge fees for conducting Food Audits?

Yes

If you answered NO to the above question go to Q3B.

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

Audit Type/parameters	Audit Charge (\$/unit) (if no fees are charged please write N/A)
Desktop Audit (offsite)	\$92.00/hr
Routine Audit (onsite)	\$195.00/hr
Follow up Audit	\$195.00/hr
Travel Cost	\$90.00/hr
Other _____	Audit Preparation /Administration \$92.00/hr Desktop conducted on-site during audit \$195.00/hr Community - 20% discount
If there is a cap on the maximum cost of an audit? Please advise.	No cap on the maximum cost of an audit.

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

**3B. Food Inspection fees**

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

Does your council charge fees for conducting food premises inspections?

Yes

If you answered NO to the above question go to Q4.

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

Inspection Type	Inspection Charge (\$/unit) (if no fees are charged please write N/A)
Routine Inspection	Small (< 20FTE) - P1 and P2 - \$121.00 P3 - 85.50 P4 - no charge In any other case (>20FTE) - P1 and P2 - \$315.00 P3 - \$214.00 P4 - no charge
Follow up Inspection	Fee applicable as per 'Routine Inspection Fee' if second fup inspection is required.
Complaint Inspection	N/A
Home Activity Inspection	Same as 'Routine Inspection' fees
Other _____	Note - Due to COVID-19 - between 17 March 2020 to 30 June 2020 all food inspection fees were waived.

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

4. Food Act Enforcement

4A Enforcement Activities

Please complete the following table indicating the enforcement activities undertaken by your councils during financial year 2019-2020.

Table 4A

Business Sector	Risk Level	No. of Business	No. of business inspected	No. of business requiring enforcement action	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued		No. of prosecutions	Percent Compliance - Inspected Businesses
								Body Corporate	Natural person		
<b>Retailer</b>											
Alcoholic beverages packaged	P4	2	0	0	0	0	0	0	0	0	#DM/0!
Bakery products	P3	8	6	0	0	0	0	0	0	0	100%
Bakery products Perishable fillings	P2	30	1	0	0	0	0	0	0	0	100%
Continental Type Delicatessen food	P2	5	1	0	0	0	0	0	0	0	100%
High risk food - perishable	P2	78	42	1	0	1	0	0	0	0	98%
Low risk packaged food	P4	203	0	0	0	0	0	0	0	0	#DM/0!
Low risk food unpackaged	P3	3	2	0	0	0	0	0	0	0	100%
Medium risk food - perishable	P3	21	15	0	0	0	0	0	0	0	100%
Raw Meat & Poultry	P2										#DM/0!
Seafood(excludes Processing of Bivalve mollusc)	P2	3	2	0	0	0	0	0	0	0	100%
Others- see comments	P1										#DM/0!
Others- see comments	P2										#DM/0!
Others- see comments	P3										#DM/0!
Others- see comments	P4										#DM/0!
Comments: Due to COVID-19 scheduled food inspections were interrupted with the increasing number of food business closing. Following the State Police Commissioners Directions and CPHO announcement on 24 March 2020, EHO's continued to undertake food inspections, however the assessment focused on high risk priority areas within the inspections. The EHO's requirement to focus on social distancing checks impacted the number of scheduled inspections undertaken for 2019-20.											
P2 High Risk Perishable Foods - include food premises such as service stations, school canteens and fruit and veg stores that retail high risk perishable foods with minimal food processing activities. Many of the businesses that have a good history of compliance and an inspection frequency of 18 months.											
P3 Medium risk Perishable foods - include food premises such that retail unpackaged medium risk foods such as cinemas, mobile food vendors. Due to the low risk nature of these businesses the majority have a good history of compliance and an inspection frequency of 24 months.											
P4 Low risk packaged foods - Due to the low risk nature of the foods (ie. packaged lollies, alcoholic beverages etc) a scheduled inspection is not undertaken. However, when a notification of a new food business is received an initial inspection is undertaken to assess and confirm the priority rating and inspection frequency.											
<b>Food Service</b>											
Catering offsite activity	P1	8	7	0	0	0	0	0	0	0	100%
Catering onsite activity	P1	96	27	2	1	1	0	0	0	0	93%
Medium risk foods perishable	P3	21	8	0	0	0	0	0	0	0	100%
Restaurants and takeaway RTE Food-Prepared in advance >4 hrs	P1	551	364	65	13	47	2	4	1	0	82%
Restaurants and Takeaway/food RTE food -Express order <4hrs	P2	140	52	3	0	3	0	0	0	0	94%
Restaurants and takeaway RTE Food-no raw preparation	P2	68	46	1	0	1	0	0	0	0	98%
Others- see comments	P1										#DM/0!
Others- see comments	P2										#DM/0!
Others- see comments	P3										#DM/0!
Others- see comments	P4										#DM/0!
Comments: Due to COVID-19 scheduled food inspections were interrupted with the increasing number of food business closing. Following the State Police Commissioners Directions and CPHO announcement on 24 March 2020, EHO's continued to undertake food inspections, however the assessment focused on high risk priority areas within the inspections. The EHO's requirement to focus on social distancing checks impacted the number of scheduled inspections undertaken for 2019-20. P1 - Catering On-site - Aged care and child care facilities are also included in this category. Routine inspections were excluded for some of these facilities as a food safety audits were undertaken during the financial year.											
P2 Restaurants and Takeaway Food express order and no raw preparation - majority of these businesses include service stations and take-away food businesses that do not handle raw PHF. No food processing in advance that involves high risk processing steps ie. cooling. A portion of these businesses are on an 18 month inspection frequency.											
<b>Processor/Manufacturer</b>											
Bakery products Perishable fillings processing	P1	30	19	1	0	0	1	0	0	0	96%
Baby Food processing	P2	1	0	0	0	0	0	0	0	0	#DM/0!
Beverage processing	P3	4	0	0	0						#DM/0!
Beverage processing small producer	P3										#DM/0!
Canned food processing	P2										#DM/0!
Canned food processing very small producer & high acid food	P3	2	1	0	0	0	0	0	0	0	100%
Chocolate processing	P2										#DM/0!
Chocolate processing small producer	P3	3	0	0	0	0	0	0	0	0	#DM/0!
Cereal processing & medium/low risk bakery	P3	53	27	1	1	0	0	0	0	0	96%
Confectionary processing	P3	21	5	0	0	0	0	0	0	0	100%
Cook-Chill food Short shelf-life processing	P1	1	1	0	0	0	0	0	0	0	100%
Cook-chill food Extended shelf life processing:	P1	2	1	0	0	0	0	0	0	0	100%
Cook-chill food Extended shelf life processing, Aseptic Packaging	P2										#DM/0!
Cook-frozen food processing	P2	1	1	0	0	0	0	0	0	0	100%
Dairy processing (not including soft cheese)	P2	8	3	0	0	0	0	0	0	0	100%
Dairy processing - Soft cheese processing	P1										#DM/0!
Egg Processing	P2										#DM/0!
Fruit and Vegetables processing	P1	5	4	0	0	0	0	0	0	0	100%
Fruit and vegetable processing frozen	P2										#DM/0!
Fruit and vegetable processing frozen, Blanch, wash & pack, dehydrating, condiments, small producer	P3										#DM/0!
Fruit and vegetable Juice Unpasteurised processing	P1										#DM/0!
Fruit juice, Pasteurisation processing, Shelf stable processing	P2										#DM/0!
Fruit Juice Pasteurisation processing, Shelf stable processing Small producer	P3	1	0	0	0	0	0	0	0	0	#DM/0!
Infant formula product processing	P1										#DM/0!
Meat Processing, Abattoir/ Boning Room	P2										#DM/0!
Meat Processing, Fermented meat Processing, Small Goods Processing	P1	1	0	1	1	0	0	0	0	0	#DM/0!
Oils and fats processing	P3										#DM/0!
Peanut Butter processing, Nut Processing	P2										#DM/0!
Peanut Butter processing, Nut Processing Small Producer	P3										#DM/0!
Poultry processing	P1										#DM/0!
Prepared not ready to eat food processing	P2	1	1	0	0	0	0	0	0	0	100%
Prepared ready to eat food processing	P1	18	13	0	0	0	0	0	0	0	100%
Salt & other low risk ingredients/additives processor	P3										#DM/0!
Seafood processing	P2	4	2	0	0	0	0	0	0	0	100%
Seafood processing RTE and shelf stable	P2										#DM/0!
Seafood processing -Mollusc processing	P1										#DM/0!
Snack chips processing	P3										#DM/0!
Spices and dried herbs processing	P2										#DM/0!
Spices and dried herbs processing small producer	P3	3	1	0	0	0	0	0	0	0	100%
Sprout processing	P1	1	0	0	0	0	0	0	0	0	#DM/0!
Sushi processing	P1	1	1	2	0	2	0	0	0	0	-100%
Vegetables in oil processing	P1	1	1	0	0	0	0	0	0	0	100%
Others- see comments	P1										#DM/0!
Others- see comments	P2										#DM/0!
Others- see comments	P3										#DM/0!
Others- see comments	P4										#DM/0!
Comments: Due to COVID-19 scheduled food inspections were interrupted with the increasing number of food business closing. Following the State Police Commissioners Directions and CPHO announcement on 24 March 2020, EHO's continued to undertake food inspections, however the assessment focused on high risk priority areas within the inspections. *Other P3 businesses include: The template report 'coffee roasting', 'non perishable bakery food' and 'Cereal Processing'.											

Food Transporter											
Bulk flour storage distributor	P3										#DW/0!
Bulk milk collection distributor	P2										#DW/0!
Dairy produce distributor	P3	2	2	0	0	0	0	0	0	0	100%
Drygoods and beverages distributor	P4	4	0	0	0	0	0	0	0	0	#DW/0!
Frozen food distributor	P3	1	0	0	0	0	0	0	0	0	#DW/0!
Fruit and vegetables distributor	P3										#DW/0!
Perishable ready to eat, packaged, medium risk food distributor	P3	2	0	0	0	0	0	0	0	0	#DW/0!
Perishable, ready to eat, packaged, high risk food distributor	P2	6	2	0	0	0	0	0	0	0	100%
Processed meat distributor	P2										#DW/0!
Seafood distributor	P2										#DW/0!
Others- see comments	P1										#DW/0!
Others- see comments	P2										#DW/0!
Others- see comments	P3										#DW/0!
Others- see comments	P4										#DW/0!
Comments: Nil											

Table 4B

Reason for enforcement activity	Written warnings	Improvement notices	Prohibition Orders	Expiations	Prosecutions
<b>Standard 3.2.1 (Food Safety Program)</b>					
FSP not prepared, implemented, maintained and monitored	1	0	0	0	0
FSP not audited at the frequency determined by the auditor	0	0	0	0	0
FSP not revised so as to comply with the regulations	0	0	0	0	0
FSP audit report not retained by business for four years	0	0	0	0	0

5. Food related complaints

5A. Food Complaints

Please complete the following table indicating the complaints received and actioned by your councils during financial year 2019-2020.

Complaint Type	Total No. received	No. Justified/ Confirmed	% Overall Justified
Food unsuitable/unsafe due to foreign matter	12	4	33.33%
Food unsuitable/unsafe due to microbial contamination / growth	15	6	40.00%
Food unsuitable/unsafe due to presence of unapproved or excessive chemical residues	1	0	0.00%
Alleged food poisoning	17	0	0.00%
Unclean premises	8	5	62.50%
Poor personal hygiene or poor food handling practices	31	5	16.13%
Vermin / insects / pests observed in premises	7	3	42.86%
Refuse storage	13	8	61.54%
Labelling issues	4	1	25.00%
Other ( please state)	3	0	0.00%
<b>TOTAL</b>	<b>111</b>	<b>32</b>	<b>28.83%</b>

6. Proactive projects, surveys and sampling programs

It is requested the report uses the following general format:

- What was the project and why was it done
- A précis of what and how it was done.
- Results/Outcomes

Please keep summaries brief and ½ page in length as a maximum.

Food safety training videos were developed and made available on EHA website for free public access. The training videos are short films aimed to educate food handlers or the public in general on improving food safety practices. There are three training videos available that focus on handwashing, safe storage practices and temperature measuring devices. The videos are communicate the food safety messages through clear demonstrations and statements/instructions and symbols. This allows for a wide range of users to access the training.

EHA recently featured in the FZANZ Food Safety Culture Connections Autumn Newsletter. The article titled '[Culture changers: Celebrating food safety champions](#)' summarised a recent food business that took steps to improve their food safety culture. Following low levels of compliance over a period of years, a complaint of alleged food poisoning sparked the emergence of a food safety champion in the business and a marked improvement in its food safety performance.

The article highlighted the importance of the balance an EHO's guidance/education and regulatory role to encourage and affirm the importance of food safety and the food business wanting to improve. Our officers were able to identify and highlight this individual's potential as a food safety champion and advocated for their ability to promote and supervise food safety practices in the business. Following this, the owner completed some food safety training and identified improvements in general practice at the business. The business also for the first time in many years began renovations to the shop to bring the premises' fit-out to a much-improved standard. These structural improvements were made without the need to issue an Improvement Notice. The modifications allowed for easier cleaning and maintenance, which were highlighted by staff as welcome changes. However, the true test came in our next routine inspection, which found a significant improvement in overall compliance. The food safety champion was flagged by staff as having had a fundamental influence on practices at the business. These positive results were celebrated with staff, who took great pride in their improved food safety performance. Positive reinforcement of improved food safety behaviours will no doubt further promote and consolidate food safety in the business.

## 5.8 2019/2020 FINANCIAL YEAR ANNUAL ENVIRONMENTAL HEALTH REPORT

Author: Nadia Conci

Ref: AF16/80

### Summary

A report has been prepared on Eastern Health Authority's (EHA) performance under the *South Australian Public Health Act 2011* (the Act) for 2019/2020 and is provided for the Board's endorsement.

### Report

The purpose of the 2019/2020 Financial Year Annual Environmental Health report is to assist in the review of the *South Australian Public Health Act 2011* (the Act), and assist the Minister for Health and Ageing and the Chief Public Health Officer and their delegates to perform their functions under the following sections of the Act:

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

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

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

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

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

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

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

On, 17 July 2020 correspondence was received from SA Health requesting that enforcement agencies provide an annual report in accordance the with the abovementioned sections of the *SA Public Health Act 2011*.

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

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

**RECOMMENDATION**

That:

1. The Report titled 2019/2020 Financial Year Annual Environmental Health Report is received.
2. The 2019/2020 Financial Year Annual Environmental Health Report provided as attachment 1 to this report is submitted to the Chief Public Health Officer.

## Eastern Health Authority

101 Payneham Road St Peters, SA 5069

### 2019 / 2020 FINANCIAL YEAR ANNUAL ENVIRONMENTAL HEALTH REPORT Reporting period: 1 July 2019 to 30 June 2020 THE SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011

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

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

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

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

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

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

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

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

**It is requested that all councils complete and submit this report by 30 September 2020.**

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

**Please submit your completed report by 30<sup>th</sup> September 2020 in electronic copy emailed to:**

[HealthProtectionPrograms@sa.gov.au](mailto:HealthProtectionPrograms@sa.gov.au)

## 1 ENVIRONMENTAL HEALTH WORKFORCE

### 1.1 Authorised officers (s44)

Please provide a list of all persons currently authorised by the authority pursuant to s44 of the Act on 30 June 2020 in the following format. This is requested to confirm that the Chief Public Health Officer's notification register is up to date.

Authorised officer's full name	Employment type (PFT, PPT, CE or CNE)	Date authorised	Approved qualification number	Environmental health experience (years/months)	Average EH hours worked per week
Luke Smith	PFT	21/03/2016	9	4 year 10 mths	38
Jasmine Austin	PFT	13/07/2018	9	2	38
Ebony Daniell	PFT	23/02/2018	9	6 years 3 mths	38
Alysha Riley	PFT	20/01/2020	9	5 mths	38
Leanne Thiele-Wittig	PPT	4/10/2017	8	17years 3mths	30.4
Tina-marie Aghiana	PPT	6/09/2013	8	16years 2mths	32.3
Nadia Conci	PFT	6/09/2013	8	19years 4mths	38
Michael Livori	PFT	6/09/2013	8	34 years	38

#### Notes:

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

**Approved qualification number:**

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

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

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

### 1.2 Were any environmental health positions vacant on 30 June 2020?

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

Please provide information on all authorised officer positions vacant on 30 June 2020 in the following format.

Position title	Employment type (PFT, PPT, CE or CNE)	Average EH hours per week	Term of contract (if applicable)	Duration position has been vacant
Environmental Health Officer	PFT	38	n/a	1 month
Environmental Health Officer	PPT	38	4months	3 weeks

### 1.3 Any additional comments relating to environmental health workforce

## **2 SA PUBLIC HEALTH ACT & REGULATIONS - ENFORCEMENT**

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

- No – proceed to section 2.2  
 Yes – proceed to section 2.1.1

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

- 4 – Compliance Notices  
 1 – Oral Emergency Notice**

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

**1 Oral Emergency Notice – Severe Domestic Squalor  
 4 x Compliance Notices - Hazardous substances 2 x clandestine drug labs investigations.**

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

- No – proceed to section 2.1.4  
 Yes – complete the table below

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

- No – proceed to section 2.1.5  
 Yes – complete the tables below

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

- No – proceed to section 2.1.6  
 Yes – complete the table below

**2.1.6 Any additional comments relating to section 92 notices issued**

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

**No – proceed to section 2.2.4**

**Yes – complete tables 2.2.1 - 2.2.3 below**

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

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

**No – proceed to section 2.4**

**Yes – complete the table below**

## 2.4 South Australian Public Health (General) Regulations 2013

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

27 pool sites and 42 pools/spas.

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

Type of public pool	No. of known public pools and spas in council area. Please count each pool separately at premises with more than one pool.	No. of pools inspected <u>at least once</u> for compliance	Please provide details of any regularly encountered non-compliance issues
Swimming pool	37	37	Cyanuric acid levels out of range; Combined chlorine out of range; Free chlorine levels too low or too high, Ph and Alkalinity levels out of range
Spa pool	4	4	Cyanuric acid levels out of range; Combined chlorine out of range; Free chlorine levels too low or too high, Ph and Alkalinity levels out of range
Hydrotherapy pool	1	1	No issues identified
Waterslide	0	0	No issues identified
Other	0	0	No issues identified
Totals	42	42	

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

No – proceed to section 2.4.4

Yes – complete the table below

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

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

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

No – proceed to section 2.5

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

## 2.5 South Australian Public Health (Wastewater) Regulations 2013

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

No – proceed to section 2.6

Yes – complete the table below

No. of pending applications carried over from the previous reporting period	Number of new applications received during the reporting period.	No. of applications approved	No. of applications refused	No. of applications pending a decision	No. of inspections undertaken by an authorised officer in relation to wastewater works approvals
2	6	7	1	1	7

**2.5.2 Do you keep a wastewater works approval register compliant with the requirements of regulation 27 of the Wastewater Regulations?**

No

Yes

**2.6 South Australian Public Health (Legionella) Regulations 2013**

**2.6.1 How many cooling towers are registered in your council area? Please provide the number of individual towers even when they are part of a single cooling water system.**  
21

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

Type of registered system	No. of systems on council's register	No. of systems inspected at least once for compliance by an authorised council officer. Reg. 15(1)	No. of systems inspected at least once by an independent competent person. Reg. 15(2)	No. of follow-up inspections by an authorised officer due to non compliance issues	No. of additional inspections due to complaints and disease investigations	Total no. of inspections conducted
Cooling water systems*	21	21	0	0	0	21
Warm water systems	9	9	0	0	0	9
<b>Total</b>	<b>30</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30</b>

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

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

Cooling Towers: required documents missing from onsite folder - Service reports, water treatment reports, mechanical reports missing from onsite folders. Drift eliminator compliance certificate not available upon request. Issues with the condition of drift eliminators, tower louvers and auto dosing lines. Accessibility to the drift eliminators for EHO's also an issue.

Warm Water Systems: Diverse range of non-compliances across sites. Most commonly these related to inadequate or missing documentation in the on-site folder, particularly in relation to required records and procedures.

**2.6.4 Were any expiation notices issued or prosecutions commenced under the Legionella Regulations during the reporting period?  
x No – proceed to section 2.6.5**

Yes – complete the table below

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

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

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

No – proceed to section 2.6.6

Yes – complete the table below

**2.6.6** Please provide feedback for consideration in relation to the review of the South Australian Public Health (Legionella) Regulations 2013

**2.6.7** Any additional comments relating to the Legionella Regulations

### **3 South Australian Public Health (Severe Domestic Squalor) Policy 2013**

**3.1** Were any cases of hoarding and/or domestic squalor investigated in your area during the reporting period?

No – proceed to section 4.1

Yes – complete the table below

Please provide the following details on the cases of hoarding and/or domestic squalor investigated during the reporting period.

Total number of cases investigated	Total number of Preliminary Notices issued under Section 92(2)(b)	Total number of General Duty Notices issued under Section 92(1)(a)	Total number of Risk to Health Notices issued under Section 92(1)(b)
19	0	0	0

**3.2** Is the South Australian Severe Domestic Squalor Scale (Appendix 2 – *A Foot in the Door*) used for the assessment of cases of domestic squalor?

Yes – proceed to section 3.3

No – describe what other processes or tools are used.

**3.3** Are you involved in an interagency squalor group?

No – proceed to section 3.4

Yes – provide details on the group and the agencies involved.

EHA continues to lead the Eastern Hoarding and Squalor Group (the Group). The group continued into its eighth successful year and met three times. This collaborative forum for EHO's and representative from Government and non-Government agencies allows for proactive discussions and information sharing on squalor and hoarding, service and resources to resolve these issues. Eastern Hoarding and Squalor Group.

**3.4** In instances of severe domestic squalor where a breach of the general duty or a risk to public health has been identified, what public health risks have been associated with these cases? Sewerage leak.

**3.5** Have situations of hoarding and/or domestic squalor been encountered where the application of the Act has been deemed inappropriate?

No – proceed to section 3.6

Yes – What alternative approaches or legislation were used in these

**cases?**

**3.6 Has the South Australian Public Health (Severe Domestic Squalor) Policy 2013 and associated guideline 'A Foot in the Door' assisted you in the administration of the Act and in the resolution of cases of severe domestic squalor?**

**Yes**

**No – provide an overview of your experiences**

**3.7 Any additional comments on the South Australian Public Health (Severe Domestic Squalor) Policy 2013?**

**4 The South Australian Public Health (Clandestine Drug Lab) Policy 2016**

4.1 Were any clandestine drug laboratories reported and/or investigated in your area during the reporting period?

- No – proceed to section 5.0
- Yes – complete the table below

**Please provide details on all clandestine drug laboratories reported and/or investigated during the reporting period.**

Total number of clan labs notified	Total number of clan labs assessed		Total number of clan labs completely remediated		Total number of clan labs currently being remediated		Total number of clan labs declared unfit for human habitation	Total number of clan labs demolished
	Through agreement	Through Notice (s.92)	Through agreement	Through Notice (s.92)	Through agreement	Through Notice (s.92)		
2	0	2	0	2	0	0	2	0

4.2 Was a site inspection undertaken of any of the clandestine drug labs listed above?

- Yes - total number of inspections undertaken \_\_\_\_
- No – proceed to section 4.3

4.3 Has the South Australian Public Health (Clandestine Drug Laboratory) Policy 2016 and the associated 'Practice Guideline for the Management of Clandestine Drug Laboratories' assisted you in the administration of the Act and in the remediation of clandestine drug laboratories?

- Yes
- No – provide an overview of your experiences

4.4 Any additional comments on the South Australian Public Health (Clandestine Drug Laboratory) Policy 2016?

## 5 Environmental Health Complaints/Customer Requests

Please complete the table below to indicate the number of environmental health complaints and customer requests received and actioned during the reporting period. Please change category names or add new categories according to council's complaint/customer request recording system.

Type of complaint / customer request (category)	Number received
Accommodation Standards	3
Air Pollution / Odours / Air quality / Dust	5
Asbestos	3
Body Piercing / Tattooing / Other Skin Penetration	1
Combustion Heaters / Wood Heater Smoke	4
Community Amenity	0
Contaminated Lan	0
Development Pollution	0
Discharge of Wastes / Waste Control / Refuse Storage and/or Disposal	5
Excessive Vegetation / Long Grass / Undergrowth / Fire Hazard	0
General Health Complaint or Enquiry / Other	0
Hazardous Substances	9
Infectious Disease / Notifiable Condition	8
Hairdressing / Beauty Salons	0
Keeping of Animals	9
Legionella Investigation	4
Mosquitoes	4
Noise	0
Public Swimming Pools and Spa Pools	1
Rats or Mice	79
Sanitary Facilities	0
Septic Tanks / Aerobic Servicing / Failing Onsite System	0
Sharps Disposal	4
Supported Residential Facilities	1
Vermin (including pigeons and insects) other than rats, mice, wasps and mosquitoes	9
Wasps	0
Water Quality (other than public swimming pools and spa pools)	0

Person to contact regarding the contents of this report:

Nadia Conci

1/9/2020



Name

Date

Signature

Endorsed by Chief Executive Officer/delegated person:

MICHAEL LIVORI

1/9/2020



Name

Date

Signature

**Please submit your completed report by 30<sup>th</sup> September 2020 in electronic copy emailed to:**

**[HealthProtectionPrograms@sa.gov.au](mailto:HealthProtectionPrograms@sa.gov.au)**

**This template will be reviewed annually.**

## 5.9 EASTERN HEALTH AUTHORITY SERVICE REVIEW

Author: Michael Livori

Ref: AF19/90

### Summary

At the 24 June 2020 Board of Management meeting the Board resolved that the EHA Administration provide a report to a future meeting which considers options including rescoping the Service Review in light of the Town of Walkerville's decision to no longer contribute their share of funding for the review to be undertaken.

### Background

In May 2019, Town of Walkerville (ToW) wrote to EHA requesting a range of information, including a request for a service (cost) review to be undertaken.

In July 2019, a draft Request for Quote (RFQ) document/specification for a service /cost review of EHA was provided to Constituent Councils for comment. In late 2019 Constituent Councils collectively agreed on a final version of the RFQ document. It was also agreed that the costs for the review would be shared equally among all Constituent Councils.

The appropriate approval processes for variations to the EHA and Constituent Council budgets to accommodate the review then commenced. The first opportunity to commence this process was at the 20 November 2019 Board meeting when the first EHA budget review for 2019/2020 was considered.

On 3 December 2019 EHA wrote to Constituent Councils requesting approval to amend its budget in line with its first budget review report and which included the costs associated with service review. This included the request for additional funds required from the respective Constituent Councils for the service review.

Approval from all Constituent Councils for the amendments to the budget to fund the service review was received between 18 December 2019 and 3 March 2020.

Due to the unfolding impacts of the COVID-19 Pandemic becoming evident in March 2020 a recommendation to postpone the service review was considered and endorsed by the EHA Board at its meeting of 29 April 2020. This in effect means that funds for the service were required to be included in the 2020/2021 budget. All Constituent Councils, apart from ToW agreed to contribute the same funds that they had committed in 2019/2020 to the 2020/2021 budget.

ToW originally requested the service review and subsequently approved the budget review to contribute to the cost required for the work originally planned to occur in 2019/2020. ToW have indicated however, that they are no longer willing contribute to the costs associated with the service review deferred to 2020/2021.

The ToW communicated to EHA its rationale for not supporting the proposed independent service review. The rationale was that ToW is undertaking its own independent review and

wishes to await that outcome before committing any further funds. ToW indicated that it was aware that the EHA Board, at its 29 April 2020 meeting, resolved to postpone the service review until such time that the COVID-19 Pandemic period is over and EHA's operations return to relatively normal levels.

At the 24 June 2020 Board of Management meeting the Board resolved (see resolution below) that the EHA Administration provide a report to a future meeting which considers options including rescoping the Service Review in light of the ToW's decision to no longer contribute their share of funding for the review to be undertaken.

5.2 ADOPTION OF ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2020/2021

Cr J Davey moved:

That:

1. The report regarding the adoption of the Eastern Health Authority Annual Business Plan and Budgeted Financial Statements for 2019/2020 is received.
2. The Eastern Health Authority Annual Business Plan and Budget for 2020/2021 provided as attachment 4 to the report is adopted.
3. A copy of the Eastern Health Authority Annual Business Plan 2020/2021 incorporating the Budget are provided to the Chief Executive Officer of each Constituent Council within five business days.
4. The administration provides a report to a future meeting which considers options including rescoping the Service Review in light of the Town of Walkerville's decision to no longer contribute their share of funding for the review to be undertaken.

Seconded by Cr J Joshi

CARRIED UNANIMOUSLY 3: 24062020

On 30 June 2020, a copy of the EHA budget was provided to the Chief Executive Officer of each Constituent Council in accordance with the Local Government (Financial Management) Regulations 2011 (correspondence provided as attachment 1).

The correspondence indicated that EHA administration will provide a report to a future meeting which considers the impact of the ToW's decision and that the report is likely to contain a range of options such as requesting additional funding from Constituent Councils, rescoping the review or not undertaking the review.

The Constituent Councils were informed that "Once this report is considered by the Board and the options considered, EHA will be in a position to determine if there is a need to make an adjustment to the EHA budget. Any adjustment to the budget that has an equity impact will require approval from all Constituent Councils."

## Report

As requested by the Board of Management a range of options have been considered in relation to the proposed Service Review

### Option 1

Review is undertaken on the basis of the current scope and objectives detailed in the Request for Quote document without financial support from ToW. Section B – Specifications, of the RFQ – which details scope and objectives provided as attachment 2.

Based on the current estimate, this would require an additional contribution of \$2,000 from Burnside, Campbelltown, Norwood Payneham & St Peters and Prospect (other councils). Timing for the commencement of the review would likely be late 2019 depending on any required budget variations.

### Option 2

The current scope and objectives detailed in the Request for Quote are reconsidered by Board of Management and/or Constituent Councils. This may involve broadening or narrowing the scope and objectives.

Redefining the scope will have the potential to impact on costs and increase or decrease any contribution required from other councils (based on option 1 costs). Timing for the review would likely be delayed. May be issues in unanimous agreement of any changes to what was currently agreed.

### Option 3

EHA awaits the outcome of the ToW review to determine if this report can inform redefining scope and objectives.

Timing of the review is likely to be delayed. Dependent on access to full report findings. Report may be too specific to ToW to have relevance to other councils.

### Option 4

Review is not conducted.

Constituent Councils have previously indicated their support for the review and “other councils” have committed funds for the review to occur within 2020/2021 budget. City of Prospect when endorsing the EHA budget stated in correspondence “Noting a key project for EHA during 2020/2021 includes the organisation service review and indicated that they were looking forward to receiving the details and findings in due course. Service Review included as a control in Corporate Risk Summary”.

### Option 5

ToW be requested to reconsider its decision to not contribute to the Service Review on the basis that they originally requested the review and subsequently approved the budget review to contribute to the cost required for the work planned to occur in 2019/2020.

Alternative option will be required if ToW does not change position. Timing of the review is likely to be delayed.

Option 6

The Board of Management propose an alternate option.

## **RECOMMENDATION**

That:

1. The Eastern Health Authority Service Review Report is received.
2. The Board of Management endorse Option no.... as their preferred option in relation to the Eastern Health Authority Service Review



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: D20/9396

30 June 2020

Dear CEO

**RE: Eastern Health Authority (EHA) Annual Business Plan and Budget for 2020/2021**

At EHA's Board of Management meeting held on 24 June 2020 the EHA Annual Business Plan and Budget for 2020/2021 was adopted.

In accordance with the Local Government (Financial Management) Regulations 2011, Part 2: Regulation 8(2) - a regional subsidiary must provide a copy of its budget to the Chief Executive Officer of each Constituent Council within five business days of its adoption. Please find enclosed a copy of the 2020/2021 Eastern Health Authority Annual Business Plan. Please note that the Budgeted Financial Statements are contained within the Annual Business Plan.

**EHA Service Review**

In May 2019, the Town of Walkerville (ToW) wrote to EHA requesting a range of information, including a request for a service (cost) review to be undertaken. Subsequently, in July 2019 a draft Request for Quote (RFQ) document/specification for a service /cost review of EHA was provided to Constituent Councils for comment.

Administrative contacts from Constituent Councils provided feedback (received between August 2019 and December 2019) and met and agreed on a final version of the RFQ document. The costs for the review were agreed to be shared evenly among all Constituent Councils.

The process required to move forward was considered by Constituent Council administrative contacts which included the requirement to gain the appropriate approval for variations to the EHA and Constituent Council budgets to accommodate the review. The first opportunity to commence this process was at the 20 November 2019 Board meeting when the first EHA budget review for 2019/2020 was considered.

On 3 December 2019 EHA wrote to Constituent Councils requesting approval to amend its budget in line with its first budget review report and which included the costs associated with the service review. This included the request for the additional funds required from Constituent Councils for the service review. The costs were estimated to be \$40,000 to be shared equally amongst Constituent Councils (\$8,000 per council).

Approval from all Constituent Councils for the amendments to the budget to fund the service review was received between 18 December 2019 and 3 March 2020.

Due to the unfolding impacts of the COVID-19 Pandemic becoming evident in March 2020 a recommendation to postpone the service review was considered and endorsed by the EHA Board at its meeting of 29 April 2020.

In correspondence to all Constituent Councils dated 30 April 2020 requesting feedback and endorsement of the draft EHA Annual Business plan, Constituent Councils were also requested to budget for their previous commitment for the service review in their 2020/2021 budgets. All Constituent Councils except for ToW reconfirmed their commitment to fund the service review.

In correspondence dated 19 May 2020 (attached) ToW have indicated that they will not make a commitment to the cost of the review in 2020/2021. The reasoning for this decision is outlined in the attachment provided.

At the 24 June 2020 meeting the Board resolved that the EHA administration provides a report to a future meeting which considers the impact of the Town of Walkerville's decision to no longer contribute their share of funding for the review. The report is likely to contain a range of options such as requesting additional funding from Constituent Councils, not undertaking the review or rescoping the review.

Once this report is considered by the Board and the options considered I will be in a position to determine if there is a need to make an adjustment to the EHA budget. Any adjustment to the budget that has an equity impact will require approval from all Constituent Councils.

If you need any more information or would like to discuss this further, please contact me on telephone 8132 3611.

Yours sincerely



**Michael Livori**  
**Chief Executive Officer**



**Draft**

**Request for quotes:**

Eastern Health Authority  
Service Review.

## Section B – Specifications

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### 1. Brief Overview of Eastern Health Authority

Eastern Health Authority (EHA) is a local government Regional Subsidiary established to provide public and environmental health services to the community on behalf of its constituent councils.

City of Burnside

Campbelltown City Council

City of Norwood Payneham & St Peters

City of Prospect

The Corporation of the Town of Walkerville

The National Environmental Health Strategy notes that environmental health practice covers the assessment, correction, control and prevention of environmental factors that can adversely affect health, as well as the enhancement of those aspects of the environment that can improve human health.

At the local government level, a wide range of functions relate directly to public and environmental health and wellbeing. This is demonstrated in the “Better Living Better Health’ Regional Public Health and Wellbeing Plan for the Eastern Health Authority Constituent Councils.

Protection for Health is one of the key functions detailed in the plan and the EHA region is committed to protecting public health and safety through developing and enforcing public and environmental health performance standards, adopting a risk based approach to public health management and continuing to provide a high quality immunisation service.

In relation to Protection for Health, EHA provides a range of public and environmental health protection services (on behalf of its Constituent Councils) to ensure its Constituent Councils meet their responsibilities under components of the following Acts: SA Public Health Act 2011, Food Act 2001, Supported Residential Facilities Act 1992 Drinking Water Act 2011 and the Environmental Protection Act 1993.

These services which are diverse and in many instances complex include:

- Ensuring appropriate food safety standards are maintained in food premises
- Auditing food premises serving vulnerable populations
- Investigation of disease / food poisoning outbreaks
- Prevention of infectious diseases
- Provision of a safe potable water supply
- Removal, treatment and management of solid and liquid waste
- Regulation of defined personal care and body art services (hair dressing, tattooist, acupuncture, invasive beauty treatment)
- Regulation of High Risk Manufactured Water System (Legionella Control)
- Ensuring healthy housing and accommodation
- Vector control (rats, mice, mosquitoes)
- Management of recreational water including public pools/spas
- Immunisation for the public, schools and worksites
- Public Health at mass events
- Public health planning and promotion
- Protecting health in disasters and emergencies
- Monitoring and Licensing of Supported Residential Facilities
- Approval and monitoring of wastewater control systems

## 2. Scope of Review

The review will consider the current scope and delivery of public and environmental health services by EHA, to ensure that these services fulfil the legislative obligations of EHA's constituent councils, are aligned to community needs, are delivered efficiently and provide value to the public and constituent councils.

Key components of the review will include:

- Strategic relevance of the service
- Customer and community expectations/need/use
- Compliance with legislated requirements under the relevant legislation administered by EHA, having regard to both non-discretionary (statutory) and discretionary services
- Efficiency and effectiveness of the delivery of services

- Alternative service provision options
- KPI / monitoring / measurement of performance

Throughout the review, EHA will continue to meet our ongoing service commitments within existing resources. Any recommendations arising from the review must incorporate a change management methodology to ensure that the implementation of recommendations is adequately planned and resourced and are accepted by stakeholders.

### 3. Objectives of Review

The high level objectives of this review are to assess the current scope and delivery of EHA services against other comparable service providers, undertake a gap analysis of the capacity and capability of EHA and identify an appropriate service level structure and delivery model.

Required deliverables to ensure services align with strategic direction:

- Review current service provision including current status, scope, resource levels and service delivery
- Identification of service gaps and/or duplications and options for managing those gaps. This includes an assessment of whether EHA is meeting its statutory obligations in relation to the level and scope of services provided.
- Undertake a cost review to ascertain if services are provided cost effectively and value for money being achieved.
- Benchmarking against comparable service providers from an operational and financial perspective.
- Seek advice as appropriate from other official regulatory bodies and functions provided, e.g. SA Health – public health / environment branch, and whether there was any potential for comparisons of performance data / benchmarking.
- Identification of continuous improvement opportunities for service delivery in relation to
  - Systems & processes

- Structure & resources
- Capabilities, skills & knowledge
- KPI's / Measurement
- Assess current service delivery model against alternate models to determine potential changes to service delivery.

#### 4. Background Documents

- Eastern Health Authority Charter 2016
- Annual Business Plan and Budget 2019/2020
- Annual Report 2017/2018
- Regional Public Health Plan – Better Living Better Health
- 2016 EHA Comparison (Benchmarking) Report
- South Australian Centre for Economic Studies – Case Studies of Local Government Shared Services in South Australia report 2017

**6.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT**

**1.0 Food Safety**

1.1 Food Complaints

For the reporting period 1 July 2020 to 31 August 2020 the Eastern Health Authority received 20 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 1 and by respective council area in Table 1.

Graph 1: A three-year comparison on the total number of food complaints received from 1 July to 31 August.

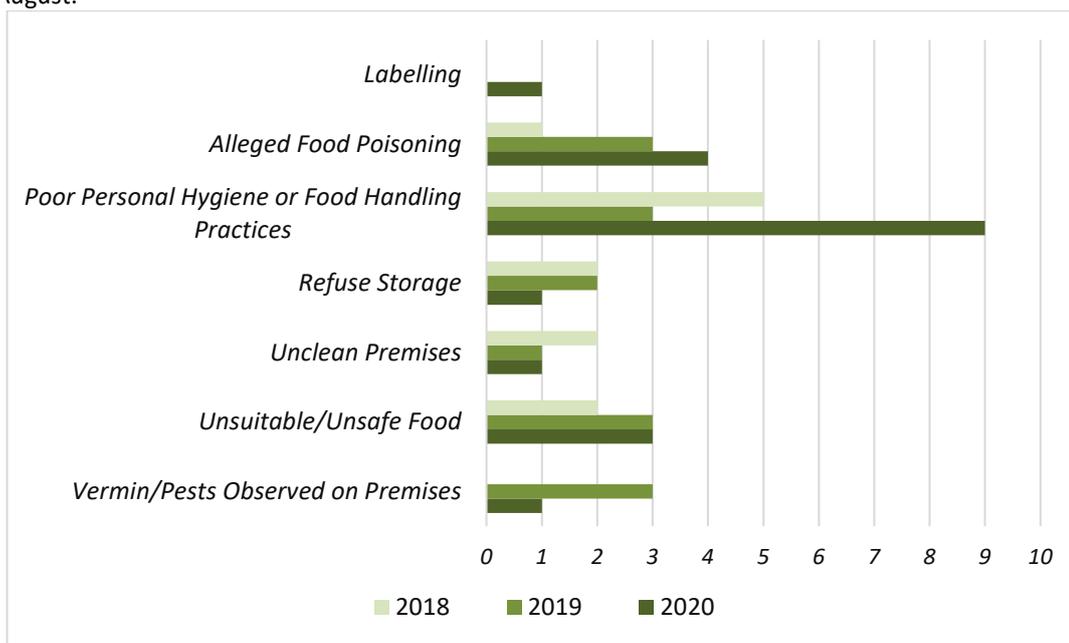


Table 1: Food complaints received from 1 July 2020 to 31 August 2020 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Alleged Food Poisoning</b>	1	0	3	0	0	<b>4</b>
<b>Poor personal hygiene or food handling practices</b>	3	1	4	1	0	<b>9</b>
<b>Refuse Storage</b>	0	0	1	0	0	<b>1</b>
<b>Unclean premises</b>	0	0	0	1	0	<b>1</b>
<b>Unsuitable/unsafe food</b>	0	2	0	1	0	<b>3</b>
<b>Vermin/pests observed on premises</b>	0	0	0	1	0	<b>1</b>
<b>Labelling</b>	1	0	0	0	0	<b>1</b>
<b>Total</b>	<b>4</b>	<b>3</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>20</b>

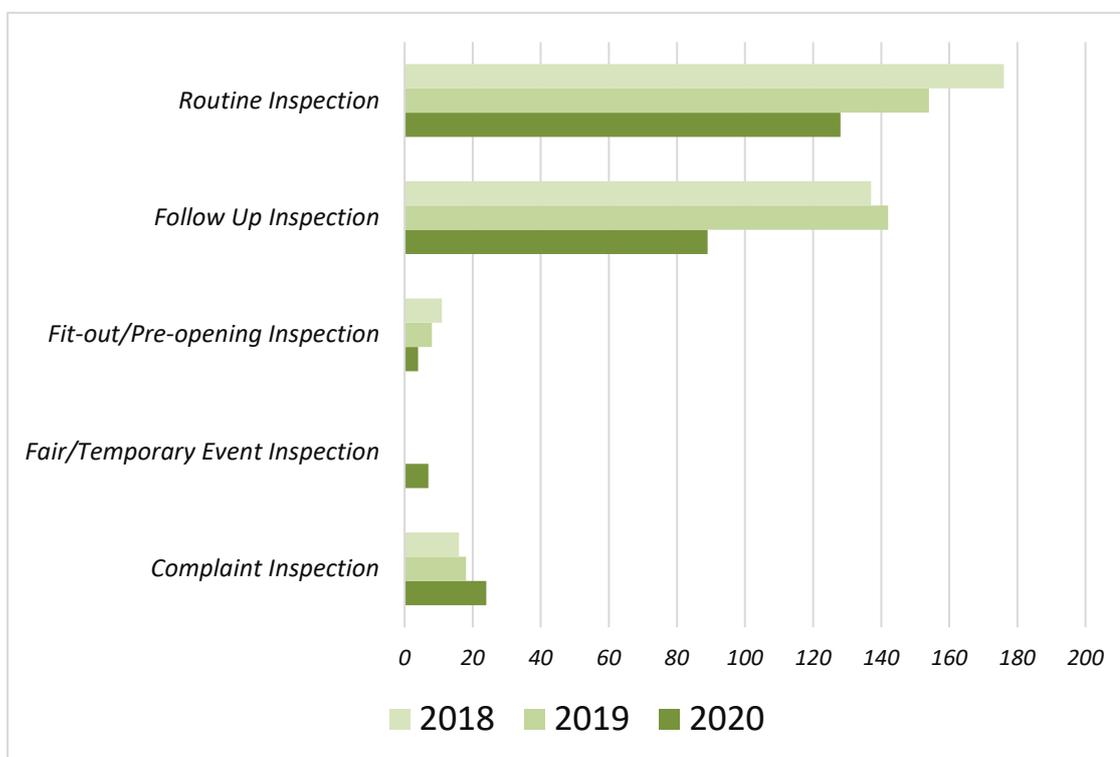
1.2 Food Premises Inspections

Environmental Health Officers undertook 128 routine inspections of food businesses this reporting period. An additional 89 follow-up inspections were required to ensure non-compliance with the Food Safety Standards were appropriately addressed.

Table 2: Food premises inspections from 1 July 2020 to 31 August 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Routine inspection</b>	18	30	62	15	3	<b>128</b>
<b>Follow up inspection</b>	6	20	48	9	6	<b>89</b>
<b>Fit-out/Pre-opening inspection</b>	0	1	2	1	0	<b>4</b>
<b>Fairs/Temporary event Inspection</b>	0	0	7	0	0	<b>7</b>
<b>Complaint inspection</b>	5	4	10	5	0	<b>24</b>
<b>Total</b>	<b>29</b>	<b>55</b>	<b>129</b>	<b>30</b>	<b>9</b>	<b>252</b>

Graph 2: A three-year comparison on the total number of inspections conducted from 1 July to 31 August.



1.3 Non-Compliance with Food Safety Standards

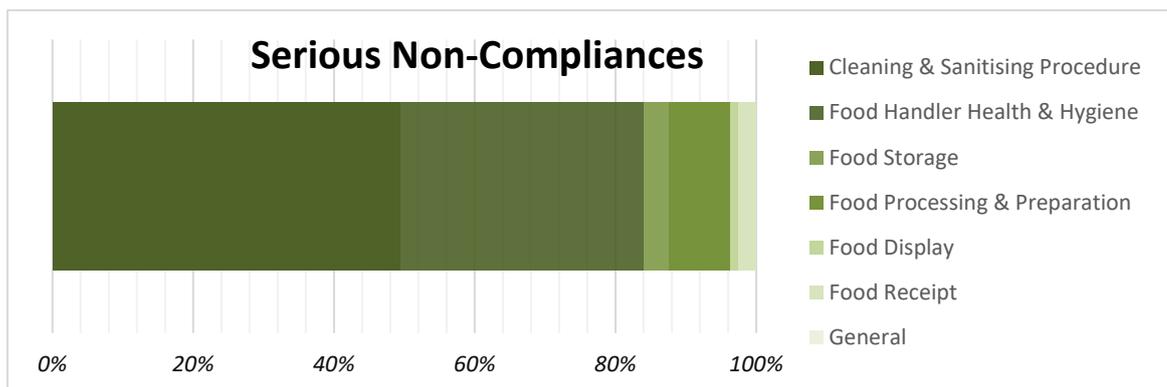
The SA Health Food Safety Rating Scheme Checklist is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO’s identified a total of 956 non-compliances with the Food Safety Standards.

As shown in Table 3 the majority of non-compliances were minor in nature. Poor food handler health and hygiene and inadequate cleaning and sanitising accounted for 82% of the serious non-compliances identified during routine inspections (Table 3).

Table 3: the type and number of non-compliances identified at routine inspections during the reporting period.

Type of non-compliance	Number of non-compliances
Minor	705
Major	168
Serious	83

Graph 3: the type and frequency of serious non-compliances identified at routine inspections during the reporting period.



Type of serious non-compliance	Number
Food receipt	2
Food storage	3
Food processing and preparation	7
Food display	1
Food handler health and hygiene practices	28
Cleaning and sanitising	40
General	0

During the reporting period, ten Improvement Notices, two final warning and one Prohibition Order were issued. No Expiations Notices were issued during the reporting period.

The majority of food businesses requiring legal action were P1 high risk businesses (Table 5).

Table 4: Legal action taken from 1 July 2020 to 31 August 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letters	0	1	1	0	0	2
Improvement Notices	0	1	7	2	0	10
Expiation Notices	0	0	0	0	0	0
Prohibition Order	0	0	0	1	0	1
<b>Total</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>3</b>	<b>0</b>	<b>13</b>

Table 5: Legal action taken per food business risk classification

	P1	P2	P3
Warning	2	0	0
Improvement Notice	6	4	0
Expiation Notice	0	0	0
Prohibition	1	0	0

#### 1.4 Audits of Businesses that Serve Vulnerable Populations

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

Table 6: Food audits for the period from 1 July 2020 to 31 August 2020

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	1	1	1	3	0	2	8
Follow-up audits	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>8</b>

## 2.0 Public Health

### 2.1 Public Health Complaints

For the reporting period 1 July 2020 to 31 August 2020, Eastern Health Authority received 34 public and environmental health related complaints. The complaints for the reporting period are shown by category in Graph 4 and by respective council area in Table 7.

Graph 4: A three-year comparison on the total number of public health complaints received from 1 July to 31 August.

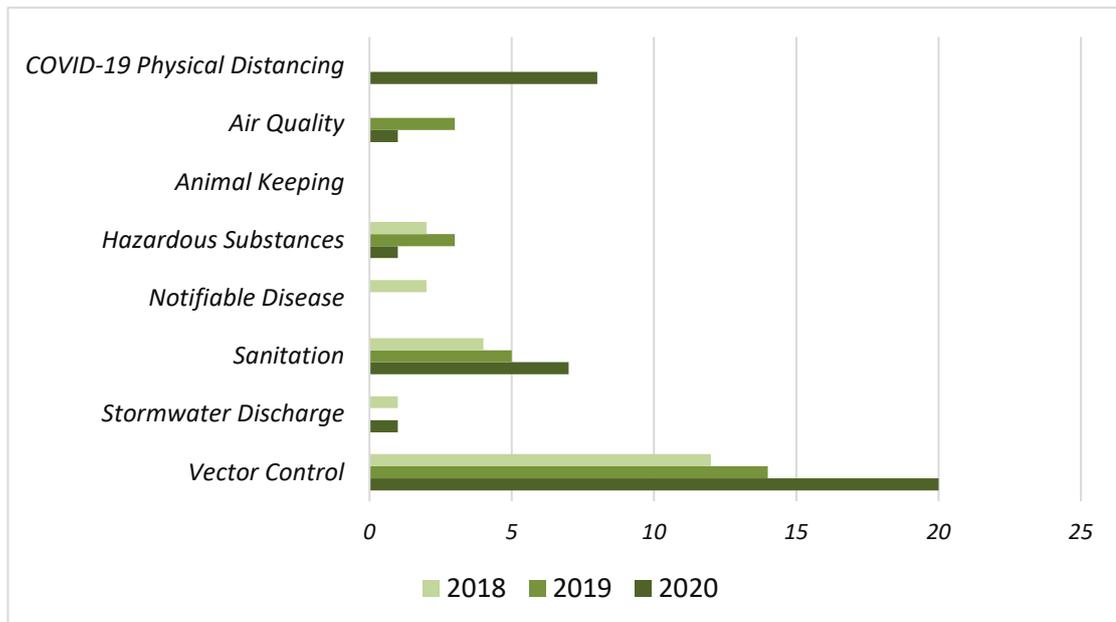


Table 7: Public and environmental health complaints 1 July 2020 to 31 August 2020 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
<b>Air Quality</b>	0	1	0	0	0	<b>1</b>
<b>Animal Keeping</b>	0	0	0	0	0	<b>0</b>
<b>Hazardous Substances</b>	0	0	1	0	0	<b>1</b>
<b>Notifiable Disease</b>	0	0	0	0	0	<b>0</b>
<b>Sanitation</b>	1	1	3	0	2	<b>7</b>
<b>Stormwater discharge</b>	1	0	0	0	0	<b>1</b>
<b>Vector Control</b>	3	6	8	3	0	<b>20</b>
<b>COVID-19 Physical Distancing</b>	0	0	6	1	1	<b>8</b>
<b>Total</b>	<b>5</b>	<b>8</b>	<b>18</b>	<b>4</b>	<b>3</b>	<b>38</b>

### 2.2 Cooling Towers & Warm Water Systems

During the reporting period no cooling tower or warm water system inspections were conducted. No complaints were received during the reporting period.

### 2.3 Public Swimming Pools and Spas

During the reporting period no swimming and spa pool inspections were conducted. No complaints were received during the reporting period.

### 2.4 Personal Care and Body Art

During the reporting period no Personal Care and Body Art premises were inspected. No complaints were received during the reporting period.

### 2.5 Wastewater

During the reporting period waste control system applications are assessed in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*.

Number of applications received:

- nil applications
- one approval
- nil inspections determine progress of approved wastewater works
- nil complaint investigations

## **3.0 Health Care and Community Services - Supported Residential Facilities**

For the reporting period 1 July 2020 to 31 August 2020 three dual licence and three pension only facilities were licenced by Eastern Health Authority under the *Supported Residential Facilities Act 1992*.

No unannounced routine audits or follow-up inspections were undertaken and complaints received. No applications received during the reporting period

## **RECOMMENDATION**

That:

The Environmental Health Activity Report is received.

**6.2 IMMUNISATION**

**2020 School Immunisation Program (SIP)**

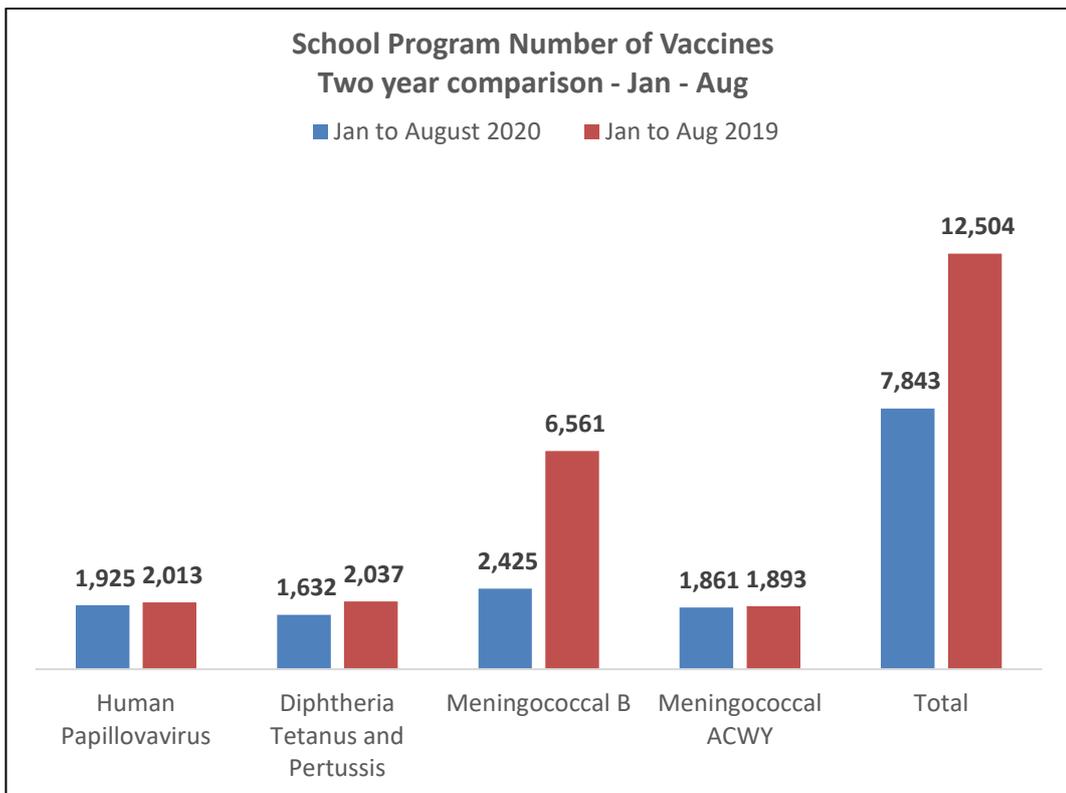
During July 2020 to August 2020, 5 school immunisation visits were completed and a total of 931 vaccines were administered.

A total of 7,843 vaccines have been administered for the school year from January to August 2020 which is a decrease of 4,661 (-37%) when compared to the same period in 2019. This decrease is due to the Year 11 Meningococcal B catch up program being completed in 2019 and Unley schools not included in the SIP program for 2020.

Table 1: School Vaccinations for Calendar Year to Date – January to August 2020

Council	Human Papillovavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	771	468	894	676	2,809
Campbelltown	469	471	446	451	1,837
NPSP	515	518	825	555	2,413
Prospect	100	105	128	101	434
Walkerville	70	70	132	78	350
Unley	-	-	-	-	-
<b>Total</b>	<b>1,925</b>	<b>1,632</b>	<b>2,425</b>	<b>1,861</b>	<b>7,843</b>

Graph 1: School Vaccinations for Calendar Year to Date – January to August 2020



**Public Clinics**

During the period of review 557 clients received 1,171 vaccines at EHA’s public immunisation clinics. This is a decrease of 193 (-26%) clients and 395 (-25%) vaccines in comparison to the same period in 2019.

This decrease is due to the completion of the two additional vaccines the National Immunisation Program SA Schedule implemented in July and October 2018. The vaccines included one dose of the Meningococcal ACWY (reduced numbers compared to last year) vaccine and two doses of the Meningococcal B vaccine. Both vaccines were offered through a catch-up program which was completed in December 2019 and February 2020.

EHA continues to ensure COVID-19 restrictions are being managed and will conduct all public clinics at EHA office, St Peters.

With the ongoing COVID-19 restrictions in place, appointment-based clinics continue to be managed to ensure all necessary requirements are being met. This continues to have a negative impact on the number of clients that can be serviced when comparing clinic numbers during the same review period in 2019.

Graph 2: Client Numbers at public clinics – 2-year comparison

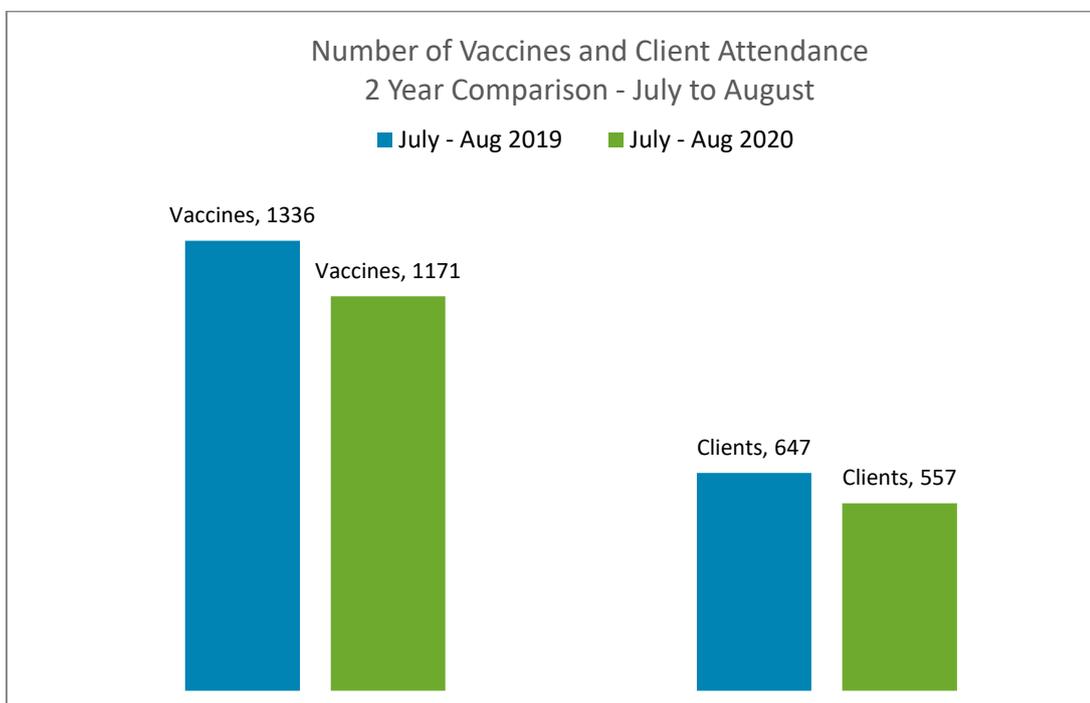


Table 3 provides a detailed analysis of attendance at each of the public clinics provided. It also provides information in relation to our client’s council of origin.

Table 3: Combined Clinic breakdown for July 2020 – August 2020

<b><u>EASTERN HEALTH AUTHORITY PUBLIC IMMUNISATION CLINICS</u></b>															
<b><u>CLIENT ATTENDANCE BY COUNCIL AREA</u></b>															
BURNSIDE CLINIC held at Burnside Council every 2nd and 4th Monday of the month 2.00 pm to 4.00 pm															
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total		
	Clients	Vaccines	Clients	Vaccines											
Jul-Aug 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CAMPBELLTOWN CLINIC HELD AT Campbelltown Library every 1st & 3rd Wednesday of the month 10 am to 12 noon and 4.00 pm to 6.30 pm															
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total		
	Clients	Vaccines	Clients	Vaccines											
Jul-Aug 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Year to Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office ST PETERS CLINIC is held every 2nd and 4th Tuesday of the month 10 am to 12.30 pm and St Peters Evening Clinic is held every 2nd and 4th Tuesday of the month 5.00 pm to 7.00 pm															
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total		
	Clients	Vaccines	Clients	Vaccines											
Jul-Aug 20	140	296	197	419	128	255	37	80	32	74	23	47	557	1171	
Year to Date	140	296	197	419	128	255	37	80	32	74	23	47	557	1171	
PROSPECT CLINIC held every 1st Wednesday of the month (Please note from 1st Jan 2018 Prospect Clinic relocated to St Peters New time from 1st January 2016 - 10.00am to 12.00pm due to redevelopment of Prospect Civic Centre)															
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total		
	Vaccines	Clients	Vaccines												
Jul-Aug 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Year to Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
WALKERVILLE CLINIC held every 3rd Monday of the month New time from 1st January 2016 - 4.00-6.00pm															
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		Site Total		
	Clients	Vaccines	Clients	Vaccines											
Jul-Aug 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Year to Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
													<b>Grand Total</b>		
<b>Grand Total of all Clinic Sites</b>													Jul-Aug 20	557	1171
													Year to date	557	1171
The following Table provides details on the numbers of clients in attendance and the vaccines administered at all of the public clinics based on the clients council of origin															
	BURNSIDE		CAMP		NPS		PROSPECT		WALK		OTHER		TOTALS		
	Clients	Vaccines	Clients	Vaccines											
Jul-Aug 20	140	296	197	419	128	255	37	80	32	74	23	47	557	1171	
Year to date	140	296	197	419	128	255	37	80	32	74	23	47	557	1171	

**RECOMMENDATION**

That:

The Immunisation Services Report is received.