



Board of Management

22 February 2023



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 22 February 2023

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at Eastern Health Authority Offices, 101 Payneham Road, St Peters on Wednesday 22 February 2023 commencing at 7.00 pm.

A light meal will be served at 5:30 pm and a Board Induction Presentation will commence at approximately 6.00pm.

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

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY 22 February 2023

Commencing at 7.00 pm

1 Opening

2 Acknowledgement of Traditional Owners

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

3 Opening Statement

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

4 Apologies

5 Minutes

Recommendation

That the minutes of the meeting of the Council held on Wednesday 2 November 2022 as printed and circulated be taken as read and confirmed.

6 Matters arising from the minutes

Agenda Continued

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11 Closure of Meeting

EASTERN HEALTH AUTHORITY

Minutes of the Meeting of the Board of Management of Eastern Health Authority (EHA) held at EHA Offices, 101 Payneham Road, St Peters on 2 November 2022 commencing at 6:30pm.

MEMBERS PRESENT:

Cr G Knoblauch, Cr S Whittington	Norwood, Payneham & St Peters
Cr P Cornish, Cr J Davey	Burnside
Cr J Kennedy (via telephone), M Hammond	Campbelltown
Cr K Barnett, J Pearce	Prospect

In attendance:

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

1 OPENING:

The meeting was declared open by the Cr P Cornish at 6:33 pm.

2 ACKNOWLEDGEMENT OF TRADITIONAL OWNERS:

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

3 OPENING STATEMENT:

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

4 APOLOGIES:

Cr N Coleman, Cr J Nenke	Corporation of the Town of Walkerville
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5 CONFIRMATION OF MINUTES:

Cr Whittington moved:

The minutes of the meeting of the Board held on 31 August 2022 be taken as read and confirmed.

Seconded by Cr Knoblauch

CARRIED UNANIMOUSLY 1: 112022

6 MATTERS ARISING FROM THE MINUTES:

Nil.

7 ADMINISTRATION REPORT

7.1 FINANCE REPORT AND FIRST (SEPTEMBER 2022) BUDGET REVIEW FOR 2022/2023

J Pearce moved:

That:

1. The Finance Report and First (September 2022) Budget Review for 2022/2023 report be received.
2. The revised financial forecast for 2022/2023 is noted.

Seconded by Cr K Barnett

CARRIED UNANIMOUSLY 2: 112022

7.2 LONG-TERM FINANCIAL PLAN REVISED FINANCIAL ESTIMATES

M Hammond moved:

That:

1. Long-Term Financial Plan revised financial estimates report is received.
2. Long term Long-Term Financial Plan revised financial key assumptions are revisited based on the latest CPI and Enterprise Agreement information.

Seconded by Cr J Davey

CARRIED UNANIMOUSLY 3: 112022

7.3 EASTERN HEALTH AUTHORITY APPOINTMENT OF AUTHORISED OFFICERS

Cr J Davey moved:

That:

1. The Board of the Eastern Health Authority:
 - (i) Is satisfied that Michael Livori has the appropriate qualifications or experience to exercise the functions of an Authorised Officer under the *Food Act 2001* and;
 - (ii) is satisfied that Michael Livori holds the qualifications required under section 45(1) of the *South Australian Public Health Act 2011* to be appointed as a Local Authorised Officer under the *South Australian Public Health Act 2011*, allowing Michael Livori to be appointed as a Local Authorised Officer under the *South Australian Public Health Act 2011*.
2. In accordance with the power delegated by the:
 - City of Campbelltown;
 - City of Burnside;
 - City of Norwood Payneham and St Peters;
 - City of Prospect; and
 - Town of Walkerville

to the Board of the Eastern Health Authority, under:

- (i) section 44 of the *Local Government Act 1999*;
- (ii) section 9 of the *Supported Residential Facilities Act 1992*;
- (iii) section 91 of the *Food Act 2001*;

the Board of the Eastern Health Authority hereby:

- (a) revokes all previous authorisations for Michael Livori; and
- (b) appoints Michael Livori to the following position(s):

AUTHORISED OFFICER pursuant to section 85(3) of the *Environment Protection Act 1993*

LOCAL AUTHORISED OFFICER pursuant to section 44(1) of the *South Australian Public Health Act 2011*

AUTHORISED OFFICER pursuant to section 21 of the *Supported Residential Facilities Act 1992*

AUTHORISED PERSON pursuant to section 260 of the *Local Government Act 1999*

for the:

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

and

AUTHORISED OFFICER pursuant to section 94(1) of the *Food Act 2001*

AUTHORISED PERSON pursuant to section 6(3)(b)(ii) of the *Expiation of Offences Act 1996*

for the Eastern Health Authority;

for as long as he holds or is assigned to an office or position with Eastern Health Authority.

3. Michael Livori is only authorised to issue expiation notices under the *Expiation of Offences Act 1996* on behalf of the Eastern Health Authority (the statutory authority responsible for the enforcement of the relevant provisions) for alleged offences against the Acts that Michael Livori has been appointed as an authorised officer or local authorised officer by virtue of this resolution.

Seconded by Cr S Whittington

CARRIED UNANIMOUSLY 4: 112022

7.4 EASTERN REGIONAL PUBLIC HEALTH PLAN 2020-2025 - BIENNIAL REPORT 2020-22

Cr G Knoblauch moved:

That:

1. The report titled Eastern Regional Public Health and Wellbeing Plan for Eastern Health Authority and Constituent Councils 2020-2025, 'Better Living, Better Health' biennial report 2020-22 is received.

Seconded by Cr S Whittington

CARRIED UNANIMOUSLY 5: 112022

7.5 EASTERN HEALTH AUTHORITY 2020 CHARTER REVIEW UPDATE

Cr G Knoblauch moved:

That:

1. The Eastern Health Authority 2020 Charter Review Update Report is received.

Seconded by Cr K Barnett

CARRIED UNANIMOUSLY 6: 112022

8 INFORMATION REPORTS

8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

Cr J Davey moved:

That:

1. The Environmental Health Activity Report is received.

Seconded by J Pearce

CARRIED UNANIMOUSLY 7: 112022

8.2 IMMUNISATION

Cr S Whittington moved:

That:

1. The Immunisation Services Report is received.

Seconded by M Hammond

CARRIED UNANIMOUSLY 8: 112022

9 CONFIDENTIAL ITEMS

9.1 PROSPECT COMMUNITY VILLAGE LICENSING REPORT

Cr G Knoblauch moved:

That:

RECOMMENDATION 1

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter (and with reference to Section 90 of the Local Government Act 1999) the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer, Team Leader Environmental Health and Team Leader Administration and Immunisation, be excluded from attendance at the meeting for Agenda Item 9.1 – Prospect Community Village Licensing Report.
2. The Board is satisfied that, pursuant to Section 90(3)(h) and 90(3)(i) of the Local Government Act 1999, the information to be received, discussed or considered in confidence is namely:

Is based on legal advice,

specifically, legal advice from the Authority's solicitors; and

specifically, matters relating to the Supported Residential Facilities Act.

3. Accordingly, on this basis, the Board considers the principle that meetings of the Board should be conducted in a place open to the public has been outweighed by the need to keep the information or matter confidential.

Seconded by Cr J Kennedy

RECOMMENDATION 3

Cr G Knoblauch moved:

That:

1. In accordance with Clause 3.11(c) of the Eastern Health Authority Charter, the Board of Management orders that the Report relating to Prospect Community Village Licensing, all the relevant documentation and the Minutes arising from the Report, having been considered by the Board in confidence under Clause 3.10(b) of the Eastern Health Authority Charter (by virtue of Section 90 (3)(h) and 90(3)(i) of the *Local Government Act 1999*), be kept confidential and not available for public inspection until further order of the Board; and
2. This Order is reviewed at least once in every twelve months; and
3. The Board authorise the Chief Executive Officer to disclose the contents of the report and minutes in respect of this item, as necessary to give effect to the Board's decision.

Seconded by Cr S Whittington

CARRIED UNANIMOUSLY

9: 112022

K Paparella and N Conci left the meeting at 7:55pm.

9.2 CHIEF EXECUTIVE OFFICER PERFORMANCE AND REMUNERATION REVIEW

Cr G Knoblach moved:

That:

RECOMMENDATION 1

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter and Section 90(2) of the *Local Government Act 1999* the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer be excluded from attendance at the meeting for Agenda Item 9.1 - Chief Executive Officer Performance Review.
2. The Board is satisfied that, pursuant to Section 90(3)(a) of the *Local Government Act 1999*, the information to be received, discussed, or considered in confidence is namely:

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

Seconded by Cr K Barnett

RECOMMENDATION 3

Cr G Knoblach moved:

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

of which would involve the unreasonable disclosure of information concerning the personal affairs of the Chief Executive Officer. This order is to remain in place until the Chief Executive Officer ceases employment with the Eastern Health Authority.

Seconded by Cr J Davey

CARRIED UNANIMOUSLY 10: 112022

11 CORRESPONDENCE

Nil.

12 OTHER BUSINESS

13 CLOSURE OF MEETING:

The Chairperson, Cr P Cornish, declared the meeting closed at 8:17 pm.

The foregoing minutes were printed and circulated to EHA Members and member Councils on 02 November 2022.

Cr P Cornish

CHAIRPERSON

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

Author: Michael Livori

Ref: AF11/65

Summary

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

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

Background

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

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

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

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

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

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

2.5 *Chair of the Board*

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

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

2.5.3 *Where there is more than one nomination for the position of Chair or Deputy Chair, the election shall be decided by ballot.*

2.5.4 *Both the Chair and Deputy Chair shall be eligible for re-election to their respective offices at the end of their respective one year term.*

2.5.5 *If the Chair should cease to be a Board Member, the Deputy Chair may act as the Chair until the election of a new Chair.*

2.6 *Powers of the Chair and Deputy Chair*

2.6.1 *The Chair shall preside at all meetings of the Board and, in the event of the Chair being absent from a meeting, the Deputy Chair shall preside. In the event of the Chair and Deputy Chair being absent from a meeting, the Board Members present shall appoint a member from amongst them, who shall preside for that meeting or until the Chair or Deputy Chair is present.*

2.6.2 *The Chair and the Deputy Chair individually or collectively shall have such powers as may be decided by the Board.*

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

Report

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

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

Cr S Whittington moved:

That:

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

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

Seconded by Cr G Knoblauch

CARRIED UNANIMOUSLY 2: 022022

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

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

RECOMMENDATION

That:

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

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

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

Process, Options and Implications

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

Last revised or updated:

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

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

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1. Introduction

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

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

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

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

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

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

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

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

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

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

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

By resolution of the council

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

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

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

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

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

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

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

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

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

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

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

3. Conflict of Interest Issues

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

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

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

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

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

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

4. Chairperson of Council Committees

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

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

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

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

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

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

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

5. Presiding Member of Board of Management of Council Subsidiaries

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

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

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

6. Presiding Member of Council Assessment Panel

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

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

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

Presiding Member and Acting Presiding Member

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

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

Appendix 1

Model Agenda - First Council Meeting Following an Election

Notice of Meeting

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

.....

Chief Executive Officer

.....

Date

Agenda

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

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

Appendix 2

Model - Chief Executive Officer's Report

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

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

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

1. Term of Office of Chairperson

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

2. Choosing a Chairperson

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

If council chooses to appoint:

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

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

Choosing a Chairperson by resolution

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

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

Choosing a Chairperson by an indicative vote followed by a resolution

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

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

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

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

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

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

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

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

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

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

Method of voting in the event of an election

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

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

Example 1 - First past the post

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

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

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

Candidate 1	5
Candidate 2	4
Candidate 3	2

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

Candidate 1	5
Candidate 2	6

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

Note:

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

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

Appendix 3

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

A. Choosing a Chairperson by motion and resolution

Key elements of a resolution

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

Model Resolution

That:

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

Subsequent resolution:

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

B. Choosing a Chairperson by indicative vote and resolution

Key elements of a resolution

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

Model Resolution

That:

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

Subsequent resolution:

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

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

Key elements of a resolution

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

Model Resolution

That:

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

Appendix 4

Qualities to consider when choosing a Chairperson

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

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

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

Factors could include a person's:

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

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

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7.2 FINANCE REPORT AND SECOND (DECEMBER 2022) BUDGET REVIEW FOR 2022/2023

Author: Michael Livori

Ref: AF21/87

Summary

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

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

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

This report provides the second of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2022 and 31 December 2022. It provides the opportunity to amend the adopted budget in line with revised projections of income and expenditure for the 2022/2023 financial year.

Report

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

Eastern Health Authority - Financial Statement (Level 1)				
1 July 2022 to 31 December 2022				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Expenditure	\$1,267,971	\$1,303,501	(\$35,529)	-3%
Total Operating Income	\$1,148,230	\$1,154,750	(\$6,520)	-1%
Operating Result	(\$119,741)	(\$148,750)	\$29,009	-20%

The report shows that for the reporting period income was \$6,520 (-1%) less than budgeted and expenditure was \$35,529 (-3%) less than budgeted. The net result is a variation of \$29,009 (-20%) on the budgeted year to date comparative operating result.

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

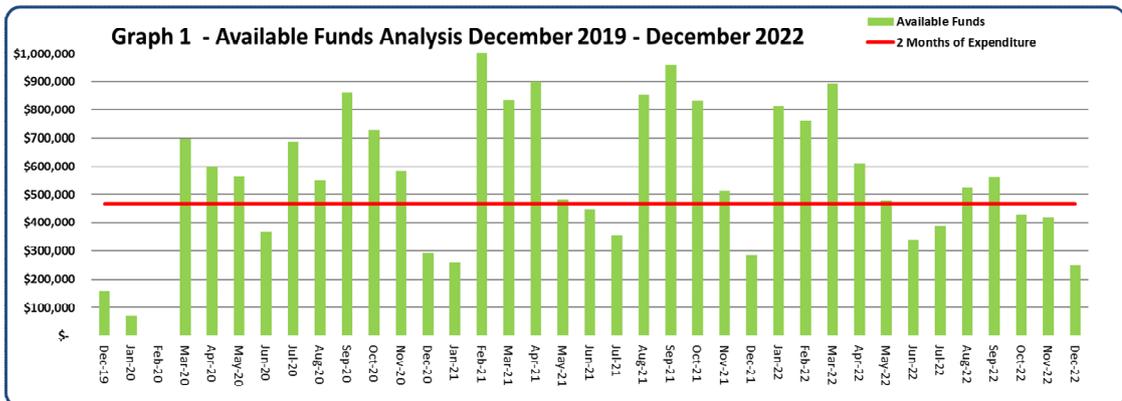
The 2022/2023 budget is provided as attachment 2.

Summary Table of Funding Statement Variations				
Favourable variances are shown in green and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	Variation	Comment
Income				
Food Inspection Fees	\$60,000	\$48,118	(\$13,882)	Decrease in YTD inspections due to reduced staff availability. No variation requested at this point in time.
Fines and Expiations	\$25,000	\$10,754	(\$14,245)	Decrease in YTD expiations issued. No variation requested at this point in time.
Immunisation Clinic Vaccines	\$30,000	\$46,763	\$16,763	Increase in sale of vaccines at public clinics. No variation requested at this point in time.
Food Auditing	\$56,000	\$62,666	\$6,667	Increase in YTD income. No variation requested at this point in time.
Total of Income Variations Requested				\$0K
Expenditure				
Employee Costs	\$906,704	\$1,007,000	(\$15,217)	Time taken to replace vacant positions. No variation requested at this point in time.
Total of Expenditure Variations Requested				\$0K
Net Result of Variation Requested				\$0K

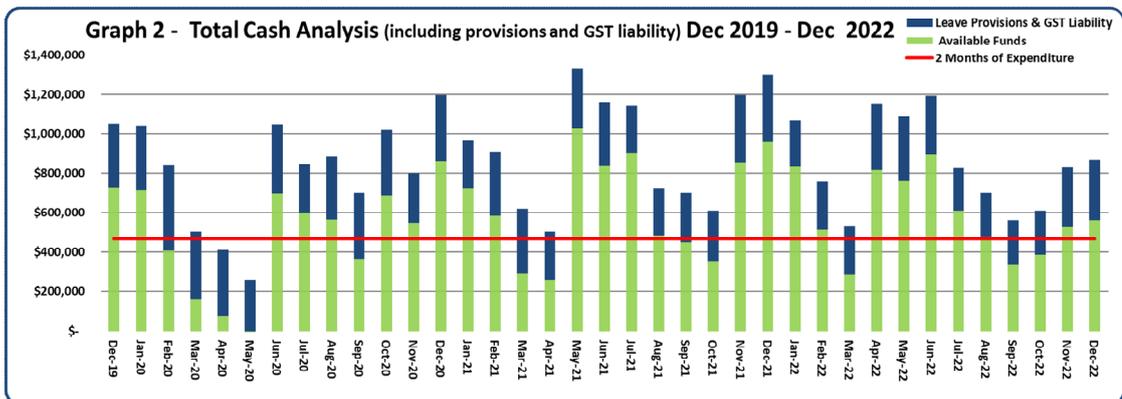
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 December 2022 is provided as attachment 3. It shows that on 31 December 2022 available funds were \$250,065 in comparison with \$558,929 on 30 September 2022.

Graph 1 which follows details the level of available funds (total cash minus leave provisions and GST liability) for the preceding 3-year period.



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



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

RECOMMENDATION

That:

1. The Finance Report and Second (December 2022) Budget Review Report for 2022/2023 be received.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2022 to 31 December 2022				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$247,117	\$247,117	\$0	0%
City of Campbelltown	\$226,593	\$226,593	\$0	0%
City of NPS	\$292,105	\$292,105	\$0	0%
City of Prospect	\$107,370	\$107,370	\$0	0%
Town of Walkerville	\$40,816	\$40,816	\$0	0%
Total Constituent Council Contributions	\$914,000	\$914,000	\$0	0%
Statutory Charges				
Food Inspection fees	\$48,118	\$62,000	(\$13,882)	-22%
Legionella registration and Inspection	\$4,580	\$4,500	\$80	2%
SRF Licenses	\$135	\$2,000	(\$1,865)	-93%
Fines & Expiation Fees	\$10,755	\$25,000	(\$14,245)	-57%
Total Statutory Charges	\$63,588	\$93,500	(\$29,912)	-32%
User Charges				
Immunisation: Service Provision	\$35,250	\$35,250	\$0	0%
Immunisation: Clinic Vaccines	\$47,603	\$30,000	\$17,603	59%
Food Auditing	\$62,667	\$56,000	\$6,667	12%
Total User Charges	\$145,520	\$121,250	\$24,270	20%
Grants, Subsidies, Contributions				
Immunisation:ACIR	\$13,452	\$15,000	(\$1,548)	-10%
PHN Project	\$2,000	\$2,000	\$0	0%
Total Grants, Subsidies, Contributions	\$15,452	\$17,000	(\$1,548)	-9%
Investment Income				
Interest on investments	\$5,767	\$3,500	\$2,267	65%
Total Investment Income	\$5,767	\$3,500	\$2,267	65%
Other Income				
Motor Vehicle re-imburements	\$1,818	\$2,000	(\$182)	-9%
Sundry Income	\$2,085	\$3,500	(\$1,415)	-40%
Total Other Income	\$3,903	\$5,500	(\$1,597)	-29%
Total Income	\$1,148,230	\$1,154,750	(\$6,520)	-1%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2022 to 31 December 2022				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$822,942	\$890,000	(\$67,058)	-8%
Superannuation	\$85,986	\$87,500	(\$1,514)	-2%
Workers Compensation	\$10,005	\$9,000	\$1,005	11%
Employee Leave - LSL Accruals	\$9,675	\$9,500	\$175	2%
Medical Officer Retainer	\$0	\$1,500	(\$1,500)	-100%
Agency Staff	\$31,743	\$0	\$31,743	0%
Total Employee Costs	\$960,350	\$997,500	(\$37,150)	-4%
Prescribed Expenses				
Auditing and Accounting	\$12,575	\$11,000	\$1,575	0%
Insurance	\$26,288	\$25,250	\$1,038	100%
Maintenance	\$1,084	\$4,000	(\$2,916)	-73%
Vehicle Leasing/maintenance	\$39,601	\$36,500	\$3,101	300%
Total Prescribed Expenses	\$79,548	\$76,750	\$2,798	4%
Rent and Plant Leasing				
Electricity	\$3,502	\$3,333	\$169	5%
Plant Leasing Photocopier	\$1,341	\$2,000	(\$660)	-33%
Rent	\$18,687	\$18,333	\$354	2%
Water	\$0	\$150	(\$150)	-100%
Gas	\$0	\$1,350	(\$1,350)	-100%
Total Rent and Plant Leasing	\$23,530	\$25,166	(\$1,637)	-7%
IT Licensing and Support				
IT Licences	\$37,429	\$38,000	(\$572)	-2%
IT Support	\$25,582	\$26,000	(\$418)	-2%
Internet	\$6,944	\$5,000	\$1,944	39%
IT Other	\$291	\$1,000	(\$709)	-71%
Total IT Licensing and Support	\$70,245	\$70,000	\$245	0%
Administration				
Administration Sundry	\$5,625	\$3,000	\$2,625	87%
Accreditation Fees	\$2,771	\$1,500	\$1,271	85%
Board of Management	\$9,905	\$7,500	\$2,405	32%
Bank Charges	\$2,016	\$1,500	\$516	34%
Public Health Sundry	\$1,426	\$2,500	(\$1,074)	-43%
Fringe Benefits Tax	\$7,240	\$7,500	(\$260)	-3%
Health Promotion	\$0	\$2,250	(\$2,250)	-100%
Legal	\$7,371	\$10,000	(\$2,629)	-26%
Printing & Stationery & Postage	\$12,154	\$11,000	\$1,154	10%
Telephone	\$10,194	\$8,500	\$1,694	20%
Occupational Health & Safety	\$2,520	\$5,000	(\$2,480)	-50%
Rodenticide	\$718	\$1,000	(\$282)	-28%
Staff Amenities	\$2,077	\$3,500	(\$1,423)	-41%
Staff Training	\$6,869	\$11,000	(\$4,132)	-38%
Human Resource Sundry	\$6,595	\$9,833	(\$3,238)	-33%
Total Administration	\$77,481	\$85,584	(\$8,103)	-9%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2022 to 31 December 2022				
Immunisation				
Immunisation SBP Consumables	\$4,519	\$5,000	(\$481)	-10%
Immunisation Clinic Vaccines	\$20,080	\$17,500	\$2,580	15%
Total Immunisation	\$24,599	\$22,500	\$2,099	9%
Income Protection	\$31,047	\$25,000	\$6,047	0%
Total Uniforms/Income protection	\$31,047	\$25,000	\$6,047	0%
Sampling				
Legionella Testing	\$1,277	\$1,000	\$277	28%
Total Sampling	\$1,277	\$1,000	\$277	28%
Total Materials, contracts and other expenses	\$1,267,971	\$1,303,501	(\$35,529)	-3%
Total Operating Income	\$1,148,230	\$1,154,750	(\$6,520)	-1%
Operating Result	(\$119,741)	(\$148,750)	\$29,009	-20%

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME					
FOR THE YEAR ENDING 30 June 2023					
AUDITED RESULTS 2021/2022		ADOPTED BUDGET 2022/2023	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2022/2023
	INCOME				
1,828,263	Council Contributions	1,828,000		-	1,828,000
111,391	Statutory Charges	185,000	-	-	185,000
295,541	User Charges	407,000	-	-	407,000
226,108	Grants, subsidies and contributions	301,000	-	-	301,000
4,320	Investment Income	7,000	-	-	7,000
3,585	Other Income	11,000	-	-	11,000
2,469,208	TOTAL INCOME	2,739,000	-	-	2,739,000
	EXPENSES				
1,750,609	Employee Costs	2,014,000	-	-	2,014,000
516,677	Materials, contracts and other expenses	608,000	-	-	608,000
46,752	Finance Charges	35,000	-	-	35,000
168,844	Depreciation	131,000	-	-	131,000
2,482,882	TOTAL EXPENSES	2,788,000	-	-	2,788,000
(13,674)	Operating Surplus/(Deficit)	(49,000)	-	-	(49,000)
	Net gain (loss) on disposal of assets	-	-	-	-
(13,674)	Net Surplus/(Deficit)	(49,000)	-	-	(49,000)
(13,674)	Total Comprehensive Income	(49,000)	-	-	(49,000)

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS					
FOR THE YEAR ENDING 30 June 2023					
AUDITED RESULTS 2021/2022		ADOPTED BUDGET 2022/2023	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2022/2023
	CASHFLOWS FROM OPERATING ACTIVITIES				
	Receipts				
1,828,263	Council Contributions	1,828,000	-	-	1,828,000
111,391	Fees & other charges	185,000	-	-	185,000
227,946	User Charges	407,000	-	-	407,000
4,044	Investment Receipts	7,000	-	-	7,000
226,108	Grants utilised for operating purposes	301,000	-	-	301,000
3,585	Other	11,000	-	-	11,000
	Payments				
(1,764,556)	Employee costs	(2,014,000)	-	-	(2,014,000)
(536,431)	Materials, contracts & other expenses	(608,000)	-	-	(608,000)
(48,367)	Finance Payments	(35,000)	-	-	(35,000)
51,983	Net Cash Provided/(Used) by Operating Activities	82,000	-	-	82,000
	CASH FLOWS FROM FINANCING ACTIVITIES				
	Loans Received	-	-	-	-
(74,132)	Repayment of Borrowings	(38,391)	-	-	(38,391)
(37,485)	Repayment of Finance Lease Liabilities	(82,000)	-	-	(82,000)
(111,617)	Net Cash Provided/(Used) by Financing Activities	(120,391)	-	-	(120,391)
	CASH FLOWS FROM INVESTING ACTIVITIES				
	Receipts				
	Sale of Replaced Assets	-	-	-	-
	Payments				
(82,379)	Expenditure on renewal / replacements of assets	-	-	-	-
-	Expenditure on new / upgraded assets	-	-	-	-
-	Distributions paid to constituent Councils	-	-	-	-
(82,379)	Net Cash Provided/(Used) by Investing Activities	-	-	-	-
(142,013)	NET INCREASE (DECREASE) IN CASH HELD	(38,391)	-	-	(38,391)
782,896	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	793,639	(152,756)	-	640,883
640,883	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	755,248	(152,756)	-	602,492

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION					
FOR THE YEAR ENDING 30 June 2023					
AUDITED RESULTS 2021/2022		ADOPTED BUDGET 2022/2023	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2022/2023
	CURRENT ASSETS				
640,883	Cash and Cash Equivalents	755,248	(152,756)		602,492
231,080	Trade & Other Receivables	188,901	42,179	-	231,080
871,963	TOTAL CURRENT ASSETS	944,149	(110,577)	-	833,572
	NON-CURRENT ASSETS				
1,214,249	Infrastructure, property, plant and equipment	1,024,437	58,812	-	1,083,249
1,214,249	TOTAL NON-CURRENT ASSETS	1,024,437	58,812	-	1,083,249
2,086,212	TOTAL ASSETS	1,968,586	(51,765)	-	1,916,821
	CURRENT LIABILITIES				
133,225	Trade & Other Payables	163,940	(30,715)	-	133,225
289,466	Provisions	307,903	(18,437)	-	289,466
140,794	Borrowings	119,871	20,923	-	140,794
563,485	TOTAL CURRENT LIABILITIES	591,714	(28,229)	-	563,485
	NON-CURRENT LIABILITIES				
9,860	Provisions	21,716	(11,856)	-	9,860
961,297	Borrowings	794,444	103,612	-	898,056
971,157	TOTAL NON-CURRENT LIABILITIES	816,160	91,756	-	907,916
1,534,642	TOTAL LIABILITIES	1,407,874	63,527	-	1,471,401
308,478	NET CURRENT ASSETS/(CURRENT LIABILITIES)	352,435	(82,348)	-	270,087
551,570	NET ASSETS	560,712	(115,292)	-	445,420
	EQUITY				
551,570	Accumulated Surplus/(Deficit)	536,712	(34,142)	-	502,570
551,570	TOTAL EQUITY	536,712	(34,142)	-	502,570

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY					
FOR THE YEAR ENDING 30 June 2023					
AUDITED RESULTS 2021/2022		ADOPTED BUDGET 2022/2023	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2021/2022
	ACCUMULATED SURPLUS				
565,244	Balance at beginning of period	585,712	(34,142)		551,570
(13,674)	Net Surplus/(Deficit)	(49,000)	-	-	(49,000)
551,570	BALANCE AT END OF PERIOD	536,712	(34,142)	-	502,570
	TOTAL EQUITY				
565,244	Balance at beginning of period	585,712	(34,142)	-	551,570
(13,674)	Net Surplus/(Deficit)	(49,000)	-	-	(49,000)
551,570	BALANCE AT END OF PERIOD	536,712	(34,142)	-	502,570

Eastern Health Authority			
Bank Reconciliation as at 31 December 2022			
Bank SA Account No. 141/0532306840			
Balance as per Bank Statement 31 December 2022		\$	168,341.73
Less Outstanding cheques	\$	-	
Add Outstanding deposits	\$	-	
BALANCE PER General Ledger		\$	<u>168,341.73</u>
GST as 31 May 2022			
GST Collected	\$8,768.62		
GST Paid	<u>(\$12,789.54)</u>		
Net GST Claimable (Payable)	<u><u>(\$4,020.92)</u></u>		
Funds Available 30 September 2022			
Account	31-Dec-22	30-Sep-22	Variance
Bank SA Cheque Account	\$ 168,342	\$ 403,790	(\$235,448.29)
Local Government Finance Authority	\$ 385,070	\$ 381,539	\$3,530.58
Net GST Claimable (Payable)	\$ (4,020.92)	\$ 72,925.55	(\$76,946)
Long Service Leave Provision	(\$175,831.00)	(\$175,831.00)	\$0.00
Annual Leave Provision	(\$123,495.00)	(\$123,495.00)	\$0.00
TOTAL FUNDS AVAILABLE	\$ 250,065	\$ 558,929	(\$308,864)

7.3 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 was the upgrade of office accommodation at EHA's St Peters office which occurred in 2012. A 10 year loan from the LGFA was used to fund the required office accommodation. The final payment on the loan was made in July 2022.

The LTFP is now simply a projection of current operating arrangements moving forward.

The Long-Term Financial Plan Estimates were presented to and considered by the EHA Audit Committee at its meeting of 22 August 2022. The committee were requested to consider appropriate key assumptions (drivers) to be used to develop revised EHA Long-Term financial estimates. The committee determined that the values should be based on EHA's Constituent Council values.

Subsequently, the EHA Long-Term financial estimates were updated using key assumptions based on the average of our largest three councils (see table 1 below) and presented to the Board of Management at its meeting held on 2 November 2022.

Table 1 Key Assumptions

	Current	Revised
Growth	1.2%	1.1%
CPI	1.5%	3.2%
Wages	2.5%	3.8%
Materials	1.5%	2.8%

The Board discussed the assumptions used in table 1 above and raised concerns in relation to the currency of the values. As per the resolution detailed below, the Board resolved that the assumptions for CPI and Wages be revisited.

7.2 LONG-TERM FINANCIAL PLAN REVISED FINANCIAL ESTIMATES

That:

1. Long-Term Financial Plan revised financial estimates report is received.
2. Long term Long-Term Financial Plan revised financial key assumptions are revisited based on the latest CPI and Enterprise Agreement information.

CARRIED UNANIMOUSLY 3: 112022

At the Audit Committee Meeting held on 7 December 2022, the committee considered the additional information requested and which is provided below.

CPI Forecast

The CPI figure has been reconsidered by using the November 2022 Reserve Bank of Australia Forecast Table (Figure 1). The average CPI for the period of the financial estimates is estimated to be 3.9% based on the information available and extrapolating to the end of the estimate period.

CPI	
Jul-22	6.1
Jul-23	6.3
Jul-24	4.2
Jul-25	3.2
Jul-26	3.2
Jul-27	3.2
Jul-28	3.2
Jul-29	3.2
Jul-30	3.2
Jul-31	3.2
Average	3.9

Wage Forecast

The Wage increase figure has been reconsidered by using the Enterprise agreement values for 2022 and 2023 and the Forecast Table (Figure 1). The average wage increase for the period of the financial estimates is estimated to be 3.9%. based on the information available and extrapolating to the end of the estimate period.

Wages	
2022	4.5
2023	3.5
2024	3.9
2025	3.9
2026	3.9
2027	3.9
2028	3.9
2029	3.9
2030	3.9
2031	3.9
Average	3.9

Figure 1- RBA Forecast Table

Forecast Table – November 2022

Download the *Forecast Table* [PDF](#) 174KB

This table provides additional detail on forecasts of key macroeconomic variables as at the November 2022 *Statement on Monetary Policy*.

Table 1: Forecast Table – November 2022^(a)
Percentage change over year to quarter shown^(b)

	Jun 2022	Dec 2022	Jun 2023	Dec 2023	Jun 2024	Dec 2024
Gross domestic product	3.6	2.9	2.0	1.4	1.4	1.6
Household consumption	6.0	6.6	2.8	1.3	1.4	1.7
Dwelling investment	-4.6	0.8	3.6	-2.8	-4.7	-5.6
Business investment	1.4	3.4	4.8	6.1	5.0	3.3
Public demand	5.7	3.7	0.2	-0.6	1.0	1.4
Gross national expenditure	4.4	4.3	1.5	0.7	1.4	1.5
Imports	10.0	16.6	6.4	3.9	2.8	2.0
Exports	4.9	7.8	8.4	7.0	2.8	2.6
Real household disposable income	2.1	-2.6	-2.6	-1.2	0.3	2.3
Terms of trade	7.5	1.4	-13.7	-7.4	-6.0	-4.3
Major trading partner (export-weighted) GDP	2.7	3.0	4.3	3.4	3.6	3.5
Unemployment rate (quarterly, %)	3.8	3.4	3.5	3.7	4.0	4.3
Employment	3.3	3.8	1.4	1.2	1.0	0.9
Wage price index	2.6	3.1	3.7	3.9	3.9	3.9
Nominal (non-farm) average earnings per hour	5.0	4.2	4.6	5.3	5.1	4.7
Trimmed mean inflation	4.9	6.5	5.4	3.8	3.4	3.2
Consumer price index	6.1	8.0	6.3	4.7	4.2	3.2

(a) Forecasts finalised on 2 November. The forecasts are conditioned on a path for the cash rate broadly in line with expectations derived from surveys of professional economists and financial market pricing. Other forecast assumptions: TWI at 62; A\$ at US\$0.64; Brent crude oil price at US\$89/bbl. The assumed rate of population growth is broadly in line with the profile set out in the Australian Government Budget 2022–23.

(b) Forecasts are rounded to the first decimal point. Shading indicates historical data.

Sources: ABS; CEIC Data; Consensus Economics; Refinitiv; RBA

Table 2 Latest Revised Key Assumptions

	Current	Original Revision	Latest Revision
Growth	1.2%	1.1%	1.1%
CPI	1.5%	3.2%	3.9%
Wages	2.5%	3.8%	3.9%
Materials	1.5%	2.8%	2.8%

Revised Long-Term financial estimates based on the audited results from 2021/2022 and the latest revised key assumption values detailed in Table 2 were provided for consideration of the Audit Committee (attachment 1). The committee subsequently received the report.

RECOMMENDATION

That:

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

**Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED COMPREHENSIVE INCOME STATEMENT**

Year Ended 30 June:		2022 Actual	2023 Estimate	2024 Plan Year 1	2025 Plan Year 2	2026 Plan Year 3	2027 Plan Year 4	2028 Plan Year 5	2029 Plan Year 6	2030 Plan Year 7	2031 Plan Year 8	2032 Plan Year 9	2033 Plan Year 10
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
INCOME													
Constituent Council Contributions	A	1,828,263	1,828,000	1,879,401	1,975,371	2,076,141	2,181,948	2,293,046	2,409,698	2,532,184	2,660,793	2,795,831	2,937,623
Statutory Charges	B	111,391	185,000	192,215	199,712	207,501	215,593	224,001	232,737	241,814	251,245	261,044	271,224
User Charges	C	295,541	407,000	422,873	439,364	456,499	474,303	492,800	512,018	531,987	552,735	574,292	596,689
Grants, subsidies, contributions	D	226,108	301,000	271,179	281,755	292,744	304,161	316,023	328,348	341,154	354,459	368,283	382,646
Investment Income	E	4,320	7,000	26,730	30,221	31,026	34,586	38,806	46,348	56,885	79,373	100,299	125,883
Other Income	G	3,585	11,000	11,429	11,875	12,338	12,819	13,319	13,839	14,378	14,939	15,522	16,127
Total Revenues		2,469,208	2,739,000	2,803,827	2,938,298	3,076,249	3,223,410	3,377,995	3,542,988	3,718,402	3,913,544	4,115,271	4,330,192
EXPENSES													
Employee costs	J	1,750,609	2,014,000	2,092,348	2,173,746	2,258,313	2,346,172	2,437,452	2,532,286	2,630,811	2,733,173	2,839,521	2,950,008
Materials, contracts & other expenses	K	516,677	549,025	548,119	589,919	606,998	624,553	642,600	661,153	680,226	699,833	719,989	740,711
Depreciation	L	168,844	163,843	145,342	145,342	145,342	145,342	145,342	145,342	145,342	32,198	814	0
Finance Costs	M	46,752	42,132	61,193	61,193	63,422	63,546	64,791	26,863	41,483	38,702	35,840	(13,120)
Total Expenses		2,482,882	2,769,000	2,847,002	2,970,200	3,074,075	3,179,613	3,290,185	3,365,644	3,497,862	3,503,906	3,596,164	3,677,599
NET SURPLUS/(DEFICIT)		(13,674)	(30,000)	(43,175)	(31,902)	2,174	43,797	87,810	177,344	220,540	409,638	519,107	652,593
Other Comprehensive Income													
Total Other Comprehensive Income		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COMPREHENSIVE INCOME		(13,674)	(30,000)	(43,175)	(31,902)	2,174	43,797	87,810	177,344	220,540	409,638	519,107	652,593

**Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED BALANCE SHEET**

Year Ended 30 June:	2022 Actual	2023 Estimate	2024 Plan Year 1	2025 Plan Year 2	2026 Plan Year 3	2027 Plan Year 4	2028 Plan Year 5	2029 Plan Year 6	2030 Plan Year 7	2031 Plan Year 8	2032 Plan Year 9	2033 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
ASSETS												
Current Assets												
Cash & Equivalent Assets	640,883	683,283	744,463	763,858	826,461	899,537	1,024,710	1,196,876	1,555,945	1,890,807	2,298,655	2,833,067
Trade & Other Receivables	231,080	231,080	240,092	249,456	259,185	269,293	279,795	290,707	302,045	313,825	326,064	338,780
Total Current Assets	871,963	914,363	984,555	1,013,314	1,085,646	1,168,830	1,304,505	1,487,583	1,857,990	2,204,632	2,624,719	3,171,847
Non-Current Assets												
Infrastructure, Property, Plant & Equipment	1,214,249	1,050,406	905,064	759,722	614,380	469,038	323,696	178,354	33,012	814	0	0
Total Non-Current Assets	1,214,249	1,050,406	905,064	759,722	614,380	469,038	323,696	178,354	33,012	814	0	0
Total Assets	2,086,212	1,964,769	1,889,619	1,773,036	1,700,026	1,637,868	1,628,201	1,665,937	1,891,002	2,205,446	2,624,719	3,171,847
LIABILITIES												
Current Liabilities												
Trade & Other Payables	133,225	133,225	137,269	135,135	141,205	140,142	142,679	143,424	145,087	146,307	147,767	149,124
Borrowings	91,443	68,619	84,186	99,753	115,320	115,320	153,973	12,446	111,724	117,498	123,500	123,629
Provisions	289,466	289,466	321,767	323,564	341,614	352,121	367,239	380,804	395,989	411,209	427,305	443,883
Total Current Liabilities	514,134	491,310	543,222	558,452	598,139	607,583	663,891	536,674	652,800	675,014	698,572	716,636
Non-Current Liabilities												
Trade & Other Payables	9,860	9,860	10,159	10,001	10,450	10,371	10,559	10,614	10,737	10,827	10,935	11,035
Borrowings	1,010,648	942,029	857,843	758,090	642,770	527,450	373,477	361,031	249,307	131,809	8,309	(115,320)
Total Non-Current Liabilities	1,020,508	951,889	868,002	768,091	653,220	537,821	384,036	371,645	260,044	142,636	19,244	(104,285)
Total Liabilities	1,534,642	1,443,199	1,411,224	1,326,543	1,251,359	1,145,404	1,047,927	908,319	912,844	817,650	717,816	612,351
NET ASSETS	551,570	521,570	478,395	446,493	448,667	492,464	580,274	757,618	978,158	1,387,796	1,906,903	2,559,496
EQUITY												
Accumulated Surplus	551,570	521,570	478,395	446,493	448,667	492,464	580,274	757,618	978,158	1,387,796	1,906,903	2,559,496
TOTAL EQUITY	551,570	521,570	478,395	446,493	448,667	492,464	580,274	757,618	978,158	1,387,796	1,906,903	2,559,496

Eastern Health Authority
Long Term Financial Plan Model
ESTIMATED CASH FLOW STATEMENT

Year Ended 30 June:	2022 Actual	2023 Estimate	2024 Plan Year 1	2025 Plan Year 2	2026 Plan Year 3	2027 Plan Year 4	2028 Plan Year 5	2029 Plan Year 6	2030 Plan Year 7	2031 Plan Year 8	2032 Plan Year 9	2033 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES												
<u>Receipts</u>												
Constituent Council Contributions		1,828,000	1,870,389	1,966,007	2,066,412	2,171,840	2,282,544	2,398,786	2,520,846	2,649,013	2,783,592	2,924,907
Statutory Charges		185,000	192,215	199,712	207,501	215,593	224,001	232,737	241,814	251,245	261,044	271,224
User Charges		407,000	422,873	439,364	456,499	474,303	492,800	512,018	531,987	552,735	574,292	596,689
Grants, subsidies, contributions		301,000	271,179	281,755	292,744	304,161	316,023	328,348	341,154	354,459	368,283	382,646
Investment Income		7,000	26,730	30,221	31,026	34,586	38,806	46,348	56,885	79,373	100,299	125,883
Other Income		11,000	11,429	11,875	12,338	12,819	13,319	13,839	14,378	14,939	15,522	16,127
<u>Payments</u>												
Employee costs		(2,014,000)	(2,059,748)	(2,172,107)	(2,239,814)	(2,335,744)	(2,422,146)	(2,518,666)	(2,615,503)	(2,717,863)	(2,823,317)	(2,933,330)
Materials, contracts & other expenses		(549,025)	(544,075)	(592,053)	(600,928)	(625,616)	(640,063)	(660,408)	(678,563)	(698,613)	(718,529)	(739,354)
Finance Costs		(42,132)	(61,193)	(61,193)	(63,422)	(63,546)	(64,791)	(26,863)	(41,483)	(38,702)	(35,840)	13,120
Net Cash provided by (or used in) Operating Activities		133,843	129,799	103,581	162,356	188,396	240,493	326,139	371,515	446,586	525,346	657,912
CASH FLOWS FROM FINANCING ACTIVITIES												
<u>Payments</u>												
Repayments of Borrowings		(38,391)	0	0	0	0	0	0	0	0	0	0
Repayment of Finance Lease Liabilities		(53,052)	(68,619)	(84,186)	(99,753)	(115,320)	(115,320)	(153,973)	(12,446)	(111,724)	(117,498)	(123,500)
Net Cash provided by (or used in) Financing Activities		(91,443)	(68,619)	(84,186)	(99,753)	(115,320)	(115,320)	(153,973)	(12,446)	(111,724)	(117,498)	(123,500)
Net Increase/(Decrease) in cash held		42,400	61,180	19,395	62,603	73,076	125,173	172,166	359,069	334,862	407,848	534,412
Opening cash, cash equivalents or (bank overdraft)		640,883	683,283	744,463	763,858	826,461	899,537	1,024,710	1,196,876	1,555,945	1,890,807	2,298,655
Closing cash, cash equivalents or (bank overdraft)		640,883	683,283	744,463	763,858	826,461	899,537	1,024,710	1,196,876	1,555,945	1,890,807	2,298,655

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

Year Ended 30 June:	2022 Actual	2023 Estimate	2024 Plan Year 1	2025 Plan Year 2	2026 Plan Year 3	2027 Plan Year 4	2028 Plan Year 5	2029 Plan Year 6	2030 Plan Year 7	2031 Plan Year 8	2032 Plan Year 9	2033 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
ACCUMULATED SURPLUS												
Balance at end of previous reporting period	565,244	551,570	521,570	478,395	446,493	448,667	492,464	580,274	757,618	978,158	1,387,796	1,906,903
Net Result for Year	(13,674)	(30,000)	(43,175)	(31,902)	2,174	43,797	87,810	177,344	220,540	409,638	519,107	652,593
Balance at end of period	551,570	521,570	478,395	446,493	448,667	492,464	580,274	757,618	978,158	1,387,796	1,906,903	2,559,496
TOTAL EQUITY AT END OF REPORTING PERIOD	551,570	521,570	478,395	446,493	448,667	492,464	580,274	757,618	978,158	1,387,796	1,906,903	2,559,496

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

Year Ended 30 June:	2022 Actual	2023 Estimate	2024 Plan Year 1	2025 Plan Year 2	2026 Plan Year 3	2027 Plan Year 4	2028 Plan Year 5	2029 Plan Year 6	2030 Plan Year 7	2031 Plan Year 8	2032 Plan Year 9	2033 Plan Year 10
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Operating Revenues	2,469,208	2,739,000	2,803,827	2,938,298	3,076,249	3,223,410	3,377,995	3,542,988	3,718,402	3,913,544	4,115,271	4,330,192
<i>less Operating Expenses</i>	2,482,882	2,769,000	2,847,002	2,970,200	3,074,075	3,179,613	3,290,185	3,365,644	3,497,862	3,503,906	3,596,164	3,677,599
Operating Surplus/(Deficit) before Capital Amou	(13,674)	(30,000)	(43,175)	(31,902)	2,174	43,797	87,810	177,344	220,540	409,638	519,107	652,593
Less: Net Outlays on Existing Assets												
Capital Expenditure on Renewal/Replacement of Existing Assets	4,545	0	0	0	0	0	0	0	0	0	0	0
<i>less Depreciation, Amortisation & Impairment</i>	168,844	163,843	145,342	145,342	145,342	145,342	145,342	145,342	145,342	32,198	814	0
<i>less Proceeds from Sale of Replaced Assets</i>	0	0	0	0	0	0	0	0	0	0	0	0
	(164,299)	(163,843)	(145,342)	(32,198)	(814)	0						
Net Lending / (Borrowing) for Financial Year	150,625	133,843	102,167	113,440	147,516	189,139	233,152	322,686	365,882	441,836	519,921	652,593

KEY FINANCIAL INDICATORS	2022 Actual	2023 Estimate	2024 Plan Year 1	2025 Plan Year 2	2026 Plan Year 3	2027 Plan Year 4	2028 Plan Year 5	2029 Plan Year 6	2030 Plan Year 7	2031 Plan Year 8	2032 Plan Year 9	2033 Plan Year 10
Operating Surplus / (Deficit) - \$'000	(13,674)	(30,000)	(43,175)	(31,902)	2,174	43,797	87,810	177,344	220,540	409,638	519,107	652,593
Operating Surplus Ratio - %	(1)%	(2)%	(2)%	(2)%	0%	2%	4%	7%	9%	15%	19%	22%
Net Financial Liabilities - \$'000	662,679	528,836	426,669	313,229	165,713	(23,426)	(256,578)	(579,264)	(945,146)	(1,386,982)	(1,906,903)	(2,559,496)
Net Financial Liabilities Ratio - %	26.8%	19.3%	15.2%	10.7%	5.4%	(0.7)%	(7.6)%	(16.3)%	(25.4)%	(35.4)%	(46.3)%	(59.1)%
Interest Cover Ratio - %	1.7%	1.3%	1.2%	1.1%	1.1%	0.9%	0.8%	(0.6)%	(0.4)%	(1.1)%	(1.6)%	(3.3)%
Asset Consumption Ratio - %	59%	51%	44%	37%	30%	23%	16%	9%	2%	0%	0%	0%

7.4 DEVELOPMENT OF ANNUAL BUSINESS PLAN FOR 2023/2024

Author: Michael Livori
Ref: AF23/8

Summary

Eastern Health Authority (EHA) is required to develop an Annual Business Plan which supports and informs its annual budget. This report seeks to outline the process to be taken in relation to the development of the Annual Business Plan for 2023/2024.

Report

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

Legislative and Charter Requirements

EHA's Charter requires pursuant to clause 8.1 that;

8. **BUSINESS PLAN**

8.1. **Contents of the Business Plan**

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

Proposed Process for the Development of the 2023/2024 Annual Business Plan

To comply with the requirements of the Charter the following process is proposed for the development of the 2023/2024 Annual Business Plan.

February 2022

- Board Members are requested to provide initial comments and suggestions in relation to the development of the 2023/2024 Annual Business Plan for consideration at the 8 March 2023 budget workshop. The current Annual Business Plan is available at <https://www.eha.sa.gov.au/about-us/annual-business-plan>. Comments to be provided to the Chief Executive Officer by **6 March 2023**.
- Constituent Councils have been requested via their nominated contact to provide comments and suggestions in relation to the development of the 2023/2024 Annual Business Plan. Comments to be provided to the Chief Executive Officer by **1 March 2023**.
- EHA Administration continues development of 2023/2024 Annual Business Plan and Budget.

March 2022

- Annual Business Plan and Budget workshop to be held on **8 March 2023** to consider feedback from Board Members and Constituent Councils in relation to the Annual Business Plan. Members will also consider a preliminary draft budget at the workshop.

Following Board endorsement, a copy of the preliminary draft Annual Business Plan and Budget will be provided to Constituent Councils requesting their feedback by **19 April 2023**.

April 2022

- Preliminary feedback from Constituent Councils and a proposed Annual Business Plan and Budget detailing the estimated contributions from Constituent Councils to be considered by the Board of Management at its meeting to be held on **3 May 2023**.
- If the endorsed draft Annual Business Plan contains any substantive changes from the preliminary draft Annual Business Plan which was provided to Constituent Councils following the Budget Workshop, details of those changes will be provided to Constituent Councils requesting any further comment by **14 June 2023**.

June 2022

- Budget to be considered for adoption at the Board of Management to be held on **28 June 2023**

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

RECOMMENDATION

That:

1. The Development of the Annual Business Plan for 2023/2024 report is received.
2. The process for the Development of the Annual Business Plan for 2023/2024 is endorsed.

7.5 UPDATE ON AUDIT FINDING RECOMMENDATIONS

Author: Kristen Paparella
Ref: AF21/41

Summary

This report provides an update on management responses to the 2021/2022 Audit Finding recommendations.

Report

In the EHA Auditors' Report of Audit Findings for 2021/2022 the only current year matter raised by the Auditor was in relation to a suggestion to implement Enterprise Resource Planning which would integrate timesheets with the payroll system.

Management is currently making enquiries in relation to suitable potential systems to enable a risk-benefit analysis to be undertaken.

If a suitable system is identified, a proposal will be developed for the Board to consider as part of the 2023/2024 budget development process.

An Update on Audit Finding Recommendation Report was presented to and considered by the Audit Committee at its meeting held on 7 December 2022.

RECOMMENDATION

That:

The Update on Audit Findings Recommendations Report is received.

7.6 SOUTH AUSTRALIAN PUBLIC HEALTH COUNCIL NOMINATION

Author: Michael Livori
Ref: AF11/349

Summary

This report seeks the Board of Management's support for a nomination to fill a position as a LGA representative on the South Australian public Health Council.

Report

The South Australian Public Health Council (SAPHC) is established by the South Australian Public Health Act 2011 (the Act). The SAPHC's primary functions are to assist and advise the Chief Public Health Officer in relation to:

1. protection and promotion of public health
2. the development and maintenance of a system of strategic planning for public health at the local, regional, and State-wide levels,
3. the development of health plans,
4. strategies to ensure that a sufficiently trained and skilled workforce is in place,
5. programs to promote public health research in the State,
6. the preparation of the biennial report,
7. setting standards and qualifications for authorised officers.

The LGA is seeking nominations to fill a position for a term up to three years as one of their two representatives on the committee. The role requires attendance at four meetings per year generally at SA Public Health head office, Hindmarsh Square, Adelaide

The Act requires the LGA to provide a shortlist of five nominees. The Minister will select the appointee from this list.

The nominee must be a currently serving council member or employee of a council or other local government entity (unless otherwise determined by the LGA Board of Directors). Only nominations submitted following a resolution of council will be considered.

As the due date for nominations was 10 February 2023 a nomination was submitted to the LGA subject to Board endorsement (attachment 1).

RECOMMENDATION

That:

The Eastern Health Authority endorse the nomination of Michael Livori as a local government member to the South Australian Public Health Council.

PART B

LGA Appointments and Nominations to Outside Bodies — Nomination Form

Instructions

This form:

- *Must be submitted by a council*
- *Must be emailed in PDF format to nominationscoordinator@lga.sa.gov.au*
- *Receipt of nomination will be acknowledged by return email*
- *CV and response to selection criteria (if applicable) may be emailed separately by the nominee and will be treated confidentially*

This nomination form fulfils the requirements of the LGAs Appointments and Nominations to Outside Bodies Policy, [available here](#).

SECTION 1 to be completed by Council, SECTION 2 to be completed by Nominee.

Please refer to the **Call for Nominations** information sheet (PART A) for details of the Outside Body and the selection criteria to be met by the nominee.

SECTION 1: COUNCIL to complete

South Australian Public Health Council	
Council Details	
Name of Council submitting the nomination	Eastern Health Authority
Contact details of council officer submitting this form	Name: Michael Livori Position: Chief Executive Officer Email: mlivori@eha.sa.gov.au Phone:
Council meeting minute reference and date	Report will be presented to Board of Management at its first meeting following the LG General election on 22 February 2023
Nominee Full Name	Michael Livori
elected member <input type="checkbox"/> OR employee of council <input type="checkbox"/> OR employee of local government entity <input checked="" type="checkbox"/>	
<i>Note: by submitting this nomination council is recommending the nominee is suitable for the role.</i>	

PART B

SECTION 2: NOMINEE to complete

South Australian Public Health Council			
Nominee Details			
Name in full	Michael Livori	Gender	Male
Home / Postal Address			
Phone	8132 3611	Mobile	
Personal Email			
Why are you interested in this role?	Having been involved in Public Health at a local level for over 30 years , I believe my experience and insights can add value to the PHC.		
CV	attached <input checked="" type="checkbox"/> OR forwarding separately <input type="checkbox"/>		
Response to selection criteria (if applicable)	<i>Nominee to provide response to selection criteria (of no more than 2 pages) for consideration by the LGA Board of Directors.</i>		
<i>Please refer to the Call for Nominations information sheet for the selection criteria to be addressed.</i>	attached <input checked="" type="checkbox"/> OR forwarding separately <input type="checkbox"/>		
<p>Do you agree for your details to be retained on the LGA Nominees Database for a period of 12 months in order to be considered for other vacancies on Outside Bodies?</p> <p>Yes <input checked="" type="checkbox"/> OR No <input type="checkbox"/></p> <p>If Yes, please list any fields of interest or Outside Bodies of interest:</p> <ul style="list-style-type: none"> • _____ 			
<p>Undertaking:</p> <p><i>The LGA Board resolved in January 2015 to ensure that appointees to external Boards and Committees remain current local government members or officers. If you leave local government for any reason during the term of your appointment, are you prepared to resign your appointment if requested to do so by the LGA?</i></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Signature of Nominee: </p>			

7.7 APPOINTMENT OF MEMBERS TO EASTERN HEALTH AUTHORITY (EHA) COMMITTEES

Author: Michael Livori

Ref: AF12/195

Summary

Eastern Health Authority (EHA) currently has two committees that require Board Member representation. Following the November 2022 Local Government General Elections, positions on these committees require filling.

Report

Audit Committee

Audit Committees provide an important independent role between a Regional Subsidiary and its management. Audit Committees have no authority to act independently of EHA and can only act in areas covered by their terms of reference.

The principal functions and extent of authority for an Audit Committee are set out in Section 126 of the *Local Government Act 1999* (the Act). In summary the minimum statutory functions of an Audit Committee include:

- reviewing annual financial statements to ensure that they present fairly the state of affairs of the Authority; and
- proposing and providing information relevant to a review of the Authority's strategic management or annual business plans; and
- proposing and reviewing the exercise of the efficiency and economy powers (under Section 130A); and
- liaising with the Authority's auditor; and
- reviewing the adequacy of the accounting, internal control, reporting and other financial management systems and practices of the Authority on a regular basis.

EHA has developed Terms of Reference for the committee which outline its expected role (provided as attachment 1). One of the primary roles of the Committee is to provide suggestions and recommendations to EHA and/or management, about actions to be taken to enhance financial governance, considered to be in the best interests of the Constituent Council's communities.

The Audit Committee plays a critical role in the financial reporting framework of EHA by overseeing and monitoring the participation of management and external auditors in the financial reporting process. It addresses issues such as the approach being adopted by EHA and management to address business risks, corporate and financial governance responsibilities and legal compliance. EHA may also refer issues of a strategic nature to its Audit Committee.

The Audit Committee focuses its attention at the strategic level, with issues of an operational nature being referred to EHA's senior management.

To gain the most benefit from having an Audit Committee, it is important that EHA appoints properly skilled people who have experience in audit practices and understand the business of EHA.

The *Local Government (Financial Management) Regulations 2011* requires the following with respect to the composition of the EHA's Audit Committee:

- must have between 3 and 5 members (inclusive);
- must include at least 1 person who is not a member of the board of management of EHA and who is determined by the Constituent Councils to have financial experience relevant to the functions of the audit committee;
- may include members who are members of a Constituent Council;
- must not include, as a member, a constituent council's auditor under section 128 of the *Local Government Act 1999* or the auditor of the subsidiary under Part 6 of the *Local Government (Financial Management) Regulations 2011*.

Clause 2 of the EHA Audit Committee Terms of Reference (ToR) deals with the membership of the Committee.

The full clause is detailed below.

2. MEMBERSHIP

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

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

Report

EHA's Audit Committee current members are:

Madeleine Vezis Independent Member and Presiding Member

Paula Davies Independent Member

Vacant Board Appointed Member (previously Cr Peter Cornish)

Madeleine Vezis has served as a member of the Audit Committee since 3 August 2020, including a period from 25 May 2022 as Presiding Member. Madeleine's current term of appointment concludes on 16 February 2025.

Madeleine has been previously determined by the Constituent Councils to have financial experience relevant to the functions of the audit committee which satisfies the criteria required by the *Local Government (Financial Management) Regulations 2011* and clause 2.4 of the ToR.

Paula Davies has served as a member of the Audit Committee since 25 May 2022. Paula's current term of appointment concludes on 31 December 2024.

Cr Peter Cornish's term concluded at the time of the 2022 Local Government General Election.

It is now necessary for the Board of Management to appoint a member to the Audit Committee.

Chief Executive Officer Performance Review Committee

The Chief Executive Officer (CEO) of EHA is required to undergo regular performance reviews. The performance reviews are conducted by members of a committee nominated by the Board with the assistance of an appropriate consultant when required. The

committee reports back to the full Board of Management in relation to outcomes and recommendations.

The term of membership for the former committee members also concluded at the time of the 2022 Local Government General Election.

Membership of the committee at that time was Cr G Knoblauch, Cr S Whittington, Cr K Barnett, Cr P Cornish, and N Cunningham.

It is now necessary for the Board of Management to appoint members to the Chief Executive Officer Performance Review Committee. The numbers of members appointed is at the discretion of the Board of Management

RECOMMENDATION

That:

1. The Appointment of Members to Eastern Health Authority Committees report is received.
2. is appointed as Board representative to the Eastern Health Authority Audit Committee until the conclusion of the next Local Government General Election or; until any changes are made to the Eastern Health Authority Charter in relation to Audit Committee membership.
3. are appointed to the Chief Executive Officer Performance Review Committee until the conclusion of the next Local Government General Election.



EHA Audit Committee TERMS OF REFERENCE

The document on EHA's Records Management System is considered to be the current and controlled version. Before using a printed copy, verify that it is the current version.

EHA Audit Committee

TERMS OF REFERENCE

1. ESTABLISHMENT OF THE AUDIT COMMITTEE

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

2. MEMBERSHIP

- 2.1. Committee Members of the Committee are appointed by EHA. The Committee shall comprise three members consisting of two independent members and one Board Member.
- 2.2. Independent Members of the Committee shall have extensive and relevant financial management, risk management or internal audit qualifications and experience.
- 2.3. Only members of the Committee are entitled to vote in Committee meetings. Unless otherwise required by the Act not to vote, each member must vote on every matter that is before the Committee for a decision.
- 2.4. In accordance with the principles of open, transparent and informed decision making, Committee meetings must be conducted in a place open to the public. The agenda and minutes of the Committee meetings, subject to any items that are discussed in confidence under Section 90 of the Act and subsequently retained as confidential under Section 91 of the Act, are also required to be made available to the public.
- 2.5. Individual members of EHA’s administration staff, such as the Chief Executive Officer and Senior Staff may attend any meeting as observers or be responsible for preparation of papers for the Committee.
- 2.6. EHA’s external auditor may also be invited to attend meetings of the Committee, as appropriate.
- 2.7. Appointments to the Committee shall be for a period of two years. At the expiration of this period all positions will be declared vacant and nominations will be sought for another two year term. Appointees may be reappointed by EHA through this process.

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- 2.8. The Presiding Member of the Committee will be one of the independent members and will be appointed by the Audit Committee for the term of the Committee. In the absence of the chairperson the Committee will appoint one of the other members as Acting Presiding Member for the duration of the meeting.
- 2.9. The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

3. AUTHORITY

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

4. SECRETARIAL RESOURCES

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

5. QUORUM

- 5.1. The quorum necessary for the transaction of business shall be 2 members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

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- 5.2. All decisions of the Committee shall be made on the basis of a majority decision of the members present.
- 5.3. Only members of the Committee, or a Board Member's proxy, if appointed for a meeting, are entitled to vote in Committee meetings.

6. Frequency of Meetings

- 6.1. The Committee shall meet at least twice per annum. The Committee can meet otherwise as required, and as approved by the Chairperson.

7. Notice of Meetings

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

8. Minutes of Meetings

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

9. CONDUCT OF MEETINGS

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

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10. ROLE OF THE COMMITTEE

10.1. Financial Reporting and Sustainability

The Committee Shall:

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

10.2. Risk Management and Internal Control

The Committee shall:

- 10.2.1. Monitor and review the performance and adequacy of EHA's Risk Management Program and Framework for identifying, monitoring and managing significant business risks, including Work Health and Safety and EHA's Business Continuity Plan.

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

10.3. Whistle Blowing and fraud

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

10.4. Internal Audit

The Committee shall:

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

10.5. External Audit

The Committee shall:

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

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- 10.5.7.2. recommending the approval of the external auditor’s terms of engagement, including any engagement letter issued at the commencement of each audit and the scope of the audit;
- 10.5.7.3. assessing the external auditor’s independence and objectivity taking into account relevant professional and regulatory requirements and the extent of EHA’s relationship with the auditor, including the provision of any non-audit services;
- 10.5.7.4. satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the external auditor and EHA (other than in the ordinary course of business);
- 10.5.7.5. monitoring the external auditor’s compliance with legislative requirements on the rotation of audit partners; and
- 10.5.7.6. assessing the external auditor’s qualifications, expertise and resources and the effectiveness of the audit process (which shall include a report from the external auditor on the audit Committee’s own internal quality procedures);
- 10.5.7.7. review any representation letter(s) requested by the external auditor before they are signed by management;
- 10.5.7.8. review the management letter and management’s response to the external auditor’s findings and recommendations.

10.6. Policy Development

The Committee shall:

- 10.6.1. Undertake a questioning and testing role in the development and review of EHA’s financial and risk management policies;
- 10.6.2. Review and comment on the overall adequacy of EHA’s and Policy Development Management Framework.

11. REPORTING RESPONSIBILITIES

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

12. ANNUAL REVIEW AND REPORTING TO BOARD COMMITTEE

- 12.1. The Committee shall annually review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend changes it considers necessary to the Board for approval.
- 12.2. In reviewing its performance, the Committee will have regard to:
 - 12.2.1. The achievement of the Committee’s role and Terms of Reference.
 - 12.2.2. The Committee’s decision making process.

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

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Amendments to Version 1 and 2 ToR

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

Amendments to Version 3 ToR

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

Amendments to Version 4 ToR

ToR presented to the Audit Committee Meeting – 13/08/2014.

No amendments made.

Amendments to Version 5 ToR

ToR presented to the Audit Committee Meeting – 12/08/2015.

Amendments to Version 6 ToR

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

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

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7.8 FOOD STANDARDS AUSTRALIA, NEW ZEALAND - STANDARD 3.2.2A - FOOD SAFETY MANAGEMENT TOOLS

Author: Nadia Conci
Ref: AF11/186

Summary

On 8 December 2022, the national Food Safety Standard 3.2.2a - Food Safety Management Tools was Gazetted and supplements Chapter 3 of the Food Standards Code.

The Standard introduces new requirements for Australian businesses in food service, catering and retail sectors that handle unpackaged, potentially hazardous food that is ready to eat. These businesses will be required to implement either two or three new food safety management tools, depending on the risk posed by their food handling activities.

The tools have been introduced to improve the skills and knowledge of all food handlers and thereby improving the management of controls that are critical to food safety.

Report

As reported to the Board of Management on 27 April 2022, on 3 March 2022 Eastern Health Authority (EHA) received notification for the call of submissions in relation to Food Standards Australia, New Zealand (FSANZ) Proposal P1053. The proposal is the introduction of a draft new Standard to include the introduction of three proposed food safety management tools: food safety supervisor, food handler training and evidence.

EHA submitted its feedback positively supporting the new draft standard and proposed food safety management tools. The feedback also recognised that there will be significant administrative impacts to prepare for the changes, communicate the legislative update to the food businesses and provide them with the required assistance and guidance.

Despite the short-term administrative burden, EHA recognised that there are long term benefits with a continual development of a positive food safety culture through improved food safety knowledge, food safety practices, and reduced food borne illness.

On 8 December 2022, EHA was notified by SA Health Food Safety and Regulation Branch that the national Food Safety Standard 3.2.2a - Food Safety Management Tools was Gazetted and supplements Chapter 3 of the Food Standards Code.

The Standard introduces new requirements for Australian businesses in food service, catering and retail sectors that handle unpackaged, potentially hazardous food that is ready to eat. These businesses will be required to implement either two or three new food safety management tools, depending on the risk posed by their food handling activities. Namely:

- mandatory food handler training,
- requirement to have a 'food safety supervisor', and
- requirement to 'substantiate' key food handling activities

The tools have been introduced to improve the skills and knowledge of all food handlers and thereby improving the management of controls that are critical to food safety. Compliance with the Standard will be assessed during routine food safety inspections or audits.

To assist councils, EHOs and food businesses with understanding and preparing to implement this new standard by December 2023, SA Health have prepared a communication plan as follows:

Implementation of 3.2.2A	Timing
SA Health Website content	December 2022
Email to EHOs	December 2022
Letter to Council CEOs	December 2022
EHO, PIRSA, Dairysafe information sessions	Late February 2023
Letter to businesses for Council distribution	Late February 2023
Social Media Infographics	March 2023
FAQs for regulators – pending information session	April 2023
SAH business/industry info sessions	May/June 2023

Resources have been developed locally and nationally to help support the implementation of the new standards. These supports have been made available on SA Health's website and can be translated using an available language translation function.

SA Health have also sent a letter of correspondence to the councils Chief Executive Officers to inform and introduce the new Standard.

All of EHA Environmental Health Officers, including the Team Leader and CEO have registered for the information sessions specific to the introduction of this new Standard between 13 February 2023 – 16 February 2023.

Following the letter to food businesses and social media infographics from SA Health being made available, EHA will be using these resources to actively communicate the new Standard to the respective food business. In addition, promotion of the new Standard will also be made available on the EHA website and where possible the Constituent Councils social media platforms.

In addition to SA Health's communication plan, EHA will be required to update their respective internal electronic health reporting and records management system. This will enable EHOs to conduct the required assessments using the electronic tablets during an inspection, record the required information into the records system and inspection reports to be communicated to the food businesses.

Throughout the year, EHOs will be assisting businesses where possible to help prepare and understand the expectations of these new standards before it becomes into effect in December 2023. It is expected that the assistance to food businesses and additional ongoing assessment requirements will impact the time taken for an inspection to be undertaken and there will be an increase in the associated administrative burden.

Prior to the announcement from SA Health, EHOs have been communicating this upcoming change verbally to businesses during their routine inspections to provide advance notice. Overall, there has been a positive response received from food businesses.

RECOMMENDATION

That:

1. The report regarding the Food Standards Australia, New Zealand, Food Safety Standard 3.2.2a - Food Safety Management Tools is received.

8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

1.0 General Activity

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

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

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

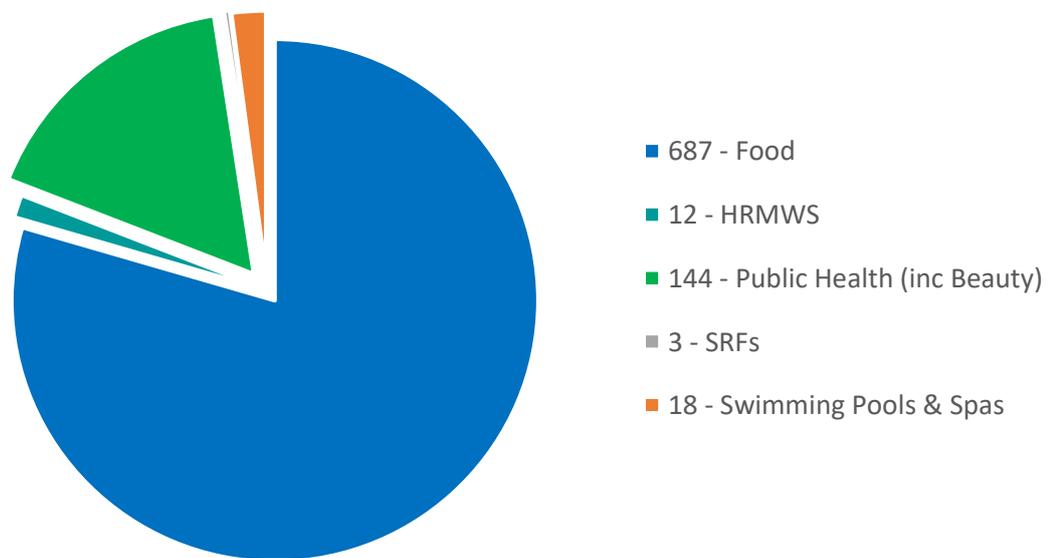


Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	143	134	257	105	48	687
Beauty	0	0	2	0	0	2
HRMWS	0	5	5	2	0	12
Public Health Complaint	29	36	54	20	3	142
SRFs	0	0	0	3	0	3
Swimming Pools & Spas	14	0	2	2	0	18
Total	186	175	320	132	51	864

2.0 Food Safety

2.1 Food Premise Inspections

A total of 156 routine inspections of food businesses were undertaken during the reporting period. An additional 89 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 331 food premise inspections were completed during the reporting period (Table 2).

As shown in Graph 2 the number of routine inspections decreased by 15% when compared to the reporting period for the previous year. The required number of follow up inspections undertaken when compared to the reporting period for the previous year decreased by 14%, while the number of complaint inspections required to be undertaken is comparative.

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

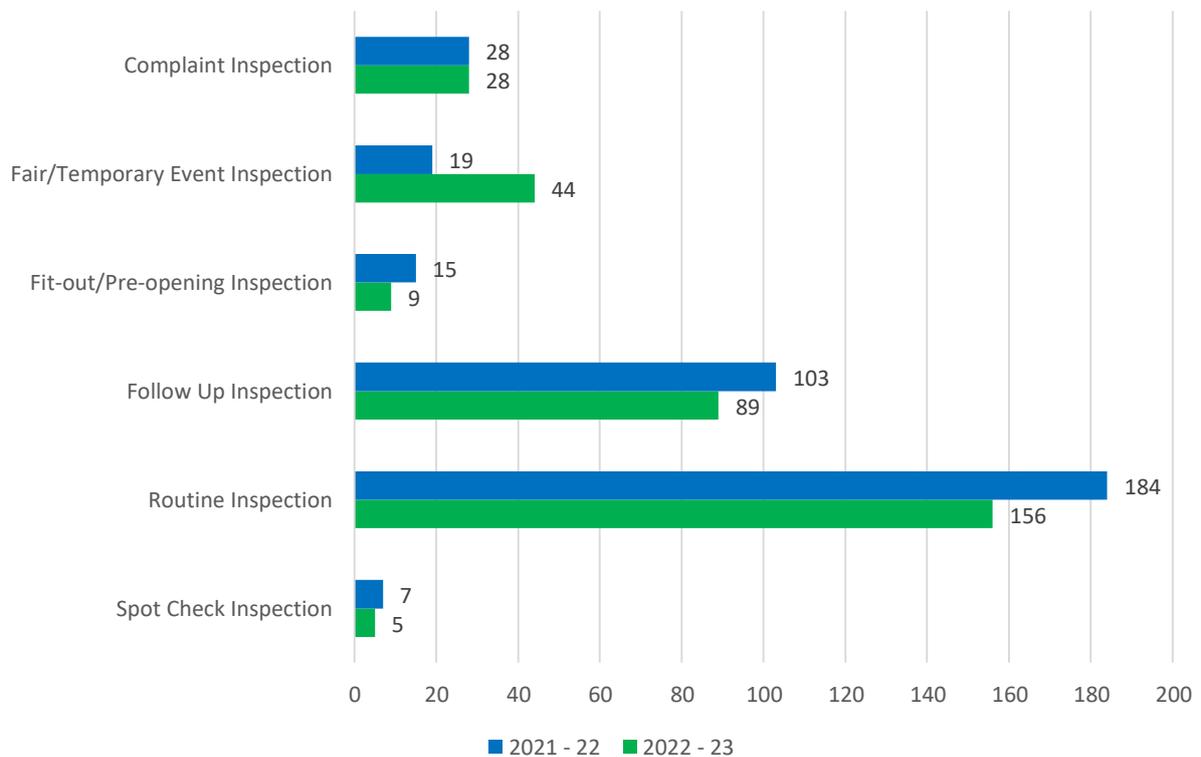


Table 2: Food premises inspections from 1 October 2022 to 31 December 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	41	31	46	25	13	156
Follow up Inspection	23	16	21	21	8	89
Complaint Inspection	3	2	14	7	2	28
Fit-out/Pre-opening Inspection	2	0	6	1	0	9
Fair/Temporary Event Inspection	5	14	5	12	8	44
Spot Check Inspection	0	1	4	0	0	5
Total	74	64	96	66	31	331

Graph 3 shows that there has been a decrease in the number of routine and follow-up inspections required for the financial year to date when compared to the previous year. There has been a 35% increase in the number of complaint inspections conducted. The total number of inspections for the financial year to date are represented by Council area in Table 3.

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

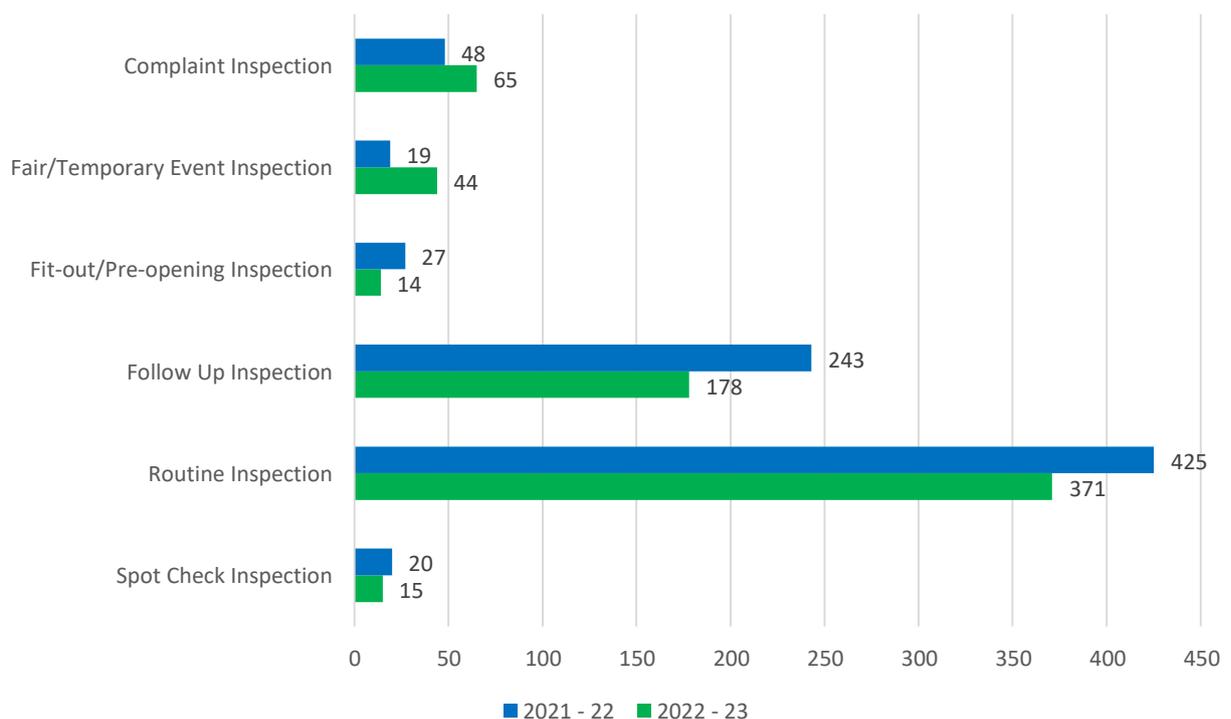


Table 3: Food premises inspections for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	81	83	141	44	22	371
Follow up Inspection	41	31	63	31	12	178
Complaint Inspection	14	4	29	15	3	65
Fit-out/Pre-opening Inspection	2	0	11	1	0	14
Fair/Temporary Event Inspection	5	14	5	12	8	44
Spot Check Inspection	0	2	8	2	3	15
Total	143	134	257	105	48	687

2.2 Non-Compliance with Food Safety Standards

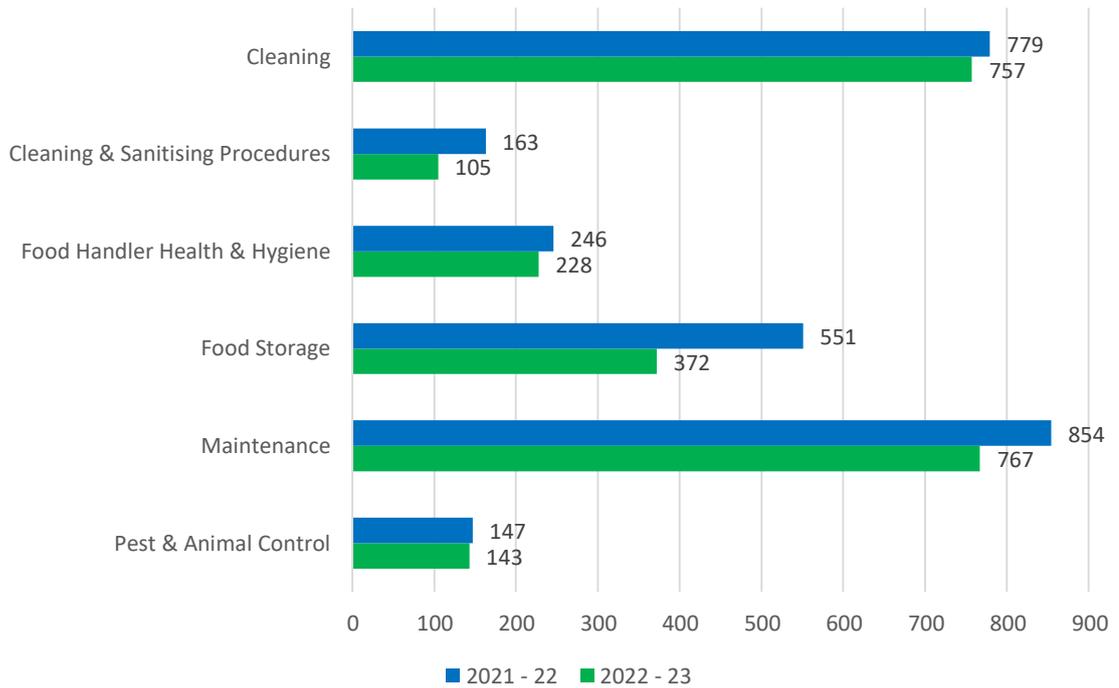
The SA Health Food Safety Rating Scheme Checklist (FSRS) is used to assess business compliance with food safety standards at routine inspections. Non-compliances against the Standards can range from Minor, Major to Serious. This is dependent on the risk and seriousness of the breach. EHO's identified a total of 1,094 non-compliances with the Food Safety Standards during the reporting period (Table 4). The majority of non-compliances were minor in nature, with 75% of the non-compliances captured within this category.

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

Type of non-compliance	Number of non-compliances
Minor	817
Major	197
Serious	80
Total	1,094

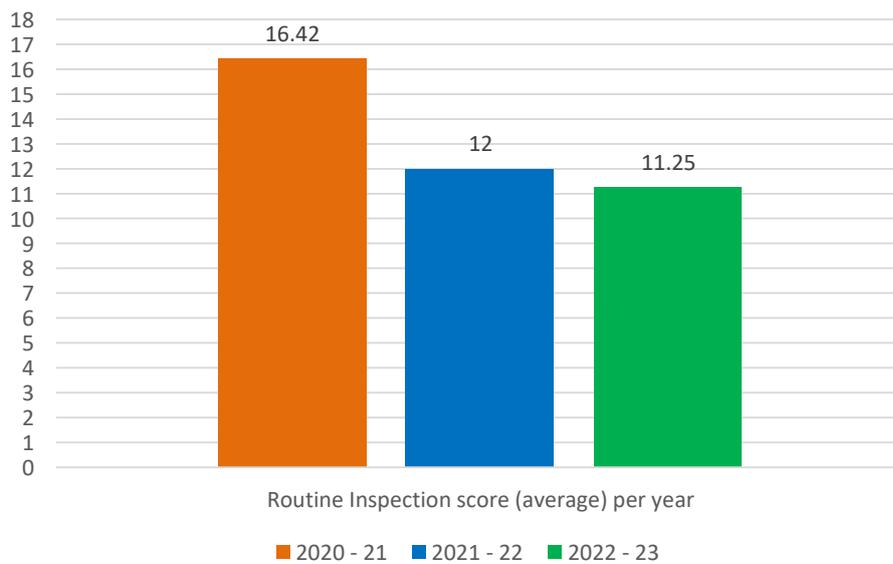
A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date. However, when compared to the same reporting period for the previous year there was decrease in all three of these non-compliances being identified during routine inspections (Graph 4).

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



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

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



2.3 Legal Actions for Food Premises

During the reporting Board Report period, ten Improvement Notices, three Final Warnings and one Prohibition Order were issued. There were three Expiations Notices issued during the reporting period.

The majority of the food businesses requiring legal action were P1 high risk businesses (Table 7). Enforcement action is however not limited to high-risk businesses with legal actions also required to be taken for lower risk P2 food businesses. A total of 36 legal actions were required to be taken for food businesses for the financial year to date (Table 6).

As shown in Graph 6 there has been a decrease in the number of legal actions, specifically the number of Improvement Notices required to be taken for the current financial year to date compared to the previous year. The Prohibition Order that was issued during the reporting period was for an unnotified high risk food business operating from a domestic premises.

Table 5: Legal action taken from 1 October 2022 to 31 December 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	0	0	1	2	0	3
Improvement Notice	2	0	5	3	0	10
Expiation Notice	1	0	2	0	0	3
Prohibition Order	0	0	1	0	0	1
Total	3	0	9	5	0	17

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

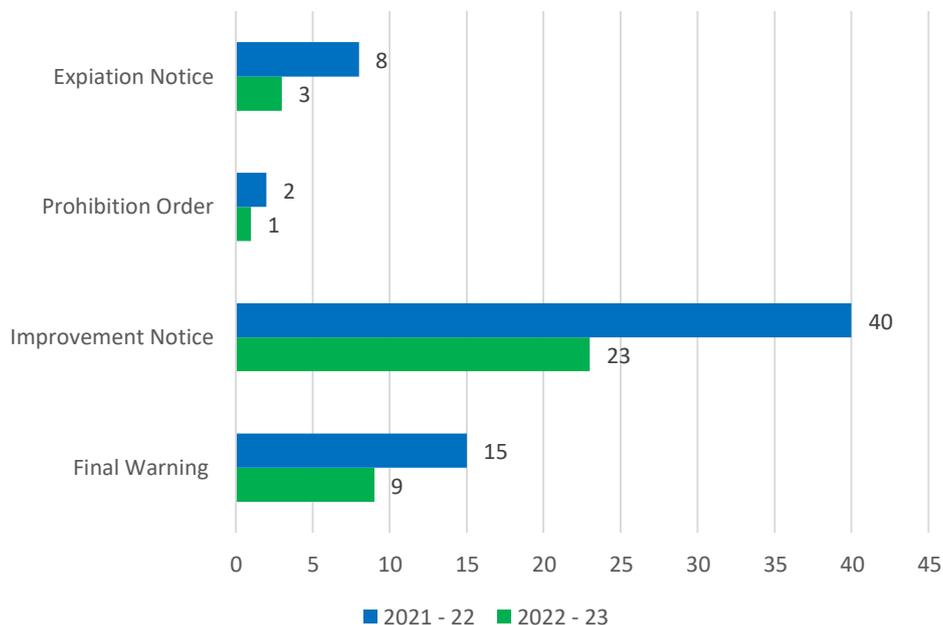


Table 6: Legal action taken for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	0	3	3	3	0	9
Improvement Notice	3	5	9	3	3	23
Expiation Notice	1	0	2	0	0	3
Prohibition Order	0	0	1	0	0	1
Total	4	8	15	6	3	36

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

	P1	P2	P3
Final Warning	3	0	0
Improvement Notice	7	3	0
Expiation Notice	1	2	0
Prohibition Order	1	0	0

2.4 Food Complaints

For the reporting period 1 October 2022 to 31 December 2022 EHA received 33 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 7 and by respective Council area in Table 8.

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

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

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

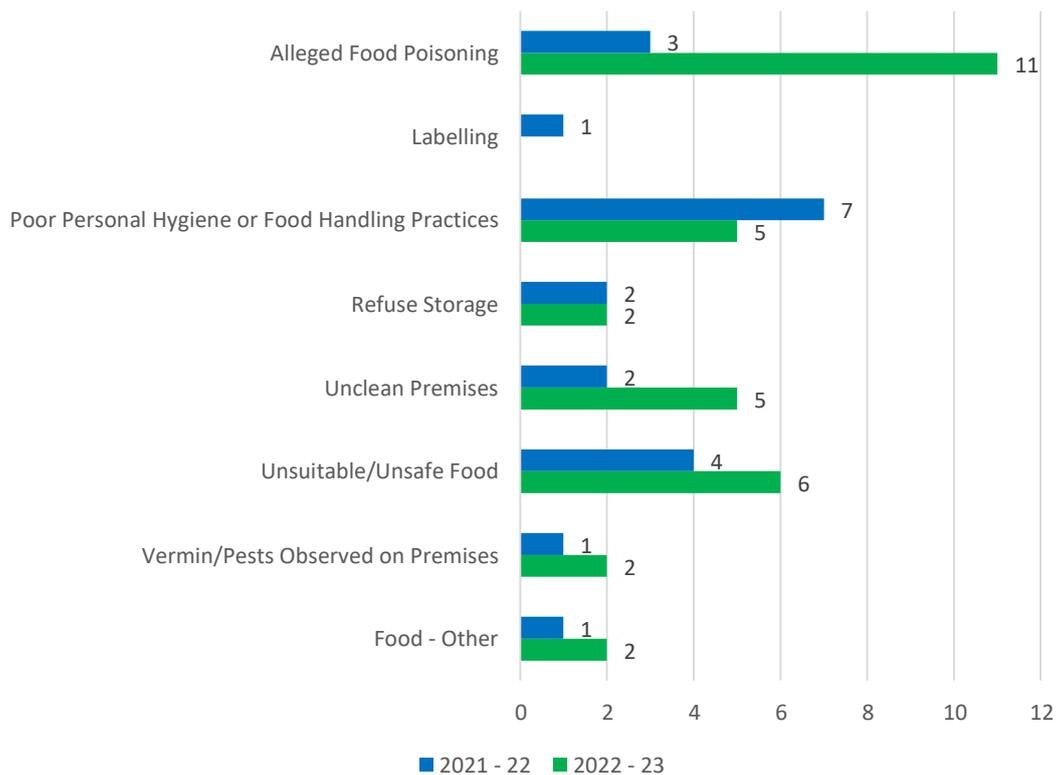


Table 8: Food complaints received by council area from 1 October 2022 to 31 December 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	1	6	2	2	11
Poor personal hygiene or food handling practices	0	1	3	1	0	5
Refuse Storage	1	0	1	0	0	2
Unclean premises	1	0	2	2	0	5
Unsuitable/unsafe food	2	1	2	1	0	6
Vermin/pests observed on premises	0	0	1	1	0	2
Food - Other	0	0	0	1	1	2
Total	4	3	15	8	3	33

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

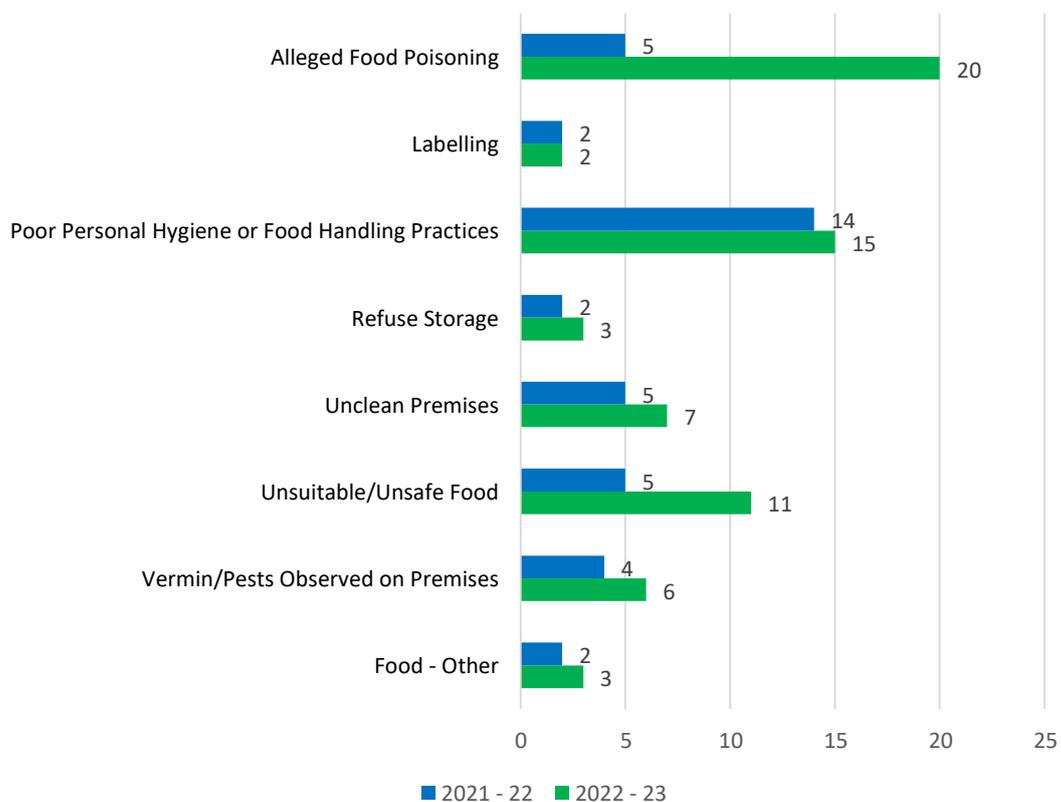


Table 9: Food complaints received by council area for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	5	1	8	3	3	20
Labelling	0	0	1	1	0	2
Poor personal hygiene or food handling practices	3	2	6	4	0	15
Refuse Storage	1	0	2	0	0	3
Unclean premises	1	0	4	2	0	7
Unsuitable/unsafe food	5	2	3	1	0	11
Vermin/pests observed on premises	2	0	3	1	0	6
Food - Other	0	0	2	1	0	3
Total	17	5	29	13	3	67

2.5 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 14 businesses within the Constituent Council boundaries and 10 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. There were two additional follow-up audits required.

A total of 67 audits of businesses that serve vulnerable populations and two follow up audits have been completed in the financial year-to-date (Table 11).

Table 10: Food audits completed for the period from 1 October 2022 to 31 December 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	3	3	6	2	1	10	25
Follow-up audits	0	0	0	0	1	1	2
Total	3	3	6	2	2	11	27

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	7	7	11	4	1	37	67
Follow-up audits	0	0	0	0	1	1	2
Total	7	7	11	4	2	38	69

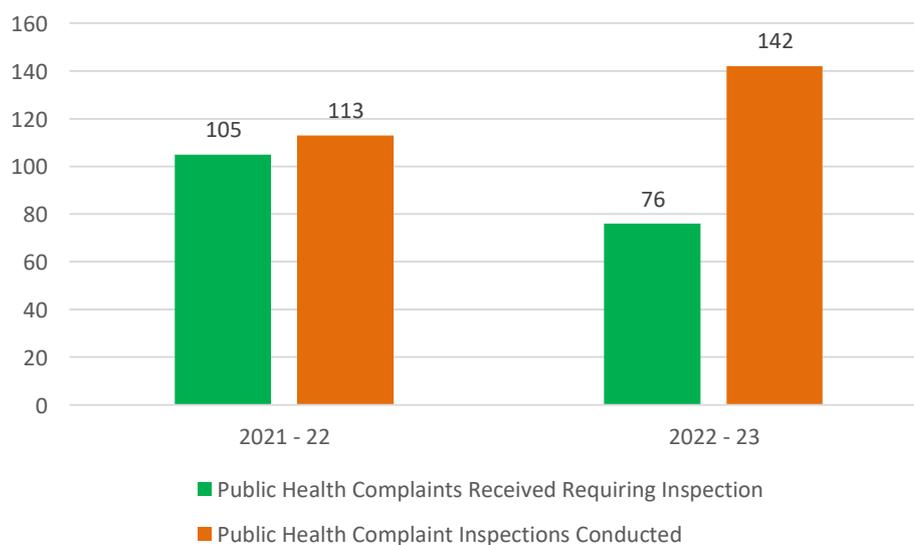
3.0 Public Health

3.1 Public Health Complaints

For the reporting period 1 October 2022 to 31 December 2022 there was a total of 37 public and environmental health related complaints received.

As shown in Graph 9 there is a comparative number of public health complaints received over the past two years. The graph also shows that there was an increase in the number public health inspections conducted with an average rate of 1.35 inspections required per complaint received over the past two years.

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



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

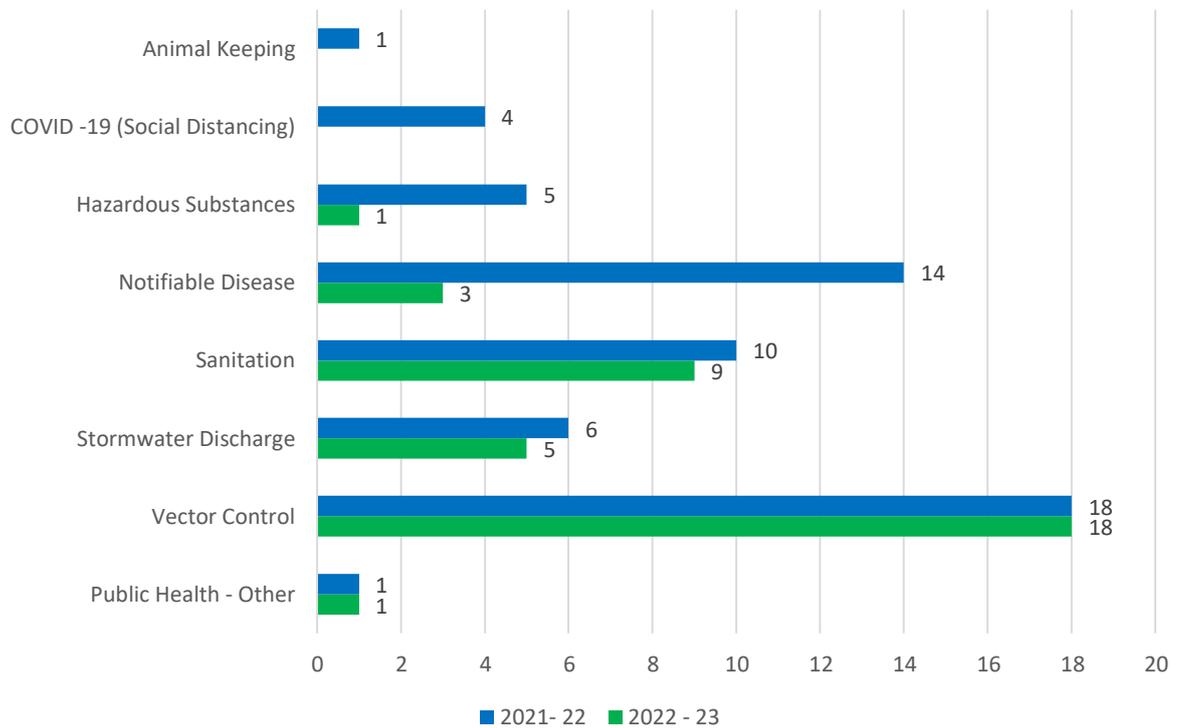


Table 12: Public and environmental health complaints for 1 October 2022 to 31 December 2022 by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Hazardous Substances	0	0	1	0	0	1
Notifiable Disease	1	1	0	1	0	3
Sanitation	2	2	3	2	0	9
Stormwater Discharge	2	0	0	0	1	5
Vector Control	7	5	4	1	1	18
Public Health - Other	0	0	1	0	0	1
Total	12	8	11	4	2	37

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

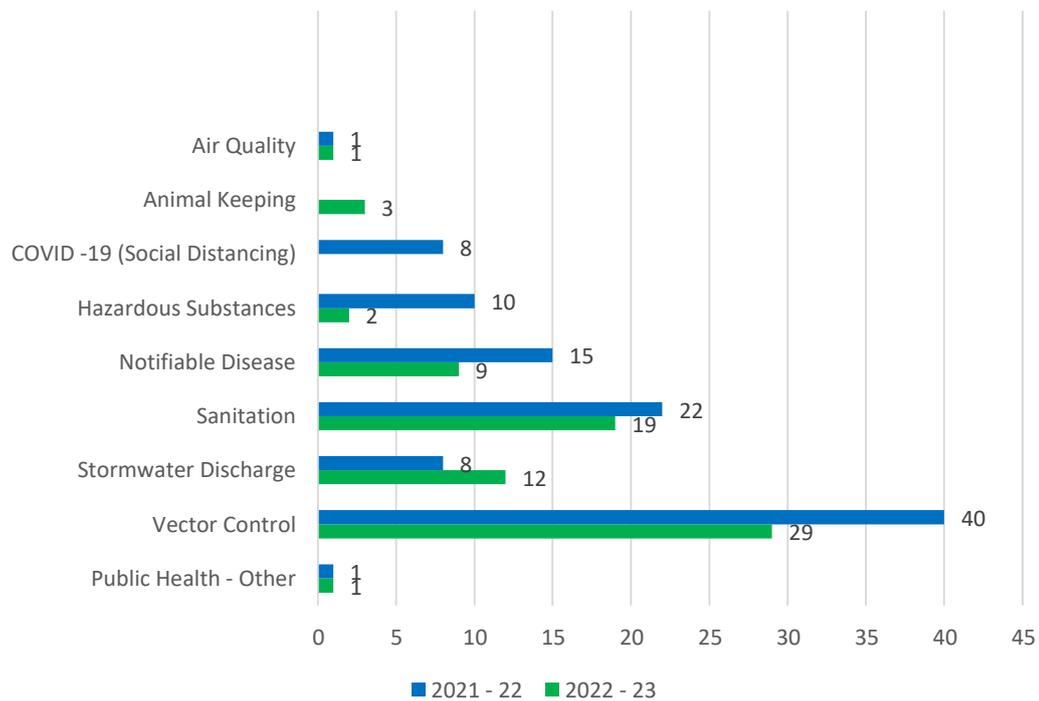


Table 13: Public and environmental health complaints for financial year-to-date by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	0	0	1	0	1
Animal Keeping	0	1	2	0	0	3
Hazardous Substances	0	0	2	0	0	2
Notifiable Disease	4	2	1	2	0	9
Sanitation	4	6	5	3	1	19
Stormwater Discharge	5	0	5	1	1	12
Vector Control	7	9	9	3	1	29
Public Health - Other	0	0	1	0	0	1
Total	20	18	25	10	3	76

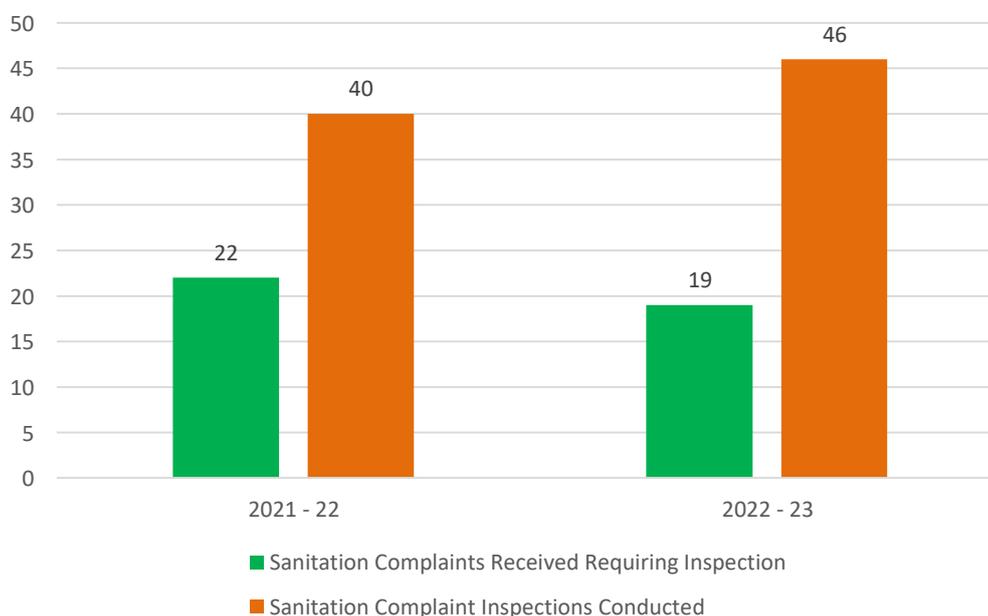
Despite the decline in the number of vector control and sanitation complaints received for the financial year to date when compared to the previous year, they were the most common type of complaints received and investigated (Graphs 10 and 11). Vector control complaints account for 38% of the complaints received during the current reporting period (Table 12).

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

Sanitation complaints most commonly involve hoarding and squalor. These types of complaints are often complex and have additional underlying issues that require interaction from other agencies. Multiple inspections over an extended period of time are required to enable the complaint to be successfully addressed. Within the current financial year there has been a total of 32 inspections completed for the 10 premises that have required two or more inspections.

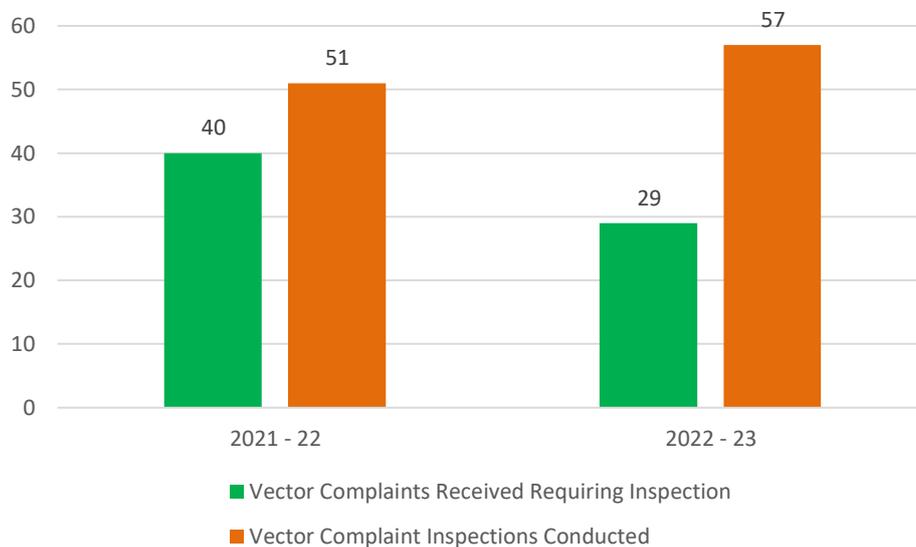
As shown in Graph 12, the number of sanitation complaints received over the past two years has remained consistent. The graph also shows that there is a high average rate of 2.1 inspections required per sanitation complaint over the past two years.

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



As illustrated in Graph 11 a high proportion of vector control complaints relate to vermin activity. The number of vector control complaints and inspections has decreased when compared to the previous year. There has been a 27% decrease in the number of vector control complaints received and a 12% increase in the number of inspections required to be undertaken for the financial year to date (Graph 13).

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



3.2 Cooling Towers & Warm Water Systems

During the reporting period two cooling tower inspections and two warm water system inspections were conducted at four sites. No samples returned positive results for *Legionella* during the reporting period.

No complaints were received during the reporting period.

Table 14: Cooling Tower and Warm Water System Inspections conducted from 1 October 2022 to 31 December 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	4	5	2	0	11
<i>Legionella</i> Detections during sampling	0	1	0	0	0	1
Total	0	5	5	2	0	12

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	5	5	2	0	12
<i>Legionella</i> Detections during sampling	0	2	0	0	0	2
Total	0	7	5	2	0	14

3.3 Public Swimming Pools and Spas

During the reporting period 13 swimming and spa pool inspections were conducted at nine sites. There was one follow up inspection required during the reporting period.

There were no complaints were received during the reporting period.

Table 16: Swimming and Spa Pool Inspections conducted between 1 October 2022 to 31 December 2022.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	9	0	2	2	0	13
Follow-up Inspection	1	0	0	0	0	1
Total	10	0	2	2	0	14

A total of 13 swimming and spa pool inspections and five follow up inspections have been completed in the financial year-to-date (Table 17).

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	9	0	2	2	0	13
Follow-up Inspection	5	0	0	0	0	5
Total	14	0	2	2	0	18

3.4 Personal Care and Body Art

During the reporting period one routine inspection was completed for a Personal Care and Body Art premises.

No complaints were received during the reporting period.

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

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

3.5 Wastewater

During the reporting period waste control system applications are assessed in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*. One waste control application was received and a further one approved during the reporting period.

Table 20: Wastewater actions completed between 1 October 2022 to 31 December 2022 and financial year-to-date.

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

4.0 Health Care and Community Services - Supported Residential Facilities

For the reporting period 1 October 2022 to 31 December 2022 three dual licence and two pension only facilities were licenced by Eastern Health Authority under the *Supported Residential Facilities Act 1992*.

A short-term licence was issued to one pension only facility for the period 5 November 2022 to 28 February 2023. A separate Confidential report has been provided to the EHA Board of Management for consideration regarding the licensing renewal of this facility.

Audits/Inspections

During the reporting period, one unannounced routine audit and two announced inspections were completed.

Complaints

No complaints were received during the reporting period.

An ongoing complaint investigation is currently being undertaken in conjunction with the NDIS Security and Safeguard Commission.

Approval of Manager / Acting Manager

During the reporting period two applications for the approval of an acting manager were received.

Licence Transfer

There were no licence transfer applications or approvals.

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

8.2 IMMUNISATION

2022 School Immunisation Program (SIP)

During October 2022 to December 2022, 16 school year immunisation visits were completed and a total of 1,680 vaccines were administered.

A total of 12,348 vaccines have been administered for the full school year from January to December 2022 which is an increase of 1,946 (18.70%) when compared to the same period in 2021.

This increase is due to the addition of the Unley and Adelaide Hills schools to our 2022 School Immunisation Program. The School Immunisation Program had no changes between 2021 and 2022.

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

Council	Human Papillomavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	1,414	806	1,814	373	4,407
Campbelltown	326	227	442	199	1,194
NPSP	961	485	943	585	2,974
Prospect	221	118	155	88	582
Walkerville	137	73	129	77	416
Unley	294	161	287	175	917
Adelaide Hills	598	326	586	348	1,858
Total	3,951	2,196	4,356	1,845	12,348

Commencement of 2023 SIP program began in January with all consent forms being distributed to schools. EHA nursing staff are currently working through all the required follow up's, checks and data entry work that is to be completed prior to the commencement of the first booked school visit.

EHA will commence the SIP program with school visits on Monday 20th February 2023. There will be an additional year level with Year 7 to be included in the SIP Program for 2023.

We have had correspondence come through in February 2023, from the Acting Chief Medical Officer, Michael Kidd regarding changes to the National Immunisation Program in relation to HPV vaccines.

From the 6th February 2023, the National Immunisation Program changed, reducing the required doses of HPV (Gardasil) vaccines from two to one. The change will affect the year 7 and 8 component of the SIP. Scheduled first visits for Year 7 & 8 will remain unchanged while our scheduled 2nd visits for this cohort will no longer be required.

- 27-year 7 first visits
- 26-year 8 first visits
- 25-year 10 first visits
- 25-year 10 second visits

This totalling 78 first visits and 25 second visits planned throughout the 2023 year.

Workplace Influenza Program

EHA's Workplace Influenza program has officially launched, and we have seen a positive response to our November 2022 launch with 61 confirmed bookings thus far.

The workplace program will run for approximately 13-weeks, with our first visit scheduled for Monday 3rd April 2023 and generally concluding around 30 June 2023.

Continuing Professional Development & Affiliations

Over the past couple of months, a strong focus has been on organising the annual CPR and training day which has been scheduled for Monday 6th February 2023.

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

- Annual CPR Training
- Worksite Update for 2023 program
- Annual update for the upcoming SIP program for 2023
- Guest Speaker - Meningococcal B – update via trams with Sally Styles

Marketing

In November EHA social media tiles were sent to all Constituent Council's promoting the new clinic timetable for 2023 for upload via each Councils social media platforms.

Included was a link directly to our clinic timetable displayed on EHA's website which also supplied additional text around the new timetable launch. Active links allowed residents direct access to EHA's online booking system for a quick and easy option to book.

Public Immunisation Clinic are back at the Town of Walkerville in 2023

First Friday of the month

10am - 12pm
By appointment

6 January
3 February
3 March
14 April
5 May
2 June



eha EASTERN HEALTH AUTHORITY

For more information or to book an appointment visit eha.sa.gov.au

Immunisation services available for City of Norwood Payneham & St Peters residents in 2023

Avoid busy GP waiting rooms and visit a council clinic for all your families immunisation needs



eha EASTERN HEALTH AUTHORITY

For more information or to book an appointment visit eha.sa.gov.au

Immunisation Services available at the Prospect Council in 2023

Open the 2nd Wednesday of each month

10am - 12pm
By appointment

11 January
8 February
8 March
12 April
10 May
14 June



eha EASTERN HEALTH AUTHORITY

For more information or to book an appointment visit eha.sa.gov.au

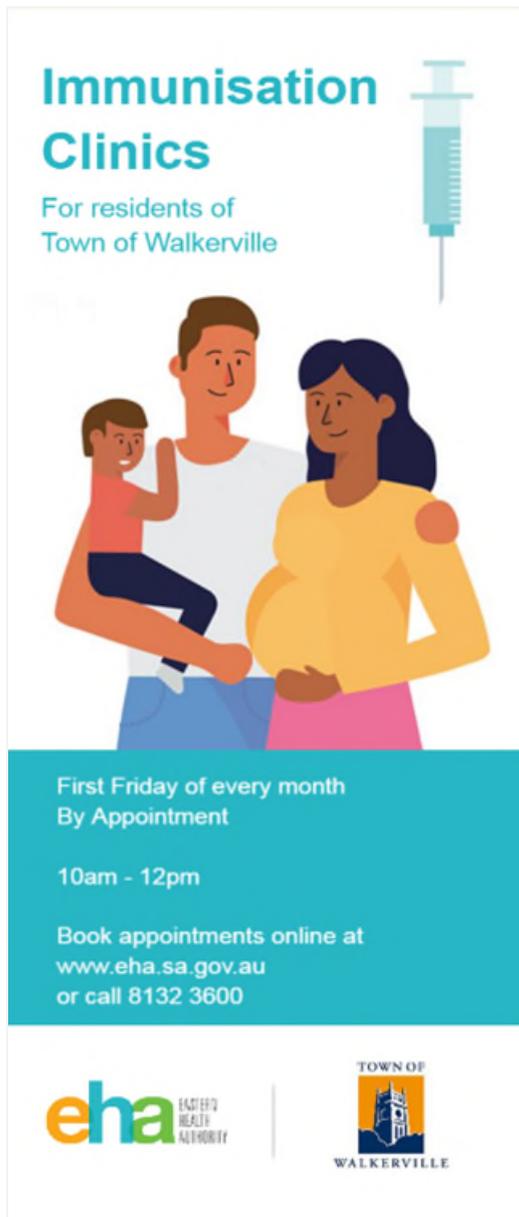
Throughout December EHA conducted a bulk mailout of the 2023 clinic timetables within our Constituent Council areas. This mailout comprised of over 150 local business, schools, preschools, libraries, and council facilities.

Enclosed in the above mailout EHA included the information flyer promoting the 2023 Workplace Influenza Program which is offered annually.

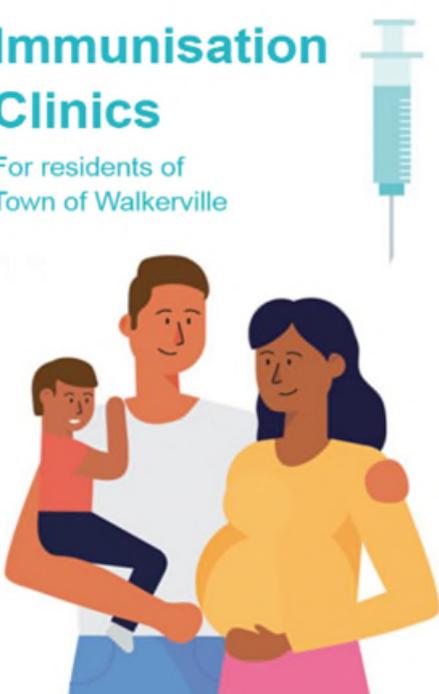
In addition, to promote the upcoming 2023-year EHA distributed posters (see over page) to Constituent Council 's customer service desks.

With EHA public clinics returning to Walkerville in 2023, pull up banners have been designed, produced, and distributed for Walkerville.

Prospect council has also received new pull up banners to promote the revised location for the 2023 EHA public clinics, now being held in the Irish Harp Room 1 at Prospect Council.



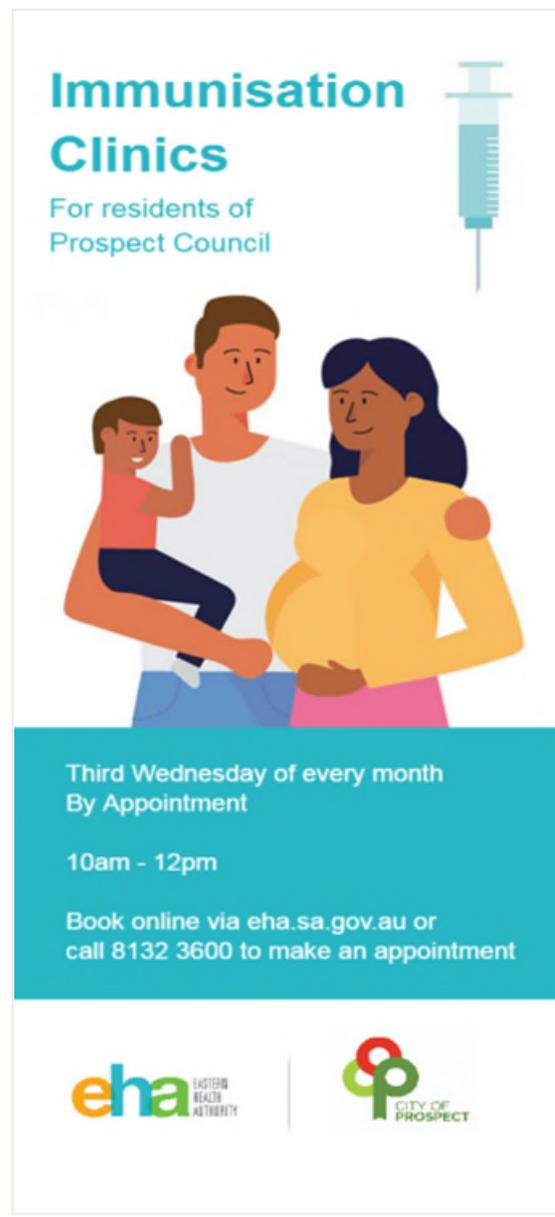
Immunisation Clinics
For residents of
Town of Walkerville



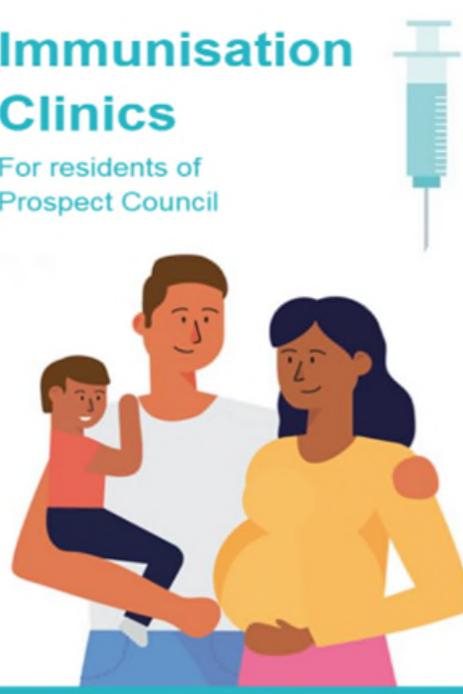
First Friday of every month
By Appointment

10am - 12pm

Book appointments online at
www.eha.sa.gov.au
or call 8132 3600



Immunisation Clinics
For residents of
Prospect Council



Third Wednesday of every month
By Appointment

10am - 12pm

Book online via eha.sa.gov.au or
call 8132 3600 to make an appointment





Thank you for your continued support in assisting Eastern Health Authority (EHA) with providing immunisation services to your residents.

Please find enclosed 2023 Clinic timetable to be put on display in your customer service area and/or front counter for residents to take at their leisure. Also enclosed is a poster that can be displayed close to the timetables or on a notice board with more helpful information and EHA's contact details.

A supply of the clinic timetables have also been distributed to the venues where your immunisation clinic is being held in 2023.

If you have any questions or require more timetables throughout the year, please contact us on 8132 3600.

Many thanks,

EHA Immunisation Team



local councils working together to protect the health of the community

Book now for your child to receive National Immunisation Program vaccines.

EHA clinics available at the below locations:

St Peters Town Hall Complex
Burnside Civic Centre
Walkerville Library

The ARC
Prospect Council
Unley Civic Centre

Stirling
Woodside

Chickenpox	Rotavirus
Diphtheria	Measles
Tetanus	Hepatitis B
Whooping Cough	Pneumococcal
Influenza Polio	Rubella
Human Papillomavirus (HPV)	Meningococcal B & ACWY
Hepatitis A	Mumps



Public Clinics

During the period of review 643 clients received 1,391 vaccines at EHA’s public immunisation clinics. This is a minor decrease of 34 (-5.022%) clients and 142 (-11.36%) vaccines in comparison to the same period in 2021.

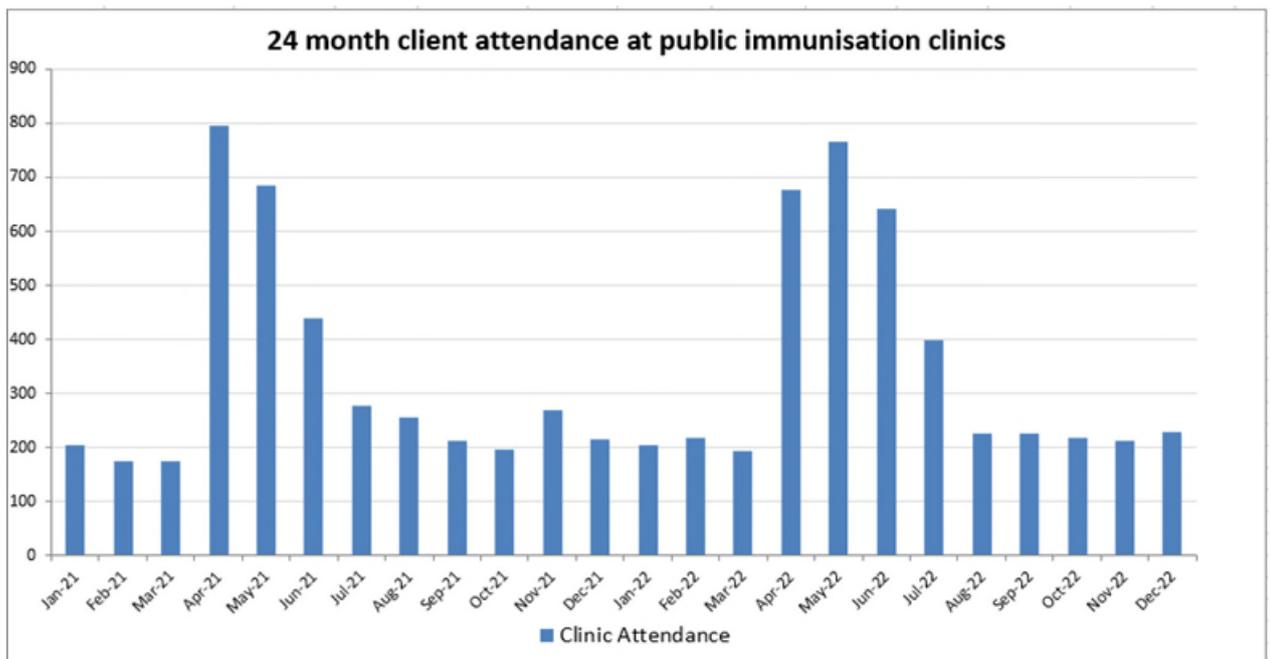
This minor decrease is the result of removing our previously scheduled, Tuesday PM clinic at St Peters from the EHA 2022 timetable.

Our public immunisation clinics continue to be popular, with clinics returning to all our Constituent Council locations being well received by our clients. Many clinics are booked out several months in advance.

EHA’s on-line booking system continues to prove popular for client bookings, with online bookings accounting for approximately 75% with 443 completed online bookings between October and December 2022.

Below details Client attendance for the reporting period in 2021 to 2023

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



The availability of both Unley City Council and Adelaide Hills Council locations have been in full swing over the past months.

Since this commencement of EHA in the Adelaide Hills region in January 2022, 246 clients have received 368 vaccines at public immunisation clinic locations.

This compares to 140 clients receiving 274 vaccines in the corresponding reporting period in 2021.

There has been a 74% increase in clients and a 51% increase in vaccines administered for the year to date.

The table on the following page provides details of the numbers of people and their council of origin who attended public clinics during the reporting period and year to date.

Table 3: Combined Clinic breakdown for July 2022 – December 2022

EASTERN HEALTH AUTHORITY PUBLIC IMMUNISATION CLINICS																				
CLIENT ATTENDANCE BY COUNCIL AREA																				
BURNSIDE CLINIC held at Burnside Council																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines		
Oct - Dec 2022	49	96	11	24	12	17	1	5	0	0	4	8	0	0	10	13	87	163		
Year to Date	138	272	29	59	24	42	5	16	4	15	9	16	9	25	16	30	234	475		
CAMPBELLTOWN CLINIC HELD AT the ARC																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines		
Oct - Dec 2022	4	4	58	112	9	19	1	1	0	0	3	7	1	2	4	6	80	151		
Year to Date	14	22	141	279	16	32	2	4	0	0	5	10	4	5	9	16	191	368		
NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS - held at EHA Office																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines		
Oct - Dec 2022	80	182	107	249	93	228	18	47	23	53	12	18	24	58	19	39	376	874		
Year to Date	204	433	252	633	292	648	71	153	55	126	22	42	58	131	58	116	1012	2282		
PROSPECT CLINIC - held at Prospect Town Hall - Payintha																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines		
Oct - Dec 2022	1	1	1	4	1	4	16	35	0	0	0	0	0	0	3	3	22	47		
Year to Date	3	7	6	12	3	9	39	80	2	3	0	0	1	2	3	3	57	116		
WALKERVILLE CLINIC held every 1st Friday of the month New time from 1st January 2023 - 10-12pm appointment																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines		
Oct - Dec 2022	3	6	0	0	3	10	2	5	0	0	0	0	1	1	1	4	10	26		
Year to Date	3	6	0	0	3	10	2	5	0	0	0	0	1	1	1	4	10	26		
ADELAIDE HILLS CLINIC held at Stirling and Woodside																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines		
Oct - Dec 2022	1	4	0	0	0	0	0	0	0	0	25	41	0	0	5	7	31	52		
Year to Date	1	4	1	1	0	0	0	0	0	0	68	108	1	3	6	8	77	124		
UNLEY CLINIC held at Unley Civic Centre																				
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		Site Total			
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines		
Oct - Dec 2022	10	22	1	2	1	1	0	0	1	3	0	0	28	60	6	16	47	104		
Year to Date	37	70	12	22	17	42	3	5	3	11	4	7	106	213	26	58	208	428		
																	Grand Total			
																	Oct - Dec 2022		643 1391	
																	Year to date		1789 3819	
The following Table provides details on the numbers of clients in attendance and the vaccines administered at all of the public clinics based on the clients council of origin																				
	BURNSIDE		CAMP		NPS		PROSPECT		WALK		ADEL HILLS		UNLEY		OTHER		TOTALS			
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines		
Oct - Dec 2022	145	309	178	391	116	269	36	88	24	56	44	74	53	120	47	84	643	1391		
Year to date	400	814	441	1006	355	783	122	263	64	155	108	183	180	380	119	235	1789	3819		

RECOMMENDATION

That:

The Immunisation Services Report is received.

CEO Indication under Clause 3.4(e) of the Eastern Health Authority Charter

Notice is hereby given in accordance with Clause 3.4(e) of the Eastern Health Authority Charter that the information and matters contained in the following documents related to item 9.1 - 'Appointment of External Auditor for 2020-2022' may, if the Board of Management so determines, be considered in confidence under Clause 3.10(b) of the Eastern Health Authority Charter and Part 3 of the *Local Government Act 1999* at item 9.1 - (Appointment of External Auditor for 2023-2024) of the Agenda for the Meeting of the Board on 26 February 2020 on the grounds set out at Section 90(3)(d) and 90(3) (k) of the *Local Government Act 1999*.

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

MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

9.1 APPOINTMENT OF EXTERNAL AUDITOR FOR 2023-2024

Author: Michael Livori
Ref: AF20/5

RECOMMENDATION 1

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter and Section 90(2) of the Local Government Act 1999 the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer, Team Leader Administration/Immunisation and Team Leader Environmental Health be excluded from attendance at the meeting for Agenda Item 8.1 - Appointment of External Auditor for 2020-2022.
2. The Board is satisfied that, pursuant to Section 90(3)(d) and 90(3)(k) of the Local Government Act 1999, the information to be received, discussed or considered in confidence is namely:
 - commercial information of a confidential nature that could reasonably be expected to prejudice the commercial position of the person who supplied the information;
 - tenders for the supply of goods, the provision of services or the carrying out of works being the quotation received for conducting the EHA external audits for 2022-2023.
3. Accordingly, on this basis, the Board considers the principle that meetings of the Board should be conducted in a place open to the public has been outweighed by the need to keep the information or matter confidential.

RECOMMENDATION 2

That:

1. The Appointment of External Auditor for 2022-2023 report is received.
2. The Eastern Health Authority Audit appoints Bentleys as its Auditor for the 2022-2023 financial year.

RECOMMENDATION 3

That:

In accordance with Section 91 (7) and (9) the *Local Government Act 1999*, the Audit Committee orders that the Report relating to the External Auditor appointment, all the relevant documentation, except for the Minutes arising from the Report, having been considered by the Committee in confidence under Section 90 (3) (d) and 90 (3) (k) of the Act, be kept confidential and not available for public inspection for a period of 12 months from the date of this meeting.

CEO Indication under Clause 3.4(e) of the Eastern Health Authority Charter

Notice is hereby given in accordance with Clause 3.4(e) of the Eastern Health Authority Charter that the information and matters contained in the following documents related to item 9.2 'Prospect Community Village Licensing Report' may, if the Board of Management so determines, be considered in confidence under Clause 3.10(b) of the Eastern Health Authority Charter (with reference to the provisions of Part 3 of the *Local Government Act 1999*) at item 9.2 (Prospect Community Village Licensing Report') of the Agenda for the Meeting of the Board on 22 February 2023 on the grounds set out at Section 90(3)(a) and 93(3)(h) of the Local Government Act 1999.



MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

9.2 PROSPECT COMMUNITY VILLAGE LICENSING REPORT

RECOMMENDATION 1

1. Pursuant to Clause 3.10(b) of the Eastern Health Authority Charter (and with reference to Section 90 of the *Local Government Act 1999*) the Board of Management (Board) orders that all members of the public, except the Chief Executive Officer, Team Leader Environmental Health and Team Leader Administration and Immunisation, be excluded from attendance at the meeting for Agenda Item 9.2 – Prospect Community Village Licensing Report.
2. The Board is satisfied that, pursuant to Section 90(3)(a) and 90(3)(h) of the *Local Government Act 1999*, the information to be received, discussed or considered in confidence is namely:
 - Information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of a person, namely allegations and findings of improper conduct on the part of a person;
 - legal advice from the Authority’s solicitors relating to the Supported Residential Facilities Act 1992

specifically, legal advice; and

specifically, matters.

3. Accordingly, on this basis, the Board considers the principle that meetings of the Board should be conducted in a place open to the public has been outweighed by the need to keep the information or matter confidential.

RECOMMENDATION 2

That:

1. The Prospect Community Village Licensing Report is received.

RECOMMENDATION 5

That:

1. In accordance with Clause 3.11(c) of the Eastern Health Authority Charter, the Board of Management orders that the Report relating to Prospect Community Village Licensing, all the relevant documentation and the Minutes arising from the Report, having been considered by the Board in confidence under Clause 3.10(b) of the Eastern Health Authority Charter (by virtue of Section 90 (3)(a) and 90(3)(h) of the *Local Government Act 1999*), be kept confidential and not available for public inspection until further order of the Board; and
2. This Order is reviewed at least once in every twelve months; and

3. The Board authorise the Chief Executive Officer to disclose the contents of the Report relating to Prospect Community Village Licensing report, minutes in respect of this item, and such other information as necessary to give effect to the Board's decision.