



Board of Management

21 February 2024



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 21 February 2024

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 21 February 2024 commencing at 6:30 pm.

A light meal will be served from 5:45 pm.

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

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY 21 February 2024

Commencing at 6:30 pm

1 Opening

2 Acknowledgement of Traditional Owners

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

3 Opening Statement

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

4 Apologies

5 Minutes

Recommendation

That the minutes of the meeting of the Board held on Wednesday 1 November 2023 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 1 November 2023 commencing at 6:30pm.

MEMBERS PRESENT:

Cr K Moorhouse, Cr S Whittington	City of Norwood, Payneham & St Peters
Cr P Cornish, Cr L Henschke	City of Burnside
Cr M Noble, M Hammond	Campbelltown City Council
Cr K Barnett	City of Prospect
Cr J Nenke	Corporation of the Town of Walkerville

In attendance:

M Livori	Chief Executive Officer
N Conci	Team Leader Environmental Health

1 OPENING:

The meeting was declared open by the Cr P Cornish at 6:31 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 T Nguyen	Prospect
Cr J Allanson	Corporation of the Town of Walkerville
K Paparella	Team Leader Administration and Immunisation

5 CONFIRMATION OF MINUTES:

Cr K Barnett moved:

The minutes of the meeting of the Board held on 30 August 2023 be taken as read and confirmed.

Seconded by Cr M Noble

CARRIED UNANIMOUSLY

1: 112023

6 MATTERS ARISING FROM THE MINUTES:

Nil.

7 ADMINISTRATION REPORT

7.1 FINANCE REPORT AND FIRST (SEPTEMBER 2023) BUDGET REVIEW FOR 2023/2024

Cr K Moorhouse moved:

That:

1. The Finance Report and First (September 2023) Budget Review for 2023/2024 report be received.
2. The revised financial forecast for 2023/2024 is noted.

Seconded by Cr J Nenke

CARRIED UNANIMOUSLY

2: 112023

7.2 EASTERN HEALTH AUTHORITY CHARTER REVIEW UPDATE

Cr S Whittington moved:

That:

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

Seconded by M Hammond

CARRIED UNANIMOUSLY

3: 112023

8 INFORMATION REPORTS

8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

Cr K Barnett moved:

That:

1. The Environmental Health Activity Report is received.

Seconded by Cr J Nenke

CARRIED UNANIMOUSLY

4: 112023

8.2 IMMUNISATION

Cr L Henschke moved:

That:

1. The Immunisation Services Report is received.

Seconded by Cr K Barnett

CARRIED UNANIMOUSLY

5: 112023

9 CONFIDENTIAL ITEMS

Nil.

10 CORRESPONDENCE

Nil.

10 OTHER BUSINESS

11 CLOSURE OF MEETING:

The Chairperson, Cr P Cornish declared the meeting closed at 7:13 pm.

The foregoing minutes were printed and circulated to EHA Members and member Councils on 2 November 2023.

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 22 February 2023 the following was resolved.

M Hammond 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 J Nenke

CARRIED UNANIMOUSLY 2: 022023

Following this resolution, the CEO called for nominations for the position of Chair. Cr S Whittington 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 K Barnett nominated Cr J Nenke, who accepted the nomination. As no further nominations were received, the CEO announced that Cr J Nenke 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.

148 Frome St
Adelaide SA 5000

GPO Box 2693
Adelaide SA 5001

T (08) 8224 2000
F (08) 8232 6336
E lgasa@lga.sa.gov.au

www.lga.sa.gov.au

7.2 FINANCE REPORT AND SECOND (DECEMBER 2023) BUDGET REVIEW FOR 2023/2024

Author: Michael Livori

Ref: AF23/10

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 2023 and 31 December 2024. It provides the opportunity to amend the adopted budget in line with revised projections of income and expenditure for the 2023/2024 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 3) 1 July 2023 to 31 December 2023				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Expenditure	\$1,311,337	\$1,405,650	(\$94,313)	-7%
Total Operating Income	\$1,216,472	\$1,229,125	(\$12,653)	-1%
Operating Result	(\$94,865)	(\$176,525)	\$81,660	-46%

The report shows that for the reporting period income was \$12,653 (-1%) less than budgeted and expenditure was \$94,313 (-7%) less than budgeted. The net result is a variation of \$81,660 (-46%) 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.

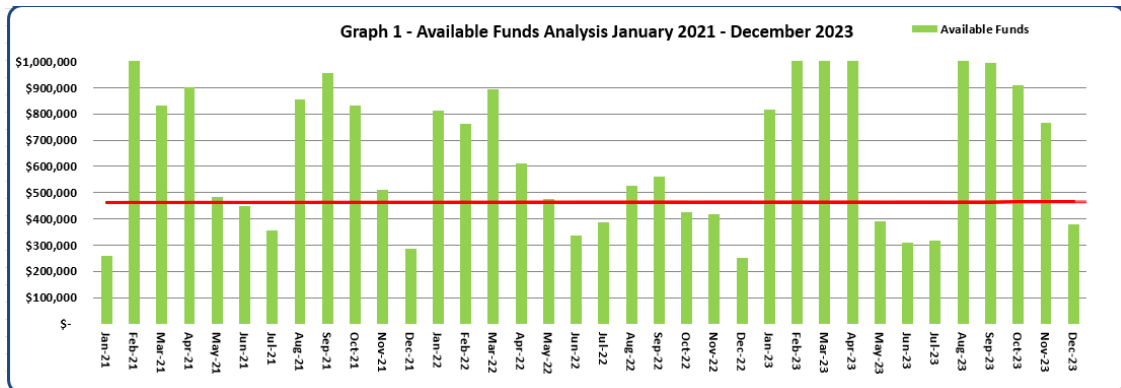
The 2023/2024 budget is provided as attachment 2.

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	\$62,000	\$53,715	(\$8,284)	Decrease in YTD inspections due to reduced staff availability. No variation requested at this point in time.
Fines and Expiations	\$25,000	\$9,876	(\$15,124)	Decrease in YTD expiations issued. No variation requested at this point in time.
Food Auditing	\$47,400	\$53,985	\$6,585	Increase in YTD income. No variation requested at this point in time.
Immunisation Service Provision	\$42,625	\$41,250	(\$1,375)	Contract with Adelaide Hills ended December 2023. (\$49.5K) variation requested
School Immunisation Program	\$0	\$0	\$0	Funds received in January and May. Increase in funding. (\$24K) variation requested
Interest	\$5,000	\$17,269	\$12,269	Increase in interest received. (\$10K) variation requested
Total of Income Variations Requested				(\$15.5K)
Expenditure				
Employee Costs	\$1,022,250	\$946,926	(\$75,324)	Vacant positions, Immunisation contract ending and staff on LSL. (\$20.5K) variation requested.
Electricity	\$5,000	\$10,000	\$5,000	Increase in electricity costs. \$5K variation requested.
Total of Expenditure Variations Requested				(\$15.5K)
Net Result of Variation Requested				\$0K

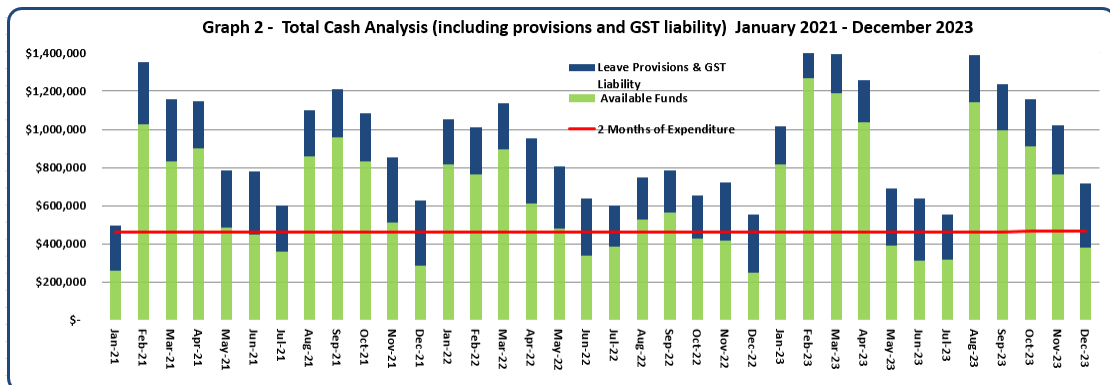
Cash Management

A Bank Reconciliation and Available Funds report for the period ending 31 December 2023 is provided as attachment 3. It shows that on 31 December 2023 available funds were \$379,031 in comparison with \$994,120 on 30 September 2023.

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 2023) Budget Review Report for 2023/2024 be received.

Eastern Health Authority - Financial Statement (Level 3) 1 July 2023 to 31 December 2023				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$274,763	\$274,763	\$0	0%
City of Campbelltown	\$242,931	\$242,931	\$0	0%
City of NPS	\$311,800	\$311,800	\$0	0%
City of Prospect	\$111,053	\$111,053	\$0	0%
Town of Walkerville	\$44,553	\$44,553	\$0	0%
Total Constituent Council Contributions	\$985,100	\$985,100	\$0	0%
Statutory Charges				
Food Inspection fees	\$53,715	\$62,000	(\$8,285)	-13%
Legionella registration and Inspection	\$1,568	\$4,000	(\$2,432)	-61%
SRF Licenses	\$0	\$0	\$0	0%
Fines & Expiation Fees	\$9,876	\$25,000	(\$15,124)	-60%
Total Statutory Charges	\$65,159	\$91,000	(\$25,841)	-28%
User Charges				
Immunisation: Service Provision	\$41,250	\$42,625	(\$1,375)	-3%
Immunisation: Clinic Vaccines	\$37,245	\$35,000	\$2,245	6%
Immunisation: Worksites Vaccines	\$21	\$0	\$21	0%
Immunisation: Clinic Vaccines F	\$935	\$0	\$935	0%
Food Auditing	\$53,985	\$47,400	\$6,585	14%
Total User Charges	\$133,436	\$125,025	\$8,411	7%
Grants, Subsidies, Contributions				
Immunisation:ACIR	\$15,244	\$17,000	(\$1,756)	-10%
Total Grants, Subsidies, Contributions	\$15,244	\$17,000	(\$1,756)	-10%
Investment Income				
Interest on investments	\$17,269	\$5,000	\$12,269	245%
Total Investment Income	\$17,269	\$5,000	\$12,269	245%
Other Income				
Motor Vehicle re-imbursements	\$0	\$2,500	(\$2,500)	-100%
Sundry Income	\$264	\$3,500	(\$3,236)	-92%
Total Other Income	\$264	\$6,000	(\$5,736)	-96%
Total Income	\$1,216,472	\$1,229,125	(\$12,653)	-1%

Eastern Health Authority - Financial Statement (Level 3) 1 July 2023 to 31 December 2023				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$816,473	\$894,000	(\$77,527)	-9%
Superannuation	\$91,808	\$96,500	(\$4,692)	-5%
Workers Compensation	\$10,305	\$9,750	\$555	6%
Employee Leave - LSL Accruals	\$28,340	\$20,500	\$7,840	38%
Medical Officer Retainer	\$0	\$1,500	(\$1,500)	-100%
Total Employee Costs	\$946,926	\$1,022,250	(\$75,324)	-7%
Prescribed Expenses				
Auditing and Accounting	\$14,158	\$13,250	\$908	0%
Bad & Doubtful Debt Provision	\$0	\$0	\$0	0%
Insurance	\$32,968	\$29,500	\$3,468	100%
Maintenance	\$31,917	\$31,500	\$417	1%
Vehicle Leasing/maintenance	\$38,390	\$38,500	(\$110)	0%
Total Prescribed Expenses	\$117,433	\$112,750	\$4,683	4%
Rent and Plant Leasing				
Electricity	\$10,000	\$5,000	\$5,000	100%
Plant Leasing Photocopier	\$958	\$1,500	(\$543)	-36%
Rent	\$65,404	\$67,083	(\$1,679)	-3%
Water	\$0	\$150	(\$150)	-100%
Gas	\$0	\$1,350	(\$1,350)	-100%
Total Rent and Plant Leasing	\$76,362	\$75,083	\$1,279	2%
IT Licensing and Support				
IT Licences	\$32,657	\$35,500	(\$2,844)	-8%
IT Support	\$29,287	\$27,502	\$1,785	6%
Internet	\$1,555	\$2,500	(\$946)	-38%
IT Other	\$178	\$1,000	(\$822)	-82%
Total IT Licensing and Support	\$63,676	\$66,502	(\$2,826)	-4%
Administration				
Administration Sundry	\$5,262	\$3,500	\$1,762	50%
Accreditation Fees	\$1,349	\$2,000	(\$651)	-33%
Board of Management	\$3,113	\$6,000	(\$2,887)	-48%
Bank Charges	\$2,811	\$1,750	\$1,061	61%
Public Health Sundry	\$627	\$2,500	(\$1,873)	-75%
Fringe Benefits Tax	\$7,240	\$7,000	\$240	3%
Health Promotion	\$0	\$2,250	(\$2,250)	-100%
Legal	\$4,260	\$6,667	(\$2,407)	-36%
Printing & Stationery & Postage	\$12,148	\$11,000	\$1,148	10%
Telephone	\$7,902	\$8,500	(\$598)	-7%
Occupational Health & Safety	\$2,520	\$5,000	(\$2,480)	-50%
Staff Amenities	\$486	\$3,500	(\$3,014)	-86%
Staff Training	\$2,834	\$7,400	(\$4,566)	-62%
Human Resource Sundry	\$809	\$4,998	(\$4,189)	-84%
Total Administration	\$51,360	\$72,065	(\$20,705)	-29%

Eastern Health Authority - Financial Statement (Level 3) 1 July 2023 to 31 December 2023				
Immunisation				
Immunisation SBP Consumables	\$3,469	\$5,000	(\$1,531)	-31%
Immunisation Clinic Vaccines	\$19,117	\$20,000	(\$883)	-4%
Total Immunisation	\$22,587	\$25,000	(\$2,413)	-10%
Income Protection	\$32,401	\$31,000	\$1,401	0%
Total Uniforms/Income protection	\$32,401	\$31,000	\$1,401	0%
Sampling				
Legionella Testing	\$1,134	\$1,000	\$134	13%
Total Sampling	\$1,134	\$1,000	\$134	13%
Total Materials, contracts and other expenses	\$1,311,337	\$1,405,650	(\$94,313)	-7%
Total Operating Expenditure	\$1,311,337	\$1,405,650	(\$94,313)	-7%
Total Operating Income	\$1,216,472	\$1,229,125	(\$12,653)	-1%
Operating Result	(\$94,865)	(\$176,525)	\$81,660	-46%

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME					
FOR THE YEAR ENDING 30 June 2024					
AUDITED RESULTS 2022/2023		ADOPTED BUDGET 2023/2024	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2023/2024
	INCOME				
1,828,000	Council Contributions	1,970,200	-	-	1,970,200
136,026	Statutory Charges	183,800	-	-	183,800
457,619	User Charges	442,500	-	(49,500)	393,000
230,170	Grants, subsidies and contributions	230,000	-	24,000	254,000
15,866	Investment Income	10,000	-	10,000	20,000
7,255	Other Income	12,000	-	-	12,000
2,674,936	TOTAL INCOME	2,848,500	-	(15,500)	2,833,000
	EXPENSES				
1,881,592	Employee Costs	2,091,500	(47,000)	(20,500)	2,024,000
571,267	Materials, contracts and other expenses	731,000	47,000	5,000	783,000
37,681	Finance Charges	-	-	-	-
159,013	Depreciation	26,000	-	-	26,000
2,649,553	TOTAL EXPENSES	2,848,500	-	(15,500)	2,833,000
25,383	Operating Surplus/(Deficit)	-	-	-	-
	Net gain (loss) on disposal of assets	-	-	-	-
25,383	Net Surplus/(Deficit)	-	-	-	-
25,383	Total Comprehensive Income	-	-	-	-

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS					
FOR THE YEAR ENDING 30 June 2024					
AUDITED RESULTS 2022/2023		ADOPTED BUDGET 2023/2024	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2023/2024
	CASHFLOWS FROM OPERATING ACTIVITIES				
	Receipts				
1,828,000	Council Contributions	1,970,200	-	-	1,970,200
136,026	Fees & other charges	183,800	-	-	183,800
418,158	User Charges	442,500	-	(49,500)	393,000
14,506	Investment Receipts	10,000	-	10,000	20,000
230,170	Grants utilised for operating purposes	230,000	-	24,000	254,000
7,633	Other	12,000	-	-	12,000
-	Payments				
(1,847,155)	Employee costs	(2,091,500)	47,000	20,500	(2,024,000)
(586,184)	Materials, contracts & other expenses	(731,000)	(47,000)	(5,000)	(783,000)
(38,517)	Finance Payments	-	-	-	-
162,637	Net Cash Provided/(Used) by Operating Activities	26,000	-	-	26,000
	CASH FLOWS FROM FINANCING ACTIVITIES				
-	Loans Received	-	-	-	-
(38,391)	Repayment of Borrowings	-	-	-	-
(70,803)	Repayment of Finance Lease Liabilities	-	-	-	-
(109,194)	Net Cash Provided/(Used) by Financing Activities	-	-	-	-
	CASH FLOWS FROM INVESTING ACTIVITIES				
-	Receipts				
-	Sale of Replaced Assets	-	-	-	-
-	Payments				
(49,557)	Expenditure on renewal / replacements of assets	-	-	-	-
-	Expenditure on new / upgraded assets	-	-	-	-
-	Distributions paid to constituent Councils	-	-	-	-
(49,557)	Net Cash Provided/(Used) by Investing Activities	-	-	-	-
(38,391)	NET INCREASE (DECREASE) IN CASH HELD	26,000	-	-	26,000
640,883	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	602,492	42,277	-	644,769
644,769	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	628,492	42,277	-	670,769

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION					
FOR THE YEAR ENDING 30 June 2024					
AUDITED RESULTS 2022/2023		ADOPTED BUDGET 2023/2024	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2023/2024
	CURRENT ASSETS				
644,769	Cash and Cash Equivalents	628,492	42,277		670,769
271,901	Trade & Other Receivables	188,901	83,000	-	271,901
916,670	TOTAL CURRENT ASSETS	817,393	125,277	-	942,670
	NON-CURRENT ASSETS				
1,104,793	Infrastructure, property, plant and equipment	998,437	80,356	-	1,078,793
1,104,793	TOTAL NON-CURRENT ASSETS	998,437	80,356	-	1,078,793
2,021,463	TOTAL ASSETS	1,815,830	205,633	-	2,021,463
	CURRENT LIABILITIES				
121,916	Trade & Other Payables	163,940	(42,024)	-	121,916
285,083	Provisions	307,903	(22,820)	-	285,083
111,865	Borrowings	119,871	(8,006)	-	111,865
518,864	TOTAL CURRENT LIABILITIES	591,714	(72,850)	-	518,864
	NON-CURRENT LIABILITIES				
44,614	Provisions	21,716	22,898	-	44,614
881,032	Borrowings	851,594	29,438	-	881,032
925,646	TOTAL NON-CURRENT LIABILITIES	873,310	52,336	-	925,646
1,444,510	TOTAL LIABILITIES	1,465,024	(20,514)	-	1,444,510
397,806	NET CURRENT ASSETS/(CURRENT LIABILITIES)	225,679	198,127	-	423,806
576,953	NET ASSETS	350,806	226,147	-	576,953
	EQUITY				
576,953	Accumulated Surplus/(Deficit)	502,570	74,383	-	576,953
576,953	TOTAL EQUITY	502,570	74,383	-	576,953

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY					
FOR THE YEAR ENDING 30 June 2024					
AUDITED RESULTS 2022/2023		ADOPTED BUDGET 2023/2024	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2023/2024
	ACCUMULATED SURPLUS				
551,570	Balance at beginning of period	502,570	74,383		576,953
25,383	Net Surplus/(Deficit)	-	-	-	-
576,953	BALANCE AT END OF PERIOD	502,570	74,383	-	576,953
	TOTAL EQUITY				
551,570	Balance at beginning of period	502,570	74,383	-	576,953
25,383	Net Surplus/(Deficit)	-	-	-	-
576,953	BALANCE AT END OF PERIOD	502,570	74,383	-	576,953

Eastern Health Authority			
Bank Reconciliation as at 31 December 2023			
Bank SA Account No. 141/0532306840			
Balance as per Bank Statement 31 December 2023		\$	201,459.67
Less Outstanding cheques	\$	-	
Add Outstanding deposits	\$	-	
BALANCE PER General Ledger		\$	201,459.67
GST as 31 December 2023			
GST Collected	\$10,579.42		
GST Paid	<u>(\$16,256.39)</u>		
Net GST Claimable (Payable)	<u><u>(\$5,676.97)</u></u>		
Funds Available 31 December 2023			
Account	31-Mar-23	31-Dec-23	Variance
Bank SA Cheque Account	\$ 1,006,689	\$ 201,460	\$805,229.03
Local Government Finance Authority	\$ 390,134	\$ 512,945	(\$122,811.19)
Net GST Claimable (Payable)	\$ 90,210.45	\$ (5,676.97)	\$95,887
Long Service Leave Provision	(\$175,831.00)	(\$181,588.00)	\$5,757.00
Annual Leave Provision	(\$123,495.00)	(\$148,109.00)	\$24,614.00
TOTAL FUNDS AVAILABLE	\$ 1,187,707	\$ 379,031	\$808,676

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 EHA's St Peters office accommodation 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.

Revised Long-Term financial estimates based on the audited results from 2022/2023 and the currently used key assumptions were provided to the Audit Committee at its meeting held on 16 August 2023. At the meeting the committee requested that a simpler LTFP model be developed. It was requested that the model should be more in line with EHA's financial operations.

A revised LTFP based on a simpler format has subsequently been developed and was provided to and considered by the Audit Committee at its meeting held on 6 December 2023. The Long-Term financial estimates are based on 3% income, 3% expenses and 3% wages indexing basis and are provided as attachment 1 to this report.

After consideration of the revised LTFP, the Audit Committee resolved the following.

That:

- 1. Long-Term Financial Plan revised financial estimates report is received.*
- 2. The Long-Term Financial Plan revised financial estimates as amended are presented to the Board of Management for consideration.*

CARRIED UNANIMOUSLY 3: 122023

RECOMMENDATION

That:

1. The Long-Term Financial Plan Revised Financial Estimates report is received.
2. The Long-Term Financial Plan Revised Financial Estimates are endorsed by the Board of Management.

EASTERN HEALTH AUTHORITY LONG TERM FINANCIAL PLAN											
AUDITED RESULTS 2022/2023		ADOPTED BUDGET 2023/2024	PLAN 2024/2025	PLAN 2025/2026	PLAN 2026/2027	PLAN 2027/2028	PLAN 2028/2029	PLAN 2029/2030	PLAN 2030/2031	PLAN 2031/2032	PLAN 2032/2033
2,649,553	OPERATING EXPENSES	2,848,500	2,933,955	3,021,974	3,112,633	3,206,012	3,302,192	3,401,258	3,503,296	3,608,395	3,716,646
2,674,936	OPERATING REVENUE	2,848,500	2,933,955	3,021,974	3,112,633	3,206,012	3,302,192	3,401,258	3,503,296	3,608,395	3,716,646
25,383	OPERATING SURPLUS/(DEFICIT) BEFORE CAPITAL REVENUES	-	-	-	-	-	-	-	-	-	-
	REPRESENTED BY;										
	DECREASE IN EXISTING ASSETS										
(49,557)	Capital Expenditure	-	-	-	-	-	-	-	-	-	-
	Sale of Operating Assets	-	-	-	-	-	-	-	-	-	-
159,013	Depreciation	26,000	26,780	27,583	28,411	29,263	30,141	31,045	31,977	32,936	33,924
109,456	NET DECREASE IN EXISTING ASSETS	26,000	26,780	27,583	28,411	29,263	30,141	31,045	31,977	32,936	33,924
	DECREASE IN EXISTING LIABILITIES										
(38,391)	Loan Principal Repayments	-	-	-	-	-	-	-	-	-	-
(70,773)	Lease liabilities	-	-	-	-	-	-	-	-	-	-
	Distributions Received from Associated	-	-	-	-	-	-	-	-	-	-
	Loans Received	-	-	-	-	-	-	-	-	-	-
(109,164)	NET DECREASE IN LIABILITIES	-	-	-	-	-	-	-	-	-	-
292	DECREASE IN NET ASSETS	26,000	26,780	27,583	28,411	29,263	30,141	31,045	31,977	32,936	33,924
	INCREASE IN NEW ASSETS										
	Capital Expenditure	-	-	-	-	-	-	-	-	-	-
	Sale of Surplus assets	-	-	-	-	-	-	-	-	-	-
	Sale of Real Estate	-	-	-	-	-	-	-	-	-	-
	Development of Real Estate	-	-	-	-	-	-	-	-	-	-
	Capital Grants and Subsidies	-	-	-	-	-	-	-	-	-	-
	Physical Resources Received Free	-	-	-	-	-	-	-	-	-	-
	Loans Received	-	-	-	-	-	-	-	-	-	-
-	NET INCREASE IN NEW ASSETS	-	-	-	-	-	-	-	-	-	-
(25,675)	UNCOMMITTED FUNDS DECREASE/(INCREASE)	(26,000)	(26,780)	(27,583)	(28,411)	(29,263)	(30,141)	(31,045)	(31,977)	(32,936)	(33,924)
(25,383)	OPERATING SURPLUS/(DEFICIT) BEFORE CAPITAL REVENUES	-	-	-	-	-	-	-	-	-	-
	RECONCILIATION OF UNCOMMITTED FUNDS										
474,917	Balance Brought Forward	509,671	535,671	563,789	592,751	622,582	653,308	684,956	717,552	751,127	785,709
	Increase/(Decrease) For Year	26,000	26,780	27,583	28,411	29,263	30,141	31,045	31,977	32,936	33,924
34,754	Employee Entitlements	-	1,338	1,379	1,420	1,463	1,506	1,552	1,598	1,646	1,695
	Transfers to Reserves										
	Transfers from Reserves										
509,671	BUDGET SURPLUS/(DEFICIT)	535,671	563,789	592,751	622,582	653,308	684,956	717,552	751,127	785,709	821,329

	Projected cash at end of year reconciles to the projected budget surplus/deficit as follows;										
644,769	PROJECTED CASH AT END OF YEAR	670,769	702,940	736,077	770,207	805,362	841,571	878,867	917,281	956,848	997,601
	Less Reserves at end of year										
(135,098)	Add Other Net Current Assets	(135,098)	(139,151)	(143,325)	(147,625)	(152,054)	(156,616)	(161,314)	(166,153)	(171,138)	(176,272)
	PROJECTED BUDGET SURPLUS/DEFICIT AT YEAR END										
509,671		535,671	563,789	592,751	622,582	653,308	684,956	717,552	751,127	785,709	821,329
	Net Current Assets per the Statement of Financial Position reconcile to the projected budget surplus/deficit as follows;										
397,806	NET CURRENT ASSETS PER THE BALANCE SHEET	423,806	451,924	480,886	510,717	541,443	573,091	605,687	639,262	673,844	709,464
	Add Unfunded Liabilities :-										
111,865	Loans	111,865	111,865	111,865	111,865	111,865	111,865	111,865	111,865	111,865	111,865
	Less Committed Cash :-										
	Reserves										
	PROJECTED BUDGET SURPLUS/DEFICIT AT YEAR END										
509,671		535,671	563,789	592,751	622,582	653,308	684,956	717,552	751,127	785,709	821,329

7.4 DEVELOPMENT OF ANNUAL BUSINESS PLAN FOR 2024/2025

Author: Michael Livori
Ref: AF23/103

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 2024/2025.

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.*

Process for the Development of the 2024/2025 Annual Business Plan

To comply with the requirements of the Charter the following process will take place in relation to the development of the 2024/2025 Annual Business Plan.

December 2023

- Board Members were requested via email to provide initial comments and suggestions in relation to the development of the 2024/2025 Annual Business Plan and Budget by **31 January 2024**.
- Constituent Councils were requested via their nominated contact to provide comments and suggestions in relation to the development of the 2024/2025 Annual Business Plan and Budget by **31 January 2024**.
- EHA Administration commenced development of the 2024/2025 Annual Business Plan and Budget.

March 2024

- Annual Business Plan and Budget workshop to be held on **6 March 2023** to consider initial feedback from Board Members and Constituent Councils and a draft Annual Business Plan and Budget
- Subsequent to the outcomes of the workshop, a draft Annual Business Plan and budget will be provided to the Board of Management for endorsement via Circular Resolution.
- Following Board endorsement, a copy of the draft Annual Business Plan and budget will be provided to Constituent Councils requesting their endorsement by **31 May 2024**.

June 2024

- Budget to be considered for adoption at the Board of Management to be held on **26 June 2024**
- 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 2024/2025 report is received.
2. The process for the Development of the Annual Business Plan for 2023/2024 is noted.

7.5 UPDATE ON AUDIT FINDING RECOMENDATIONS

Author: Kristen Paparella
Ref: AF23/58

Summary

This report provides an update on management responses to the 2022/2023 Audit Finding recommendations.

Report

In the EHA Auditors' Report of Audit Finding for 2022/2023 two recommendations were made in relation to areas of improvement. The observation, recommendation, initial management response and actions to date for each recommendation are detailed below.

Issue 1 – Provision for doubtful debts

Observation

Management have identified that \$33,733 of the debtor balances at 30 June 2023 will not be collected and will be written off in the 2024 financial year. There is no provision for doubtful debts and therefore the debtors balance is over-stated by \$33,733. The effect on the result for the year is estimated to be less than this because there was also no provision in prior years, but arguably there would have been some doubtful debts. The effect on the financial report is not considered to be material and so we have accepted the difference.

Risk

Management's provision for doubtful debts assessment may not comply with the requirements of Australian Accounting Standard, AASB 9

Recommendation

We again recommend that the entity should be maintaining a provision for doubtful debts balance in order to comply with Accounting Standards and to ensure the debtors balance is not over-stated.

Management response

As discussed with the auditor over multiple reporting periods, the majority of these doubtful debts result from expiations that are not recoverable. Once an expiation is at the enforcement stage, legislation requires that non-paid expiations are enforced by the South Australian Government Enforcement and Fines Recovery Unit

Management Actions to date

A review of our Constituent Councils processes for this procedure was undertaken and an allowance equivalent to 20% of the value of budgeted fine income was approved at the first budget review for 2023/2024. Doubtful debts will be highlighted for write off in the month of May for EOFY reporting purposes.

Issue 2 – Cut-off accounting adjustments

Observation

We identified the following errors related to balance date adjustments in this year's audit:

- Income Protection Insurance for the FY24 year was expensed in FY23, (\$32k).
- Payroll for the past fortnight of June 2023 that was paid in early July was not accrued as an expense/liability for FY23 (\$55k). These errors were subsequently amended.

Recommendation

We recommend that the final trial balance be carefully reviewed to ensure that all balance date adjustments have been made and make sense, prior to being presented for audit.

Management response

Income protection invoices are always dated 30 June by the supplier for insurance required for the next financial year. The invoice was entered with the date (30 June 2023) of the invoice and should have been marked for prepayment.

The final payroll for the financial year was not posted as superannuation had not yet been finalised. Standard operating procedures will be amended so that in the future, transactions that occur around year end are managed appropriately.

Management Actions to date

A review of Standard operating procedures has been amended whereby all future transactions that occur at EOFY are managed appropriately. Invoices received in June, for next financial year are to be marked for Pre-Payment or expensed correctly in the relevant financial year.

An Update on Audit Finding Recommendation Report was presented to and considered by the Audit Committee at its meeting held on 6 December 2023.

RECOMMENDATION

That:

The Update on Audit Findings Recommendations report is received.

7.6 EASTERN HEALTH AUTHORITY AUDIT COMMITTEE TERMS OF REFERENCE

Author: Michael Livori
Ref: AF12/195

Summary

EHA has previously developed Terms of Reference (ToR) for its Audit Committee which requires annual review.

Report

The Audit Committee is a formally constituted Committee of EHA pursuant to Clause 30 of Schedule 2 to the Local Government Act 1999 and is responsible to EHA. The Committee's role is to report to EHA and provide appropriate advice and recommendations on matters contained within its ToR.

The ToR are required to be annually reviewed. At a meeting of the Eastern Health Authority Audit Committee held on 6 December 2023 the committee considered a report relating to a review of the ToR and a number of changes have been incorporated into a revised document for the Board of Management to consider adopting. These changes are detailed below.

- Deletion of clause 13 relating to COVID-19 Provision protocols.
- Renaming of Clause 12 to Terms of Reference and removal of annual evaluation requirement (noting that clause 8 requires Agendas and minutes to be provided to the Board of Management)

At the meeting the Audit Committee resolved that:

1. *The report regarding the Eastern Health Authority Audit Committee Terms of Reference is received.*
2. *The Eastern Health Authority Audit Committee Terms of Reference provided as attachment 1 to this report are referred to the Board of Management for adoption.*

CARRIED UNANIMOUSLY 6: 122023

A copy of the ToR with the changes accepted is provided as attachment 1 to this report for adoption.

A copy of the ToR with marked up changes is provided as attachment 2 to this report.

RECOMMENDATION

That:

1. The report regarding the Eastern Health Authority Audit Committee Terms of Reference is received.
2. The Eastern Health Authority Audit Committee Terms of Reference provided as attachment 1 to this report are adopted.



EHA Audit Committee TERMS OF REFERENCE

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. 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.

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 where practicable, 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.
- 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 three times per annum at appropriate times in the budgeting and reporting cycle, to undertake the activities as identified in the endorsed annual work plan and to meet the Committee's terms of reference.
- 6.2. The Committee can meet otherwise as required, and as approved by the Chair.

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 Board members of EHA and will (as appropriate) be available to the public.
- 8.3. Agendas and Minutes of the Committee meeting will be provided to the Board of Management.

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.

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;
- 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.

- 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

The Committee shall:

- 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;

- 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.;
- 10.5.7.9. meet as needed with the external auditor. The Committee shall meet the external auditor at least once a year, without the Authority Executive being present; to discuss the external auditor's report and any issues arising from the audit.

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;

11. Reporting Responsibilities

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

12. Terms of Reference

- 12.1. The Committee shall annually review its Terms of Reference and recommend changes it considers necessary to the Board for approval.

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. No amendments made.

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

Amendments to Version 7 ToR

ToR presented to the Audit Committee Meeting – 01/05/2019. No amendments made.

Amendments to Version 8 ToR

- Addition of clause 2.2 to set Board appointed member term to coincide with local Government General Election.
- Addition of clause 2.4 to mirror requirements of the *Local Government (Financial Management) Regulations 2011* in relation to Constituent Council required approval for certain committee membership.
- Deletion of clause requiring meeting being held in place open to the public.
- Clause 2.8 (formerly 2.7) amended to increase maximum single term of membership to three years.
- Addition of Clause 2.9 to ensure an orderly rotation and continuity of membership where possible.
- Addition of clauses 2.11 and 2.12 to set maximum length of membership of Independent Member and eligibility for future reappointment.

Amendments to Version 9 ToR

- Amendment of clause 6.1 to ensure the Committee meets three times per annum to coincide with budget and reporting cycle, undertaking activities as identified in the workplan and to meet the Committee's terms of reference.
- Addition of clause 6.2 to ensure the Committee can meet otherwise as required, and as approved by the Chair.
- Amendment of clause 8.2 to include all Board members of EHA to receive minutes of Committee meetings within 5 days after a meeting.
- Addition of clause 8.3 to ensure Agendas and Minutes of Committee meeting will be provided to the Board of Management.
- Addition of Clause 10.5.7.9 The Committee shall meet with the external auditor at least once a year, without EHA Administration present.
- Deletion of Clause 10.6.2 Removed. Not applicable.
- Amendment of clause 11.1 to clarify wording of reporting responsibilities of Audit Committee.
- Amendment of clause 12.1 to remove the word "own" from clause.
- Addition of clause 13 to include COVID-19 Provision protocols.

Amendments to Version 10 ToR

- Deletion of clause 13 relating to COVID-19 Provision protocols.
- Renaming of Clause 12 to Terms of Reference and removal of annual evaluation requirement (noting that clause 8 requires Agendas and minutes to be provided to the Board of Management).



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EHA Audit Committee TERMS OF REFERENCE

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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.

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2. Membership

- 2.1. 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.

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- 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.

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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 where practicable, 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.

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- 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.

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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.
- 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 three times per annum at appropriate times in the budgeting and reporting cycle, to undertake the activities as identified in the endorsed annual work plan and to meet the Committee's terms of reference.
- 6.2. The Committee can meet otherwise as required, and as approved by the Chair.

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 Board members of EHA and will (as appropriate) be available to the public.
- 8.3. Agendas and Minutes of the Committee meeting will be provided to the Board of Management.

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9. Conduct of Meetings

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- 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.

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;
- 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.

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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. The Committee shall:

- 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.

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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.

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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.;
- 10.5.7.9. meet as needed with the external auditor. The Committee shall meet the external auditor at least once a year, without the Authority Executive being present; to discuss the external auditor's report and any issues arising from the audit.

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;

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11. Reporting Responsibilities

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

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12. ~~Terms of Reference Annual Review and Reporting to Board of Management Committee~~

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

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- ~~12.2. The Board of Management will receive and note Minutes of Audit Committee meetings at its next available meeting. In reviewing its performance, the Committee will have regard to:~~

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

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~~12.2.2. The Committee's decision making process.~~

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

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

~~12.3. The involvement and attendance by members.~~

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

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

~~12.4.2. Key financial and risk related policy issues;~~

~~12.4.3. EHA's risk management practices and framework;~~

~~12.4.4. Internal financial controls;~~

~~12.4.5. Fraud and whistleblowing provisions;~~

~~12.4.6. EHA's long term financial planning;~~

~~12.4.7. Asset management planning;~~

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~~13. COVID-19 Provision~~

~~13.1.1. For the duration of the COVID-19 public health emergency, the following applies.~~

~~13.1.2. The Committee will only consider functions designated to it by the Local Government Act 1999 or other legislation as relevant.~~

~~13.1.3. The Committee will meet at least once per year. Further meetings will be conducted as determined by the Chief Executive Officer (or nominee), in consultation with the Committee Presiding Member.~~

~~13.1.4. Where meetings are conducted, all Members may participate in the meeting via electronic means, in accordance with the requirements set out in EHA's Code of Practice for Meeting Procedures.~~

~~13.1.5. In line with the Local Government (Public Health Emergency) Amendment Act 2020, this clause will cease to apply 28 days after the cessation of all relevant declarations relating to the emergency, or as otherwise revoked by EHA through resolution and return back to the existing code of Meeting Procedures.~~

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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.

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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. No amendments made.

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

Amendments to Version 7 ToR

ToR presented to the Audit Committee Meeting – 01/05/2019. No amendments made.

Amendments to Version 8 ToR

- Addition of clause 2.2 to set Board appointed member term to coincide with local Government General Election.

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- Addition of clause 2.4 to mirror requirements of the *Local Government (Financial Management) Regulations 2011* in relation to Constituent Council required approval for certain committee membership.
- Deletion of clause requiring meeting being held in place open to the public.
- Clause 2.8 (formerly 2.7) amended to increase maximum single term of membership to three years.
- Addition of Clause 2.9 to ensure an orderly rotation and continuity of membership where possible.
- Addition of clauses 2.11 and 2.12 to set maximum length of membership of Independent Member and eligibility for future reappointment.

Amendments to Version 9 ToR

- Amendment of clause 6.1 to ensure the Committee meets three times per annum to coincide with budget and reporting cycle, undertaking activities as identified in the workplan and to meet the Committee's terms of reference.
- Addition of clause 6.2 to ensure the Committee can meet otherwise as required, and as approved by the Chair.
- Amendment of clause 8.2 to include all Board members of EHA to receive minutes of Committee meetings within 5 days after a meeting.
- Addition of clause 8.3 to ensure Agendas and Minutes of Committee meeting will be provided to the Board of Management.
- Addition of Clause 10.5.7.9 The Committee shall meet with the external auditor at least once a year, without EHA Administration present.
- Deletion of Clause 10.6.2 Removed. Not applicable.
- Amendment of clause 11.1 to clarify wording of reporting responsibilities of Audit Committee.
- Amendment of clause 12.1 to remove the word "own" from clause.
- Addition of clause 13 to include COVID-19 Provision protocols.

Amendments to Version 10 -ToR

- Deletion of clause 13 relating to COVID-19 Provision protocols.

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- [Renaming of Clause 12 to Terms of Reference and removal of annual evaluation requirement \(noting that clause 8 requires Agendas and minutes to be provided to the Board of Management\).](#)

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7.7 DEBT COLLECTION POLICY

Author: Kristen Paparella
Ref: AF17/79

Summary

Eastern Health Authority (EHA) Debt Collection Policy was last revised and adopted at a Board of Management meeting held on 31 August 2022. The latest reviewed version of the policy was considered by the Audit Committee at its meeting held on 6 December 2023. The reviewed policy has been endorsed by the Audit Committee and is now presented to the Board of Management for adoption.

Report

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

The current policy has been reviewed and a number of minor updates have been proposed in relation to the process of managing debt. The Policy has been updated to reflect that if payment remains outstanding within 7 days of the invoice due date; telephone contact to the customer will commence with a final notice being sent at 28 days via email.

By shortening our collection time frames we anticipate a significant reduction in the accounts falling into doubtful debt timeframes. Additionally, doubtful debts will now be highlighted for write off in the month of May for EOFY reporting purposes.

The latest reviewed version of the policy, incorporating the changes detailed above was considered by the Audit Committee at its meeting held on 6 December 2023.

At the meeting the committee resolved that:

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

CARRIED UNANIMOUSLY 8: 122023

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

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

RECOMMENDATION

That:

1. The report regarding the Debt Collection Policy is received.
2. The Debt Collection Policy marked attachment 2 to the Debt Collection Policy report dated 21 February 2024 is adopted.

Debt Collection Policy

1



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DEBT COLLECTION POLICY

Policy Reference	FM03
Date of initial Board Adoption	19 February 2014
Minutes Reference	8: 082018
Date of Audit Committee Endorsement (if applicable)	2245 August 202248
Date last reviewed by Eastern Health Authority Board of Management	3129 August 202248 6 December 2023
Relevant Document Reference	EHA Standard Operating Procedure - Debt Collection
Applicable Legislation	S143 Local Government Act 1999

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1. Purpose

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

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

2. Scope

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

3. Definitions

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

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

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

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

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Debt Collection Policy

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

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

4. Principles

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

- **Accountability and Transparency**

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

- **Fairness and Equity**

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

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

- **Responsibilities**

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

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

- **Risk Management**

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

5. Policy

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

5.1 Credit Management

Credit terms for all Debtors are 30 days from the date of invoice. A debtor may approach EHA for a payment arrangement to finalise the account if they are experiencing financial difficulties.

5.2 Debt Management

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

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Debt Collection Policy

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

6. Provision for Doubtful Debts

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

- 6.1 Doubtful debts will be highlighted for write off in the month of May for EOFY reporting purposes.

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7. Write off

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

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Debt Collection Policy

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7.4 Any debts greater than \$10,000 must be authorised by the Board of Management.

7.4 ~~Doubtful debts will be highlighted for write off in the month of May for EOFY reporting purposes.~~

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8. Review & Evaluation

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

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DEBT COLLECTION POLICY

Policy Reference	FM03
Date of initial Board Adoption	19 February 2014
Minutes Reference	8: 082018
Date of Audit Committee Endorsement (if applicable)	22 August 2022
Date last reviewed by Eastern Health Authority Board of Management	6 December 2023
<i>Relevant Document Reference</i>	EHA Standard Operating Procedure - Debt Collection
Applicable Legislation	S143 Local Government Act 1999

1. Purpose

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

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

2. Scope

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

3. Definitions

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

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

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

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

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

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

4. Principles

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

- **Accountability and Transparency**

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

- **Fairness and Equity**

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

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

- **Responsibilities**

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

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

- **Risk Management**

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

5. Policy

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

5.1 Credit Management

Credit terms for all Debtors are 30 days from the date of invoice. A debtor may approach EHA for a payment arrangement to finalise the account if they are experiencing financial difficulties.

5.2 Debt Management

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

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

6. Provision for Doubtful Debts

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

- 6.1 Doubtful debts will be highlighted for write off in the month of May for EOFY reporting purposes.

7. Write off

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

8. Review & Evaluation

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

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.

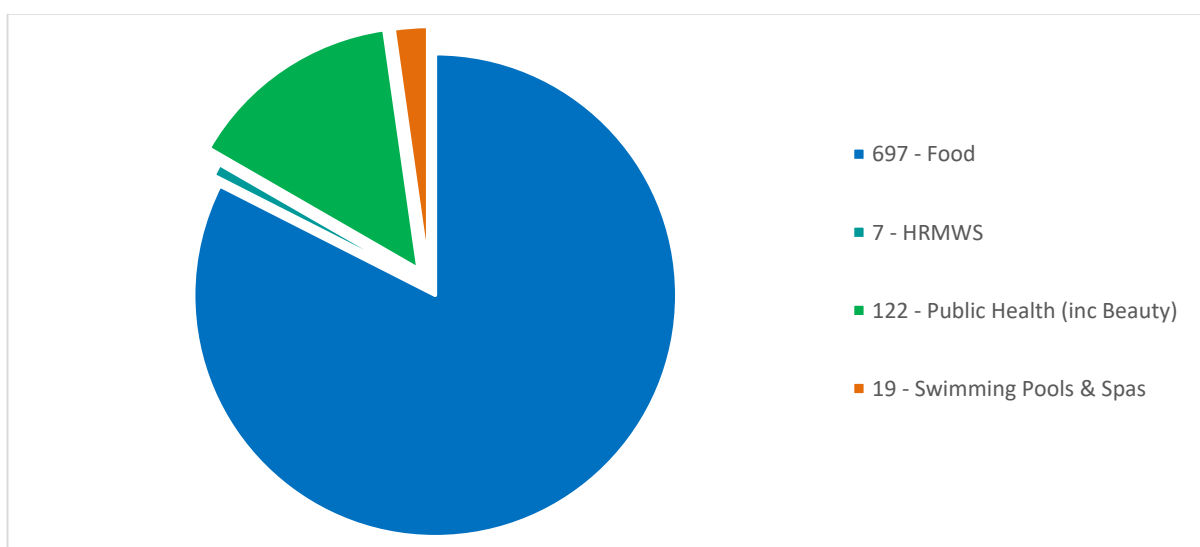


Table 1: Number of inspections conducted per category for financial-year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	192	185	216	84	20	697
HRMWS	0	5	0	2	0	7
Public Health Complaint	42	40	16	15	9	122
Swimming Pools & Spas	11	2	5	0	1	19
Total	245	232	237	101	30	845

2.0 Food Safety

2.1 Food Premise Inspections

A total of 199 routine inspections of food businesses were undertaken during the reporting period. An additional 58 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 358 food premise inspections were completed during the reporting period (Table 2).

As shown in Graph 2 the number of routine inspections conducted increased by 27% when compared to the reporting period for the previous year. However, there was a 35% decrease in the number of inspections requiring a follow-up. The number of complaint inspections undertaken was comparable to the reporting period for the previous year.

The total number of inspections completed for the financial year to date are further broken down by Council area in Table 2.

Graph 2: A two year comparison of the total number of inspections conducted from 1 October 2023 to 31 December 2023.

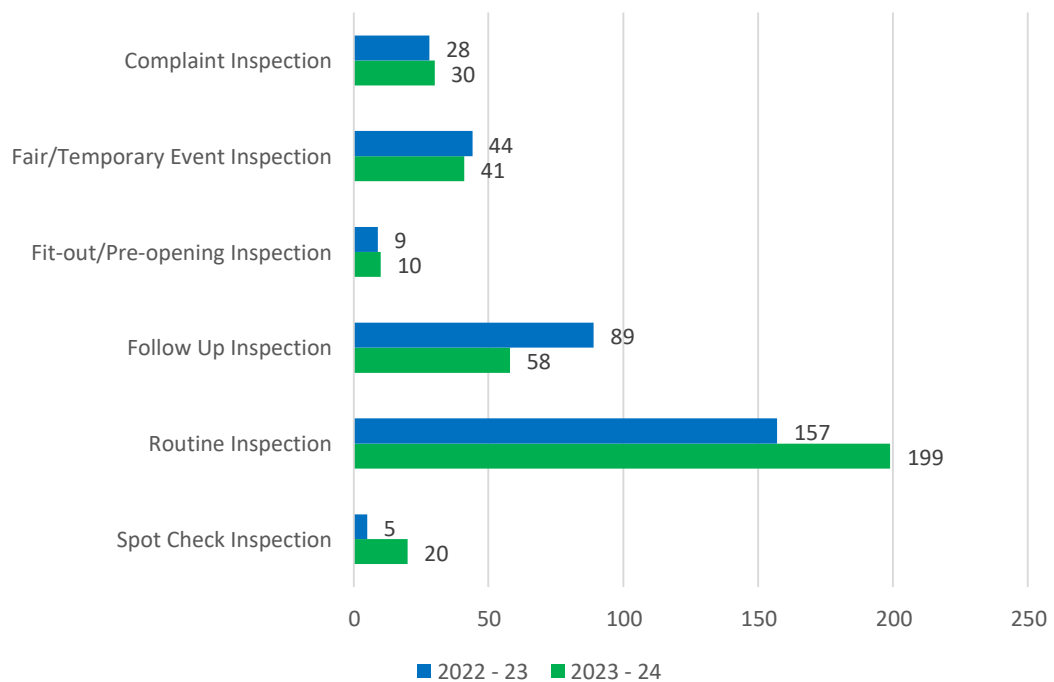


Table 2: Food premises inspections from 1 October 2023 to 31 December 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	62	38	74	20	5	199
Follow up Inspection	21	10	18	7	2	58
Complaint Inspection	6	11	8	5	0	30
Fit-out/Pre-opening Inspection	3	3	2	2	0	10
Fair/Temporary Event Inspection	0	20	0	14	7	41
Spot Check Inspection	4	15	1	0	0	20
Total	96	97	103	48	14	358

Graph 3 shows that there has been an 8% increase in the number of routine inspections conducted for the financial year to date when compared to the previous year. The number of follow-up and complaint inspections decreased by 17% and 12% respectively when compared to the reporting period for the previous year. The total number of inspections completed for the financial year to date are further broken down by Council area in Table 3.

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

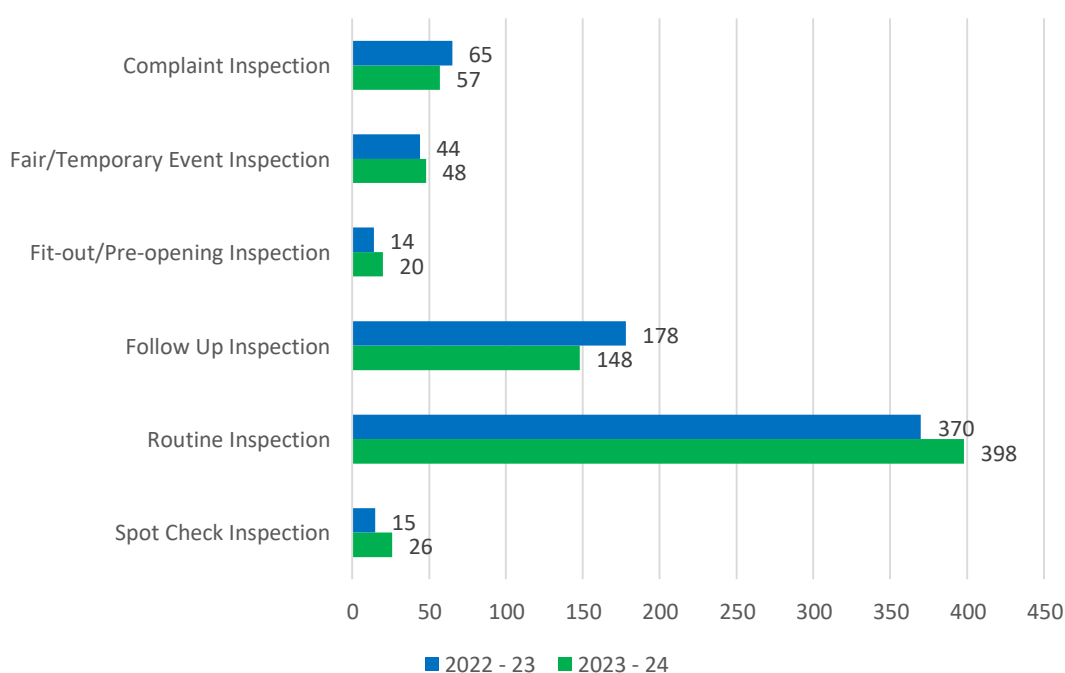


Table 3: Food premises inspections for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	120	88	143	39	8	398
Follow up Inspection	42	35	50	16	5	148
Complaint Inspection	12	21	16	8	0	57
Fit-out/Pre-opening Inspection	6	5	4	5	0	20
Fair/Temporary Event Inspection	7	20	0	14	7	48
Spot Check Inspection	5	16	3	2	0	26
Total	192	185	216	84	20	697

2.2 Food Safety Rating Scheme (FSRS)

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.

All food businesses receive a 'performance score' assessed during their respective routine inspection.

However, the 'food safety rating score' is represented by stars, with captured businesses able to obtain a maximum rating of five stars. Five stars represents excellent compliance with the Food Safety Standards, four stars very good and three stars good compliance.

Non-compliance with Food Safety Standards

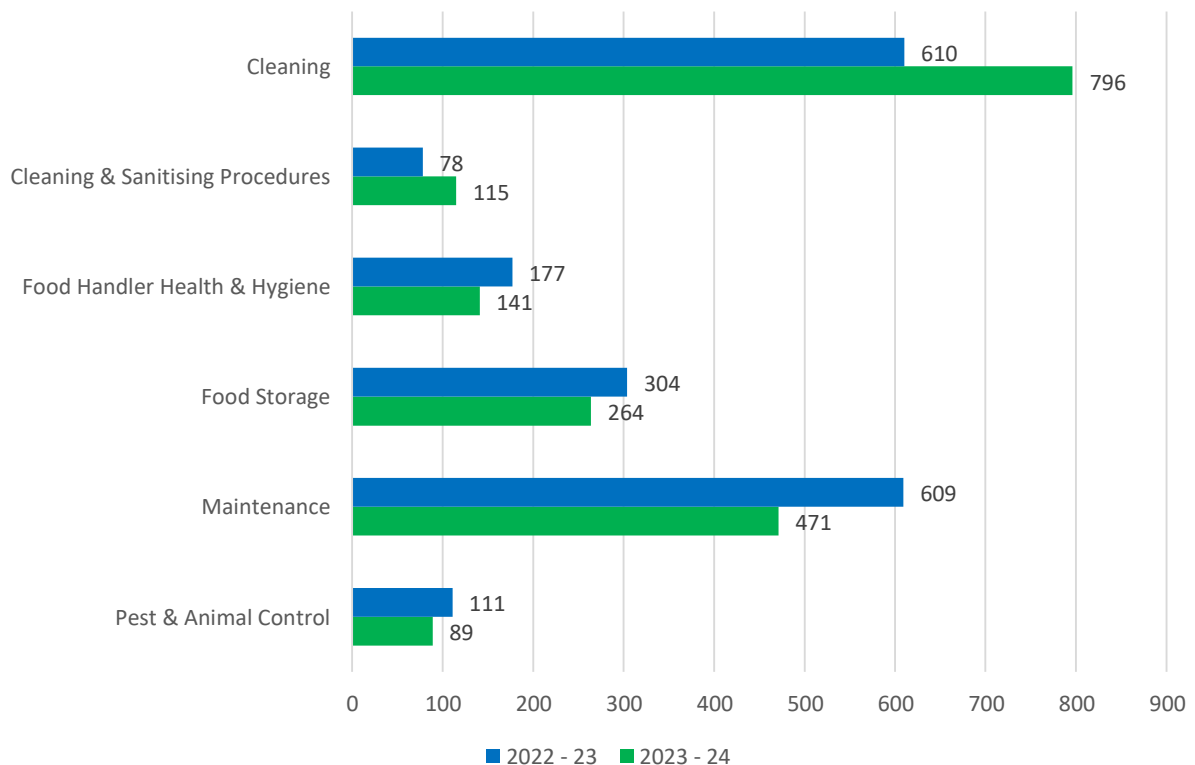
EHO's identified a total of 846 non-compliances with the Food Safety Standards during the reporting period (Table 4). The majority of non-compliances were minor in nature, with 78% of the non-compliances captured within this category.

Table 4: The type and number of non-compliances identified at routine inspections from 1 October 2023 to 31 December 2023.

Type of non-compliance	Number of non-compliances
Minor	662
Major	119
Serious	65
Total	846

A poor standard of cleanliness, maintenance and unsafe storage of food accounted for the most common non-compliances identified during routine inspections for the financial year to date over a two year period (Graph 4). As shown in Graph 4 there is decrease in maintenance and food storage non-compliances of 23% and 13% respectively when compared to the same reporting period for the previous year. Cleaning non-compliances recorded a 30% increase when compared to the reporting period for the previous year (Graph 4).

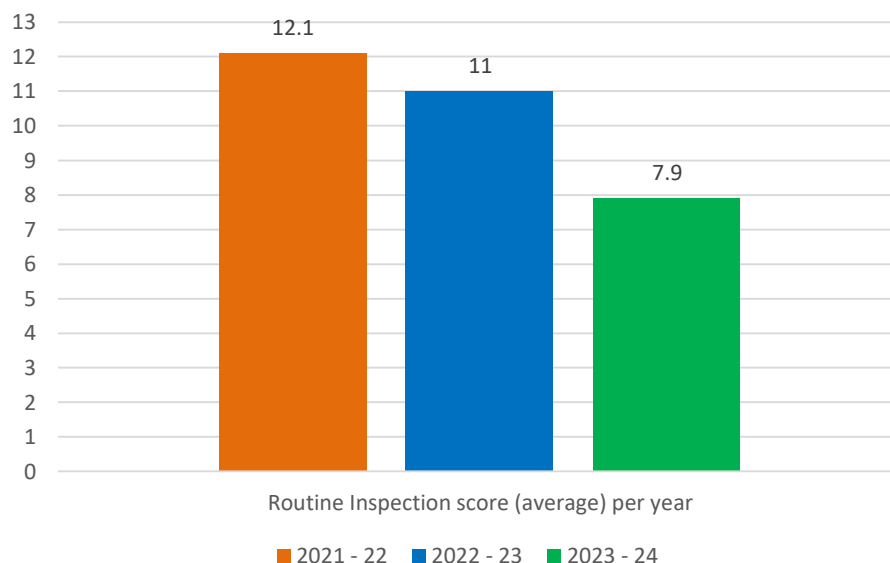
Graph 4: A two year comparison of non-compliances identified at routine inspections during the financial year-to-date.



FSRS Score

In accordance with the FSRS a score is calculated by EHO's during the routine inspection based on how well the food business complies with the Food Safety Standards. 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 continues to improve.

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



FSRS – Star Rating

For the current reporting period 75% (Table 5) of captured food businesses received a star rating. A total of 41% captured food businesses received 5 Stars compared to 20% for the reporting period for the previous year (Graph 6). There was also a 31% decrease in the number of captured food businesses that were not issued with a star rating, indicating that there was an improvement in compliance with the Food Safety Standards (Graph 6).

Graph 6: A two year comparison of food safety rating scheme performance per inspection from 1 October 2023 to 31 December 2023.

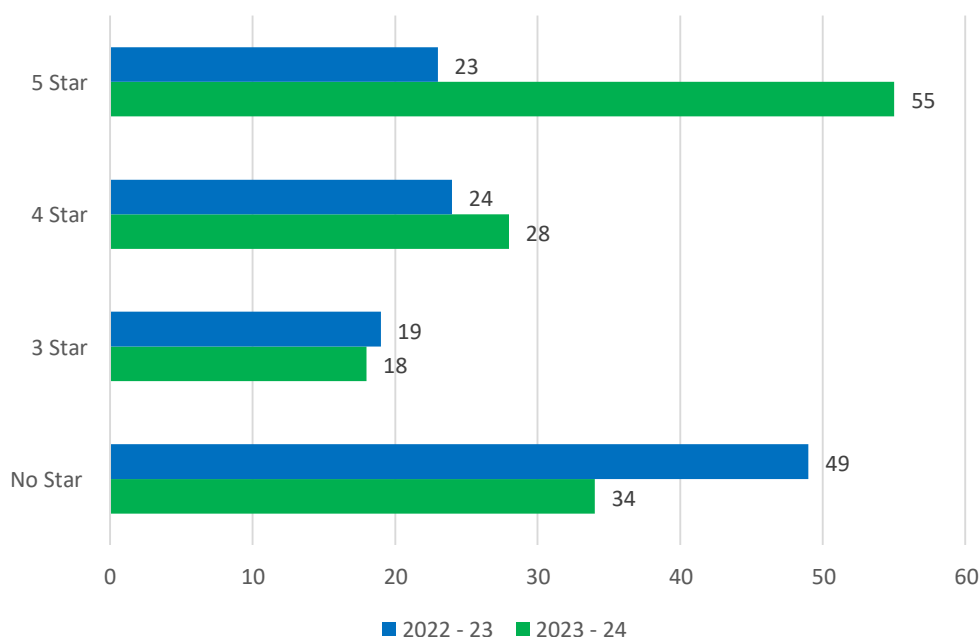


Table 5: Food safety rating scheme performance per inspection from 1 October 2023 to 31 December 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
5 Star (0 – 3 points)	12	10	27	6	0	55
4 Star (4 – 7 points)	13	3	10	2	0	28
3 Star (8 – 11 points)	5	1	8	3	1	18
No Star (12+ points)	11	5	10	5	3	34
Total	41	19	55	16	4	135

A total of 195 captured food businesses have received a star rating for the financial year to date, a 23% increase compared to the previous year (Graph 7). As shown in Graph 7, when compared to the previous financial year the number of captured food businesses that were not issued a star rating decreased by 25%. Conversely there was a significant increase of 66% captured food businesses receiving a 5 Star rating. The overall star rating performance based per inspection of captured food businesses is further broken down by Council area in Table 6.

Graph 7: A two year comparison of food safety rating scheme performance per inspection for the financial-year-date.

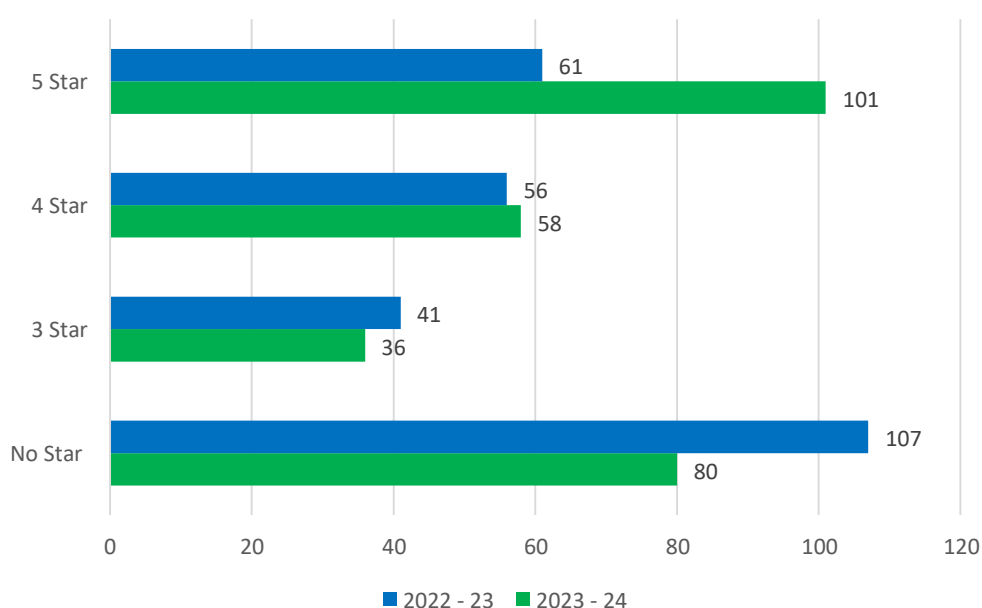


Table 6: Food safety rating scheme performance per inspection for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
5 Star (0 – 3 points)	28	19	44	10	0	101
4 Star (4 – 7 points)	26	9	18	5	0	58
3 Star (8 – 11 points)	11	4	14	5	2	36
No Star (12+ points)	21	16	29	10	4	80
Total	86	48	105	30	6	275

2.4 Legal Actions for Food Premises

During the reporting period, four Improvement Notices, one Final Warning and one Prohibition Order were issued (Table 7). Two Expiations Notices issued during the reporting period.

The majority of food business requiring legal action were P1 high risk businesses (Table 9). Enforcement action is not limited to high-risk businesses with legal action also taken for lower P2 food businesses. A total of 16 legal actions were required to be taken for food businesses for the financial year to date (Table 8).

As shown in Graph 8 there has been a decrease in the number of legal actions, specifically the number of Improvement Notices and Warnings 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 potentially hazardous food stored out of temperature control.

Table 7: Legal action taken from 1 October 2023 to 31 December 2023.

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

Graph 8: A two year comparison of legal action taken for the financial year-to-date.

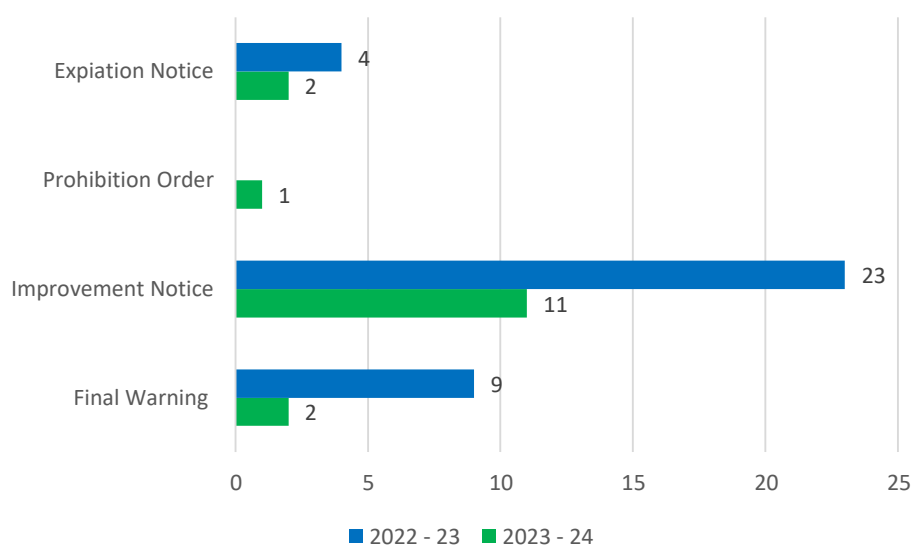


Table 8: Legal action taken for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Final Warning	1	1	0	0	0	2
Improvement Notice	2	2	7	0	0	11
Expiation Notice	1	0	1	0	0	2
Prohibition Order	0	0	1	0	0	1
Total	4	3	9	0	0	16

Table 9: Legal action taken per food business risk classification from 1 October 2023 to 31 December 2023.

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

2.5 Food Complaints

For the reporting period 1 October 2023 to 31 December 2023 EHA received 29 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 9 and by respective constituent council area in Table 10.

Alleged food poisoning complaints, poor personal hygiene/food handling practices and refuse storage were the most common type of complaints received and investigated for both the reporting period and financial year to date (Graphs 9 and 10).

There has been a significant decrease of 45% and 40% in the number of alleged food poisoning complaints received compared to the previous reporting period and financial year to date (Graphs 9 and 10). The number of refuse complaints received significantly increased for both of these reporting periods increased (Graphs 9 and 10).

Graph 9: A two year comparison of food complaints received from 1 October 2023 to 31 December 2023.

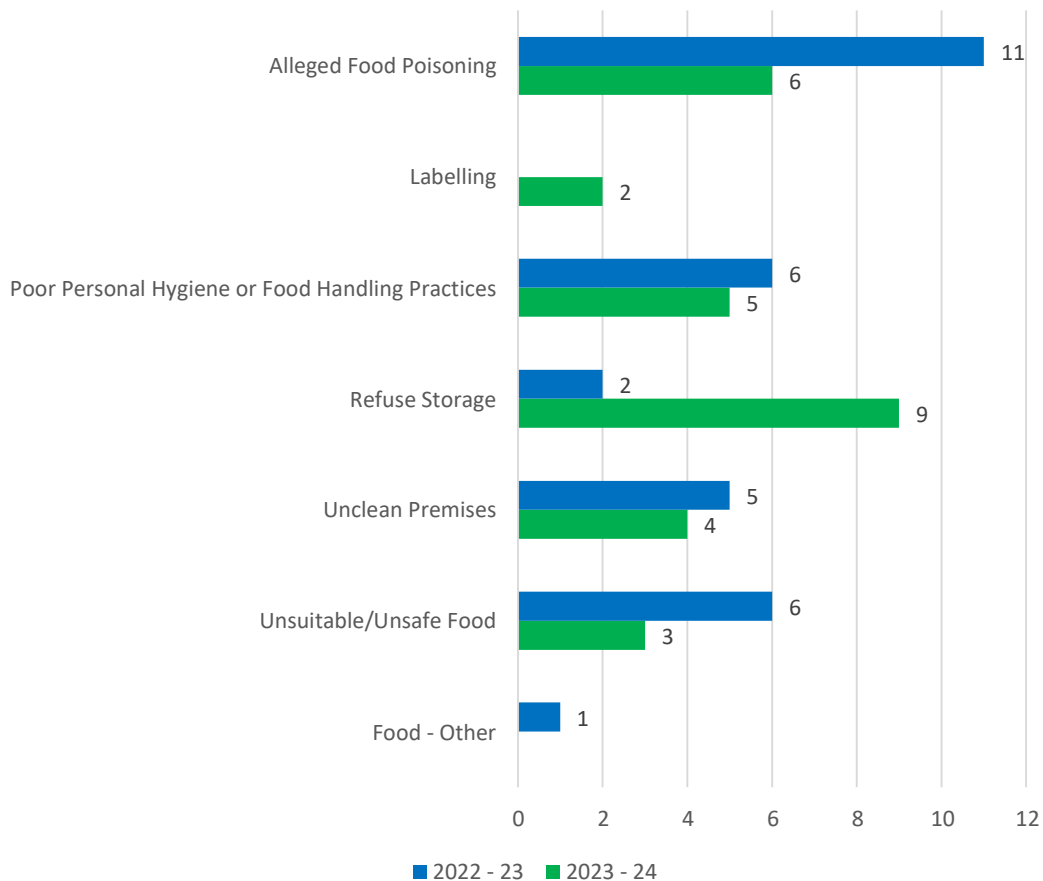


Table 10: Food complaints received by council area from 1 October 2023 to 31 December 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	1	4	1	0	6
Labelling	0	1	1	0	0	2
Poor personal hygiene or food handling practices	1	0	2	2	0	5
Refuse Storage	4	2	3	0	0	9
Unclean premises	0	0	1	3	0	4
Unsuitable/unsafe food	0	2	1	0	0	3
Total	5	6	12	6	0	29

Graph 10: A two year comparison of food complaints received for the financial year-to-date.

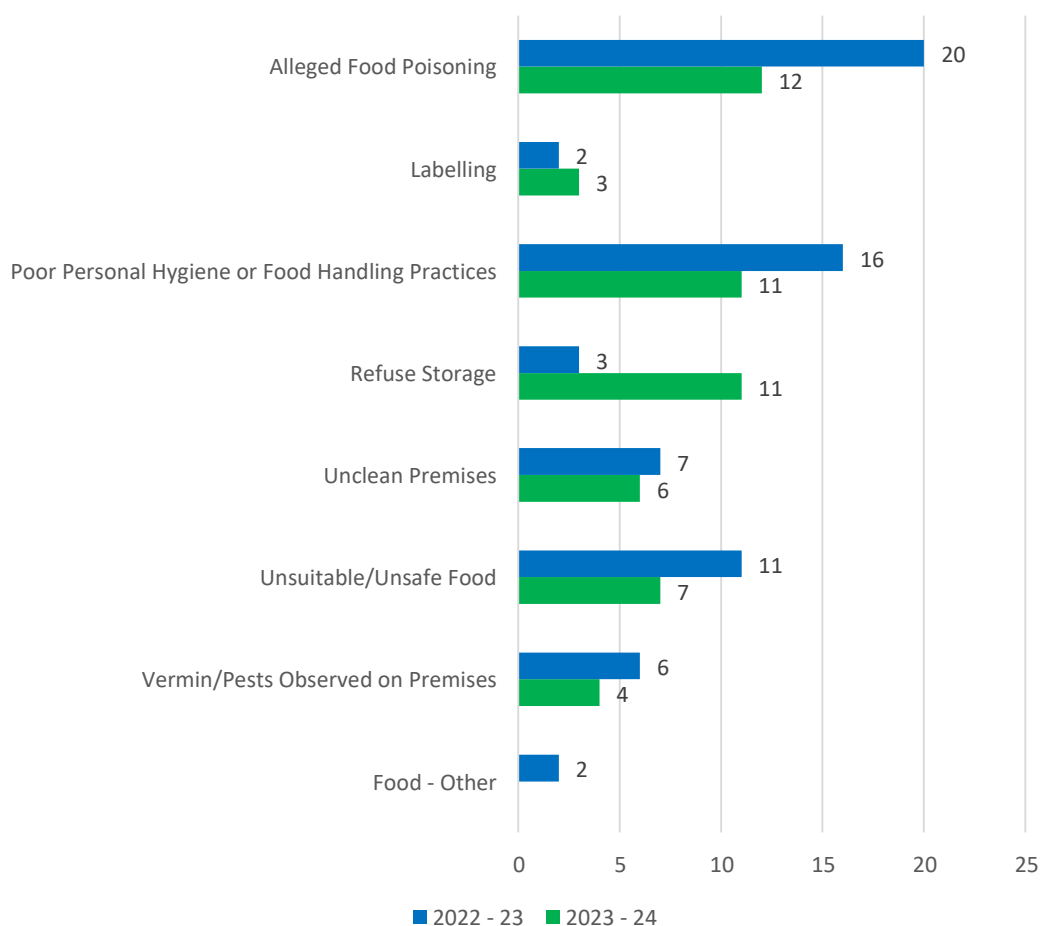


Table 11: Food complaints received by council area for the financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	1	3	6	2	0	12
Labelling	0	2	1	0	0	3
Poor personal hygiene or food handling practices	2	0	4	5	0	11
Refuse Storage	5	2	4	0	0	11
Unclean premises	1	1	1	3	0	6
Unsuitable/unsafe food	0	4	3	0	0	7
Vermin/pests observed on premises	2	1	1	0	0	4
Total	11	13	20	10	0	54

2.6 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 15 businesses within the Constituent Council boundaries and 13 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. There were six additional follow-up audits required.

A total of 65 audits of businesses that serve vulnerable populations and seven follow up audits have been completed in the financial year-to-date (Table 13).

Table 12: Food audits completed for the period from 1 October 2023 to 31 December 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	2	3	8	2	0	13	28
Follow-up audits	0	1	0	0	1	4	6
Total	2	4	8	2	1	17	34

Table 13: Food audits completed for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	5	8	13	5	1	33	65
Follow-up audits	0	1	0	0	1	5	7
Total	5	9	13	5	2	38	72

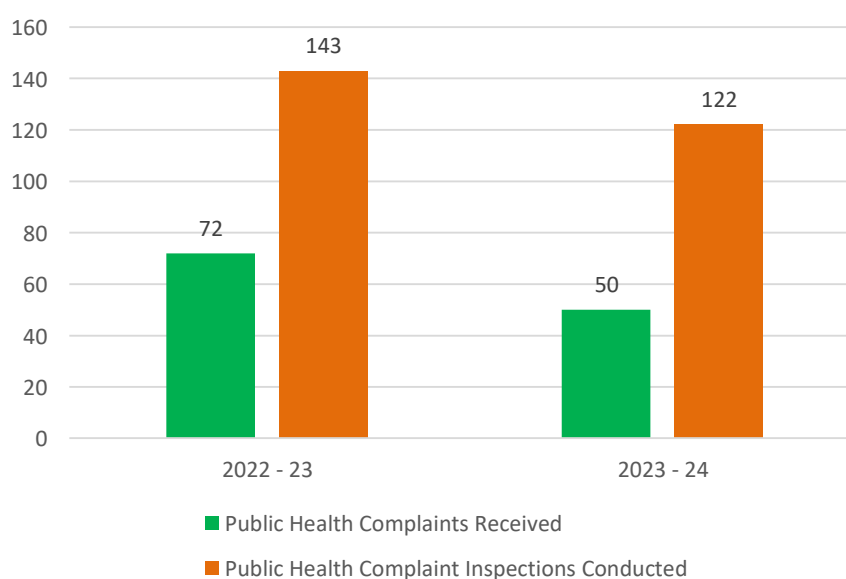
3.0 Public Health

3.1 Public Health Complaints

For the reporting period 1 October 2023 to 31 December 2023 there was a total of 23 public and environmental health related complaints received.

As shown in Graph 11, there was a 30% in the number of public health complaints received over the past two years. A total of 122 inspections were undertaken to investigate these complaints, a 15% decrease compared to the previous financial year to date. This equates to an average rate of 2.44 inspections required per complaint received, compared to 2 inspections required per complaint previous year.

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



As shown in Graphs 12 and 13 vector control and sanitation complaints account for the most common type of complaints received and investigated over the past two years. Despite the decrease in the number of public health complaints 78% of the complaints relate to vector control and sanitation (Table 14). The total number of public and environmental health complaints received for the financial year to date are further broken down by Council area in Table 15.

Graph 12: A two year comparison of public and environmental health complaints received from 1 October 2023 to 31 December 2023.

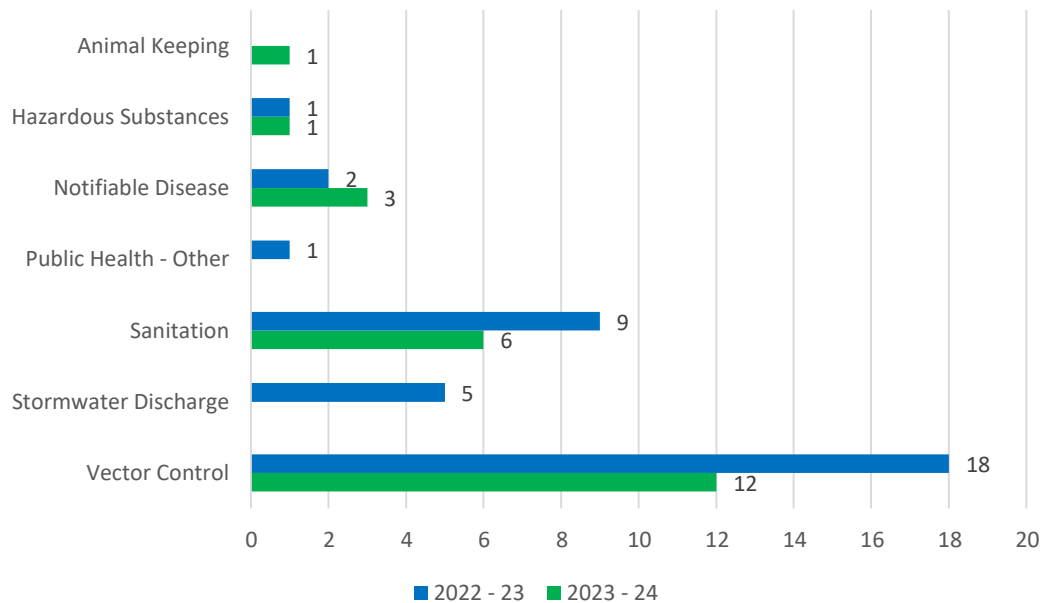


Table 14: Public and environmental health complaints for 1 October 2023 to 31 December 2023 by council area.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Animal Keeping	0	0	0	1	0	1
Hazardous Substances	0	1	0	0	0	1
Notifiable Disease	1	1	0	1	0	3
Sanitation	3	2	0	1	0	6
Vector Control	1	4	7	0	0	12
Total	5	8	7	3	0	23

Graph 13: A two year comparison of public and environmental health complaints received for the financial year-to-date.

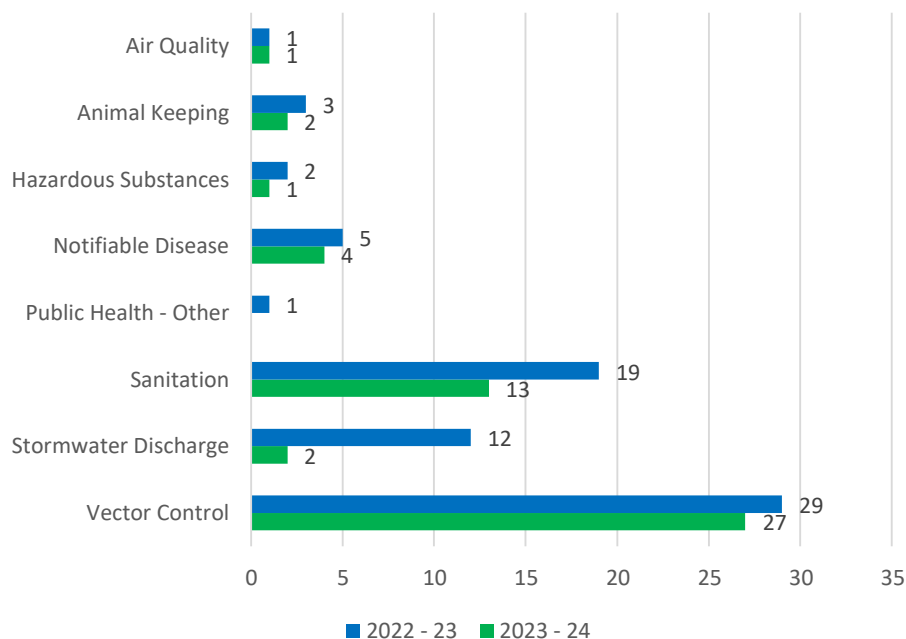


Table 15: Public and environmental health complaints for financial year-to-date by council area.

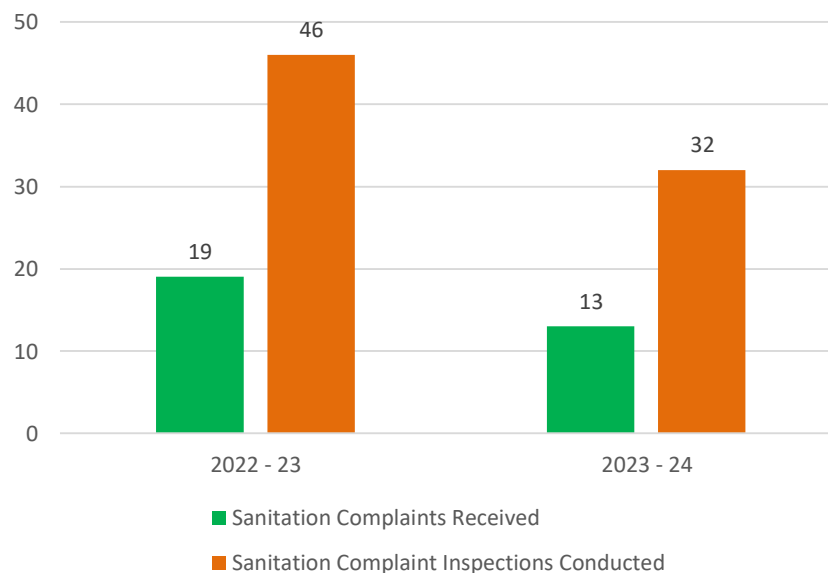
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Air Quality	0	0	1	0	0	1
Animal Keeping	1	0	0	1	0	2
Hazardous Substances	0	1	0	0	0	1
Notifiable Disease	1	1	1	1	0	4
Sanitation	8	3	0	2	0	13
Stormwater Discharge	1	0	1	0	0	2
Vector Control	6	9	8	2	2	27
Total	17	14	11	6	2	50

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 11 inspections completed for the four premises that have required two or more inspections.

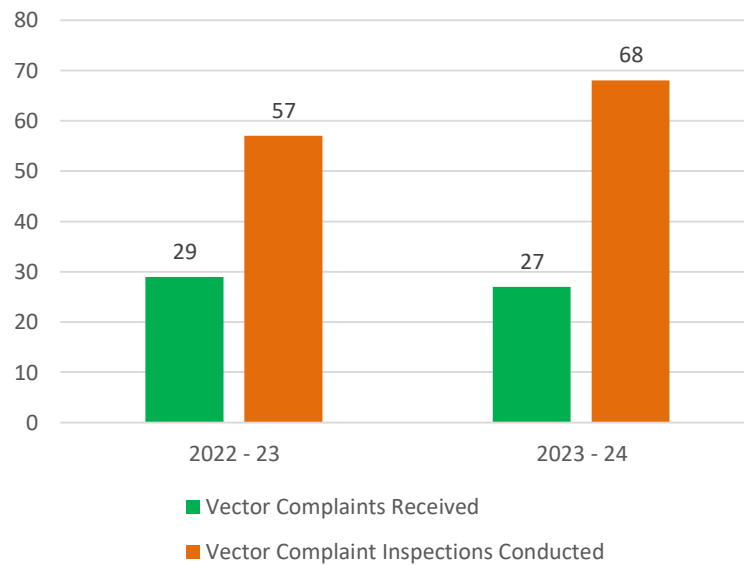
As shown in Graph 14, the number of sanitation complaints received is comparative over the past two years. The graph also shows that there is a high average rate of 2.43 inspections required per sanitation complaint over the past two years.

Graph 14: A two year comparison of sanitation complaints received compared to completed inspections for the financial year-to-date.



As illustrated in Graph 15 a high proportion of vector control complaints relate to vermin activity. There has been a 7% decrease in the number of vector control complaints received and a 19% increase in the number of inspections required to be undertaken for the financial year to date when compared to the previous year (Graph 15).

Graph 15: 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 four cooling tower inspections and one warm water system inspections were conducted at three sites (Table 16). *Legionella* detection during sampling was identified at one cooling tower site during the previous reporting period with a system decontamination immediately undertaken by the site (Table 17).

Two notifications of *Legionella* at two separate warm water sites were received. Immediate onsite decontamination were undertaken and no further action was required.

Table 16: Cooling Tower and Warm Water System Inspections conducted from 1 October 2023 to 31 December 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	3	0	2	0	5
Total	0	3	0	2	0	5

Table 17: Cooling Tower and Warm Water System Inspections for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	5	0	2	0	7
Follow-up Inspection	0	1	0	0	0	1
<i>Legionella</i> Detections during sampling	1	0	0	0	0	1
Total	1	6	0	2	0	9

3.3 Public Swimming Pools and Spas

During the reporting period 16 swimming and spa pool inspections were conducted at 11 sites.

Two complaints received during the reporting period were inspected. These complaints were investigated and no further action was required.

Table 18: Swimming and Spa Pool Inspections conducted between 1 October 2023 to 31 December 2023.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	9	1	5	0	1	16
Complaint Inspection	1	1	0	0	0	2
Total	10	2	5	0	1	18

A total of 17 swimming and spa pool inspections, and two complaint inspections have been completed in the financial year-to-date (Table 19).

Table 19: Swimming and Spa Pool Inspections conducted for financial year-to-date.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	10	1	5	0	1	17
Complaint Inspection	1	1	0	0	0	2
Total	11	2	5	0	1	19

3.4 Personal Care and Body Art

There were no routine inspections required for Personal Care and Body Art premises during the reporting period.

No complaints were received during the reporting period.

3.5 Wastewater

During the reporting period one waste control system application was received which required an assessment and an inspection in accordance with the requirements of the *SA Public Health (Wastewater) Regulations 2013*. The application was approved.

Wastewater service reports are regularly received and monitored for compliance on an ongoing basis. A total of 45 service reports were received and assessed. Two reports required further actioning with one onsite follow-up undertaken. A follow-up inspection for the second service report will be undertaken in the next reporting period.

4.0 Health Care and Community Services - Supported Residential Facilities

For the reporting period 1 October 2023 to 31 December 2023 two dual licence and one pension only facility were licenced by Eastern Health Authority under the *Supported Residential Facilities Act 1992*. Re-licensing audits are scheduled to be completed during the next reporting period.

Audits/Inspections

No inspections were required to be completed during the reporting period.

Complaints

No complaints were received during the reporting period.

Approval of Manager / Acting Manager

During the reporting period one application for the approval of a manager was received. The application is pending approval.

Licence Transfer

There were no licence transfer applications or approvals.

RECOMMENDATION

That:

The Environmental Health Activity Report is received.

8.2 IMMUNISATION

2023 School Immunisation Program (SIP)

During October 2023 to December 2023 there were no school visits as the program concluded in September 2023 due to the change made to the HPV dose.

A total of 15,137 vaccines has been administered for the full school year from January to December 2023 which is an increase of 2,789 (22.59%) when compared to the same period in 2022.

This increase is due to the addition of the Year 7 cohort for the catch-up program through the SIP program for 2023.

Table 1: School Vaccinations for Calendar Year to Date – January to December 2023

Council	Human Papillomavirus	Diphtheria Tetanus and Pertussis	Meningococcal B	Meningococcal ACWY	Total
Burnside	1,408	1,426	1,472	912	5,218
Campbelltown	583	589	391	231	1,794
NPSP	990	996	1,052	620	3,658
Prospect	184	187	144	80	595
Walkerville	137	137	137	78	489
Unley	290	299	281	169	1,039
Adelaide Hills	688	708	600	348	2,344
Total	4,280	4,342	4,077	2,438	15,137

Commencement of 2024 SIP program began in January with all consent forms being distributed to schools. EHA nursing staff have now commenced the commencement of the school consent form checks for all schools in our Constituent School and Contract Council areas. Nurses are working through 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 then commence the SIP program with school visits on Monday 19th February 2024.

The National Immunisation Program has changed for the 2024 School program, reducing the school year levels to Year 7 and Year 10 for the upcoming year.

Vaccine types to be administered will remain unchanged.

- 20-year 7 first visits
- 19-year 10 first visits
- 19-year 10 second visits

This totalling 39 first visits and 19 second visits planned throughout the 2024 year.

Workplace Influenza Program

EHA's Workplace Influenza program has officially launched, and we have seen a positive response to our November 2024 launch with 56 Bookings confirmed thus far. An additional 11 bookings are waiting for a confirmation to finalise.

Flu Clinics at your Workplace in 2024
Book Online Today for next year

Protect your staff and business by getting immunised

In 2023 we serviced
 92 workplaces
 3151 employees

eha EASTERN HEALTH AUTHORITY

Your workplace and staff's health and wellbeing is important to us

Workplace immunisation protects your staff and the people in their care and importantly reduces costly absenteeism which helps to promote and maintain productivity within the workplace. Health and Wellbeing programs act as an incentive when attracting and retaining staff and contribute to staff satisfaction and employer reputation.

BOOK NOW for 2024

For a instant quote or to register for an Immunisation Program at your workplace visit
www.eha.sa.gov.au/immunisation/workplace-influenza

\$24
 per person*
*excluding GST and for groups of 20+

In terms of vaccine booking numbers, EHA has seen an increase of 1,049 (62.73%) with 2,721 clients booked, compared to the 1,672 clients booked at the same time in 2023.

The workplace program will run for approximately 13-weeks, with our first visit scheduled for April 2024 and conclude around 30 June 2024.

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 Friday 9 February 2024.

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

- Annual CPR Training
- Worksite Update for 2024 program
- Annual update for the upcoming SIP program for 2024

Marketing

Social media tiles were created and circulated to each Constituent Council to promote EHA's clinic timetable for 2024. Included was a link to EHA's clinic timetable 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. Most councils' communications officers' have agreed to have the graphic posted every 8 weeks to promote the clinics and venue options.

Public Immunisation Clinic available at the City of Prospect in 2024

Eastern Health Authority - providing vaccines recommended for children and adults on the National Immunisation Program (NIP); specialising in vaccinating babies from 6 weeks old to 4 year old preschoolers, students eligible for the School Immunisation Program and seasonal flu vaccinations.



eha EASTERN HEALTH AUTHORITY

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

City of Norwood Payneham and St Peters
26 January at 09:00 · 🌐

EHA take immunisation bookings for routine childhood immunisations at weekly and monthly run clinics held at the St Peters Town Hall Complex – conveniently located next door to the St Peters Library.

EHA's highly trained and passionate Registered Nurses pride themselves in their knowledge and quality care in immunisations with over 20 years of experience.

Eastern Health Authority Offices
101 Payneham Road, St Peters

Book an appointment online: www.eha.sa.gov.au/booking/start

Avoid busy GP waiting rooms and visit a local EHA clinic for all your immunisation needs;

Specialising in vaccinating babies, toddlers, preschoolers and high school students.



eha EASTERN HEALTH AUTHORITY

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

Town of Walkerville
6 d · 🌐

The Civic & Community Centre at the Town of Walkerville has a pop-up immunisation clinic available to the general public, delivered by the Eastern Health Authority (EHA), on the first Friday of each month between 10am-12pm.

The next clinic will be available on Friday, 2 February 2024. Vaccinations are administered by EHA's friendly registered nurses, specialising in immunisation with over 20 years' experience.

To book online, visit the EHA website: eha.sa.gov.au/booking/start

Public Immunisation Clinic available at the Town of Walkerville in 2024

Eastern Health Authority - providing vaccines recommended for children and adults on the National Immunisation Program (NIP); specialising in vaccinating babies from 6 weeks old to 4 year old preschoolers, students eligible for the School Immunisation Program and seasonal flu vaccinations.



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

2

Like Comment Share

Throughout December EHA conducted a bulk mailout of the 2024 clinic timetables to local libraries, council offices, preschools, and community programs within each Constituent Council area. This mailout comprised of over 150 local businesses, schools, preschools, libraries, and council facilities.

Also enclosed in the mailout was an information flyer promoting the 2024 Workplace Influenza Program that EHA offers annually. The importance of immunising not only babies and children who receive the NIP vaccines but also the entire community against Influenza is an integral part of the immunisation service EHA offers to communities on behalf of each Constituent Council.

In addition, to promote the 2024 year, posters were supplied to Council's customer service desks for display which included information regarding the 2024 timetable and all services offered by EHA (see next page).

A change to the Prospect clinic time slot for 2024 is a big focus for marketing for the year ahead. The clinic has changed from a morning appointment time to a later appointment time. The clinic will now operate on the first Wednesday of every month from 4pm – 6:30pm. The demand for afterhours and evening appointments has seen this change come into effect. The hope is that this clinic is a popular choice for afterschool catch ups and working families.

We are also working on developing a SMS survey to send out to clients who attend the new Prospect time slot. This will allow us to monitor responses and feedback regarding the new clinic timetable. We are aiming for this to come out over the coming weeks.



**Providing immunisation services
Prospect Council residents in 2024.**

Book now for your child to receive National
Immunisation program Vaccines
via the QR code



Immunisation clinic held at Payinithi, Irish Harp 1

First Wednesday of every month 4pm—6:30pm
By appointment only




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

eha.sa.gov.au (08) 8132 3600



Providing immunisation services to families in 2024.

Book now for your child to receive National Immunisation program Vaccines via the QR code



Immunisation clinics held at the below locations
both walk-in and appointment clinics available

- EHA Office's, St Peters Town Hall Complex, Payneham Rd
- The ARC Campbelltown, Lower North East Rd
- Burnside Council, Coopers Room, Tasmore
- Prospect Council, Paynithi, Irish Harp room
- Unley Council, Civic Centre, Oxford Tce
- Walkerville Council, Gilberton



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

 eha.sa.gov.au  (08) 8132 3600

Public Clinics

During the period of review 659 clients received 1,499 vaccines at EHA's public immunisation clinics. This is a minor increase of 10 (1.54%) clients and 108 (7.76%) vaccines in comparison to the same period in 2022.

Our Public immunisation clinics continue to be busy, with Constituent Council locations being well received by our clients. Clinics remain booked out in advance throughout this period and attendance at walk-in clinics also remain steady.

EHA's on-line booking system continues to prove popular for client bookings, with online bookings accounting for approximately 75% of clients. There were 437 completed online bookings between October and December 2023.

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

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

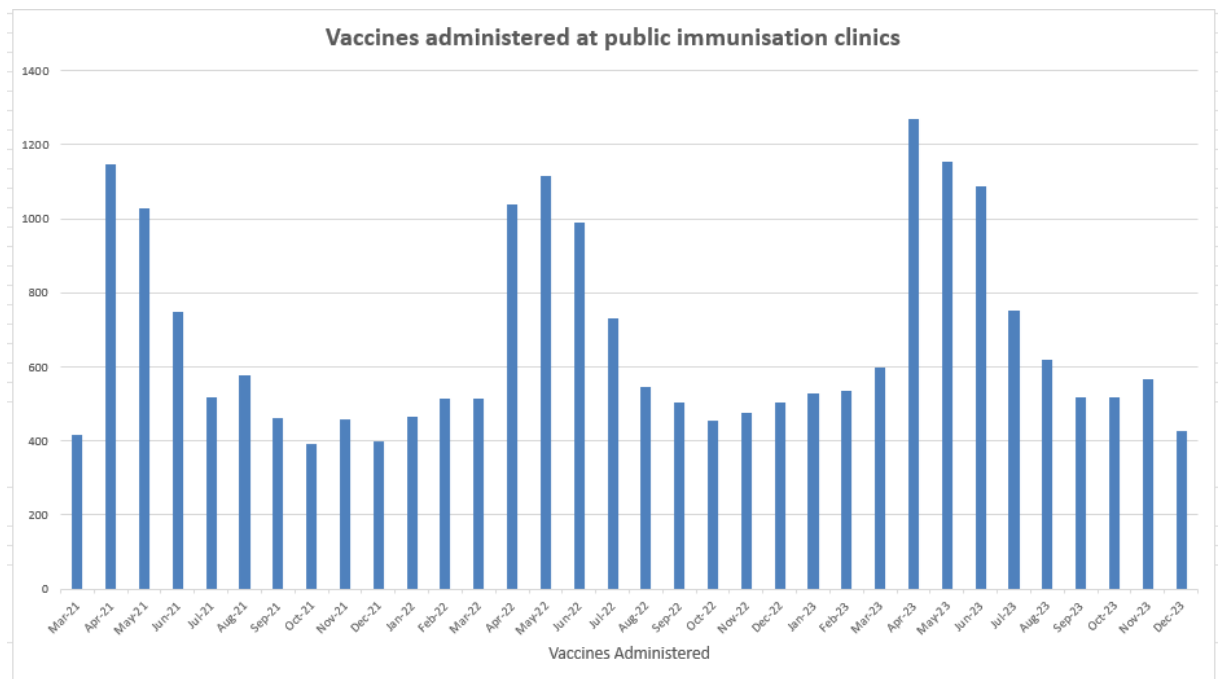


Table 3: Combined Clinic breakdown for July 2023 – December 2023

Burnside Clinic					
Burnside Council - 2nd and 4th Monday of each month					
Client council of origin	Oct - Dec 2023		YTD		
	Clients	Vaccines	Clients	Vaccines	
Burnside	47	90	120	245	
Campbelltown	15	40	32	82	
NPSP	17	34	32	74	
Prospect	2	5	4	10	
Walkerville	0	0	0	0	
Adelaide Hills	2	6	5	9	
Unley	1	2	31	91	
Other	1	4	6	16	
Clinic Total Number	85	181	230	527	

Campbelltown Clinic					
The ARC - 1st and 3rd Wednesday of each month					
Client council of origin	Oct - Dec 2023		YTD		
	Clients	Vaccines	Clients	Vaccines	
Burnside	11	23	21	40	
Campbelltown	42	83	97	203	
NPSP	9	20	27	54	
Prospect	1	1	3	3	
Walkerville	2	2	3	4	
Adelaide Hills	1	2	2	3	
Unley	3	8	3	8	
Other	2	9	5	13	
Clinic Total Number	71	148	161	328	

Norwood Payneham & St Peters Clinic					
Weekly at EHA offices					
Client council of origin	Oct - Dec 2023		YTD		
	Clients	Vaccines	Clients	Vaccines	
Burnside	74	160	184	425	
Campbelltown	93	211	282	665	
NPSP	126	302	327	744	
Prospect	9	24	56	124	
Walkerville	10	29	38	92	
Adelaide Hills	2	7	8	26	
Unley	18	44	52	122	
Other	14	24	54	114	
Clinic Total Number	346	801	1001	2312	

Prospect Clinic					
Prospect Clinic - held at Prospect Town Hall Payinithi					
Client council of origin	Oct - Dec 2023		YTD		
	Clients	Vaccines	Clients	Vaccines	
Burnside	3	6	7	12	
Campbelltown	1	2	3	8	
NPSP	0	0	2	5	
Prospect	15	38	30	65	
Walkerville	1	1	2	6	
Adelaide Hills	0	0	0	0	
Unley	1	1	1	1	
Other	3	11	8	19	
Clinic Total Number	24	59	53	116	

Walkerville Clinic					
Walkerville Council - 1st Friday of each month					
Client council of origin	Oct - Dec 2023		YTD		
	Clients	Vaccines	Clients	Vaccines	
Burnside	2	9	8	17	
Campbelltown	6	14	16	35	
NPSP	7	16	12	26	
Prospect	0	0	4	9	
Walkerville	2	6	7	16	
Adelaide Hills	0	0	2	3	
Unley	0	0	2	4	
Other	0	0	3	7	
Clinic Total Number	17	45	54	117	

Adelaide Hills Clinic					
Stirling and Woodside - 1st and 3rd Thursday of each month					
Client council of origin	Oct - Dec 2023		YTD		
	Clients	Vaccines	Clients	Vaccines	
Burnside	0	0	3	4	
Campbelltown	0	0	0	0	
NPSP	0	0	2	4	
Prospect	0	0	0	0	
Walkerville	0	0	0	0	
Adelaide Hills	15	41	50	100	
Unley	1	3	1	3	
Other	4	12	6	15	
Clinic Total Number	20	56	62	126	

Unley Clinic					
Civic Centre - 3rd Wed, 4th Fri and 1st Sat of each month					
Client council of origin	Oct - Dec 2023		YTD		
	Clients	Vaccines	Clients	Vaccines	
Burnside	19	42	37	71	
Campbelltown	6	14	17	39	
NPSP	5	10	14	36	
Prospect	2	2	5	9	
Walkerville	0	0	1	1	
Adelaide Hills	2	2	10	18	
Unley	40	84	99	216	
Other	22	55	51	118	
Clinic Total Number	96	209	234	508	

Grand Total of all Clinic Sites					
Client council of origin	Oct-Dec 23		YTD		
	Clients	Vaccines	Clients	Vaccines	
Burnside	156	330	380	814	
Campbelltown	163	364	447	1032	
NPSP	164	382	416	943	
Prospect	29	70	102	220	
Walkerville	15	38	51	119	
Adelaide Hills	22	58	77	159	
Unley	64	142	189	445	
Other	46	115	133	302	
Clinic Total Number	659	1499	1795	4034	

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 2024-2026' 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 2024-2026) of the Agenda for the Meeting of the Board on 21 February 2024 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', is positioned above the printed name and title.

MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

9.1 APPOINTMENT OF EXTERNAL AUDITOR FOR 2024-2026

Author: Michael Livori
Ref: AF16/58

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 9.1 - Appointment of External Auditor for 2024-2026.
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 2024-2026.
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 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.