

**EASTERN
HEALTH
AUTHORITY**

2013/2014

**ANNUAL REPORT
2013/2014**

MESSAGE FROM THE CHAIRPERSON

DURING THE PAST YEAR EASTERN HEALTH AUTHORITY (EHA) HAS CONTINUED TO EXCEL IN THE PROVISION AND DELIVERY OF PUBLIC HEALTH SERVICES TO ITS FIVE CONSTITUENT COUNCILS.

As a prominent Local Government immunisation provider in South Australia, EHA has continued to promote the benefits of Whooping Cough and Flu vaccinations. This year the school-based immunisation program delivered by EHA for our residents placed particular emphasis on the benefits of Human Papillomavirus (HPV) vaccination to protect both sexes from a range of HPV-related cancers and diseases. The 14-year-old male cohort was targeted for this vaccination to assist in reducing the spread of the virus.

EHA is diligent in the monitoring and enforcement of standards in food premises. Thanks to staff vigilance, EHA successfully prosecuted two food businesses which had a history of non-compliance with the food safety standards. This is an important function of EHA and is vital to public safety.

Supported Residential Facilities (SRFs) accommodate some of the most disabled and vulnerable people in our community. This year EHA has been responsible for the licensing and regulation of standards in eleven SRFs for our constituent Councils and continued to provide a user-pays service to the City of Unley for the licensing of four SRFs in its area. This year one SRF closed, and with assistance from the Department of Communities and Social Inclusion all clients were successfully relocated.

The *Public and Environmental Health Act 1987* has been replaced by the *SA Public Health Act 2011*. EHA staff are pleased that this modernised legislative framework and supporting guidelines have allowed our Environmental Health Officers to effectively address and manage public health issues, in particular hoarding and severe domestic squalor.

Under the new legislation Councils are required to develop public health plans, consistent with the State Public Health Plan, to respond to public health challenges in their communities and to plan for and promote community health and wellbeing. In a fine example of Local Government collaboration our Constituent Councils agreed that EHA should develop a regional public health plan on their behalf.

A Regional Public Health Plan Advisory Committee, comprising elected members and staff from Constituent Councils, was established to oversee the development and implementation of the Plan. Following extensive consultation with Constituent Council staff and a range of stakeholders, including government agencies and NGOs, a Draft Regional Public Health Plan has been formulated for endorsement by EHA Board of Management. Public consultation on the draft Plan will take place in early 2015. Following consultation, the Plan will be formally adopted by Councils in 2015.

I take this opportunity to commend EHA staff and the CEO on the dedicated and sensitive manner in which they deal with the many complex issues which are the responsibility of EHA.

The four year term of EHA Board of Management will come to an end when Local Government elections are held in November this year. It has been a pleasure to work with such a supportive Board and I thank them for their commitment and dedication.



Sue Whittington
CHAIRPERSON

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ABOUT EASTERN HEALTH AUTHORITY

EASTERN HEALTH AUTHORITY (EHA) IS A REGIONAL SUBSIDIARY ESTABLISHED UNDER SECTION 43 OF THE LOCAL GOVERNMENT ACT 1999 WHICH PROVIDES A RANGE OF ENVIRONMENTAL HEALTH SERVICES TO THE COMMUNITY ON BEHALF OF ITS CONSTITUENT COUNCILS IN THE EASTERN AND INNER NORTHERN SUBURBS OF ADELAIDE, SOUTH AUSTRALIA.

The Constituent Councils are:

- City of Burnside (Burnside)
- Campbelltown City Council (Campbelltown)
- City of Norwood Payneham and St Peters (NPSP)
- City of Prospect (Prospect)
- The Corporation of the Town of Walkerville (Walkerville)

During 2013-14 EHA discharged the environmental health responsibilities of its five Constituent Councils under the *South Australian (SA) Public Health Act 2011*, *Food Act 2001*, *Supported Residential Facilities Act 1992* and *Environmental Protection Act 1993*. Services include the provision of immunisation services, hygiene and sanitation control, licensing and monitoring of supported residential facilities, and monitoring of food safety standards including inspection of food premises. Immunisation services are provided to the City of Unley on a user pays basis. EHA also licenses and monitors supported residential facilities on behalf of the City of Unley.

	BURNSIDE	CAMPBELLTOWN	NPSP	PROSPECT	WALKERVILLE	TOTAL
Rateable Properties	20,606	22,671	19,284	9,609	3,489	75,659
Population of Council	43,986	50,983	36,600	20,910	7,345	159,824
Number of Food Premises	257	269	435	160	42	1,163
Swimming & Spa Pools Sites	12	3	12	1	2	30
Cooling Towers & Warm Water Systems Sites	7	5	11	2	1	26
Supported Residential Facilities	4	3	1	2	0	10
Hairdressers/Beauty Treatment	60	52	90	29	7	238
Public & Environmental Health Complaints	65	102	79	33	15	294
2013 SBIP Year 8 Enrolment Numbers	639	608	625	173	65	2,110
2013 SBIP Year 9 Enrolment Numbers	252	299	306	150	0	1,007
Immunisation Clinics – Client Numbers	641	610	3,216	221	132	4,820
Immunisation Clinics – Vaccines Given	1,268	1,060	6,290	411	236	9,265

CHIEF EXECUTIVE OFFICER'S REPORT

COMPILING OUR ANNUAL REPORT PROVIDES AN OPPORTUNITY TO LOOK BACK ON THE WORK CARRIED OUT BY EHA OVER THE PAST FINANCIAL YEAR.

The report highlights our achievements during 2013-14 which contribute to protecting the health of the community we serve on behalf of our Constituent Councils. I am proud to have the opportunity to lead a dedicated and talented team of staff who are committed to providing excellent service and public health outcomes.

The *South Australian Public Health Act 2011* (the Act) came into full operation in June 2013 and the past year has involved EHA working with its Constituent Councils to determine how to manage our collective responsibilities contained within the Act.

The Act has been a catalyst for considering the broad impact that local government has on the health and wellbeing of its communities through the provision of a wide range of services.

While the Act does not fundamentally change our respective role in Public Health, it provides us with different powers, tools and responsibilities.

To assist in the management of this role the Act requires the development of a Regional Public Health Plan to provide a strategic focus for public health activities within the region. EHA's Constituent Councils agreed to develop a collective plan overseen by the Board of Management and an Advisory Committee. The Advisory Committee with representation from all Constituent Councils, Board of Management and EHA staff have worked extremely effectively during the year in the plan development process.

The first iteration of the Regional Public Health Plan, now in draft form, is a reflection of the significant contribution to Health and Wellbeing currently made by the Constituent Councils and EHA. The plan will be considered for adoption after public consultation in the next term of Elected Members.

The last year saw a significant increase in our Food Act enforcement activity. Twenty three food businesses were expiated for a total 53 offences, resulting in \$101,000 in fines being issued. Eight businesses were issued with Prohibition Orders requiring them to close part or all of their business until significant food safety issues were rectified. Two prosecutions were finalised resulting in the businesses concerned being fined a total \$214,000.

EHA recognises that the majority of food businesses want to comply with the law and produce food that is safe. EHA's important role in relation to food safety compliance and enforcement is all about protecting consumers from the minority, who flout the law or act irresponsibly, endangering consumers and imposing unfair competition on compliant food businesses.

It is difficult to determine the exact reasons for the increased level of enforcement activity required and it is likely that a combination of factors have contributed to the increase.

A common theme in businesses that breach food safety standards is a lack of appropriate skills and knowledge of staff and management. Businesses that have a lack of awareness of the food safety hazards within their business are not able to make a link to the risks that they may pose to their customers.

All food businesses should be motivated independently to maintain their food premises in accordance with the Food Safety Standards. In some businesses however, the catalyst for compliance is very often external (EHA as the Enforcement Agency) and related to issues identified from an inspection or complaint investigation.

EHA's enforcement policy and practice is based on the principles of a graduated and proportionate response being applied to breaches of standards. The vast majority of the business issued with a prohibition order, expiated or prosecuted have had significant histories of non-compliance and have been given opportunities to improve their standards.

The use of enforcement as a means to achieve a behavioural change is resource intensive and has impacted on the overall routine inspection numbers. It does however demonstrate EHA's determination to ensure appropriate standards of food safety are maintained and appropriate action is taken where serious non-compliance is observed.

EHA provided around 29,500 vaccinations during the year at public clinics, high schools and worksites. Immunisation is one of the most significant achievements in public health, saving millions of lives and continues to do so. It is wonderful to be able to be part of this initiative and know how beneficial the job we do is.

With the upcoming Local Government elections in mind I would like to take this opportunity to thank the Elected Members who have served as Board Members over the last term. The Board has worked cohesively and been incredibly supportive and enthusiastic about the work we do on behalf of the Constituent Councils.

None of the achievements outlined in this report would have been possible without the efforts of our hard working staff. I thank you for all of your efforts and look forward to working with you in the future.



Michael Livori

CEO

GOVERNANCE



BOARD OF MANAGEMENT 2014

EHA is a body corporate, governed by a Board of Management comprising of two elected members from each Constituent Council. The Board held formal meetings six times during the year to consider EHA’s business. Table 2 details Board Member attendance at meetings.

During 2013-14, the Board considered two items where it was necessary to exclude the public from discussion. Table 3 identifies the grounds on which the Board made this determination.

TABLE 2 NUMBER OF MEETINGS ATTENDED BY INDIVIDUAL BOARD MEMBERS

	BOARD MEMBER	MEETINGS ATTENDED
City of Norwood Payneham & St Peters	Cr S Whittington	6
	Cr G Knoblauch	4
City of Burnside	Cr P Cornish	4
	Cr A Monceaux	6
	Cr J Kennedy	5
Campbelltown City Council	Cr M Ryan	2
	Cr J Pfitzner	2
	Cr J Whittaker (Proxy)	1
City of Prospect	Cr K Barnett	6
	Cr A Dixon	5
Corporation of the Town of Walkerville	Cr C Wigg	6
	Cr S Bernardi	6

TABLE 3 NUMBER OF TIMES THE BOARD OF MANAGEMENT CONSIDERED AN ITEM TO BE EXCLUDED FROM PUBLIC DISCUSSION

LOCAL GOVERNMENT ACT 1999	DESCRIPTION	NO. OF TIMES USED
Section 90(3)(a)	Information relating to the personal affairs of a person	2

CITY OF NORWOOD PAYNEHAM & ST PETERS



Cr Sue Whittington
CHAIR PERSON

Cr Garry Knoblauch

CITY OF BURNSIDE



Cr Peter Cornish

Cr Anne Monceaux
DEPUTY CHAIR

CAMPBELLTOWN CITY COUNCIL



Cr Marijka Ryan

Cr John Kennedy

CITY OF PROSPECT



Cr Kristina Barnett

Cr Ashley Dixon

CORPORATION OF THE TOWN OF WALKERVILLE



Cr Carolyn Wigg

Cr Sinead Bernardi

STRUCTURE AND STAFFING

EHA comprises three functional areas – environmental health, immunisation and administration. The administration team, led by the Chief Executive Officer, supports the activities of the environmental health and immunisation teams. The Senior Environmental Health Officer and Immunisation Team Leader have responsibilities for achieving the Annual Business Plan objectives relevant to their functional area.

Staffing as at 30 June 2014 comprised a total of 30 employees (19 FTE). The table below sets out the number of staff in each team.

TABLE 4 NUMBER OF TOTAL EMPLOYEES AND FTE AS AT 30 JUNE 2014

	TOTAL NUMBER OF EMPLOYEES	FTE
Administration	6	5.3
Immunisation	13	4.7
Environmental Health	11	9
Total	30	19



ANNUAL BUSINESS PLAN

EHA develops an Annual Business Plan for the purpose of translating strategic directions into action and sets measures to assess its performance.

The core activities that have been undertaken to deliver on the objectives of the plan are detailed in this report.

CHARTER REVIEW

A review was undertaken and a revised Charter is currently being considered by the Constituent Councils.

FINANCE

Audit Committee

EHA's Audit committee met on two occasions during the year. The Committee's work included reviewing the audited financial statements reviewing a draft long term financial plan and considering External Audit recommendations.

Financial Statements

The Audited Financial Statements for the year ending 30 June 2014 are provided on page 37. They show an Operating Surplus of \$124,697.

FREEDOM OF INFORMATION

Two requests for information under the *Freedom of Information Act 1991* were received during 2013-14.

The first request was determined and access to the requested document was granted.

In relation to the second request it was determined that no document existed which matched the request.



IMMUNISATION



IMMUNISATION IS A PROVEN TOOL FOR CONTROLLING AND ELIMINATING LIFE-THREATENING INFECTIOUS DISEASES.

It is one of the most cost-effective health investments and is estimated to avert between 2 and 3 million deaths each year. The Australian government vaccination programs have greatly reduced the burden of infectious diseases and continue to protect our population from potential outbreaks of serious communicable illnesses.

With high vaccination rates, the threat of outbreaks remains low and we move towards eliminating some of these diseases.

Achieving and maintaining high rates of vaccination coverage calls for an ongoing commitment from many private and public stakeholders. In South Australia, EHA is a key stakeholder providing a proactive local government immunisation service for five Constituent Councils and one client council, encompassing three main programs: public clinics, schools and workplaces.

The communities serviced by EHA have a wide choice of public venues, dates and times. Providing such a variety of clinics is an important strategy in improving access to services and enhancing immunisation coverage.

The clinic appointment system for newly-arrived families requesting catch-up vaccination continues, and is well utilised by our Councils' communities. At EHA clinics during 2013-14 there were 127 children who were born overseas and were immunised in line with the National Immunisation Program.

Accountable vaccine cold chain management, continuous staff training, education and balanced information on the benefits and possible risks of immunisation are a significant part of EHA's comprehensive immunisation service to its community.

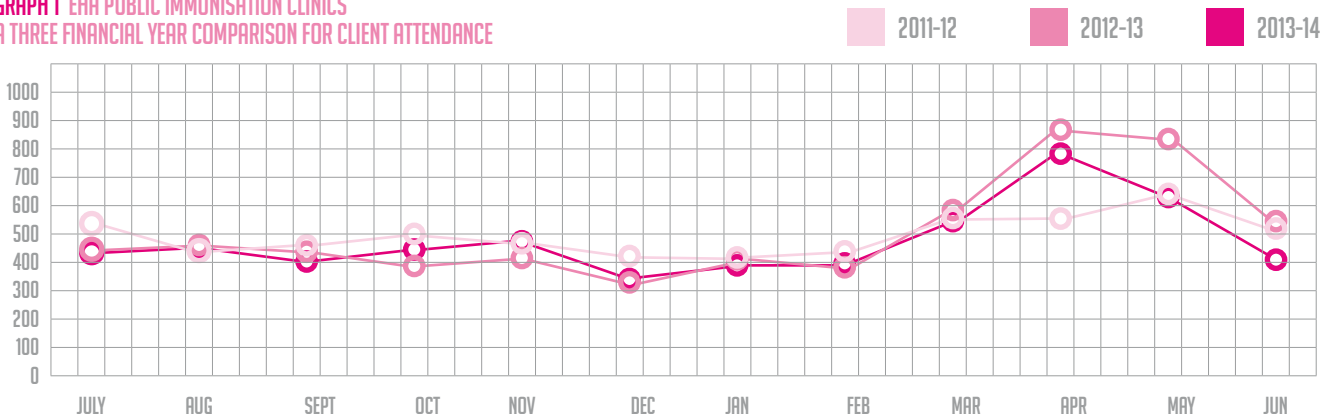
PUBLIC IMMUNISATION CLINICS

There were 5,757 clients provided with vaccinations at EHA public clinics. This was a decrease of 10% from 2012-13.

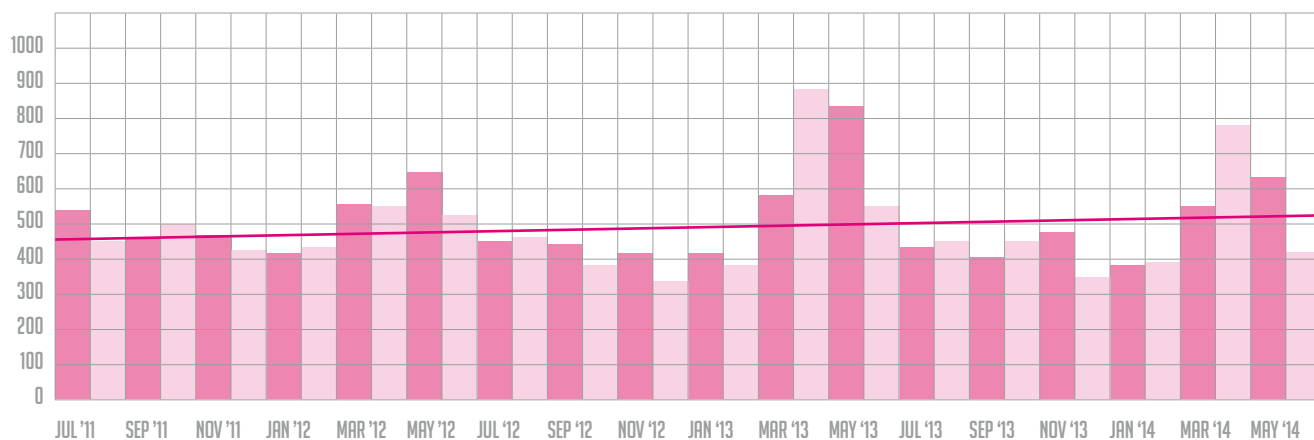
The reduction is a result of the return to normal numbers of seasonal flu vaccinations being given, following a large spike in numbers from April to June of 2013. Also the cessation of the Adelaide City Clinic in December 2013 has affected the numbers.

Graphs 1 and 2 compare the number of clients attending over the last 3 financial years. This demonstrates the cyclical nature of the immunisation season and the peak attributed to the yearly flu season.

**GRAPH 1 EHA PUBLIC IMMUNISATION CLINICS
A THREE FINANCIAL YEAR COMPARISON FOR CLIENT ATTENDANCE**

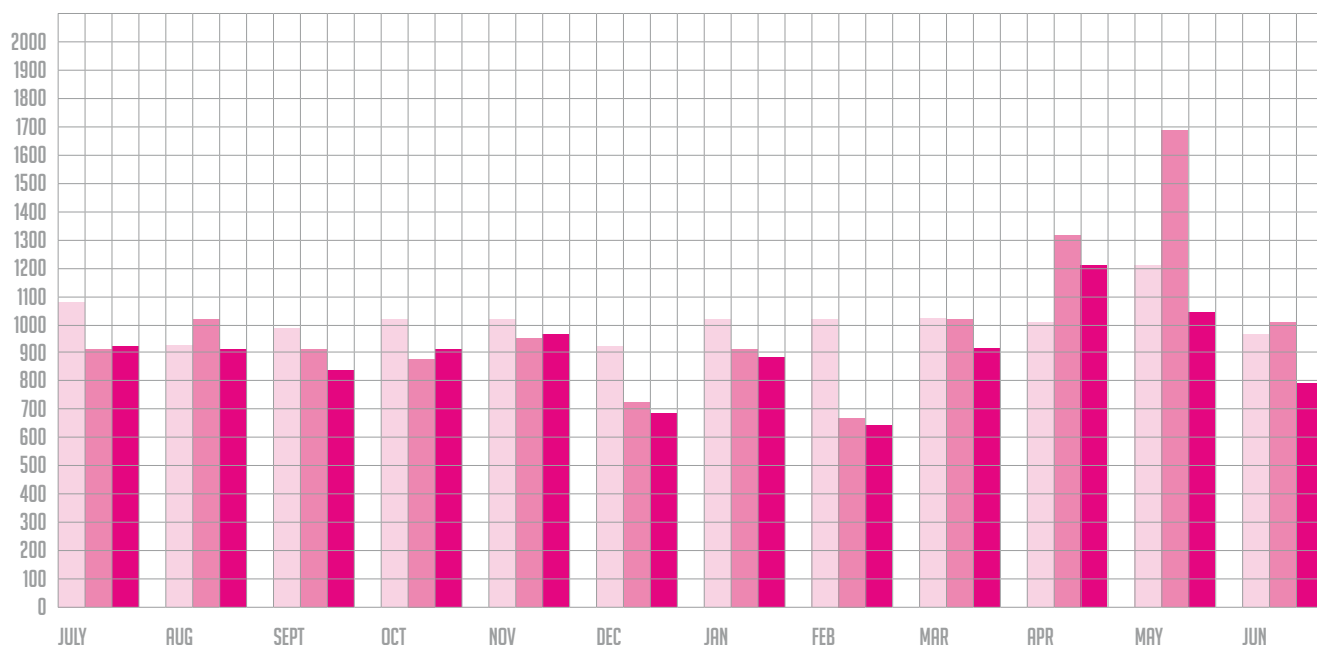


GRAPH 2 A THREE YEAR LINEAR TREND REPRESENTATION OF THE CLIENT ATTENDANCE AT THE IMMUNISATION CLINICS. AN ILLUSTRATION OF THE CONTINUAL DEMAND FOR EHA IMMUNISATION SERVICES



GRAPH 3 A THREE YEAR COMPARISON OF THE NUMBER OF VACCINES DELIVERED AT PUBLIC CLINICS

2011-12 2012-13 2013-14



A total of 11,062 vaccines were administered to our clients, 1,525 vaccines less than the previous year. A drop in client numbers and the introduction of a multi-valent vaccine reduced the number of vaccines given.

The value of the EHA immunisation model is that it provides our residents with a wide variety of accessible venues which cover appointment only, casual drop-in, mornings, late afternoons, evenings and Saturday morning clinics.

Table 5 shows where our residents choose to be vaccinated. It clearly demonstrates our residents utilise the wide range of

options EHA provides. As an example, of the 1,184 Campbelltown residents immunised, 39% chose to attend the Campbelltown clinic while 61% chose to attend other EHA venues.

EHA continues to promote Pertussis prevention in the community through education and immunisation of parents and immediate carers of newborn babies.

Table 6 shows there has been a 32% decrease of Pertussis disease notifications reported to SA Health for EHA council areas when compared to 2011-12.

TABLE 5 THE NUMBER OF CLIENTS PER COUNCIL AREA AND CHOICE OF CLINIC VENUE

WHERE CLIENTS COME FROM (COUNCIL AREA)	NUMBER OF CLIENTS FROM COUNCIL AREA	WHERE CLIENTS ATTEND (CLINIC VENUE BY %)							TOTAL %
		BURNSIDE	CAMPBELLTOWN	NPSP	PROSPECT	WALKERVILLE	ADELAIDE	UNLEY	
Burnside	970	38%	4%	44%	1%	1%	1%	11%	100%
Campbelltown	1,184	4%	39%	50%	1%	2%	0%	4%	100%
NPSP	1,663	5%	4%	85%	1%	2%	0%	3%	100%
Prospect	353	3%	1%	55%	30%	5%	1%	5%	100%
Walkerville	171	3%	2%	61%	8%	22%	0%	4%	100%
Adelaide	122	5%	1%	49%	7%	3%	19%	16%	100%
Unley	788	12%	1%	23%	1%	1%	1%	61%	100%
Other	506	7%	7%	43%	7%	1%	3%	32%	100%
Total Number of Clients	5,757								

TABLE 6 A THREE YEAR COMPARISON OF PERTUSSIS & INFLUENZA VACCINE PREVENTABLE DISEASES REPORTED TO SA HEALTH BY EHA COUNCIL AREAS

COUNCIL AREA	PERTUSSIS			INFLUENZA A		
	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14
Burnside	16	6	8	136	149	193
Campbelltown	25	21	14	224	226	197
NPSP	10	15	6	133	98	119
Prospect	2	4	8	41	8	56
Walkerville	3	6	2	27	41	34
Total	56	52	38	561	522	599

SCHOOL BASED IMMUNISATION PROGRAM

During the 2013 Calendar Year School Based Immunisation Program (SBIP), a total of 14,331 vaccines were administered to Year 8 and 9 students. Table 7 below compares the vaccine types delivered for the SBIP for 2012 and 2013 for each Council area. The vaccinations were provided through 101 school sessions at 27 schools and involved:

- Year 8 male and female students receiving two doses of Hepatitis B vaccine
- Year 8 male and female students receiving one dose of Varicella (chicken pox) vaccine
- Year 8 female students receiving three doses of Human Papillomavirus (HPV) vaccine
- Year 9 male and female students receiving one dose of Diphtheria-Tetanus-Pertussis (dTpa) vaccine
- Year 9 male students receiving three doses of HPV vaccine.

Graph 4 demonstrates a 17% increase in the vaccines administered for the 2013 ongoing SBIP compared to the previous year. This significant increase can be attributed to the Year 9 boys participating in the HPV catch up program.

GRAPH 4 A THREE YEAR COMPARISON OF TOTAL VACCINES ADMINISTERED AT SBIP

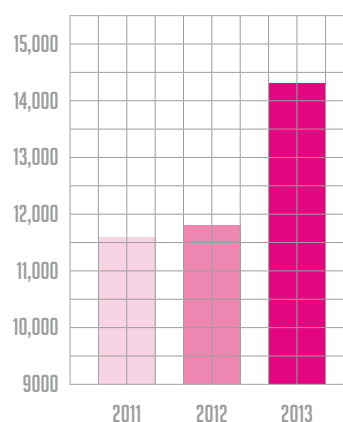


TABLE 7 A TWO YEAR COMPARISON OF VACCINE TYPES ADMINISTERED FOR THE 2012-13 SBIP

COUNCIL AREA	HEP B		VZV		HPV		DTPA		TOTAL	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Adelaide	1,204	1,050	395	341	1,187	2,012	647	647	3,433	4,050
Burnside	802	582	210	191	848	1,398	505	522	2,365	2,693
Campbelltown	833	714	280	234	590	1,309	427	441	2,130	2,698
NPSP	884	684	255	180	724	1,430	459	491	2,322	2,785
Prospect	217	208	75	90	40	418	142	148	474	864
Unley	266	254	66	49	330	482	172	163	834	948
Walkerville	78	62	20	20	139	158	64	53	301	293
Total	4,284	3,554	1,301	1,105	3,858	7,207	2,416	2,465	11,859	14,331

WORKSITE IMMUNISATION PROGRAM

A total of 4,138 vaccines were provided at 106 worksites during 2013-14 (Table 8). This was a 14% decrease when compared to the previous year. The decrease was in part a result of EHA no longer providing services to the staff of high schools within Adelaide City.

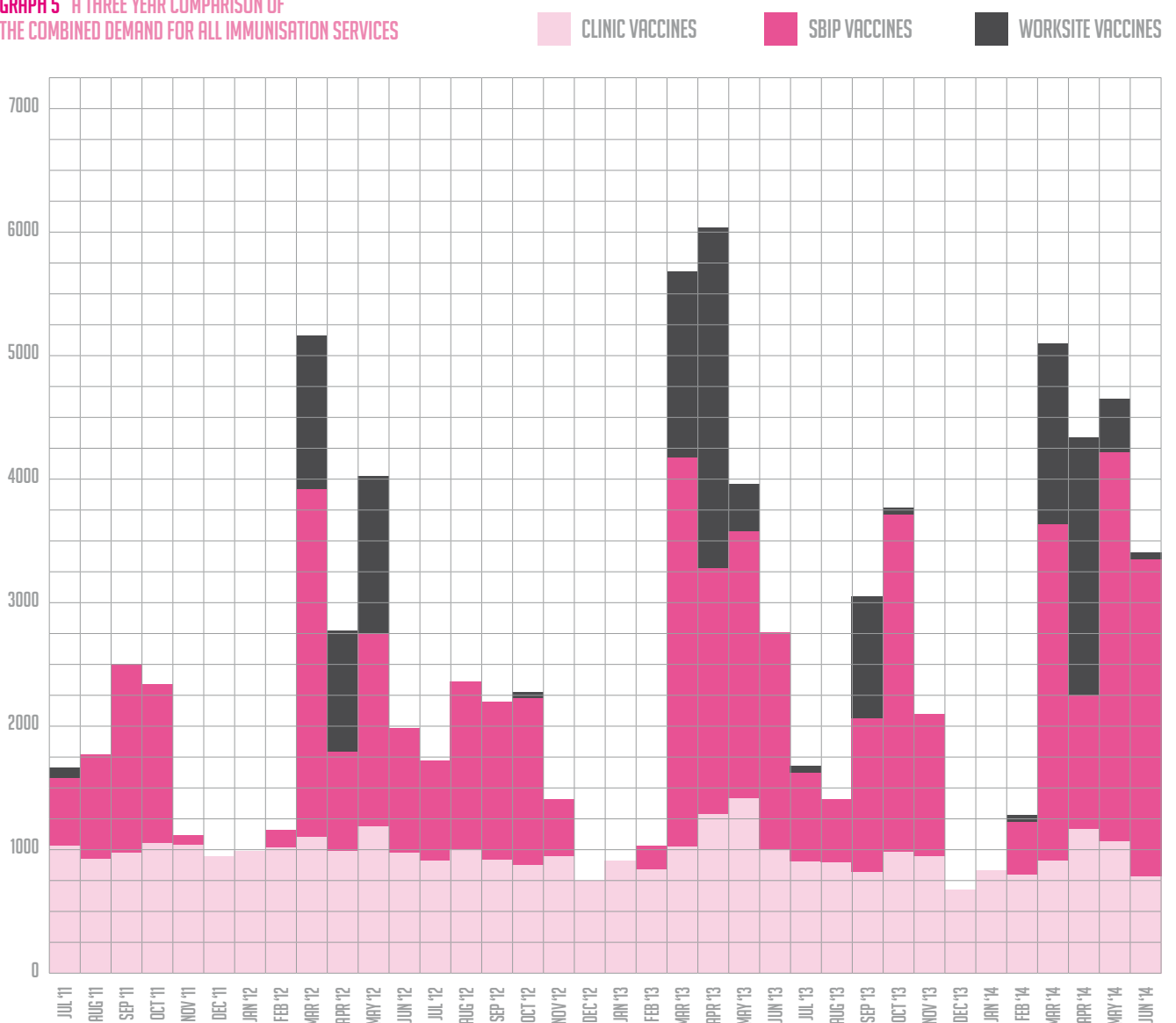
Graph 5 demonstrates the combined demand for all immunisation services (public clinics, SBIP and worksite programs) over a three year period.

The sharp peaks in demand occur when the general public and worksites require seasonal influenza vaccination during March, April and May of each year.

TABLE 8 A THREE YEAR COMPARISON OF THE TOTAL NUMBER OF VACCINES ADMINISTERED AT WORKSITES

VACCINE TYPE	2011-12	2012-13	2013-14
Influenza	4,289	4,679	4,019
Hepatitis A	2	0	15
Hepatitis B	2	34	1
Hepatitis A & B	6	23	74
dTpa	17	32	29
Total	4,316	4,768	4,138

GRAPH 5 A THREE YEAR COMPARISON OF THE COMBINED DEMAND FOR ALL IMMUNISATION SERVICES



PUBLIC AND ENVIRONMENTAL HEALTH



“ENVIRONMENTAL HEALTH ADDRESSES ALL THE PHYSICAL, CHEMICAL, AND BIOLOGICAL FACTORS EXTERNAL TO A PERSON, AND ALL THE RELATED FACTORS IMPACTING BEHAVIOURS.

IT ENCOMPASSES THE ASSESSMENT AND CONTROL OF THOSE ENVIRONMENTAL FACTORS THAT CAN POTENTIALLY AFFECT HEALTH.

IT IS TARGETED TOWARDS PREVENTING DISEASE AND CREATING HEALTH-SUPPORTIVE ENVIRONMENTS.

THIS DEFINITION EXCLUDES BEHAVIOUR NOT RELATED TO ENVIRONMENT, AS WELL AS BEHAVIOUR RELATED TO THE SOCIAL AND CULTURAL ENVIRONMENT, AND GENETICS.”

World Health Organisation (WHO), 2012

The world is changing and public health issues are evolving as our societies diversify. The *South Australian Public Health Act 2011* aims to provide a modernised flexible legislative framework to respond to both traditional and contemporary public health issues.

COMPLAINTS AND REFERRALS

EHA received 292 complaints/referrals from the public or State Government agencies. As outlined in Table 9 the total number received during the year represents a 34% increase when compared to 2012-13. The numbers are more comparable (within 4%) with the 2011-12 reporting period.

As shown in Table 9, the increase in the total number of public health complaints received was attributed to the increase in the sanitation, air quality and hazardous waste complaints.

A total of 30 air quality complaints 17 more than the previous year required investigation. As shown in Graph 6, the most common reasons for complaints related to chemical fumes, from activities such as spray painting, operating generators, pest control and painting and smoke arising from the operation of wood heaters.

Whilst the number of hazardous waste complaints significantly increased during 2013-14, the number was comparable to 2011-12 reporting period (Table 9). As shown in Table 10, hazardous waste complaints related to the collection of syringes, asbestos and the identification of clandestine drug laboratories.

Seventeen animal keeping complaints required investigation during the 2013-14 period, an increase compared to last year: Ten of these complaints were related to odours, and seven involved the feeding of pigeons and feral cats. All complaints investigated were nuisance related with no direct risk to public health. Letters regarding animal keeping practices and odour prevention were distributed to educate residents and follow up inspections were conducted as necessary.

TABLE 9 A THREE YEAR COMPARISON OF THE TYPE OF PUBLIC HEALTH COMPLAINTS RECEIVED

	2011-12	2012-13	2013-14
Animal Keeping	8	11	17
Notifiable Disease	28	29	29
Sanitation	50	45	73
Vector Control	133	97	105
Waste Control	4	0	0
Air Quality	16	13	30
Water Quality	19	17	18
Hazardous Substances	13	2	12
Other	10	6	8
Total	281	220	292

GRAPH 6 A GRAPH ILLUSTRATING THE TYPES OF AIR QUALITY COMPLAINTS RECEIVED DURING 2013-14

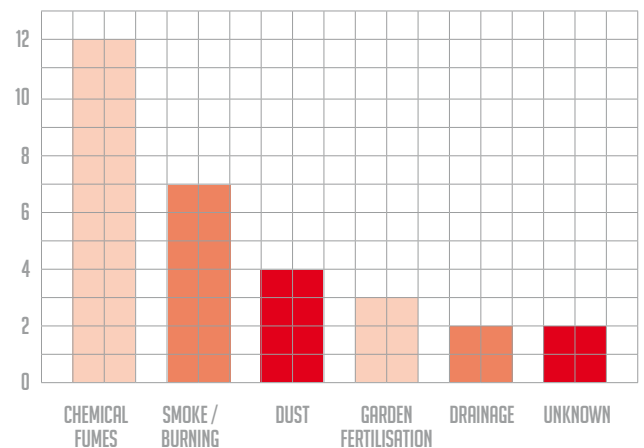


TABLE 10 A THREE YEAR COMPARISON OF THE TYPES OF HAZARDOUS WASTE COMPLAINTS RECEIVED

TYPE OF COMPLAINTS	2011-12	2012-13	2013-14
Asbestos	3	0	6
Clandestine Lab	3	1	4
Collection of Syringes	7	1	2

TABLE 11 A THREE YEAR COMPARISON OF THE NUMBER OF REPORTED NOTIFIABLE DISEASES

TYPE OF COMPLAINTS	2011-12	2012-13	2013-14
Campylobacter	145	199	188
Salmonella	70	70	110
Legionellosis	5	3	4
Cryptosporidiosis	9	8	27
Hepatitis A	0	0	0
Rotavirus	18	36	27

The SA Public Health Act 2011 prescribe a list of diseases that are notifiable to SA Health Communicable Disease Control Branch (CDCB) (Table 11). Notification of these diseases allow for surveillance and investigation to be undertaken to protect the community from the risk of infectious diseases.

Campylobacter and Salmonella remain the most frequently reported food borne disease. The reporting period saw an increase in the number of confirmed cases of Salmonella compared to the previous year (Table 11). This increase is consistent with a State wide increase in Salmonella notifications. SA Health reported that the increase is believed to have been associated with foods containing raw or partially cooked eggs such as aioli, mayonnaise, custards, cheesecake and mousse. Due to the risks involved, EHA has and continues to pay particular focus on the safe food handling of raw egg-based foods.

Routine surveillance and investigation of sporadic cases of disease by CDCB allows for the identification of clusters and outbreaks to be further investigated. During the year CDCB requested EHA to investigate two cases of Campylobacter and one case of Salmonella during the year.

Following a school camp two students were confirmed with Campylobacter. The camp was co-ordinated by an outdoor adventure company. Due to the location of the camp a thorough review of the food safety processes and procedures was undertaken at the company's head office. Authorised Officers established food had been transported from the head office to the various camp sites, where food was prepared and served at outdoor kitchens. The kitchen facility and dining areas are easily accessed by wildlife and could potentially contaminate food and food contact surfaces. A regional Council was contacted and an inspection of the outdoor camp kitchen was undertaken and the facilities were found to be suitable. Recommendations to implement a Food Safety Plan was made to the outdoor adventure company, to maintain temperature records, ensure thorough sanitising of food contact surfaces and ensure all students wash their hands after being in contact with animals.

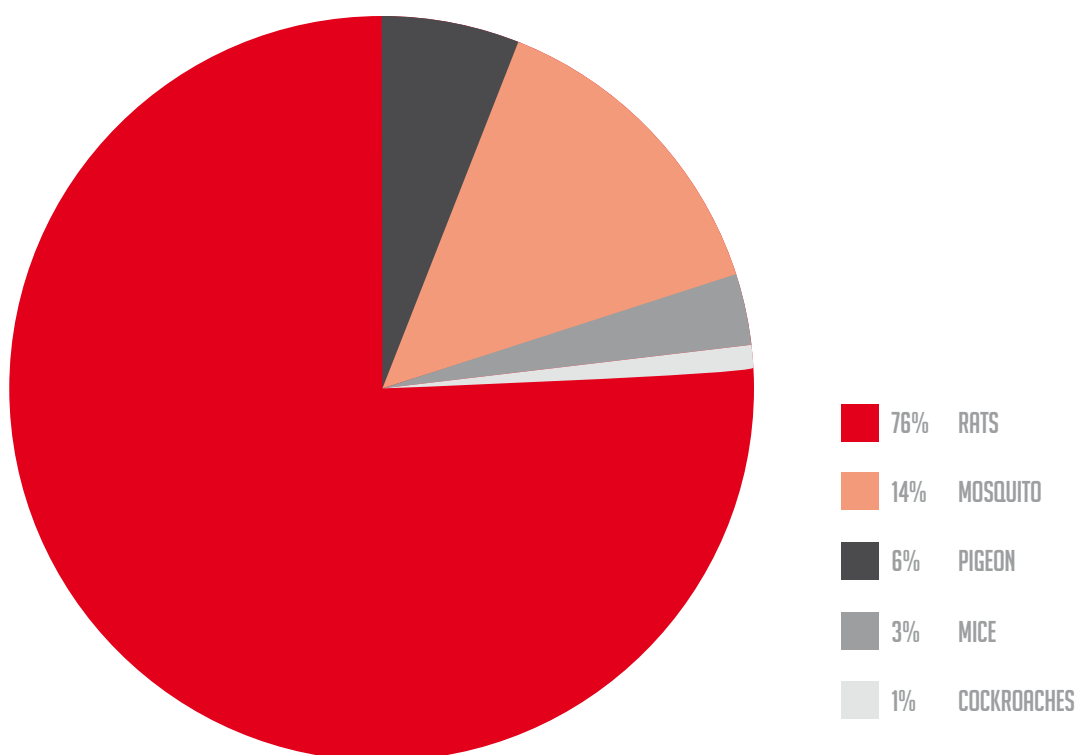
A reported case of Salmonella involving the keeping of chickens at a child care centre was received. A review of the hand washing procedures following contact with the animals was discussed and educational material was provided to the facility. No other cases were received.

There was a significant increase in the number of *Cryptosporidiosis* notifications when compared to the previous two years. The specific source where the transmission of infection may have occurred was not identified within our Constituent Councils. Subsequently, there were no requests by CDCB to investigate these notifications.

As represented in Table 9, there was an increased number of sanitation complaints received. A high proportion of sanitation complaints (44%) related to overgrown vegetation and accumulation of materials and did not constitute "harm to health" under the new SA Public Health Act 2011. However, a total of 30 sanitation complaints resulting from hoarding and squalor or other activities within residential homes that could potentially jeopardise the safety of the public warranted further investigation.



GRAPH 7 A GRAPH ILLUSTRATING THE PROPORTION OF THE TYPES OF VECTOR CONTROL COMPLAINTS RECEIVED



Prior to the introduction of the *SA Public Health Act 2011* and associated guidelines, limited resources and assistance was available to Authorised Officers to encourage voluntary action to remove an insanitary condition. This resulted in notices issued and action on default on properties and failing to address the underlying cause.

The introduction of the *Foot in a Door - Stepping towards solutions to resolve incidents of severe domestic squalor in South Australia* guidelines recognises the importance of taking a holistic approach when resolving cases of severe domestic squalor, including addressing the underlying cause rather than just the symptom (the squalor).

These guidelines aim to support local government EHOs to understand, assess and manage cases of severe domestic squalor in South Australia. Furthermore, the guidelines recognise a multidisciplinary approach that focuses on early intervention, treatment and relapse prevention.

The assessment tool to determine a breach of General Duty, section 52 under *SA Public Health Act 2011* and the guidelines have allowed for a consistent approach to the consideration, administration and enforcement of the *SA Public Health Act, 2011*.

EHA has been a leader for the Eastern Region and established the Eastern Hoarding and Squalor Group in July 2013. The purpose of the group is to provide a collaborative forum for EHOs from EHA, City of Tea Tree Gully, Adelaide Hills Council, City of Unley and Adelaide City Council to discuss squalor

and hoarding complaints along with government and non government agencies. The legislative changes and guidelines have allowed the group to achieve some great outcomes.

The group met eight times in 2013-14 which resulted in assistance and services from various group members on six occasions within EHA's jurisdiction involving hoarding and squalor. The agencies involved have worked collaboratively with EHOs to encourage owners or tenants to initiate and or entirely remove the accumulation of items and in some instances remove the squalor conditions. This allows for 'normal' activities such as cooking, bathing and sleeping within the home.

A total of 105 vector complaints were received during the year, 76% of these complaints related to rodent activity (Table 9). Overgrown vegetation, accumulated refuse or poor poultry keeping was the common cause for rodent complaints, (Graph 7).

During investigations where EHOs do not have substantial evidence to identify the primary source of harbourage, information is issued to neighbouring homes. The letters have been effective in notifying neighbouring residents of potential issues and on occasions residents have contacted EHA to obtain further advice on vector management.

To assist with rodent populations, EHA provided 1,337 free rodent bait samples to ratepayers and residents within the five Constituent Councils.

MONITORING AND SURVEILLANCE

Cooling Towers and Warm Water Systems

A total of 61 high-risk manufactured water systems (HRMWS) were registered at 31 sites within EHA. This represents a 25% decrease when compared to 2012-13 (Table 12). The decrease can be attributed to the conversion of warm water systems to hot water systems, which minimises the risk of *Legionella*. As a result these systems were no longer classified as HRMWS under the new SA Public Health (*Legionella*) Regulations 2013.

During the year, 32 cooling towers and 25 warm water systems were inspected at 31 sites, with one follow-up inspection required due to inadequate staff training and missing documentation. Samples taken during routine testing resulted in 24 high counts of *Legionella* representing a 49% decrease compared to the previous year. The significant decline in the number of notifications is due to a large reduction in high counts from one facility. This facility's system is now continuously dosed with a low level of chlorine.

In response to high count notifications, the responsible persons were contacted and immediate action taken to shut down and decontaminate the systems. Retesting was carried out to ensure decontamination was successful.

EHA received four *Legionella* disease notifications from SA Health, implicating three cooling tower sites and a residential warm water system. The number of notifications was comparable the previous year (Table 12). Authorised Officers conducted onsite or desktop investigations which included taking samples from the hot water systems and cooling towers and providing decontamination advice. No samples returned positive results for *Legionella*.

Personal Grooming, Body Art and Health Care

During the year, routine inspections of 13 acupuncturists and five tattooists were undertaken. The procedural knowledge and standard of cleanliness was consistently satisfactory. A common non-compliance of using material towels for hand drying was identified. Recommendations were provided to business owners regarding the use of single use paper towel. One tattooist required a follow up inspection for not providing a designated hand washing facility and failing to provide calibration records of the autoclave.

Three complaints involving a barber shop and two hairdressing salons were received during the year. All complaints were investigated and where required proprietors were educated on safe personal hygiene practices and provided with a copy of the relevant guidelines. The majority of issues were immediately rectified during the investigation and no follow up inspections were required.

Waste Control Systems

Since July 2013, EHA has received and assessed two new waste control system applications. Both systems were Aerobic Wastewater Systems and included a mandatory engineers report as required by the new SA Public Health Act (*Wastewater*) Regulations 2013. EHA continues to receive quarterly service reports of Aerobic Waste Treatment Systems by qualified technicians. No complaints were received during the year.

TABLE 12 A THREE YEAR COMPARISON OF THE NUMBER OR REGISTERED HIGH RISK MANUFACTURED WATER SYSTEMS AND THE NUMBER OF ROUTINE AND FOLLOW-UP INSPECTIONS UNDERTAKEN AND LEGIONELLA HIGH COUNT TEST RESULTS

	2011-12	2012-13	2013-14
Number of Sites	53	49	31
HRMWS Registered	96	81	61
Number of inspections (sites)	32	29	31
Number of Follow-ups	10	4	1
High Count test results	20	47	24
Warnings	0	0	2
Legionella disease Notifications from CDCB	3	5	4

Public Swimming Pools and Spas

Authorised Officers inspected all swimming pools, spa pools and hydrotherapy pools on two occasions located at 29 sites (Table 13). The facilities were assessed biannually against the standards prescribed in the *Public Health (General) Regulations 2013*. A total of ten swimming and spa pools located at eight sites required a follow up inspection. The reasons for follow-ups included inappropriate disinfection levels and insufficient record keeping.

The introduction of new *SA Public Health Act 2011* and associated Regulations have provided Authorised Officers with an improved ability to take necessary legal action, where the operator fails to comply with the Regulations. Legal action was taken against three sites for non-compliance with *SA Public Health (General) Regulations 2013* consisting of three Warning Letters and three Compliance Notices.

One operator of an indoor swimming pool failed to maintain the pool water within parameters prescribed by the Regulations. Maintenance staff failed to monitor the levels of disinfecting agent feeding the plant equipment and the pool operator confirmed staff were falsifying the manual testing records.

Other non-compliances were identified including unclean change rooms and steam areas and pool operators with insufficient skills and knowledge. An Emergency Notice under Section 92 (6) of the *SA Public Health Act 2011*

was issued instructing the facility to immediately close as there was an immediate risk to public health. A follow up inspection was conducted and all issues were rectified, allowing the pool to reopen for public use.

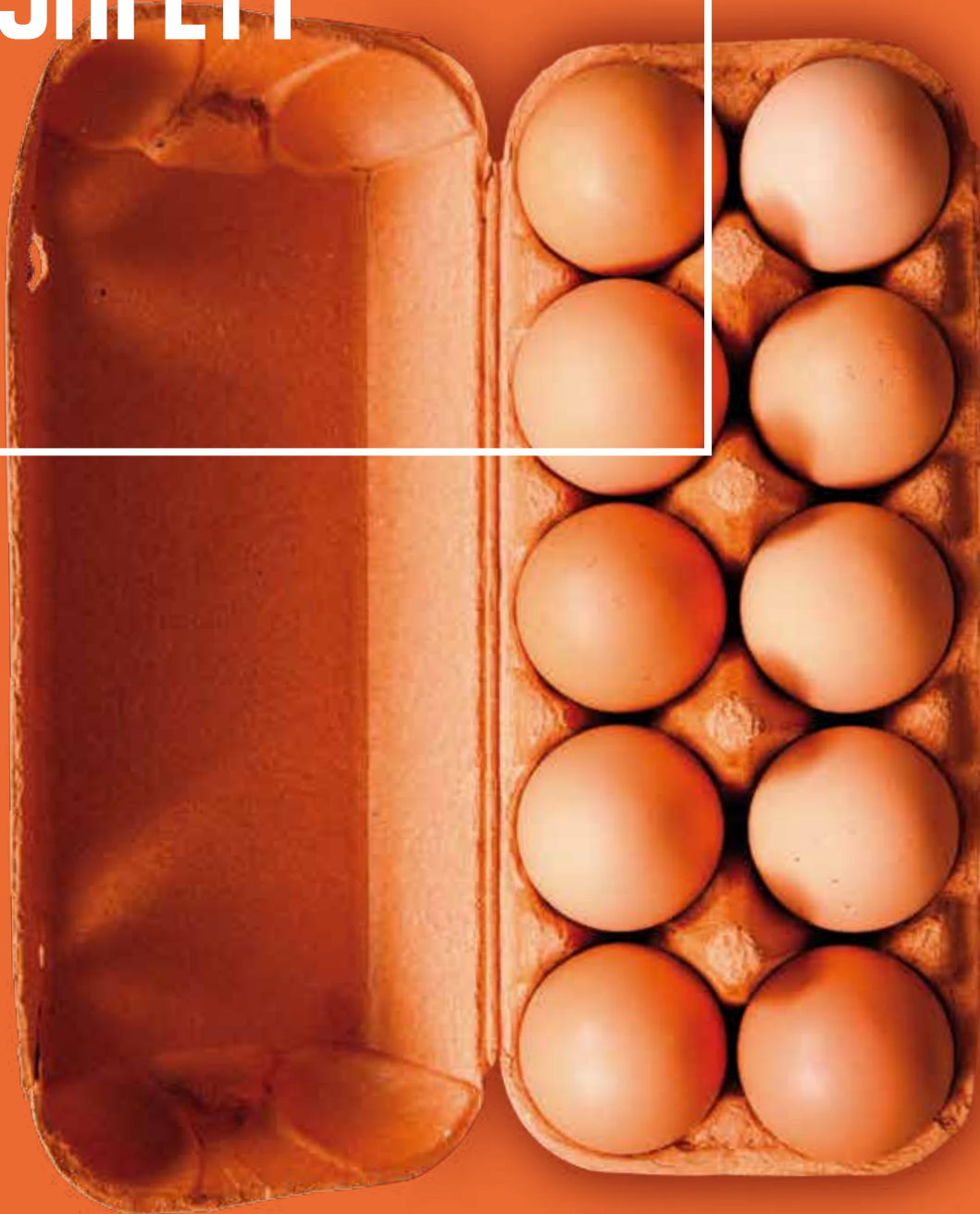
One complaint was received involving inadequate ablutions at an indoor swimming pool facility. An inspection confirmed that change rooms and steam areas of the facility were mouldy, unclean and in a poor state of repair. Low disinfection levels and insufficient record keeping was also discovered. Because of the serious nature of the non-compliances, a Compliance Notice was issued under the *SA Public Health (General) Regulations 2013*. The operator was instructed to close the pool to the public and undertake the necessary repairs and cleaning. The pool was reopened for public use after the issues were rectified.

TABLE 13 A THREE YEAR COMPARISON OF THE NUMBER OF ROUTINE AND FOLLOW-UP INSPECTIONS CONDUCTED AT SWIMMING, SPA AND HYDROTHERAPY POOLS, AND THE NUMBER OF CRYPTOSPORIDIOSIS NOTIFICATIONS RECEIVED

	2011-12	2012-13	2013-14
Inspections	58 (31 sites)	44 (29 sites)	58 (29 sites)
Follow-ups	11	10	16
Complaints	2	4	1
<i>Cryptosporidiosis</i> Complaints	2	1	0



FOOD SAFETY



FOOD SAFETY INSPECTIONS, COMPLAINTS, AUDITS AND ENFORCEMENT

EHA administers the *Food Act 2001* in conjunction with the Food Safety Standards to protect the public from food borne illness and associated risks. Illnesses caused by the sale and consumption of unsafe food are preventable through education, regulation and intervention from Environmental Health Officers (EHOs) during regular inspections and audits. Consumers have the right to expect the food they eat is protected from microbiological contamination, free from foreign matter and is not subjected to poor food handling practices. As a regulator of food hygiene and safety, EHA is committed to ensuring that proper food safety standards are applied through appropriate surveillance and enforcement.

FOOD SAFETY INSPECTIONS

As at 30 June 2014, a total of 1,208 known food premises were operating within EHA's jurisdiction. Takeaway, cafes, and restaurants are the predominant types of food businesses.

A total of 1,426 inspections of food premises were conducted during the year. Of the total number of inspections 780 (54.7%) were routine and 555 (39%) were follow-ups (Table 14).

EHA's philosophy is to conduct thorough routine inspections and follow-up inspections to ensure non-compliances are rectified and appropriate food safety standards are maintained. The percentage of businesses requiring follow-ups was comparable with the previous two years (Table 15).

During the year SA Health released the new Primary Production Standards, Standard 4.2.1 Primary Production & Processing Standard for Seafood and Standard 4.2.2 & 4.2.3 – RTE Poultry and Meat. The introduction of the new Standards required EHA to review all food businesses that process and wholesale seafood and bivalve molluscs. The ongoing identification and monitoring program for food businesses that may process vacuum packed ready-to-eat meat and poultry products also commenced.

All seafood retailers and wholesalers were inspected and the assessment tool was completed. Following the inspections one seafood retailer was required to implement a food safety program under the new Standard 4.2.1. Five seafood businesses will be subject to a 'heightened inspection', targeting any additional risks that have been identified for monitoring, such as traceability.

Authorised Officers commenced and will continue to review the processing of vacuum packed ready-to-eat meat and poultry products during routine inspections and complaint investigations. At present, two food businesses require the implementation of food safety controls and food safety management systems.

GRAPH 8 A THREE YEAR COMPARISON OF THE NUMBER OF FOOD BUSINESSES OPERATING SHOWS A CONTINUAL UPWARD TREND IN NUMBERS

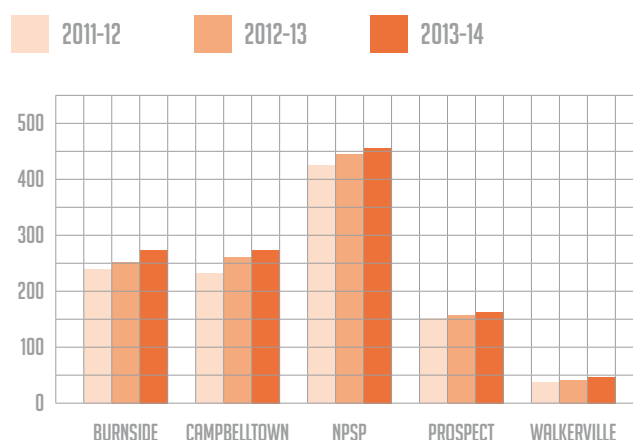


TABLE 14 A THREE YEAR COMPARISON OF THE NUMBER OF ROUTINE, FOLLOW-UP AND FIT-OUT INSPECTIONS UNDERTAKEN AND COMPLAINTS RECEIVED

TYPE OF INSPECTION	2011-12	2012-13	2013-14
Routine	840	675	780
Follow up	556	428	555
Complaint	88	83	82
Pre-opening/Fit-out	26	21	9
Total	1,510	1,207	1,426

TABLE 15 A THREE YEAR COMPARISON OF THE NUMBER OF BUSINESSES REQUIRING FOLLOW-UP INSPECTIONS

BUSINESSES REQUIRING FOLLOW-UPS	2011-12	2012-13	2013-14
Number of businesses requiring follow-up inspections	376	348	398
% of businesses requiring follow-up inspections	48%	52%	51%

FOOD SAFETY AUDITS

Food businesses serving food to vulnerable populations, such as hospitals, aged care, childcare and delivered meals organisations are captured under Food Safety Standard 3.2.1, which requires the implementation of an audited food safety program (FSP).

As shown in Table 16, a total of 52 scheduled food safety audits and eight follow-up audits were conducted within EHA's jurisdiction during the year. A total of 42 food businesses were audited in other council areas.

In addition to a scheduled audit, the food businesses within EHA's jurisdiction undergo an unannounced food inspection. These unannounced routine inspections along with Auditors' constructive feedback and guidance to assist in further improving FSP's, most likely have contributed to the decrease in the number of follow-up audits required (Table 16).

ENFORCEMENT

EHA recognises the benefits of Authorised Officers routinely providing advice on compliance to food businesses. This advice relates to principles of food safety and explaining the benefits of compliance or the purpose of the law. Verbal advice is also given through EHA's food safety training seminars, which are in their sixth year of operation.

Despite this educative approach, repeated non compliance observed has resulted in an increase in legal action, which may take the form of written warnings, Improvement Notices, Prohibition Orders, Expiations or Prosecutions. EHA's enforcement policy allows for a graduated and a proportionate response to be applied to breaches of standards as shown in Graph 9. The vast majority of the businesses issued with a prohibition order, expiated or prosecuted have had significant histories of non-compliance.

Improvement Notices accounted for the majority of enforcement action taken with a total of 138 Improvement Notices issued to 94 food businesses during the year. A total of 34 food businesses received more than one Improvement Notice and in some cases four Notices. The issuing of more than one Notice to a food business is a result of multiple Notices issued with varying due dates proportionate to the type of compliance required and food businesses with an inspection frequency of three or six months, continuing to fail to comply with the Food Safety Standards.

As shown in Table 17 and Graph 9, there was a 126% increase in the total number of Improvement Notices issued when compared to 2012-13. The number of businesses issued with an Improvement Notice increased from 7% to 12% when compared to 2012-13.

The common reasons for enforcement activity were comparable with previous years. The reasons included food storage and processing, cleanliness, cleaning and sanitising of food contact surfaces, fixtures, fittings and equipment not fit for their intended use, and health and hygiene of food handlers.

TABLE 16 A THREE YEAR COMPARISON OF THE NUMBER OF AUDITS AND FOLLOW-UP AUDITS CONDUCTED IN OUR FIVE CONSTITUENT COUNCILS AND OTHER COUNCIL AREAS

	2011-12		2012-13		2013-14	
	EHA	Other Council Areas	EHA	Other Council Areas	EHA	Other Council Areas
No. of Audits	50	39	48	20	52	42
No. of Follow-up Audits	15	7	15	3	8	2

GRAPH 9 A GRAPH ILLUSTRATING THE GRADUATED RESPONSE TO ENFORCEMENT UNDER THE FOOD ACT 2001 DURING 2013-14

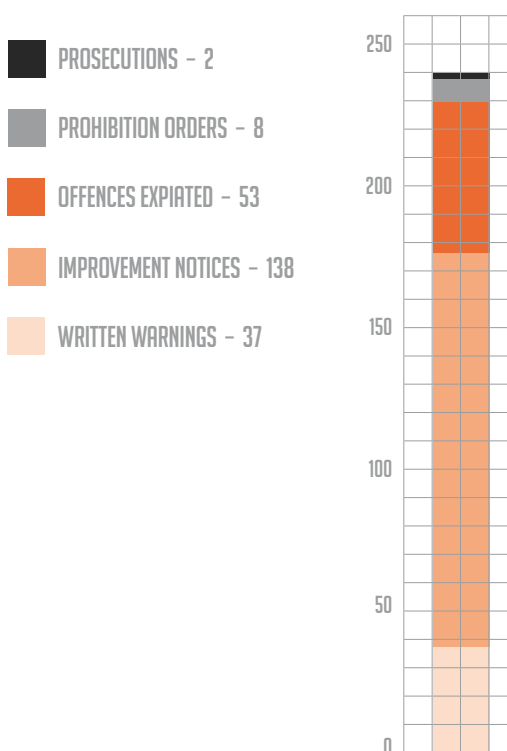


TABLE 17 A THREE YEAR COMPARISON OF THE PERCENTAGE OF NUMBER OF IMPROVEMENT NOTICES ISSUED BASED ON THE NUMBER OF ROUTINE INSPECTIONS

	2011-12	2012-13	2013-14
Routine Inspections	840	675	780
Total number of Improvement Notices Issued	67	61	138
Number of businesses issued with Improvement Notices	38	47	94
% of businesses requiring Improvement Notices	4.5%	7%	12%

GRAPH 10 A THREE YEAR COMPARISON OF THE NUMBER OF IMPROVEMENT NOTICES ISSUED

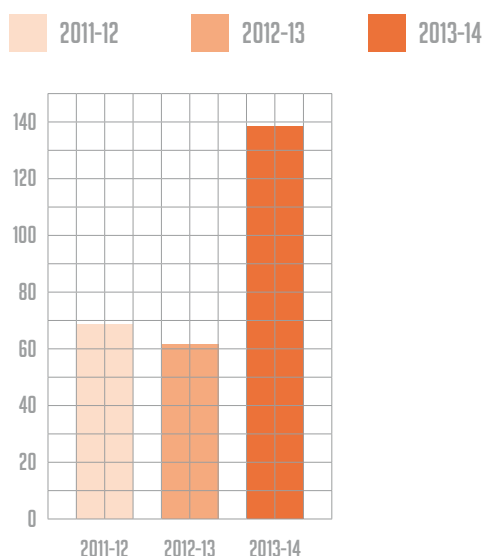


TABLE 18 A THREE YEAR COMPARISON OF THE NUMBER OF EXPIATION NOTICES ISSUED, TOTAL NUMBER OF EXPIABLE OFFENCES AND EXPIABLE INCOME RECEIVED

	2011-12	2012-13	2013-14
Total number of Expiation Notices issued	12	25	27
Total number of Expiable Offences	10	37	53
Total amount	\$23,300	\$74,050	\$101,000

TABLE 19 A THREE YEAR COMPARISON OF THE PERCENTAGE OF NUMBER OF EXPIATION NOTICES ISSUED BASED ON THE NUMBER OF ROUTINE INSPECTIONS AND NON-COMPLIANCE WITH IMPROVEMENT NOTICES

	2011-12	2012-13	2013-14
Routine Inspections	840	675	780
Number of businesses issued with Expiation Notices	12	20	27
Expiation Notices as % of inspections	1.4%	2.9%	3.5%

A total of 27 Expiation Notices accounting for 53 offences were issued during 2013-14 (Table 18). This is a 64% increase when compared to 2012-13. It should be noted that only 3.5% of routine inspections resulted in Expiation Notices issued (Table 18). Six Expiation Notices were a result of food businesses failing to comply with an Improvement Notice (Table 18).

Table 20 provides a comparison of the number of Offences expiable for breaches of the *Food Act 2001* over the past three years. As shown in Table 20, a poor standard of cleanliness was the most common expiable offence during 2013-14 and the previous year. There was an increase in the number of expiable offences relating to unsafe storage and processing of food, food sold past its use-by date, health and hygiene of food handlers and failure to comply with an Improvement Notice.

TABLE 20 A THREE YEAR COMPARISON OF THE TYPES OF EXPIATION OFFENCES ISSUED FOR BREACHES UNDER THE FOOD ACT 2001

OFFENCE TYPE	2011-12	2012-13	2013-14
Food past its Use by date	0	1	3
Skills and knowledge	0	1	0
Food storage	3	4	10
Food processing	1	0	3
Food display	1	1	1
Health and hygiene of food handlers	1	2	4
General duties of food business	0	1	0
Cleanliness	1	20	23
Cleaning and sanitising	2	1	1
Maintenance	0	1	0
Animals and pests	1	1	2
Storage of garbage	0	1	0
Failure to comply with an Improvement Notice	0	3	6
Total	10	37	53

Serious offences relating to poor standards of cleanliness, storage and significant vermin and cockroach activity (Graph 11) were common grounds for issuing Prohibition Orders to one bakery, four restaurants and three take-away food premises.

Prosecution proceedings were finalised against proprietors of a take-away/manufacturer known as Cherry Blossom Sushi Bar and Imperial Peking restaurant. Cherry Blossom Sushi Bar pleaded guilty to 44 offences, and proprietors Mustwin Investments Pty Ltd and individuals Guan and Huang for Imperial Peking restaurant pleaded guilty to 31 counts of breaching the Food Standards Code.

COMPLAINTS

As shown in Table 11, EHA received a total of 117 food complaints during 2013-14, with 30% of these complaints proven to be justified. The small percentage of justified complaints may be attributed to the limited evidence provided by the complainant, varied potential sources and the difficulty of observing poor food handling practices due to Authorised Officer presence.

Alleged food poisoning accounted for the significant proportion (29%) of food complaints received during 2013-14. Following investigations, none of these complaints could be definitively related to any food poisoning outbreaks or to food premises of concern.

As shown in Table 21, there was an increase in the number of alleged food complaints relating to unsafe or unsuitable food due to microbial contamination and/or growth. Following the investigation of these complaints 33% confirmed evidence of contamination and where necessary appropriate legal action was taken.

TABLE 21 A THREE YEAR COMPARISON OF THE NUMBER OF FOOD COMPLAINTS RECEIVED

	2011-12	2012-13	2013-14
Number of food complaints	103	117	117
Number of food complaints justified	55	38	35
% of justified complaints	53%	32%	30%

GRAPH 11 A GRAPH ILLUSTRATING THE REASONS FOR THE SERVICE OF PROHIBITION ORDERS (NOTE EACH ORDER MAY RELATE TO MULTIPLE ISSUES)

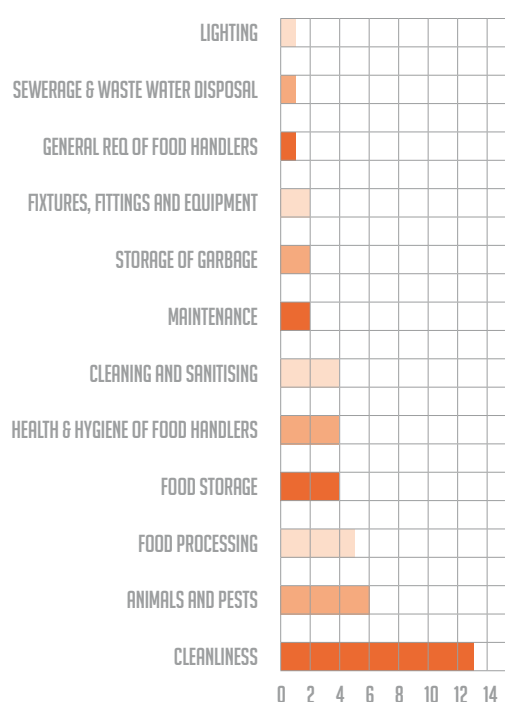


TABLE 22 A THREE YEAR COMPARISON OF THE NUMBER OF FOOD COMPLAINTS RECEIVED AND THE NUMBER OF COMPLAINTS JUSTIFIED FOLLOWING AN INVESTIGATION DURING 2013-14

TYPE OF COMPLAINTS RECEIVED	TOTAL NUMBER OF COMPLAINTS RECEIVED			NUMBER OF COMPLAINTS JUSTIFIED/CONFIRMED
	2011-12	2012-13	2013-14	2013-14
Food unsuitable/unsafe due to foreign matter	14	16	13	2
Food unsuitable/unsafe due to microbial contamination/growth	12	14	21	7
Food unsuitable/unsafe due to presence of unapproved or excessive chemical residues	0	0	0	0
Alleged food poisoning	29	30	34	0
Confirmed food poisoning	8	6	6	6
Unclean premises	1	7	7	4
Poor personal hygiene or poor food handling practices	16	12	13	5
Vermin/insects/pests observed in premises	5	8	3	2
Refuse Storage	6	14	13	5
Labelling issues	1	2	1	1
Other				
- Dog in supermarket	11	8	6	3
- Allergens				
Total	103	117	117	35

EDUCATION AND PROMOTION

Food Training

Preventing Kitchen Nightmares – A Guide to Food Safety Fundamentals continued into its sixth consecutive year providing food handler training to a range of businesses. Four training sessions were conducted with 37 people attending.

Amendments were made to the content of the training program throughout 2013-14, to provide new examples of non-compliance and updated information of food safety hazards, increase participation and allow for the summary of key learning points.

Food Safety Week

Food Safety Week was held between 11–15 November 2013. The theme "Keep It Cool is the Golden Rule", focused on ensuring potentially hazardous food is kept cold and the time food is stored out of temperature control is minimised. SA Health provided an assortment of promotional material, including cooler bags, refrigerator thermometers, freezer blocks, portable soap and notepads.

EHA set up a stall at a local supermarket to distribute the material and promote food safety practices within the home. Authorised Officers discussed basic food safety principles with customers who were unaware of appropriate safe food handling practices and provided educative material. Overall, the Food Safety Week initiative was well received and achieved its aim of educating the community of the importance of keeping potentially hazardous food cold.



HEALTH CARE AND COMMUNITY SERVICES



SUPPORTED RESIDENTIAL FACILITIES (SRFs) PROVIDE ACCOMMODATION TO PEOPLE IN THE COMMUNITY WHO REQUIRE PERSONAL CARE AND SUPPORT.

SRFs are regulated under the *Supported Residential Facilities Act 1992* to ensure adequate standards of care and amenity, and to protect the rights of residents.

A low level of care is provided to residents such as assistance with medication management, personal care, and financial management, as well as supplying meals and accommodation. Residents living in SRFs are vulnerable due to the disability or impairment that is often associated with these clients, including physical, intellectual or psychiatric.

The Minister for Communities and Social Inclusion is responsible for promoting the objectives of the Act, and local councils administer and enforce the Act. EHA is the licensing authority for all SRFs within the Constituent Councils, and continues to act as the licensing authority for SRFs within the City of Unley, under delegated authority.

LICENSING & MONITORING 2013-14

Authorised Officers conducted 30 routine visits during the reporting period. This included re-licensing audits and mid licence inspections. Seven follow up inspections were conducted as a result of non-conformances observed by Authorised Officers during the audits and inspections.

SRFs are audited each year prior to re-licencing. Pre-licence audits are carried out by appointment. An audit tool and

a nutritional assessment form are used during the audit to ascertain compliance with the *Supported Residential Facilities Act 1992*, *Supported Residential Facilities Regulations 2009* and *Supported Residential Facilities Guidelines and Standards 2011*. The Building Fire Safety Committee of each respective council are consulted to ensure the fire safety issues are addressed.

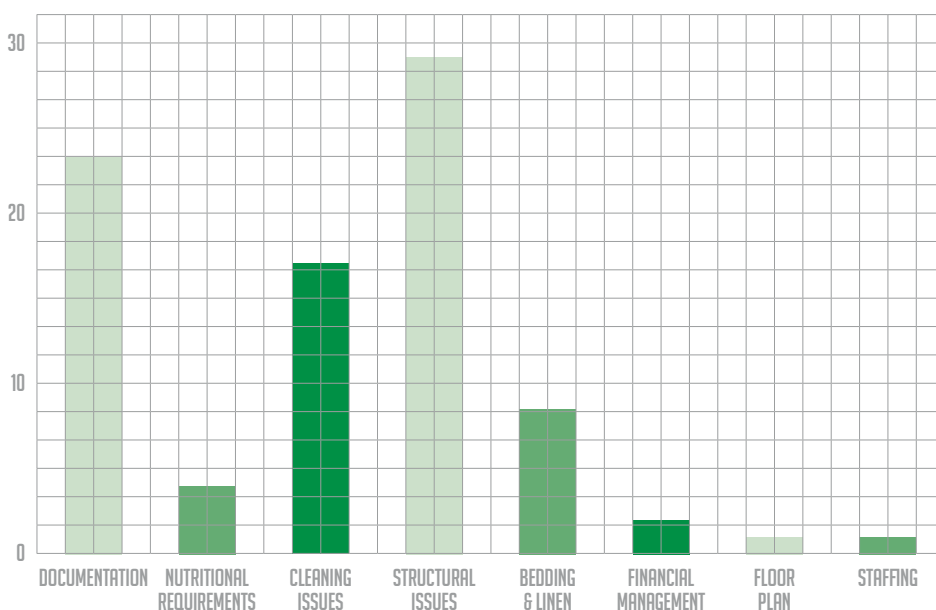
During the re-licensing audits Authorised Officers address a range of issues including:

- Adequacy of documentation and suitability of service plans
- Level of staffing and appropriate qualifications
- Nutritional quality and variety of the food provided to the residents
- Solvency of the business
- Public liability insurance
- Structural condition of the premises
- Financial management
- General amenity and cleanliness of the facility
- Medication management
- Privacy, dignity and respect of residents
- The visitors book of the facility

As shown in Graph 12, structural issues requiring repair, insufficient record keeping and unsatisfactory standards of cleanliness were common non-conformances identified during the audits. The majority of non conformances were rectified prior to re-issuing licences. All outstanding items were included on the licences as conditions.

During the licensing period, 14 SRFs were re-licenced. Twelve facilities were granted a one year licence without conditions. One facility was granted a one year licence with one condition and one facility was granted a five month licence with nine conditions due to financial management and staffing issues.

GRAPH 12 COMMON NON CONFORMANCES IDENTIFIED AT LICENSING AUDITS



LICENCE SURRENDER

During a re-licensing audit Authorised Officers reassessed the suitability of an aging building to operate as an SRF. It was observed that the amenity and suitability of the bedrooms, bathrooms, kitchen and common areas was poor. The standard of maintenance of fixtures, fittings and equipment over several years had severely deteriorated; and the proprietors were unwilling to significantly invest into refurbishing the facility.

The continued deterioration of the facility had been highlighted during previous licence audits and unannounced inspections. The proprietors had implemented minor short term repairs and failed to address the significant upgrade required to the facility.

The proprietors were informed that significant improvements to the structure and management of the facility were required in order to be re-licensed. After consideration, the proprietors advised EHA that they would cease operation on 20 June 2014. All residents were relocated to suitable accommodation by the Department of Communities and Social Inclusion.

TRANSFER OF LICENCE

Officers received two applications for transfer of a SRF licence. The transfers were a formal name change of two facilities. An Authorised Officer reviewed the completed application, supporting documentation and conducted referee checks for both facilities. A recommendation to approve the transfer of both licences was made to the Chief Executive Officer and subsequently granted.

APPROVAL OF MANAGER AND ACTING MANAGER

Four applications for Manager and two applications for acting Manager of a Supported Residential Facility were received over the last 12 months. To ensure the applicant is deemed suitable to fulfil the roles of Acting Manager and Manager; a review of the applicant's Curriculum Vitae and qualifications is undertaken, along with referee checks. The Chief Executive Officer granted approval under delegated authority.

COMPLAINTS AND QUERIES

As shown in Table 23 there has been a steady decline in the number of complaints received over the past three years. The issues of concern during 2013-14 were related to the competency of staff and staffing levels, nutritional adequacy of food served to residents, financial management and the general amenity of the facility.

Authorised Officers received complaints that a facility was not adequately staffed overnight and the food served to residents was inadequate. Several unannounced inspections were conducted at varying times of the day to determine the levels of staffing. On one occasion Authorised Officers visited the facility during the early hours of the morning, confirmed the facility was not staffed overnight and the manager was not fulfilling the minimum requirements of duty at the facility. During the many inspections, it was also observed that the food served to residents was not in accordance with the menu displayed in the facility. As a result of the inspection, three Expiation Notices, consisting of seven offences relating to inadequate management and nutrition requirements, were issued to the proprietors of the facility.

TABLE 23 A THREE YEAR COMPARISON OF THE NUMBER OF SRF COMPLAINTS RECEIVED WITHIN EHA'S FIVE CONSTITUENT COUNCILS AND WITHIN THE CITY OF UNLEY

2011-12	2012-13	2013-14
14	9	5

SUMMARY FINANCIAL STATEMENT

FOR THE YEAR ENDING 30 JUNE 2014



SUMMARY FINANCIAL STATEMENT FOR THE YEAR ENDING 30 JUNE 2014

	2014	2013
Council Contributions	1,556,139	1,469,100
Statutory charges	428,938	146,495
User charges	371,211	398,337
Grants, subsidies and contributions	173,147	149,012
Investment income	18,022	23,729
Reimbursements	7,713	-
Other income	878	8,014
TOTAL INCOME	2,556,048	2,194,687
EXPENSES		
Employee Costs	1,480,853	1,376,265
Materials, contracts & other expenses	827,249	611,432
Depreciation, amortisation & impairment	83,704	106,539
Finance costs	39,545	14,725
TOTAL EXPENSES	2,431,351	2,108,961
OPERATING SURPLUS/(DEFICIT)	124,697	85,726
Asset disposal & fair value adjustments	-	1,187
NET SURPLUS/(DEFICIT)	124,697	86,913
Other Comprehensive Income	-	-
TOTAL COMPREHENSIVE INCOME	124,697	86,913
CURRENT ASSETS		
Cash and cash equivalents	719,815	510,711
Trade and Other Receivables	178,512	172,933
TOTAL CURRENT ASSETS	898,327	683,644
NON-CURRENT ASSETS		
Infrastructure, Property, Plant & Equipment	524,800	598,698
TOTAL NON-CURRENT ASSETS	524,800	598,698
TOTAL ASSETS	1,423,127	1,285,342
CURRENT LIABILITIES		
Trade & Other Payables	181,322	268,749
Borrowings	53,369	50,921
Provisions	251,094	87,673
LIABILITIES RELATING TO NON-CURRENT ASSETS HELD FOR SALE		-
TOTAL CURRENT LIABILITIES	485,785	407,343
NON-CURRENT LIABILITIES		
Borrowings	491,132	544,501
Provisions	43,218	52,203
TOTAL NON-CURRENT LIABILITIES	534,350	596,704
TOTAL LIABILITIES	1,020,135	1,004,047
NET ASSETS	402,992	278,295
EQUITY		
Accumulated Surplus	402,992	278,295
TOTAL EQUITY	402,992	278,295

EASTERN HEALTH AUTHORITY ANNUAL REPORT 2013/2014



local councils working together to protect the health of the community