



Board of Management

4 March 2026



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 4 March 2026

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 18 February 2026 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'.

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY 4 March 2026

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 19 November 2025 as printed and circulated be taken as read and confirmed.

6 Matters arising from the minutes

Agenda Continued

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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 19 November 2025 commencing at 6:32pm.

MEMBERS PRESENT:

Cr K Moorhouse, Cr C Granozio	Norwood, Payneham & St Peters
Cr M Daws	Burnside
M Hammond, Cr M Noble	Campbelltown
Cr K Barnett, Cr T Nguyen	Prospect
Cr J Nenke	Corporation of the Town of Walkerville

In attendance:

M Livori	Chief Executive Officer
A Fahey	Manager Administration and Compliance
N Conci	Manager Environmental Health
M Gibbs	Senior Environmental Health Officer

1 OPENING:

The meeting was declared open by the Cr K Moorhouse at 6:30pm.

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 P Cornish, Burnside
Cr J Allanson, Corporation of the Town of Walkerville

5 CONFIRMATION OF MINUTES:

Cr T Nguyen moved:

The minutes of the meeting of the Board held on 27 August 2025 be taken as read and confirmed.

Seconded by Cr K Barnett

CARRIED UNANIMOUSLY 1: 082025

6 MATTERS ARISING FROM THE MINUTES:

Nil

7 ADMINISTRATION REPORT

7.1 FINANCE REPORT

Cr M Daws moved:

That:

1. The Finance Report and First (September 2025) Budget Review for 2025/2026 report be received and presented to the Board of Management at its 19 November 2025 meeting.
2. The revised financial forecast for 2025/2026 is noted.

Seconded by Cr C Granzio

CARRIED UNANIMOUSLY 2: 082025

**7.2 BALANCE DATE AUDIT MANAGEMENT LETTER – FINANCIAL YEAR ENDED
30 JUNE 2025**

Cr C Granzio moved:

That:

1. Balance Date Audit Management Letter: Financial Year Ended 30 June 2025 report be received.
2. The inclusion of the Certification of Auditor's Independence and the Independent Auditor's Report into the final version of the General Purpose Financial Reports for the year ended 30 June 2025 is noted.

Seconded by M Hammond

CARRIED UNANIMOUSLY 3: 082025

7.3 EASTERN HEALTH AUTHORITY AUDIT COMMITTEE TERMS OF REFERENCE

Cr M Noble moved:

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 as amended marked attachment 2 to this report is endorsed.

Seconded by Cr T Nguyen

CARRIED UNANIMOUSLY 4: 082025

7.4 DEBT COLLECTION POLICY

Cr M Daws moved:

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 adopted.

Seconded by M Hammond

CARRIED UNANIMOUSLY 5: 082025

7.5 RISK MANAGEMENT – UPDATED CORPORATE RISK SUMMARY

Cr K Barnett moved:

That:

1. The Risk Management – Updated Corporate Risk Summary Report is received.
2. The updated Corporate Risk Summary marked as attachment 1 to this report is endorsed.

Seconded by Cr T Nguyen

CARRIED UNANIMOUSLY 6: 082025

7.6 EASTERN HEALTH AUTHORITY WINS SA HEALTH AWARD FOR EXCELLENCE IN COMMUNITY FOCUSED ENVIRONMENTAL HEALTH PRACTICE

Cr M Daws moved:

That:

The Eastern Health Authority wins the SA Health Award for Excellence in Community Focused Environmental Health Practice report is received and that staff be congratulated on the award and their commitment to community focussed environmental health practice.

Seconded by M Hammond

CARRIED UNANIMOUSLY 7: 082025

8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

Cr C Granozio moved:

That:

The Environmental Health Activity Report is received

Seconded by Cr M Daws

CARRIED UNANIMOUSLY 8: 082025

8.2 IMMUNISATION REPORT

Cr K Barnett moved:

That:

The Immunisation Services Report is received.

Seconded by Cr T Nguyen

CARRIED UNANIMOUSLY 9: 082025

9 CORRESPONDENCE

10 CLOSURE OF MEETING:

The Deputy Chairperson, Cr K Moorhouse, declared the meeting closed at 7.24pm.

The foregoing minutes were printed and circulated to EHA Members and member Councils on 21 November 2025.

Cr K Moorhouse

DEPUTY 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 19 February 2025 the following was resolved.

Cr K Moorhouse 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 P Cornish

CARRIED UNANIMOUSLY 2: 022025

Following this resolution, The CEO called for nominations for the position of Chair. Cr K Moorhouse 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 P Cornish nominated Cr K Moorhouse, who accepted the nomination. As no further nominations were received, the CEO announced that Cr K Moorhouse had been elected to the position of Deputy Chair.

RECOMMENDATION

That:

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

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

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

Process, Options and Implications

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

Last revised or updated:

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

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

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1. Introduction

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

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

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

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

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

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

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

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

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

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

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

By resolution of the council

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

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

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

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

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

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

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

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

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

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

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

3. Conflict of Interest Issues

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

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

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

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

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

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

4. Chairperson of Council Committees

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

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

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

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

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

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

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

5. Presiding Member of Board of Management of Council Subsidiaries

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

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

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

6. Presiding Member of Council Assessment Panel

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

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

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

Presiding Member and Acting Presiding Member

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

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

Appendix 1

Model Agenda - First Council Meeting Following an Election

Notice of Meeting

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

.....

Chief Executive Officer

.....

Date

Agenda

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

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

Appendix 2

Model - Chief Executive Officer's Report

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

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

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

1. Term of Office of Chairperson

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

2. Choosing a Chairperson

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

If council chooses to appoint:

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

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

Choosing a Chairperson by resolution

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

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

Choosing a Chairperson by an indicative vote followed by a resolution

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

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

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

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

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

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

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

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

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

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

Method of voting in the event of an election

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

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

Example 1 - First past the post

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

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

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

Candidate 1	5
Candidate 2	4
Candidate 3	2

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

Candidate 1	5
Candidate 2	6

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

Note:

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

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

Appendix 3

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

A. Choosing a Chairperson by motion and resolution

Key elements of a resolution

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

Model Resolution

That:

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

Subsequent resolution:

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

B. Choosing a Chairperson by indicative vote and resolution

Key elements of a resolution

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

Model Resolution

That:

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

Subsequent resolution:

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

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

Key elements of a resolution

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

Model Resolution

That:

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

Appendix 4

Qualities to consider when choosing a Chairperson

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

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

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

Factors could include a person's:

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

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

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7.2 FINANCE REPORT AND SECOND (DECEMBER 2025) BUDGET REVIEW FOR 2025/2026

Author: Michael Livori

Ref: AF25/100

Summary

To ensure that Eastern Health Authority (EHA) operates in accordance with its adopted budget, ongoing monitoring of financial performance is conducted, and statutory budget reviews are considered regularly.

Regulation 9 of the Local Government (Financial Management) Regulations 2011 requires a Regional Subsidiary to reconsider its budget a minimum of three times per year.

The Second Quarter (Q2) Budget Review relates to the period between 1 July 2025 and 31 December 2025.

Report

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

Eastern Health Authority - Financial Statement (Level 1)				
1 July 2025 - 31 December 2025				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Expenditure	\$1,268,737	\$1,459,033	(\$190,296)	-13%
Total Operating Income	\$1,339,624	\$1,382,250	(\$42,625)	-3%
Operating Result	\$70,888	(\$76,784)	\$147,671	-192%

For the reporting period, income was \$42,625 (3%) below budget, while expenditure was \$190,296 (13%) under budget, resulting in a positive variance of \$147,671 compared to the year-to-date budget. Attachment 1 contains additional information, including year to date performance for individual budget lines.

Variations to the YTD budget exceeding \$5,000 are listed in the following table along with corresponding explanatory comments. The table also includes a number of requested budget variations which are detailed below.

Upgrade of Electronic Records Management System.

EHA is currently running an unsupported version of Content Manager, our current Electronic Records Management System. The system was developed by Micro Focus, and support for this version ended on 31 March 2024.

FYB is an IT services and consulting company that specialises in helping organisations manage their information, records and compliance. While FYB continues to provide day-to-day operational support for EHA, if a significant issue occurs that requires escalation to the software vendor, that option is no longer available. This increases risk for EHA, particularly in relation to security vulnerabilities, system stability, and our ability to recover

quickly from a major incident. As the system continues to age, these risks will only increase.

It is recommended that the Content Manager system be upgraded to a supported version. Doing so will reduce security and operational risk, restore access to vendor support, and ensure the system remains compatible with modern technology. Upgrading now will also help avoid higher costs, greater disruption, and increased risk associated with delaying the upgrade further. The costs associated with the upgrade are estimated to be \$40K.

Office Maintenance

The EHA offices are showing normal wear and tear and are due for a refresh. No major works have been completed since the offices opened in 2012, and some minor maintenance will ensure that the space reflects the standard we want for our people and the professional image we present externally. Addressing these issues now will help avoid larger costs and greater disruption in the future.

Works to be undertaken

- Painting and minor wall repairs: All walls within the EHA offices will be painted and minor wall repairs will be undertaken throughout the office facility. While some areas require more attention than others, a full repaint is recommended to ensure a consistent and refreshed finish throughout.
- Kitchen flooring replacement: The kitchen floor has deteriorated due to heavy foot traffic, with large areas showing divots. The floor cannot be repolished or resealed and requires full replacement.
- Polishing and sealing of the Nurses Work Room. Whilst the flooring has deteriorated within this area, the foot traffic is significantly less and therefore the floor can be repaired to a good standard that would be acceptable.
- Ceiling panelling. There are a number of panels have been stained by historic roof leaks. Only the affected panels will be replaced.
- Work benches
 - Kitchen: The island benchtop requires new laminate to address surface chipping.
 - Nurses Work Room: The workbench requires new laminate, and a new sink will be installed.
- Cabinets – Office area: Built in cabinets require attention to their laminate edges and surfaces address wear issues.
- Office Chairs / Desk Requirements: Ergonomic workstation assessments completed in 2025 identified that many existing chairs are well past their recommended replacement timeframe. Most office chairs should be replaced every 7–10 years; many currently in use have worn padding, faulty bases, wheels, or height adjustment mechanisms.

Key Benefits

- A clean, refreshed workspace improves morale, focus, and pride in the workplace, contributing positively to staff wellbeing and retention.

- The works will address worn surfaces and minor issues before they become safety or maintenance risks.
- The office is often the first impression for clients, partners, and potential employees. A well-maintained space reinforces professionalism and trust.
- Regular maintenance such as painting and minor upgrades extends the life of the office and helps avoid more costly repairs in the future.

The total estimated costs for the office maintenance and furniture replacement is estimated to be \$40K. They can be staged to minimise disruption and are expected to deliver long-term value through improved staff experience and reduced maintenance risk.

Replacement of Computer Tablets

EHA field officers use Computer Tablets (Microsoft Surface Pros) during field inspections to digitise workflows and improve operational efficiency. The current Tablets (eight) are out of warranty in June 2025.

Comunet has advised that continuing to use these devices beyond the warranty period could expose EHA to increased operational and financial risks. If a device were to fail whether due to battery issues, screen damage, or storage problems, the repair costs would be fully borne by EHA as opposed to potential warranty works. Beyond the financial impact, downtime caused by device failure would reduce productivity, as EHOs would be without the necessary tools to carry out their work efficiently.

Out-of-warranty devices also raise security and compatibility concerns. They may no longer receive critical firmware updates or fully support current operating systems and applications, leaving EHA vulnerable to security risks and operational inefficiencies.

Refreshing our Surface Pro fleet proactively would:

- Ensure reliable, uninterrupted performance for EHOs in the field
- Strengthen our security posture by keeping devices up to date
- Align with predictable IT lifecycle management and budgeting practices

By replacing these devices in June 2026, we can avoid unexpected costs, reduce employee downtime, and maintain business continuity.

It is recommended that allowance be made for the replacement of these tablets in the current budget. The estimated cost for the 8 tablets is \$25K.

A revised 2025/2026 budget incorporating these requests is provided as attachment 2. All of the requested variations can be accommodated by reallocating funds from within the existing budget and without any change to the estimated year end budget result.

Summary Table of Funding Statement Operating Variations				
Favourable variances are shown in green and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	Variation	Comment
Operating Income				
Food Inspection fees	\$70,000	\$61,728	(\$8,272)	Reduction in inspections due to availability of staff
Fines & Expiation Fees	\$20,000	\$1,800	(\$18,200)	Less than budgeted expiations issued this period. No budget variation requested.
Food Auditing	\$60,000	\$38,827	(\$21,172)	Timing of audits due to availability of auditors. No budget variation requested.
Interest on Investments	\$22,500	\$28,359	\$5,859	Increase in investment income received.
Total of Income Variations Requested				nil
Operating Expenditure				
Employee Costs	\$1,063,000	\$917,191	(\$145,809)	Time in filling vacant positions. (\$85K) variation requested.
Financial Support Services	\$20,000	\$8,900	(\$11,100)	Financial Support expenses less than budgeted YTD
Maintenance	\$19,500	\$20,285	\$785	Office maintenance and furniture replacement as per report. \$40K variation requested.
Legal	\$10,000	\$4,845	(\$5,155)	Legal expenses less than budgeted YTD
IT Support	\$32,000	\$32,490	\$490	Costs associated with upgrade of Records Management System and configuring tablets. \$45K variation requested.
Total of Operating Expenditure Variations Requested				\$0K
Net Result of Operating Variations Requested				\$0K
Capital Expenditure Variation – Purchase of Tablets				\$25K

Cash Management

EHA does not currently have borrowing facilities to access cash. Cash and cash equivalents are the sole means for managing finances. The EHA Audit Committee and Board of Management have previously agreed that a minimum of two months' operating expenditure should be maintained as the target minimum available cash on hand to ensure adequate liquidity.

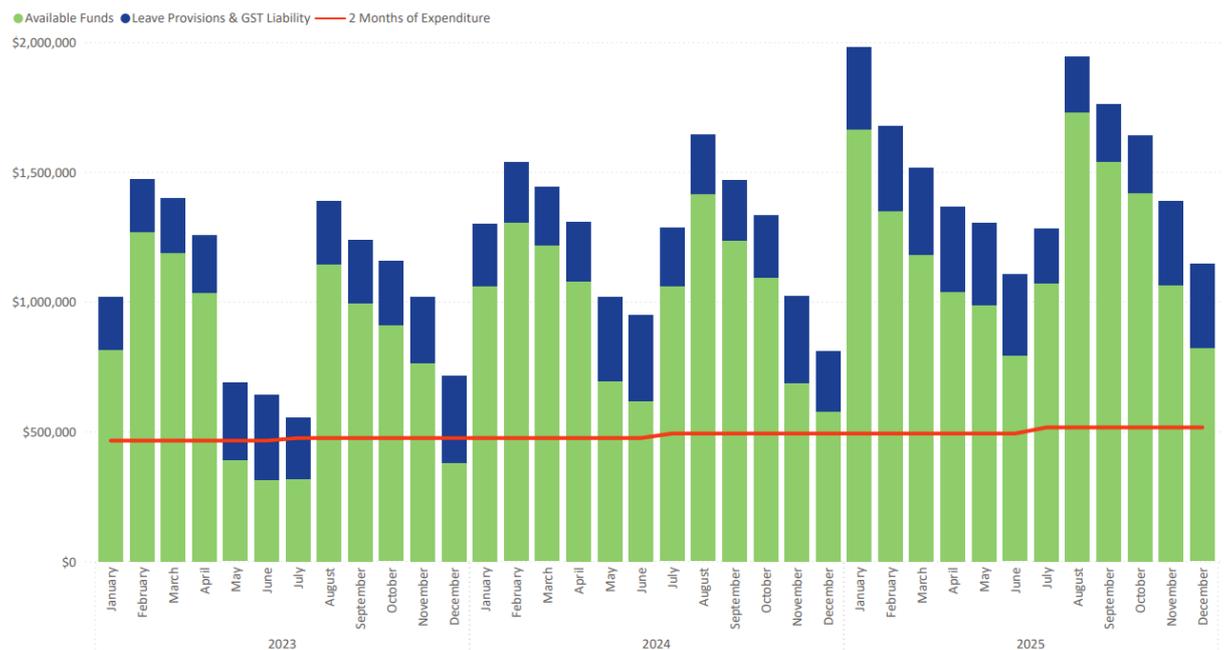
The projected annual operating expenditure for EHA in 2026 is \$3,093,400, requiring working capital of \$257,783 per month to cover salaries and other operating costs. The target minimum cash level is currently \$515,566.

Graph 1 – Total Cash Analysis

The “*Total Cash Analysis*” graph shows the total level of cash on hand including leave provisions and GST liability. As the GST and leave liabilities are committed funds they are not included in the definition of *available cash*.

Available cash is defined as *Total cash* less GST and leave liabilities for the purposes of the target minimum cash levels.

Graph 1 - Total Cash Analysis (including provisions and GST Liability) January 2023 to December 2025



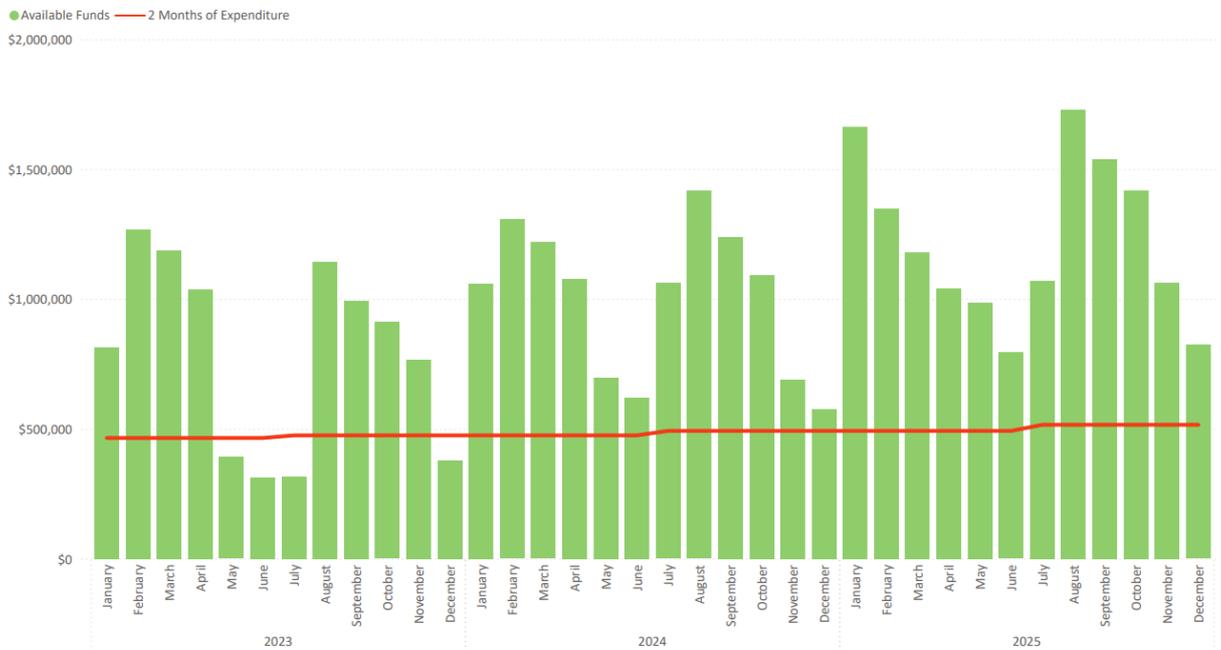
Graph 2 – “*Available Cash Analysis*” provides details regarding *available cash* over the previous three-year period. It indicates that *available cash* was \$823,447 on 31 December 2025 compared with \$1,539,367 on 30 September 2025.

The graph also demonstrates that:

- Cash flows display cyclical patterns influenced by the timing of six-monthly council contributions.
- July and December are typically when cash levels are at their lowest, prior to receipt of payments from Constituent Councils.

- Cash levels increase in August and January/February following the six-monthly payments from Constituent Councils.
- January and July each year are key months for monitoring cash levels.
- In seven months during this period, available funds were below the target threshold.
- As a result of surplus outcomes in 2024 and 2025, the target levels have been maintained since January 2024.

Graph 2 - Available Cash Analysis January 2023 to December 2025



Due to the nature of EHA’s cash flows, there will be times when EHA carries significant levels of cash. In the past Councils who may not have a complete understanding of the nature of EHA cash flows have reasonably queried the reason EHA carries these high levels of cash at certain times of the year.

If the level of *available cash* significantly exceeds the threshold set by the Audit Committee at the most critical times of the year for an ongoing period, considerations will be made in relation to providing Constituent Councils with a cash distribution. The last cash distribution made to Constituent Councils was for \$200,000 (collectively) in 2016. Constituent Councils received a proportion of the cash distribution based on their equity share in EHA.

RECOMMENDATION

That:

1. The Finance Report and Second (December 2025) Budget Review for 2025/2026 report be received.
2. The revised financial forecast for 2025/2026 is noted.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2025 to 31 December 2025				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$314,406	\$314,406	\$0	0%
City of Campbelltown	\$288,761	\$288,761	\$0	0%
City of NPS	\$333,850	\$333,850	\$0	0%
City of Prospect	\$121,514	\$121,514	\$0	0%
Town of Walkerville	\$41,969	\$41,969	\$0	0%
Total Constituent Council Contributions	\$1,100,500	\$1,100,500	\$0	0%
Statutory Charges				
Food Inspection fees	\$61,728	\$70,000	(\$8,272)	-12%
Legionella registration and Inspection	\$2,053	\$4,750	(\$2,697)	-57%
SRF Licenses	\$0	\$0	\$0	0%
Fines & Expiation Fees	\$1,800	\$20,000	(\$18,200)	-91%
Total Statutory Charges	\$65,581	\$94,750	(\$29,169)	-31%
User Charges				
Immunisation: Service Provision	\$40,000	\$40,000	\$0	0%
Immunisation: Clinic Vaccines	\$49,812	\$45,000	\$4,812	11%
Immunisation: Worksites Vaccines	\$0	\$0	\$0	0%
Food Auditing	\$38,827	\$60,000	(\$21,172)	-35%
Food Safety Training	\$0	\$0	\$0	0%
Total User Charges	\$128,639	\$145,000	(\$16,360)	-11%
Grants, Subsidies, Contributions				
Immunisation School Program	\$0	\$0	\$0	0%
Immunisation:ACIR	\$16,320	\$16,000	\$320	2%
Total Grants, Subsidies, Contributions	\$16,320	\$16,000	\$320	2%
Investment Income				
Interest on investments	\$28,359	\$22,500	\$5,859	26%
Total Investment Income	\$28,359	\$22,500	\$5,859	26%
Other Income				
Motor Vehicle re-imbursments	\$0	\$0	\$0	0%
Sundry Income	\$225	\$3,500	(\$3,275)	-94%
Total Other Income	\$225	\$3,500	(\$3,275)	-94%
Total Income	\$1,339,624	\$1,382,250	(\$42,625)	-3%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2025 to 31 December 2025				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$793,095	\$920,000	(\$126,905)	-14%
Superannuation	\$94,950	\$109,000	(\$14,050)	-13%
Workers Compensation	\$10,980	\$10,500	\$480	5%
Employee Leave - LSL Accruals	\$16,665	\$22,000	(\$5,335)	-24%
Medical Officer Retainer	\$1,500	\$1,500	\$0	0%
Total Employee Costs	\$917,191	\$1,063,000	(\$145,809)	-14%
Prescribed Expenses				
Auditing and Accounting	\$15,495	\$17,000	(\$1,505)	-9%
Financial Support Services	\$8,900	\$20,000	(\$11,100)	-56%
Insurance	\$34,201	\$39,000	(\$4,799)	-12%
Maintenance	\$20,285	\$19,500	\$785	4%
Vehicle Leasing/maintenance	\$34,145	\$37,500	(\$3,355)	-9%
Total Prescribed Expenses	\$113,025	\$133,000	(\$19,975)	-15%
Rent and Plant Leasing				
Electricity	\$5,501	\$8,000	(\$2,499)	-31%
Plant Leasing Photocopier	\$1,341	\$1,200	\$141	12%
Rent	\$62,323	\$62,000	\$323	1%
Water	\$0	\$150	(\$150)	-100%
Gas	\$0	\$1,350	(\$1,350)	-100%
Total Rent and Plant Leasing	\$69,164	\$72,700	(\$3,536)	-5%
IT Licensing and Support				
IT Licences	\$27,758	\$32,000	(\$4,242)	-13%
IT Support	\$32,491	\$32,000	\$491	2%
Internet	\$3,711	\$3,000	\$711	24%
IT Other	\$204	\$1,000	(\$796)	-80%
Total IT Licensing and Support	\$64,163	\$68,000	(\$3,837)	-6%
Administration				
Administration Sundry	\$8,229	\$5,000	\$3,229	65%
Accreditation Fees	\$357	\$1,333	(\$976)	-73%
Governance Expenses	\$6,808	\$6,000	\$808	13%
Bank Charges	\$740	\$2,000	(\$1,260)	-63%
Public Health Sundry	\$756	\$2,500	(\$1,744)	-70%
Fringe Benefits Tax	\$11,220	\$8,000	\$3,220	40%
Health Promotion	\$4,635	\$4,500	\$135	3%
Legal	\$4,845	\$10,000	(\$5,155)	-52%
Printing & Stationery & Postage	\$10,240	\$12,000	(\$1,760)	-15%
Telephone	\$7,298	\$8,500	(\$1,202)	-14%
Occupational Health & Safety	\$7,309	\$10,000	(\$2,691)	-27%
Staff Amenities	\$753	\$2,500	(\$1,747)	-70%
Staff Training	\$5,220	\$7,500	(\$2,280)	-30%
Human Resource Sundry	\$5,324	\$8,000	(\$2,676)	-33%
Total Administration	\$73,734	\$87,833	(\$14,099)	-16%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2025 to 31 December 2025				
Immunisation				
Immunisation SBP Consumables	\$3,133	\$6,000	(\$2,867)	-48%
Immunisation Clinic Vaccines	\$27,396	\$27,500	(\$104)	0%
Total Immunisation	\$30,529	\$33,500	(\$2,971)	-9%
Income Protection	\$0	\$0	\$0	0%
Total Uniforms/Income protection	\$0	\$0	\$0	0%
Sampling				
Legionella Testing	\$930	\$1,000	(\$70)	-7%
Total Sampling	\$930	\$1,000	(\$70)	-7%
Total Materials, contracts and other expenses	\$1,268,737	\$1,459,033	(\$190,296)	-13%
Total Operating Expenditure	\$1,268,737	\$1,459,033	(\$190,296)	-13%
Total Operating Income	\$1,339,624	\$1,382,250	(\$42,625)	-3%
Operating Result	\$70,888	(\$76,784)	\$147,671	-192%

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME					
FOR THE YEAR ENDING 30 June 2026					
AUDITED RESULT 2024/2025		ADOPTED BUDGET 2025/2026	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2025/2026
	<u>INCOME</u>				
2,094,100	Council Contributions	2,201,000		-	2,201,000
164,917	Statutory Charges	191,400	-	-	191,400
338,543	User Charges	390,000	-	-	390,000
248,910	Grants, subsidies and contributions	259,000	-	-	259,000
52,777	Investment Income	45,000	-	-	45,000
20,971	Other Income	7,000	-	-	7,000
2,920,218	TOTAL INCOME	3,093,400	-	-	3,093,400
	<u>EXPENSES</u>				
1,823,552	Employee Costs	2,196,000	-	(85,000)	2,111,000
649,271	Materials, contracts and other expenses	849,400	-	85,000	934,400
64,887	Finance Charges	-	-	-	-
183,012	Depreciation	48,000	-	-	48,000
2,720,722	TOTAL EXPENSES	3,093,400	-	-	3,093,400
199,496	Operating Surplus/(Deficit)	-	-	-	-
(7,604)	Net gain (loss) on disposal of assets	-	-	-	-
191,892	Net Surplus/(Deficit)	-	-	-	-
191,892	Total Comprehensive Income	-	-	-	-

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS					
FOR THE YEAR ENDING 30 June 2026					
AUDITED RESULT 2024/2025		ADOPTED BUDGET 2025/2026	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2023/2024
	CASHFLOWS FROM OPERATING ACTIVITIES				
	Receipts				
	Council Contributions	2,201,000	-	-	2,201,000
2,282,569	Fees & other charges	191,400	-	-	191,400
164,917	User Charges	390,000	-	-	390,000
384,115	Investment Receipts	45,000	-	-	45,000
52,357	Grants utilised for operating purposes	259,000	-	-	259,000
248,910	Other	7,000	-	-	7,000
521	Payments				
	Employee costs	(2,196,000)		85,000	(2,111,000)
(1,923,959)	Materials, contracts & other expenses	(849,400)		(85,000)	(934,400)
(844,973)	Finance Payments	-	-	-	-
296,984	Net Cash Provided/(Used) by Operating Activities	48,000	-	-	48,000
	CASH FLOWS FROM FINANCING ACTIVITIES				
	Loans Received	-	-	-	-
	Repayment of Borrowings	-	-	-	-
(113,513)	Repayment of Finance Lease Liabilities	-	-	-	-
(113,513)	Net Cash Provided/(Used) by Financing Activities	-	-	-	-
	CASH FLOWS FROM INVESTING ACTIVITIES				
	Receipts				
	Sale of Replaced Assets	-	-	-	-
	Payments				
(24,609)	Expenditure on renewal / replacements of assets	-	-	(25,000)	(25,000)
	Expenditure on new / upgraded assets	-	-	-	-
	Distributions paid to constituent Councils	-	-	-	-
(24,609)	Net Cash Provided/(Used) by Investing Activities	-	-	(25,000)	(25,000)
158,862	NET INCREASE (DECREASE) IN CASH HELD	48,000	-	(25,000)	23,000
954,882	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	1,002,882	110,863	-	1,113,745
1,113,744	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	1,050,882	110,863	(25,000)	1,111,745

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION					
FOR THE YEAR ENDING 30 June 2026					
AUDITED RESULT 2024/2025		ADOPTED BUDGET 2025/2026	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2023/2024
	CURRENT ASSETS				
1,113,744	Cash and Cash Equivalents	1,050,882	110,863	(25,000)	1,136,745
146,035	Trade & Other Receivables	187,908	(41,873)	-	146,035
1,259,779	TOTAL CURRENT ASSETS	1,238,790	68,990	(25,000)	1,282,780
	NON-CURRENT ASSETS				
1,244,915	Infrastructure, property, plant and equipment	903,746	293,169	25,000	1,221,915
1,244,915	TOTAL NON-CURRENT ASSETS	903,746	293,169	25,000	1,221,915
2,504,694	TOTAL ASSETS	2,142,536	362,159	-	2,504,695
	CURRENT LIABILITIES				
80,132	Trade & Other Payables	198,870	(118,738)	-	80,132
285,472	Provisions	289,788	(4,316)	-	285,472
126,237	Borrowings	139,565	(13,328)	-	126,237
491,841	TOTAL CURRENT LIABILITIES	628,223	(136,382)	-	491,841
	NON-CURRENT LIABILITIES				
28,687	Provisions	33,030	(4,343)	-	28,687
1,093,202	Borrowings	782,210	310,992	-	1,093,202
1,121,889	TOTAL NON-CURRENT LIABILITIES	815,240	306,649	-	1,121,889
1,613,730	TOTAL LIABILITIES	1,443,463	170,267	-	1,613,730
767,938	NET CURRENT ASSETS/(CURRENT LIABILITIES)	610,567	205,372	(25,000)	790,939
890,964	NET ASSETS	699,073	191,892	-	890,965
	EQUITY				
890,964	Accumulated Surplus/(Deficit)	699,073	191,892	-	890,965
890,964	TOTAL EQUITY	699,073	191,892	-	890,965

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY					
FOR THE YEAR ENDING 30 June 2026					
AUDITED RESULT 2024/2025		ADOPTED BUDGET 2025/2026	SEPTEMBER REVIEW	DECEMBER REVIEW	REVISED BUDGET 2023/2024
	<u>ACCUMULATED SURPLUS</u>				
699,073	Balance at beginning of period	699,073	191,892		890,965
191,892	Net Surplus/(Deficit)	-	-	-	-
890,965	BALANCE AT END OF PERIOD	699,073	191,892	-	890,965
	<u>TOTAL EQUITY</u>				
699,073	Balance at beginning of period	699,073	191,892	-	890,965
191,892	Net Surplus/(Deficit)	-	-	-	-
890,965	BALANCE AT END OF PERIOD	699,073	191,892	-	890,965

7.3 DEVELOPMENT OF ANNUAL BUSINESS PLAN FOR 2026/2027

Author: Michael Livori
Ref: AF25/72

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 2026/2027.

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 2026/2027 Annual Business Plan

To comply with the requirements of the Charter the following process will take place in relation to the development of the 2026/2027 Annual Business Plan.

December 2025

- Board Members and Constituent Council administrative contacts were requested via email to provide initial comments and suggestions in relation to the development of the 2026/2027 Annual Business Plan.

March 2026

- Annual Business Plan and Budget workshop to be held on **4 March 2026** 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 2026**.

June 2026

- Budget to be considered for adoption at the Board of Management to be held on **24 June 2026**
- 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 2025/2027 report is received.
2. The process for the Development of the Annual Business Plan for 2026/2027 is noted.

7.4 RECORDS MANAGEMENT POLICY

Author: Michael Livori
Ref: AF17/97

Summary

The Eastern Health Authority (EHA) Records Management Policy was reviewed and adopted by the Board of Management on 26 February 2020. A revised policy is now submitted to the Board for adoption.

Report

The review resulted in administrative and clarity improvements only, with no substantive change to governance intent or operational requirements.

Key updates include:

- Correction of formatting, numbering and typographical errors
- Removal of duplicated and outdated content
- Clarification of roles and responsibilities (CEO, Manager – Administration & Compliance, Records Administrators, Staff and Board Members)
- Strengthened wording regarding:
 - Electronic records capture and integrity
 - EDRMS requirements
 - Confidential record handling
 - Records security controls
- Updated reference to AS ISO 15489-1:2016 Records Management Standard
- Improved clarity around authorised disposal processes and General Disposal Schedules (GDS 40 and 21)
- Modernised structure to align with current governance policy format

No material policy shifts or new compliance obligations have been introduced.

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

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

RECOMMENDATION

That:

1. The report regarding the Records Management Policy as amended is received.
2. The Records Management Policy as amended marked attachment 2 to the Records Management Policy report is adopted.



Records Management Policy

Policy Reference	GOV13
Date of initial Board Adoption	26 February 2020
Minutes Reference	8: 26022020
Date of Audit Committee Endorsement (if applicable)	NA
Date last reviewed by Eastern Health Authority Board of Management	18 February 2026
Applicable Legislation	State Record Act 1997 Local Government Act 1999 Freedom of Information Act 1991 Australian Records Management Standard AS ISO 14589-1:20162002

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1. Purpose

The ~~Records Management purpose of this~~ Policy is ~~a guide~~ to establish a ~~framework for the implementation and maintenance of an appropriate records management system.~~ Eastern Health Authority (EHA) operates in an accountable and community orientated environment and is committed to maintaining a records management system that meets its business needs as well as its legal and accountability requirements. ~~guideline for ongoing best practice in Records Management in accordance with the State Records Act 1997 SA ('the Act').~~

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2. ~~Scope~~Introduction

~~This policy applies to all EHA business, including electronic business. It concerns records which are created, collected, processed, used, sentenced, stored and disposed of in the conduct of official business. It applies to all EHA staff and EHA Board Members~~

~~The Act governs the obligations and responsibilities of EHA in relation to the management of official records. Under this Act, EHA has an obligation to maintain official records in its custody in good order and condition. This includes obligations applies not only to their relation to the creation, capture, storage, maintenance and disposal of physical and electronic records, but also to records in electronic format.~~

~~The establishment of an effective and efficient record keeping environment ensures ongoing readability, standardisation, protection and retrieval and disposal of information as per State Records requirements. of information improving levels of quality customer service.~~

~~This Policy applies to all EHA Staff and Board Members and specifies how they will deal with the official records that they receive and generate as a consequence of their activities.~~

3. PrinciplesScope

~~This Policy is made in accordance with Council’s obligations and statutory requirements under the State Records Act 1997 (SA), and in accordance with Section 99(1)(h) of the Local Government Act 1999 (SA).~~

An official record is defined in section 3 of the Act to mean a record made or received by EHA in the conduct of its business. This means that, because EHA Staff and Board Members variously act as representatives of EHA, any record created, sent, received, forwarded or transmitted by EHA Staff or Board Members in the performance and discharge of their functions and duties may be classified as an official record. However, records that are merely transitory, temporary, personal or private in nature will fall outside the definition of “official records”.

~~In addition to its record management obligations under the Act, EHA is obliged to keep adequate records in order to fulfill its responsibilities under other Acts such as the Freedom of Information Act 1991, as well as fulfilling legal processes, such as discovery and subpoenas. Records may also be required by Royal Commissions, the Ombudsman, the Courts, auditors and other people or bodies.~~

~~The establishment of an effective and efficient record keeping environment ensures standardisation, protection and retrieval of information improving levels of quality customer service.~~

4. Principles

Good records management is of key importance to good governance. Records are vital ingredients in the support of EHA’s ongoing business activities. EHA is committed to managing its records of continuing value and their timely transfer to the State Records Office in accordance with the Act, and best practice standards.

~~In addition to its record management obligations under the Act, EHA is obliged to keep adequate records in order to fulfill its responsibilities under other Acts such as the Freedom of Information Act 1991, as well as fulfilling legal processes, such as discovery and subpoenas. Records may also be required by Royal Commissions, the Ombudsman, the Courts, auditors and other people or bodies.~~

This Policy provides the procedural framework for EHA to effectively fulfill its records management obligations and to meet its business needs and the statutory requirements, upon it.

4.5. Definition

Definitions for the purpose of this policy are:

Continuing Value records of continuing value are those that contain information that is of administrative, legal, fiscal, evidential or historical value to EHA.

Dispose of to dispose of an official record means to:

- destroy or abandon the record;
- carry out an act or process as a result of which it is no longer possible or reasonably practicable to reproduce the whole or a part of the information contained in the record; or
- transfer or deliver ownership or possession of or sell the record, or purport to do so

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EHA Business includes (but is not limited to) the provision of services, delivery of programs, development of policies, making of decisions, performance of EHA functions and other similar types of transactions.

EHA staff includes persons employed by EHA, volunteers, trainees, work experience placements, independent consultants and contractors and other authorised personnel offered access to EHA's resources.

EHA Board Member includes persons nominated by Constituent Councils to the EHA Board of Management.

Electronic Record Includes email, scanned documents, and other digital content that must maintain context, content, and structure in EHA's EDRMS.

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Email Is a service that enables people to exchange documents or messages in electronic form. It is a system in which people can send and receive messages through their computers. Each person has a designated mailbox that stores messages sent by other users. You may retrieve, read and forward or re-transmit messages from your mailbox.

Electronic Document Records Management System: EDRMS

An automated system used to manage the creation, use, management and disposal of physical and electronically created documents and records for the purpose of:

- Supporting the creation, revision and management of digital documents
- Improving an organisations workflow
- Providing evidence of business activities

Normal Administrative Practice (NAP)

Normal Administrative Practice provides for the routine destruction of drafts, duplicates and publications, with the test that it is obvious that no information of more than transitory or temporary value to EHA will be destroyed. Material that can be disposed of under Normal Administrative Practice comprises items of a temporary or transitory nature created, acquired or collected by EHA staff or EHA Board Members in the course of their official duties. Such material has no ongoing value and is not usually incorporated into EHA's record management system.

Official Record

A record made or received by EHA in the conduct of its business, but does not include:

- a record made or received by an agency for delivery or transmission to another person or body (other than an agency) and so delivered or transmitted; or
- a record made by an agency as a draft only and not for further use or reference; or

- a record received into or made for the collection of a library, museum or art gallery and not otherwise associated with the business of the agency; or
- a Commonwealth record as defined by the *Archives Act 1983* of the Commonwealth or an Act of the Commonwealth enacted in substitution for that Act; or
- a record that has been transferred to the Commonwealth.

Record

A record as defined by the *State Records Act, 1997* means:

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- written, graphic or pictorial matter
- a disk, tape, film or other object that contains information or from which information may be reproduced (with or without the aid of another object or device).

Subsidiary

an entity established by Constituent Councils to carry out functions on behalf of the Councils and subject to their oversight.

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Temporary/Transitory Record a record is transitory or temporary in nature if it is of little or no continuing value to EHA and only needs to be kept for a limited or short period of time, such as a few hours or a few days.

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Vital Records

records which EHA could not operate without in the event of a disaster.

5. Legislative Requirements

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5.1 The Policy is to be read and implemented in conjunction with relevant legislation, standards, policies and strategies, including: *State Records Act 1997*

5.1.1 The State Records Act 1997 governs the obligations and responsibilities of ~~Council~~EHA in relation to the management of official records. Under the Act ~~Council~~EHA has an obligation to ensure that all official records in its custody are maintained in good order and condition.

5.2 *Local Government Act 1999*

5.2.1 The Local Government Act 1999 assigns the overall responsibility and accountability for the proper management of official records to the Chief Executive Officer of the agency. All defined local government agencies under this Act have a statutory responsibility to enforce the State Records Act 1997.

5.3 *Freedom of Information Act 1991*

5.3.1 The *Freedom of Information Act 1991* defines the rights of the public to obtain access to information held by ~~Council~~EHA, and to ensure that records held by ~~Council~~EHA concerning the personal affairs of members of the public are not incomplete, incorrect, out-of-date or misleading, and identifies a Responsible Officer for FOI requests.

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5.4 *Australian Records Management Standard AS ISO 15489-20021:2016*

5.4.1 The Australian Records Management Standard AS ISO 15489-1:2016~~2002~~ provides best practice guidance on managing records.

5.4.2 Records must be managed to ensure integrity, authenticity, reliability, and usability, including proper metadata, version control, and audit trails.

6.6. Objectives

EHA uses a compliant EDRMS to store, distribute and archive corporate records. The objectives of this records management system are to ensure:

- that the management of EHA’s information resources and records management system provide timely and comprehensive information to meet operational business needs, accountability requirements and community expectations; ~~and;~~
- the preservation of EHA’s “corporate memory” through sound record keeping practices and the accurate capture of information to meet legal, evidential and accountability requirements.

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6.7. Obligations of Record Users

EHA staff and Board Members

- ~~must not intentionally damage, alter, dispose of or remove official records of EHA without authorisation to do so.~~
- ~~EHA staff and Board Members are required to~~ must handle EHA records with care and respect in a sensible manner to avoid damaging records and with a view to prolonging their life span.
- ~~EHA staff and Board Members~~ must not eat or drink near EHA records or in records storage areas.
- ~~EHA Staff and Board Members~~ must ensure that EHA records in any format, ~~including electronic documents and electronic messages,~~ which they personally receive or send are to be captured into EHA’s EDRMS or any other appropriate record keeping systems. Records must be readily accessible to meet business and accountability requirements. Staff members are required to follow authorised procedures in carrying out records management functions and must report any loss, corruption or unauthorised access of records to the CEO immediately.

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Electronic records are to be captured and maintained as functioning records by preserving their structure, context and content. In order to maintain their value as evidence, electronic records must be inviolate. That is, they cannot be altered or manipulated for as long as they are retained.

Personal record keeping systems for the capture of official records are prohibited. Records must be readily accessible to meet business and accountability requirements.

EHA staff or Board Members who do not comply with this Policy may be subject to disciplinary action under the relevant Code of Conduct Policy, and/or subject to criminal or civil proceedings. EHA staff and Board Members should report breaches of this Policy to the Chief Executive Officer of EHA.

7.8. Confidential Records

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If an EHA staff member or Board Member believes that a record is of a highly sensitive or confidential nature, he or she should advise the Chief Executive Officer of that view. It will be at the discretion of the Chief Executive Officer as to whether such information will then be treated as confidential and access to those records restricted. Confidential records must be marked, access restricted, and handled according to authorised procedures, including electronic security protocols.

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8.9. Records Security

The security of all EHA records is crucial, as records provide evidence of business transactions, support management decisions and ensure public accountability requirements are met.

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Records in all formats should be stored securely to prevent unauthorised access, destruction, alteration or removal. Digital and cloud records must be stored with appropriate encryption, access control, and audit logging.

EHA staff are responsible for the safe custody of all files and documents that are allocated to them. Sensitive or confidential information should be placed in a secure storage area when not in use. EHA's EDRMS can only be accessed by authorised and trained staff with the system providing high level secure access with full audit capabilities.

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EHA records are not to be stored at home or left in cars unattended as they could be lost or damaged or stolen. Vital records are stored securely within EHA's EDRMS with any hardcopy records being stored offsite. Access to these records is restricted to the Management Team and Records Management staff. Confidential records are stored securely within EHA's EDRMS with any hard copy records kept in a locked filing cupboard within the CEOs office.

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9-10. Responsibilities

10.1 Chief Executive Officer

The role of Chief Executive Officer of EHA, as prescribed by section 99 of the *Local Government Act 1999*, includes ensuring that records required under any legislation are properly kept and maintained.

9-1-10.1. ~~Team Leader Manager~~ – Administration and ~~Immunitisation~~ Compliance

Responsibility for EHA's records management system is assigned to the ~~Team Leader Manager~~ – Administration and ~~Immunitisation~~ Compliance, under the supervision of the Chief Executive Officer. The ~~Team Leader Manager~~ – Administration and ~~Immunitisation~~ Compliance is directly accountable to the Chief Executive Officer.

The role of the ~~Team Leader Manager~~ – Administration and ~~Immunitisation~~ Compliance is to provide a strategic focus for record keeping throughout EHA and responsibility for:

- ensuring that official records are managed in accordance with the *State Records Act*;
- establishing records management policies and procedures for EHA as a whole;
- establishing corporate standards for record keeping and records management;
- measuring performance of EHA business units against these standards;
- providing consulting services to EHA staff and EHA Board Members;
- developing corporate electronic records management strategies;

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- working with other managers of information resources to develop coherent information architecture across EHA;
- working with other accountability stakeholders, and management staff, to ensure record keeping systems support organisational and public accountability; and
- providing EHA staff and EHA Board Members with appropriate training and tools to allow them to meet their records managements responsibilities.

9-2-10.2. Records Administrators of EHA

The Records Administrators are operationally responsible for supporting the ~~Team Leader – Administration and Immunisation~~ ~~Manager – Administration & Compliance~~ in relation to records management and the efficient management of EHA Records (physical and electronic) incorporating sound record keeping principles and records management best practice guidelines.

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The Records Administrators of EHA are responsible for the effective management and system administration of EHA's EDRMS.

The Records Administrators will assist EHA staff and Board Members in fulfilling their record keeping responsibilities and provide advice and training throughout the implementation of this policy, procedures and strategies.

9-3-10.3. EHA Staff and EHA Board Members

All EHA staff and EHA Board Members need to be aware of record keeping requirements that affect the performance and exercise of their duties and functions. The record keeping obligations on EHA staff and EHA Board Members include:

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- making records to support the conduct of their business activities;
- creating records that would not otherwise be created;
- capturing records into paper or electronic record keeping systems;
- learning how and where records are kept within EHA;
- not destroying EHA records without authority from the Team Leader - Administration;
- not losing records; and
- being aware of records management procedures.

~~All contractors and consultants handling EHA records are also required to comply with this policy.~~

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40-11. Destruction Methods

~~Records and official records must only be disposed of in accordance with authorised disposal schedules for Local Government Authorities in South Australia. Transitory or temporary records, or records that are personal or private in nature, may be destroyed in accordance with normal administrative practice.~~

~~The Records Administrators are responsible for the destruction of EHA's official records in accordance with the State Records Act, 1997 and relevant disposal schedules. The~~

~~only records that can be destroyed by EHA staff or Board Members are those that are identified as non-official records in accordance with this policy.~~

~~The Records Administrators will coordinate a robust approval process for the authorisation of the destruction of official records.~~

~~The destruction of records must be complete destruction so that no information is retrievable. Records in physical format should be destroyed by shredding or pulping. Records in electronic format should be destroyed by reformatting, rewriting or degaussing. The use of the "delete" function in software packages is not sufficient to destroy electronic records, as "deleted" data is still able to be recovered. With the consent of the Team Leader – Administration and Immunisation, use may be made of electronic file shredding software to ensure the complete destruction of electronic records.~~

~~Official records must be disposed of in accordance with the General Disposal Schedules (GDS) 40 and 21 for Local Government Authorities in South Australia.~~

~~Where records are not covered by GDS 40, the relevant State Records SA issued General or Records Disposal Schedules and/or those implementing specific disposal freezes (restricting disposal of records which might otherwise be authorised for destruction), will be utilised to ensure adequate and authorised disposal of these records.~~

~~Transitory or ephemeral records, or records that are personal or private in nature, may be destroyed in accordance with normal administrative practice.~~

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~~44-12.~~ Review and Evaluation

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

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~~42-13.~~ Statement of Adoption

~~This policy was adopted by the Board of the Eastern Health Authority on 26 February 2020 and subsequently reviewed on 18 February 2026.~~

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Records Management Policy

Policy Reference	GOV13
Date of initial Board Adoption	26 February 2020
Minutes Reference	8: 26022020
Date of Audit Committee Endorsement (if applicable)	NA
Date last reviewed by Eastern Health Authority Board of Management	18 February 2026
Applicable Legislation	<i>State Record Act 1997</i> <i>Local Government Act 1999</i> <i>Freedom of Information Act 1991</i> <i>Australian Records Management Standard AS ISO 14589-1:2016</i>

1. Purpose

The purpose of this Policy is to establish a guideline for ongoing best practice in Records Management in accordance with the *State Records Act 1997* SA ('the Act'). **Introduction**

Under this Act, EHA has an obligation to maintain official records in its custody in good order and condition. This includes obligations applies in relation to the creation, capture, storage, maintenance and disposal of physical and electronic records.

The establishment of an effective and efficient record keeping environment ensures ongoing readability, protection and retrieval and disposal of information as per State Records requirements. This Policy applies to all EHA Staff and Board Members and specifies how they will deal with the official records that they receive and generate as a consequence of their activities.

2. Scope

This Policy is made in accordance with Council's obligations and statutory requirements under the *State Records Act 1997* (SA), and in accordance with Section 99(1)(h) of the *Local Government Act 1999* (SA)

An official record is defined in section 3 of the Act to mean a record made or received by EHA in the conduct of its business. This means that, because EHA Staff and Board Members variously act as representatives of EHA, any record created, sent, received, forwarded or transmitted by EHA Staff or Board Members in the performance and discharge of their functions and duties may be classified as an official record. However, records that are merely transitory, temporary, personal or private in nature will fall outside the definition of "official records".

In addition to its record management obligations under the Act, EHA is obliged to keep adequate records in order to fulfill its responsibilities under other Acts such as the *Freedom of Information Act*

1991, as well as fulfilling legal processes, such as discovery and subpoenas. Records may also be required by Royal Commissions, the Ombudsman, the Courts, auditors and other people or bodies.

3. Principles

Good records management is of key importance to good governance. Records are vital ingredients in the support of EHA's ongoing business activities. EHA is committed to managing its records of continuing value and their timely transfer to the State Records Office in accordance with the Act, and best practice standards.

This Policy provides the procedural framework for EHA to effectively fulfill its records management obligations and to meet its business needs and statutory requirements.

4. Definition

Definitions for the purpose of this policy are:

Continuing Value records of continuing value are those that contain information that is of administrative, legal, fiscal, evidential or historical value to EHA.

Dispose of to dispose of an official record means to:

- destroy or abandon the record;
- carry out an act or process as a result of which it is no longer possible or reasonably practicable to reproduce the whole or a part of the information contained in the record; or
- transfer or deliver ownership or possession of or sell the record, or purport to do so

EHA Business includes (but is not limited to) the provision of services, delivery of programs, development of policies, making of decisions, performance of EHA functions and other similar types of transactions.

EHA staff includes persons employed by EHA, volunteers, trainees, work experience placements, independent consultants and contractors and other authorised personnel offered access to EHA's resources.

EHA Board Member includes persons nominated by Constituent Councils to the EHA Board of Management.

Electronic Record Includes email, scanned documents, and other digital content that must maintain context, content, and structure in EHA's EDRMS

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Electronic Document Records Management System: EDRMS

An automated system used to manage the creation, use, management and disposal of physical and electronically created documents and records for the purpose of:

- Supporting the creation, revision and management of digital documents
- Improving an organisations workflow
- Providing evidence of business activities

Normal Administrative Practice (NAP)

Normal Administrative Practice provides for the routine destruction of drafts, duplicates and publications, with the test that it is obvious that no information of more than transitory or temporary value to EHA will be destroyed. Material that can be disposed of under Normal Administrative Practice comprises items of a temporary or transitory nature created, acquired or collected by EHA staff or EHA Board Members in the course of their official duties. Such material has no ongoing value and is not usually incorporated into EHA's record management system.

Official Record

A record made or received by EHA in the conduct of its business, but does not include:

- a record made or received by an agency for delivery or transmission to another person or body (other than an agency) and so delivered or transmitted; or
- a record made by an agency as a draft only and not for further use or reference; or
- a record received into or made for the collection of a library, museum or art gallery and not otherwise associated with the business of the agency; or
- a Commonwealth record as defined by the *Archives Act 1983* of the Commonwealth or an Act of the Commonwealth enacted in substitution for that Act; or
- a record that has been transferred to the Commonwealth.

Record

A record as defined by the *State Records Act, 1997* means:

- written, graphic or pictorial matter
- a disk, tape, film or other object that contains information or from which information may be reproduced (with or without the aid of another object or device).

Subsidiary

an entity established by Constituent Councils to carry out functions on behalf of the Councils and subject to their oversight.

Temporary/Transitory Record

a record is transitory or temporary in nature if it is of little or no continuing value to EHA and only needs to be kept for a limited or short period of time, such as a few hours or a few days.

Vital Records records which EHA could not operate without in the event of a disaster.

5. Legislative Requirements

5.1 The Policy is to be read and implemented in conjunction with relevant legislation, standards, policies and strategies, including: *State Records Act 1997*

5.1.1 The State Records Act 1997 governs the obligations and responsibilities of EHA in relation to the management of official records. Under the Act EHA has an obligation to ensure that all official records in its custody are maintained in good order and condition.

5.2 *Local Government Act 1999*

5.2.1 The Local Government Act 1999 assigns the overall responsibility and accountability for the proper management of official records to the Chief Executive Officer of the agency. All defined local government agencies under this Act have a statutory responsibility to enforce the State Records Act 1997.

5.3 *Freedom of Information Act 1991*

5.3.1 The *Freedom of Information Act 1991* defines the rights of the public to obtain access to information held by EHA and to ensure that records held by EHA concerning the personal affairs of members of the public are not incomplete, incorrect, out-of-date or misleading, and identifies a Responsible Officer for FOI requests.

5.4 *Australian Records Management Standard AS ISO 15489-1:2016*

5.4.1 The Australian Records Management Standard AS ISO 15489-1:2016 provides best practice guidance on managing records.

5.4.2 Records must be managed to ensure integrity, authenticity, reliability, and usability, including proper metadata, version control, and audit trails.

6. Objectives

EHA uses a compliant EDRMS to store, distribute and archive corporate records. The objectives of this records management system are to ensure:

- that the management of EHA's information resources and records management system provide timely and comprehensive information to meet operational business needs, accountability requirements and community expectations; and
- the preservation of EHA's "*corporate memory*" through sound record keeping practices and the accurate capture of information to meet legal, evidential and accountability requirements.

7. Obligations of Record Users

EHA staff and Board Members

- must not intentionally damage, alter, dispose of or remove official records of EHA without authorisation to do so.

- must handle EHA records with care and respect in a sensible manner to avoid damaging records and with a view to prolonging their life span.
- must not eat or drink near EHA records or in records storage areas.
- must ensure that EHA records in any format which they personally receive or send are to be captured into EHA's EDRMS or any other appropriate record keeping systems. Records must be readily accessible to meet business and accountability requirements. Staff members are required to follow authorised procedures in carrying out records management functions and must report any loss, corruption or unauthorised access of records to the CEO immediately.

Electronic records are to be captured and maintained as functioning records by preserving their structure, context and content. In order to maintain their value as evidence, electronic records must be inviolate. That is, they cannot be altered or manipulated for as long as they are retained.

Personal record keeping systems for the capture of official records are prohibited. Records must be readily accessible to meet business and accountability requirements.

EHA staff or Board Members who do not comply with this Policy may be subject to disciplinary action under the relevant Code of Conduct Policy, and/or subject to criminal or civil proceedings. EHA staff and Board Members should report breaches of this Policy to the Chief Executive Officer of EHA.

8. Confidential Records

If an EHA staff member or Board Member believes that a record is of a highly sensitive or confidential nature, he or she should advise the Chief Executive Officer of that view. It will be at the discretion of the Chief Executive Officer as to whether such information will then be treated as confidential and access to those records restricted. Confidential records must be marked, access restricted, and handled according to authorised procedures, including electronic security protocols

9. Records Security

The security of all EHA records is crucial, as records provide evidence of business transactions, support management decisions and ensure public accountability requirements are met.

Records in all formats should be stored securely to prevent unauthorised access, destruction, alteration or removal. Digital and cloud records must be stored with appropriate encryption, access control, and audit logging.

EHA staff are responsible for the safe custody of all files and documents that are allocated to them. Sensitive or confidential information should be placed in a secure storage area when not in use. EHA's EDRMS can only be accessed by authorised and trained staff with the system providing high level secure access with full audit capabilities.

EHA records are not to be stored at home or left in cars unattended as they could be lost or damaged or stolen. Vital records are stored securely within EHA's EDRMS with any hardcopy records being stored offsite. Access to these records is restricted to the Management Team and Records Management staff. Confidential records are stored securely within EHA's EDRMS with any hard copy records kept in a locked filing cupboard within the CEOs office.

10. Responsibilities

10.1. Chief Executive Officer

The role of Chief Executive Officer of EHA, as prescribed by section 99 of the *Local Government Act 1999*, includes ensuring that records required under any legislation are properly kept and maintained.

10.2. Manager – Administration and Compliance

Responsibility for EHA's records management system is assigned to the Manager – Administration and Compliance, under the supervision of the Chief Executive Officer. The Manager – Administration and Compliance is directly accountable to the Chief Executive Officer.

The role of the Manager – Administration and Compliance is to provide a strategic focus for record keeping throughout EHA and responsibility for:

- ensuring that official records are managed in accordance with the *State Records Act*;
- establishing records management policies and procedures for EHA as a whole;
- establishing corporate standards for record keeping and records management;
- measuring performance of EHA business units against these standards;
- providing consulting services to EHA staff and EHA Board Members;
- developing corporate electronic records management strategies;
- working with other managers of information resources to develop coherent information architecture across EHA;
- working with other accountability stakeholders, and management staff, to ensure record keeping systems support organisational and public accountability; and
- providing EHA staff and EHA Board Members with appropriate training and tools to allow them to meet their records managements responsibilities.

10.3. Records Administrators of EHA

The Records Administrators are operationally responsible for supporting the Manager – Administration & Compliance in relation to records management and the efficient management of EHA Records (physical and electronic) incorporating sound record keeping principles and records management best practice guidelines.

The Records Administrators of EHA are responsible for the effective management and system administration of EHA's EDRMS.

The Records Administrators will assist EHA staff and Board Members in fulfilling their record keeping responsibilities and provide advice and training throughout the implementation of this policy, procedures and strategies.

10.4. EHA Staff and EHA Board Members

All EHA staff and EHA Board Members need to be aware of record keeping requirements that affect the performance and exercise of their duties and functions. The record keeping obligations on EHA staff and EHA Board Members include:

- making records to support the conduct of their business activities;
- creating records that would not otherwise be created;
- capturing records into paper or electronic record keeping systems;
- learning how and where records are kept within EHA;

- not destroying EHA records without authority from the Team Leader - Administration;
- not losing records; and
- being aware of records management procedures.

All contractors and consultants handling EHA records are also required to comply with this policy.

11. Destruction Methods

Official records must be disposed of in accordance with the General Disposal Schedules (GDS) 40 and 21 for Local Government Authorities in South Australia.

Where records are not covered by GDS 40, the relevant State Records SA issued General or Records Disposal Schedules and/or those implementing specific disposal freezes (restricting disposal of records which might otherwise be authorised for destruction), will be utilised to ensure adequate and authorised disposal of these records.

Transitory or ephemeral records, or records that are personal or private in nature, may be destroyed in accordance with normal administrative practice.

12. Review and Evaluation

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

13. Statement of Adoption

This policy was adopted by the Board of the Eastern Health Authority on 26 February 2020 and subsequently reviewed on 18 February 2026 .

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 reporting period. As shown in Graph 1 a large proportion of inspections relate to activities under the *Food Act 2001*.

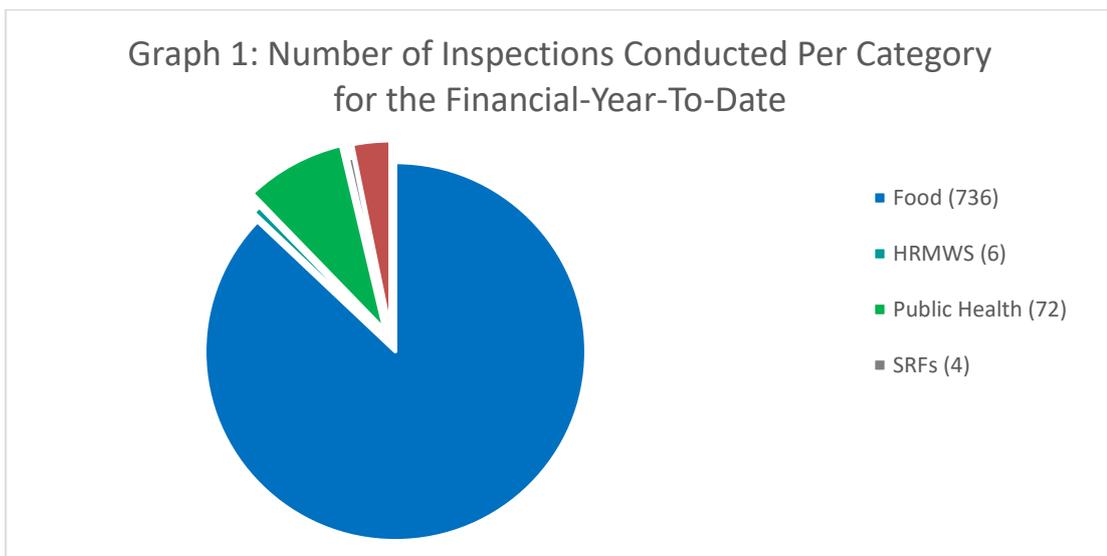


Table 1: Number of Inspections Conducted per Category for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	158	169	295	85	29	736
Beauty	0	0	0	0	0	0
HRMWS	0	6	0	0	0	6
Public Health Complaint	34	9	15	10	4	72
SRFs	2	1	0	1	0	4
Swimming Pools & Spas	10	3	12	1	1	27
Total	204	188	322	97	34	845

2.0 Food Safety

2.1 Food Premises Inspections

A total of 129 routine inspections of food businesses were undertaken during the reporting period. 88 follow-up inspections were required to ensure compliance with the Food Safety Standards. In total, 274 food premises inspections were completed during the reporting period.

As shown in Graph 2 the number of routine inspections and follow up inspections during the reporting period has reduced when compared with the same reporting period in the previous year. This reduction is a result of staffing availability. On average only 46% of staff were available during the reporting period due to leave and recruitment processes. However, when the 2025-26 financial year to date is compared with the previous year, the number of routine inspections conducted remains similar.

Table 2: Food Premises Inspections from 1 October 2025 to 31 December 2025

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	30	30	51	13	5	129
Follow up Inspection	17	21	38	10	2	88
Complaint Inspection	6	7	7	1	0	21
Fit-out/Pre-opening Inspection	1	1	2	0	1	5
Fair/Temporary Event Inspection	0	13	0	4	9	26
Spot Check Inspection	3	0	1	0	1	5
Total	57	72	99	28	18	274

Graph 2: Comparison of Total Inspections between 1 October 2025 and 31 December 2025

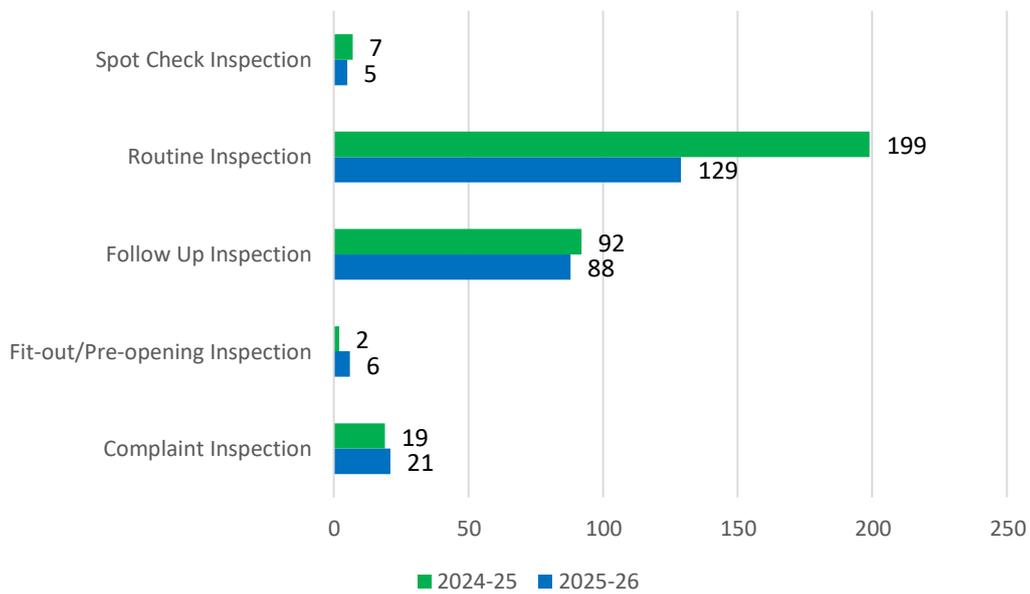
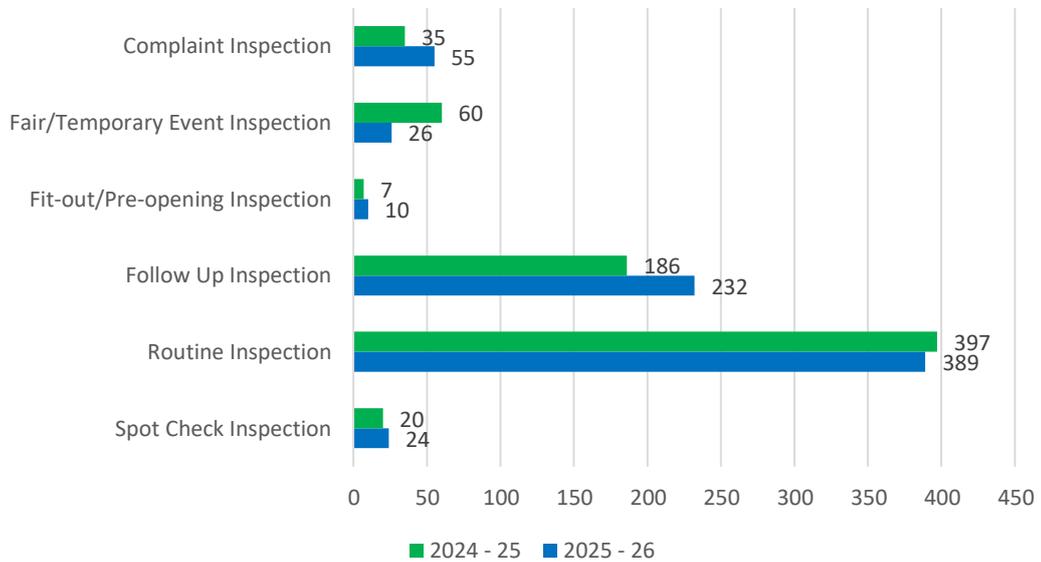


Table 3: Food Premises Inspections for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	87	90	158	41	13	389
Follow up Inspection	42	50	104	32	4	232
Complaint Inspection	15	13	23	4	0	55
Fit-out/Pre-opening Inspection	3	1	3	1	2	10
Fair/Temporary Event Inspection	0	13	0	4	9	26
Spot Check Inspection	11	2	7	3	1	24
Total	158	169	295	85	29	736

Graph 3: A Two Year Comparison Between Total Inspections For the Financial-Year-To-Date



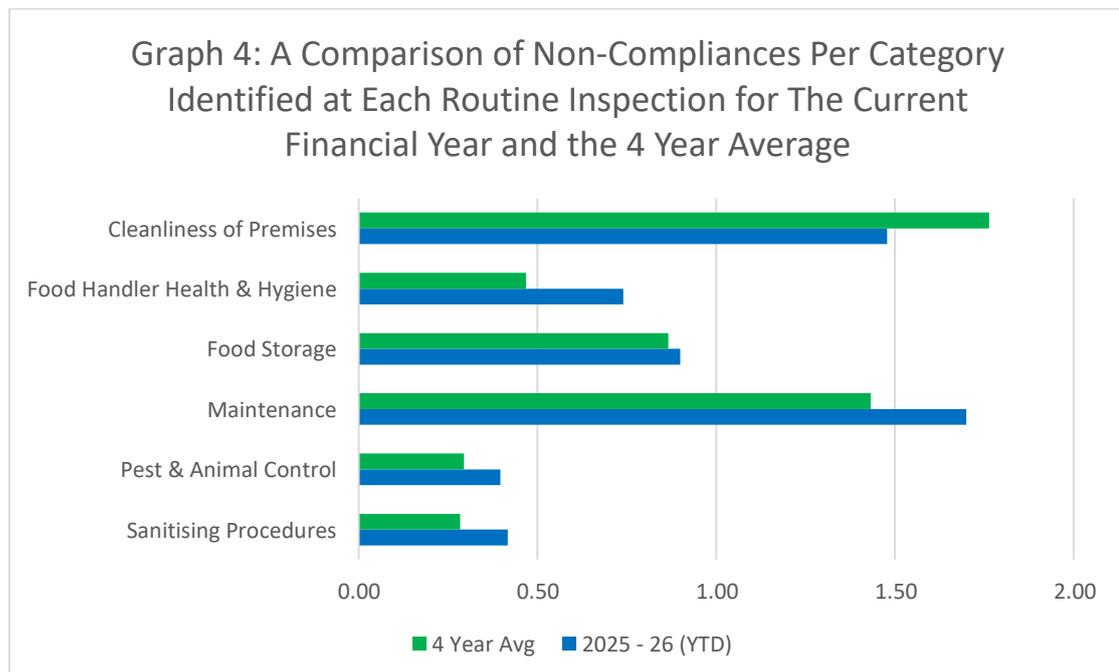
2.2 Food Safety Non-Compliances

Non-compliance with the Food Safety Standards

A poor standard of cleanliness and maintenance accounted for the most common non-compliances identified during routine inspections for the reporting period.

Graph 4 depicts a comparison of the number of non-compliance items identified per routine inspection conducted for the financial year to date, and for the average of the previous four financial years. Overall, less non-compliance items have been identified in cleanliness per inspection this financial year to date.

Graph 4: A Comparison of Non-Compliances Per Category Identified at Each Routine Inspection for The Current Financial Year and the 4 Year Average



2.3 Food Safety Rating Scheme Performance

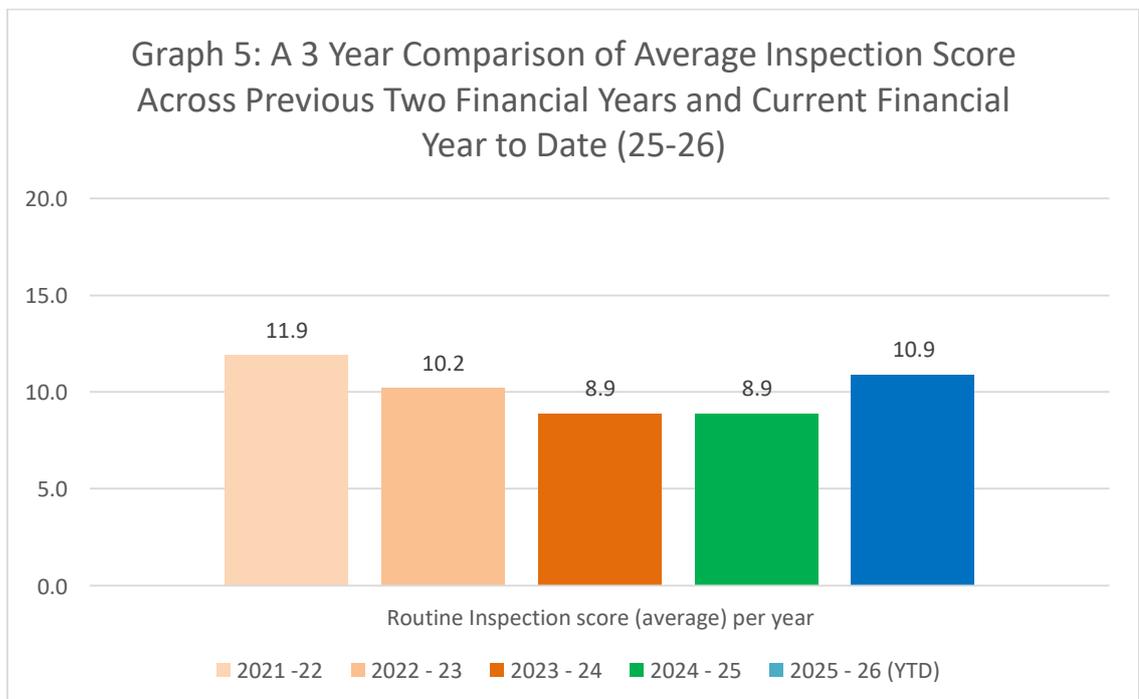
The SA Health Food Safety Rating Scheme Checklist (FSRS) is used to assess business compliance with food safety standards at routine inspections. FSRS applies only to P1 and P2 food service businesses within EHA’s Constituent Councils who sell food to consumers direct from site of inspection for ‘immediate’ consumption.

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.

FSRS Score

In accordance with the FSRS, EHOs calculate a score during the routine inspection based on how well the food business meets the Food Safety Standards. Non-compliances against the Standards can range from Minor, Major to Critical. Each non-compliance item is weighted with a score of 1, 4, or 8. This is dependent on the risk and seriousness of the breach. A high inspection score indicates poor compliance with the Food Safety Standards.

Graph 5 demonstrates that there has been a decreasing trend over time in the average routine inspection score for the financial year to date over the past four years. It is noted that the 2025-2026 financial year has only seen two quarters and therefore is not directly comparable with previous financial years. The increase in inspection score may be partly attributable to the number of ‘high scoring’ Priority 1 businesses that were inspected who also required legal action.



FSRS – Star Rating

During the reporting period a total of 104 food businesses were assessed within the scheme, 55 less than the same period for the previous year. Table 4 shows the total number of food businesses receiving each star rating in each Council area. A total of 21 businesses received 5 Stars, when compared to the same reporting period in the previous year, this has decreased from 29.5% to 20.1% of businesses. For the financial year to date 308 businesses have been assessed in the Food Safety Rating Scheme.

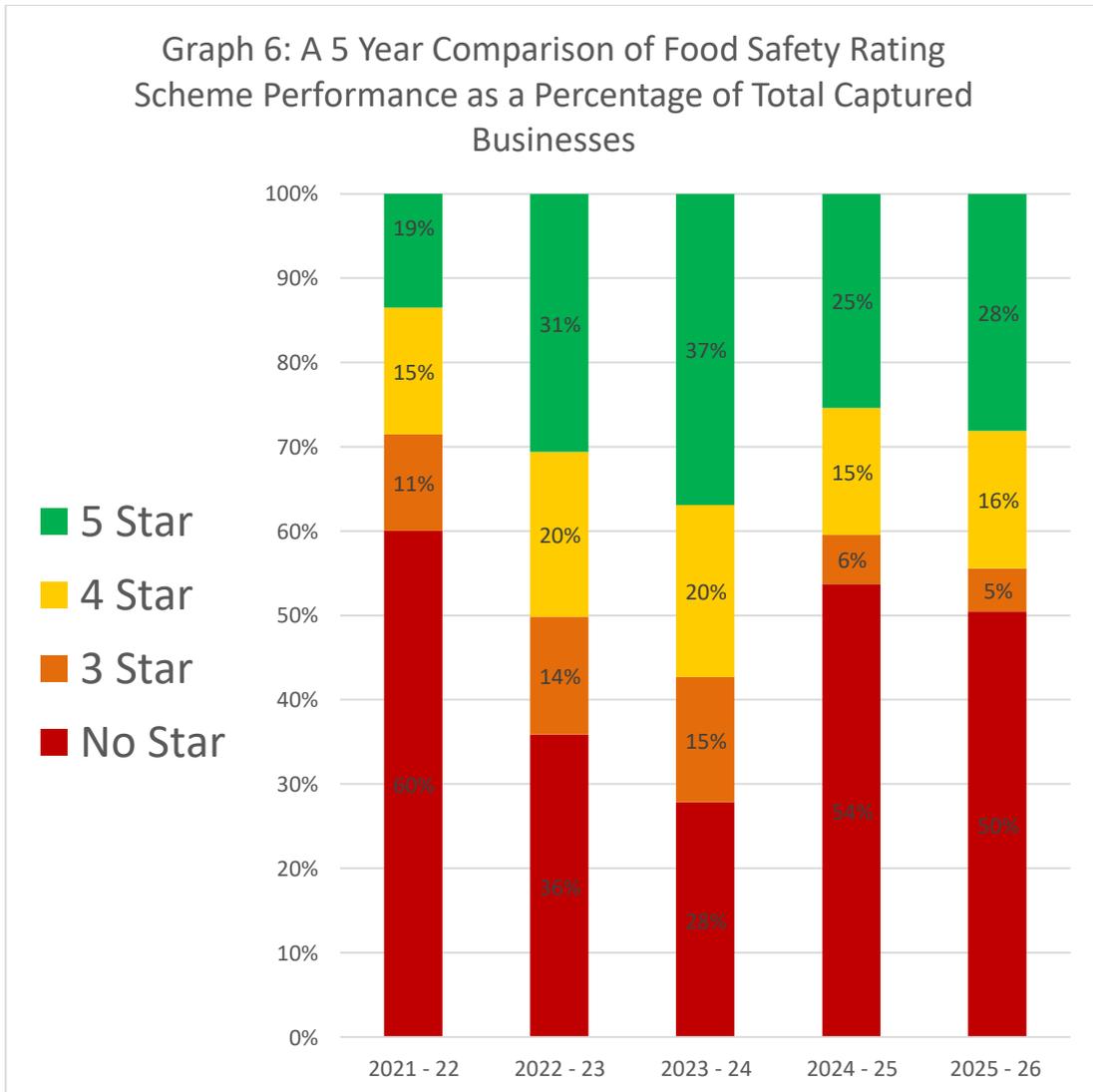
Table 4: Food Safety Rating Scheme Performance Per Inspection for the Reporting Period (1 October 2025 – 31 December 2025).

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
5 Star (0 – 3 points)	6	5	7	3	0	21
4 Star (4 – 7 points)	5	7	6	4	2	24
3 Star (8 – 11 points)	2	2	1	1	0	6
No Star (12+ points)	14	9	25	4	1	53
Total	27	23	39	12	3	104

Table 5: Food Safety Rating Scheme Performance Per Inspection for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
5 Star (0 – 3 points)	19	13	29	7	2	70
4 Star (4 – 7 points)	11	13	18	6	4	52
3 Star (8 – 11 points)	5	4	4	3	1	17
No Star (12+ points)	39	33	70	23	4	169
Total	74	63	121	39	11	308

Graph 6 depicts a comparison of the percentage of star ratings received at inspections conducted in the previous four financial years to the current food safety rating scores of all food businesses captured by the scheme as of 5 January 2026. At the time of reporting 28% of all food business captured by the scheme hold a 5-star rating and 50% hold no stars.



2.4 Legal Actions for Food Premises

During the reporting period, a total of 13 Improvement Notices were issued, these have been separated into Improvement Notices issued for No Appointed Food Safety Supervisor and all other Improvement Notices. One Prohibition Order was issued during the reporting period.

Table 6: Legal Action Taken From 1 October 2025 to 31 December 2025

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letter	2	0	0	0	0	2
Improvement Notice	1	3	2	0	0	6
Improvement Notice (FSS)	3	1	2	1	0	7
Prohibition	0	1	0	0	0	1
Total	6	5	4	1	0	16

As shown in Graph 7 there has been a decrease in the number of legal actions required to be taken for the current financial year to date when compared to the same period in the previous financial year. The number of Improvement Notices issued for No Appointed Food Safety Supervisor have reduced significantly when compared to the previous financial year. This is a positive result as the food businesses are increasingly aware of the requirements of Food Safety Standard 3.2.2a.

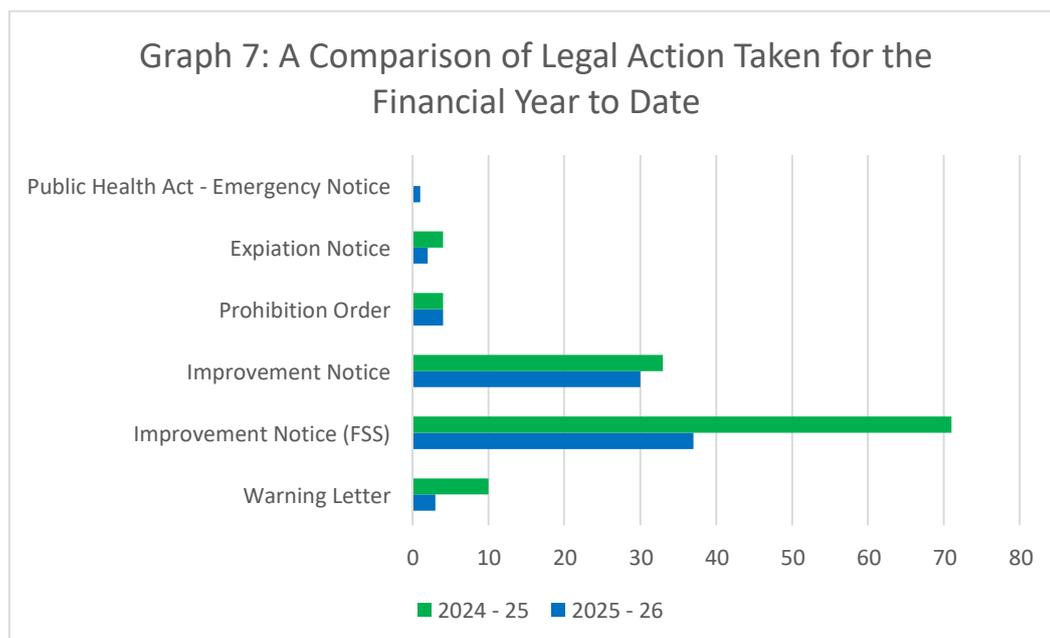


Table 7: Legal Action Taken for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letter	3	0	0	0	0	3
Improvement Notice	7	5	15	3	0	30
Improvement Notice (FSS)	4	11	15	7	0	37
Prohibition	1	1	1	0	1	4
Expiation Notice	1	0	1	0	0	2
Public Health Act – Emergency Notice	0	0	1	0	0	1
Total	16	17	33	10	1	77

2.5 Food Complaints

EHA received 23 complaints that were investigated under the *Food Act 2001* during the reporting period. The complaints are shown by category in Graph 8 and by respective Constituent Council area in Table 8. The number of food complaints received in the reporting period are comparable to the same period in the previous financial year.

When comparing the financial year to date to the same period in the previous financial year the number of food complaints received have increased by 38%. Alleged food poisoning and unsafe or unsuitable food account for the most common complaint types.

Table 8: Food Complaints Received by Council Area From 1 October 2025 to 31 December 2025

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	3	4	0	0	7
Food - Other	2	1	1	1	0	5
Poor personal hygiene or food handling practices	0	1	1	0	0	2
Refuse Storage	1	0	0	0	0	1
Unsuitable/unsafe food	4	2	1	0	0	7
Labelling	0	1	0	0	0	1
Total	7	8	7	1	0	23

Graph 8: A Two Year Comparison of Food Complaints Received Between 1 October and 31 December

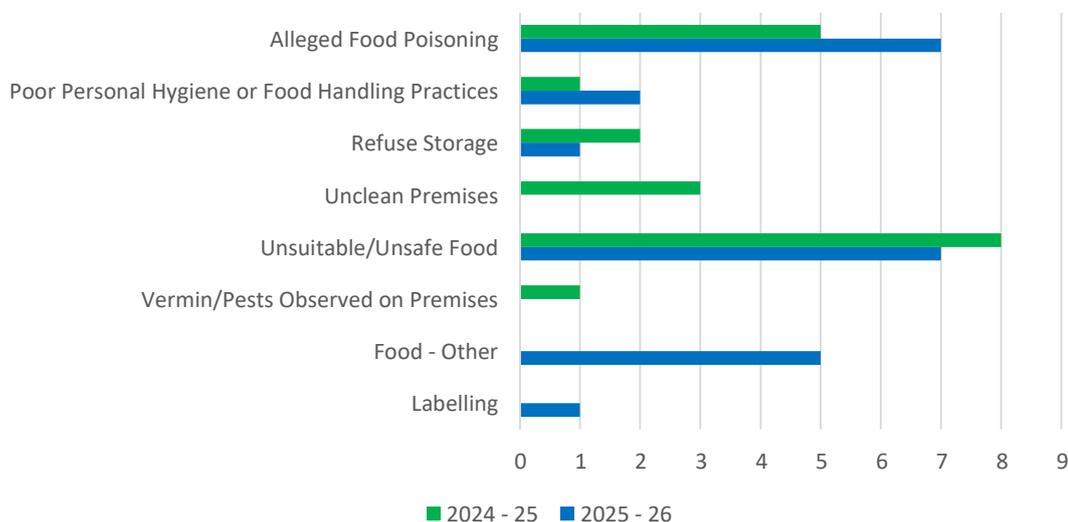
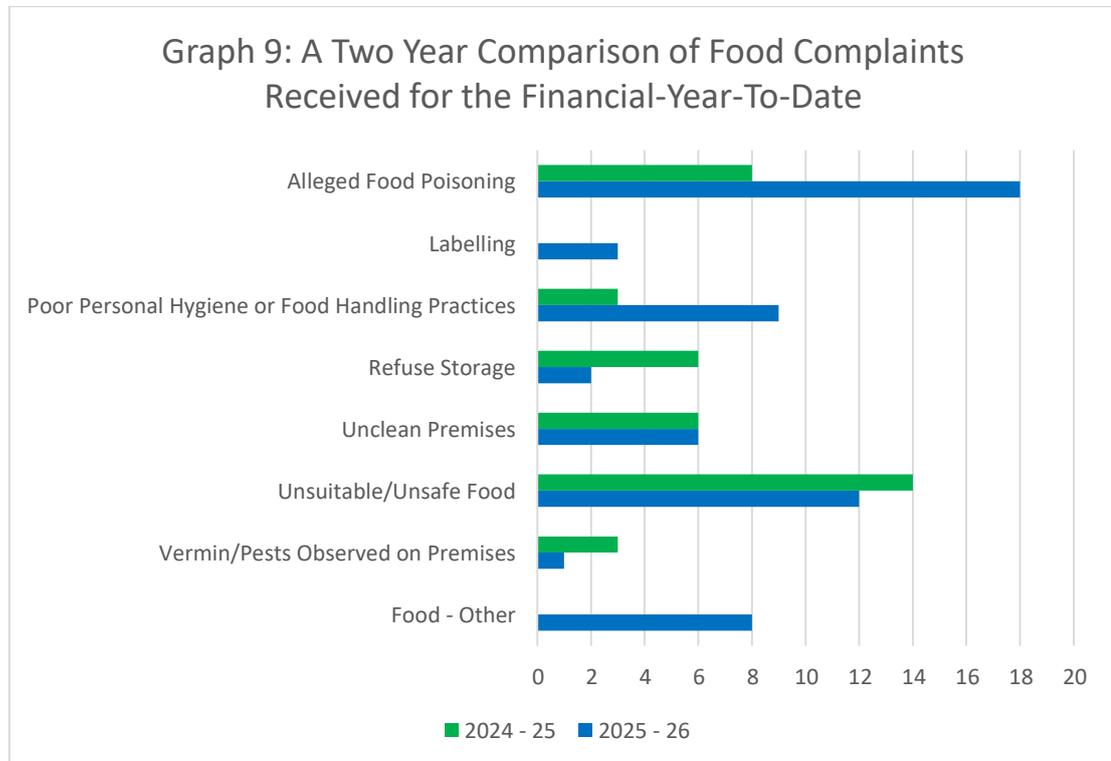


Table 9: Food Complaints Received by Council Area for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	3	5	9	1	0	18
Food - Other	3	2	1	2	0	8
Poor personal hygiene or food handling practices	3	2	4	0	0	9
Refuse Storage	1	0	1	0	0	2
Unclean premises	2	0	2	2	0	6
Unsuitable/unsafe food	4	4	4	0	0	12
Vermin/Pests Observed on Premises	1	0	0	0	0	1
Labelling	0	2	1	0	0	3
Total	17	15	22	5	0	59



2.6 Audits of Businesses that Serve Vulnerable Populations

During the reporting period, four businesses within the Constituent Council boundaries and 17 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. No follow up audits were required during this period.

Table 10: Food Audits Completed for The Period From 1 October 2025 to 31 December 2025.

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	0	1	2	0	1	17	21
Follow-up audits	0	0	0	0	0	0	0
Total	0	1	2	0	0	17	21

Table 11: Food Audits Completed for the Financial Year to Date

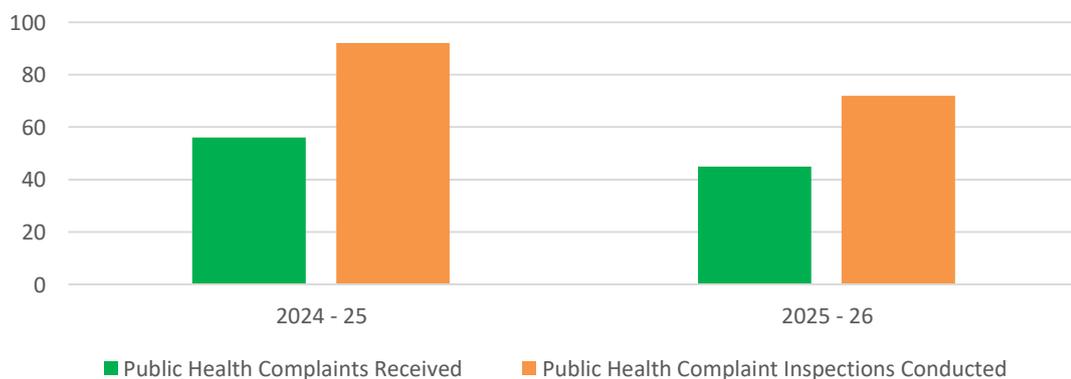
	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	4	6	3	0	0	21	34
Follow-up audits	0	2	0	1	1	0	3
Total	4	8	3	1	1	21	38

3.0 Public Health

3.1 Public Health Complaints

As shown in Graph 10, 45 public health complaints were received for the financial year to date, a 20% decrease compared to the same period in the previous year. A total of 72 inspections were undertaken to investigate these complaints, this equates to an average rate of 1.6 inspections required per complaint received, which is comparable to the number of inspections required in the same period for the previous year.

Graph 10: A Two-Year Comparison of Public and Environmental Health Complaints Received vs Completed Inspections for the Financial-Year-To-Date



Vector control and sanitation complaints account for the most common type of complaints received during the reporting period, accounting for 71% of the complaints received in the financial year to date.

The total number of public and environmental health complaints received for the reporting period of 31 October 2025 to 31 December 2025 are broken down by Council area in Table 12.

Table 12: Public and Environmental Health Complaints for 1 October 2025 to 31 December 2025 by Council Area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Animal Keeping	0	0	0	0	0	0
Hazardous Substances	1	0	0	0	1	2
Notifiable Disease	0	0	1	1	0	2
Sanitation	2	2	3	0	0	7
Stormwater Discharge	0	0	1	0	0	1
Vector Control	7	1	3	2	2	15
Total	10	3	8	3	3	27

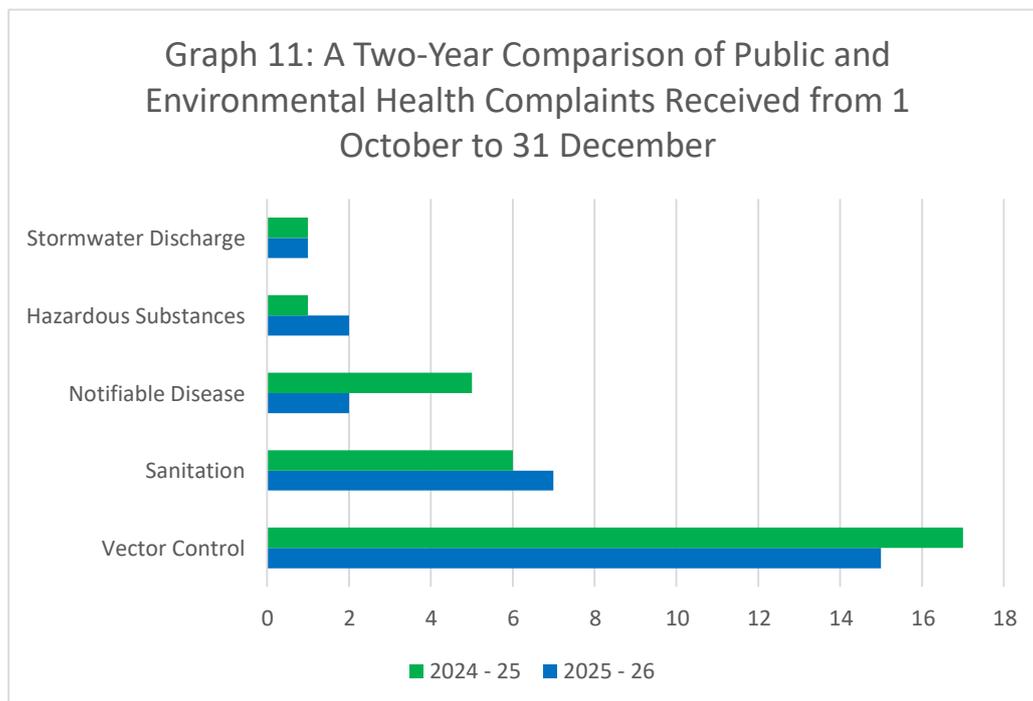
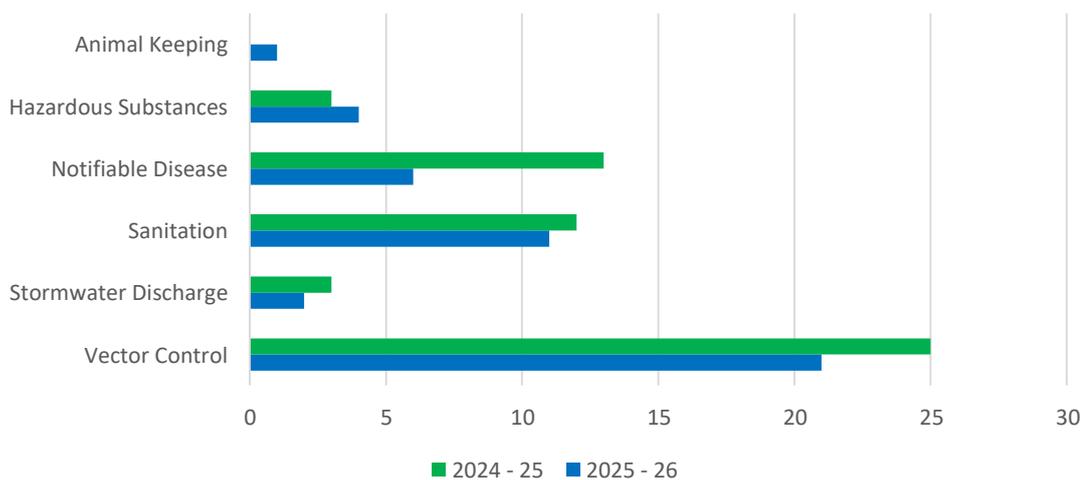


Table 13: Public and Environmental Health Complaints for the Financial Year to Date by Council Area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Animal Keeping	1	0	0	0	0	1
Hazardous Substances	1	1	1	0	0	3
Notifiable Disease	0	2	2	2	0	6
Sanitation	5	2	4	0	0	11
Stormwater Discharge	0	0	2	0	0	2
Vector Control	9	3	4	3	2	21
Total	16	8	13	5	2	44

Graph 12: A Two Year Comparison of Public and Environmental Health Compliants Received for the Financial Year-To-Date

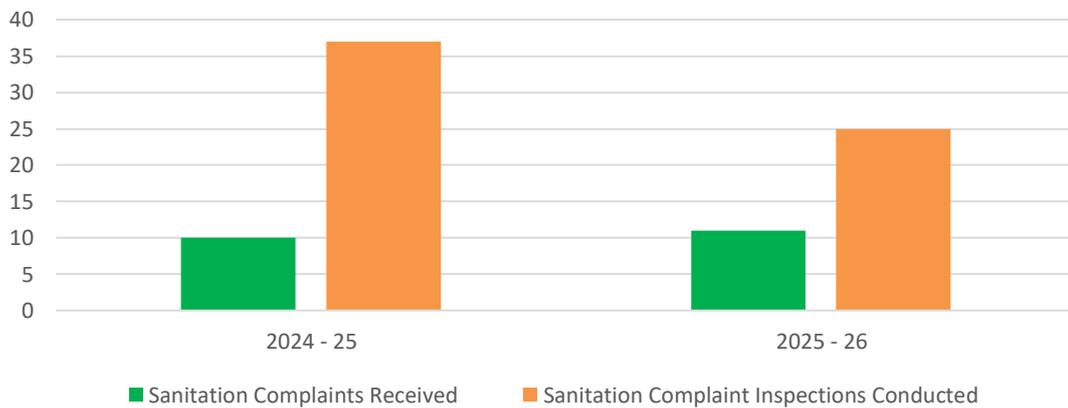


Due to the nature of vector control and sanitation complaints, the investigation will often require more than one inspection.

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 are required to enable the complaint to be successfully addressed. Within the current financial year to date there has been a total of 25 inspections completed for sanitation complaints.

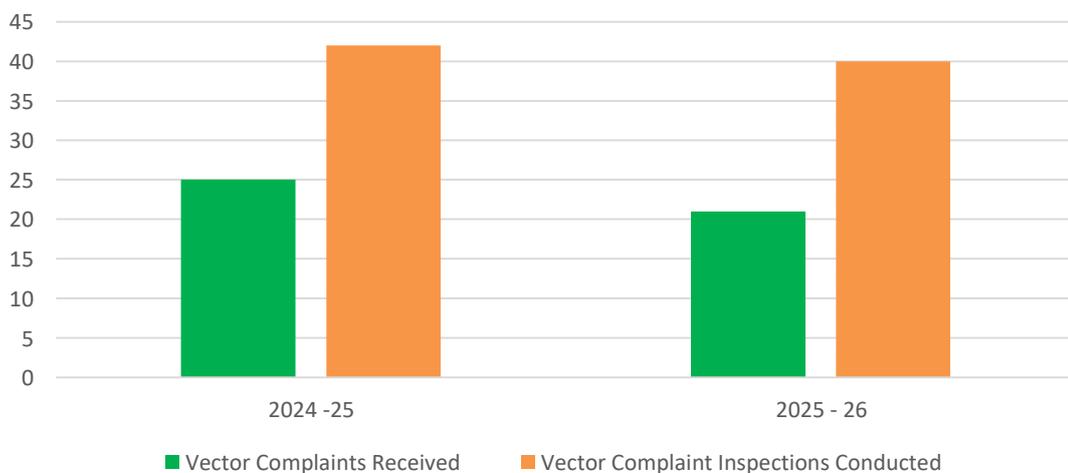
As shown in Graph 13, the number of sanitation complaints received is comparative over the past two years. The high number of inspections required in 2024-25 can be contributed to the Severe Domestic Squalor Action on Default that took place in September 2024.

Graph 13: A Two Year Comparison of Sanitation Complaints Received Compared to Completed Inspections for the Financial Year To Date



A high proportion of vector control complaints relate to vermin activity which often involve multiple inspections, and these tend to require time for compliance between inspections. Vector control complaints received have remained similar, but the number of inspections required has increased slightly. This increase may be explained by more complex matters that require additional investigation over multiple days, EHOs will conduct further inspections where required.

Graph 14: A Comparison of Vector Control Complaints Received Compared to Completed Inspections for the Financial Year To Date



3.2 Cooling Towers & Warm Water Systems

During the reporting period two warm water system and two cooling tower scheduled inspections were conducted across three sites (Table 14). Two separate *Legionella* high count detections at two separate warm water facilities were received following an EHA routine inspection and the sites routine sampling. Both sites undertook the required decontamination process and provided EHA with the required documentation to confirm the resampling results were negative for *Legionella*. No further follow-up was action was required.

Table 14: Cooling Tower and Warm Water System Inspections Conducted from 1 October 2025 to 31 December 2025

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	4	0	0	0	4
Follow Up Inspection	0	0	0	0	0	0
<i>Legionella</i> Detections during sampling	0	2	0	0	0	2
Total	0	6	0	0	0	6

Table 15: Cooling Tower and Warm Water System Inspections Conducted for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	0	5	0	0	0	5
Follow Up Inspection	0	1	1	0	0	2
<i>Legionella</i> Detections during sampling	0	3	0	0	0	3
Total	0	9	1	0	0	10

3.3 Public Swimming Pools and Spas

During the reporting period 19 swimming pool and spa pool inspections were conducted across 12 sites. A compliance Notice issued under Section 92 of the SA Public Health Act 2011 to one swimming pool site. The Notice required the site to close public access to the pool until the necessary corrective actions were completed. Multiple follow-up inspections were conducted to confirm compliance with the Notice prior to the pool reopening.

Table 16: Swimming Pool and Spa Inspections Conducted Between 1 October 2025 and 31 December 2025

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	8	0	6	0	1	15
Follow Up Inspection	0	0	3	1	0	4
Total	8	0	9	1	1	19

Table 17: Swimming Pool and Spa Inspections Conducted for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	10	3	9	0	1	23
Follow Up Inspection	0	0	3	1	0	4
Total	10	3	12	1	1	27

3.4 Personal Care and Body Art

Due to scheduling, no personal care and body art inspections were undertaken in the reporting period. Inspections are scheduled to commence in the first 6 months of 2026. No complaints were received during this period.

3.5 Wastewater

Wastewater service reports are regularly received and monitored for compliance on an ongoing basis. A total of 40 service reports were received and assessed during the reporting period.

Two wastewater inspections were conducted, and one approval was issued in Burnside. No additional wastewater applications were received during the reporting period.

4.0 Health Care and Community Services - Supported Residential Facilities

For the reporting period two dual licence and two pension only facilities were licenced by Eastern Health Authority under the *Supported Residential Facilities Act 1992*.

Three audits were conducted, with one follow up required. One complaint was received and investigated.

No licence transfers or requests for approval of manager were received.

5.0 Environmental Health Education / Promotion

Environmental Health education, training and promotion plays an important role in protecting the health of the local communities from the potential health effects of environmental hazards. EHA does this by informing the local community and businesses through various forms of communication by:

- raising awareness of environmental hazards in the community
- providing training, education, technical guidance and advice
- outlining legislative responsibilities and updates.

During the reporting period one session of Food Safety Training was conducted on 27 November 2025 with 6 attendees.

Staff also attended the Interagency Hoarding and Squalor Network Meeting on 25 November 2025.

RECOMMENDATION

That:

The Environmental Health Activity Report is received

8.2 IMMUNISATION

Public Clinics

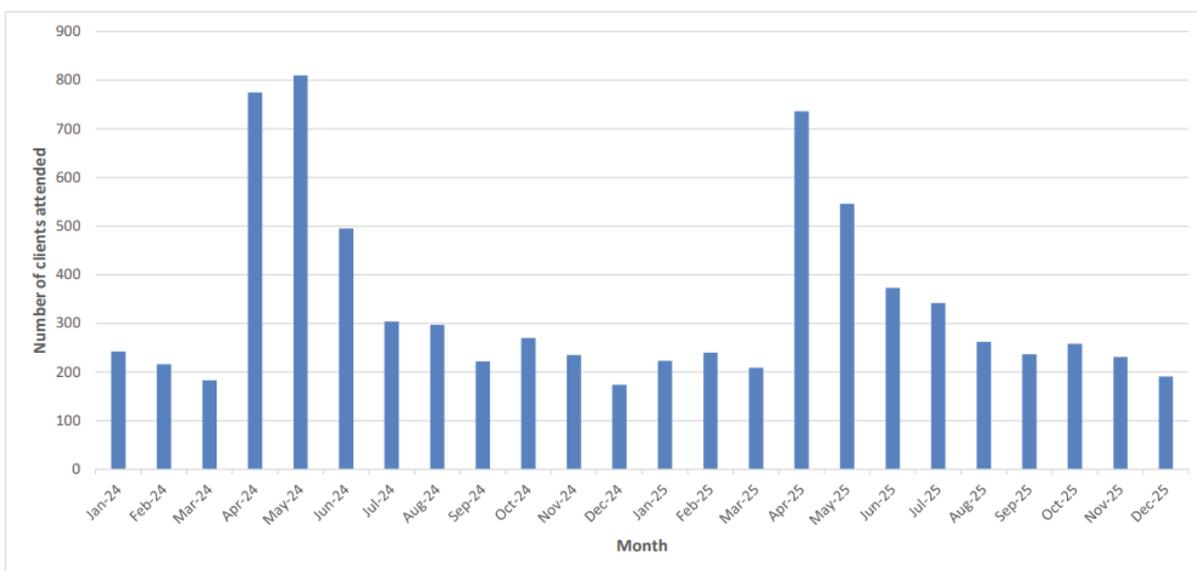
Attendance and Vaccinations

During the reporting period 1 October – 31 December 2025, 680 clients visited one of EHA’s public immunisation clinics, and a total of 1,676 vaccines were administered. This represents a decline of 29 clients (4.2%) and 111 vaccines (6.4%) when comparing to reporting period the previous year.

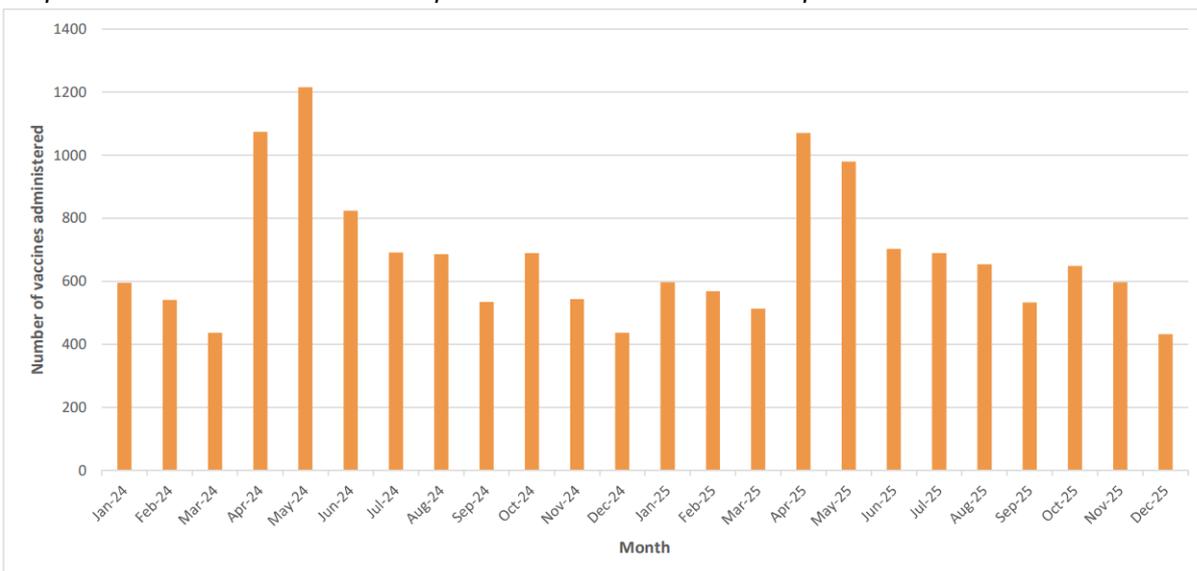
EHA’s online booking system remains to be a preferred choice of booking among clients. During the reporting period 568 bookings were completed, accounting for 83.53% of all clients.

Below details Client attendance and Vaccines administered for the reporting period over 2024 and 2025.

Graph 1: Client Numbers at public clinics – 24-month comparison



Graph 2: Vaccines administered at public clinics – 24-month comparison



EHA liaised closely with all Constituent Councils regarding the scheduled dates and times for the 2026 Public Immunisation Clinics prior to finalising the 2026 Immunisation Public Clinic timetable. Minor changes to start and finish times were made to better accommodate parents and ensure more accessible scheduling for clinics that are historically in high demand for school catch-ups.

In 2026, Public Flu Clinics will be offered at all Constituent Council locations throughout April. As these clinics have historically been very popular, dedicated flu clinics for individuals aged 65+ and over will also be scheduled at times that align with activities suited to this age group. This approach helps ensure that the general public can continue to access Flu Clinics while also providing convenient options for older residents.

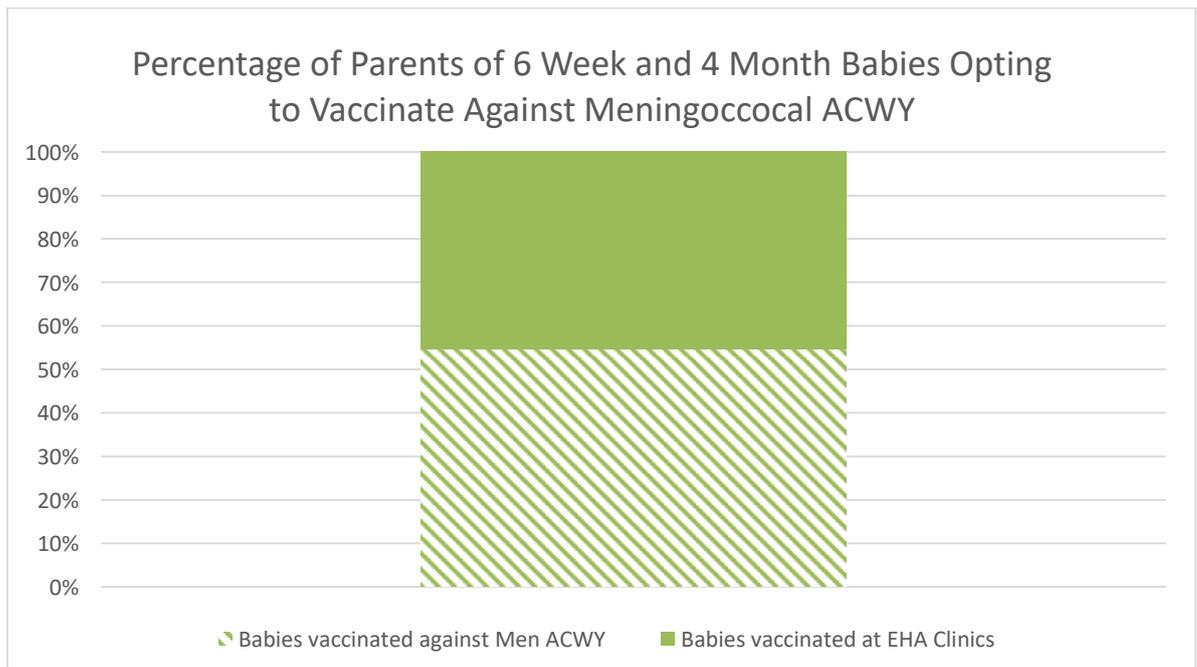
Promotion for the 65+ clinics will begin in February, giving this age group the opportunity to register their interest early, ahead of the full release of all Flu Clinic bookings.

Education

Registered nurses place strong emphasis on parent education, ensuring they are well-informed about the vaccines being administered to their babies and the critical role these vaccines play in preventing infectious diseases.

The Meningococcal (Men) ACWY is not part of the funded National Immunisation Program until 12 months old. The registered Immunisation nurses educate and inform parents of this vaccine preventable disease, with no obligation to vaccinate their baby early. Graph 3 illustrates a strong uptake during the 3-month reporting period, with 55% of parents choosing to further vaccinate their babies against MenACWY. This strong uptake reflects both in EHA’s clinical staff and the importance parents place on making informed decisions about their children’s health.

Graph 3 – A graph demonstrating the percentage of parents opting to further vaccinate their babies against Men ACWY at EHA Clinics for the reporting period.



Non-Medicare ‘Catch Up Program’

As part of EHA's broader Immunisation Service, an important component is the 'catch-up' program designed to support new arrivals from overseas who are not eligible for Medicare-funded vaccines. This program plays a vital role in promoting equitable access to immunisation and protecting the wider community from the spread of vaccine-preventable diseases.

The process involves a detailed review of overseas immunisation records, which can be complex and requires considerable administrative and clinical time from EHA's registered nurses. Despite the resource demands, this program remains an essential public health initiative, ensuring that no one is left behind when it comes to immunisation coverage.

A total of 17 client catch-up cases were received and reviewed during the current reporting period. A total of 34 catch-up have been received from July to year to date.

Table 1: Combined Clinic breakdown for the Period 1 October 2025 to 31 December 2025.

Burnside Clinic
Burnside Council - 2nd and 4th Monday of each month

Client Council of Origin	Vaccines	Clients
Burnside	109	44
Campbelltown	31	9
Norwood Payneham and St Peters	21	8
Prospect	0	0
Walkerville	0	0
Unley	19	7
Other	10	4
Total	190	72

Campbelltown Clinic
The ARC - 1st and 3rd Wednesday of each month

Client Council of Origin	Vaccines	Clients
Burnside	49	27
Campbelltown	99	39
Norwood Payneham and St Peters	12	6
Prospect	0	0
Walkerville	7	2
Unley	0	0
Other	9	4
Total	176	78

Walkerville Clinic
Walkerville Council - 1st Friday of each month

Client Council of Origin	Vaccines	Clients
Burnside	1	1
Campbelltown	39	11
Norwood Payneham and St Peters	11	4
Prospect	3	2
Walkerville	3	1
Unley	10	3
Other	14	4
Total	81	26

Prospect Clinic
Payinthe - 1st Wednesday of each month

Client Council of Origin	Vaccines	Clients
Burnside	1	1
Campbelltown	12	4
Norwood Payneham and St Peters	2	2
Prospect	29	14
Walkerville	1	1
Unley	5	1
Other	17	6
Total	67	29

Norwood Payneham and St Peters Clinic
St Peters Town Hall - Weekly Thursday, Monday and Tuesday once per month

Client Council of Origin	Vaccines	Clients
Burnside	205	86
Campbelltown	248	96
Norwood Payneham and St Peters	284	115
Prospect	53	22
Walkerville	34	15
Unley	49	20
Other	67	23
Total	940	377

Unley Clinic
Civic Centre - 1st Saturday, 2nd Wednesday and 3rd Friday of each month

Client Council of Origin	Vaccines	Clients
Burnside	30	15
Campbelltown	17	9
Norwood Payneham and St Peters	14	6
Prospect	6	3
Walkerville	4	2
Unley	118	49
Other	33	14
Total	222	98

Grand Total of All Sites

Client Council of Origin	Vaccines	Clients
Burnside	395	174
Campbelltown	446	168
Norwood Payneham and St Peters	344	141
Prospect	91	41
Walkerville	49	21
Unley	201	80
Other	150	55
Total	1676	680

2025 and 2026 School Immunisation Program

The delivery of the 2025 School Immunisation Program (SIP) continued during the reporting period. A total of 475 vaccines were given across three schools.

A total of 8,982 vaccines were administered for the full school year from January to December 2025, a decrease of 307 vaccines (3.3%) compared to the in 2024.

Table 2: School Vaccinations for Calendar Year to Date – January to December 2025

Council	Human Papillomavirus (HPV)	Diphtheria Tetanus and Pertussis (dTpa)	Meningococcal B (Men B)	Meningococcal ACWY (Men ACWY)	Total
Burnside	702	699	1,347	789	3,537
Campbelltown	357	359	415	240	1,371
NPSP	479	480	980	558	2,497
Prospect	123	125	173	96	517
Walkerville	73	74	114	73	334
Unley	144	147	273	162	726
Total	1,878	1,884	3,302	1,918	8,982

Preparation for the 2026 SIP commenced in early September 2025 with all 2026 school dates successfully confirmed by the end of December 2025.

EHA introduced a new initiative that provides an opportunity for EHA staff to deliver a brief presentation to parents and incoming students during Year 7 Transition information sessions. The presentation outlines the vaccines scheduled for administration, confirms EHA as the service provider, supports families in completing consent cards, and offers an opportunity for questions.

Norwood International School invited EHA to participate in its Year 7 Transition Night. A presentation was delivered to approximately 500 parents and students. The session was well received with numerous questions from parents and students. The school has since invited EHA to return next year.

Following the success of the presentation night, EHA will continue to offer and promote this program to all schools in 2026.

Workplace Influenza Program

During the reporting period, EHA commenced planning for the 2026 Workplace Flu Program. Prior to launching the 2026 campaign, a comprehensive review of the program was undertaken, including an assessment of the costing structure, marketing and communications, contact databases, and internal procedures.

The 2026 Workplace Flu campaign commenced in December 2025, with initial correspondence sent to existing businesses to promote EHA's services. Additional campaigns will follow in early 2026 and again closer to the flu season, with the aim of expanding service uptake among new businesses.

Marketing and Promotion

2026 EHA Public Clinic Timetable

A comprehensive review of the 2026 EHA Clinic Timetable was completed. An additional panel was added, changing the format from a trifold to a four-fold layout. This update makes the timetable easier for clients to read and follow. Additional QR codes were also added, providing direct access to EHA’s website for Public Clinic bookings, Flu Worksite appointments, and information on the School Immunisation Program.

2026 Immunisation Clinic Timetable

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

Please note: An 'out of control' order fee may apply if you are not a resident of the council area in the host town. Scheduled clinics may be subject to change/cancellation when circumstances are beyond our control.

CLINIC OPEN DATES / TIMES	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	Burradee	St Peters	Wakarusa	St Peters	Comballaboon	Prospect	Unley	St Peters	Wakarusa	Unley	Wakarusa	Unley
January	12 12 19	-	-	27 7	21 7	14 8	15 22 29	9 16 10				
February	9 23 16	-	-	24 4	18 4	11 5	12 19 26	6 20 7				
March	23 23 16	-	2	24 4	18 4	11 5	12 19 26	-	20 7			
April	13 27	-	20	28 1	15 1	8 2	9 16 23 30	10 17 24				
May	11 25	-	18	28 6	20 6	13 7	14 21 28	1 15 22				
June	12 22	-	15 1	32 3	17 3	10 4	11 18 25	-	19 6			
July	13 27 20	-	-	28 1	15 1	9 2	9 16 23 30	3 17 4				
August	10 24 17	-	-	25 5	19 5	12 6	13 20 27	7 21 1				
September	14 28 21	-	7	29 2	16 2	9 3	10 17 24	-	18 5			
October	12 26 19	-	-	27 7	21 7	14 1	1 8 15 22 29	2 16 3				
November	9 23 16	-	-	24 4	18 4	11 5	12 19 26	6 20 7				
December	14 14 21	-	-	22 2	16 2	9 3	10 17	-	18 5			

CLINIC DIRECTORY

- Burradee Council Clinic**
Burradee Civic Centre
Crescent Street, Co. Burra
& Parkin Road, Tumbarloona
- Comballaboon Council Clinic**
The ABC, Comballaboon
123 corner North East Road,
Comballaboon, Level 7 meeting rooms
- Norwood, Payneham & St Peters Council Clinic**
East Offices, Town Hall Complex
101 Payneham Road, St Peters
- Prospect Council Clinic**
Walkways across 1
200 Prospect Road, Prospect
Enter via the Great Plaza
- Wakarusa Clinic**
Town of Wakarusa, Odellary,
60 Wakarusa Terrace,
Odellary
- Unley Council Clinic**
Unley Civic Centre
Central Terrace, Unley

2026 Flu Clinics

Annual Flu Programs
EHA provides flu vaccinations for adults and children from any area including those eligible to receive free flu vaccine under the National Immunisation Program (NIP) or for a fee for those who are not eligible.

Walk-in

- All ages above 6 months old
- Decadent clinic for people 65 years and older

Flu Vaccination Fees
For 5-64 year olds, flu vaccinations cost \$50 per person.

Free flu vaccines are available for the following groups:

- Babies and children from 6 months to under 5 years old
- Persons aged 65 years and older
- Pregnant women
- All Aboriginal persons aged 6 months and older
- (Inclusive of 10 people)
- Medically at Risk persons aged 6 months and older

FLU ONLY CLINICS - APRIL & MAY 2026 ONLY

Council	Date	Time	Age Group
Burradee	27 Apr	9:30am - 10:30am	65+ only
St Peters	13 May	4:00pm - 6:00pm	walk-in
Comballaboon	18 Apr	9:30am - 10:30am	65+ only
	13 May	6:00pm - 8:00pm	walk-in
Norwood, Payneham & St Peters	14 Apr	9:30am - 10:30am	65+ only
	7 & 28 Apr	6:00pm - 8:00pm	walk-in
	19 Apr & 1 May	10:00am - 12:00pm	walk-in
Prospect	15 Apr	9:30am - 10:30am	65+ only
Wakarusa	17 Apr	9:30am - 10:30am	65+ only

*Saturday clinics: if capacity is reached prior to closing time, EHA may need to turn away clients.

Promotional Banners and Social Media

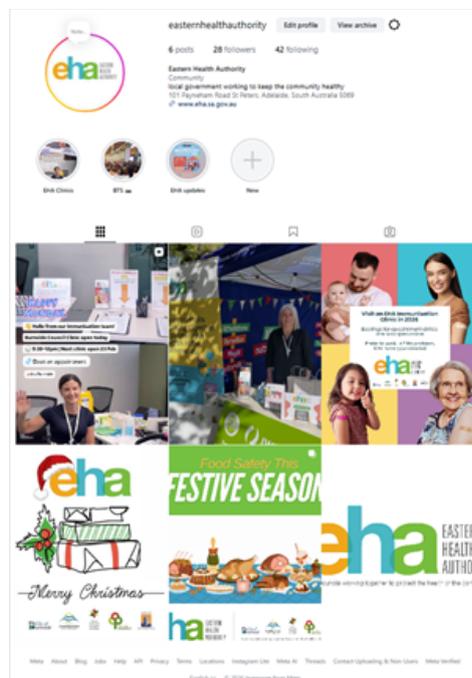
Throughout the reporting period, significant emphasis was placed on developing new communication materials across all three immunisation service areas in preparation for 2026.

New banners promoting immunisation clinics across each Constituent Council areas have been redesigned. As shown below, the clean, straightforward layout ensures the message is easily readable, clearly refers to the council area and includes a QR code linking directly to EHA’s online booking system. The new banners will be provided to the Constituent Councils in the new year ready to promote the 2026 Immunisation program.

Consistent with the existing design and theme, additional banners have been created for EHA to use both in the office and at offsite events or presentations, further promoting EHA’s public clinics and the School Immunisation Program.



During November 2025, EHA launched its first organisational Instagram page to enhance the visibility of our Immunisation and Environmental Health Services within the local community. The platform aims to positively promote our programs, strengthen engagement with our Constituent Councils and contract council, and connect with key government and non-government agencies. Through this social media channel, we seek to support public health initiatives, promote our services, and reinforce EHA's corporate image and presence across the region.



2026 School Immunisation Program

A comprehensive review of all School Immunisation Program communications was undertaken in November in preparation for the 2026 SIP rollout. The review focused on simplifying all information and instructions to ensure they were easy for schools to understand and clearly communicate to students and parents, with the aim of improving consent card return rates ahead of scheduled school immunisation visits.

Promotional communication packs were also included in the School Consent Card boxes. These packs introduced several new initiatives, including:

- an invitation for EHA to attend Year 7 Parent Transition Information Sessions, offering a short 10-minute presentation covering key dates, instructions for completing the School Immunisation Consent Card (including when not consenting), vaccines administered, and strategies for supporting anxious students.
- a flyer inviting schools to attend a 2026 SIP Information Session via Teams, which provides:
 - an introduction to the EHA team
 - an overview of key program dates
 - administrative updates designed to reduce the impact on schools
 - guidance to help schools improve consent card return rates
 - clear expectations for schools on Immunisation Day
- notification that EHA is now on Instagram
- information on EHA's Workplace Flu service

Following last year's success, a sticker was again placed on all Year 7 and Year 10 School Immunisation Consent Cards. The sticker aims to:

- inform parents and guardians that EHA is the service provider
- provide EHA's contact details for any questions
- include a QR code linking to EHA's website, where parents can access school immunisation dates, information about the SIP program, and relevant SA Health resources

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 'Audit Office of South Australia Review of Food Safety Management Report' may, if the Board of Management so determines, be considered in confidence under Clause 3.10(b) of the Eastern Health Authority Charter (with reference to the provisions of Part 3 of the *Local Government Act 1999*) at item 9.1 ('Audit Office of South Australia Review of Food Safety Management Report') of the Agenda for the Meeting of the Board on 4 March 2026 on the grounds set out at Section 90(3)(g) of the *Local Government Act 1999*.



MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER

9.1 AUDIT OFFICE OF SOUTH AUSTRALIA REVIEW OF FOOD SAFETY MANAGEMENT

RECOMMENDATION 1

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

matters that must be considered in confidence in order to ensure that EHA does not breach any law, order or direction of a court or tribunal constituted by law, any duty of confidence, or other legal obligation or duty.
3. Accordingly, on this basis, the Board considers the principle that meetings of the Board should be conducted in a place open to the public, has been outweighed by the need to keep the information or matter confidential.

RECOMMENDATION 2

That:

1. The Board of Management endorse the responses to the Audit Office of South Australia Review of Food Safety Management detailed in Item 9.1 - Review of Food Safety Management report.
2. The Audit Office of South Australia be provided with a copy of Item 9.1- Review of Food Safety Management report.

RECOMMENDATION 3

That:

1. In accordance with Clause 3.11(c) of the Eastern Health Authority Charter, the Board of Management orders that the Report relating to Audit Office of South Australia Review of Food Safety Management Report, having been considered by the Board in confidence under Clause 3.10(b) of the Eastern Health Authority Charter (by virtue of Section 90(3)(g) of the *Local Government Act 1999*), be kept confidential and not available for public inspection.

2. The Board of Management delegates to the Chief Executive Officer the power to revoke this order in whole or in part.
3. The Board of Management authorises the Chief Executive Officer to disclose the contents of the Report relating to Audit Office of South Australia Review of Food Safety Management Report, as necessary to give effect to this decision.