



Board of Management

24 June 2026



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY 24 June 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 24 June 2026 commencing at 6:30 pm.

A light meal will be served from 5:30 pm.

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

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY 24 June 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 29 April 2026 as printed and circulated be taken as read and confirmed.

6 Matters arising from the minutes

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9 Correspondence

10 Closure of Meeting

EASTERN HEALTH AUTHORITY

Minutes of the Meeting of the Board of Management of Eastern Health Authority (EHA) held at EHA Offices, 101 Payneham Road, St Peters on 29 April 2026 commencing at 6:30pm.

MEMBERS PRESENT:

Cr K Moorhouse	Norwood, Payneham & St Peters
Cr P Cornish, Cr M Dawes	Burnside
Cr M Noble, M Hammond	Campbelltown
Cr K Barnett	Prospect
Cr J Allanson	Corporation of the Town of Walkerville

In attendance:

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

1 OPENING:

The meeting was declared open by the Chairperson, Cr P Cornish at 6:30 pm.

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:

Cr C Granzio	Norwood, Payneham & St Peters
Cr T Nguyen	Prospect
Cr J Nenke	Corporation of the Town of Walkerville
N Conci	Manager, Environmental Health & Immunisation

5 CONFIRMATION OF MINUTES:

Cr K Barnett moved:

The minutes of the meeting of the Board held on 4 March 2026 and the Circular Resolution of 31 March 2026 be taken as read and confirmed.

Seconded by M Hammond

CARRIED UNANIMOUSLY 1: 042026

6 MATTERS ARISING FROM THE MINUTES:

Nil

7 ADMINISTRATION REPORT

7.1 FINANCE REPORT AND THIRD (MARCH 2026) BUDGET REVIEW FOR 2025/2026

Cr K Barnett moved:

That:

1. The Finance Report and Third (March 2026) Budget Review Report for 2025/2026 be received.

Seconded by Cr J Allanson

CARRIED UNANIMOUSLY 2: 042026

8 INFORMATION REPORTS

8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

Cr M Daws moved:

That:

1. The Environmental Health Activity Report is received.

Seconded by Cr J Allanson

CARRIED UNANIMOUSLY 3: 042026

8.2 IMMUNISATION

Cr K Moorhouse moved:

That:

1. The Immunisation Services Report is received.

Seconded by Cr J Allanson

CARRIED UNANIMOUSLY 04: 042026

9 CORRESPONDENCE

Nil

10 CLOSURE OF MEETING:

The Chairperson, Cr P Cornish, declared the meeting closed at 6:48 pm.

The foregoing minutes were printed and circulated to EHA Members and member Councils on 1 May 2026.

Cr P Cornish

CHAIRPERSON

7.1 FINANCE REPORTS

Author: Michael Livori

Ref: AF25/100

Summary

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

Report

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

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2025 to 31 May 2026				
	Actual	Budgeted	\$ Variation	% Variation
Total Operating Expenditure	\$2,309,778	\$2,631,768	(\$321,990)	-12%
Total Operating Income	\$2,962,742	\$3,017,957	(\$55,215)	-2%
Operating Result	\$652,964	\$386,189	\$266,775	69%

For the reporting period, income was \$55,215 (2%) below budget, while expenditure was \$321,990 (12%) under budget, resulting in a positive variance of \$266,775 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.

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	\$128,333	\$120,878	(\$7,455)	Reduction in inspections due to availability of staff.
Fines & Expiation Fees	\$36,667	\$15,375	(\$21,292)	Less than budgeted expiations issued this period.
Immunisation: Clinic Vaccines	\$82,500	\$99,403	\$16,903	Increase in vaccines purchased at clinics.
Immunisation: Worksite Vaccines	\$81,667	\$65,939	(\$15,728)	Timing of invoices.
Food Auditing	\$109,999	\$73,670	(\$36,329)	Revision of audit arrangements.
Interest on Investments	\$45,000	\$54,794	\$9,794	Increase in investment income received.
Total of Income Variations Requested				NIL

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 Expenditure				
Employee Costs	\$1,901,012	\$1,625,214	(\$275,799)	Time in filling vacant positions.
Financial Support Services	\$30,000	\$14,038	(\$15,962)	Financial Support expenses less than budgeted YTD.
Insurance	\$52,000	\$46,973	(\$5,027)	Timing of invoices.
Electricity	\$14,667	\$9,241	(\$5,426)	Change to lower rate plan by City of Norwood, Payneham and St Peters.
Admin Sundry	\$9,167	\$14,966	\$5,800	Increase relates to offsite records storage.
Fringe Benefits Tax	\$16,000	\$22,440	\$6,440	Based on previous year return.
Legal	\$18,333	\$22,440	(\$7,034)	Less Legal cost YTD
Immunisation Worksite Vaccines	\$31,000	\$23,250	(\$7,750)	Lower cost vaccines.
Total of Operating Expenditure Variations Requested				\$0K
Net Result of Operating Variations Requested				\$0K

There is no operational budget variations requested or required in this review.

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.

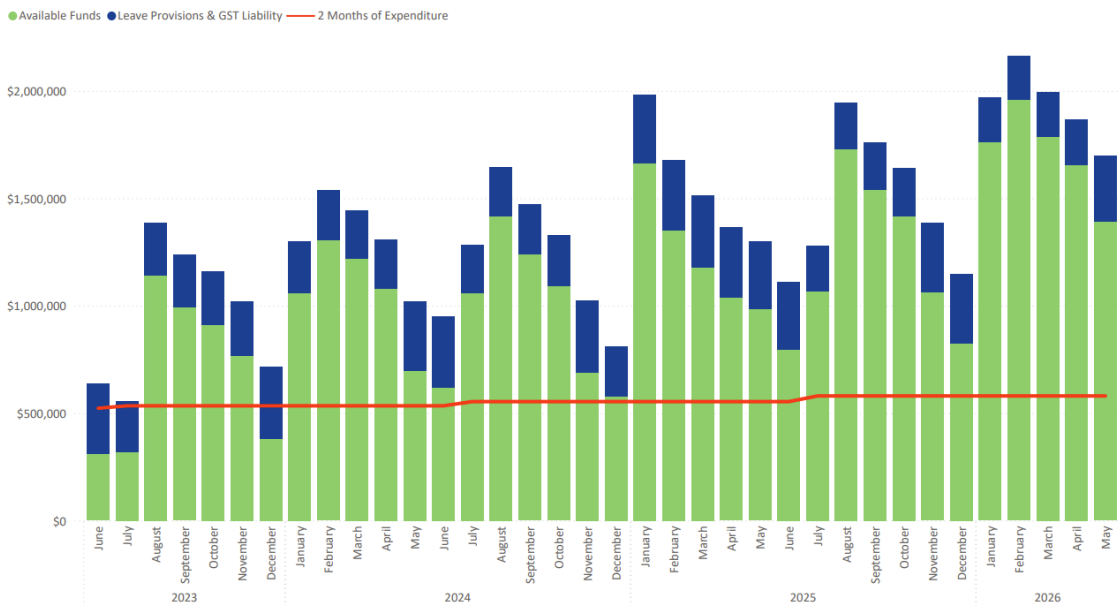
The projected annual operating expenditure for EHA in 2026 is \$3,093,400, requiring working capital of \$257,783 per month to cover salaries and other operating costs. The target minimum cash level is currently \$515,566.

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) June 2023 to May 2026

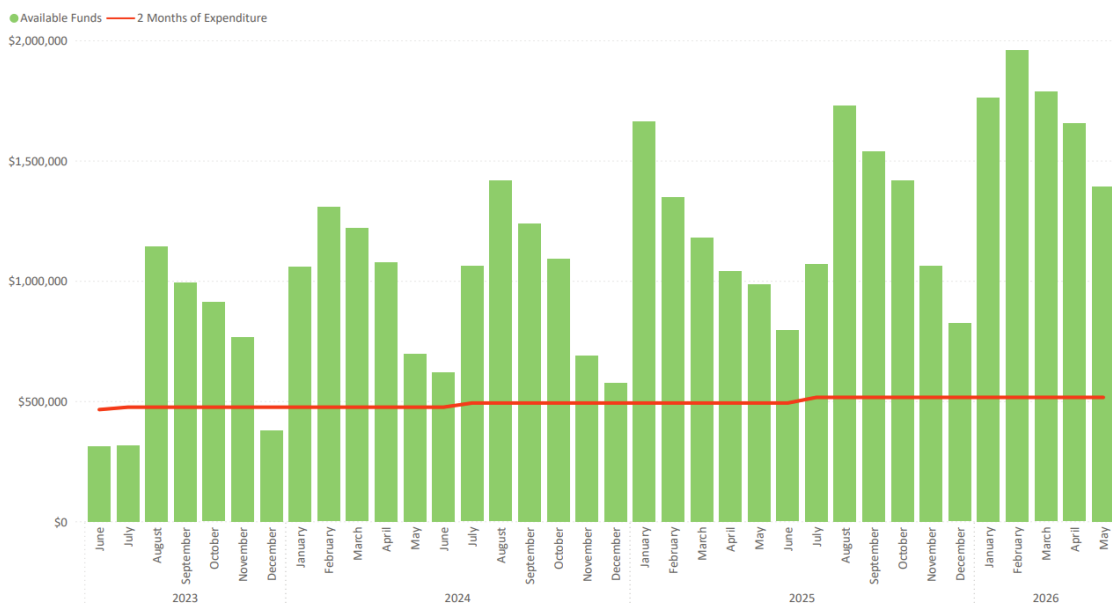


Graph 2 – “Available Cash Analysis” provides details regarding *available cash* over the previous three-year period. It indicates that *available cash* was \$1,392,493 on 31 May 2026 compared with \$1,785,551 on 31 March 2026.

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 six-monthly payments from Constituent Councils.
- As a result of surplus outcomes in 2024 and 2025, the target levels have been maintained since January 2024.

Graph 2 - Available Cash Analysis June 2023 to May 2026



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 Financial Report is received.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2025 to 31 May 2026				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$628,812	\$628,812	\$0	0%
City of Campbelltown	\$577,522	\$577,522	\$0	0%
City of NPS	\$667,700	\$667,700	\$0	0%
City of Prospect	\$243,028	\$243,028	\$0	0%
Town of Walkerville	\$83,938	\$83,938	\$0	0%
Total Constituent Council Contributions	\$2,201,000	\$2,201,000	\$0	0%
Statutory Charges				
Food Inspection fees	\$120,878	\$128,333	(\$7,455)	-6%
Legionella registration and Inspection	\$6,547	\$8,708	(\$2,161)	-25%
SRF Licenses	\$386	\$0	\$386	0%
Fines & Expiation Fees	\$15,375	\$36,667	(\$21,292)	-58%
Total Statutory Charges	\$143,186	\$173,708	(\$30,522)	-18%
User Charges				
Immunisation: Service Provision	\$60,000	\$60,000	\$0	0%
Immunisation: Clinic Vaccines	\$99,403	\$82,500	\$16,903	20%
Immunisation: Worksites Vaccines	\$65,939	\$81,667	(\$15,728)	-19%
Food Auditing	\$73,670	\$109,999	(\$36,329)	-33%
Total User Charges	\$299,011	\$334,166	(\$35,154)	-11%
Grants, Subsidies, Contributions				
Immunisation School Program	\$236,232	\$235,000	\$1,232	1%
Immunisation:ACIR	\$21,462	\$22,667	(\$1,205)	-5%
Total Grants, Subsidies, Contributions	\$257,694	\$257,667	\$28	0%
Investment Income				
Interest on investments	\$54,794	\$45,000	\$9,794	22%
Total Investment Income	\$54,794	\$45,000	\$9,794	22%
Other Income				
Sundry Income	\$7,056	\$6,417	\$640	10%
Total Other Income	\$7,056	\$6,417	\$640	10%
Total Income	\$2,962,742	\$3,017,957	(\$55,215)	-2%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2025 to 31 May 2026				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$1,414,256	\$1,644,154	(\$229,898)	-14%
Superannuation	\$168,029	\$201,442	(\$33,413)	-17%
Workers Compensation	\$16,470	\$20,150	(\$3,680)	-18%
Employee Leave - LSL Accruals	\$23,459	\$32,267	(\$8,808)	-27%
Medical Officer Retainer	\$3,000	\$3,000	\$0	0%
Total Employee Costs	\$1,625,214	\$1,901,012	(\$275,799)	-15%
Prescribed Expenses				
Auditing and Accounting	\$15,495	\$17,000	(\$1,505)	-9%
Financial Support Services	\$14,038	\$30,000	(\$15,963)	-53%
Insurance	\$46,973	\$52,000	(\$5,027)	-10%
Maintenance	\$40,592	\$37,667	\$2,926	8%
Vehicle Leasing/maintenance	\$65,907	\$68,750	(\$2,843)	-4%
Total Prescribed Expenses	\$183,005	\$205,417	(\$22,411)	-11%
Rent and Plant Leasing				
Electricity	\$9,241	\$14,667	(\$5,426)	-37%
Plant Leasing Photocopier	\$2,107	\$2,200	(\$94)	-4%
Rent	\$115,294	\$113,667	\$1,627	1%
Water	\$0	\$300	(\$300)	-100%
Gas	\$0	\$2,700	(\$2,700)	-100%
Total Rent and Plant Leasing	\$126,641	\$133,533	(\$6,892)	-5%
IT Licensing and Support				
IT Licences and Support	\$135,481	\$131,500	\$3,981	3%
Internet	\$6,917	\$5,500	\$1,417	26%
IT Other	\$457	\$1,833	(\$1,376)	-75%
Total IT Licensing and Support	\$142,855	\$138,833	\$4,021	3%
Administration				
Administration Sundry	\$14,966	\$9,167	\$5,800	63%
Accreditation Fees	\$714	\$3,556	(\$2,842)	-80%
Board of Management	\$9,387	\$11,000	(\$1,613)	-15%
Bank Charges	\$1,307	\$3,667	(\$2,360)	-64%
Public Health Sundry	\$1,723	\$4,583	(\$2,861)	-62%
Fringe Benefits Tax	\$22,440	\$16,000	\$6,440	40%
Health Promotion	\$11,995	\$9,000	\$2,995	33%
Legal	\$11,299	\$18,333	(\$7,034)	-38%
Printing & Stationery & Postage	\$20,398	\$22,000	(\$1,602)	-7%
Telephone	\$13,690	\$15,583	(\$1,894)	-12%
Work Health and Safety	\$9,893	\$14,500	(\$4,607)	-32%
Staff Amenities	\$1,707	\$4,583	(\$2,876)	-63%
Staff Training	\$16,457	\$16,250	\$207	1%
Human Resource Sundry	\$8,574	\$10,500	(\$1,926)	-18%
Total Administration	\$144,550	\$158,722	(\$14,172)	-9%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2025 to 31 May 2026				
Immunisation				
Immunisation Consumables	\$12,829	\$11,000	\$1,829	17%
Immunisation Clinic Vaccines	\$53,674	\$50,417	\$3,258	6%
Immunisation Worksite Vaccines	\$23,250	\$31,000	(\$7,750)	-25%
Total Immunisation	\$89,754	\$92,417	(\$2,663)	-3%
Income Protection	(\$4,341)	\$0	(\$4,341)	0%
Total Uniforms/Income protection	(\$4,341)	\$0	(\$4,341)	0%
Sampling				
Legionella Testing	\$2,100	\$1,833	\$267	15%
Total Sampling	\$2,100	\$1,833	\$267	15%
Total Finance Costs	\$0	\$ -	\$0	0%
Total Materials, contracts and other expenses	\$2,309,778	\$2,631,768	(\$321,990)	-12%
Total Operating Expenditure	\$2,309,778	\$2,631,768	(\$321,990)	-12%
Total Operating Income	\$2,962,742	\$3,017,957	(\$55,215)	-2%
Operating Result	\$652,964	\$386,189	\$266,775	69%

7.2 ADOPTION OF ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2026/2027

Author: Michael Livori
Ref: AF25/72

Summary

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

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

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

7.3. Budget

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

Report

On 19 March 2026, Board of Management members were provided with a report in relation to the Draft Annual Business Plan and Budgeted Financial Statements that was developed for the 2026/2027 financial year. The Draft Annual Business Plan and Budgeted Financial Statements for 2026/2027 were subsequently endorsed via circular resolution on 31 March 2026 as detailed below.

Resolution Endorsed by Circular Resolution

1.0 DRAFT ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2026/2027

1. The Draft Annual Business Plan and Budgeted Financial Statements for 2026/2027 Report is received.
2. The Draft Annual Business Plan and Budgeted Financial Statements for 2026/2027 provided as attachment 1 to this report is endorsed.
3. The Draft Annual Business Plan and Budgeted Financial Statements for 2026/2027 provided as attachment 1 to this report is provided to Constituent Councils for endorsement.

There were eight (8) votes in favour, zero (0) votes against. Eight (8) votes were received before the prescribed date and time in the notice of Friday 27 March 2026 5:00pm.

There have been no material changes made to the content of the Draft Annual Business Plan and Budgeted Financial Statements for 2026/2027 provided as attachment 1 to this report from those presented for the Boards consideration via a Circular Resolution on 19 March 2026 and provided to Constituent Councils for consideration on 31 March 2025 (attachment 2). The Draft Annual Business Plan and Budgeted Financial Statements have however been updated into a presentational format.

Correspondence received from Constituent Councils is provided as attachment 3 which details that all Constituent Councils have endorsed the Draft Annual Business Plan and Budgeted Financial Statements for 2026/2027.

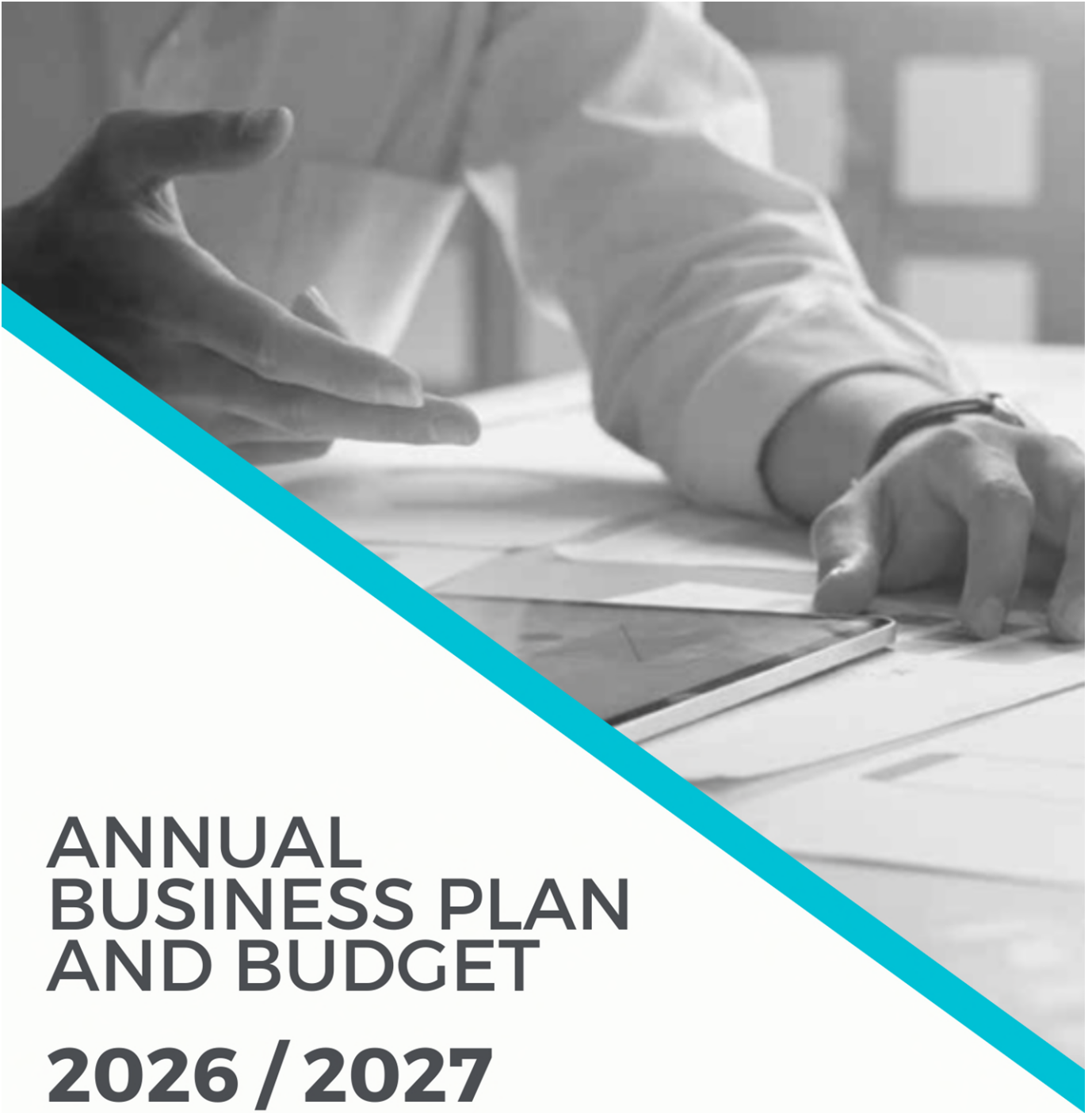
EHA has now complied with clauses 8.1(c) of its Charter in seeking endorsement from its Constituent Councils in relation to its Annual Business Plan and Budget.

In accordance with the *Local Government Act 1999* and the Eastern Health Authority Charter, the Annual Business Plan and Budget for 2026/2027 (provided as attachment 1) now require adoption by the Board.

RECOMMENDATION

That:

1. The report regarding the adoption of the Eastern Health Authority Annual Business Plan and Budgeted Financial Statements for 2026/2027 is received.
2. The Eastern Health Authority Annual Business Plan and Budget for 2026/2027 provided as attachment 1 to the report is adopted.
3. A copy of the Eastern Health Authority Annual Business Plan 2026/2027 incorporating the Budget is provided to the Chief Executive Officer of each Constituent Council within five business days.



ANNUAL BUSINESS PLAN AND BUDGET

2026 / 2027



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About Eastern Health Authority

Eastern Health Authority (EHA) is a regional subsidiary established under the Local Government Act 1999. Located in Adelaide’s eastern and inner northern suburbs, EHA has a long and proud history of protecting the health, safety and wellbeing of these communities currently comprising approximately 173,603 residents.

Vision

To protect and enhance the health, safety and wellbeing of our region.

Mission

To be a trusted leader in providing evidence-based services, advice and advocacy on public health protection on behalf of our Constituent Councils.

Constituent Councils

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

Guided by the functions and powers outlined in its Charter, EHA provides centralised service delivery and operates as the “combined environmental health department” of each council in the region.

EHA’s success is built on our singular and dedicated focus on public and environmental health, specialist and passionate staff, and strong and open relationships with our Constituent Councils. EHA also effectively advocates on public health matters as a united regional voice.

The approach represents outstanding value for money for ratepayers and means our communities enjoy the highest standards of environmental health services, which continue to evolve, but generally include:

- Inspection and regulation of food premises
- Immunisation
- Hygiene and sanitation control
- Monitoring and regulation of communicable and infectious disease
- Licencing and monitoring of Supported Residential Facilities (SRFs).

EHA’s services are delivered by a small and highly skilled team and overseen by a Board of Management comprised of two representatives from each of the Constituent Councils. EHA is funded by contributions from Constituent Councils, service delivery income and grant revenue.

Key Statistics

Population Served	173,603
Staffing	25 Staff (18 FTE)
Number of Inspections Undertaken	1,811
Number of Immunisations Administered	19,673
Total Budget	\$3,114K
Grant Funding Received	\$265K
User Income Generated	\$336K
Constituent Council Contributions	\$2,281K

Developing our Annual Business Plan

EHA has developed an Annual Business Plan (ABP) and Budget that outlines its objectives and activities for the upcoming financial year, specifying its financial requirements and how it will measure and monitor performance.

The ABP is aligned to our strategic priorities as set out in our *Strategic Plan – Towards 2033* and demonstrates our commitment to good governance and fulfilling our responsibilities as outlined in our Charter.

Towards 2033 Strategic Priorities

1. Deliver great public and environmental health services
2. Grow our immunisation programs
3. Strengthen food safety practices across our region
4. Govern well and demonstrate leadership within the public health sector



Strategic Influences

The environment in which EHA and our Constituent Councils operate is always changing. When preparing the ABP, EHA has considered the key influences that we need to be aware of and respond to throughout the next 12 months.

The major external factors that we have taken into consideration in the preparation of our ABP are summarised below through a PESTEL analysis.

<p>P Political</p>	<ul style="list-style-type: none"> • Changes in state and local government focus, direction and policies • Changes to service expectations.
<p>E Economic</p>	<ul style="list-style-type: none"> • Labour costs and Enterprise Agreement obligations. • Service and Programming changes. • Stable school immunisation programming.
<p>S Social</p>	<ul style="list-style-type: none"> • Community attitudes to vaccines. • Community expectations of environmental health. • Community attitude towards compliance.
<p>T Technological</p>	<ul style="list-style-type: none"> • Increased functionality from enhanced immunisation database. • Data collection and analysis. • Online services and information provision.
<p>E Environmental</p>	<ul style="list-style-type: none"> • Environmental health impacts of a changing climate. • Increased risk of emergency events from a changing climate. • Disease from pests.
<p>L Legal</p>	<ul style="list-style-type: none"> • Public health legislation and regulations (including reporting). • Training and compliance requirements. • Registration and licensing systems.

Annual Business Plan Overview

Summary

Strategic Priority	Supporting Actions
<p>Priority 1 Deliver great public and environmental health services</p>	<ol style="list-style-type: none"> 1. Continue to update EHA's wastewater register and communicate key information regarding service schedules to affected properties and updates accordance with the SA Public Health (Wastewater) Regulations 2013. 2. Create a set of public health templates for EHO's to use when investigating public health complaints and communicating findings and required actions to businesses and residents. 3. Continue to provide feedback to SA Health on the review of Public Health Regulations review as required. 4. Commence the review and update of EHA's Emergency Public Health Management Plan.
<p>Priority 2 Grow our immunisation programs</p>	<ol style="list-style-type: none"> 5. Increase awareness of EHA's public immunisation clinic program by leveraging the various communication channels including use of EHA's and council's social media platforms, community newsletters, and other local advertising channels, to reach a wider audience. 6. Continue to uphold strong governance and ensure the successful delivery of EHA's public clinic immunisation program, fully aligned with the National Immunisation Program (NIP) Schedule. 7. Deliver the School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract. In partnership with SA Health, develop and distribute communication toolkits for schools and families to facilitate clear and effective information sharing. 8. Develop a business case for providing immunisation services to non-Constituent Councils, based on available opportunities. 9. Explore additional opportunities within the community to promote EHA's services, such as partnering with local organisations, utilising local media platforms.

Strategic Priority	Supporting Actions
Priority 3 Strengthen food safety practices across our region	10. Review and update the food business 'Welcome Pack' to provide up to date and relevant information for new food business. 11. Diversify the delivery of food safety training materials through social media and face to face training. 12. Undertake a performance evaluation of food safety inspection practices provided by EHA.
Priority 4 Govern well and demonstrate leadership within the public health sector	13. Revise Annual Business Plan Structure to align with EHA Strategic Plan – Towards 2033. 14. Distribution of targeted quarterly performance reports for Constituent Councils to supplement Board reports. 15. Deliver upon request a presentation highlighting strengths and benefits of centralised service delivery model for Constituent Council Elected Members. 16. Workplace Health and Safety (WHS) Performance – Effectively identifying and mitigating workplace hazards to ensure the health, safety, and wellbeing of employees, with measurable outcomes.

Strategic Priority 1 – Deliver great public and environmental health services

Outcomes and Key Performance Indicators

Outcome	KPIs
1.1 The health and safety of our communities is strengthened through our environmental health services.	<ul style="list-style-type: none"> EHA meets at least 95% of public health inspection requirements in accordance with legislation and adopted service standards. At least 90% of public health complaints are acknowledged within 48hrs and investigated within EHA's adopted service standards.
1.2 Residents and businesses take action to reduce public health risks because of our proactive communications and education.	<ul style="list-style-type: none"> 100% of public pools and spas receive communication regarding communicable diseases prior to the summer season. Use EHA's social media platforms to publish five posts including public health messaging. Distribute public health communication / education material targeted to residents and or businesses three times a year or as required by SA Health for Constituent Councils to publish.

<p>1.3 Actively engaging with other organisations results in wider and more effective efforts to manage public health risks across the region.</p>	<ul style="list-style-type: none"> • Continue to actively attend all scheduled State Interagency Hoarding and Squalor Network Meetings. • Host at least two information sessions for new Constituent Council employees to communicate EHA's service provisions.
<p>1.4 Resilience to climate and emergency risks across our region is strengthened through the delivery of our public and environmental health services.</p>	<ul style="list-style-type: none"> • Attend and participate in all Scheduled Eastern Adelaide Zone Emergency Management Committee meetings. • Participate in at least one business continuity or emergency management plan exercise each year, or as requested.

Core Services

EHA is committed to delivering the following core services in support of achieving its Strategic Priorities and Supporting Outcomes:

- Comply with relevant legislation and reporting requirements in undertaking assessments and investigating complaints to ensure appropriate standards are met in regulated premises:
 - Public swimming pools and spas
 - Cooling towers and warm water systems
 - Personal care and body art
 - Onsite wastewater management systems
- Deliver multi-agency responses to public health enquiries and complaints within the built environment that give rise to public health risk.
- Provide information, advice and resources to households and businesses to assist with the management of public health risks.
- Contribute to and promote inter-agency management of residents impacted by hoarding and squalor.
- Develop, maintain, and distribute a comprehensive range of health education and promotion material to educate the community and promote good public health supporting areas of focus identified by SA Health.
- Assess applications under the Supported Residential Facilities legislation and undertake inspections and investigations to ensure residents receive an appropriate level of care.
- EHA conduct unannounced audits of all single license and non-dual Support Residential Facilities each year.
- Liaise with Constituent Councils and Eastern Adelaide Zone Emergency Management Committee to ensure integration of emergency management arrangements.
- Provide public and environmental health information to the community and businesses during emergencies to minimise public health consequences of emergency events.
- Actively collaborate and participate in the State Inter-agency Hoarding and Squalor group (SAHSN).

Supporting Actions

Supporting Actions	Why this matters?	Strategic Alignment
1. Continue to update EHA's wastewater register and communicate key information regarding service schedules to affected properties and updates accordance with the SA Public Health (Wastewater) Regulations 2013.	Maintaining an up-to-date wastewater register is essential to ensure these systems can be monitored. Using the information gathered allows for communication to be made regarding maintenance and how to identify public health risks that arise from wastewater systems on their property.	1.1 1.2
2. Create a set of public health templates for EHO's to use when investigating public health complaints and communicating findings and required actions to businesses and residents.	Templates encourage a consistent approach to investigation and ensure that the community is receiving clear and correct information regarding management of public health risks.	1.1 1.2
3. Continue to provide feedback to SA Health on the review of Public Health Regulations review as required.	EHA's key responsibility is to administer the Public Health Act and its associated Regulations. Providing feedback to the review of the Regulations enables EHA to address what is working well and areas of change to enable these legislative tools to be effective to ensure residents are provided with a safe and healthy lifestyle.	1.1
4. Commence a review and updating of EHA's Emergency Management Plan.	A new Local Government Emergency Management Framework and Council Management Policy Template has been released. Updating EHA's Emergency Management Plan will strengthen clarity, consistency and safety in how EHA prepares for emergency management activities.	1.4

Strategic Priority 2 – Grow our immunisation programs

Outcomes and Key Performance Indicators

Outcome	KPIs
2.1 Contribute to reducing the spread of preventable disease through effective immunisation programs that are delivered in accordance with legislation and standards.	<ul style="list-style-type: none"> • Annual public clinic performance evaluation completed. • Service surveys are completed at the conclusion of both the annual School Immunisation Program and the Workplace Flu Program. • Annually conduct an internal review to ensure immunisation services are being delivered in full compliance with relevant legislation and standards.
2.2 Our immunisation programs are highly valued and trusted by the community because they are accessible, efficient and client centric.	<ul style="list-style-type: none"> • At least 75% of public clinic bookings will be made online, improving convenience for clients. • All eligible students are offered vaccinations through the School Immunisation Program (SIP). • Clinic Timetable is annually reviewed in consultation with Constituent Councils. Timetable for the new calendar year is published by first week of December. • Host at least two information sessions for new Constituent Council employees to communicate EHA's immunisation service provisions.
2.3 More people are immunised, and EHA's revenue streams are further diversified, through new immunisation programs and activities that deliver a net benefit to Constituent Councils.	<ul style="list-style-type: none"> • Aim to reach a renewal rate of at least 60% for the Workplace Flu Immunisation Program.
2.4 Support advocacy with funders and regulators for improved funding to make our immunisation programs more sustainable.	<ul style="list-style-type: none"> • Continue to advocate as appropriate no reduction in the level of State Government funded provided to EHA to deliver immunisation services.

Core Services

EHA is committed to delivering the following core services in support of achieving its Strategic Priorities and Supporting Outcomes:

- Deliver the School Immunisation Program in alignment with the SA Health Service Agreement, ensuring the program meets all required standards and effectively serves the needs of students and the broader community.
- Ensure effective governance and delivery of a public health immunisation program in compliance with relevant legislation and EHA's adopted service standards.
- Promote and offer a professional Workplace Immunisation Program on a fee-for-service basis.
- Promote EHA's public immunisation clinic program in line with EHA's marketing strategies.

- Provide Constituent Councils with educational and promotional materials related to immunisation.
- Promote EHA's online booking system for immunisation appointments, improving accessibility and convenience for clients.
- Engage in discussions with SA Health and the Local Government Association regarding funding and support for the delivery of local government immunisation services.
- Annual Cold Chain audit and pharmaceutical refrigerator maintenance undertaken.
- Continued focus on conducting thorough catch-up immunisation history assessments to ensure individuals are up to date with their immunisations.

Supporting Actions

Supporting Actions	Why this matters?	Strategic Alignment
1. Increase awareness of EHA's public immunisation clinic program by leveraging the various communication channels including use of EHA's and council's social media platforms, community newsletters, and other local advertising channels, to reach a wider audience.	Raising awareness of EHA's immunisation services improves community access to timely, evidence-based vaccinations and helps increase overall immunisation coverage to a wider and more diverse audience, ensuring important information is accessible, visible, and trusted. This focus helps boost immunisation uptake, supports equitable access across different population groups, and strengthens overall community protection by reducing preventable disease risks.	2.2
2. Continue to uphold strong governance and ensure the successful delivery of EHA's public clinic immunisation program, fully aligned with the National Immunisation Program (NIP) Schedule.	<p>Reviewing all required immunisation policies, ensuring they remain current, supports safe and consistent service delivery, and effectively reduces operational risks.</p> <p>Providing monthly updates on vaccine developments and the NIP keeps the team informed, and fully aligned with national requirements, ensuring they can deliver EHA's public clinic immunisation program safely, accurately, and to a consistently high standard.</p>	2.1 2.2
3. Deliver the School Immunisation Program (SIP) in accordance with the SA Health Service Agreement contract. In partnership with SA Health, develop and distribute communication toolkits for schools and families to facilitate clear and effective information sharing.	Providing schools and parents with relevant information strengthens community confidence in immunisation and support high immunisation coverage rates.	2.1 2.2

<p>4. Develop a business case for providing immunisation services to non-Constituent Councils, based on available opportunities.</p>	<p>Expanding EHA's services beyond the Constituent Council areas may strengthen the sustainability and community value of EHA's immunisation program long-term.</p>	<p>2.3</p>
<p>5. Explore additional opportunities within the community to promote EHA's services, such as partnering with local organisations, utilising local media platforms.</p>	<p>Expanding working relationships with local trusted organisations increases EHA's visibility within the local community and increases community confidence in EHA's services.</p>	<p>2.3</p>

Strategic Priority 3 – Strengthen food safety practices across our region

Outcomes and Key Performance Indicators

Outcome	KPIs
3.1 Contribute to the control of preventable illness through the effective monitoring and enforcement of food safety standards in our region.	<ul style="list-style-type: none"> Conduct at least 90% of required 'high risk' Priority 1 and Priority 2 food business inspections. At least 90% of food complaints are responded to within 48 hours and investigated within EHA's adopted service standards.
3.2 Food businesses take action to reduce food safety risks because of our proactive communication and education, and relationship building.	<ul style="list-style-type: none"> The average star given under the SA Health Food Star Rating Scheme is increasing annually. At least 95% of all new food businesses sent an electronic EHA Welcome Pack following notification. Provide at least three food safety training session annually. Use EHA's social media platforms to publish at least five posts including food safety messaging. Distribute food safety communication / education material targeted to residents and or businesses three times a year or as required by SA Health for Constituent Councils to publish. Host at least two information sessions for new Constituent Council employees to communicate EHA's service provisions.

Core Services

EHA is committed to delivering the following core services in support of achieving its Strategic Priorities and Supporting Outcomes:

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

- Provide reports on food safety assessments investigations and actions to the Board, Constituent Councils and SA Health.
- Provide food safety training for food businesses within EHA's Constituent Council area.
- Collate food safety newsletters to be distributed to EHA's food businesses.
- Develop and maintain a comprehensive range of health education and promotion material on food safety related issues and in particular areas of focus identified by SA Health.

Supporting Actions

Supporting Actions	Why this matters?	Strategic Alignment
1. Review and update the new food business, 'Welcome Pack' to provide up to date and relevant information for new food business.	Providing businesses with relevant information encourages compliance with food safety standards. An updated information pack can provide necessary information for food businesses on fit out requirements, training, food safety practices to ensure they are aware of relevant food safety standards upon commencing their business.	3.1 3.2
2. Diversify the delivery of food safety training materials through social media and face to face training.	Requirements for training for food businesses have been updated in previous years with the introduction of Food Safety Standard 3.2.2A. This has impacted the way food businesses engage in training materials. Exploring alternative delivery methods for food safety training to meet current needs of food businesses can contribute to improved food safety practices.	3.2
3. Undertake a performance evaluation of food safety inspection practices provided by EHA.	The purpose of the evaluation is to identify opportunities to continually improve and maintain a high-quality food safety inspection that comply with relevant legislation.	3.1

Strategic Priority 4 – Govern well and demonstrate leadership within the public health sector

Outcomes and Key Performance Indicators

Outcome	KPIs
4.1 EHA is effectively governed in accordance with the EHA Charter and other legislation we operate under.	<ul style="list-style-type: none"> • No instances of non-compliance with the EHA Charter. • No instances of non-compliance with the reporting requirements to external bodies required by legislation. • Ongoing review and implementation as required of identified risk controls in the EHA Corporate Risk Plan.
4.2 EHA is valued by its Constituent Councils as a result of regular and two-way communication.	<ul style="list-style-type: none"> • Meet with Constituent Council nominated contacts at least four times per year. • Provide an Annual Report to Constituent Councils by 30 September. • All Constituent Councils participate in EHA's Annual Business Plan and Budget setting process.
4.3 EHA is known and trusted as a thought leader and effective advocate on public and environmental health matters.	<ul style="list-style-type: none"> • Written submissions on public health reform proposals are endorsed by the Board. • Attend meetings of the Environmental Managers Forum.
4.4 Systems and technology allow us to innovate, work more efficiently and achieve stronger public health and safety outcomes.	<ul style="list-style-type: none"> • Deliver planned system enhancements to Content Manager. • Complete WHS inspections onsite and offsite digitally and report to ensure compliance with a focus to improve safety monitoring. • Reduce preparation time with the introduce of Power BI for our immunisation clinic reporting. • Develop, test, and maintain a Business Continuity Plan to ensure critical operations continue during disruptions, measured by completion of annual testing and plan updates. • Complete a Records Management Review to ensure compliance and efficiency.
4.5 We provide a safe, healthy and rewarding work environment.	<ul style="list-style-type: none"> • Review and maintain WHS systems to ensure compliance and a safe workplace. • Conduct regular monitoring, with input from the Work Safety Committee, to identify areas for improvement and assess the effectiveness of safety and wellness initiatives.

- Promote a safe workplace through active Work Safety Committee oversight, minimizing notifiable WHS incidents, and ensuring completion of required WHS training.
- Provide annual health checks, skin clinics, and mental health sessions to support employee wellbeing, psychological safety, and resilience.

Core Services

EHA is committed to delivering the following Core Services in support of achieving its Strategic Priorities and Supporting Outcomes:

- Prepare and monitor a Long-Term Financial Plan.
- Monitor and maintain our Corporate Risk Plan.
- Make submissions on public health reforms on behalf of Constituent Councils.
- Compile and submit all periodic reports on EHAs activities required by legislation (Public Health Act, Food Act, Safe Drinking Water Act etc.).
- Explore the potential for the expansion of service provision to areas outside of current Constituent Councils.
- Foster team cohesiveness and support effective teamwork.
- Provide systems for a safe working environment with appropriate Work Health and Safety (WHS) practices in place.
- Provide professional development opportunities for staff and encourage membership of relevant professional organisations.

Supporting Actions

Supporting Actions	Why this matters?	Strategic Alignment
1. Revise Annual Business Plan Structure to align with EHA Strategic Plan – Towards 2033.	Constituent Councils have determined to adopt a new approach to public health planning in the next iteration. In response, EHA has developed its Strategic Plan – “Towards 2033”, which will guide our work beyond 2025, ensuring it remains strategically focused and aligned with council priorities.	4.1
2. Distribution of targeted quarterly performance reports for Constituent Councils to supplement Board reports.	Quarterly reports provide easily digestible performance data in a dashboard format, highlighting EHA’s high-level service delivery. This strengthens transparency and council engagement.	4.2
3. Deliver upon request a presentation highlighting strengths and benefits of centralised service delivery model for Constituent Council Elected Members.	Presentations demonstrate EHA’s value as a centralised provider, fostering strategic engagement, relationships, and understanding of public health service delivery.	4.2

<p>4. Workplace Health and Safety (WHS) Performance – Effectively identifying and mitigating workplace hazards to ensure the health, safety, and wellbeing of employees, with measurable outcomes.</p>	<p>Effective identification and mitigation of workplace hazards to ensure legal compliance, reduced risk, and demonstrate EHA’s commitment to a safe, healthy, and rewarding work environment.</p> <p>Measuring performance and implementing improvements builds trust with employees, clients, and Constituent Council members.</p>	<p>4.4</p>
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Budget Overview

EHA forecasts the following operating result for the upcoming financial year.

Operating result Deficit/Surplus/Breakeven (\$0)

A total of \$2,281,900 will be raised through contributions from Constituent Councils, which represents a 3.68 % increase in overall collective contributions when compared to the previous year.

Operating Activity	(\$'000s)
Total Income	\$3,114
Less	
Employee costs	\$2,199
Operating Expenditure	\$857
Depreciation	\$58
Net Surplus (Deficit)	\$0

The key assumptions and influences that have been used to prepare the 2026-27 Budget are summarised below.

- Generally, a business as usual approach
- CPI Adelaide – December 2025 - 3.3%
- Annual public sector wage growth – December 2025 – 4.0%
- Current Enterprise Agreement expires 30 June 2026
- No Changes to the 2026 or 2027 School Immunisation Program

Budgeted Financial Statements can be found on pages 20 - 23 and consist of:

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

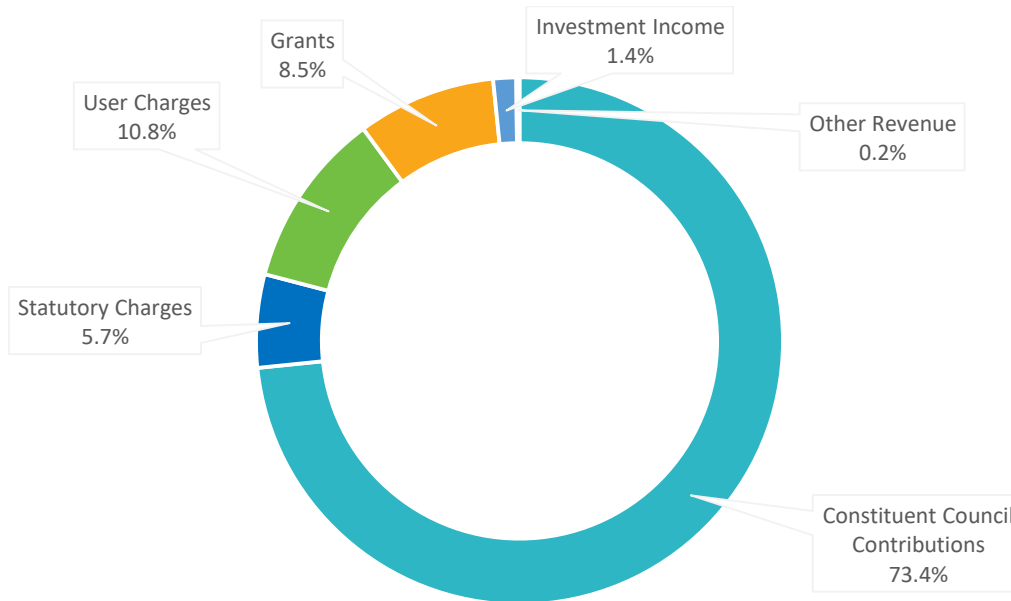
Our performance against this ABP will be reported in our Annual Report, which will be provided to Constituent Councils by 30 September 2026.

Funding the Annual Business Plan

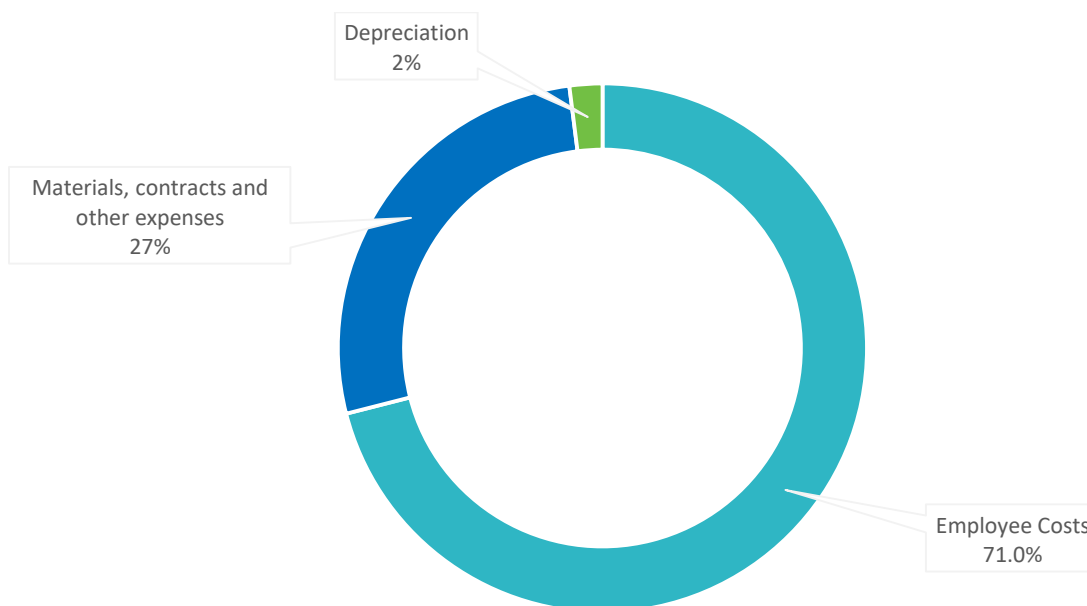
The component of income required from Constituent Councils to fund EHA operations is determined by a formula contained within the EHA Charter.

Aside for a 5% nominal administrative component that is shared equally (1% per council), costs are shared on a proportional basis, dependent upon the numbers of individual public health activities conducted by EHA on behalf of Constituent Councils.

Sources of Operating Revenue



Expenditure Breakdown



2026-27 Budget

Statement of Comprehensive Income

Statement of Comprehensive Income	Adopted Budget 2025/26 ¹	Draft Budget 2026/27 ²
Income		
Council contributions	2,201,000	2,281,900
Statutory charges	191,400	179,000
User charges	390,000	336,500
Grants, subsidies and contributions	259,000	265,000
Investment income	45,000	45,000
Other income	7,000	7,000
Total income	3,093,400	3,114,400
Expenses		
Employee costs	2,196,000	2,199,000
Materials, contracts and other expenses	849,400	857,400
Finance charges	-	-
Depreciation	48,000	58,000
Total Expenses	3,093,400	3,114,400
Operating Surplus / (Deficit)	-	-
Net gain (loss) on disposal of assets	-	-
Net Surplus / (Deficit)	-	-
Total Comprehensive Income	-	-

¹ As at 30 December 2026

² For year ending 30 June 2027

Statement of Cash Flows

Statement of Cash Flows	Adopted Budget 2025/26 ³	Draft Budget 2026/27 ⁴
Cashflow from Operating Activities		
Council contributions	2,201,000	2,281,900
Fees and other charges	191,400	179,000
User charges	390,000	336,500
Investment receipts	45,000	45,000
Grants utilised for operating purposes	259,000	265,000
Other	7,000	7,000
Payments		
Employee costs	(2,196,000)	(2,199,000)
Materials, contracts and other expenses	(849,400)	(857,400)
Finance payments	-	-
Net Cash Provided / (Used) by Operating Activities	48,000	58,000
Cash Flows from Financing Activities	-	-
Loans Received	-	-
Repayment of borrowings	-	-
Repayment of finance lease liabilities	-	-
Net Cash Provided / (Used) by Financing Activities	-	-
Cash Flows from Investing Activities		
Receipts	-	-
Sale of replaced assets	-	-
Payments	-	-
Expenditure on renewal / replacement of assets	-	-
Expenditure on new / upgraded assets	-	-
Distributions paid to Constituent Councils	-	-
Net Cash Provided / (Used) by Investing Activities	-	-
Net Increase (Decrease) in Cash Held	48,000	58,000
Cash and Cash Equivalents at start of reporting period	1,002,882	1,050,882
Cash and Cash Equivalents at end of reporting period	1,050,882	1,108,882

³ As at 30 December 2026

⁴ For year ending 30 June 2027

Statement of Financial Position

Statement of Financial Position	Adopted Budget 2025/26 ⁵	Draft Budget 2026/27 ⁶
Current Assets		
Cash and Cash Equivalents	1,050,882	1,108,882
Trade and Other Receivables	187,908	187,908
Total Current Assets	1,238,790	1,296,790
Non-Current Assets		
Infrastructure, property, plant and equipment	903,746	845,746
Total Non-Current Assets	903,746	845,746
Total Assets	2,142,536	2,142,536
Current Liabilities		
Trade and Other Payables	198,870	198,870
Provisions	289,788	289,788
Borrowings	139,565	139,565
Total Current Liabilities	628,223	628,223
Non-Current Liabilities		
Provisions	33,030	33,030
Borrowings	782,210	782,210
Total Non-Current Liabilities	815,240	815,240
Total Liabilities	1,443,463	1,443,463
Net Current Assets / (Current Liabilities)	610,567	668,567
Net Assets	699,073	699,073
Equity		
Accumulated Surplus / (Deficit)	699,073	699,073
Total Equity	699,073	699,073

⁵ As at 30 December 2026

⁶ For year ending 30 June 2027

Statement of Changes in Equity

Statement of Changes in Equity	Adopted Budget 2025/26 ⁷	Draft Budget 2026/27 ⁸
Accumulated Surplus		
Balance at beginning of period	699,073	699,073
Net surplus / (Deficit)	-	-
Balance at end of period	699,073	699,073
Total Equity		
Balance at beginning of period	699,073	699,073
Net surplus / (Deficit)	-	-
Balance at end of period	699,073	699,073

⁷ As at 30 December 2026

⁸ For year ending 30 June 2027

Ref: AF25/72

31 March 2026

Ms Julia Grant
Chief Executive Officer
City of Burnside
401 Greenhill Road
Tusmore SA 5065

Dear Julia

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2026/2027

In accordance with clause 7 of the EHA Charter, the EHA Board of Management has considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget for 2026/2027 (ABP).

The draft ABP is aligned to our strategic priorities as set out in our Strategic Plan – Towards 2033. It outlines our activities for the financial year, our financial requirements, and how we will measure and monitor our performance. A copy of the report considered by the Board of Management is enclosed and contains the draft ABP.

The forecast for the 2026/2027 financial year is that EHA's operating result will be break-even. A total of \$2,281,900 will be raised through contributions from our Constituent Councils. The component of income required from Constituent Councils to fund EHA operations is determined by a formula contained within the EHA Charter.

Aside from a 5% nominal administrative component shared equally (1% per council), costs are shared on a proportional basis. The proportion is determined by the number of individual public health activities conducted by EHA on behalf of each Constituent Council.

Table 1 details the contribution required from each Constituent Council using the Charter formula. The table includes the change from the previous year. While there is a 3.68% overall increase in contributions, revised activity proportions have the effect of redistributing costs between Constituent Councils. The contribution requested from City of Burnside is \$649,168, which is an increase of 3.24% from the previous year.

Table 1: Constituent Council Contributions for 2026/2027

Council Contributions Required for 2026/2027							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Expenditure	\$ 3,114,400						
Less Income	\$ 832,500						
Constituent Council Distribution	\$ -						
Total Required Operating contributions	\$ 2,281,900						
Constituent Council Contribution proportion		28.45%	26.34%	30.30%	11.21%	3.69%	100.00%
Required Contribution 2026/2027		\$ 649,168	\$ 601,115	\$ 691,412	\$ 255,906	\$ 84,299	\$ 2,281,900

Previous Year Comparison							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Contribution proportion 2025/2026		28.57%	26.24%	30.34%	11.04%	3.81%	100.00%
Change in council contribution share		-0.12%	0.10%	-0.04%	0.17%	-0.12%	0.00%
Required Contribution 2025/2026		\$ 628,812	\$ 577,522	\$ 667,700	\$ 243,028	\$ 83,938	\$ 2,201,000
Change in Contributions \$		\$ 20,356	\$ 23,593	\$ 23,712	\$ 12,878	\$ 361	\$ 80,900
Change in Contribution %		3.24%	4.09%	3.55%	5.30%	0.43%	3.68%

In relation to long-term contribution trends, Table 2 demonstrates that the average annual increase in contributions requested from Constituent Councils collectively over the last 13 financial years has been 2.91%. This figure is 3.85% for City of Burnside.

Table 2: Global long-term increase in contributions requested from Constituent Councils

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
2016/2017	\$ 1,641,055	\$ 31,747	1.97%
2017/2018	\$ 1,680,870	\$ 39,815	2.43%
2018/2019	\$ 1,723,023	\$ 42,153	2.51%
2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
2021/2022	\$ 1,828,263	\$ 37,589	2.10%
2022/2023	\$ 1,828,000	\$ (263)	-0.01%
2023/2024	\$ 1,970,200	\$ 142,200	7.78%
2024/2025	\$ 2,094,100	\$ 123,900	6.29%
2025/2026	\$ 2,201,000	\$ 106,900	5.10%
2026/2027	\$ 2,281,900	\$ 80,900	3.68%
Average Annual Increase for 13 year period			2.91%

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2026 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2026 when it adopts the Annual Business Plan and Budget for 2026/2027.

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

Yours sincerely



Michael Livori
Chief Executive Officer

local councils working together to protect the health of the community



101 Payneham Road,
St Peters SA 5069

PO Box 275
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www.eha.sa.gov.au
ABN 52 535 526 438

Ref: AF25/72

30 March 2026

Mr Paul Di Iulio
Chief Executive Officer
Campbelltown City Council
PO Box 1
Campbelltown SA 5074

Dear Paul

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2026/2027

In accordance with clause 7 of the EHA Charter, the EHA Board of Management has considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget for 2026/2027 (ABP).

The draft ABP is aligned to our strategic priorities as set out in our Strategic Plan – Towards 2033. It outlines our activities for the financial year, our financial requirements, and how we will measure and monitor our performance. A copy of the report considered by the Board of Management is enclosed and contains the draft ABP.

The forecast for the 2026/2027 financial year is that EHA's operating result will be break-even. A total of \$2,281,900 will be raised through contributions from our Constituent Councils. The component of income required from Constituent Councils to fund EHA operations is determined by a formula contained within the EHA Charter.

Aside from a 5% nominal administrative component shared equally (1% per council), costs are shared on a proportional basis. The proportion is determined by the number of individual public health activities conducted by EHA on behalf of each Constituent Council.

Table 1 details the contribution required from each Constituent Council using the Charter formula. The table includes the change from the previous year. While there is a 3.68% overall increase in contributions, revised activity proportions have the effect of redistributing costs between Constituent Councils. The contribution requested from Campbelltown City Council is \$601,115, which is an increase of 4.09% from the previous year.

Table 1: Constituent Council Contributions for 2026/2027

Council Contributions Required for 2026/2027							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Expenditure	\$ 3,114,400						
Less Income	\$ 832,500						
Constituent Council Distribution	\$ -						
Total Required Operating contributions	\$ 2,281,900						
Constituent Council Contribution proportion		28.45%	26.34%	30.30%	11.21%	3.69%	100.00%
Required Contribution 2026/2027		\$ 649,168	\$ 601,115	\$ 691,412	\$ 255,906	\$ 84,299	\$ 2,281,900

Previous Year Comparison							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Contribution proportion 2025/2026		28.57%	26.24%	30.34%	11.04%	3.81%	100.00%
Change in council contribution share		-0.12%	0.10%	-0.04%	0.17%	-0.12%	0.00%
Required Contribution 2025/2026		\$ 628,812	\$ 577,522	\$ 667,700	\$ 243,028	\$ 83,938	\$ 2,201,000
Change in Contributions \$		\$ 20,356	\$ 23,593	\$ 23,712	\$ 12,878	\$ 361	\$ 80,900
Change in Contribution %		3.24%	4.09%	3.55%	5.30%	0.43%	3.68%

In relation to long-term contribution trends, Table 2 demonstrates that the average annual increase in contributions requested from Constituent Councils collectively over the last 13 financial years has been 2.91%. This figure is 3.66% for Campbelltown City Council.

Table 2: Global long-term increase in contributions requested from Constituent Councils

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
2016/2017	\$ 1,641,055	\$ 31,747	1.97%
2017/2018	\$ 1,680,870	\$ 39,815	2.43%
2018/2019	\$ 1,723,023	\$ 42,153	2.51%
2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
2021/2022	\$ 1,828,263	\$ 37,589	2.10%
2022/2023	\$ 1,828,000	\$ (263)	-0.01%
2023/2024	\$ 1,970,200	\$ 142,200	7.78%
2024/2025	\$ 2,094,100	\$ 123,900	6.29%
2025/2026	\$ 2,201,000	\$ 106,900	5.10%
2026/2027	\$ 2,281,900	\$ 80,900	3.68%
Average Annual Increase for 13 year period			2.91%

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2026 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2026 when it adopts the Annual Business Plan and Budget for 2026/2027.

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

Yours sincerely



Michael Livori
Chief Executive Officer

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

Ref: AF25/72

30 March 2026

Mr Mario Barone
Chief Executive Officer
City of Norwood Payneham & St Peters
175 The Parade
Norwood SA 5067

Dear Mario

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2026/2027

In accordance with clause 7 of the EHA Charter, the EHA Board of Management has considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget for 2026/2027 (ABP).

The draft ABP is aligned to our strategic priorities as set out in our Strategic Plan – Towards 2033. It outlines our activities for the financial year, our financial requirements, and how we will measure and monitor our performance. A copy of the report considered by the Board of Management is enclosed and contains the draft ABP.

The forecast for the 2026/2027 financial year is that EHA's operating result will be break-even. A total of \$2,281,900 will be raised through contributions from our Constituent Councils. The component of income required from Constituent Councils to fund EHA operations is determined by a formula contained within the EHA Charter.

Aside from a 5% nominal administrative component shared equally (1% per council), costs are shared on a proportional basis. The proportion is determined by the number of individual public health activities conducted by EHA on behalf of each Constituent Council.

Table 1 details the contribution required from each Constituent Council using the Charter formula. The table includes the change from the previous year. While there is a 3.68% overall increase in contributions, revised activity proportions have the effect of redistributing costs between Constituent Councils. The contribution requested from City of Norwood Payneham and St Peters is \$691,412, which is an increase of 3.55% from the previous year.

Table 1: Constituent Council Contributions for 2026/2027

Council Contributions Required for 2026/2027							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Expenditure	\$ 3,114,400						
Less Income	\$ 832,500						
Constituent Council Distribution	\$ -						
Total Required Operating contributions	\$ 2,281,900						
Constituent Council Contribution proportion		28.45%	26.34%	30.30%	11.21%	3.69%	100.00%
Required Contribution 2026/2027		\$ 649,168	\$ 601,115	\$ 691,412	\$ 255,906	\$ 84,299	\$ 2,281,900

Previous Year Comparison							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Contribution proportion 2025/2026		28.57%	26.24%	30.34%	11.04%	3.81%	100.00%
Change in council contribution share		-0.12%	0.10%	-0.04%	0.17%	-0.12%	0.00%
Required Contribution 2025/2026		\$ 628,812	\$ 577,522	\$ 667,700	\$ 243,028	\$ 83,938	\$ 2,201,000
Change in Contributions \$		\$ 20,356	\$ 23,593	\$ 23,712	\$ 12,878	\$ 361	\$ 80,900
Change in Contribution %		3.24%	4.09%	3.55%	5.30%	0.43%	3.68%

In relation to long-term contribution trends, Table 2 demonstrates that the average annual increase in contributions requested from Constituent Councils collectively over the last 13 financial years has been 2.91%. This figure is 2.80% for City of Norwood Payneham and St Peters.

Table 2: Global long-term increase in contributions requested from Constituent Councils

Combined Council Requested Contributions	Net Cost	\$ change previous year	% Change previous year
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
2015/2016	\$ 1,609,308	\$ 32,703	2.07%
2016/2017	\$ 1,641,055	\$ 31,747	1.97%
2017/2018	\$ 1,680,870	\$ 39,815	2.43%
2018/2019	\$ 1,723,023	\$ 42,153	2.51%
2019/2020	\$ 1,757,120	\$ 34,097	1.98%
2020/2021	\$ 1,790,674	\$ 33,554	1.91%
2021/2022	\$ 1,828,263	\$ 37,589	2.10%
2022/2023	\$ 1,828,000	\$ (263)	-0.01%
2023/2024	\$ 1,970,200	\$ 142,200	7.78%
2024/2025	\$ 2,094,100	\$ 123,900	6.29%
2025/2026	\$ 2,201,000	\$ 106,900	5.10%
2026/2027	\$ 2,281,900	\$ 80,900	3.68%
Average Annual Increase for 13 year period			2.91%

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2026 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2026 when it adopts the Annual Business Plan and Budget for 2026/2027.

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

Yours sincerely



Michael Livori
Chief Executive Officer

local councils working together to protect the health of the community



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eha@eha.sa.gov.au

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

Ref: AF25/72

31 March 2026

Mr Chris White
Chief Executive Officer
City of Prospect
PO Box 1
Prospect SA

Dear Chris

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2026/2027

In accordance with clause 7 of the EHA Charter, the EHA Board of Management has considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget for 2026/2027 (ABP).

The draft ABP is aligned to our strategic priorities as set out in our Strategic Plan – Towards 2033. It outlines our activities for the financial year, our financial requirements, and how we will measure and monitor our performance. A copy of the report considered by the Board of Management is enclosed and contains the draft ABP.

The forecast for the 2026/2027 financial year is that EHA's operating result will be break-even. A total of \$2,281,900 will be raised through contributions from our Constituent Councils. The component of income required from Constituent Councils to fund EHA operations is determined by a formula contained within the EHA Charter.

Aside from a 5% nominal administrative component shared equally (1% per council), costs are shared on a proportional basis. The proportion is determined by the number of individual public health activities conducted by EHA on behalf of each Constituent Council.

Table 1 details the contribution required from each Constituent Council using the Charter formula. The table includes the change from the previous year. While there is a 3.68% overall increase in contributions, revised activity proportions have the effect of redistributing costs between Constituent Councils. The contribution requested from City of Prospect is \$255,906, which is an increase of 5.30% from the previous year.

Table 1: Constituent Council Contributions for 2026/2027

Council Contributions Required for 2026/2027							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Expenditure	\$ 3,114,400						
Less Income	\$ 832,500						
Constituent Council Distribution	\$ -						
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Change in Contributions \$		\$ 20,356	\$ 23,593	\$ 23,712	\$ 12,878	\$ 361	\$ 80,900
Change in Contribution %		3.24%	4.09%	3.55%	5.30%	0.43%	3.68%

In relation to long-term contribution trends, Table 2 demonstrates that the average annual increase in contributions requested from Constituent Councils collectively over the last 13 financial years has been 2.91%. This figure is 1.40% for City of Prospect.

Table 2: Global long-term increase in contributions requested from Constituent Councils

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2013/2014	\$ 1,576,207		
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2015/2016	\$ 1,609,308	\$ 32,703	2.07%
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Average Annual Increase for 13 year period			2.91%

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2026 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2026 when it adopts the Annual Business Plan and Budget for 2026/2027.

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

Yours sincerely



Michael Livori
Chief Executive Officer

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eha@eha.sa.gov.au

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

Ref: AF25/72

31 March 2026

Dr Andrew Johnson
Chief Executive Officer
Town of Walkerville
PO Box 55
Walkerville SA 5081

Dear Andrew,

RE: Eastern Health Authority (EHA) Draft Annual Business Plan and Budget for 2026/2027

In accordance with clause 7 of the EHA Charter, the EHA Board of Management has considered and endorsed a draft Eastern Health Authority Annual Business Plan and Budget for 2026/2027 (ABP).

The draft ABP is aligned to our strategic priorities as set out in our Strategic Plan – Towards 2033. It outlines our activities for the financial year, our financial requirements, and how we will measure and monitor our performance. A copy of the report considered by the Board of Management is enclosed and contains the draft ABP.

The forecast for the 2026/2027 financial year is that EHA's operating result will be break-even. A total of \$2,281,900 will be raised through contributions from our Constituent Councils. The component of income required from Constituent Councils to fund EHA operations is determined by a formula contained within the EHA Charter.

Aside from a 5% nominal administrative component shared equally (1% per council), costs are shared on a proportional basis. The proportion is determined by the number of individual public health activities conducted by EHA on behalf of each Constituent Council.

Table 1 details the contribution required from each Constituent Council using the Charter formula. The table includes the change from the previous year. While there is a 3.68% overall increase in contributions, revised activity proportions have the effect of redistributing costs between Constituent Councils. The contribution requested from Town of Walkerville is \$84,299, which is an increase of 0.43% from the previous year.

Table 1: Constituent Council Contributions for 2026/2027

Council Contributions Required for 2026/2027							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
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In relation to long-term contribution trends, Table 2 demonstrates that the average annual increase in contributions requested from Constituent Councils collectively over the last 13 financial years has been 2.91%. This figure is a decrease of 0.26% for Town of Walkerville.

Table 2: Global long-term increase in contributions requested from Constituent Councils

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2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398	0.03%
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2026/2027	\$ 2,281,900	\$ 80,900	3.68%
Average Annual Increase for 13 year period			2.91%

If possible, it would be appreciated if feedback in relation to the ABP is received by 30 May 2026 so that it can be considered by the Board of Management prior to its meeting to be held on 24 June 2026 when it adopts the Annual Business Plan and Budget for 2026/2027.

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

Yours sincerely



Michael Livori
Chief Executive Officer

local councils working together to protect the health of the community

5 June 2026

Mr Michael Livori
Chief Executive Officer
Eastern Health Authority

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

Dear Michael

REGIONAL SUBSIDIARIES ANNUAL BUSINESS PLANS AND BUDGETS 2026/27

At its meeting held Tuesday, 19 May 2026, Council Resolved (Resolution C52026/14146) in part:

11.2 Regional Subsidiaries Annual Business Plans and Budgets 2026/27

That Council approves the Eastern Health Authority draft Budget 2026/27, which presents Breakeven Budget.

Should you require further information please contact me at
mspearman@burnside.sa.gov.au

Yours sincerely,

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

Matthew Spearman
Director Corporate



Enq: Simon Zbierski
Ph: 8366 9289

22 April 2026

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

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

Dear Mr Livori

Eastern Health Authority – Draft Annual Business Plan and Budget for 2026/2027

I refer to your recent correspondence and wish to advise that at its meeting held on Tuesday 21 April 2026 Council endorsed the Authority's draft 2026/2027 Annual Business Plan and Budget, subject to it being noted that the correct Adelaide CPI for December 2025 was 3.30%, not the rate referenced in its Plan of 3.80%

Council also recognises its annual contribution of \$601,150 and that there is no movement in its equity share in the Eastern Health Authority in its draft 2026/2027 Annual Business Plan and Budget.

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

Yours sincerely

Paul Di Iulio
Chief Executive Officer

File Number: qA88432
Enquiries To: Lisa Mara
Direct Telephone: 8366 4549



**City of
Norwood
Payneham
& St Peters**

11 May 2026

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

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

175 The Parade
Norwood SA 5067

PO Box 204
Kent Town SA 5071

Telephone
8366 4555

Email
townhall@npsp.sa.gov.au

Website
www.npsp.sa.gov.au

Dear Michael

EASTERN HEALTH AUTHORITY DRAFT 2026-2027 ANNUAL BUSINESS PLAN AND BUDGET

I am pleased to advise that at its meeting held on 5 May 2026, the Council considered the Eastern Health Authority Incorporated Draft 2026-2027 Annual Business Plan and Budget.

Pursuant to Clause 52 of the Charter, the Council has considered and hereby approves the Authority's Draft 2026-2027 Annual Business Plan and Budget.

If you require any further information please contact me on 8366 4549 or via email: lmara@npsp.sa.gov.au

Yours sincerely

Lisa Mara
GENERAL MANAGER, GOVERNANCE & CIVIC AFFAIRS



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www.prospect.sa.gov.au

Ref. CR26/23242

17 June 2026

Mr Michael Livori
 Chief Executive Officer
 Eastern Health Authority
 PO Box 275
 Stepney SA 5069
 Via email: eha@eha.sa.gov.au

Dear Michael

**EASTERN HEALTH AUTHORITY DRAFT ANNUAL
 BUSINESS PLAN & BUDGET 2026/27**

I write on behalf of our CEO in response to your letter dated 31 March 2026 requesting that constituent councils consider the Eastern Health Authority Draft Annual Business Plan and Budget 2026/27.

I am pleased to advise that Council, at its meeting on 28 April 2026, endorsed the draft Plan and Budget, as per the below resolutions.

**10.9 EASTERN HEALTH AUTHORITY DRAFT ANNUAL BUSINESS PLAN AND BUDGET
 2026/27**

RESOLUTION 2026/63

Moved: Cr Kristina Barnett

Seconded: Cr Mark Standen

That Council:

1. Having considered Item 10.9 Eastern Health Authority Draft Annual Business Plan and Budget 2026/27 receives and notes the report.
2. Endorses the Eastern Health Authority (EHA) Draft Annual Business Plan for 2026/2027 (as presented in Attachment 1).
3. Supports the Eastern Health Authority (EHA) Draft Budget for 2026/2027 (as presented in Attachment 1).
4. Authorises the Chief Executive Officer to write to Eastern Health Authority advising of Council's resolutions in relation to the Eastern Health Authority Draft Annual Business Plan and Budget 2026/27.

CARRIED UNANIMOUSLY

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Pearce'.

John Pearce
 Director City Growth & Development

From: Adele Field <AField@walkerville.sa.gov.au>
Sent: Tuesday, 26 May 2026 10:14 AM
To: EHA Group Mailbox
Cc: Muhammad Jawad
Subject: Advice - Council Resolution - Eastern Health Authority Draft Annual Business Plan and Budget 2026/27

You don't often get email from afield@walkerville.sa.gov.au. [Learn why this is important](#)

Good morning

Council considered Item 4.4 Eastern Health Authority Draft Annual Business Plan and Budget 2026/27 at the 25 May 2026 Special Council Meeting and resolved:

4.4 Eastern Health Authority Draft Annual Business Plan and Budget 2026/27

CNC155/05/26

Moved: Cr Nenke
Seconded: Cr Kaur

That Council approves the Eastern Health Authority Annual Business Plan and Budget 2026/27.

CARRIED

Kind Regards,

Adele Field
 Governance Officer

TOWN OF



Town of Walkerville

PO Box 55 | Walkerville SA 5081
 walkerville.sa.gov.au | AField@walkerville.sa.gov.au

WALKERVILLE

Connect with us



We acknowledge the Kaurna people as the traditional custodians of this land and respect their spiritual relationship with their country.



7.3 REVIEW OF THE FOOD BUSINESS INSPECTION FEE POLICY

Author: Nadia Conci
Ref: AF17/27

Summary

A review of the Food Business Inspection Fee Policy has been undertaken and a revised policy is provided to the Board of Management for adoption.

Report

The Food Business Inspection Fee Policy is based on model policies developed by the Local Government Association (LGA).

The *Food Regulations 2002* enable enforcement agencies to impose a fee for the inspection of premises or vehicles required in connection with enforcement of the *Food Act 2001*.

On 21 May 2026 the prescribed fees under the *Food Act 2001* were published in the South Australian Government Gazette. The fees have increased to consider CPI, effective from the date of notification.

Temporary events inspections do not incur a charge for festivals, fetes and markets that are organised by EHA's Constituent Councils. However, a standard inspection fee is applied privately to organised events with an aim to balance reasonable cost recovery with supporting community events.

It is intended that a comprehensive review will be undertaken later in the year to ensure that fees applied to privately organised events remain fair and proportionate. This review will include an assessment of fee policies used by other local government agencies, as well as the positions of EHA's constituent councils. Findings and recommendations will be presented to the Board of Management for consideration.

A copy of the current Food Business Inspection Fee Policy with tracked changes to reflect the amended fees is provided as attachment 1. A clean copy of the reviewed policy is provided as attachment 2 for the Board's adoption. No other additional alteration to the wording of the policy is required during this review.

RECOMMENDATION

That:

1. The report regarding the review of the Food Business Inspection Fee Policy is received.
2. The Policy entitled Food Business Inspection Fee Policy, marked attachment 2 to this report, is adopted.



FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	GOV04
Date of initial Board Adoption	12 February 2003
Minutes Reference	5:24062021
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	24 June 2026
Applicable legislation	Memorandum of Understanding between The Minister for Health and Local Government Association (February 2009) Guidelines prepared by LGA for Councils - Inspection Fees, <i>Food Act 2001</i>

1. Purpose

The Food Business Inspection Fee Policy (Policy) outlines the circumstances when fees are applied for the inspection of food businesses as provided by Regulation 11 of the Food Regulations 2017.

2. Scope

This Policy applies to food businesses that are subject to inspection by authorised officers appointed by the Eastern Health Authority (EHA), an enforcement agency under the Food Act 2001.

3. Definitions

‘Community or charitable organisation’ - any group, club or organisation that provides a community benefit and not for the personal financial gain of an individual person or group of people. Examples include Rotary, Lions, church groups, community sporting clubs and scouting groups.

(To determine if an organisation fit this category, an Australian Taxation Office certificate of ‘Endorsement as a Tax Concession Charity’ may be requested.)

‘Mobile Food Van / Vehicle’ - means a business involving the sale of food or beverages from a vehicle (within the meaning of the Road Traffic Act 1961). *This definition as per Part 2, Local Government (Mobile Food Vendors) Amendment Act, 2017.*

South Australian Food Business Risk Classification (FBRC)

- **‘Priority 1 (P1)’ and ‘Priority 2 (P2)’** – businesses that characteristically handle foods that support the growth of pathogenic micro-organisms and where such pathogens are present or could be present. The handling of food will involve at least one step at which control actions must be implemented to ensure safety of the food. P1 businesses are further characterised by known risk-increasing factors, such as potential for inadequate / incorrect temperature control. Due to the high-risk nature of the foods and their practices regular and lengthy inspections are required.
- **‘Priority 3 (P3)’** – Businesses that will characteristically handle only ‘low risk’ or ‘medium risk’ foods and will warrant an inspection.
- **‘Priority 4 (P4)’** - Businesses that will normally handle only ‘low risk’ foods, because they handle pre-packaged low risk food, and hence will not warrant regular or lengthy inspections. Examples include pharmacies, video stores and newsagents.

‘Routine Inspection’ - an inspection conducted at a scheduled frequency determined by the business’ priority classification and performance history utilising Environmental Health Australia’s Food Safety Standard of Practice and Australian Food Safety Assessment tool.

‘Re-inspection’ – an inspection carried out as a result of non-compliance that has been identified with the *Food Act 2001* or Food Safety Standards.

‘Small Business’ - a food business employing not more than 20 full-time equivalent food handling staff.

‘Large Business’ - a food business employing more than 20 full-time equivalent food handling staff.

4. Principles

Regulation 11 of the Food Regulations 2017 provides for EHA as an enforcement agency to charge an inspection fee for the carrying out of any inspection that is required in connection with the operation or administration of the Food Act 2001.

Under the Regulations, the maximum fee for inspection is prescribed:

- for a **small business** - ~~\$153.00~~~~148.00~~ per inspection excl GST
- in any other case - ~~\$384.72~~.00 per inspection excl GST

Food safety inspection fees are listed under division 81 of the GST Act for exemption, and as a result GST will not apply to inspection fees set by EHA.

Food Business Inspection Fee Policy**3**

The Minister for Health, Department of Health (DH) and Local Government administer and enforce the *Food Act 2001*, with some functions exercised jointly and others exclusively performed by one authority or the other. The Memorandum of Understanding between the Minister for Health and Local Government Association of SA, adopted in February 2009, clarifies the allocation of responsibility for enforcement of specific areas of the Act.

EHA is responsible for ensuring compliance with Chapter 3 of the Food Standards Code (Food Safety Standards) and the safety and suitability of food sold. This is achieved by performing inspections of food businesses based on a priority classification system developed by Food Standards Australia New Zealand (FSANZ).

The priority categories of high, medium and low risk are determined by the type of food, activity of the business, method of processing and customer base. SA Health has developed the South Australian Food Business Risk Classification (FBRC) using the national food safety risk profiling framework that allocates food businesses into risk classifications, based on their likelihood of contributing to foodborne disease and the potential magnitude of that contribution.

The FBRC took effect from 1 July 2014. From this date EHA utilises SA FBRC system to determine the priority classifications and inspection frequencies for food businesses in accordance with the table below:

Classification	Frequencies (every x months)		
	Starting point (new business owners)	Maximum	Minimum
Priority 1 (P1) – Highest risk	6	3	12
Priority 2 (P2)	12	6	18
Priority 3 (P3)	18	12	24
Priority 4 (P4) – Lowest risk	Inspect on complaint or change to risk profile only	Inspect on complaint or change to risk profile only	

With regard to the maximum and minimum frequencies outlined in the table above, the frequency of inspection will change based on the safety performance of the individual business using in the following way:

- Will increase to the maximum frequency when two consecutive inspection scores for compliance are a 0-star rating (poor compliance) or equivalent for non-eligible star rating premises.
- Will decrease to the Starting Point from the Maximum frequency when two consecutive inspection scores for compliance are a 4- or 5-star rating (excellent compliance) or equivalent for non-eligible star rating premises.
- Will decrease to the Minimum frequency from the Starting Point when two consecutive inspection scores for compliance are a 4- or 5-star rating (excellent compliance) or equivalent for non-eligible star rating premises.

The frequency of inspection will revert to the 'Starting Point' for new food businesses.

5. Fee Schedule

The following inspection and re-inspection fees are based on the 'priority risk rating' of a food business to recognise the inherent risk and time taken to undertake an inspection.

The following fee schedule is outlined in the table below:

5.1 Routine Inspections

Classification	Small Business	Large Business
Priority 1 & 2 (P1 & P2) – Highest risk*	\$ 148.00 <u>153</u>	\$ 372.00 <u>384</u>
Priority 3 (P3)	\$ 1005.00 <u>1005.00</u>	\$ 260.00 <u>270</u>
Priority 4 (P4) – Lowest risk	No fee	No fee

*A six-month inspection frequency is applied to new P1 businesses within their first year of operation. Fees apply to these routine inspections.

5.1.1 Multiple Businesses within a food premises

A fee shall be imposed for each routine inspection undertaken, for every premise, except in the circumstance when:

- Multiple businesses are owned by one proprietor; and
- They are registered under one ABN; and
- The businesses are located next to each other; and
- The inspection for each site is carried out at the same time.

5.2 Re-inspections

Priority 1 and 2 – High risk food businesses

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$ 15348.00 <u>15348.00</u>	\$ 38472.00 <u>38472.00</u>
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$ 153.00 <u>148.00</u>	\$ 372 <u>384.00</u>

Priority 3 – Low risk food businesses including Community Groups, Charitable and Not for Profit Organisation

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$110.00 <u>105.00</u>	\$270.00 <u>260.00</u>
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$110.00 <u>105.00</u>	\$270.00 <u>260.00</u>

5.3 Complaint Inspection

An inspection fee will not be imposed for an inspection carried out in response to food safety related complaints received from the public.

If a routine inspection is conducted in conjunction with the investigation of a complaint, an 'inspection fee' will be issued to the food business. This fee applies to P1, P2 and P3 food businesses.

5.4 Inspection of Festivals, Fetes and Markets

5.4.1 Constituent Council temporary events

Temporary events inspections will not incur a charge for festivals, fetes and markets that are organised by EHA's Constituent Councils.

5.4.2 Non- Constituent Council temporary events

A food safety inspection fee to the organising body / event coordinator of food market, festivals, fetes, shows and other events to cover the assessment involved in ensuring food vendors are meeting their requirements under the Food Act 2001 and Food Safety Standards.

At the discretion of the Authorised Officer, with consideration of the SA food risk classification system an appropriate inspection fee will be considered in the application of fees to the organising body/ event coordinator with aim to balance reasonable cost recovery with supporting community event.

Food markets, festivals, fetes, shows and other events with mobile food vendors and mobile food vending businesses will be charged a standard rate depending on the number of temporary food stalls at an event as follows:

Number of Stall Holders	Type of Standard Inspection Fee	Non -Council Event Inspection Fee
1-10	Small Business Inspection Fee (P1&2)	\$ 148153 .00
more than 10	Large Business Inspection Fee (P1&2)	\$ 372384 .00

Where markets occur on a frequent basis more than one inspection will be required throughout the year. The frequency of the inspection is dependent on the type and transient nature of the food vendors and foods being sold. A charge will apply to these inspections.

5.4.3 Exclusion of inspection fees at non-Constituent Council temporary events

The following temporary food stall/vendor and mobile food vehicles will be excluded when determining an inspection fee charge.

- community or charitable organisations
- sale of 'low risk foods' that are pre-packaged, shelf stable and appropriately labelled and do not require specific storage requirements such as temperature control
- a mobile food vehicle notified within EHA and are inspected as part of a routine premises inspection and subject to an inspection fee during that inspection.

If all food vendors at a temporary event are within one of these above-mentioned categories food inspection fees will not apply.

5.5 Inspection of Businesses with Food Safety Programs

An inspection fee will apply for food businesses that have formal audited food safety programs in place. Please refer to the Food Business Audit Fee Policy.

5.6 Exemptions

5.6.1 Community and Charitable Organisations

Routine inspection fees will not be imposed upon community and charitable organisations.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

5.6.2 Schools and Educational Institutions

Inspection fees will not be imposed for inspections of the canteen or out of school hours care service (OSHC) in schools and educational institutions unless the operator of the canteen / OSHC operates the service as a commercial concern for profit.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

5.6.3 *Nominal Risk Businesses*

Inspection fees will not be imposed upon nominal P4 risk businesses.

5.6.4 *Mobile Food Vans*

Inspection fees will not be imposed upon mobile food vans that can display evidence of having notified with an alternate local council.

A standard inspection fee of \$105.00 will apply to each mobile food vans/vehicle(s) that are garaged at food premises within EHA's Constituent Council area. The inspection does not replace the requirement for inspections during events and additional fees that may apply.

If an inspection is conducted whilst mobile food vendors are trading, a standard inspection fee of \$105.00 will be applied if they have not otherwise been inspected and charged within their required inspection frequency.

If a food business has more than one mobile food van and they are garaged in multiple locations within EHA's Constituent Council areas, separate inspections are required and associated fees will apply.

6. **Review of the Food Inspection Fee Policy**

Every 24 months or as needed.

7. **Statement of Adoption**

This Policy was initially adopted by the Board of the Eastern Health Authority on 12 February 2003 and subsequently reviewed and adopted ~~24~~ June 202~~6~~5.



FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	GOV04
Date of initial Board Adoption	12 February 2003
Minutes Reference	5:24062021
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	24 June 2026
Applicable legislation	Memorandum of Understanding between The Minister for Health and Local Government Association (February 2009) Guidelines prepared by LGA for Councils - Inspection Fees, <i>Food Act 2001</i>

1. Purpose

The Food Business Inspection Fee Policy (Policy) outlines the circumstances when fees are applied for the inspection of food businesses as provided by Regulation 11 of the Food Regulations 2017.

2. Scope

This Policy applies to food businesses that are subject to inspection by authorised officers appointed by the Eastern Health Authority (EHA), an enforcement agency under the Food Act 2001.

3. Definitions

‘Community or charitable organisation’ - any group, club or organisation that provides a community benefit and not for the personal financial gain of an individual person or group of people. Examples include Rotary, Lions, church groups, community sporting clubs and scouting groups.

(To determine if an organisation fit this category, an Australian Taxation Office certificate of ‘Endorsement as a Tax Concession Charity’ may be requested.)

‘Mobile Food Van / Vehicle’ - means a business involving the sale of food or beverages from a vehicle (within the meaning of the Road Traffic Act 1961). *This definition as per Part 2, Local Government (Mobile Food Vendors) Amendment Act, 2017.*

South Australian Food Business Risk Classification (FBRC)

- **‘Priority 1 (P1)’ and ‘Priority 2 (P2)’** – businesses that characteristically handle foods that support the growth of pathogenic micro-organisms and where such pathogens are present or could be present. The handling of food will involve at least one step at which control actions must be implemented to ensure safety of the food. P1 businesses are further characterised by known risk-increasing factors, such as potential for inadequate / incorrect temperature control. Due to the high-risk nature of the foods and their practices regular and lengthy inspections are required.
- **‘Priority 3 (P3)’** – Businesses that will characteristically handle only ‘low risk’ or ‘medium risk’ foods and will warrant an inspection.
- **‘Priority 4 (P4)’** - Businesses that will normally handle only ‘low risk’ foods, because they handle pre-packaged low risk food, and hence will not warrant regular or lengthy inspections. Examples include pharmacies, video stores and newsagents.

‘Routine Inspection’ - an inspection conducted at a scheduled frequency determined by the business’ priority classification and performance history utilising Environmental Health Australia’s Food Safety Standard of Practice and Australian Food Safety Assessment tool.

‘Re-inspection’ – an inspection carried out as a result of non-compliance that has been identified with the *Food Act 2001* or Food Safety Standards.

‘Small Business’ - a food business employing not more than 20 full-time equivalent food handling staff.

‘Large Business’ - a food business employing more than 20 full-time equivalent food handling staff.

4. Principles

Regulation 11 of the Food Regulations 2017 provides for EHA as an enforcement agency to charge an inspection fee for the carrying out of any inspection that is required in connection with the operation or administration of the Food Act 2001.

Under the Regulations, the maximum fee for inspection is prescribed:

- for a **small business** - \$153.00 per inspection excl GST
- in any other case - \$384.00 per inspection excl GST

Food safety inspection fees are listed under division 81 of the GST Act for exemption, and as a result GST will not apply to inspection fees set by EHA.

Food Business Inspection Fee Policy**3**

The Minister for Health, Department of Health (DH) and Local Government administer and enforce the *Food Act 2001*, with some functions exercised jointly and others exclusively performed by one authority or the other. The Memorandum of Understanding between the Minister for Health and Local Government Association of SA, adopted in February 2009, clarifies the allocation of responsibility for enforcement of specific areas of the Act.

EHA is responsible for ensuring compliance with Chapter 3 of the Food Standards Code (Food Safety Standards) and the safety and suitability of food sold. This is achieved by performing inspections of food businesses based on a priority classification system developed by Food Standards Australia New Zealand (FSANZ).

The priority categories of high, medium and low risk are determined by the type of food, activity of the business, method of processing and customer base. SA Health has developed the South Australian Food Business Risk Classification (FBRC) using the national food safety risk profiling framework that allocates food businesses into risk classifications, based on their likelihood of contributing to foodborne disease and the potential magnitude of that contribution.

The FBRC took effect from 1 July 2014. From this date EHA utilises SA FBRC system to determine the priority classifications and inspection frequencies for food businesses in accordance with the table below:

Classification	Frequencies (every x months)		
	Starting point (new business owners)	Maximum	Minimum
Priority 1 (P1) – Highest risk	6	3	12
Priority 2 (P2)	12	6	18
Priority 3 (P3)	18	12	24
Priority 4 (P4) – Lowest risk	Inspect on complaint or change to risk profile only	Inspect on complaint or change to risk profile only	

With regard to the maximum and minimum frequencies outlined in the table above, the frequency of inspection will change based on the safety performance of the individual business using in the following way:

- Will increase to the maximum frequency when two consecutive inspection scores for compliance are a 0-star rating (poor compliance) or equivalent for non-eligible star rating premises.
- Will decrease to the Starting Point from the Maximum frequency when two consecutive inspection scores for compliance are a 4- or 5-star rating (excellent compliance) or equivalent for non-eligible star rating premises.
- Will decrease to the Minimum frequency from the Starting Point when two consecutive inspection scores for compliance are a 4- or 5-star rating (excellent compliance) or equivalent for non-eligible star rating premises.

The frequency of inspection will revert to the 'Starting Point' for new food businesses.

5. Fee Schedule

The following inspection and re-inspection fees are based on the 'priority risk rating' of a food business to recognise the inherent risk and time taken to undertake an inspection.

The following fee schedule is outlined in the table below:

5.1 Routine Inspections

Classification	Small Business	Large Business
Priority 1 & 2 (P1 & P2) – Highest risk*	\$153	\$384
Priority 3 (P3)	\$110.00	\$270
Priority 4 (P4) – Lowest risk	No fee	No fee

*A six-month inspection frequency is applied to new P1 businesses within their first year of operation. Fees apply to these routine inspections.

5.1.1 Multiple Businesses within a food premises

A fee shall be imposed for each routine inspection undertaken, for every premise, except in the circumstance when:

- Multiple businesses are owned by one proprietor; and
- They are registered under one ABN; and
- The businesses are located next to each other; and
- The inspection for each site is carried out at the same time.

5.2 Re-inspections

Priority 1 and 2 – High risk food businesses

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$153.00	\$384.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$153.00	\$384.00

Priority 3 – Low risk food businesses including Community Groups, Charitable and Not for Profit Organisation

Re-inspection Type	Small Business	Large Business
When more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.	\$110.00	\$270.00
Re-inspections to determine compliance with Improvement Notices and Prohibition Orders issued for offences and breaches of the <i>Food Act 2001</i> .	\$110.00	\$270.00

5.3 *Complaint Inspection*

An inspection fee will not be imposed for an inspection carried out in response to food safety related complaints received from the public.

If a routine inspection is conducted in conjunction with the investigation of a complaint, an 'inspection fee' will be issued to the food business. This fee applies to P1, P2 and P3 food businesses.

5.4 *Inspection of Festivals, Fetes and Markets*

5.4.1 *Constituent Council temporary events*

Temporary events inspections will not incur a charge for festivals, fetes and markets that are organised by EHA's Constituent Councils.

5.4.2 *Non- Constituent Council temporary events*

A food safety inspection fee to the organising body / event coordinator of food market, festivals, fetes, shows and other events to cover the assessment involved in ensuring food vendors are meeting their requirements under the Food Act 2001 and Food Safety Standards.

At the discretion of the Authorised Officer, with consideration of the SA food risk classification system an appropriate inspection fee will be considered in the application of fees to the organising body/ event coordinator with aim to balance reasonable cost recovery with supporting community event.

Food markets, festivals, fetes, shows and other events with mobile food vendors and mobile food vending businesses will be charged a standard rate depending on the number of temporary food stalls at an event as follows:

Number of Stall Holders	Type of Standard Inspection Fee	Non -Council Event Inspection Fee
1-10	Small Business Inspection Fee (P1&2)	\$ 153.00
more than 10	Large Business Inspection Fee (P1&2)	\$384.00

Where markets occur on a frequent basis more than one inspection will be required throughout the year. The frequency of the inspection is dependent on the type and transient nature of the food vendors and foods being sold. A charge will apply to these inspections.

5.4.3 Exclusion of inspection fees at non-Constituent Council temporary events

The following temporary food stall/vendor and mobile food vehicles will be excluded when determining an inspection fee charge.

- community or charitable organisations
- sale of 'low risk foods' that are pre-packaged, shelf stable and appropriately labelled and do not require specific storage requirements such as temperature control
- a mobile food vehicle notified within EHA and are inspected as part of a routine premises inspection and subject to an inspection fee during that inspection.

If all food vendors at a temporary event are within one of these above-mentioned categories food inspection fees will not apply.

5.5 Inspection of Businesses with Food Safety Programs

An inspection fee will apply for food businesses that have formal audited food safety programs in place. Please refer to the Food Business Audit Fee Policy.

5.6 Exemptions

5.6.1 Community and Charitable Organisations

Routine inspection fees will not be imposed upon community and charitable organisations.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

5.6.2 Schools and Educational Institutions

Inspection fees will not be imposed for inspections of the canteen or out of school hours care service (OSHC) in schools and educational institutions unless the operator of the canteen / OSHC operates the service as a commercial concern for profit.

Fees associated to re-inspections do apply. Refer to 4.2 of the Policy.

5.6.3 Nominal Risk Businesses

Inspection fees will not be imposed upon nominal P4 risk businesses.

5.6.4 Mobile Food Vans

Inspection fees will not be imposed upon mobile food vans that can display evidence of having notified with an alternate local council.

A standard inspection fee of \$105.00 will apply to each mobile food vans/vehicle(s) that are garaged at food premises within EHA's Constituent Council area. The inspection does not replace the requirement for inspections during events and additional fees that may apply.

If an inspection is conducted whilst mobile food vendors are trading, a standard inspection fee of \$105.00 will be applied if they have not otherwise been inspected and charged within their required inspection frequency.

If a food business has more than one mobile food van and they are garaged in multiple locations within EHA's Constituent Council areas, separate inspections are required and associated fees will apply.

6. Review of the Food Inspection Fee Policy

Every 24 months or as needed.

7. Statement of Adoption

This Policy was initially adopted by the Board of the Eastern Health Authority on 12 February 2003 and subsequently reviewed and adopted 24 June 2026.

7.4 REVIEW OF THE FOOD BUSINESS AUDIT FEE POLICY

Author: Nadia Conci
Ref: AF17/30

Summary

The EHA Food Business Audit Fee Policy (the Policy) was originally based on model policies developed by the Local Government Association (LGA). It should be noted that audit fees are not prescribed in legislation and there is greater discretion available to local government when reviewing and setting these fees.

Following a comprehensive review of the Policy in May 2025 and the modest increase in fees, it is recommended that rates are increased in accordance with CPI for 2026-2027. This ensures that audit activities continue to be delivered effectively while maintaining responsible cost recovery and supporting the continued provision of high-quality audit services.

Report

A comprehensive review of EHA's Audit Fee Policy was undertaken in the previous financial year. The review considered current operational requirements, benchmarking across the sector. The outcomes confirmed that the existing policy framework remained appropriate, with only minor refinements and a modest increase to ensure EHA is appropriately compensated for the work undertaken.

In accordance with the findings of this review, audit fees for the 2026–2027 financial year will be adjusted in line with the Consumer Price Index (CPI). This increase ensures that audit activities continue to be delivered effectively while maintaining responsible cost recovery and supporting the continued provision of high-quality audit services.

The amended Policy (provided as attachment 1) shows marked up changes to the current policy. The alterations to the Policy are accepted in the copy provided as attachment 2.

RECOMMENDATION

That:

1. The Food Business Audit Fee Policy report is received.
2. The Food Business Audit Fee Policy, marked attachment 2 to this report, is adopted.



FOOD BUSINESS AUDIT FEE POLICY

Policy Reference	GOV06
Date of initial Board Adoption	22 October 2008
Minutes Reference	6: 26062019
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	24 June 202 6 5
<i>Relevant Document Reference</i>	Guidelines prepared by LGA for Councils – Audit Fees, <i>Food Act 2001</i> Model Letter of Engagement prepared by LGA for Councils – Auditing Services for Food Safety Program Department of Health Guidelines for Auditors of Mandatory Food Safety Programs
<i>Applicable legislation</i>	<i>Food Act 2001</i>

1. Purpose

To outline the circumstances that fees are applied for the audit of food safety programs as provided by section 188 of the *Local Government Act 1999*.

To specify the rate at which audit fees are charged.

2. Scope

This policy applies to high-risk food businesses that:

- i. are identified by the Department of Health's Priority Classification System as Priority 1
- ii. are required by Standard 3.3.1 of the *Australia New Zealand Food Standard Code* to implement a documented and audited food safety program
- iii. engage the Eastern Health Authority to provide food safety auditing services.

3. Definitions

'Community organisation' - any group, club or organisation that provides a community benefit and not for the personal financial gain of an individual person or group of people. Examples include Rotary, Lions, church groups, community sporting clubs and scouting groups.

(To determine if an organisation fits this category, an Australian Taxation Office certificate of 'Endorsement as a Tax Concession Charity' may be requested.)

Desktop Audit/Audit Preparation/Administration' – an auditor undertaking:

- preparation relating to a food safety program for the purpose of preparing for an onsite audit; or
- reviewing corrective action(s) taken by a food business; or
- administration in relation to the audit process including reporting, enquiries, communication and records management.

'Onsite Audit' – an audit conducted at a scheduled frequency determined by the priority classification and assigned audit frequency.

'Follow-up Desktop Audit' –documentation review conducted in the auditor's office to address non-conformance(s) with the business' food safety program identified during the onsite audit.

'Re-audit – Onsite Follow-up Audit' – an audit carried out as a result of non-compliance with the Food Safety Standards or non-conformance with the business' food safety program.

4. Principles

As an enforcement agency, local government has responsibilities under Part 7 of the *Food Act 2001* which relate to auditing. Additionally, local government is an employer of Department of Health approved auditors and may be engaged by a food business to provide food safety auditing services.

The priority classification system approved by the Department of Health recommends the initial audit frequency of high risk, Priority 1 businesses to be six monthly. The outcomes of two audits are required to establish a compliance history that can allow for the adjustment of audit frequency. Audit frequency may vary between three and twelve months. Guidance on the adjustment of audit frequency is outlined in the 'Guidelines for Auditors of Mandatory Food Safety Programs' (Department of Health, September 2008).

The *Food Act 2001* and *Food Regulations 2002* do not prescribe the charges that local councils can apply for providing food safety auditing services. However, pursuant to Section 188 of the *Local Government Act 1999* a council may impose fees and charges for services supplied to a person at their request.

Food safety audit fees are not listed under division 81 of the GST Act for exemption and as a result, GST will apply to audit fees set by the Authority.

Minimum fees applicable to each component of an audit are shown in the tables below. Fees thereafter are calculated on 15 minutes increments and rounded down to the nearest quarter hour.

Minimum Fee	Audit Component
1.0 hour	Onsite audit
	Re-audit – Onsite Follow-up
0.5 hour	Desktop audit & audit preparation / administration
	Travel
	Follow-up desktop audit & administration

A letter of engagement provided to the proprietor of a food business will estimate the audit fees that will apply to the business.

4.1 Onsite Audit

An hourly rate of \$2~~3~~20.00 (including GST) will apply to onsite audits.

4.2 Desktop Audit & Audit Preparation and Administration

An hourly rate of \$12~~5~~9.00 (including GST) will apply to audit preparation and administration undertaken in the auditor's office.

An hourly rate of \$2~~3~~20.00 (including GST) will apply to desktop audits undertaken onsite at the business. Desktop audits performed onsite incur all costs applicable to an onsite audit, there the same fee applies.

4.3 Follow-up Desktop Audit & Administration

An hourly rate of \$12~~5~~9.00 (including GST) will apply to follow-up desktop audits and administration undertaken in the auditor's office.

Follow-up desktop audits requiring more than 1 hour will be conducted onsite at the facility at an hourly rate specified in 4.4 of the Policy.

4.4 Re-audit – Onsite Follow-up Audits

An hourly rate of \$2~~3~~20.00 (including GST) will apply to onsite re-audits.

4.5 Travel

An hourly rate of \$12~~5~~9.00 (including GST) will apply to travel when an onsite audit, desktop audit or re-audit is conducted of a business that is located outside of the boundaries of the Council areas serviced by the Authority.

4.6 Exemptions

4.6.1 Community Organisations

Audit fees imposed upon community and charitable organisations will be subsidised at a rate of 20%.

This exemption applies only to those community and charitable organisations located within the boundaries of the constituent council areas.

5. Review of the Food Business Audit Fee Policy

Every 12 months or as needed.

6. Statement of Adoption

The Policy was initially adopted by the Board of the Eastern Health Authority on 22 October 2008 and subsequently reviewed and amended policy adopted on ~~24~~⁵ June 202~~6~~⁵.



FOOD BUSINESS AUDIT FEE POLICY

Policy Reference	GOV06
Date of initial Board Adoption	22 October 2008
Minutes Reference	6: 26062019
Date of Audit Committee endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	24 June 2026
<i>Relevant Document Reference</i>	Guidelines prepared by LGA for Councils – Audit Fees, <i>Food Act 2001</i> Model Letter of Engagement prepared by LGA for Councils – Auditing Services for Food Safety Program Department of Health Guidelines for Auditors of Mandatory Food Safety Programs
<i>Applicable legislation</i>	<i>Food Act 2001</i>

1. Purpose

To outline the circumstances that fees are applied for the audit of food safety programs as provided by section 188 of the *Local Government Act 1999*.

To specify the rate at which audit fees are charged.

2. Scope

This policy applies to high-risk food businesses that:

- i. are identified by the Department of Health's Priority Classification System as Priority 1
- ii. are required by Standard 3.3.1 of the *Australia New Zealand Food Standard Code* to implement a documented and audited food safety program
- iii. engage the Eastern Health Authority to provide food safety auditing services.

3. Definitions

'Community organisation' - any group, club or organisation that provides a community benefit and not for the personal financial gain of an individual person or group of people. Examples include Rotary, Lions, church groups, community sporting clubs and scouting groups.

(To determine if an organisation fits this category, an Australian Taxation Office certificate of 'Endorsement as a Tax Concession Charity' may be requested.)

Desktop Audit/Audit Preparation/Administration' – an auditor undertaking:

- preparation relating to a food safety program for the purpose of preparing for an onsite audit; or
- reviewing corrective action(s) taken by a food business; or
- administration in relation to the audit process including reporting, enquiries, communication and records management.

'Onsite Audit' – an audit conducted at a scheduled frequency determined by the priority classification and assigned audit frequency.

'Follow-up Desktop Audit' –documentation review conducted in the auditor's office to address non-conformance(s) with the business' food safety program identified during the onsite audit.

'Re-audit – Onsite Follow-up Audit' – an audit carried out as a result of non-compliance with the Food Safety Standards or non-conformance with the business' food safety program.

4. Principles

As an enforcement agency, local government has responsibilities under Part 7 of the *Food Act 2001* which relate to auditing. Additionally, local government is an employer of Department of Health approved auditors and may be engaged by a food business to provide food safety auditing services.

The priority classification system approved by the Department of Health recommends the initial audit frequency of high risk, Priority 1 businesses to be six monthly. The outcomes of two audits are required to establish a compliance history that can allow for the adjustment of audit frequency. Audit frequency may vary between three and twelve months. Guidance on the adjustment of audit frequency is outlined in the 'Guidelines for Auditors of Mandatory Food Safety Programs' (Department of Health, September 2008).

The *Food Act 2001* and *Food Regulations 2002* do not prescribe the charges that local councils can apply for providing food safety auditing services. However, pursuant to Section 188 of the *Local Government Act 1999* a council may impose fees and charges for services supplied to a person at their request.

Food safety audit fees are not listed under division 81 of the GST Act for exemption and as a result, GST will apply to audit fees set by the Authority.

Minimum fees applicable to each component of an audit are shown in the tables below. Fees thereafter are calculated on 15 minutes increments and rounded down to the nearest quarter hour.

Minimum Fee	Audit Component
1.0 hour	Onsite audit
	Re-audit – Onsite Follow-up
0.5 hour	Desktop audit & audit preparation / administration
	Travel
	Follow-up desktop audit & administration

A letter of engagement provided to the proprietor of a food business will estimate the audit fees that will apply to the business.

4.1 Onsite Audit

An hourly rate of \$230.00 (including GST) will apply to onsite audits.

4.2 Desktop Audit & Audit Preparation and Administration

An hourly rate of \$125.00 (including GST) will apply to audit preparation and administration undertaken in the auditor's office.

An hourly rate of \$230.00 (including GST) will apply to desktop audits undertaken onsite at the business. Desktop audits performed onsite incur all costs applicable to an onsite audit, there the same fee applies.

4.3 Follow-up Desktop Audit & Administration

An hourly rate of \$125.00 (including GST) will apply to follow-up desktop audits and administration undertaken in the auditor's office.

Follow-up desktop audits requiring more than 1 hour will be conducted onsite at the facility at an hourly rate specified in 4.4 of the Policy.

4.4 Re-audit – Onsite Follow-up Audits

An hourly rate of \$230.00 (including GST) will apply to onsite re-audits.

4.5 Travel

An hourly rate of \$125.00 (including GST) will apply to travel when an onsite audit, desktop audit or re-audit is conducted of a business that is located outside of the boundaries of the Council areas serviced by the Authority.

4.6 Exemptions

4.6.1 Community Organisations

Audit fees imposed upon community and charitable organisations will be subsidised at a rate of 20%.

This exemption applies only to those community and charitable organisations located within the boundaries of the constituent council areas.

5. Review of the Food Business Audit Fee Policy

Every 12 months or as needed.

6. Statement of Adoption

The Policy was initially adopted by the Board of the Eastern Health Authority on 22 October 2008 and subsequently reviewed and amended policy adopted on 24 June 2026.

7.5 EASTERN HEALTH AUTHORITY ENFORCEMENT POLICY REVIEW

Author: Nadia Conci
Ref: AF22/27

Summary

The Eastern Health Authority's (EHA) has adopted an Enforcement Policy to ensure a consistent and fair approach to the enforcement of public health legislation it administers. The Enforcement Policy has been reviewed and a revised version is presented to members for consideration.

Report

EHA's Enforcement Policy (the Policy) was first adopted in October 2008. The Policy has proven to be a beneficial tool to ensure that the enforcement of legislation is fair, transparent, and accountable in relation to the management of public health risks.

The Policy is intended to provide guidance on the use of enforcement provisions of legislation administered by EHA including:

- *Food Act 2001*
- *SA Health Act 2011*
- *Supported Residential Facilities Act 1992*
- *Environment Protection Act 1993*

The current Policy mirrors the LGA model enforcement policy and has objectives which include, ensuring that enforcement action is proportionate to the alleged offence; enforcement duties are conducted in a fair, equitable and consistent manner; and transparency when dealing with either businesses or persons in the enforcement framework.

The policy has been reviewed and no material changes are currently required. The only minor amendment was in relation a change in position title.

A copy of the current Enforcement Policy with tracked changes to reflect the amendments is provided as attachment 1. A clean copy of the reviewed policy is provided as attachment 2 for the Board's endorsement.

RECOMMENDATION

That:

1. The report regarding the Eastern Health Authority Enforcement Policy is received.
2. The Policy entitled Eastern Health Authority Enforcement Policy, marked attachment 2 to this report, is adopted.



ENFORCEMENT POLICY

Policy Reference	GOV06
Date of Initial Board Adoption	22 October 2008
Minutes Reference	8:102008
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	29 June 2022 24 June 2026
<i>Relevant Document Reference</i>	Action on Default Standard Operating Procedure Expiation Standard Operating Procedure

1. PURPOSE

- 1.1. Eastern Health Authority (“EHA”) Enforcement Policy (“the Policy”) outlines the compliance and enforcement strategies adopted by EHA to ensure that enforcement decisions best achieve applicable legislative objectives and are in the broader public interest.
- 1.2. The objectives of the Policy are to:
 - 1.2.1. assist, encourage or require individuals, organisations and businesses to fulfil their legal responsibilities without imposing unnecessary burdens;
 - 1.2.2. ensure that enforcement action is proportionate to the alleged breach in each case;
 - 1.2.3. ensure that EHA carries out its duties in a fair, equitable and consistent manner;
 - 1.2.4. ensure that EHA is transparent in dealing with customers; and
 - 1.2.5. ensure that EHA works with others where appropriate to develop effective partnerships in achieving these objectives.
- 1.3. EHA recognises that enforcement decisions are dependent on a number of variables. The decision regarding what enforcement action to take (if any) to address a breach of legislation is at the discretion of EHA (and its delegates). This Policy is intended to guide EHA officers in making such a decision, noting that due regard must always, be had to the particular circumstances in question.

2. SCOPE

- 2.1. The Policy provides guidance for pursuing compliance and enforcement strategies in relation to all legislation administered by EHA including:
 - 2.1.1. *Food Act 2001*;
 - 2.1.2. *South Australian Public Health Act 2011*;

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- 2.1.3. *Supported Residential Facilities Act 1992;*
- 2.1.4. *Environment Protection Act 1993; and*
- 2.2. For the avoidance of doubt the Policy applies to all enforcement decisions made by EHA, including decisions by a delegate or person appointed as an authorised officer under any of the above legislation.

3. PRINCIPLES OF ENFORCEMENT

EHA officers will have regard to the principles set out below in making decisions to enforce and encourage a person's compliance with his/her legislative obligations.

3.1. *Graduated Response*

- 3.1.1. Wherever possible, EHA adopts a graduated approach to enforcement. This envisages the initial use of informal (non-legislative) enforcement options such as education, verbal advice and/or written warnings. If these options do not achieve compliance, EHA may pursue more significant enforcement options such as issuing statutory notices, orders or expiation notices, and/or commencing a prosecution.
- 3.1.2. Decisions about a graduated response must be balanced against the severity of the alleged offence. In circumstances where a breach is considered serious and/or the risk to public health arising from the breach is high, a graduated response may not be appropriate. In these circumstances, EHA may take immediate and firm action against those who are responsible for the breach. For example, a food premises that is infested with cockroaches and/or vermin and continues to operate and process food for sale, may warrant the issuing of an immediate Prohibition Order under the *Food Act 2001*.

3.2. *Proportionality*

- 3.2.1. EHA will endeavour to ensure that action taken to address any breach of legislation is proportionate to the problem it seeks to address and considers how culpable, or responsible the offender is for the breach.

Expiation amounts for offences are determined by State Government within each piece of legislation administered. EHA does not have the discretion to reduce or set these fees.

- 3.2.2. In determining what action to take, regard will be had to the following factors:
 - the seriousness of the breach;
 - whether there are serious risks to public health or safety;
 - whether potential hazards are adequately controlled;
 - the measures taken to avoid the breach (if any);
 - the extent and urgency of any remedial action required (including the cost of such action);
 - as far as the law allows, the circumstances and attitude of offenders (such as compliance history and willingness to co-operate with EHA); and
 - the impact the breach has had on others.

3.3. *Consistency*

- 3.3.1. To ensure that individuals, organisations and businesses are treated fairly and equally, EHA will adopt an approach that aims to achieve a similar outcome in similar circumstances.
- 3.3.2. Decisions regarding enforcement action require use of professional judgement and discretion to assess varying circumstances. To best achieve consistency EHA will:
- observe the Policy and follow standard operating procedures where possible (noting that circumstances may warrant departure from such procedures and this Policy for good reason);
 - ensure fair, equitable and non-discriminatory treatment of individuals; and
 - record the reasons for any deviation from the Policy and standard operating procedures.
- 3.3.3. In addition, EHA will facilitate the review of complex cases by senior management and seek advice from legal advisors, if deemed to be appropriate.

3.4. *Transparency*

- 3.4.1. EHA will be open and transparent, and will assist individuals, organisations and businesses to understand what is expected of them and what they can expect from EHA. For this purpose, a copy of the Policy is available to the public on EHA website.
- 3.4.2. EHA will ensure that (where applicable) any 'best practice' advice that is offered to recipients is distinguished from the recipient's legal obligations and rights to appeal. EHA remains open to discussing potential and actual compliance failures, before, during and after formal action has been taken.

3.5. *Conflict of Interest*

Where an EHA officer has a personal association or relationship with an alleged offender or any other person involved in an investigation conducted by EHA:

- 3.5.1. an alternative person will make decisions where possible; and
- 3.5.2. the facts about any conflict / relationship will be recorded.

3.6. *Authorised Officers*

Only officers who are competent by training, qualification and/or experience will be Authorised to take enforcement action. Officers will also have sufficient training and understanding of Council's policies and procedures to ensure a consistent approach to their duties. Any decision to act other than in accordance with this policy must have approval from the relevant Manager and the reasons for action recorded in accordance with Council's Records Management protocols.

Officers are required to show their Authorised Officer/Person identification card on request.

4. DECISION MAKING

- 4.1. Enforcement decisions must be fair, consistent, balanced and uphold accepted industry standards.
- 4.2. In making a decision on the most appropriate enforcement strategy, EHA shall consider, amongst other relevant considerations the following:
 - 4.2.1. the seriousness of the harm or potential harm resulting from the breach (including the risk to public health);
 - 4.2.2. the degree of wilfulness of the offender and/or the offender's knowledge of the breach;
 - 4.2.3. that actions taken by the offender to avoid or mitigate the breach or, any failure by the offender to take reasonable action where the breach (or the potential for it to occur) was known to him/her;
 - 4.2.4. the offender's past history including the seriousness and timeframe of previous non-compliance, as well as the responsiveness of the offender in taking corrective action;
 - 4.2.5. the consequences of non-compliance;
 - 4.2.6. the likely effectiveness of the various enforcement options;
 - 4.2.7. general and specific deterrence; and
 - 4.2.8. consistency of approach to similar breaches/offences.
- 4.3. Factors that are irrelevant when making a decision on the most appropriate enforcement strategy (and that will not, therefore, be taken into account) are:
 - 4.3.1. previous enforcement decisions made in dissimilar circumstances;
 - 4.3.2. any element that would lead to the discrimination of or bias against a person such as ethnicity, nationality, political association, religion, gender, sexuality or beliefs; and
 - 4.3.3. possible political advantage or disadvantage to a government or political group or party.
- 4.4. Reasons for enforcement decisions will be recorded and, where appropriate, will be notified to affected persons. However, this information will not be provided if to do so may prejudice enforcement action (including action that may be taken at a future date) or the outcome of any investigation conducted by EHA.

5. COMPLIANCE AND ENFORCEMENT OPTIONS

5.1. *General Considerations*

- 5.1.1. There are a range of actions available to EHA to achieve and encourage compliance, including:
 - taking no action;
 - education;

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- informal action such as offering verbal or written advice, issuing verbal or written warnings and requests for action; and increasing inspection frequency for premises; and
- formal action including issuing a statutory order or notice, taking action in default, revoking or cancelling a licence, issuing an expiation notice and/or commencing a prosecution.

5.1.2. Mediation services may also be recommended where EHA determines that the complaint is incapable of resolution through other informal or formal means.

5.1.3. EHA has the flexibility to select the appropriate action based on the factors outlined above and may use multiple actions to obtain compliance. In some cases, the actions of an alleged offender in response to enforcement action may lead to further action being taken. For example, a failure to comply with a statutory notice may result in an additional offence and result in EHA issuing an expiation notice or commencing a prosecution.

5.1.4. Compliance and enforcement actions will be selected and implemented in a way that best achieves the objectives of and compliance with the respective legislation.

5.2. *No Action*

5.2.1. It may be appropriate for EHA to take no action where:

- after investigation, no breach of a legislative provision was discovered;
- the alleged offence is outside of EHA's area of authority;
- a complaint is frivolous, vexatious or trivial in nature; or
- taking action may prejudice other major investigations.

5.2.2. Where a decision is made to take no action, the decision and reasons must be recorded by EHA.

5.3. *Education*

5.3.1. EHA uses education as a tool to increase people's skills and knowledge, thereby enhancing compliance with legislation and other requirements. Education may be provided by various means, including through verbal and written advice on-site during inspections and complaint investigations, publications, media releases, newsletters and EHA's website.

5.3.2. EHA observes business trends and implements training opportunities as a tool to encourage improvement in areas of poor performance. For example, EHA food safety training.

5.4. *Informal Action: Provision of Compliance Advice*

5.4.1. Verbal advice from EHA will be put clearly and simply and will be confirmed in writing.

5.4.2. The provision of advice to achieve compliance may be appropriate in circumstances where it is considered that conduct gives rise to a breach of the law, but the matter does not justify the prioritisation of resources to pursue further action.

- 5.4.3. Compliance advice provided by EHA will:
- where applicable, outline the nature and cause of the complaint(s) received or the concerns held by EHA;
 - specify the relevant legislative provision(s), including those they may have allegedly been breached;
 - explain the applicable general principles that should guide the recipients future conduct;
 - specify the penalties that may be imposed for breaches of the relevant legislation; and
 - clearly differentiate between legal requirements and recommendations of good practice.
- 5.4.4. Compliance advice is not legal advice. EHA will advise the recipient that if further information or guidance on the matter is required that they should seek independent legal advice.

5.5. *Informal Action: Warnings and requests for action*

- 5.5.1. Verbal warnings should only be used to address minor and first time breaches of legislation and confirmed in writing.
- 5.5.2. Informal warnings or requests for action may be an appropriate enforcement option where:
- the act or omission is not serious enough to warrant formal action;
 - the offender's past history reasonably suggests that informal action will secure compliance;
 - confidence in the individual, business or organisation is high;
 - the consequences of non-compliance will not pose a significant risk to public safety;
 - informal action is more appropriate or effective than a formal approach. This may be particularly relevant in the case of voluntary organisations using volunteers; and
 - where statutory action is not possible but it would be beneficial in a wider public health context to urge a particular outcome.
- 5.5.3. Written warnings must outline:
- the nature of the offence alleged to have been committed;
 - the relevant legislative provision(s) allegedly breached;
 - the actions required to ensure compliance with the relevant legislation;
 - the proposed timeframe for compliance; and
 - a clear warning regarding the penalties that may be imposed for further breaches of the relevant legislation and the intention of EHA to enforce the legislation if compliance is not achieved.
- 5.5.4. EHA will follow up after the timeframe for compliance has expired, to ensure that required actions have been undertaken.
- 5.5.5. Failure to comply with a warning or request for action will generally result in the implementation of more serious enforcement action.

5.6. Formal Action: Statutory Notices & Orders

- 5.6.1. In inspecting public health activities, EHA may issue statutory notices or orders. Examples include an improvement notice or prohibition order under the *Food Act 2001* or, a notice to secure compliance with the General Duty under the *South Australian Public Health Act 2011*.
- 5.6.2. EHA will generally pursue this option where informal action has not achieved compliance or the circumstances otherwise justify this approach (taking the considerations outline in this Policy into account).
- 5.6.3. Statutory notices and orders will be issued in accordance with any applicable statutory preconditions. For example, some legislation may specify that a notice of intention to issue an order/notice must first be issued together with an invitation to the recipient to provide submissions in relation to the matter.
- 5.6.4. Ordinarily a statutory notice/order will outline actions that are required to be taken by the recipient. This may include directing that specified work is carried out, that activities are modified, or that the recipient cease and desist from taking certain action. Where a statutory notice/order is issued, the recipient is obligated to comply with its terms and failure to do so may give rise to an offence
- 5.6.5. Officers will use professional judgement and discretion to assess the requirements that should be included in an order/notice and the timeframe within which the requirements are to be complied with.
- 5.6.6. In circumstances where there is an immediate threat to public health or safety, an authorised person may consider taking emergency action (without giving prior notice to the affected persons). An example is an Authorised Officer issuing an Emergency Order or taking emergency action under the *South Australian Public Health Act 2011*. In these circumstances immediate compliance to resolve a situation may be required.
- 5.6.7. Statutory notices and orders will generally outline:
- the relevant legislative provision(s) that the issuing officer believes is being, or has been breached;
 - a description of the relevant breach and the legislative grounds for issuing the notice/order;
 - the action that is required in order to rectify the non-compliance; and
 - the consequences of failing to comply with the requirements of the notice.
- Where practicable they will be accompanied by a covering letter that outlines the reasons why the notice/order has been issued.
- 5.6.8. The timeframe allowed for carrying out the requirements of a notice/order will vary depending upon the urgency of the matter and the remedial action that is required. Wherever practicable, an officer will discuss the notice/order with the responsible person.
- 5.6.9. Extending the time for compliance provided in a notice/order may be granted at the discretion of EHA. A request for an extension will be considered where the request is received before the timeframe for action as stipulated in the notice/order has expired.

- 5.6.10. In many instances, the recipient of the notice/order may have a right of appeal. If this is the case, EHA will advise the recipient in writing of the right to appeal and the relevant legal provisions (such information may be included in the notice/order itself).
- 5.6.11. Where an offence has been committed EHA may, where considered appropriate, issue an Expiation Notice or commence a prosecution in addition to serving a statutory notice or order.

5.7. *Formal Action: Action in default*

- 5.7.1. In many cases, a failure to comply with a statutory notice or order may enliven EHA's power to take action in default. This is where EHA itself arranges for the requirements of the order/notice to be carried out.
- 5.7.2. EHA will consider this option:
- only where it is provided by legislation; and
 - to secure compliance with the requirements of a statutory notice or order where the necessary works have not been carried out in the time allowed without good reason.
- 5.7.3. A decision as to whether or not to take action in default will be made weighing up the benefits of taking such action and the costs of doing so. Further, before carrying out work itself EHA will consider whether there is a realistic prospect that the person, business or organisation responsible will complete the works within a reasonable time.
- 5.7.4. Where EHA carries out works in default the respective Constituent Council will seek to recover all costs over a fair period, using all statutory means available.
- 5.7.5. Failure to comply with a notice or order may allow EHA to expiate or prosecute the person who failed to comply in addition to taking action in default. EHA will only pursue such action where the conduct of the recipient justifies this approach. In coming to a decision, EHA will consider whether the persons responsible have been cooperative or have otherwise obstructed EHA officers and/or deliberately provided false information and, the degree of harm or risk of harm caused by delaying the required action.
- 5.7.6. The decision to carry out action in default will be made by the Chief Executive Officer or ~~Team Leader~~ Manager Environmental Health & Immunisation in consultation with a representative of the relevant Constituent Council.

5.8. *Formal Action: Cancellation of a Licence*

- 5.8.1. This option may be considered where EHA is the authority responsible for issuing a licence or permit to authorise a person to conduct an activity. An example is licences issued under the *Supported Residential Facilities Act 1992*.
- 5.8.2. A decision to revoke or cancel a licence or permit will generally be made as a last resort where alternative enforcement strategies have not achieved compliance or where EHA is satisfied that the legislative grounds to cancel/revoke the licence/permit (if any) are made out.

- 5.8.3. Before a decision is made to cancel/revoke a licence/permit, EHA will first provide the licence/permit holder with notice of its intention to do so and will invite and consider submissions from him/her regarding the proposal.

5.9. *Formal Action: Expiation Notices*

- 5.9.1. An expiation notice may be appropriate where:
- the offence(s) committed are considered to be significant;
 - a person has failed to correct an identified problem after having been given reasonable opportunity to do so by EHA;
 - a person has failed to comply with the requirements of a statutory notice or order without a reasonable excuse;
 - confidence in the individual, business or organisation is low; and/or
 - a warning has been given for a similar offence.
- 5.9.2. The recipient of an expiation notice is entitled to elect to be prosecuted for the alleged offence that is subject of the notice. Accordingly, before issuing an expiation notice, EHA will ensure that there is substantial, reliable and admissible evidence to establish the alleged offence.
- 5.9.3. Expiation notices will generally not be issued 'on the spot' and may be served some time after an alleged offence (note that an expiation notice must be issued within 6 months of the offence date pursuant to the *Expiation of Offences Act 1996*). Authorised Officers are required to complete an Expiation Matrix (checklist) to allow relevant evidence and information to be considered consistently, fairly and objectively. The Expiation Matrix is submitted to the Chief Executive Officer and/or ~~Team Leader~~Manager of Environmental Health & Immunisation to assist with ensuring an informed decision is made in relation to the issue of an Expiation notice.

5.10. *Formal Action: Prosecution*

- 5.10.1. A Prosecution will generally be pursued for more serious legislative breaches or where a graduated response has not been sufficient to address non-compliance. A prosecution will only proceed where there is a reasonable likelihood of securing a conviction against the alleged offender (i.e. where there is sufficient evidence to prove the relevant offence(s) beyond reasonable doubt).
- 5.10.2. The following are circumstances that may justify EHA commencing a prosecution:
- a flagrant breach of the law where the health, safety and welfare of the community or individuals has been put at risk;
 - the alleged breach is too serious or the risks too great to be dealt with by means of an expiation;
 - a person has failed to correct an identified serious problem after having been given reasonable opportunity to do so;
 - a person has failed to comply with the requirements of a statutory notice or order;
 - the alleged offender has an established and recorded history of similar offences; or
 - the alleged offender has demonstrated or expressed an unwillingness, on, to prevent a recurrence of the problem and/or to address established non-compliance.

- 5.10.3. Before a prosecution is recommended there must be substantial, reliable and admissible evidence to establish that the alleged offender committed the alleged offence. All relevant evidence and information will be considered to enable a consistent, fair and objective decision to be made.
- 5.10.4. A decision to prosecute must be in the public interest. In considering whether a prosecution is in the public interest, the following additional factors will be considered:
- whether the offence was premeditated;
 - the need to influence the offender's future behaviour;
 - the seriousness of the offence;
 - the availability and efficacy of any alternatives to prosecution;
 - the prevalence of the alleged offence and the need for deterrence, both personal and general; and
 - the likely length, expense and outcome of a trial.

The decision to commence a prosecution will be made by the Chief Executive Officer in consultation with the ~~Team Leader~~Manager, Environmental Health & Immunisation. The respective Constituent Council will be advised of the decision to prosecute prior to proceedings commencing

6. REVIEW OF THE ENFORCEMENT POLICY

Every 24-48 months or ~~as needed~~more frequently if legislative or operational changes require it.

7. STATEMENT OF ADOPTION

This Policy was adopted by the Board of the Eastern Health Authority on 22 October 2008 and subsequently reviewed and adopted on ~~29 June 2022~~24 June 2026.



ENFORCEMENT POLICY

Policy Reference	GOV06
Date of Initial Board Adoption	22 October 2008
Minutes Reference	8:102008
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	24 June 2026
<i>Relevant Document Reference</i>	Action on Default Standard Operating Procedure Expiation Standard Operating Procedure

1. PURPOSE

- 1.1. Eastern Health Authority (“EHA”) Enforcement Policy (“the Policy”) outlines the compliance and enforcement strategies adopted by EHA to ensure that enforcement decisions best achieve applicable legislative objectives and are in the broader public interest.
- 1.2. The objectives of the Policy are to:
 - 1.2.1. assist, encourage or require individuals, organisations and businesses to fulfil their legal responsibilities without imposing unnecessary burdens;
 - 1.2.2. ensure that enforcement action is proportionate to the alleged breach in each case;
 - 1.2.3. ensure that EHA carries out its duties in a fair, equitable and consistent manner;
 - 1.2.4. ensure that EHA is transparent in dealing with customers; and
 - 1.2.5. ensure that EHA works with others where appropriate to develop effective partnerships in achieving these objectives.
- 1.3. EHA recognises that enforcement decisions are dependent on a number of variables. The decision regarding what enforcement action to take (if any) to address a breach of legislation is at the discretion of EHA (and its delegates). This Policy is intended to guide EHA officers in making such a decision, noting that due regard must always, be had to the particular circumstances in question.

2. SCOPE

- 2.1. The Policy provides guidance for pursuing compliance and enforcement strategies in relation to all legislation administered by EHA including:
 - 2.1.1. *Food Act 2001*;
 - 2.1.2. *South Australian Public Health Act 2011*;

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- 2.1.4. *Environment Protection Act 1993; and*
- 2.2. For the avoidance of doubt the Policy applies to all enforcement decisions made by EHA, including decisions by a delegate or person appointed as an authorised officer under any of the above legislation.

3. PRINCIPLES OF ENFORCEMENT

EHA officers will have regard to the principles set out below in making decisions to enforce and encourage a person's compliance with his/her legislative obligations.

3.1. *Graduated Response*

- 3.1.1. Wherever possible, EHA adopts a graduated approach to enforcement. This envisages the initial use of informal (non-legislative) enforcement options such as education, verbal advice and/or written warnings. If these options do not achieve compliance, EHA may pursue more significant enforcement options such as issuing statutory notices, orders or expiation notices, and/or commencing a prosecution.
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Expiation amounts for offences are determined by State Government within each piece of legislation administered. EHA does not have the discretion to reduce or set these fees.

- 3.2.2. In determining what action to take, regard will be had to the following factors:
 - the seriousness of the breach;
 - whether there are serious risks to public health or safety;
 - whether potential hazards are adequately controlled;
 - the measures taken to avoid the breach (if any);
 - the extent and urgency of any remedial action required (including the cost of such action);
 - as far as the law allows, the circumstances and attitude of offenders (such as compliance history and willingness to co-operate with EHA); and
 - the impact the breach has had on others.

3.3. *Consistency*

- 3.3.1. To ensure that individuals, organisations and businesses are treated fairly and equally, EHA will adopt an approach that aims to achieve a similar outcome in similar circumstances.
- 3.3.2. Decisions regarding enforcement action require use of professional judgement and discretion to assess varying circumstances. To best achieve consistency EHA will:
- observe the Policy and follow standard operating procedures where possible (noting that circumstances may warrant departure from such procedures and this Policy for good reason);
 - ensure fair, equitable and non-discriminatory treatment of individuals; and
 - record the reasons for any deviation from the Policy and standard operating procedures.
- 3.3.3. In addition, EHA will facilitate the review of complex cases by senior management and seek advice from legal advisors, if deemed to be appropriate.

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- 3.4.1. EHA will be open and transparent, and will assist individuals, organisations and businesses to understand what is expected of them and what they can expect from EHA. For this purpose, a copy of the Policy is available to the public on EHA website.
- 3.4.2. EHA will ensure that (where applicable) any 'best practice' advice that is offered to recipients is distinguished from the recipient's legal obligations and rights to appeal. EHA remains open to discussing potential and actual compliance failures, before, during and after formal action has been taken.

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Where an EHA officer has a personal association or relationship with an alleged offender or any other person involved in an investigation conducted by EHA:

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Officers are required to show their Authorised Officer/Person identification card on request.

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- 4.1. Enforcement decisions must be fair, consistent, balanced and uphold accepted industry standards.
- 4.2. In making a decision on the most appropriate enforcement strategy, EHA shall consider, amongst other relevant considerations the following:
 - 4.2.1. the seriousness of the harm or potential harm resulting from the breach (including the risk to public health);
 - 4.2.2. the degree of wilfulness of the offender and/or the offender's knowledge of the breach;
 - 4.2.3. that actions taken by the offender to avoid or mitigate the breach or, any failure by the offender to take reasonable action where the breach (or the potential for it to occur) was known to him/her;
 - 4.2.4. the offender's past history including the seriousness and timeframe of previous non-compliance, as well as the responsiveness of the offender in taking corrective action;
 - 4.2.5. the consequences of non-compliance;
 - 4.2.6. the likely effectiveness of the various enforcement options;
 - 4.2.7. general and specific deterrence; and
 - 4.2.8. consistency of approach to similar breaches/offences.
- 4.3. Factors that are irrelevant when making a decision on the most appropriate enforcement strategy (and that will not, therefore, be taken into account) are:
 - 4.3.1. previous enforcement decisions made in dissimilar circumstances;
 - 4.3.2. any element that would lead to the discrimination of or bias against a person such as ethnicity, nationality, political association, religion, gender, sexuality or beliefs; and
 - 4.3.3. possible political advantage or disadvantage to a government or political group or party.
- 4.4. Reasons for enforcement decisions will be recorded and, where appropriate, will be notified to affected persons. However, this information will not be provided if to do so may prejudice enforcement action (including action that may be taken at a future date) or the outcome of any investigation conducted by EHA.

5. COMPLIANCE AND ENFORCEMENT OPTIONS

5.1. *General Considerations*

- 5.1.1. There are a range of actions available to EHA to achieve and encourage compliance, including:
 - taking no action;
 - education;

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- informal action such as offering verbal or written advice, issuing verbal or written warnings and requests for action; and increasing inspection frequency for premises; and
- formal action including issuing a statutory order or notice, taking action in default, revoking or cancelling a licence, issuing an expiation notice and/or commencing a prosecution.

5.1.2. Mediation services may also be recommended where EHA determines that the complaint is incapable of resolution through other informal or formal means.

5.1.3. EHA has the flexibility to select the appropriate action based on the factors outlined above and may use multiple actions to obtain compliance. In some cases, the actions of an alleged offender in response to enforcement action may lead to further action being taken. For example, a failure to comply with a statutory notice may result in an additional offence and result in EHA issuing an expiation notice or commencing a prosecution.

5.1.4. Compliance and enforcement actions will be selected and implemented in a way that best achieves the objectives of and compliance with the respective legislation.

5.2. *No Action*

5.2.1. It may be appropriate for EHA to take no action where:

- after investigation, no breach of a legislative provision was discovered;
- the alleged offence is outside of EHA's area of authority;
- a complaint is frivolous, vexatious or trivial in nature; or
- taking action may prejudice other major investigations.

5.2.2. Where a decision is made to take no action, the decision and reasons must be recorded by EHA.

5.3. *Education*

5.3.1. EHA uses education as a tool to increase people's skills and knowledge, thereby enhancing compliance with legislation and other requirements. Education may be provided by various means, including through verbal and written advice on-site during inspections and complaint investigations, publications, media releases, newsletters and EHA's website.

5.3.2. EHA observes business trends and implements training opportunities as a tool to encourage improvement in areas of poor performance. For example, EHA food safety training.

5.4. *Informal Action: Provision of Compliance Advice*

5.4.1. Verbal advice from EHA will be put clearly and simply and will be confirmed in writing.

5.4.2. The provision of advice to achieve compliance may be appropriate in circumstances where it is considered that conduct gives rise to a breach of the law, but the matter does not justify the prioritisation of resources to pursue further action.

- 5.4.3. Compliance advice provided by EHA will:
- where applicable, outline the nature and cause of the complaint(s) received or the concerns held by EHA;
 - specify the relevant legislative provision(s), including those they may have allegedly been breached;
 - explain the applicable general principles that should guide the recipients future conduct;
 - specify the penalties that may be imposed for breaches of the relevant legislation; and
 - clearly differentiate between legal requirements and recommendations of good practice.
- 5.4.4. Compliance advice is not legal advice. EHA will advise the recipient that if further information or guidance on the matter is required that they should seek independent legal advice.

5.5. *Informal Action: Warnings and requests for action*

- 5.5.1. Verbal warnings should only be used to address minor and first time breaches of legislation and confirmed in writing.
- 5.5.2. Informal warnings or requests for action may be an appropriate enforcement option where:
- the act or omission is not serious enough to warrant formal action;
 - the offender's past history reasonably suggests that informal action will secure compliance;
 - confidence in the individual, business or organisation is high;
 - the consequences of non-compliance will not pose a significant risk to public safety;
 - informal action is more appropriate or effective than a formal approach. This may be particularly relevant in the case of voluntary organisations using volunteers; and
 - where statutory action is not possible but it would be beneficial in a wider public health context to urge a particular outcome.
- 5.5.3. Written warnings must outline:
- the nature of the offence alleged to have been committed;
 - the relevant legislative provision(s) allegedly breached;
 - the actions required to ensure compliance with the relevant legislation;
 - the proposed timeframe for compliance; and
 - a clear warning regarding the penalties that may be imposed for further breaches of the relevant legislation and the intention of EHA to enforce the legislation if compliance is not achieved.
- 5.5.4. EHA will follow up after the timeframe for compliance has expired, to ensure that required actions have been undertaken.
- 5.5.5. Failure to comply with a warning or request for action will generally result in the implementation of more serious enforcement action.

5.6. Formal Action: Statutory Notices & Orders

- 5.6.1. In inspecting public health activities, EHA may issue statutory notices or orders. Examples include an improvement notice or prohibition order under the *Food Act 2001* or, a notice to secure compliance with the General Duty under the *South Australian Public Health Act 2011*.
- 5.6.2. EHA will generally pursue this option where informal action has not achieved compliance or the circumstances otherwise justify this approach (taking the considerations outline in this Policy into account).
- 5.6.3. Statutory notices and orders will be issued in accordance with any applicable statutory preconditions. For example, some legislation may specify that a notice of intention to issue an order/notice must first be issued together with an invitation to the recipient to provide submissions in relation to the matter.
- 5.6.4. Ordinarily a statutory notice/order will outline actions that are required to be taken by the recipient. This may include directing that specified work is carried out, that activities are modified, or that the recipient cease and desist from taking certain action. Where a statutory notice/order is issued, the recipient is obligated to comply with its terms and failure to do so may give rise to an offence
- 5.6.5. Officers will use professional judgement and discretion to assess the requirements that should be included in an order/notice and the timeframe within which the requirements are to be complied with.
- 5.6.6. In circumstances where there is an immediate threat to public health or safety, an authorised person may consider taking emergency action (without giving prior notice to the affected persons). An example is an Authorised Officer issuing an Emergency Order or taking emergency action under the *South Australian Public Health Act 2011*. In these circumstances immediate compliance to resolve a situation may be required.
- 5.6.7. Statutory notices and orders will generally outline:
- the relevant legislative provision(s) that the issuing officer believes is being, or has been breached;
 - a description of the relevant breach and the legislative grounds for issuing the notice/order;
 - the action that is required in order to rectify the non-compliance; and
 - the consequences of failing to comply with the requirements of the notice.
- Where practicable they will be accompanied by a covering letter that outlines the reasons why the notice/order has been issued.
- 5.6.8. The timeframe allowed for carrying out the requirements of a notice/order will vary depending upon the urgency of the matter and the remedial action that is required. Wherever practicable, an officer will discuss the notice/order with the responsible person.
- 5.6.9. Extending the time for compliance provided in a notice/order may be granted at the discretion of EHA. A request for an extension will be considered where the request is received before the timeframe for action as stipulated in the notice/order has expired.

- 5.6.10. In many instances, the recipient of the notice/order may have a right of appeal. If this is the case, EHA will advise the recipient in writing of the right to appeal and the relevant legal provisions (such information may be included in the notice/order itself).
- 5.6.11. Where an offence has been committed EHA may, where considered appropriate, issue an Expiation Notice or commence a prosecution in addition to serving a statutory notice or order.

5.7. *Formal Action: Action in default*

- 5.7.1. In many cases, a failure to comply with a statutory notice or order may enliven EHA's power to take action in default. This is where EHA itself arranges for the requirements of the order/notice to be carried out.
- 5.7.2. EHA will consider this option:
- only where it is provided by legislation; and
 - to secure compliance with the requirements of a statutory notice or order where the necessary works have not been carried out in the time allowed without good reason.
- 5.7.3. A decision as to whether or not to take action in default will be made weighing up the benefits of taking such action and the costs of doing so. Further, before carrying out work itself EHA will consider whether there is a realistic prospect that the person, business or organisation responsible will complete the works within a reasonable time.
- 5.7.4. Where EHA carries out works in default the respective Constituent Council will seek to recover all costs over a fair period, using all statutory means available.
- 5.7.5. Failure to comply with a notice or order may allow EHA to expiate or prosecute the person who failed to comply in addition to taking action in default. EHA will only pursue such action where the conduct of the recipient justifies this approach. In coming to a decision, EHA will consider whether the persons responsible have been cooperative or have otherwise obstructed EHA officers and/or deliberately provided false information and, the degree of harm or risk of harm caused by delaying the required action.
- 5.7.6. The decision to carry out action in default will be made by the Chief Executive Officer or Manager Environmental Health & Immunisation in consultation with a representative of the relevant Constituent Council.

5.8. *Formal Action: Cancellation of a Licence*

- 5.8.1. This option may be considered where EHA is the authority responsible for issuing a licence or permit to authorise a person to conduct an activity. An example is licences issued under the *Supported Residential Facilities Act 1992*.
- 5.8.2. A decision to revoke or cancel a licence or permit will generally be made as a last resort where alternative enforcement strategies have not achieved compliance or where EHA is satisfied that the legislative grounds to cancel/revoke the licence/permit (if any) are made out.

- 5.8.3. Before a decision is made to cancel/revoke a licence/permit, EHA will first provide the licence/permit holder with notice of its intention to do so and will invite and consider submissions from him/her regarding the proposal.

5.9. *Formal Action: Expiation Notices*

- 5.9.1. An expiation notice may be appropriate where:
- the offence(s) committed are considered to be significant;
 - a person has failed to correct an identified problem after having been given reasonable opportunity to do so by EHA;
 - a person has failed to comply with the requirements of a statutory notice or order without a reasonable excuse;
 - confidence in the individual, business or organisation is low; and/or
 - a warning has been given for a similar offence.
- 5.9.2. The recipient of an expiation notice is entitled to elect to be prosecuted for the alleged offence that is subject of the notice. Accordingly, before issuing an expiation notice, EHA will ensure that there is substantial, reliable and admissible evidence to establish the alleged offence.
- 5.9.3. Expiation notices will generally not be issued 'on the spot' and may be served some time after an alleged offence (note that an expiation notice must be issued within 6 months of the offence date pursuant to the *Expiation of Offences Act 1996*). Authorised Officers are required to complete an Expiation Matrix (checklist) to allow relevant evidence and information to be considered consistently, fairly and objectively. The Expiation Matrix is submitted to the Chief Executive Officer and/or Manager of Environmental Health & Immunisation to assist with ensuring an informed decision is made in relation to the issue of an Expiation notice.

5.10. *Formal Action: Prosecution*

- 5.10.1. A Prosecution will generally be pursued for more serious legislative breaches or where a graduated response has not been sufficient to address non-compliance. A prosecution will only proceed where there is a reasonable likelihood of securing a conviction against the alleged offender (i.e. where there is sufficient evidence to prove the relevant offence(s) beyond reasonable doubt).
- 5.10.2. The following are circumstances that may justify EHA commencing a prosecution:
- a flagrant breach of the law where the health, safety and welfare of the community or individuals has been put at risk;
 - the alleged breach is too serious or the risks too great to be dealt with by means of an expiation;
 - a person has failed to correct an identified serious problem after having been given reasonable opportunity to do so;
 - a person has failed to comply with the requirements of a statutory notice or order;
 - the alleged offender has an established and recorded history of similar offences; or
 - the alleged offender has demonstrated or expressed an unwillingness, on, to prevent a recurrence of the problem and/or to address established non-compliance.

- 5.10.3. Before a prosecution is recommended there must be substantial, reliable and admissible evidence to establish that the alleged offender committed the alleged offence. All relevant evidence and information will be considered to enable a consistent, fair and objective decision to be made.
- 5.10.4. A decision to prosecute must be in the public interest. In considering whether a prosecution is in the public interest, the following additional factors will be considered:
- whether the offence was premeditated;
 - the need to influence the offender's future behaviour;
 - the seriousness of the offence;
 - the availability and efficacy of any alternatives to prosecution;
 - the prevalence of the alleged offence and the need for deterrence, both personal and general; and
 - the likely length, expense and outcome of a trial.

The decision to commence a prosecution will be made by the Chief Executive Officer in consultation with the Manager, Environmental Health & Immunisation. The respective Constituent Council will be advised of the decision to prosecute prior to proceedings commencing

6. REVIEW OF THE ENFORCEMENT POLICY

Every 48 months or more frequently if legislative or operational changes require it.

7. STATEMENT OF ADOPTION

This Policy was adopted by the Board of the Eastern Health Authority on 22 October 2008 and subsequently reviewed and adopted on 24 June 2026.

7.6 SAFE ENVIRONMENT POLICY REVIEW

Author: Michael Livori
Ref: AF17/6 & AF13/67

Summary

Eastern Health Authority (EHA) Safe Environment Policy has been reviewed. This report seeks the Board's endorsement of the revised policy.

Report

The Safe Environment Policy (last adopted 17 November 2021) has been reviewed against current legislative and practice frameworks, including the *Children and Young People (Safety) Act 2017*, the *Child Safety (Prohibited Persons) Act 2016*, and the National Principles for Child Safe Organisations.

The policy now more closely aligns with current Department of Human Services (DHS) Child Safe Environments requirements and the updated DHS policy template. Throughout the review process, EHA liaised with DHS to ensure legislative compliance and consistency with contemporary child safeguarding expectations.

Key amendments include:

- Revisions to the Purpose, Scope and Definitions sections to improve clarity and align terminology with current legislation.
- Inclusion of a new Principles section incorporating the National Principles for Child Safe Organisations and a broader safeguarding approach for vulnerable persons.
- Expansion of policy objectives to emphasise risk-based safeguarding, person-centred practices, transparency, accountability and collaboration.
- Updated definitions of harm, prescribed positions, mandatory reporting obligations, Working with Children Checks (WWCC), and vulnerable persons to reflect current legislative requirements.
- Strengthening of the Child Safe Code of Conduct, including clearer expectations of worker behaviour and reporting obligations.
- Enhanced recruitment and screening requirements, including DHS Screening Unit registration, WWCC verification processes, and reporting of assessable information.
- Introduction of additional training requirements, including mandatory reporting education and regular safeguarding training.
- Expanded reporting and response procedures for suspected harm, abuse or neglect, including internal reporting and support processes following notifications to authorities.
- Strengthening of complaint management processes to ensure child-focused, fair and transparent handling of concerns.
- Inclusion of a dedicated risk management section outlining controls relating to physical contact, environmental safety, privacy and confidentiality.
- Removal of outdated references and updating of legislative, departmental and regulatory references throughout the document.
- General restructuring and formatting changes to align with the current DHS Child Safe Environments policy template and improve readability.

These amendments strengthen EHA's commitment to providing safe environments for children, young people and vulnerable persons while ensuring compliance with contemporary legislative and regulatory requirements.

A copy of the current Safe Environment Policy is provided as attachment 1.

A copy of a draft amended Safe Environment Policy is provided as attachment 2.

RECOMMENDATION

That:

1. The report regarding the Safe Environment Policy Review is received.
2. The Safe Environment Policy marked as attachment 2 to the Safe Environment Policy Review Report dated 24 June 2026 adopted.



SAFE ENVIRONMENT POLICY

Policy Reference	GOV03
Date of initial Board Adoption	22 June 2011
Minutes Reference	6: 17112021
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	November 2021
<i>Relevant Document Reference</i>	<p>Children's Protection Regulations 2010 – South Australia Department for Education and Child Development – South Australia (DECD) Department for Education and Child Development South Australia Child Safe Environments: Principles of Good Practice Guidelines for mandated notifiers and information for organisations Department for Communities and Social Inclusion Screening Unit www.dcsi.sa.gov.au/services/screening Disability Services Act 1993 Aged Care Act 1997 EHA Employee Code of Conduct Current Standard Operating Procedures South Australia Aged Care Act 1997 Children and Young People (Safety) Act 2017</p>

1. Purpose

EHA is committed to the safety and wellbeing of children, young people and vulnerable members of our society who access our services.

The Safe Environment Policy (the policy) aims to ensure EHA's facilities are safe environments for children, young people and other vulnerable people and they are protected from abuse and neglect. The policy also aims to ensure that all relevant EHA managers and employees are aware of their duty of care responsibilities for the protection, safety, and wellbeing of children at all times.

This policy will govern how systems and processes are implemented to minimise the risk of harm resulting from the delivery of EHA's services and programs including employment screening for prescribed positions. It will also assist in the reporting of suspected abuse against children, young and other vulnerable people. The policy also refers to guidance on sharing information with non-government and government agencies where there is a reasonable suspicion of harm.

2. Scope

This policy will apply to all employees of EHA involved in the delivery of EHA's services and programs to children, young people and other vulnerable people.

3. Definitions

Children and Young People (Safety) Act 2017 states that **child abuse and neglect** (or harm) in relation to a child means

- Sexual abuse; or
- Physical or emotional abuse, or neglect to the extent that:
 - The child has suffered, or is likely to suffer, physical or psychological injury detrimental to the child's wellbeing; or
 - The child's physical and psychological development is in jeopardy.

Child – means a person under the age of 18.

Criminal History Screening – Criminal history screening involves obtaining information about relevant potential employees on the basis that the information deemed relevant to assessing the suitability of a person to work in a child or vulnerable person-related area. The information gathered may include details concerning previous employment and relevant experience; verification of qualifications and professional registration; criminal history information, reference checks and work history reports.

DCSI - is the Department for Communities and Social Inclusion (DCSI).

Harm – in the child protection context is defined as the detrimental impact on the physical, psychological, emotional or social safety, wellbeing and development of a child as a result of the actions or inactions of another person.

Mandatory Reporting Obligation - Any person providing services to children (employee, volunteer, contractor or consultant) must report any suspicion of abuse or neglect of a child to the Department for Communities and Social Inclusion 24-hour Child Abuse Report Line (13 14 78) or online in appropriate circumstances.

Prescribed Position – Refers to a position that requires or involves prescribed functions which involve any of the following:

- Regular contact with children, young or vulnerable people (including aged care and frail aged) in close proximity (usually within earshot) on a regular basis (multiple working instances of contact of limited duration or fewer, extended and intense periods of contact which may be away from the person's usual environment)
- People who supervise/manage those in positions requiring or involving regular contact with children, young and vulnerable (including aged care and frail aged) or in close proximity to them on a regular basis
- Those who have access to personal records relating to children, young or vulnerable people (including aged care and frail aged)
- Functions of a type prescribed by regulation.
- Supervision or management of above positions; and
- Access to records of a kind prescribed by regulation relating to children (including records relating to child protection services, health services, education services, disability services and court orders and proceedings).

Any employee within a prescribed position will undergo the screening and assessment process prior to commencement and thereafter in accordance with the Relevant History Assessments.

Vulnerable people - refers to those who may be at risk of abuse or exploitation due to their dependency on others or experiences of disadvantage, and could include people with a disability, the frail, the aged, people from culturally and linguistically diverse backgrounds, refugees, and those living in poverty.

4. Principles

The following principles underpin this policy:

- Child safe environments are established and maintained within the organisation
- * Abuse is abhorrent, illegal and must not be tolerated or ignored
- Children and vulnerable people deserve respect, care and protection
- Children and vulnerable people should know that they have the right to be safe from abuse at all times
- Children and vulnerable people are entitled to the support of a responsible person if they experience or are at risk of harm or feel unsafe.
- EHA has a role to play in fostering a safe local environment and in contributing to a whole of community effort towards the protection of children and vulnerable people from abuse and/or harm.

5. Policy

EHA is committed to the safety and wellbeing of children, young people and other vulnerable people who access our services. We support the rights of the child and vulnerable persons in the community and will act without hesitation to ensure a safe environment is always maintained. We also support the rights and wellbeing of our staff and encourage their active participation in building and maintaining a secure environment for all children, young people, and other vulnerable people.

EHA commits to:

- Providing a safe environment where children, young and vulnerable people feel safe and protected from abuse
- Encouraging the reporting of any incident of anti-discriminatory behaviour towards young and/or vulnerable persons to the relevant authority
- Maintaining a rigorous employee and volunteer recruitment and/or screening/selection process in accordance with the Criminal History Procedure
- Monitoring and ensuring the renewal of screening for employees in prescribed positions in accordance with the Criminal History Procedure
- Operating in a spirit of cooperation and consultation with other relevant agencies in matters concerning protection of children, young and vulnerable people from harm and abuse
- Developing, monitoring, evaluating, and reviewing risk management strategies to minimise harm to children, young and vulnerable people
- Developing and maintaining internal procedures and guidelines that underpin the requirements of the Children and Young People (Safety) Act 2017 and *Children's Protection Regulations 2010 – South Australia* to ensure with this policy

To ensure a safe environment for children and other vulnerable people EHA will undertake the following to manage its obligations under the Policy:

- The Safe Environment policy will be communicated to all relevant employees to ensure awareness and understanding of EHA's commitment to ensuring a safe environment.
- EHA will identify and assess potential sources of harm and take steps to decrease the likelihood that harm will occur to children, young people and other vulnerable people who use our services.
- All employees will be required to comply with the code of conduct endorsed by EHA.
- EHA will take reasonable steps to ensure that it engages the most suitable and appropriate people to work with and provide services to children and other vulnerable people. Applicants for prescribed positions will be screened for their suitability to provide services. Screening will involve Department of Communities and Social Inclusion Child-related employment screening, interviews, referee reports, checking qualifications and previous employment history in working with children.
- EHA will ensure that all staff working with children have ongoing support and have completed the appropriate training to enhance and maintain a child safe environment.

EHA will report suspected:

- Child abuse or neglect to the Department for Education and Child Development, Families SA through the Child Abuse Report Line: telephone 24 hours a day, 7 days a week on 13 14 78.
- Abuse of older people to the Abuse Prevention Program (Aged Rights Advocacy Service) on 8232 5377;
- Abuse of people with a mental incapacity to the Office of the Public Advocate on 8342 8200.

6. Review & Evaluation

Review periodically to ensure compliance with Department for Education and Child Development standards and effective maintenance of a safe environment.

7. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on 17 November 2021



SAFE ENVIRONMENT POLICY

Policy Reference	GOV03
Date of initial Board Adoption	22 June 2011
Minutes Reference	6: 17112021
Date of Audit Committee Endorsement (if applicable)	N/A
Date last reviewed by Eastern Health Authority Board of Management	November 2021
<i>Relevant Document Reference</i>	<p>Department for Child Protection (DCP), South Australia Department of Human Services www.dhs.sa.gov.au/services/screening <i>Child Safe Environments: Principles of Good Practice Guidelines for Mandated Notifiers and Information Sharing for Organisations Children and Young People (Safety) Act 2017</i> <i>Child Safety (Prohibited Persons) Act 2016</i> <i>Disability Services Act 1993</i> <i>Aged Care Act 1997 (Commonwealth)</i> <i>South Australian Public Health Act 2011</i></p>

1. PURPOSE

EHA is committed to the safety and wellbeing of children, young people and vulnerable members of our society who access our services.

The Safe Environment Policy (the policy) outlines EHA's commitment to maintaining safe environments for all people, including children, young people, and other vulnerable persons, and sets out the compliance and enforcement framework used to achieve legislative and public health objectives.

1.1. The objectives of the Policy are to:

- 1.1.1. ensure EHA fulfils its legislative responsibilities in a manner that promotes safety, wellbeing, and public health;
- 1.1.2. support a proactive, risk-based approach to safeguarding children and vulnerable persons;
- 1.1.3. ensure enforcement action is proportionate, fair, consistent, and transparent;
- 1.1.4. embed a child-safe and person-centred culture across all EHA operations;

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- 1.1.5. ensure all staff, contractors, and authorised officers understand their safeguarding and reporting obligations; and
- 1.1.6. promote collaboration with councils, agencies, and stakeholders to improve safety outcomes.

EHA recognises safeguarding decisions require professional judgement and consideration of individual circumstances. This Policy provides guidance but does not limit EHA's discretion under relevant legislation.

2. SCOPE

This policy will apply to EHA staff, contractors, volunteers, and authorised officers involved in the delivery of EHA's services and programs to children, young people and other vulnerable people.

3. DEFINITIONS

Children and Young People (Safety) Act 2017 states that **child abuse and neglect** (or harm) in relation to a child means

- Sexual abuse; or
- Physical or emotional abuse, or neglect to the extent that:
 - The child has suffered, or is likely to suffer, physical or psychological injury detrimental to the child's wellbeing; or
 - The child's physical and psychological development is in jeopardy.

Child – means a person under the age of 18.

Criminal History Screening – Criminal history screening involves obtaining information about relevant potential employees on the basis that the information deemed relevant to assessing the suitability of a person to work in a child or vulnerable person-related area. The information gathered may include details concerning previous employment and relevant experience; verification of qualifications and professional registration; criminal history information, reference checks and work history reports.

DCSI - is the Department for Communities and Social Inclusion (DCSI).

Harm – As defined under the *Children and Young People (Safety) Act 2017*, harm includes:

- sexual abuse; or
- physical or emotional abuse, or neglect where a child has suffered, or is likely to suffer:
 - physical or psychological injury detrimental to wellbeing; or
 - impairment of physical or psychological development.

Mandatory Reporting Obligation - Legal obligation for prescribed professionals and employees to report suspected abuse or neglect of a child to the Child Abuse Report Line (CARL).

Prescribed Position – Refers to a position that requires or involves prescribed functions which involve any of the following:

- regular contact with children or vulnerable persons
- supervision or management of persons working with children or vulnerable persons
- access to sensitive records relating to children or vulnerable persons
- functions prescribed under relevant legislation

Any employee within a prescribed position will undergo the screening and assessment process prior to commencement and thereafter in accordance with the Relevant History Assessments.

Vulnerable people - refers to those who may be at risk of abuse or exploitation due to their dependency on others or experiences of disadvantage, and could include people with a disability, the frail, the aged, people from culturally and linguistically diverse backgrounds, refugees, and those living in poverty.

Working With Children Check (WWCC) - a clearance required under the *Child Safety (Prohibited Persons) Act 2016* for prescribed positions working with children.

4. Principles

The following principles underpin this policy:

- EHA is committed to the safety, wellbeing, and protection of children, young people, and all vulnerable persons.
- EHA adopts and aligns its practices with the National Principles for Child Safe Organisations.
- EHA recognises vulnerability may arise due to age, disability, cultural background, health status, or social circumstances.
- Vulnerable persons include (but are not limited to):
 - children and young people
 - older persons
 - people living with disability
 - people with cognitive or mental health impairments
 - Aboriginal and Torres Strait Islander peoples
 - culturally and linguistically diverse (CALD) communities
 - people experiencing homelessness or social disadvantage
- EHA adopts a zero-tolerance approach to abuse, neglect, exploitation, and harm.

5. Policy

5.1 *Commitment to the safety of children, young people and vulnerable adults*

We are committed to providing a safe environment to all children and young people. Our policy complies with the Children and Young People (Safety) Act 2017, the Child Safety (Prohibited Persons) Act 2016 and aligns with the National Principles for Child Safe Organisations.

We value and respect children and young people and welcome them regardless of their abilities, sex, gender, or social economic or cultural background. Bullying and harassment won't be tolerated.

5.2 *Communication*

This child safe policy and related documents are provided to all workers as part of their induction following recruitment.

We encourage and respect the views of children and young people and involve them in decision making as appropriate. We provide clear age-appropriate or developmentally appropriate explanations to children and young people including their right to safety and

their right to be listened to. We will listen to and act upon complaints or concerns that a child or young person raises with us.

5.3 Code of Conduct

Caring for children, young and vulnerable people brings additional responsibilities for all workers. We are responsible for promoting and protecting the safety and wellbeing of children, young and vulnerable people.

Workers must:

- abide by the organisation's child and vulnerable people safe policy at all times and take all reasonable steps to ensure the safety and protection of children, young and vulnerable people
- treat everyone including those of different race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes and religious beliefs with respect and honesty and ensure equity is upheld
- uphold the rights of the child and always prioritise their needs
- make sure the needs of all children, young and vulnerable people remain the paramount focus of any decision making
- be a positive role model to children, young and vulnerable people in all conduct with them
- set clear boundaries and maintain appropriate behaviours with children, young and vulnerable people – boundaries help everyone to understand their roles
- listen and respond appropriately to the views and concerns of children, young and vulnerable people
- be alert to bullying behaviours and respond promptly and appropriately
- take all reasonable steps to protect children, young and vulnerable people from abuse and harm
- be alert to children and young people who have been harmed, or may be at risk of harm and report this quickly to the Child Abuse Report Line (13 14 78)
- respond quickly, fairly and transparently to any complaints made by a child, young person or their parent/guardian
- include a child's parent or carer in any direct online communication or correspondence with a child or young person
- raise concerns with the leadership team if risks to child safety are identified
- make sure breaches of the Child Safe Code of Conduct and any instances of concerning behaviour from adults are reported immediately.

Workers must not:

- condone or participate in unsafe, harmful or abusive behaviour towards children, including psychological, physical and sexual abuse, grooming, misconduct or lack of appropriate care
- ignore or disregard any concerns, suspicions or disclosures of child abuse
- exaggerate or trivialise child abuse issues
- use hurtful, discriminatory or offensive behaviour or language with children
- use racial, cultural, homophobic or sexist slurs
- be intimidating such as yelling, finger pointing, moving into a child's personal space
- be verbally abusive to a child, or create a climate of fear
- engage in unwarranted and inappropriate touching involving a child
- encourage a child to communicate in a private setting, including online or on social media
- engage in rough physical games
- develop any 'special' relationships with children and young people that could be seen as favouritism such as the offering of gifts or special treatment

- do things of a personal nature that a child or young person can do for themselves, such as toileting or changing clothes
- discriminate against any children, young and vulnerable people because of age, gender, cultural background, religion, vulnerability or sexuality.

Breaches or suspected breaches of the Code of Conduct should be reported as soon as practicable to management either in person, by telephone or via email. Breaches or suspected breaches of the Code of Conduct will be taken seriously and dealt with quickly, fairly and transparently.

Any worker who breaches the Code of Conduct will face disciplinary action and depending on severity of the breach, the worker may have their employment terminated.

5.4 *Recruitment*

To ensure we engage the most suitable people to work with children and young people we have the following recruitment practices in place:

- our commitment to children, young and vulnerable peoples' safety is included in all job advertisements
- clear position descriptions that include our commitment to child safety and wellbeing
- face-to-face interviews that include behavioural questions to determine the applicant's knowledge of child safeguarding
- at least 2 referee checks and qualification checks.

In accordance with the Child Safety (Prohibited Persons) Act 2016, our organisation is registered with the Department of Human Services (DHS) Screening Unit and we link all Working with Children Checks (WWCC) to our registration.

All persons running the organisation (e.g. business owner, board/committee members, directors, managers etc) are required to have a current, not prohibited WWCC. All workers over the age of 14 years must hold a current, not prohibited WWCC issued by the DHS Screening Unit if they are working in a role with children and young people or have contact with children and young people. A person will be taken to have contact with a child if:

- the person has physical contact with the child; or
- is in close physical proximity to the child; or
- communicates with the child (whether orally or by written, electronic or other means).

Evidence of a valid WWCC must be provided prior to employment and renewed every 5 years. We will verify the accuracy of all WWCCs in the DHS Screening Unit portal as required by law.

We will immediately contact the DHS Screening Unit when we become aware of assessable information regarding any person involved with our organisation, including any serious criminal offence, child protection information, or disciplinary or misconduct information.

5.5 *Training*

We have strategies in place to train workers to understand our organisation's child safe policy, their mandatory reporting obligations, how to build culturally safe environments and their responsibilities to create a child safe and friendly environment. Our strategies

include:

- as part of their induction, ensure all workers read and understand the Mandatory Reporting Information Booklet available at:
- https://dhs.sa.gov.au/__data/assets/pdf_file/0003/103179/CSE-Mandatory-notification-information-booklet.PDF
- 'Responding to Risk of Harm, Abuse and Neglect' training every 3 years
- include child safety as a standing item on meeting agendas
- an induction process for all new workers including a copy of this policy

5.6 *Reporting and responding to harm or risk of harm*

We aim to ensure that children, young and vulnerable people are safe from harm and risk of harm. Section 17 of the Safety Act defines 'harm' to mean physical or psychological harm (whether caused by an act or omission), including harm caused by sexual, physical, mental or emotional abuse or neglect.

Mandated reporters in our organisation are workers who:

- provide services to children, young and vulnerable people
- hold a management position in the organisation the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children, young and vulnerable people

Mandated reporters have a legal obligation to report directly to the Child Abuse Report Line (CARL) on 13 14 78 as soon as practicable if they have a suspicion that a child or young person has been harmed or may be at risk of harm. If the child or young person is at immediate risk, report to South Australia Police (SAPOL) on 000.

Even if not a mandated reporter, any person can report harm or risk of harm to a child, young or vulnerable person. The non-mandated reporter who identifies the harm or risk of harm is encouraged to make the report to authorities and can request the support from another worker to do so if required.

Information about making appropriate reports of harm or risk of harm is available from the South Australian Department for Child Protection website:
<https://www.childprotection.sa.gov.au/reporting-child-abuse>.

All adult workers (even if not a mandated reporter) have a legal obligation to report child sexual abuse by another worker to the police and to protect a child from sexual abuse by another worker. Failure to meet these obligations may be considered a criminal offence.

Following a report being made to CARL or SAPOL workers must make an internal report to management. We will be guided by the Department for Child Protection and/or SAPOL after a report has been made as to whether we can conduct an internal investigation.

If a worker is reported to CARL or SAPOL for causing harm or risk of harm to a child or young person, they will be removed from any role that involves working with any child or young person until authorities have concluded their investigation.

Following a report to CARL or SAPOL we will support the child or young person by:

- referring the child, young person or their family to other appropriate services

- continuing to provide a service to the child, young person and their family and monitor their circumstances.

We will document all information received regarding the report and store this securely in a separate file.

5.7 *Reporting and responding to general complaints or feedback*

Providing opportunities for complaints and feedback ensures that children, young people and their families feel valued and respected and enables us to improve the quality of our service. Compliments, complaints or feedback can be provided verbally to any worker or direct to management by telephone or via email at eha@eha.sa.gov.au

We will deal with all complaints and feedback received promptly, sensitively and fairly. We will:

- listen to the complaint/feedback
- the person receiving the complaint will make a record of it if received verbally
- advise of the time expected for an outcome
- if a worker receives a complaint, they must forward it to management as soon as possible
- prioritise the safety and wellbeing of children and young people when handling complaints and concerns
- respond to the complainant with an outcome in a timely manner
- clearly document and securely store decisions and actions taken in response to complaints and feedback
- make sure that procedural fairness is followed at all times.

If the children, young and vulnerable person or their family is not happy with the outcome from the complaints process they can contact:

- Health and Community Services Complaints Commissioner Tel: 8226 8666
- Australian Human Rights Commission Online: www.humanrights.gov.au Tel: 1300 656 419
- South Australian Equal Opportunities Commission (for complaints relating to discrimination) Online: www.eoc.sa.gov.au Tel: 08 8207 1977.

5.8 *Risk management*

Identified risk	Actions to minimise risk
Physical contact	<ul style="list-style-type: none"> • physical contact must be appropriate to the delivery of services being provided • if physical contact is required, this is undertaken in a safe way by explaining why contact is required and what will happen, and asking the child/young person for their permission (or their family if this is more appropriate) before proceeding • unnecessary physical contact is not allowed
Physical environment	<ul style="list-style-type: none"> • maintain a risk register that is reviewed annually to ensure effectiveness • conduct risk assessments for all activities • ensure all equipment is in good working order

Privacy and confidentiality	<ul style="list-style-type: none"> • documents containing confidential information will be stored securely with restricted access • digital files containing confidential information will be protected electronically with restricted access • workers must not disclose information regarding any child or young person without written consent of the child, young person and their parent/guardian unless legally required to
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6. REVIEW & EVALUATION

Review periodically to ensure compliance with Department for Education and Child Development standards and effective maintenance of a safe environment.

7. STATEMENT OF ADOPTION

This Policy was adopted by the Board of the Eastern Health Authority on 17 November 2021 and subsequently reviewed and adopted on 24 June 2026. This version supersedes all previous iterations upon formal adoption.

7.7 COMPLAINTS HANDLING POLICY

Author: Michael Livori
Ref: AF17/49

Summary

Eastern Health Authority (EHA) is committed to the provision of quality service to customers and regards complaints as an opportunity to improve practices and procedures as well as resolve the matter.

EHA has developed a Complaints Handling Policy to provide a fair, consistent and structured process for EHA customers if they are dissatisfied with EHA's actions, decisions or services. Lessons learnt from complaint investigations will be used to directly inform service improvements.

Report

The Complaints Handling Policy (the Policy) allows for a fair, consistent and structured process for EHA customers if they are dissatisfied with EHA's actions, decisions.

The Policy provides guidance to EHA's Board of Management, EHA Staff and the community on distinguishing between request, complaints and feedback and encourages general complaints to be resolved as quickly as possible. It provides information in relation to internal reviews, complex complaints and alternative external authorities customers may access in relation to complaints regarding EHA.

The Complaints Handling Policy has been reviewed and a number of minor changes are recommended. Amendments have been made to unreasonable complainant management, and minor drafting changes to improve consistency and readability. No substantive changes have been made to the policy's overall intent.

A marked-up version of the Complaints Handling Policy highlighting the proposed changes is provided to members as attachment 1.

A "clean copy" of the Complaints Handling Policy is provided as attachment 2 for consideration and adoption.

RECOMMENDATION

That:

1. The Complaints Handling Policy report is received.
2. The Complaints Handling Policy marked attachment 2 to the Complaints Handling Policy Report dated 24 June 2026 is adopted.

Complaints Handling Policy

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**COMPLAINTS HANDLING POLICY**

Policy Reference	GOV11
Date of Initial Board Adoption	31 August 2016
Minutes Reference	7: 02122020
Date of Audit Committee Endorsement (if applicable)	25 May 2016
Date last reviewed by Eastern Health Authority Board of Management	2 December 2020 <u>24 June 2026</u>
Relevant Document Reference	<ul style="list-style-type: none"> - Code of Conduct for Board Members D12/1640[v5] - Internal Review of a Decision Procedure D20/15895 - EHA Public Interest Disclosure Procedure <u>D14/10620[v320/11480]</u> - EHA Employee Code of Conduct D14/5685[v62] - Code of Conduct for Board Members D12/1640[v3] - Customer Service Policy <u>D14/1003D16/1655[v2]</u>
Applicable Legislation	

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1. Introduction

Eastern Health Authority (EHA) is committed to the provision of quality service to customers and regards complaints as an opportunity to improve practices and procedures as well as resolve the matter.

Emphasis will be placed on resolving complaints as quickly as possible. However, where complaints cannot be ~~settled~~ resolved in the first instance EHA will ensure that they are dealt with through appropriate, ~~more~~ formal procedures by staff with the authority to make decisions and resolve complaints.

2. Purpose

The purpose of the Complaints Handling Policy (this Policy) is to provide a fair, consistent and structured process for EHA customers and other members of the public if they are dissatisfied with EHA's actions, decisions or services. Lessons learnt from complaint investigations will be used to directly inform service improvements.

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Complaints Handling Policy

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This Policy also aims to provide guidance on:

- Distinguishing between requests, complaints and feedback to EHA and giving direction on management of these issues
- How EHA assesses and processes requests and complaints including the collation of information which can be used to directly inform service improvements

3. Scope

This Policy applies to complaints received from members of the public regarding EHA's operations or service delivery.

This Policy does not apply to:

- Complaints regarding EHA's Board of Management. These will be dealt with in accordance with the Code of Conduct for EHA Board Members – Dealing with Complaints Procedure.
- Requests for a review of an EHA decision. These will be dealt with in accordance with the Internal Review of EHA Decisions Procedure.
- Matters covered by the *Public Interest Disclosure Act 2019*. These will be dealt with in accordance with the EHA's Public Interest Disclosure Procedure.
- Allegations of criminal activity. These will be referred to the South Australian Police or other relevant authority.

4. Definitions

Board means the Board of Management of EHA.

Employee means any person performing work on behalf of EHA, either paid or unpaid, including the Chief Executive Officer (CEO).

Complaint means an expression of dissatisfaction with actions of EHA or a service delivered by EHA that have failed to reach the standard stated, implied or expected. This includes complaints about a service that has been, or should have been delivered.

Request for Service is a request for EHA to provide or improve a service.

5. Principles

EHA acknowledges that treating customers-all persons fairly requires impartiality, and as far as practicable confidentiality and transparency at all stages of the process.

- EHA will promote to its customers the methods by which they can request services and make general complaints.

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Complaints Handling Policy

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- EHA is committed to providing sufficient resources and well trained staff to manage service and complaint matters, and to review its systems for opportunities for improvement.
- Customer requests and complaints will be dealt with in accordance with this Policy in a timely manner that takes into account a response that is considerate of the matter's complexities, and takes up opportunities for improvement across the organisation where appropriate.
- In processing requests for service emphasis will be placed on:
 - Public safety and emergencies
 - Fulfilling EHA's Business Plan
 - Using EHA resources effectively

Feedback can take the form of comments, both positive and negative, about services provided by EHA without necessarily forming the basis of a request for service or general complaint. EHA welcomes feedback of all types as an important way of continually monitoring its service standards.

6. Policy

6.1 General Complaints Handling

6.1.1 Making a complaint

EHA welcomes complaints as a way of improving its services and programs as well as providing an opportunity to put things right.

This Policy will be made widely accessible to ensure that customers [and other members of the public](#) are fully aware of their right to complain. Information about how to lodge a complaint will be placed in a prominent position on EHA's website.

EHA will try to ensure that, whenever possible and appropriate, complaints will be handled independently of the original decision-maker or officer involved in the matter that is the subject of the complaint.

A person can make a complaint in a number of ways:

- Complete the appropriate form on EHA's website www.eha.sa.gov.au
- Telephone – 8132 3600
- Fax – 8132 3623
- Email – eha@eha.sa.gov.au
- Letter – PO Box 275, Stepney SA 5069
- Visit EHA:
 - 101 Payneham Road
 - St Peters SA 5069

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Complaints Handling Policy

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Mon – Fri 9:00am – 5:00pm

6.1.2 Processing a complaint

EHA's response to general complaints received will be managed in accordance with this Policy. This includes ensuring es that, whenever possible, complaints are handled independently of the original decision-maker person or officer involved in that is the subject of the complaint.

Employees will be provided with a level of delegated authority appropriate for the nature of complaints they are authorised to resolve.

Employees will record all general complaints received in EHA's records management system in such a way that the information can be utilised to respond to the complaint and for service improvement opportunities.

6.1.3 Steps to resolving a complaint

The following steps will be followed as far as practicable to ensure complaints are dealt with efficiently and effectively:

- Acknowledge complaints promptly
- Assess the complaint
- Plan the investigation where one is warranted
- Investigate the complaint
- Respond to the complainant with a clear decision
- Follow up any customer service concerns
- Consider whether there are systemic issues which need correction.

6.1.4 Timeframes for response

Upon receiving a complaint, EHA will endeavour where practicable to respond within **ten [10] business days**, acknowledging receipt of the complaint and, where possible, resolving it at that time. Where a complaint cannot be resolved immediately the complainant will be advised of the process to be undertaken, the likely timeframe required to investigate and resolve the matter, and will be regularly updated as to progress that is being made to resolve the complaint.

6.1.5 Procedures for resolving general complaints

Complaints may vary greatly in their level of complexity and seriousness. Wherever possible attempts will be made to resolve a complaint when first reported, but if necessary a complaint will be escalated as set out below.

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Complaints Handling Policy

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The complaints procedure for dealing with complaints, other than complaints of a breach of the Employee Code of Conduct, consists of a two tiered scheme.

1. Immediate response to resolve the complaint - All employees are empowered to handle complaints in the first instance and it is preferable that they are dealt with promptly at the initial point of contact and at the appropriate officer level where possible.
2. Complaint escalated to a more senior officer - A complaint will be directed to the appropriate Team Leader of EHA, where circumstances indicate that the complaint would be more appropriately handled at a higher level and/or where the complaint has not been able to be resolved by way of an immediate response to resolve the complaint. The Team Leader will assess the complaint and determine if it is appropriate to handle the complaint or direct the matter to the CEO.

On occasion, it may be appropriate to consider mediation. This will only occur if both EHA and the complainant agree to undertake mediation.

6.2 Procedures for resolving complaints under Code of Conduct for Employees

A complaint alleging an employee of EHA has breached the Code of Conduct for Employees (the Code of Conduct) will be referred immediately to the CEO to deal with (except where the complaint relates to the CEO).

The CEO will deal with the complaint, including if appropriate, undertake an investigation.

The procedure to be followed in dealing with a complaint under the Code of Conduct will be determined by the CEO (except where the complaint relates to the CEO).

Complaints under the Code of Conduct that relate to the CEO will be referred immediately to the Chair of the Board. The procedure to be followed in dealing with a complaint under the Code of Conduct in relation to the CEO will be determined by the Board.

The CEO (or Chair of the Board where the complaint relates to the CEO) will endeavour to provide information to the complainant about the progress of a complaint and the outcome of the consideration of a complaint where appropriate.

6.3 Complainant rights to external review

While EHA prefers to work with members of the public to resolve complaints quickly and effectively, a complainant will always retain the right to seek other forms of resolution, such as contacting the Ombudsman, or taking legal action at any time.

6.4 Unreasonable complainant conduct

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Complaints Handling Policy

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All complaints received by EHA will be treated seriously and complainants will be treated courteously. However, occasionally the conduct of a complainant can be unreasonable. This may take the form of unreasonable persistence, unreasonable demands, lack of cooperation, argumentative or threatening behaviour. What ~~can~~ ~~be termed~~ ~~will be~~ 'unreasonable' will vary depending on a number of factors and EHA aims to manage these situations in a fair and equitable manner.

Where a complainant's behaviour ~~consumes an unwarranted amount of EHA resources or impedes the investigation of their complaints unreasonable~~, a decision may be made to apply restrictions ~~to that person including in relation to~~ ~~or~~ contact by the person ~~with EHA and its staff and board members~~. Before making any decision to restrict contact, the complainant will be warned that, if the specified behaviour(s) or actions continue, restrictions may be applied.

~~Where a complainant's behaviour is unreasonable, a~~Any decision ~~may be made~~ to suspend action on ~~their~~ complain. ~~Such a decision will~~ ~~be~~ made by the CEO or their delegate and communicated in writing to the complainant.

6.5 Using complaints to improve service

Quality of service is an important measure of EHA's effectiveness. Learning from complaints is a powerful way of helping to develop EHA and increase trust among the people who use our services.

In addition to making changes to procedures and practices where appropriate, EHA will review and evaluate the information gained through its complaints handling procedure on an annual basis to identify systemic issues and improvements to service. Where appropriate, complainants will be provided with an explanation of changes proposed or made as a result of the investigation of their complaint.

6.6 Privacy and confidentiality

Complainants have a right to request that their complaint be investigated in private. EHA will endeavour where possible and lawful to treat complaints including the identity of complainants confidentially.

However EHA is subject to the *Freedom of Information Act 1991* and confidentiality cannot be guaranteed under the provisions of that legislation.

6.7 Remedies

Where complaints are found to be justified EHA will, where practicable, remedy the situation in a manner which is consistent and fair for both EHA and the complainant. The solution chosen will be proportionate and appropriate to the circumstances.

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As a general principle the complainant should so far as possible, be put in the position he or she would have been in before the complaint. This may mean providing the desired service or changing a decision. Sometimes, however, it may only be possible to offer an apology.

6.8 Alternative remedies

EHA may seek to use alternative dispute resolution methods such as mediation to resolve a complaint in circumstances where the CEO or the Board deems such a course of action appropriate and the complainant is amenable to that process.

When advising a complainant of the outcome of an investigation of a complaint, EHA will provide information about alternative remedies, including any rights of appeal and the right to make a complaint to an external agency such as the SA Ombudsman.

7. Review and evaluation

EHA may revise or review this Policy at any time (but not so as to affect any process that has already commenced). The CEO will report to the Board on the outcome of the review and make recommendations for amendment, alteration or a substitution of a new Policy if considered necessary.

8. Documentation

To assist in demonstrating that complaint handling processes are fair, transparent and accountable, cost effective and meet community needs, EHA will document all complaints received, the process undertaken to resolve the complaint and the outcome of the complaint.

9. Further Information

This policy will be available for inspection at EHA offices during normal business hours and available from EHA's website www.eha.sa.gov.au.

10. Statement of Adoption

The Policy was initially adopted by the Board on 31 August 2016 and subsequently reviewed on 24 June 2026.

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COMPLAINTS HANDLING POLICY

Policy Reference	GOV11
Date of Initial Board Adoption	31 August 2016
Minutes Reference	7: 02122020
Date of Audit Committee Endorsement (if applicable)	25 May 2016
Date last reviewed by Eastern Health Authority Board of Management	24 June 2026
Relevant Document Reference	<ul style="list-style-type: none"> - Code of Conduct for Board Members D12/1640[v5] - Internal Review of a Decision Procedure D20/15895 - EHA Public Interest Disclosure Procedure D20/11480] - EHA Employee Code of Conduct D14/5685[v6] - Customer Service Policy D16/1655[v2]
Applicable Legislation	

1. Introduction

Eastern Health Authority (EHA) is committed to the provision of quality service to customers and regards complaints as an opportunity to improve practices and procedures as well as resolve the matter.

Emphasis will be placed on resolving complaints as quickly as possible. However, where complaints cannot be resolved in the first instance EHA will ensure that they are dealt with through appropriate, formal procedures by staff with the authority to make decisions and resolve complaints.

2. Purpose

The purpose of the Complaints Handling Policy (this Policy) is to provide a fair, consistent and structured process for EHA customers and other members of the public if they are dissatisfied with EHA's actions, decisions or services. Lessons learnt from complaint investigations will be used to directly inform service improvements.

This Policy also aims to provide guidance on:

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- Distinguishing between requests, complaints and feedback to EHA and giving direction on management of these issues
- How EHA assesses and processes requests and complaints including the collation of information which can be used to directly inform service improvements

3. Scope

This Policy applies to complaints received from members of the public regarding EHA's operations or service delivery.

This Policy does not apply to:

- Complaints regarding EHA's Board of Management. These will be dealt with in accordance with the Code of Conduct for EHA Board Members – Dealing with Complaints Procedure.
- Requests for a review of an EHA decision. These will be dealt with in accordance with the Internal Review of EHA Decisions Procedure.
- Matters covered by the *Public Interest Disclosure Act 2019*. These will be dealt with in accordance with the EHA's Public Interest Disclosure Procedure.
- Allegations of criminal activity. These will be referred to the South Australian Police or other relevant authority.

4. Definitions

Board means the Board of Management of EHA.

Employee means any person performing work on behalf of EHA, either paid or unpaid, including the Chief Executive Officer (CEO).

Complaint means an expression of dissatisfaction with actions of EHA or a service delivered by EHA that have failed to reach the standard stated, implied or expected. This includes complaints about a service that has been, or should have been delivered.

Request for Service is a request for EHA to provide or improve a service.

5. Principles

EHA acknowledges that treating all persons fairly requires impartiality, and as far as practicable confidentiality and transparency at all stages of the process.

- EHA will promote to its customers the methods by which they can request services and make general complaints.
- EHA is committed to providing sufficient resources and well trained staff to manage service and complaint matters, and to review its systems for opportunities for improvement.
- Customer requests and complaints will be dealt with in accordance with this Policy in a timely manner that takes into account a response that is considerate of the matter's

complexities, and takes up opportunities for improvement across the organisation where appropriate.

- In processing requests for service emphasis will be placed on:
 - Public safety and emergencies
 - Fulfilling EHA's Business Plan
 - Using EHA resources effectively

Feedback can take the form of comments, both positive and negative, about services provided by EHA without necessarily forming the basis of a request for service or general complaint. EHA welcomes feedback of all types as an important way of continually monitoring its service standards.

6. Policy

6.1 General Complaints Handling

6.1.1 Making a complaint

EHA welcomes complaints as a way of improving its services and programs as well as providing an opportunity to put things right.

This Policy will be made widely accessible to ensure that customers and other members of the public are fully aware of their right to complain. Information about how to lodge a complaint will be placed in a prominent position on EHA's website.

EHA will try to ensure that, whenever possible and appropriate, complaints will be handled independently of the original decision-maker or officer involved in the matter that is the subject of the complaint.

A person can make a complaint in a number of ways:

- Complete the appropriate form on EHA's website www.eha.sa.gov.au
- Telephone – 8132 3600
- Fax – 8132 3623
- Email – eha@eha.sa.gov.au
- Letter – PO Box 275, Stepney SA 5069
- Visit EHA:
 - 101 Payneham Road
 - St Peters SA 5069
 - Mon – Fri 9:00am – 5:00pm

6.1.2 Processing a complaint

EHA's response to general complaints received will be managed in accordance with this Policy. This includes ensuring that, whenever possible, complaints are handled

independently of the original decision-maker or officer involved in the subject of the complaint.

Employees will be provided with a level of delegated authority appropriate for the nature of complaints they are authorised to resolve.

Employees will record all general complaints received in EHA's records management system in such a way that the information can be utilised to respond to the complaint and for service improvement opportunities.

6.1.3 Steps to resolving a complaint

The following steps will be followed as far as practicable to ensure complaints are dealt with efficiently and effectively:

- Acknowledge complaints promptly
- Assess the complaint
- Plan the investigation where one is warranted
- Investigate the complaint
- Respond to the complainant with a clear decision
- Follow up any customer service concerns
- Consider whether there are systemic issues which need correction.

6.1.4 Timeframes for response

Upon receiving a complaint, EHA will endeavour where practicable to respond within **ten [10] business days**, acknowledging receipt of the complaint and, where possible, resolving it at that time. Where a complaint cannot be resolved immediately the complainant will be advised of the process to be undertaken, the likely timeframe required to investigate and resolve the matter, and will be regularly updated as to progress that is being made to resolve the complaint.

6.1.5 Procedures for resolving general complaints

Complaints may vary greatly in their level of complexity and seriousness. Wherever possible attempts will be made to resolve a complaint when first reported, but if necessary a complaint will be escalated as set out below.

The complaints procedure for dealing with complaints, other than complaints of a breach of the Employee Code of Conduct, consists of a two tiered scheme.

1. Immediate response to resolve the complaint - All employees are empowered to handle complaints in the first instance and it is preferable that they are dealt with promptly at the initial point of contact and at the appropriate officer level where possible.

2. Complaint escalated to a more senior officer - A complaint will be directed to the appropriate Team Leader of EHA, where circumstances indicate that the complaint would be more appropriately handled at a higher level and/or where the complaint has not been able to be resolved by way of an immediate response to resolve the complaint. The Team Leader will assess the complaint and determine if it is appropriate to handle the complaint or direct the matter to the CEO.

On occasion, it may be appropriate to consider mediation. This will only occur if both EHA and the complainant agree to undertake mediation.

6.2 Procedures for resolving complaints under Code of Conduct for Employees

A complaint alleging an employee of EHA has breached the Code of Conduct for Employees (the Code of Conduct) will be referred immediately to the CEO to deal with (except where the complaint relates to the CEO).

The CEO will deal with the complaint, including if appropriate, undertake an investigation.

The procedure to be followed in dealing with a complaint under the Code of Conduct will be determined by the CEO (except where the complaint relates to the CEO).

Complaints under the Code of Conduct that relate to the CEO will be referred immediately to the Chair of the Board. The procedure to be followed in dealing with a complaint under the Code of Conduct in relation to the CEO will be determined by the Board.

The CEO (or Chair of the Board where the complaint relates to the CEO) will endeavour to provide information to the complainant about the progress of a complaint and the outcome of the consideration of a complaint where appropriate.

6.3 Complainant rights to external review

While EHA prefers to work with members of the public to resolve complaints quickly and effectively, a complainant will always retain the right to seek other forms of resolution, such as contacting the Ombudsman, or taking legal action at any time.

6.4 Unreasonable complainant conduct

All complaints received by EHA will be treated seriously and complainants will be treated courteously. However, occasionally the conduct of a complainant can be unreasonable. This may take the form of unreasonable persistence, unreasonable demands, lack of cooperation, argumentative or threatening behaviour. What will be 'unreasonable' will vary depending on a number of factors and EHA aims to manage these situations in a fair and equitable manner.

Where a complainant's behaviour is unreasonable, a decision may be made to apply restrictions to that person including in relation to contact by the person with EHA and its staff and board members. Before making any decision to restrict

contact, the complainant will be warned that, if the specified behaviour(s) or actions continue, restrictions may be applied.

Where a complainant's behaviour is unreasonable, a decision may be made to suspend action on their complain. Such a decision will be made by the CEO or their delegate and communicated in writing to the complainant.

6.5 Using complaints to improve service

Quality of service is an important measure of EHA's effectiveness. Learning from complaints is a powerful way of helping to develop EHA and increase trust among the people who use our services.

In addition to making changes to procedures and practices where appropriate, EHA will review and evaluate the information gained through its complaints handling procedure on an annual basis to identify systemic issues and improvements to service. Where appropriate, complainants will be provided with an explanation of changes proposed or made as a result of the investigation of their complaint.

6.6 Privacy and confidentiality

Complainants have a right to request that their complaint be investigated in private. EHA will endeavour where possible and lawful to treat complaints including the identity of complainants confidentially.

However EHA is subject to the *Freedom of Information Act 1991* and confidentiality cannot be guaranteed under the provisions of that legislation.

6.7 Remedies

Where complaints are found to be justified EHA will, where practicable, remedy the situation in a manner which is consistent and fair for both EHA and the complainant. The solution chosen will be proportionate and appropriate to the circumstances.

As a general principle the complainant should so far as possible, be put in the position he or she would have been in before the complaint. This may mean providing the desired service or changing a decision. Sometimes, however, it may only be possible to offer an apology.

6.8 Alternative remedies

EHA may seek to use alternative dispute resolution methods such as mediation to resolve a complaint in circumstances where the CEO or the Board deems such a course of action appropriate and the complainant is amenable to that process.

When advising a complainant of the outcome of an investigation of a complaint, EHA will provide information about alternative remedies, including any rights of appeal and the right to make a complaint to an external agency such as the SA Ombudsman.

7. Review and evaluation

EHA may revise or review this Policy at any time (but not so as to affect any process that has already commenced). The CEO will report to the Board on the outcome of the review and make recommendations for amendment, alteration or a substitution of a new Policy if considered necessary.

8. Documentation

To assist in demonstrating that complaint handling processes are fair, transparent and accountable, cost effective and meet community needs, EHA will document all complaints received, the process undertaken to resolve the complaint and the outcome of the complaint.

9. Further Information

This policy will be available for inspection at EHA offices during normal business hours and available from EHA's website www.eha.sa.gov.au.

10. Statement of Adoption

The Policy was initially adopted by the Board on 31 August 2016 and subsequently reviewed on 24 June 2026.

7.8 SUPPORTED RESIDENTIAL FACILITY LICENSING REPORT

Author: Ryan Roberts and Sophie Limoux

Ref: EH12/70

Eastern Health Authority (EHA) acts under delegated authority as the Licensing Authority pursuant to section 10 of the *Supported Residential Facilities Act 1992* (the Act) for its Constituent Councils. The re-licensing of four supported residential facilities (SRFs) is recommended. There are two pension-only facilities and two dual-licensed facilities to be licensed.

During this licensing period, Authorised Officers conducted multiple unannounced audits onsite, including documentation and structural audits at all facilities.

Minor non-conformances were identified during audits; however, follow-up inspections were conducted, with subsequent actions taken to adequately rectify the majority of issues identified.

Report

During this licensing period, Authorised Officers conducted announced and unannounced audits at the one pension-only facility and three dual-licensed facilities. The outcomes of the audits have been considered and collated below. The re-licensing audits addressed a range of issues, including:

- The adequacy of menus to assess nutrition provided to residents using the nutrition auditing tool
- The prospectus specific to the facility
- The quality of personal care services and suitability of contracts and service plans
- The documentation relating to the management of finances and medication
- Structural maintenance, safety and cleanliness of the facility
- The provision of a home like environment for residents, including bedroom allocations, bathrooms, storage and display of personal effects
- Ensuring privacy is afforded to residents
- The qualifications, adequacy and experience of staff
- Police/ DHS clearance records
- Level of staffing using staff rosters
- Financial solvency of the business
- Building fire safety
- Disputes procedures and notification of authorities of untoward events
- Public liability insurance; and
- Business continuity planning

Officers are currently navigating challenges related to the National Disability Insurance Scheme (NDIS) regulatory framework, particularly concerning personal care services and resident activities. Three proprietors currently house residents who receive NDIS

services, which are predominantly delivered within the facilities themselves. Consequently, the care provided via the NDIS is often difficult to distinguish from the standard care historically offered by Supported Residential Facilities (SRFs).

During documentation audits of these facilities, NDIS care plans were reviewed alongside the facilities' statutory service plans which remain a requirement under the Act. Officers accepted a combined Service and NDIS plan during this year's audits, noting that the NDIS plans are sufficiently comprehensive to meet all legislative requirements. However, the financial details of these plans are frequently restricted under NDIS legislation, meaning EHA lacks the legal authorisation to access or review them.

During this licensing period, EHA navigated a complex complaint involving one of the dual-licensed facilities. This matter demanded a significant volume of resources and time and required extensive liaison with external government agencies.

As part of the licence renewal process, the Building Fire Safety Committees of all Constituent Councils were consulted, with onsite inspections undertaken by Building Fire Safety Officers. Correspondence received from each Council confirms that the respective Committees are satisfied with the level of fire safety maintained at the facilities and have raised no concerns that would affect licence renewal.

Annual routine food safety inspections were also conducted at each facility, and the subsequent reports were reviewed to ensure compliance with the *Food Safety Standards* and relevant legislative requirements.

It is recommended that two pension-only facilities and one dual-licensed facility be licensed for a period of 12 months, while one dual-licensed facility be granted a 4 month license, subject to conditions.

City of Burnside

Applicant: Magill Lodge Supported Residential Care Pty Ltd

**Premises: Magill Lodge Supported Residential Care
524 Magill Road Magill SA 5072**

Premises type: Pension only SRF

Magill Lodge Supported Residential Care is a pension-only service that predominantly accommodates residents in single rooms, with the exception of one shared room occupied by two residents. One bedroom features a private ensuite, some bedrooms share gender-specific ensuite bathrooms, and residents in the remaining rooms use communal bathrooms provided throughout the facility. There are currently 27 residents at the facility, with some rooms currently unoccupied.

The facility assists residents in maintaining their independence by offering tailored support, including opportunities to develop essential life skills, such as supervised laundry tasks and activities, and support through the NDIS.

Non-compliances were identified during both the structural and documentation audits pertaining to cleaning, maintenance, service, and contractual obligations. The concerns include, but are not limited to:

- Minor inadequacies in the menus in accordance with the nutrition tool.
- Minor inconsistency was noted in the administration of medication; there were gaps in records where residents had refused medication and some records were illegible.
- Contracts of the residents were not executed by the residents or by an independent witness.
- Lack of information regarding the next of kin for certain residents.
- Cracks were observed in the ceiling in various areas of the premises.
- Door frames of the bathrooms were observed to be damaged and rusting.
- Fixtures located within the premises were noted to be in an unsatisfactory state of cleanliness.
- Linen and mattresses in the bedrooms were noted to be stained and soiled.

In response to the non-compliances identified during both audits, follow-up inspections were conducted.

Non-compliances associated with the structural audit were addressed, with only minor non-compliances remaining, such as the flooring, while the soiled linen and mattresses were replaced.

During the documentation review at the follow-up audit, it was observed that certain items within the residents' contracts had not been fully completed. Specifically, gaps remained in the next of kin information and the appropriate signature of the contracts. Management indicated that many of the residents' contracts lacking these elements are currently under

Guardianship arrangements. Consequently, these contracts are awaiting a visit from the public Guardian visit to the facility for resolution.

Correspondence received from the Burnside Building Fire Safety Committee stated that it is satisfied that the facility has the appropriate level of fire safety and recommends that licencing continue from a fire safety perspective.

Based on the audit findings and correspondence received from the City of Burnside Building Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for 12 months with the following conditions:

1. Ensure that Residents' contracts are signed either by the resident themselves or by a designated representative within 7 days after personal care services are first provided to the client. Each signature must include the date it was executed.
2. The proprietor must, where there is no identifiable or contactable next of kin, or where next of kin are unable or unwilling to act, take reasonable steps to identify and contact the next of kin within their residential contracts or any legally appointed substitute decision-maker.
3. Ensure that the facility, along with all linens and mattresses, is maintained in a clean, safe, and hygienic condition.
4. If there are 30 or more residents of the facility, ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case, ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents.
5. Comply with the requirements of Section 157 of the *Planning and Development and Infrastructure Act, 2016*, in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises

Campbelltown City Council

Applicant: Retire Australia

**Premises: Magill Estate Retirement Village
122 Reid Avenue Magill SA 5072**

Premises type: Retirement Village (Dual licensed SRF)

The facility is a dual licensed SRF providing minimal personal care services to a small number of residents. The rooms are spacious single occupancy apartments with en-suite bathrooms. There are currently 13 residents residing at the facility.

Authorised Officers conducted onsite structural and documentation audits, inspecting communal areas and the bedrooms of residents currently receiving personal care. A comprehensive review of all relevant documentation confirmed that standard operational processes and resident services remain unchanged since the previous assessment period.

While the facility is maintained to a high standard, minor maintenance issues were identified in some of the bedrooms, alongside general facility maintenance and minor documentation anomalies. These non-conformances were promptly rectified by the provider, and compliance was verified through photographic evidence and email correspondence. Authorised Officers are satisfied that all raised issues have been appropriately resolved.

Correspondence from the Campbelltown City Council Building Fire Safety Committee identified no major fire safety matters that would warrant the imposition of licence conditions.

Based on the audit findings and the correspondence received from the Campbelltown City Council Building Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for 12 months with the following condition:

1. Comply with the requirements of Section 157 of the *Planning and Development and Infrastructure Act, 2016* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.

Applicant: Bellara Aged Care Village Pty Limited at Bellara Aged Care Village

Premises: Bellara Village
98 Newtown Road Campbelltown SA 5074

Premises type: Retirement Village (Dual licensed SRF)

Bellara Village is a dual licenced SRF meaning it operates under both the *Supported Residential Facilities Act 1992 (the Act)* and the *Retirement Villages Act 1987*. The facility provides personal care services and nursing care to residents. The rooms are single occupancy apartments with ensuite bathrooms, and some rooms have the option for twin share accommodation. There are currently six SRF residents residing at the facility.

Following the receipt of complaints from family members of residents at the Facility, EHA has undertaken a comprehensive review of the prospectus, contracts and service plans prepared by the Proprietor and provided to residents of the Facility pursuant to the Act.

The review identified substantial non-compliance with various key requirements of the Act designed to protect residents of the Facility. These include that the Proprietor has failed, at a minimum, to provide (as required by regulation 6(3) of the Regulations):

- a number of residents with a statement in the form of Schedule 2 of the Regulations containing the information as required under that Schedule;
- each resident with a service plan that complies with the requirements of regulation 6(4) prepared for the person – to the extent that none of the service plans include the exact details of the personal care services to be provided to the resident, including the nature, extent and frequency of the provision of those services;
- a number of residents with the rules and policies that will apply to the person as a resident of the facility; and
- a number of residents with a checklist against which they can ensure they have been given a copy of all relevant documents, have been informed of their rights and responsibilities under the contract and have been informed of the procedure for making a complaint about the management of the Facility.

A number of the reviewed contracts also purport to include rights of termination that are inconsistent with the provisions of the Act. It is considered that each of these deficiencies should be addressed by way of conditions as part of the relicensing process.

It is recommended that the facility only be relicensed for a period of 4 months subject to conditions that seek to remedy the non-compliances. These proposed conditions follow.

Prospectus

1. The Proprietor must operate the facility strictly in accordance with the information contained in the current prospectus for the facility.
2. The Proprietor must lodge a copy of the current prospectus with the Eastern Health Authority within 14 days of the granting of this licence.
3. The Proprietor must ensure that a person is provided with a copy of the current prospectus for the facility:
 - a. with respect to all current residents, within 14 days of the granting of this licence;
 - b. before a person enters into a resident contract (including a replacement resident contract).
4. The Proprietor must review the prospectus within 60 days of the granting of this licence to ensure that it clearly and distinctly specifies and separates the services provided to residents under the Prospectus (including the associated costs) from those offered through National Disability Insurance Scheme arrangements.
5. With respect to any alteration of the prospectus for the facility, the Proprietor must undertake discussions or consultations with the residents of the facility before finalising the alteration.
6. The Proprietor must lodge a copy of:
 - a. any altered prospectus; and
 - b. the written statement required by regulation 5(2)(b) of the Supported Residential Facilities Regulations 2024, with the Eastern Health Authority within 14 days after the alteration is brought into effect.
7. The Proprietor must maintain a record detailing:
 - a. the date when each resident of the facility was provided with a copy of the current prospectus for the facility in accordance with condition 3; and
 - b. the date and nature of any consultations or discussions undertaken with residents in accordance with condition 5.
8. The Proprietor must produce for inspection a copy of the record required by condition 7 upon request of an authorised officer.

Resident Contracts and Service Plans

9. The Proprietor must:
 - a. review each resident contract between it and each resident of the facility within 60 days of the granting of this licence to ensure that the contract complies with the requirements of sections 38 and 39 of the Supported Residential Facilities Act 1992 and

- regulation 6 of the Supported Residential Facilities Regulations 2024;
 - b. in circumstances where the Proprietor identifies that any contract between it and a resident of the facility is non-compliant with these requirements, use its best endeavours to enter into a new, compliant, contract with that resident within 14 days of identifying the non-compliant contract.
10. The Proprietor must ensure that a person is provided with a statement in the form required by Schedule 2 of the Supported Residential Facilities Regulations 2024:
- a. with respect to all current residents, within 14 days of the granting of this licence; and
 - b. before a person enters into a resident contract (including a replacement resident contract).
11. The Proprietor must ensure that a person is provided with a copy of the rules and policies that will apply to the person as a resident of the facility:
- a. with respect to all current residents, within 14 days of the granting of this licence; and
 - b. before a person enters into a resident contract (including a replacement resident contract).
12. The Proprietor must ensure that a person is provided with a copy of a checklist against which the person may ensure that they have been given a copy of the documents required by regulation 6(3)(a) of the Supported Residential Facilities Regulations 2024 and that they have been informed of the matter set out in regulation 6(3)(b)(ii) of these Regulations:
- a. with respect to all current residents, within 14 days of the granting of this licence; and
 - b. before a person enters into a resident contract (including a replacement resident contract).
13. The Proprietor must, for each resident of the facility, within 60 days of the granting of this licence, prepare a service plan in conjunction with the resident that complies with the requirements of section 40 of the Supported Residential Facilities Act 1992 and regulation 6(4) of the Supported Residential Facilities Regulations 2024. The service plan must be specific; must set out details of the resident's needs; and must explain how these needs will be managed through the provision of personal care services. Service plans must not contain vague descriptions of any personal care services provided, and clearly detail all of the services provided to the resident, including those services provided under arrangements with the National Disability Insurance Scheme by the Proprietor or other persons.

14. The Proprietor must ensure that each resident is provided with a copy of their service plan:
 - a. within 2 days of its preparation (in respect of a plan required by condition 13); and
 - b. before a person enters into a resident contract (including a replacement resident contract).

15. The Proprietor must maintain a record detailing:
 - a. the date when each resident of the facility was provided with a copy of the documents required by conditions 10, 11, 12 and 14;
 - b. the making available upon request to the resident and their representative or a medical practitioner or other health service provider involved in providing care to the resident of any of these documents.

16. The Proprietor must produce for inspection a copy of the record required by condition 15 upon request of an authorised officer.

17. Comply with the requirements of Section 157 of the *Planning and Development and Infrastructure Act, 2016* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.

18. The Proprietor must maintain the Food Safety Program and relevant records in accordance with Food Safety Standards 3.2.1 and 3.3.1. The business must include appropriate Listeria Management Controls, make and keep records in compliance with the Food Safety Program, and provide evidence upon request to an authorised officer.

Over the term of the proposed 4-month license period, Authorised Officers will review whether the conditions have been complied with. The Officers will also reassess other licensing requirements that have not been able to be assessed due to the ongoing investigation. It should be noted the failure to comply with a licence condition is a ground for cancellation of a licence.

Correspondence from the Campbelltown City Council Building Fire Safety Committee identified no major fire safety matters that would warrant the imposition of licence conditions.

The food safety assessment of the site revealed a minor non-compliance in relation to cleaning. The food safety audit revealed major non-compliances with record keeping and listeria management. The facility failed to provide appropriate Listeria Management Controls in the Food Safety Program and significant gaps were observed in records.

Based on the findings of the investigation, correspondence received from the Campbelltown City Council Building Fire Safety Committee, Authorised Officers are of

the opinion that the licence be granted for 4 months with the conditions as detailed previously.

City of Prospect

Applicant: MGB Residential Care Pty Ltd

**Premises: Prospect Community Village
6 Dean St, Prospect SA 5082**

Premises type: Pension only SRF

Prospect Community Village is a pension-only Supported Residential Facility (SRF) offering accommodation in single and shared rooms, with communal bathroom and toilet facilities. There are currently 23 residents at the facility.

Two unannounced visits were carried out, during which officers had unrestricted access to review, obtain, and enter facilities as necessary. A comprehensive documentation audit and structural assessment were conducted. Non-compliances observed include the following:

- Maintenance issues associated with structural cracking and water damage.
- Vegetation within the rear yard was overgrown.
- Items were observed to be in an unclean state, including a privacy blind and an extraction fan within the bathroom.
- There was a lack of information regarding the next of kin for certain residents.
- There are slight inadequacies in the menus in accordance with the nutrition tool.
- Amendments to contracts were observed to have been signed by an employee of the facility, who is not an independent witness.
- The Service Plan for one resident was not sufficiently maintained in accordance with the requirements of the SRF Act, having not been updated within a 12-month period.

Follow-up inspections were conducted to verify the resolution of the identified non-compliances. Structural non-compliances identified during the initial structural audit were fully rectified. The follow-up documentation audit identified that one non-compliance remained outstanding, particularly the lack of information of next of kin for certain residents.

The Prospect City Council Building Fire Safety Committee has advised that the fire safety of the Prospect Community Village is satisfactory and that no remedial work is required. The Council and Building Fire Safety Committee have no objection to the renewal of the Supported Residential Facility licence.

A review of the conditions granted for the 2025-2026 license was conducted and it is proposed that all conditions remain.

Based on the audit findings, the abovementioned license condition review and the correspondence received from the Prospect City Council Building Fire Safety Committee, Authorised Officers are of the opinion that the licence be granted for 12 months with the following conditions:

1. The Licensee will grant access to the Facility by an authorised officer under the Act, as required by section 22 of the Act, upon attendance during reasonable working hours, to inspect the facility, documents and, as required and reasonable, speak to staff and residents.
2. The Licensee must, upon request by an authorised officer attending the Facility under the Act, provide a room within the Facility which allows the authorised officer unrestricted access to any documents they are entitled to see under section 22 of the Act, noting some documents are digital.
3. Where the Authority or an authorised officer requests a document subject to section 22 of the Supported Residential Facilities Act 1992 (Act), and that document is subject or potentially subject to confidentiality requirements under the NDIS scheme, the Licensee will seek authority from the appropriate delegate at the NDIS Scheme or Commission, as appropriate, to authorise release of the document.
4. The Licensee will, upon written request, provide the Authority with:
 - a. A list of all policies and procedures currently in place; and
 - b. A copy of the Staffing Register; and
 - c. A copy of the Audit Report prepared for the purposes of compliance with NDIS requirements dated 2024 and 2025, noting that the NDIS permits a time to rectify any non-compliance; and
 - d. A copy of the Profit and Loss & Balance Sheets from the most recent financial year; and
 - e. A copy of the Facility lease; and
 - f. A copy of the document external support phone numbers provided to residents as a result of the 16 June 2023 N DIS Outcome Report.
5. Pursuant to Regulation 14 of the *Supported Residential Facilities Regulations 2024 (Regulations)*, the Licensee will notify the Authority of "certain events" within 14 days of becoming aware of the same:
 - a. Any known complaint to, or investigation by the NDIS Commission;
 - b. Any complaint by a resident or their guardian, which could adversely affect the health or wellbeing of any resident;
 - c. In relation to any other "certain event".

6. The Licensee will grant access to the Facility by an authorised officer under the Act, as required by section 22 of the Act, upon attendance during reasonable working hours, to inspect the facility, documents and, as required and reasonable, speak to staff and residents.
7. The Licensee must, upon request by an authorised officer attending the Facility under the Act, provide a room within the Facility which allows the authorised officer unrestricted access to any documents they are entitled to see under section 22 of the Act, noting some documents are digital, including:
 - a. The Staff Register maintained in accordance with regulation 16(1)(1) of the Regulations;
 - b. All policies and procedures in place at the relevant time;
 - c. The resident contracts for all Residents;
 - d. The service plans prepared in accordance with section 40 of the Act and regulation 6 of the Regulations for all Residents;
 - e. The records maintained for the purposes of Regulation 7(2) of the Regulations (if not contained within the service plan);
 - f. The Complaints Register, including details of any appeals;
 - g. The Facility's Prospectus;
 - h. Financial records which are maintained in accordance with Regulation 15(1)(c) of the Regulations;
 - i. The Visitors Book maintained in accordance with Regulation 7(1) of the Regulations;
 - j. A copy of the current Facility menu;
 - k. Staff Roster maintained in accordance with Regulation 16(1)(g) of the Regulations;
 - l. Facility managed Medical Records and Medication Lists in accordance with Regulation 13 of the Regulations.
8. The Licensee will provide copies of any document as requested by the Authority or an authorised officer pursuant to section 22 of the Act.
9. The Licensee will advise all residents and their guardians of the existence of the dispute resolution process available to them under section 43 of the Act and provide the Authority's contact details to all residents and their guardians.
10. Comply with the requirements of Section 157 of the *Planning and Development and Infrastructure Act, 2016* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.
11. Comply with the requirements of Section 71 of the Development Act 1993 in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.

12. The proprietor must, where there is no identifiable or contactable next of kin, or where next of kin are unable or unwilling to act, take reasonable steps to identify and contact the next of kin within their residential contracts or any legally appointed substitute decision-maker.
13. These conditions will be reviewed upon an application for renewal for a licence to the Authority.

RECOMMENDATION

That:

1. The Supported Residential Facilities 2026-2027 Licensing Report is received.
2. The applicants detailed below be granted a licence to operate a Supported Residential Facility for a period of 12 months from 1 July 2026 to 30 June 2027 under the provisions of the *Supported Residential Facilities Act 1992* subject to conditions as detailed:

Applicant	Premises
Magill Lodge Supported Residential Care Pty Ltd	Magill Lodge Supported Residential Care 524 Magill Road Magill SA 5072
Conditions	
<ol style="list-style-type: none"> 1. Ensure that Residents' contracts are signed either by the resident themselves or by a designated representative. Each signature must include the date it was executed. 2. The proprietor must, where there is no identifiable or contactable next of kin, or where next of kin are unable or unwilling to act, take reasonable steps to identify and contact the next of kin within their residential contracts or any legally appointed substitute decision-maker. 3. Ensure that the facility, along with all linens and mattresses, is upheld in a clean, safe, and hygienic condition. 4. If there are 30 or more residents of the facility, ensure that the staff includes both a cook and a cleaner in addition to the members of staff who provide personal care services to residents of the facility; and in any case, ensure that the facility is staffed so as to ensure, at all times, the proper care and safety of residents. 5. Comply with the requirements of Section 157 of the <i>Planning and Development and Infrastructure Act, 2016</i>, in relation to Fire Safety 	

<p>by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.</p>	
Applicant	Premises
Palm Gardens Consolidated Pty Ltd	Magill Estate Retirement Village 122 Reid Avenue Magill SA 5072
Conditions	
<p>1. Comply with the requirements of Section 157 of the <i>Planning and Development and Infrastructure Act, 2016</i> in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.</p>	
Applicant	Premises
MGB Residential Care Pty Ltd	Prospect Community Village 6 Dean St Prospect SA 5082
Conditions	
<p>1. The Licensee will grant access to the Facility by an authorised officer under the Act, as required by section 22 of the Act, upon attendance during reasonable working hours, to inspect the facility, documents and, as required and reasonable, speak to staff and residents.</p> <p>2. The Licensee must, upon request by an authorised officer attending the Facility under the Act, provide a room within the Facility which allows the authorised officer unrestricted access to any documents they are entitled to see under section 22 of the Act, noting some documents are digital.</p> <p>3. Where the Authority or an authorised officer requests a document subject to section 22 of the Supported Residential Facilities Act 1992 (Act), and that document is subject or potentially subject to confidentiality requirements under the NDIS scheme, the Licensee will seek authority from the appropriate delegate at the NDIS Scheme or Commission, as appropriate, to authorise release of the document.</p> <p>4. The Licensee will, upon written request, provide the Authority with:</p>	

- a. A list of all policies and procedures currently in place; and
 - b. A copy of the Staffing Register; and
 - c. A copy of the Audit Report prepared for the purposes of compliance with NDIS requirements dated 2024 and 2025, noting that the NDIS permits a time to rectify any non-compliance; and
 - d. A copy of the Profit and Loss & Balance Sheets from the most recent financial year; and
 - e. A copy of the Facility lease; and
 - f. A copy of the document external support phone numbers provided to residents as a result of the 16 June 2023 NDIS Outcome Report.
5. Pursuant to Regulation 14 of the *Supported Residential Facilities Regulations 2024 (Regulations)*, the Licensee will notify the Authority of "certain events" within 14 days of becoming aware of the same:
- a. Any known complaint to, or investigation by the NDIS Commission;
 - b. Any complaint by a resident or their guardian, which could adversely affect the health or wellbeing of any resident;
 - c. In relation to any other "certain event".
6. The Licensee will grant access to the Facility by an authorised officer under the Act, as required by section 22 of the Act, upon attendance during reasonable working hours, to inspect the facility, documents and, as required and reasonable, speak to staff and residents.
7. The Licensee must, upon request by an authorised officer attending the Facility under the Act, provide a room within the Facility which allows the authorised officer unrestricted access to any documents they are entitled to see under section 22 of the Act, noting some documents are digital, including:
- a. The Staff Register maintained in accordance with regulation 16(1)(1) of the Regulations;
 - b. All policies and procedures in place at the relevant time;
 - c. The resident contracts for all Residents;
 - d. The service plans prepared in accordance with section 40 of the Act and regulation 6 of the Regulations for all Residents;
 - e. The records maintained for the purposes of Regulation 7(2) of the Regulations (if not contained within the service plan);
 - f. The Complaints Register, including details of any appeals;
 - g. The Facility's Prospectus;

- h. Financial records which are maintained in accordance with Regulation 15(1)(c) of the Regulations;
 - i. The Visitors Book maintained in accordance with Regulation 7(1) of the Regulations;
 - j. A copy of the current Facility menu;
 - k. Staff Roster maintained in accordance with Regulation 16(1)(g) of the Regulations;
 - l. Facility managed Medical Records and Medication Lists in accordance with Regulation 13 of the Regulations.
8. The Licensee will provide copies of any document as requested by the Authority or an authorised officer pursuant to section 22 of the Act.
9. The Licensee will advise all residents and their guardians of the existence of the dispute resolution process available to them under section 43 of the Act and provide the Authority's contact details to all residents and their guardians.
10. Comply with the requirements of Section 157 of the *Planning and Development and Infrastructure Act, 2016* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.
11. Comply with the requirements of Section 71 of the Development Act 1993 in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministers Specification SA 76 for the premises.
12. The proprietor must, where there is no identifiable or contactable next of kin, or where next of kin are unable or unwilling to act, take reasonable steps to identify and contact the next of kin within their residential contracts or any legally appointed substitute decision-maker.
13. These conditions will be reviewed upon an application for renewal for a licence to the Authority.

3. The applicant detailed below be granted a licence to operate a Supported Residential Facility for a period of 4 months from 1 July 2026 to 31 October 2026 under the provisions of the *Supported Residential Facilities Act 1992* subject to conditions as detailed:

Applicant	Premises
Bellara Aged Care Village Pty Ltd	Bellara Village 98 Newton Road Campbelltown SA 5074
Conditions	
<ol style="list-style-type: none"> 1. The Proprietor must operate the facility strictly in accordance with the information contained in the current prospectus for the facility. 2. The Proprietor must lodge a copy of the current prospectus with the Eastern Health Authority within 14 days of the granting of this licence. 3. The Proprietor must ensure that a person is provided with a copy of the current prospectus for the facility: <ol style="list-style-type: none"> a. with respect to all current residents, within 14 days of the granting of this licence; b. before a person enters into a resident contract (including a replacement resident contract). 4. The Proprietor must review the prospectus within 60 days of the granting of this licence to ensure that it clearly and distinctly specifies and separates the services provided to residents under the Prospectus (including the associated costs) from those offered through National Disability Insurance Scheme arrangements. 5. With respect to any alteration of the prospectus for the facility, the Proprietor must undertake discussions or consultations with the residents of the facility before finalising the alteration. 6. The Proprietor must lodge a copy of: <ol style="list-style-type: none"> a. any altered prospectus; and b. the written statement required by regulation 5(2)(b) of the Supported Residential Facilities Regulations 2024, with the Eastern Health Authority within 14 days after the alteration is brought into effect. 7. The Proprietor must maintain a record detailing: <ol style="list-style-type: none"> a. the date when each resident of the facility was provided with a copy of the current prospectus for the facility in accordance with condition 3; and 	

- b. the date and nature of any consultations or discussions undertaken with residents in accordance with condition
8. The Proprietor must produce for inspection a copy of the record required by condition 7 upon request of an authorised officer.
9. The Proprietor must:
 - a. review each resident contract between it and each resident of the facility within 60 days of the granting of this licence to ensure that the contract complies with the requirements of sections 38 and 39 of the Supported Residential Facilities Act 1992 and regulation 6 of the Supported Residential Facilities Regulations 2024;
 - b. in circumstances where the Proprietor identifies that any contract between it and a resident of the facility is non-compliant with these requirements, use its best endeavours to enter into a new, compliant, contract with that resident within 14 days of identifying the non-compliant contract.
10. The Proprietor must ensure that a person is provided with a statement in the form required by Schedule 2 of the Supported Residential Facilities Regulations 2024:
 - a. with respect to all current residents, within 14 days of the granting of this licence; and
 - b. before a person enters into a resident contract (including a replacement resident contract).
11. The Proprietor must ensure that a person is provided with a copy of the rules and policies that will apply to the person as a resident of the facility:
 - a. with respect to all current residents, within 14 days of the granting of this licence; and
 - b. before a person enters into a resident contract (including a replacement resident contract).
12. The Proprietor must ensure that a person is provided with a copy of a checklist against which the person may ensure that they have been given a copy of the documents required by regulation 6(3)(a) of the Supported Residential Facilities Regulations 2024 and that they have been informed of the matter set out in regulation 6(3)(b)(ii) of these Regulations:
 - a. with respect to all current residents, within 14 days of the granting of this licence; and
 - b. before a person enters into a resident contract (including a replacement resident contract).

13. The Proprietor must, for each resident of the facility, within 60 days of the granting of this licence, prepare a service plan in conjunction with the resident that complies with the requirements of section 40 of the *Supported Residential Facilities Act 1992* and regulation 6(4) of the *Supported Residential Facilities Regulations 2024*. The service plan must be specific; must set out details of the resident's needs; and must explain how these needs will be managed through the provision of personal care services. Service plans must not contain vague descriptions of any personal care services provided, and clearly detail all of the services provided to the resident, including those services provided under arrangements with the National Disability Insurance Scheme by the Proprietor or other persons.
14. The Proprietor must ensure that each resident is provided with a copy of their service plan:
 - a. within 2 days of its preparation (in respect of a plan required by condition 13); and
 - b. before a person enters into a resident contract (including a replacement resident contract).
15. The Proprietor must maintain a record detailing:
 - a. the date when each resident of the facility was provided with a copy of the documents required by conditions 10, 11, 12 and 14;
 - b. the making available upon request to the resident and their representative or a medical practitioner or other health service provider involved in providing care to the resident of any of these documents.
16. The Proprietor must produce for inspection a copy of the record required by condition 15 upon request of an authorised officer.
17. Comply with the requirements of Section 157 of the *Planning and Development and Infrastructure Act, 2016* in relation to Fire Safety by maintaining all Essential Safety Provisions as required under the relevant schedule of options listed in the Ministerial Building Standard (MBS 002 – Maintaining the performance of essential safety provisions) for the premises.
18. The Proprietor must maintain the Food Safety Program and relevant records in accordance with Food Safety Standards 3.2.1 and 3.3.1. The business must include appropriate Listeria Management Controls, make and keep records in compliance with the Food Safety Program, and provide evidence upon request to an authorised officer.

8.1 ENVIRONMENTAL HEALTH ACTIVITY REPORT

1.0 General Activity

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

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

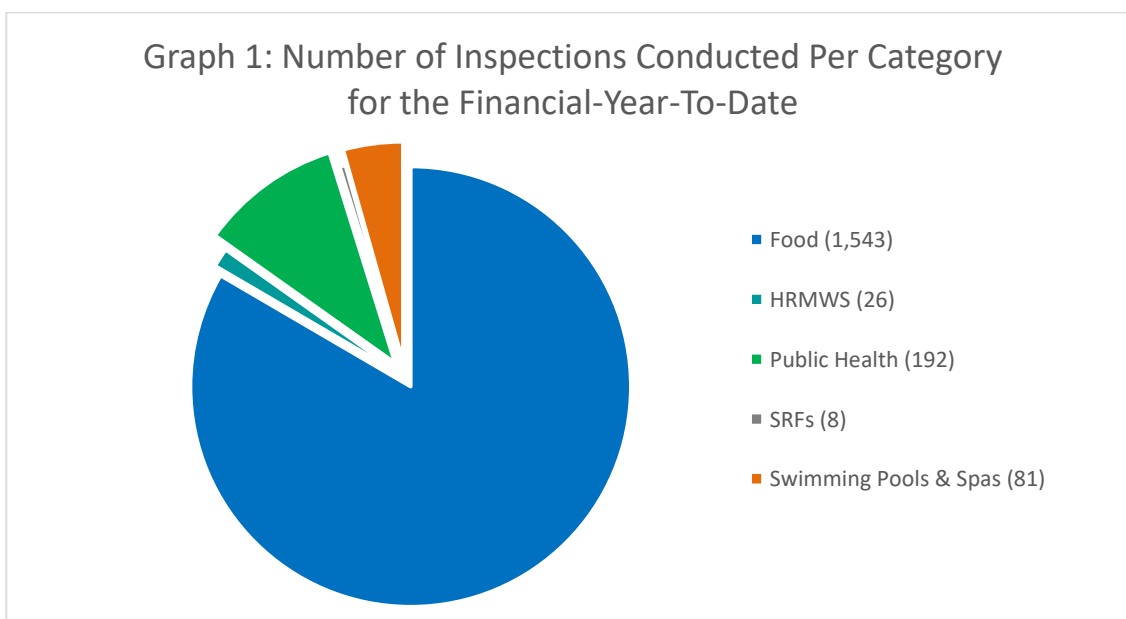


Table 1: Number of Inspections Conducted per Category for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Food	301	335	669	178	60	1,543
Beauty	5	3	11	3	0	22
HRMWS	2	10	6	2	0	20
Public Health Complaint	46	42	48	28	6	170
SRFs	4	1	0	3	0	8
Swimming Pools & Spas	30	6	31	6	8	81
Total	388	397	765	220	74	1,844

2.0 Food Safety

2.1 Food Premises Inspections

Reporting Period Analysis - 1 April to 31 May 2026

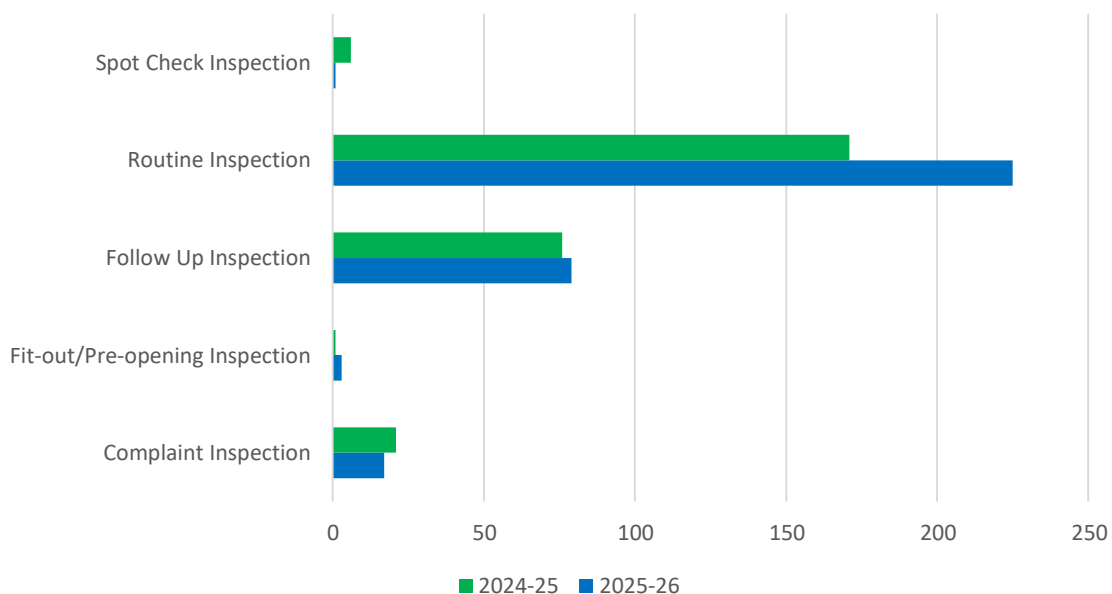
As detailed in Table 2, 225 routine inspections of food businesses were undertaken. 79 follow-up inspections were subsequently required to ensure compliance with the Food Safety Standards. In total, 395 food premises inspections were completed.

Graph 2 shows that the number of routine inspections increased when compared with the same reporting period in the previous year and the number of follow up inspections remained similar.

Table 2: Food Premises Inspections from 1 April 2026 to 31 May 2026

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	41	51	95	26	12	225
Follow up Inspection	12	23	30	11	3	79
Complaint Inspection	2	1	6	7	1	17
Fit-out/Pre-opening Inspection	0	0	2	1	0	3
Fair/Temporary Event Inspection	0	0	70	0	0	70
Spot Check Inspection	0	0	1	0	0	1
Total	55	75	204	45	16	395

Graph 2: A Two Year Comparison of Total Inspections between 1 April and 31 May



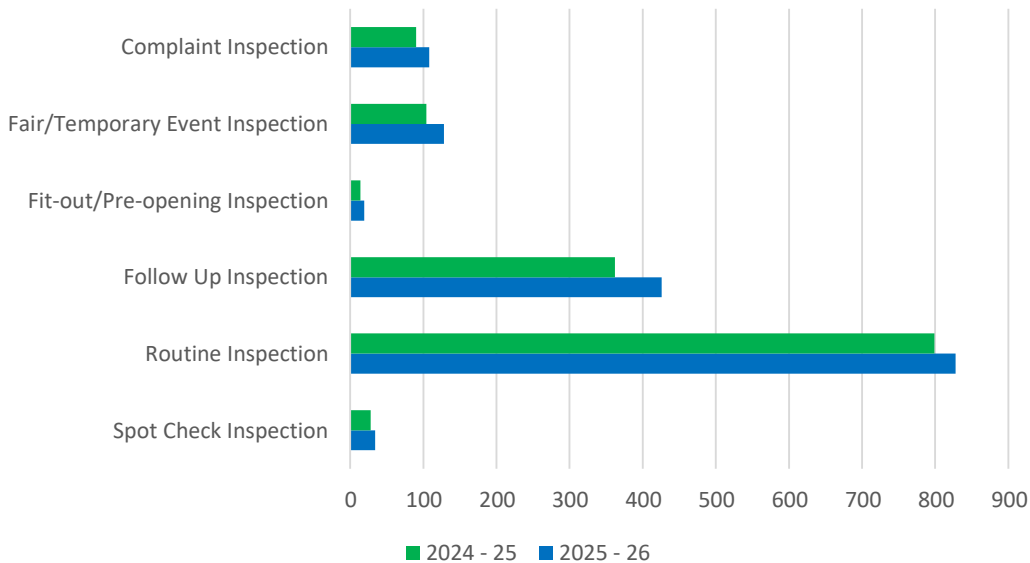
Financial Year to Date Analysis – 1 July 2025 to 31 May 2026

As shown in Table 3 and Graph 3, the number of all inspection types have increased when comparing the financial year to date to the same period of the previous financial year.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	182	186	336	92	32	828
Follow up Inspection	77	91	188	58	12	426
Complaint Inspection	26	16	47	16	3	108
Fit-out/Pre-opening Inspection	4	4	6	3	2	19
Fair/Temporary Event Inspection	0	35	80	4	9	128
Spot Check Inspection	12	3	12	5	2	34
Total	301	335	669	178	60	1,543

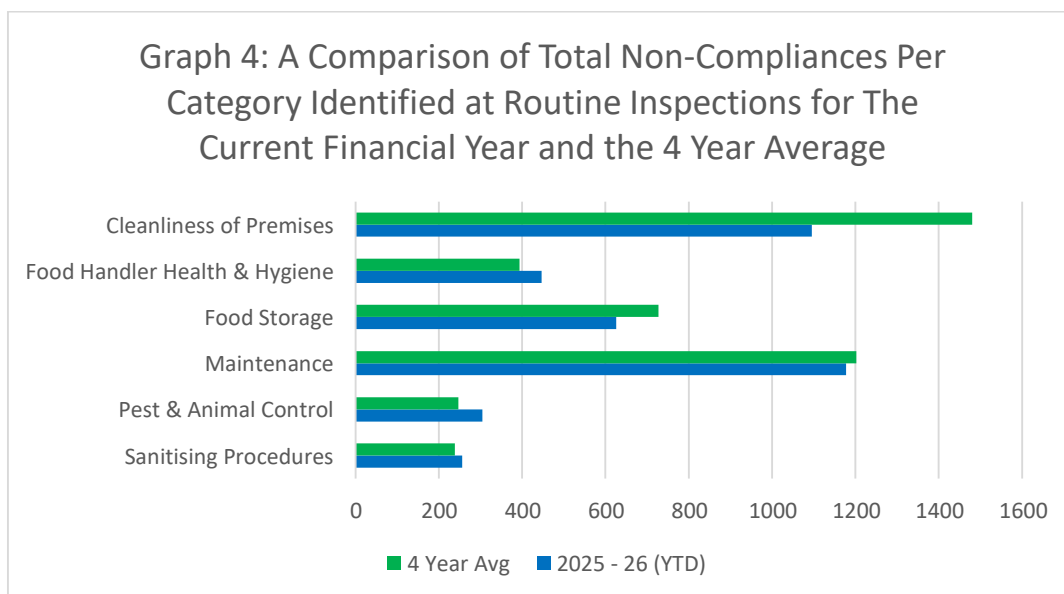
Graph 3: A Two Year Comparison Between Total Inspections For the Financial-Year-To-Date



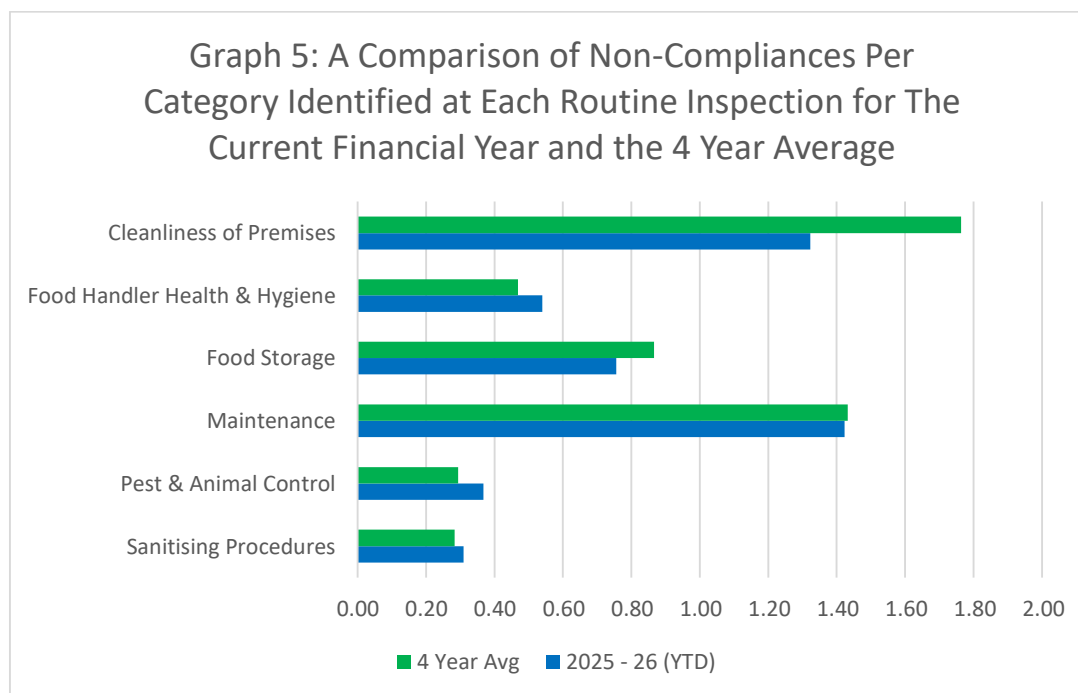
2.2 Food Safety Non-Compliances

Financial Year to Date Analysis – 1 July 2025 to 31 May 2026

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. Non-compliances for maintenance and sanitising procedures are comparable to the four-year average, while the number of non-compliances identified for food handler health and hygiene and pest control have increased slightly. Non-compliances relating to food storage and cleanliness have decreased when compared to the average.



The average number of non-compliances for each category per inspection is compared to the four-year average in Graph 5. An overall increase in non-compliances relating to food handler health and hygiene, pest control measures and cleaning and sanitising procedures has been observed. A decrease in cleanliness non-compliances has also been observed.



2.3 Food Safety Rating Scheme Performance

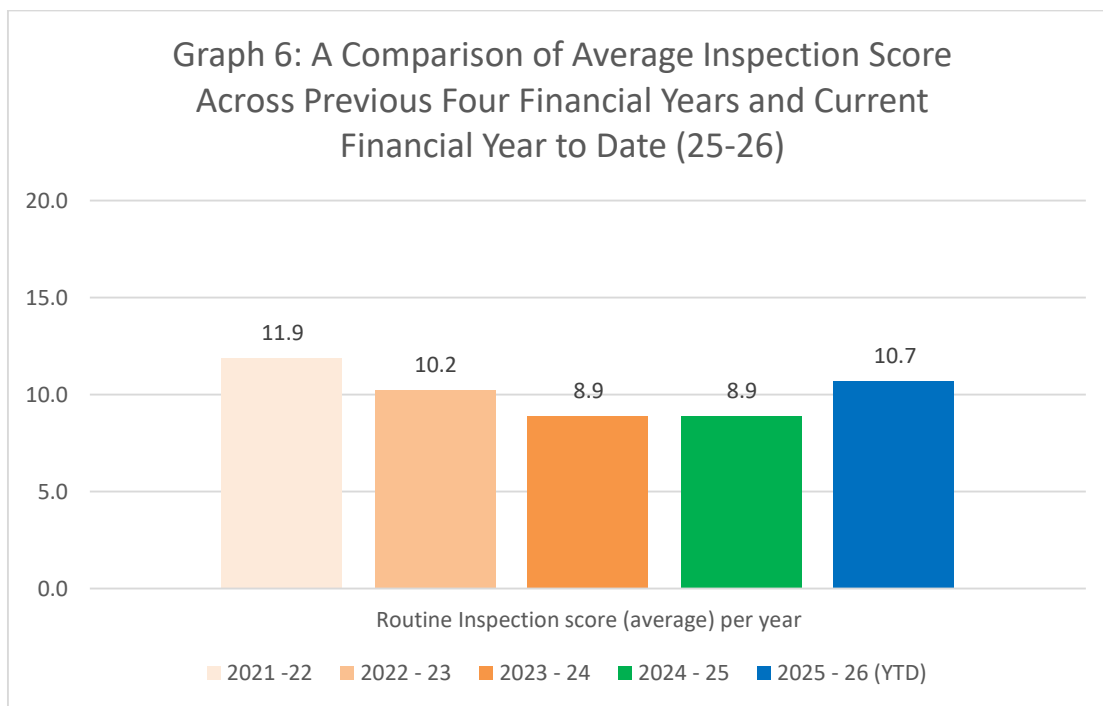
The SA Health Food Safety Rating Scheme Checklist (FSRS) is used to assess business compliance with food safety standards at routine inspections. FSRS applies only to P1 and P2 food service businesses within EHA's Constituent Councils who sell food to consumers direct from the site of inspection for '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 6 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, with an increase in the 2025-26 financial year to date.



FSRS – Star Rating

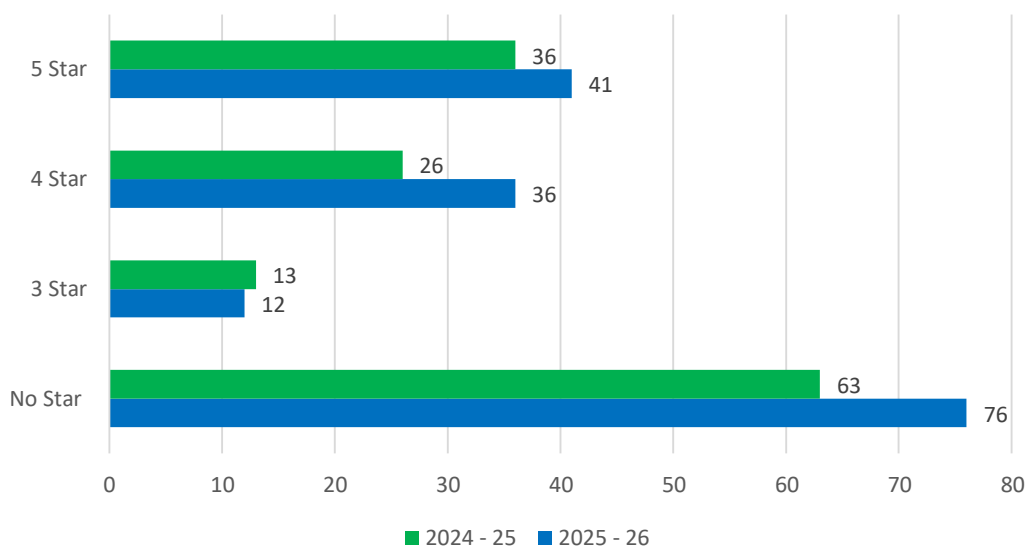
Reporting Period Analysis - 1 April to 31 May 2026

A total of 165 food businesses were assessed within the scheme, a 19.6% increase compared to the 138 businesses assessed in 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 41 businesses received 5 Stars, which is comparable to the proportion of businesses who received 5 stars in the same reporting period in the previous year. A comparison of these scores is depicted in Graph 7.

Table 4: Food Safety Rating Scheme Performance Per Inspection for the Reporting Period

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
5 Star (0 – 3 points)	7	7	21	2	4	41
4 Star (4 – 7 points)	9	10	12	4	1	36
3 Star (8 – 11 points)	3	4	3	1	1	12
No Star (12+ points)	12	11	37	15	1	76
Total	31	32	73	22	7	165

Graph 7: A Comparison of Food Safety Rating Scheme Performance For Captured Inspections Between 1 April and 31 May



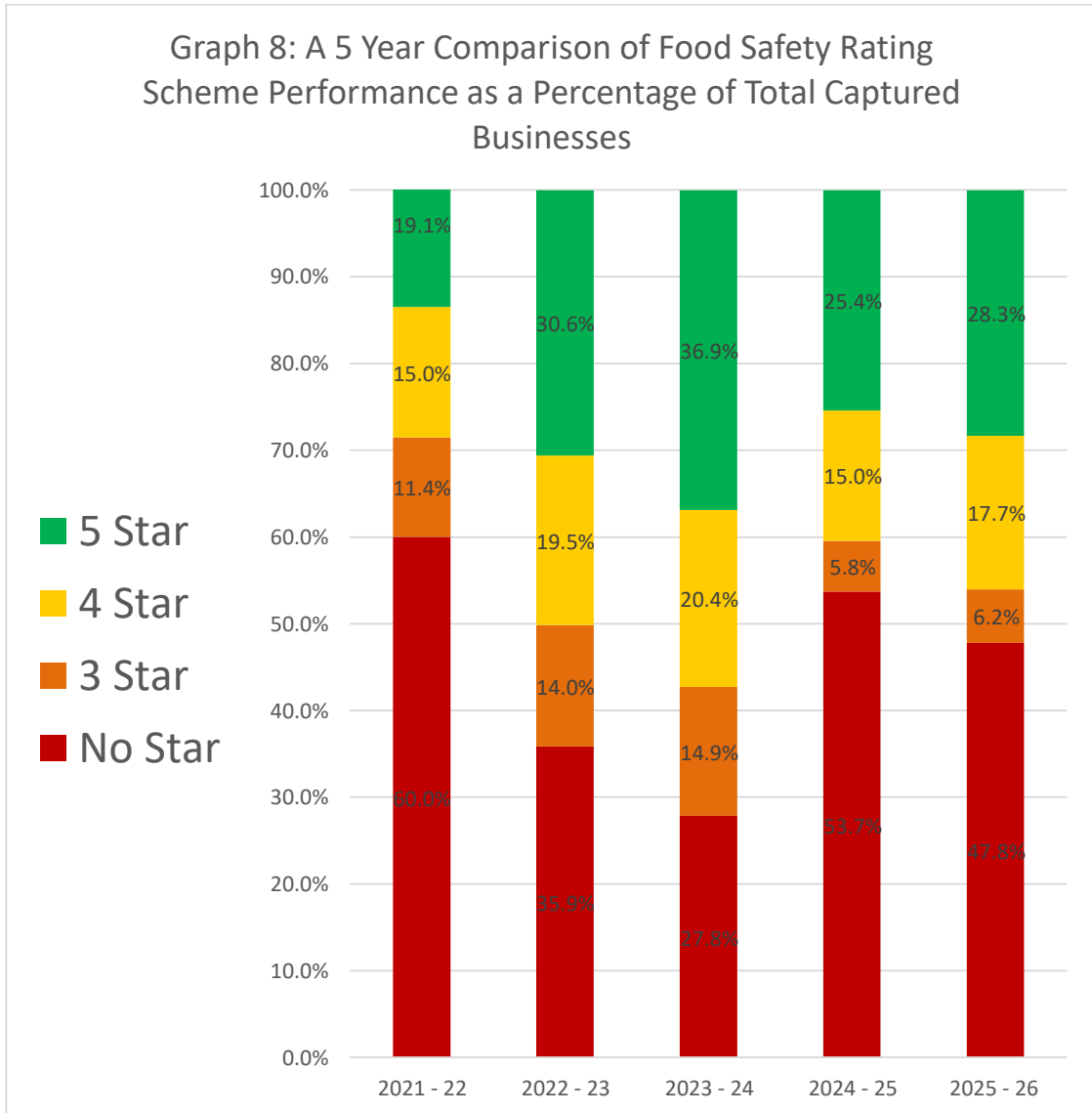
Financial Year to Date Analysis – 1 July 2025 to 31 May 2026

For the financial year to date 649 businesses have been assessed in the Food Safety Rating Scheme, with 151 receiving a 5-star rating.

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)	36	26	70	13	6	151
4 Star (4 – 7 points)	28	28	43	15	5	119
3 Star (8 – 11 points)	9	11	12	8	3	43
No Star (12+ points)	75	60	143	48	10	336
Total	148	125	268	84	24	649

Graph 8 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 2 June 2026. At the time of reporting 28.3% of all food business captured by the scheme hold a 5-star rating, a 3% increase compared to last financial year. 47.8% of business currently hold no stars, a decrease of 4.9% when compared to 2025-25.



2.4 Legal Actions for Food Premises

Reporting Period Analysis - 1 April to 31 May 2026

A total of 24 legal actions were taken in relation to the *Food Act 2001*. Table 6 shows these separated into the various legal action types. One prohibition order and three expiation notices were issued.

Table 6: Legal Action Taken From 1 April 2026 to 31 May 2026

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letter	0	0	0	1	0	1
Improvement Notice	3	2	7	2	0	14
Improvement Notice (FSS)	0	3	2	0	0	5
Prohibition	0	1	0	0	0	1
Expiation Notice	0	1	1	1	0	3
Total	3	7	10	4	0	24

Financial Year to Date Analysis – 1 July 2025 to 31 May 2026

As shown in Graph 9 there has been a decrease in the total 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. This is predominantly due to the number of Improvement Notices issued for No Appointed Food Safety Supervisor reducing significantly. This is a positive result demonstrating that food businesses are increasingly aware of the requirements of Food Safety Standard 3.2.2A.

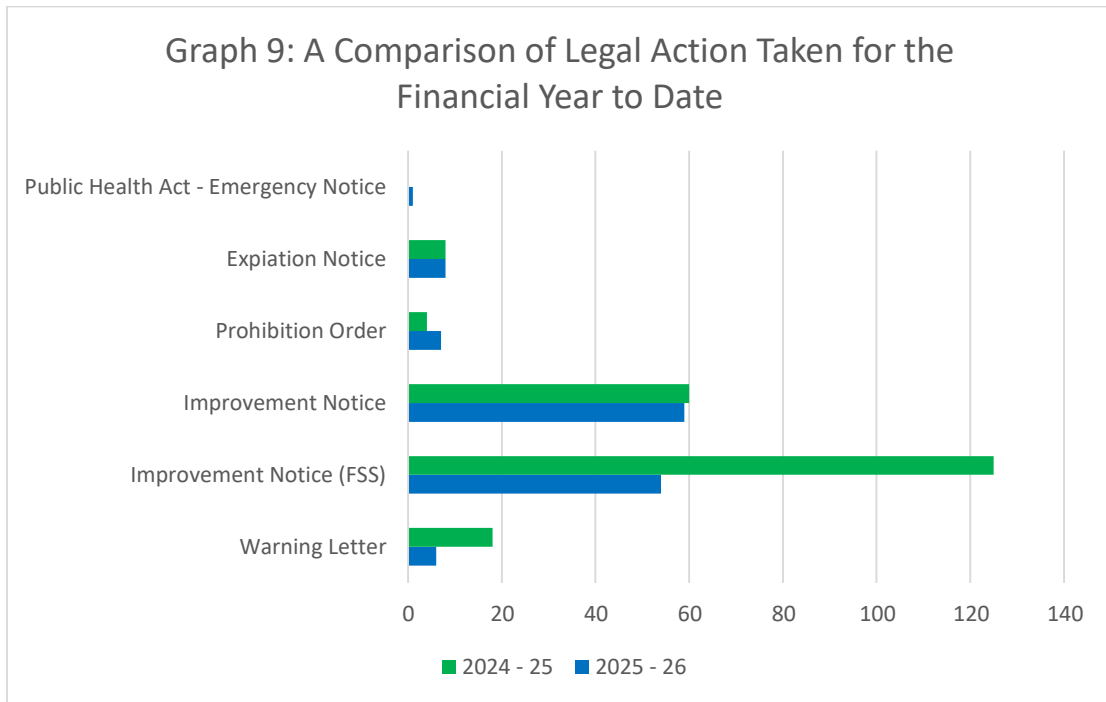


Table 7: Legal Action Taken for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Warning Letter	3	0	2	1	0	6
Improvement Notice	15	8	29	7	0	59
Improvement Notice (FSS)	7	15	21	10	1	54
Prohibition	1	3	2	0	1	7
Expiation Notice	1	3	3	1	0	8
Public Health Act – Emergency Notice	0	0	1	0	0	1
Total	27	29	58	19	2	135

2.5 Food Complaints

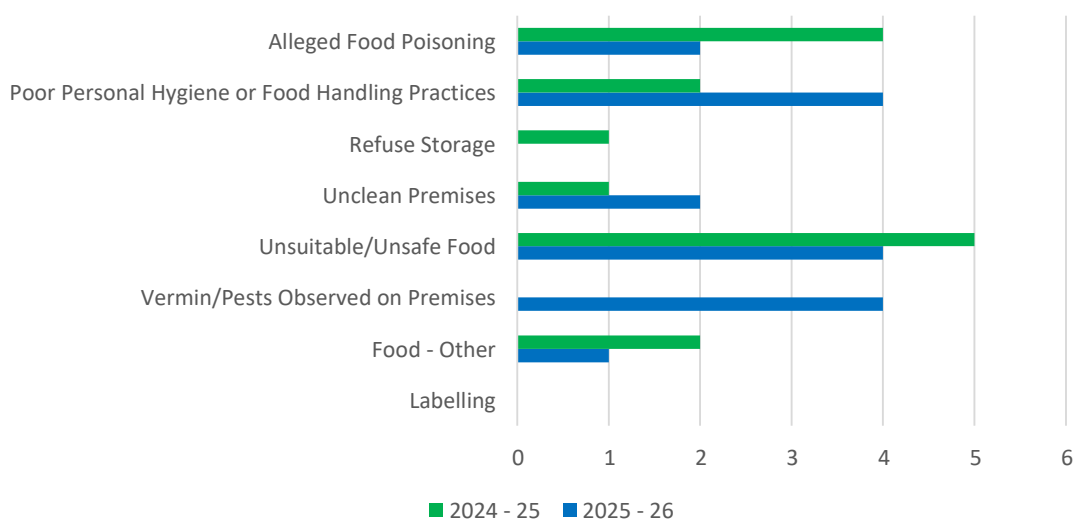
Reporting Period Analysis - 1 April to 31 May 2026

EHA received 17 complaints that were investigated under the *Food Act 2001* during the reporting period. The complaints are shown by category in Graph 10 and by respective Constituent Council area in Table 8. The total number of food complaints received are comparable to the same period in the previous financial year.

Table 8: Food Complaints Received by Council Area for the Reporting Period

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	0	0	2	0	0	2
Food - Other	0	0	0	1	0	1
Poor personal hygiene or food handling practices	1	0	1	2	0	4
Refuse Storage	0	0	0	0	0	0
Unclean Premises	1	1	0	0	0	2
Unsuitable/unsafe food	0	0	2	2	0	4
Vermin/Pests Observed on Premises	0	0	1	2	1	4
Labelling	0	0	0	0	0	0
Total	2	1	6	7	1	17

Graph 10: A Two Year Comparison of Food Complaints Received Between 1 April and 31 May

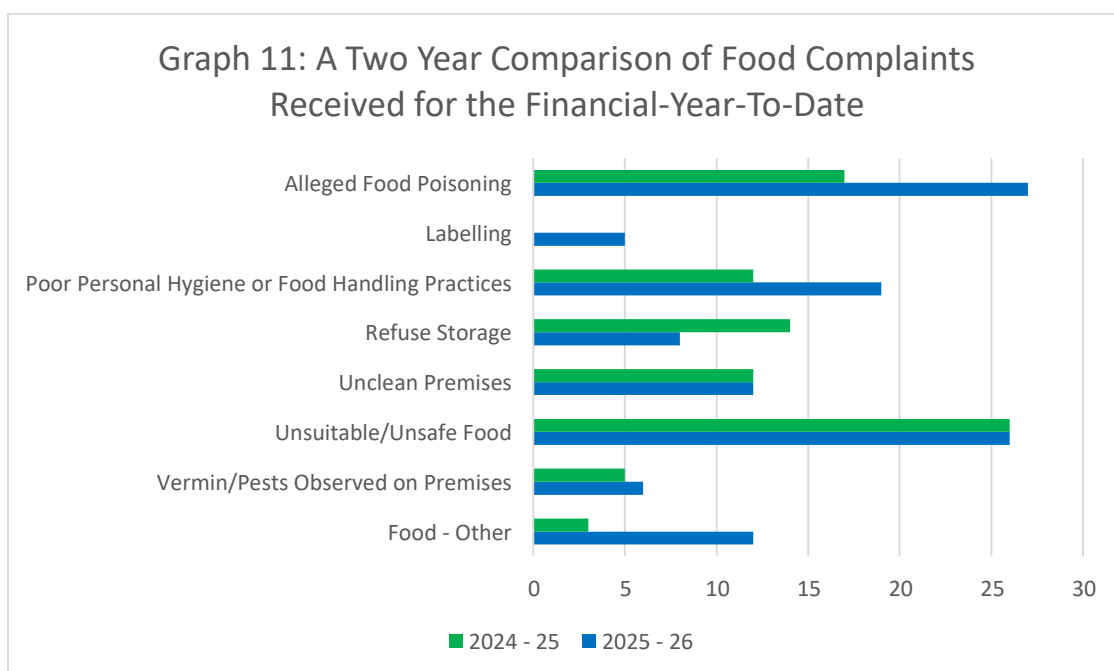


Financial Year to Date Analysis – 1 July 2025 to 31 May 2026

A total of 115 food complaints have been received, with the most common complaint types relating to alleged food poisoning and unsafe or unsuitable food. The total number of complaints in each category are compared to the same period of the previous year in Graph 11. There has been a 29.2% increase in the total number of complaints received when compared to the previous financial year.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	5	5	14	2	1	27
Food - Other	3	3	3	3	0	12
Poor personal hygiene or food handling practices	5	3	8	3	0	19
Refuse Storage	4	1	2	0	1	8
Unclean premises	3	1	4	4	0	12
Unsuitable/unsafe food	5	5	13	3	0	26
Vermin/Pests Observed on Premises	1	0	2	2	1	6
Labelling	0	3	2	0	0	5
Total	26	21	48	17	3	115



2.6 Audits of Businesses that Serve Vulnerable Populations

Reporting Period Analysis - 1 April to 31 May 2026

5 businesses within the Constituent Council boundaries and 13 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. No follow up audits were required.

Table 10: Food Audits Completed for the reporting period

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	2	1	0	2	0	13	18
Follow-up audits	0	0	0	0	0	0	0
Total	2	1	0	2	0	13	18

Financial Year to Date Analysis – 1 July 2025 to 31 May 2026

A total of 80 audits have been completed, with 39 within the Constituent Council boundaries.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Out of Council	Total
Audits	9	12	8	6	1	41	77
Follow-up audits	0	2	0	1	0	0	3
Total	9	14	8	7	1	41	80

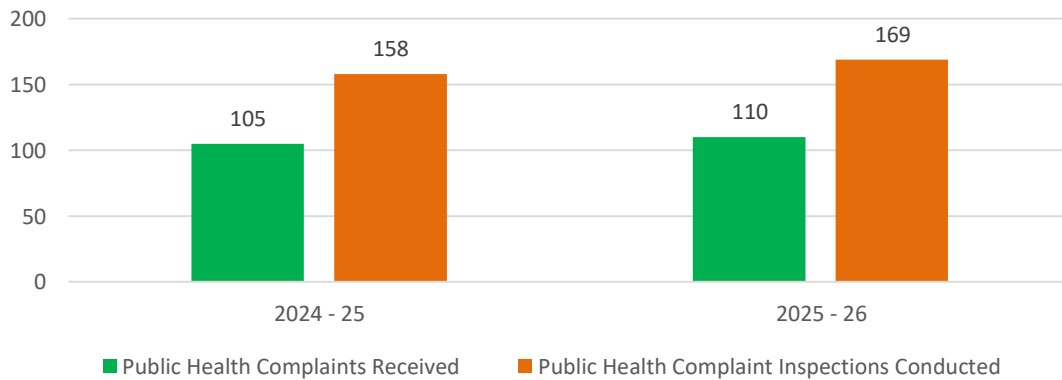
3.0 Public Health

3.1 Public Health Complaints

Financial Year to Date Analysis – 1 July 2025 to 31 May 2026

As shown in Graph 12, 110 public health complaints were received for the financial year to date, a 4.7% increase compared to the same period in the previous year. A total of 169 inspections were undertaken to investigate these complaints; this equates to an average rate of approximately 1.5 inspections required per complaint received which is directly comparable to the number of inspections required per complaint in the same period for the previous year.

Graph 12: A Two-Year Comparison of Public and Environmental Health Complaints Received vs Completed Inspections for the Financial-Year-To-Date



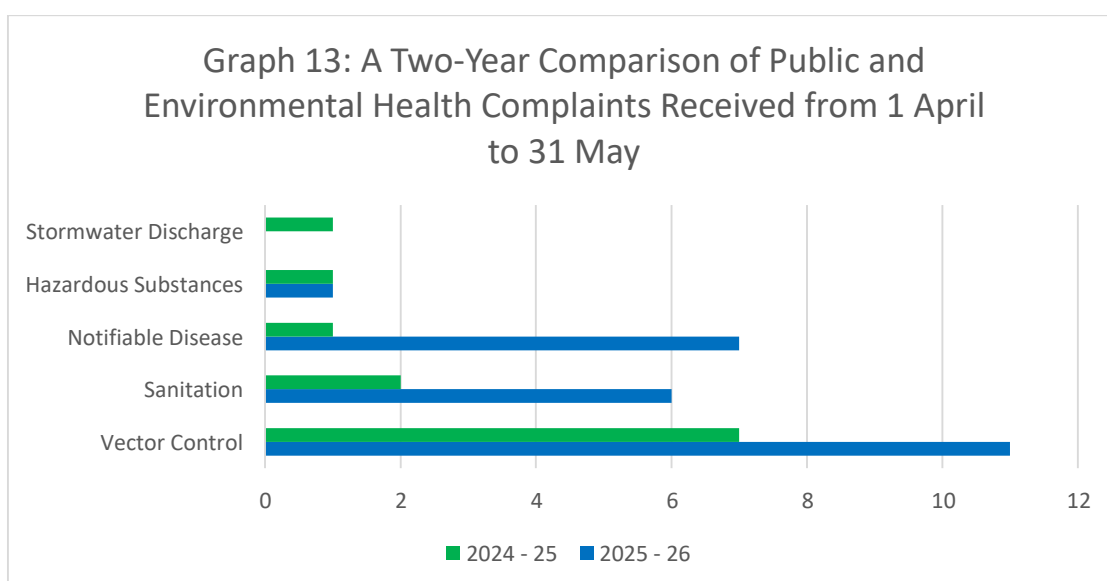
Vector control and sanitation complaints account for the most common type of complaints received during the reporting period, accounting for 65.5% of the complaints received in the financial year to date.

Reporting Period Analysis - 1 April to 31 May 2026

The total number of public and environmental health complaints received are broken down by Council area in Table 12. Graph 13 depicts the comparison of complaint types received when compared to the same period of the previous year.

Table 12: Public and Environmental Health Complaints for the reporting period by Council Area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Animal Keeping	0	0	0	0	0	0
Hazardous Substances	0	0	1	0	0	1
Notifiable Disease	3	3	0	1	0	7
Sanitation	3	2	0	1	0	6
Stormwater Discharge	0	0	0	0	0	0
Vector Control	3	1	5	2	0	11
Total	9	6	6	4	0	25



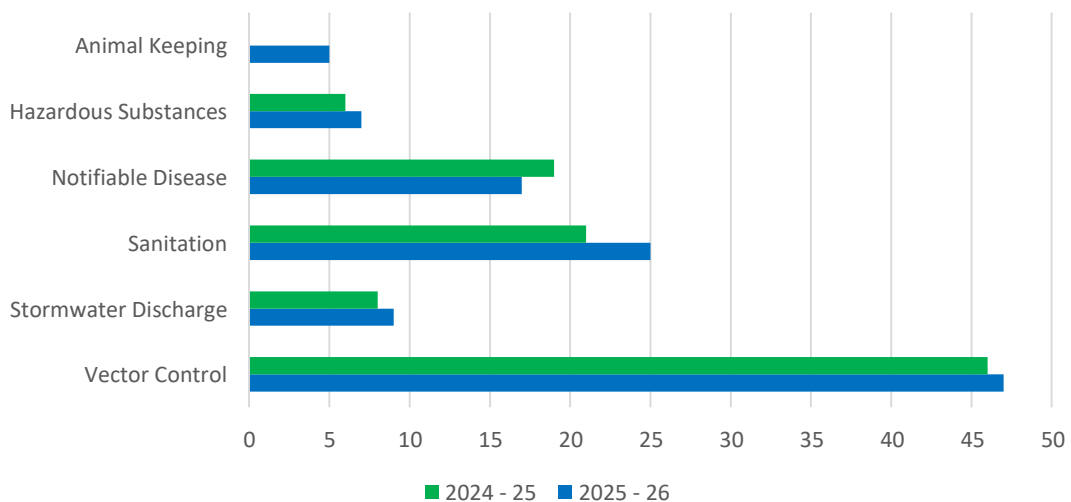
Financial Year to Date Analysis – 1 July 2025 to 31 May 2026

A total of 110 complaints have been received and are broken down into council area and category in Table 13. Graph 14 indicates a comparison of the complaint types received for the current financial year to date and the previous financial year to date.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Animal Keeping	3	1	0	1	0	5
Hazardous Substances	1	1	3	0	2	7
Notifiable Disease	4	5	3	5	0	17
Sanitation	10	4	7	2	2	25
Stormwater Discharge	2	1	6	0	0	9
Vector Control	20	4	11	10	2	47
Total	40	16	30	18	6	110

Graph 14: A Two Year Comparison of Public and Environmental Health Compliants Received for the Financial Year-To-Date



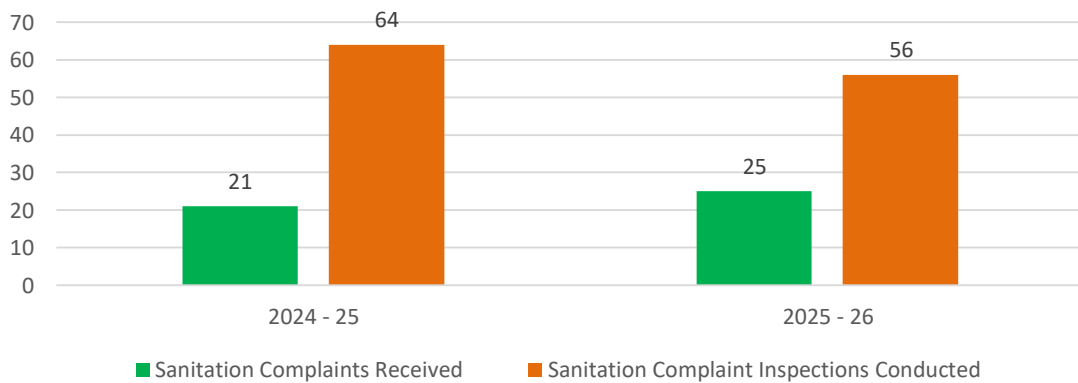
Financial Year to Date Analysis – 1 July 2025 to 31 May 2026

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. A total of 56 inspections have been completed for sanitation complaints.

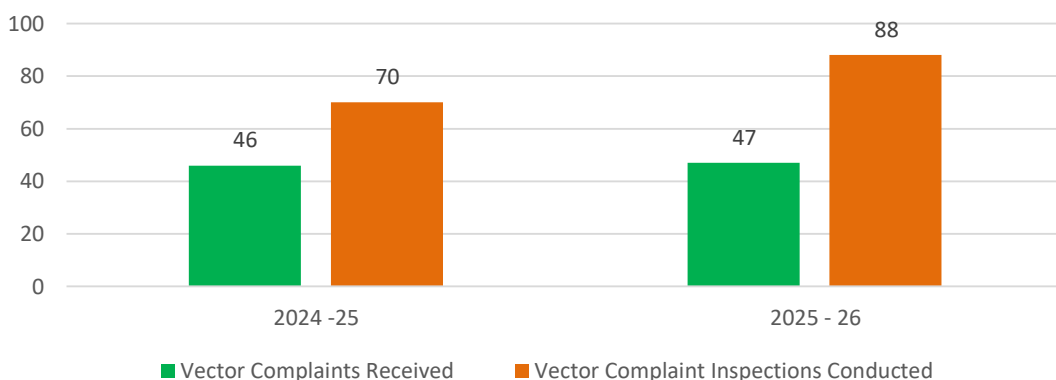
As shown in Graph 15, the number of sanitation complaints received is comparable for the current financial year to date and the same period of the previous financial year. The higher number of inspections required in 2024-25 can be contributed to the Severe Domestic Squalor Action on Default that took place in September 2024.

Graph 15: 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. This increase may be explained by more complex matters that require additional investigation over multiple days, EHOs will conduct further inspections where required. A total of 88 inspections have been completed for vector control complaints.

Graph 16: A Comparison of Vector Control Complaints Received Compared to Completed Inspections for the Financial Year To Date



3.2 Cooling Towers & Warm Water Systems

Reporting Period Analysis - 1 April to 31 May 2026

One warm water system scheduled inspection, and 7 cooling tower inspections were conducted across 8 sites (Table 14). One detection of *Legionella* high count was found during a routine inspection. The site 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 action was required.

A total of 18 systems were inspected over 10 sites for the financial year to date (Table 15).

Table 14: Cooling Tower and Warm Water System Inspections Conducted for the reporting period

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	1	4	0	2	0	7
Follow Up Inspection	0	0	0	0	0	0
Legionella Detections during sampling	0	1	0	0	0	1
Total	1	5	0	2	0	8

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	2	9	5	2	0	18
Follow Up Inspection	0	1	1	0	0	2
Legionella Detections during sampling	0	5	1	0	0	6
Total	2	15	7	2	0	26

3.3 Public Swimming Pools and Spas

Reporting Period Analysis - 1 April to 31 May 2026

20 swimming pool and spa pool inspections were conducted across 9 sites throughout the reporting period. 4 follow up inspections were required at one site to ensure compliance.

Table 16: Swimming Pool and Spa Inspections Conducted for the reporting period

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	4	0	10	2	0	16
Follow Up Inspection	0	0	4	0	0	4
Legal Action	0	0	0	0	0	0
Total	4	0	14	2	0	20

81 inspections of swimming pools and spas have been conducted across 16 sites for the financial year to date.

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

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	26	6	23	4	4	63
Follow Up Inspection	4	0	8	2	4	18
Legal Action	1	0	1	0	1	3
Total	31	6	32	6	9	84

3.4 Personal Care and Body Art

A total of 21 personal care and body art inspections were undertaken in the reporting period, with no follow up inspections required. One complaint inspection was conducted in a previous reporting period, meaning a total of 22 inspections have been conducted for the financial year to date.

Table 18: Number of Personal Care and Body Art Inspections by Council Area for the Financial Year to Date

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Routine Inspection	4	3	11	3	0	21
Follow Up Inspection	0	0	0	0	0	0
Complaint Inspection	1	0	0	0	0	1
Total	5	3	11	3	0	22

3.5 Wastewater

Wastewater service reports are regularly received and monitored for compliance on an ongoing basis. A total of 27 service reports were received and assessed during the reporting period.

No wastewater applications were received, and no inspections were undertaken for 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*.

One audit was conducted in Prospect, and one follow up was conducted in Burnside.

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 scheduled on 21 May 2026 but was cancelled due to limited enrolments. EHA also offers tailored training for businesses and community groups who wish to offer food safety training for their volunteers or employees. A tailored Food Safety Training session was delivered to a local community group with 30 participants on 18 May 2026.

EHA also attended the Interagency Hoarding and Squalor Network Meeting on 26 May 2026.

During the reporting period, EHOs continued publishing social media posts to Eastern Health Authority's Instagram page. Each month EHOs elect a topic that is relevant to the season to communicate to the public through Instagram, these posts typically include multiple slides with relevant information. This quarter the post included information on wild mushrooms.



RECOMMENDATION

That:

The Environmental Health Activity Report is received

8.2 IMMUNISATION

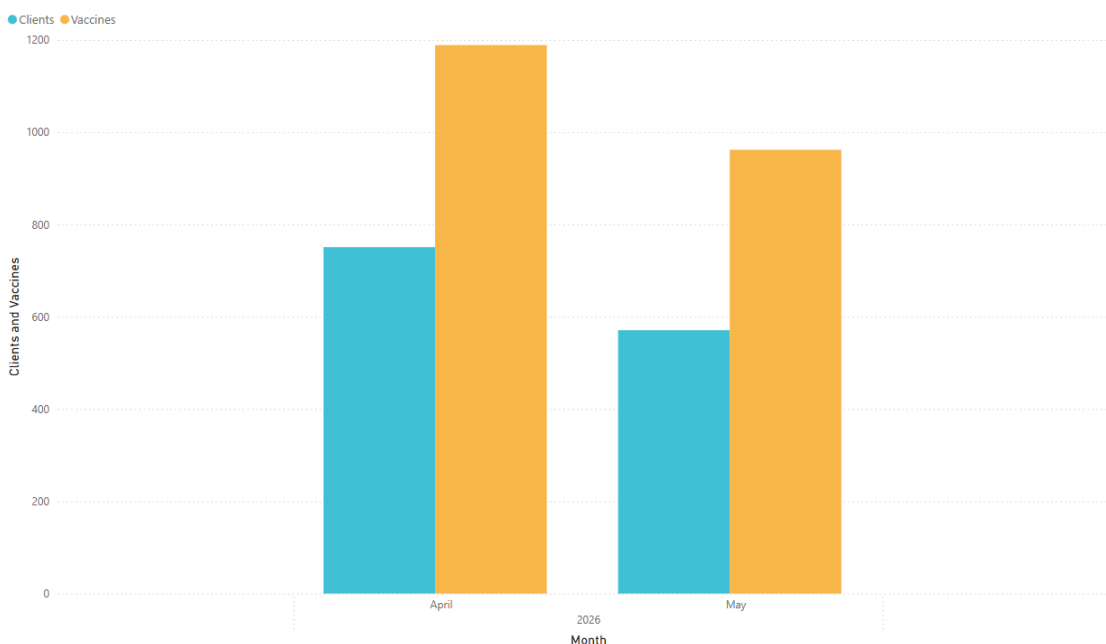
Public Clinics

Attendance and Vaccinations

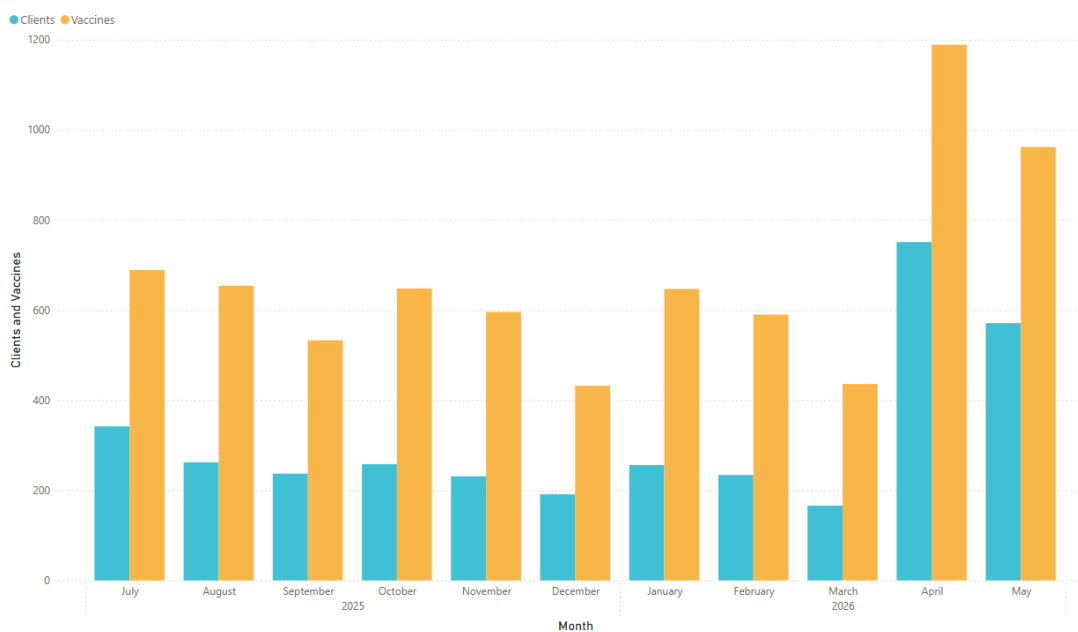
During the reporting period 1 April – 31 May 2026, 1,322 clients visited one of EHA’s public immunisation clinics, and a total of 2,151 vaccines were administered. This represents a slight increase of 40 clients (3.12%) and 101 vaccines (4.93%) compared to the previous year.

The annual flu vaccine program commenced with eleven dedicated public flu clinics made available across EHA’s Constituent Council areas. A total of 397 flu vaccines were administered, with an average of 36 clients vaccinated at each clinic.

Graph 1: Client and Vaccine Numbers at public clinics – Reporting Period – April to May 2026



Graph 2: Client and Vaccine Numbers at public clinics – Financial Year to May 2026

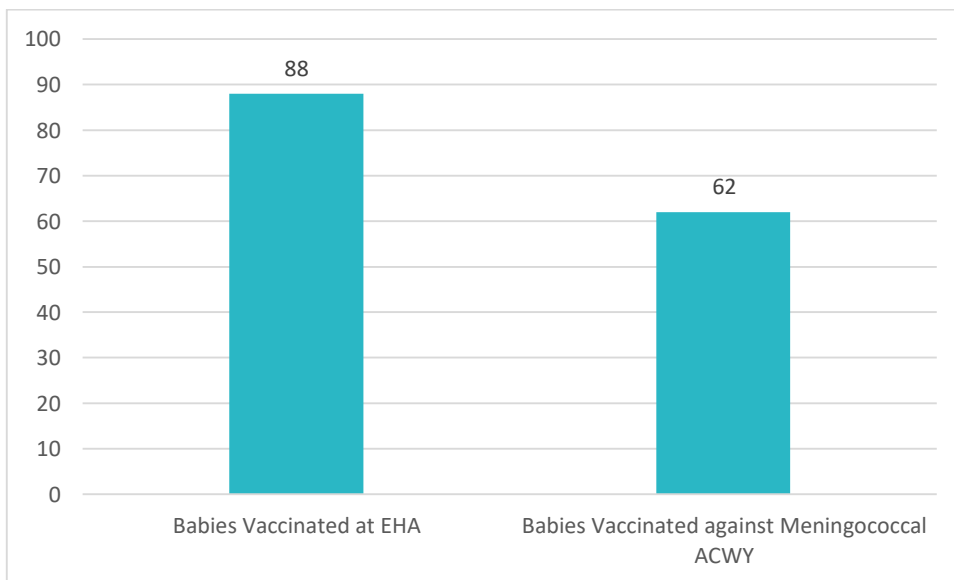


Education

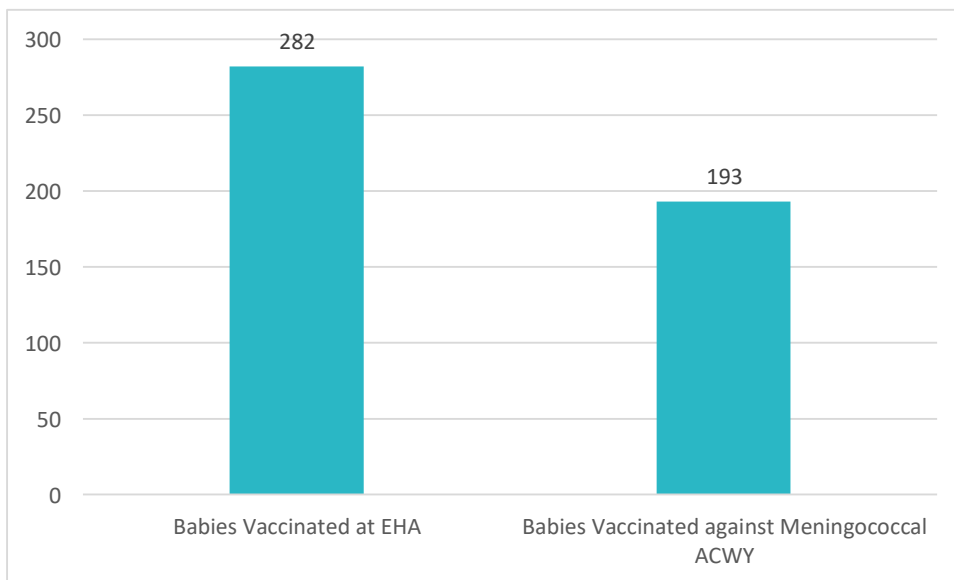
At EHA’s public immunisation clinics, the registered nurses place strong emphasis on parent education, ensuring they are well-informed about the vaccines being administered to their babies and the critical role these vaccines play in preventing infectious diseases.

The Meningococcal (Men) ACWY is not part of the funded National Immunisation Program. The registered Immunisation nurses educate and inform parents of this vaccine preventable disease, with no obligation to vaccinate their baby. As shown in Graph 3 and Graph 4, within both the reporting period and financial year, there was an uptake of 70% of parents opting to further vaccinate their babies against Men ACWY. This strong uptake reflects both the trust in EHA’s clinical staff and the value parents place on informed decision-making when it comes to protecting their children’s health.

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



Graph 4 – A graph demonstrating the number parents opting to further vaccinate their babies against Men ACWY at EHA Clinics for the financial year to date.



The availability of multiple clinics across all Constituent Council areas, including within the City of Unley, continues to support strong accessibility. This network of locations provides clients with flexible options for choosing a convenient clinic, date, and time. Below is a breakdown of client attendance and vaccines administered by clinic location and by the client’s council of origin for the reporting period.

Table 1: Combined Clinic breakdown for the reporting period between April to May 2026 and for the financial year to date.

Burnside Clinic				
Burnside Council - 2nd and 4th Monday of each month				
Client council of origin	Apr - May 26		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	102	135	264	505
Campbelltown	19	28	62	146
NPSP	21	30	58	111
Prospect	3	3	9	21
Walkerville	0	0	0	0
Unley	14	26	34	75
Other	0	0	27	45
Clinic Total Number	159	222	454	993

Campbelltown Clinic				
The ARC - 1st and 3rd Wednesday of each month				
Client council of origin	Apr - May 26		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	22	37	77	148
Campbelltown	93	142	235	468
NPSP	24	34	50	88
Prospect	4	4	4	4
Walkerville	0	0	8	19
Unley	3	3	4	6
Other	20	24	29	46
Clinic Total Number	166	244	407	779

Norwood Payneham & St Peters Clinic				
Weekly at EHA offices				
Client council of origin	Apr - May 26		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	123	208	381	808
Campbelltown	192	355	515	1184
NPSP	240	388	577	1190
Prospect	46	70	113	238
Walkerville	47	64	91	161
Unley	41	77	123	311
Other	63	116	135	295
Clinic Total Number	752	1278	1935	4187

Prospect Clinic				
Prospect Clinic - held at Prospect Town Hall Payinthi				
Client council of origin	Apr - May 26		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	5	5	10	12
Campbelltown	11	11	18	27
NPSP	5	5	8	9
Prospect	22	35	76	152
Walkerville	2	2	3	3
Unley	4	4	6	11
Other	6	8	22	48
Clinic Total Number	55	70	143	262

Walkerville Clinic				
Walkerville Council - 1st Friday of each month				
Client council of origin	Apr - May 26		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	3	6	10	21
Campbelltown	11	27	31	89
NPSP	10	19	21	45
Prospect	5	12	15	34
Walkerville	13	13	27	45
Unley	3	3	11	25
Other	0	0	10	26
Clinic Total Number	45	80	125	285

Unley Clinic				
Civic Centre - 3rd Wed, 4th Fri and 1st Sat of each month				
Client council of origin	Apr - May 26		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	11	27	62	132
Campbelltown	11	17	35	68
NPSP	10	19	34	82
Prospect	1	4	10	19
Walkerville	0	0	2	4
Unley	74	128	213	460
Other	19	41	79	195
Clinic Total Number	126	236	435	960

Grand Total of all Clinic Sites				
Client council of origin	Apr - May 26		YTD	
	Clients	Vaccines	Clients	Vaccines
Burnside	266	418	804	1626
Campbelltown	337	580	896	1982
NPSP	310	495	748	1525
Prospect	81	128	227	468
Walkerville	62	79	131	232
Unley	139	241	391	888
Other	127	210	302	655
Clinic Total Number	1322	2151	3499	7376

2026 School Immunisation Program

The 2026 School Immunisation Program (SIP) fully commenced in May 2026. First vaccination visits for Year 7 and 10's were successfully completed at 16 schools across EHA's Constituent Councils and the City of Unley, and a total of 2,560 vaccines were administered (Table 2).

Table 2: School Vaccinations for Calendar Year to May 2026

Council	Human Papillomavirus (HPV)	Diphtheria Tetanus and Pertussis (dTpa)	Meningococcal B (Men B)	Meningococcal ACWY (Men ACWY)	Total
Burnside	108	113	146	145	512
Campbelltown	138	139	90	83	450
NPSP	280	277	98	97	752
Prospect	75	78	65	65	283
Walkerville	56	58	70	70	254
Unley	19	20	135	135	309
Total	676	685	604	595	2,560

The number of vaccines administered compared to the same period in 2025 represents a decrease of 1,686 vaccines (or 39.71%) The decrease is primarily attributed to the delayed scheduling put in place to support the transition of Year 7 students. The SIP program will continue in June with an additional nine visits scheduled.

EHA Administrative Team also have ensured that all Immunisation Consent Cards reviewed by the Registered Immunisation Nurses were data entered into a state-based immunisation inventory system prior to the school visits and by 31 May 2026 as required by SA Health SIP Protocols.

Workplace Influenza Program

EHA's 2026 Workplace Influenza Program officially commenced on 1 April 2026, marking the start of this year's seasonal flu vaccination initiatives aimed at supporting health and wellbeing across workplaces.

Due to early demand for the service, combined with the prompt delivery of flu vaccines from the medical supplier, EHA was able to provide workplace vaccination clinics at two sites during the final week of March 2026.

As of 31 May 2026, a total of 69 workplace flu visits have been completed with 2,539 vaccines delivered.

Marketing and Promotion

During the reporting period, EHA's Instagram page was actively used to promote our public immunisation clinics across various council locations. The platform also enabled EHA to highlight upcoming Flu Clinics for the broader community, including dedicated sessions for people aged 65 years and over.

EHA's Constituent Councils and contract council have been highly supportive, actively following and engaging with our social media page and posts. Their involvement has helped extend our visibility within the community.

EHA attended the Pregnancy, Baby and Children's (PBC) Expo over a two-day period at the Wayville Showgrounds in May. This new initiative aimed to provide information and guidance on the importance of vaccination for babies, mothers, and families. Members of the public who followed EHA on Instagram at the PBC Expo were entered into a prize draw to win a baby hamper. General immunisation information was available, and where appropriate, gift bags containing EHA's immunisation timetables and other information were provided.

The engagement offered an opportunity to increase the visibility of EHA's immunisation services among its constituent and contract councils well as across social media, with EHA gaining over 100 new followers. It also supported further promotion of the value of immunisation within the community. The profile of immunisation within local government between other Government and non-Government agencies in attendance such as National Immunisation Program Schedule, CAFHS, and Calvary Hospital was also strengthened.

Following the expo, EHA have already seen new families from its Constituent Councils attending our public clinics. This is a positive indication that marketing and community engagement activities are effective in increasing the visibility of our services.

A survey over the two days was maintained to record the location and understanding of local government immunisation services. Initial observations indicate that local government immunisation services are not highly visible within the community, and attendance to the PBC expo was spread across Adelaide metropolitan and some regional areas. A review will be undertaken following EHA's attendance at the PBC Expo to identify the value of participation, opportunities for further promotion, and potential future directions. The outcomes of this review will be presented to other councils to share our experience and provide guidance for potential coordinated future action.



RECOMMENDATION

That:

The Immunisation Services Report is received.