



**Government
of South Australia**

SA Health

Department for Health and Ageing **2016-17 Annual Report**

Department for Health and Ageing

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To:

Hon Peter Malinauskas M.L.C.
Minister for Health
Minister for Mental Health and Substance Abuse

Hon Zoe Bettison M.P.
Minister for Ageing


This annual report is presented to Parliament to meet the statutory reporting requirements of *Public Sector Act 2009* and the *Public Finance and Audit Act 1987* and meets the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.


Submitted on behalf of the Department for Health and Ageing by:

Vickie Kaminski

Chief Executive



Signature



Date

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Section A: Reporting required under the *Public Sector Act 2009*, the *Public Sector Regulations 2010* and the *Public Finance and Audit Act 1987*

Agency purpose or role

The Department for Health and Ageing (the department) assists the Minister for Health, the Minister for Mental Health and Substance Abuse and the Minister for Ageing to set the policy framework and strategic directions for SA Health. The department supports the delivery of public health services, formulates health and ageing policy and programs, facilitates public and consumer consultation on health issues, and monitors the performance of South Australia's health system by providing timely advice, research and administrative support.

It also has an interface role with central agencies and a policy and regulatory role. The department's role includes direct service provision, developing statewide plans, and commissioning services from Local Health Networks (LHNs) and SA Ambulance Service (SAAS) and other providers.

Objectives

SA Health's key objective is to lead and deliver a comprehensive and sustainable health system that ensures healthier, longer and better lives for all South Australians. In 2016-17, the department committed to delivering a health system that produces positive health outcomes by:

1. providing leadership in reforming our health system, public health services, health and medical research, policy development and planning
2. managing growth and increasing demand on our health system, and providing our patients with the best possible care
3. improving the quality and safety of health care, through the provision of technology and information solutions that deliver better patient outcomes
4. improving mental health care
5. reducing and better managing health conditions and promoting Aboriginal community health and wellbeing
6. focusing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing.

Key strategies and their relationship to SA Government objectives

Key strategy	SA Government objective
<p><i>Objective 1</i></p> <p>Reforming our health system by upgrading hospital infrastructure.</p>	<p>South Australia's Strategic Plan: Our Health Targets: 78. Healthy South Australians 84. Health services standard.</p> <p>Delivering Transforming Health – Our Next Steps.</p>
<p><i>Objective 2</i></p> <p>Implement the Transforming Health services reforms by:</p> <ul style="list-style-type: none"> • developing the governance and statewide networks to lead, support and sponsor the implementation of evidence-based models of care • unlocking capacity and improving patient access and flow across the system of care by reconfiguring health services. 	<p>South Australia's Strategic Plan: Our Health Targets: 78. Healthy South Australians 84. Health services standard.</p> <p>Delivering Transforming Health – Our Next Steps.</p>
<p><i>Objective 3</i></p> <p>Improving the quality and safety of health care, through the provision of technology and information solutions by:</p> <ul style="list-style-type: none"> • continuing to deploy enterprise solutions • addressing issues associated with the use of legacy technology. 	<p>South Australia's Strategic Plan: Our Health Targets: 78. Healthy South Australians 84. Health services standard.</p> <p>eHealth Strategic Plan 2016-2020 Strategic Objective 2 – to be patient-centric: Continue deployment of enterprise solutions.</p>
<p><i>Objective 4</i></p> <p>Improving access to inpatient care for mental health patients by:</p> <ul style="list-style-type: none"> • reducing waiting times in Emergency Departments (ED) • reducing overall length of stay. 	<p>South Australia's Strategic Plan: Our Health Targets: 78. Healthy South Australians 84. Health services standard.</p> <p>The Minister for Mental Health and Substance Abuse established a target that from 1 January 2016, mental health consumers should not routinely wait more than 24 hours in an ED.</p>

Key strategy	SA Government objective
<p><i>Objective 5</i></p> <p>Reducing and better managing health conditions within the Aboriginal community by:</p> <ul style="list-style-type: none"> • improving immunisation rates of Aboriginal children. <p>Promoting Aboriginal community health and wellbeing in children and families by:</p> <ul style="list-style-type: none"> • supporting and training staff in early childhood centres • undertaking community engagement activities to promote children’s health. 	<p>South Australia’s Strategic Plan Targets:</p> <p>06. Aboriginal wellbeing 26. Early childhood – birth weight 28. Aboriginal leadership 51. Aboriginal unemployment 53. Aboriginal employees 79. Aboriginal life expectancy 80. Aboriginal smoking rates.</p> <p>South Australia’s commitment to Closing the Gap supports the health related targets within the Council of Australian Government (COAG) National Indigenous Reform Agreement to:</p> <ul style="list-style-type: none"> • close the gap in life expectancy in a generation by 2031, and • halve the gap in mortality rates for children under five by 2018.
<p><i>Objective 6</i></p> <p>Promoting positive health outcomes and preventing illness by:</p> <ul style="list-style-type: none"> • reducing the impact of tobacco smoking • reducing the associated harms of alcohol and other drugs. 	<p>South Australia’s Strategic Plan Targets:</p> <p>80. Smoking rates 81. Alcohol consumption.</p> <p>South Australian Tobacco Control Strategy 2011-2016.</p> <p>South Australian Alcohol and Other Drug Strategy 2011-2016.</p> <p>South Australian Alcohol and Other Drug Strategy 2017-2021.</p>
<p><i>Objective 6</i></p> <p>Promoting prevention and early intervention by:</p> <ul style="list-style-type: none"> • reducing the suicide rate in South Australia. 	<p>South Australia’s Strategic Plan Target:</p> <p>86. Psychological wellbeing.</p> <p>South Australian Suicide Prevention Strategy 2012 -2016: Every life matters.</p>

Key strategy	SA Government objective
<p><i>Objective 6</i></p> <p>Promoting good health, prevention and early intervention by:</p> <ul style="list-style-type: none"> • reducing the transmission of, and morbidity and mortality caused by blood borne viruses (BBVs) • minimising the personal, clinical and social impact of BBVs for prisoners in South Australia. 	<p>The Standard Guidelines for Corrections in Australia 2012 (Department for Correctional Services (DCS) endorsed).</p> <p>Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings 2008 (DCS and SA Health endorsed).</p> <p>South Australian Prisoner Blood Borne Virus Prevention Action Plan 2017 – 2020 (DCS and SA Health).</p> <p>South Australian Alcohol and Other Drugs Strategy 2017 – 2021.</p> <p>South Australia’s Strategic Plan: Our Health Target: 78. Healthy South Australians.</p> <p>Strong Foundations and Clear Pathways: Women Offender Framework and Action Plan 2014 – 2019 (DCS).</p> <p>Reducing re-offending – 10% by 2020 (DCS).</p> <p>Nursing Model of Care: Viral Hepatitis Management in South Australia 2016 (SA Health endorsed).</p> <p>South Australian Prisoner Health Service Model of Care 2016 (SA Health endorsed).</p>
<p><i>Objective 6</i></p> <p>Promoting good health, prevention and early intervention by:</p> <ul style="list-style-type: none"> • minimising the risk of transmission of vaccine preventable diseases in SA health services. 	<p>South Australia Strategic Plan Target: 21. Greater safety at work.</p> <p>DHA Strategic Direction 2016-2018 priority: Delivering safe, quality and innovative services in a continuous improvement environment.</p> <p><i>Work Health and Safety Act 2012</i> (South Australia).</p> <p>Standard 3 (preventing and Controlling Healthcare Associated Infections) of the Australian Commission on Safety and Quality in Health Care’s national Safety and Quality Health Service Standards (September 2012).</p>

Agency programs and initiatives and their effectiveness and efficiency

Program name	Indicators of performance/effectiveness/efficiency	Comments
<p><i>Objective 1</i></p> <p>Transition to the new Royal Adelaide Hospital (RAH).</p>	<p>Technical completion was achieved 15 March and commercial acceptance on 14 June 2017.</p>	<p>The new RAH opened on 5 September 2017.</p>
<p><i>Objective 1</i></p> <p>Investment in Capital Works Projects:</p> <ul style="list-style-type: none"> • Noarlunga Ambulance Station • Noarlunga Hospital • Modbury Hospital • Lyell McEwin Hospital (LMH). 	<p>Noarlunga Ambulance Station opened on 12 September 2016.</p> <p>Plans for Noarlunga Hospital include a new Day Surgery unit with two new operating theatres, a new renal dialysis unit and dedicated spaces for children and families in the ED.</p> <p>Modbury Hospital upgraded inpatient wards for rehabilitation and a new ambulatory rehabilitation facility including gymnasium, treatment rooms, hydrotherapy pool, therapy garden, gait laboratory, prosthetics fitting lab and services, therapy kitchen and laundry, tele-rehabilitation facilities to support country patients.</p> <p>The new cardiac catheter lab at LMH increased access to cardiology and interventional radiology services for northern Adelaide residents.</p>	

Program name	Indicators of performance/effectiveness/efficiency	Comments
<p><i>Objective 2</i></p> <p>Transforming Health: Development and progressive implementation of statewide models of care.</p>	<p>Statewide models of care were delivered. Implementation is at various stages of business as usual activities:</p> <ul style="list-style-type: none"> • Stroke Services • Acute Coronary Syndrome (ACS) Stage 1 • ACS Stage 2 and 3 • Rehabilitation • Orthogeriatrics • After Hours Cover • 7 Day Allied Health • Paediatric Surgery • Veterans Mental Health Model of Care • Comprehensive Care of Older People. 	
<p><i>Objective 2</i></p> <p>Transforming Health: Reconfiguration of health services: Central Adelaide LHN (CALHN) to Northern Adelaide LHN (NALHN).</p>	<p>The transfer of a defined set of services, corresponding northern activity and staff from CALHN to NALHN (known as Phase 1) was progressively achieved starting from October 2016. This enabled northern Adelaide resident access to rehabilitation services closer to home.</p>	<p>CALHN and NALHN continue to work with GP communities to ensure that relevant service referrals will be directed to NALHN. This will be a continual approach and will form part of business as usual activities.</p>
<p><i>Objective 2</i></p> <p>Transforming Health: Reconfiguration of health services: Southern Adelaide LHN (SALHN).</p>	<p>Clinical reconfiguration planning and consultation occurred in SALHN including plans for surgical and perioperative medicine, corporate services and clinical services transition from the Repatriation General Hospital (RGH) to other SALHN sites.</p>	

Program name	Indicators of performance/effectiveness/efficiency	Comments
<p><i>Objective 3</i></p> <p>Deployment of Enterprise Patient Administration Systems (EPAS).</p>	<p>EPAS was fully activated at The Queen Elizabeth Hospital.</p> <p>EPAS was implemented into Marion GP Plus April 2017.</p> <p>Commenced the RGH Outpatient Moves in support of the closure of RGH in July 2017.</p> <p>Systems and business readiness was finalised for implementation into the new RAH.</p> <p>Commenced planning activities to support the Flinders Medical Centre implementation.</p>	<p>Delivering improvements to patient safety via an EPAS throughout metropolitan Adelaide.</p> <p>Delivering on key strategy by providing a single patient record for all South Australians.</p>
<p><i>Objective 3</i></p> <p>Deployment of Enterprise System for Medical Imaging (ESMI) at all nominated hospital sites.</p>	<p>ESMI has now been installed at all major hospital locations providing a single, enterprise-wide system supporting digital medical image archiving.</p>	<p>All digital imaging and associated medical reports available at all hospitals irrespective of where the image was taken.</p>
<p><i>Objective 3</i></p> <p>Deployment of Enterprise Pathology Laboratory Information System (EPLIS).</p>	<p>EPLIS has gone live at the initial site of the Women's and Children's Hospital.</p>	<p>Begins the transformation to an improved, modern and efficient pathology service.</p>

Program name	Indicators of performance/effectiveness/efficiency	Comments
<p><i>Objective 4</i></p> <p>Implemented localised ED based bed management at LHN level.</p> <p>Increased efficiency of general adult acute unit by reducing length of stay.</p>	<p>The percentage of non-compliance for mental health consumers waiting more than 24 hours in an ED has improved from 18.6% of all mental health presentations to EDs in 2014-15 to 5.2% in 2016-17. Over this period presentations increased from 11 701 to 13 514.</p> <p>A reduction in the average length of stay for 'medium stay' mental health adult consumers (5 to 35 days) from 16.3 days in 2014-15 to 11.0 days in 2016-17.</p> <p>The average visit time for mental health presentations in metropolitan EDs for adults and older people peaked at 15.5 hours in 2014-15 and has reduced to 9.0 hours in 2016-17.</p>	<p>Improvement in mental health leadership, bed management and access to beds is equivalent with the rest of health resulting in reduced ED waiting times.</p> <p>Improves mental health consumer outcomes and experience.</p>
<p><i>Objective 5</i></p> <p>Development and implementation of:</p> <ul style="list-style-type: none"> • South Australian Aboriginal Cancer Control Plan 2016-2021 • South Australian Aboriginal Heart and Stroke Plan 2017-2021 • South Australian Aboriginal Diabetes Strategy 2017-2021. 	<p>The Plans and Strategy were released in May 2017.</p> <p>The South Australian Aboriginal Chronic Disease Consortium was established in May 2017 to implement the Plans and Strategy.</p>	<p>Closing the Gap aligns with the principles of South Australia's Transforming Health reforms, particularly in regards to providing patient-centred, safe, effective, accessible, efficient and equitable health services to all South Australians.</p>
<p><i>Objective 5</i></p> <p>Aboriginal children's immunisation program.</p>	<p>At the end of 2016-17, 95.9% of children aged 60-63 months were fully immunised. This is 2.6% higher than the non-Aboriginal children coverage rate (93.3%) during the same period.</p>	

Program name	Indicators of performance/effectiveness/efficiency	Comments
<p><i>Objective 5</i></p> <p>Strong Aboriginal Children's Health Expo.</p>	<p>The sixth Strong Aboriginal Children's Health Expo held on 19 April 2017 was attended by approximately 560 people. This is an improvement of 140 people from 2015-16. Twenty-four government and non-government organisations participated with stalls and promotional activities compared to 17 last financial year.</p>	
<p><i>Objective 6</i></p> <p>Implementing Suicide Prevention Strategy</p> <p>2012-2016:</p> <ul style="list-style-type: none"> • Connecting with People Suicide Mitigation program • Suicide Prevention Networks (SPN) • Suicide Prevention Community Grants. <p>2017-2021:</p>	<p>25 Clinicians trained to train others in Connecting with People.</p> <p>Over 600 people trained in the Connecting with People approach in 2016-17.</p> <p>Eighteen SPNs developed across South Australia linked to Local Government areas. The SPNs raise awareness, breakdown stigma, facilitate community education and offer support to those bereaved by suicide.</p> <p>Twenty community grants provided funding to local initiatives to promote suicide prevention in areas of high risk populations.</p> <p>Development was undertaken of the South Australian Suicide Prevention Plan 2017-2021. The new Plan is scheduled for release in September 2017.</p>	<p>Many South Australians have been affected in some way by the death of a person who has taken their own life. Suicide is the leading cause of death for South Australians aged 15 to 44.</p>

Program name	Indicators of performance/effectiveness/efficiency	Comments
<p><i>Objective 6</i></p> <p>Tobacco programs:</p> <ul style="list-style-type: none"> • social marketing campaign to encourage quitting • creating smoke-free areas, including the smoke-free outdoor dining legislation • 'Give Up Smokes For Good' Aboriginal smoking cessation campaign. 	<p>In relation to the target of reducing smoking prevalence in young people (15-29 years) from 22.8% in 2010 to 16% by 2016, we observed a reduction to 12.3% in 2016 (achievement of this target).</p> <p>In relation to the target of reducing smoking by people (15 years and over) from 20.7% in 2010 to 15% by 2016, we observed a reduction to 14.9% in 2016 (achievement of this target).</p> <p>The 3-year average daily smoking rate for 2014-16 was 13.1%, which is a reduction from 14.5% in 2013 (3 year moving averages).</p> <p>For Aboriginal South Australians, the daily smoking rate decreased from 47.0% in 2008 to 38.2% in 2014-15.</p>	<p>Tobacco smoking is the largest single preventable cause of death and disease in Australia. The reductions in smoking rates achieved in South Australia are important for reducing the disease burden caused by smoking in this state.</p>

Program name	Indicators of performance/effectiveness/efficiency	Comments
<p><i>Objective 6</i></p> <p>Implementing the Alcohol and Other Drug Strategy 2011-2016.</p> <p>Programs aimed at:</p> <ul style="list-style-type: none"> • reducing illicit drug use and its associated harms • reducing the rate of alcohol-related harm • reducing drug-related harm to young people and families of those with substance misuse issues • reducing harm from substance misuse among Aboriginal people • improving the timeliness of monitoring systems so trends in alcohol and other drug misuse are detected as early as possible. <p>2017-2021:</p>	<p>Encouraging trends towards a reduction in risky consumption levels of alcohol were observed since 2011, including a reduction in alcohol-related hospitalisations and a decline in alcohol-related crime in licensed premises. In 2016, alcohol consumption at risky levels in people aged 14 years and over who drink at levels that put them at risk of harm on a single occasion at least once a month was prevalent in 26% of South Australians, with no decrease from 2015 data. Results indicate that risky drinking rates are not trending towards the 2020 goal of 21.4% (a 30% reduction).</p> <p>We have observed a reduction in the number of people aged 14-29 who reported use of any illicit drug (including cannabis) in the last 12 months, from 26% in 2010 to 24% in 2013.</p> <p>There has been a decrease in the total number of alcohol-related hospitalisations among the South Australian Aboriginal population from 1029 in 2009-10 to 786 in 2014-15.</p> <p>The South Australian Alcohol and Other Drug Strategy 2017-2021 was developed and released in December 2016.</p>	<p>Ensuring high quality alcohol and other drug services and evidence-informed strategy contributes to reducing harms in the community, as observed in the reduction of consumption and hospitalisations.</p> <p>The Allsop Review of Alcohol and Other Drug treatment programs concluded there is good alignment between practices in the SA Health system and the International Standards, and strong evidence that there is an appropriate range of evidence-based services available.</p>

Program name	Indicators of performance/effectiveness/efficiency	Comments
<p><i>Objective 6</i></p> <p>Development and launch of the first South Australian Prisoner Blood Borne Virus Prevention Action Plan 2017-2020.</p>	<p>Extensive consultation was undertaken amongst key stakeholders (both government and non-government, including clinicians and unions) for review.</p> <p>In August 2016, SA Health and DCS committed to establishing a joint working party to examine the enablers and barriers in policy, evidence, health and safety, and legislation toward implementing the full suite of harm reduction strategies as part of the Plan's implementation.</p> <p>The Action Plan was endorsed by both the Minister for Health and the Minister for Correctional Services in January 2017, and formally launched at a World Hepatitis Day event hosted by Hepatitis SA which was attended by stakeholders from across both the health and correctional services sectors on 24 July 2017.</p>	<p>The Action Plan is a first ever Australian, and joint Health and Corrections departments, prisoner blood borne virus prevention action plan.</p> <p>A prison system free of BBVs will improve the health and safety of prisoners and prison workers, reduce onward transmission of BBVs in the wider community upon prisoner release, and contribute to a reduction in the overall burden of disease caused by BBVs in South Australia.</p>
<p><i>Objective 6</i></p> <p>Development of the Health Care Workers in South Australia Policy Directive (2017) to minimise the risk of transmission of vaccine preventable diseases in SA Health services.</p>	<p>Extensive stakeholder consultation including site visits and workshops.</p> <p>SA Health Working Group led the development of the Policy Directive.</p> <p>Key resources were developed including a Screening Questionnaire and Certificate of Compliance, a set of Frequently Asked Questions, Refusal Forms for health care workers, compliance checklists for SA Health services and education providers, and an Immunisation Expert Advisory Panel Terms of Reference.</p> <p>KPIs have been developed and will be measured following implementation of the Policy Directive over the 2017-2020 period with the overall objective of ensuring all health care workers in SA Health services are compliant with the requirements of the Policy Directive.</p>	<p>Health care worker compliance with the Policy Directive will reduce the number of cases of vaccine preventable diseases contracted by, or transmitted to, health care workers in SA Health services, including reduced number and extent of outbreaks and improved outbreak management.</p>

Legislation administered by the agency

The department plays a role in administering all legislation committed to the Minister for Health, Minister for Ageing and the Minister for Mental Health and Substance Abuse with some legislation administered in conjunction with other public sector agencies.

Minister for Ageing

Aged Citizens Clubs (Subsidies) Act 1963

Office for the Ageing Act 1995

Retirement Villages Act 1987

Minister for Health

Advance Care Directives Act 2013

Assisted Reproductive Treatment Act 1988

Blood Contaminants Act 1985

Consent to Medical Treatment and Palliative Care Act 1995

Food Act 2001

Gene Technology Act 2001

Health and Community Services Complaints Act 2004

Health Care Act 2008

Health Practitioner Regulation National Law (South Australia) Act 2010

Health Professionals (Special Events Exemption) Act 2000

Health Services Charitable Gifts Act 2011

Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013

National Health Funding Pool Administration (South Australia) Act 2012

Prohibition of Human Cloning for Reproduction Act 2003

Research Involving Human Embryos Act 2003

Safe Drinking Water Act 2011

South Australian Public Health Act 2011

Transplantation and Anatomy Act 1983

Minister for Mental Health and Substance Abuse

Controlled Substances Act 1984

Mental Health Act 2009

Public Intoxication Act 1984

Tobacco Products Regulation Act 1997

Organisation of the agency

As at 30 June 2017, there were two divisions within the Department for Health and Ageing:

- Finance and Corporate Services
- Transforming Health

The department's organisational chart can be accessed at the [SA Health website](#).

Other agencies related to this agency (within the Minister/s area/s of responsibility)

The public sector agencies listed below are responsible for reporting information about their activities and operations in their own annual report submitted to the Minister for Health, Minister for Ageing or the Minister for Mental Health and Substance Abuse.

Minister for Ageing

Office for the Ageing

Minister for Health

Central Adelaide Local Health Network

Country Health SA Local Health Network

Health and Community Services Complaints Commissioner

Health Performance Council

Health Services Charitable Gifts Board

Northern Adelaide Local Health Network

Pharmacy Regulation Authority of South Australia

SA Ambulance Service

South Australian Public Health Council

Southern Adelaide Local Health Network

Women's and Children's Health Network

Health Advisory Councils:

Central Adelaide Local Health Network Health Advisory Council (Governing Council)

Country Health SA Health Advisory Councils (39 across South Australia)

Country Health SA Local Health Network Health Advisory Council (Governing Council)

Northern Adelaide Local Health Network Health Advisory Council (Governing Council)

Southern Adelaide Local Health Network Health Advisory Council (Governing Council)

Women's and Children's Health Network Health Advisory Council (Governing Council)

SA Medical Education and Training Health Advisory Council
 SA Ambulance Service Volunteers' Health Advisory Council
 Veterans' Health Advisory Council

Minister for Mental Health and Substance Abuse

Controlled Substances Advisory Council
 Mental Health Commission

Employment opportunity programs

Program name	Result of the program
Transition to Professional Practice Program (TPPP) – Registered Nurses and Registered Midwives.	SA Health offered 459 positions for the nursing and midwifery TPPP for 2017 in country and metropolitan sites.
2017 Medical interns.	Appointed 251 medical interns for the 2017 intern training year.
Mental Health Nursing.	Twenty-four positions were filled in metropolitan locations.
Pharmacy Interns.	Twenty-two positions across a number of sites in an annual intake.
Country Health SA LHN Assistants in Nursing - Enrolled Nurse Cadetship.	Fifteen places were offered at a number of country locations.
Paramedic Interns.	Fifty positions were offered with three Paramedic Intern intakes.
Jobs 4 Youth.	Ninety-two trainees and graduates were placed in SA Health which exceeded the allocated 90 placements required.
Aboriginal Health Scholarships.	Supported 33 continuing students of medicine, nursing, midwifery, social work, occupational therapy, paramedic science, psychology and dentistry. Thirteen new scholars were inducted into the program and eight Aboriginal scholars graduated in dentistry, nursing, physiotherapy, psychology and public health.

Agency performance management and development systems

Performance management and development system	Assessment of effectiveness and efficiency
Performance Review and Development.	As at 30 June 2017, 41% of department staff had a formal Performance Review and Development discussion with their manager in the past six months. The forms and processes used within the department are under review and will be updated during 2016-17.
Leading Clinicians Program.	<p>SA Health's statewide 10-month multidisciplinary clinical leadership development program assists health professionals in clinical leadership roles to develop their leadership performance and improve patient-centred care.</p> <p>In 2016, 82 clinicians (70 participants and 12 facilitators) completed the program. Evaluation demonstrated benefits for care recipients and families; improvements to organisational systems and practices of care; changes in leadership behaviour; gains in knowledge and skill; changes in attitudes and perceptions; strong positive reactions to the program and high levels of satisfaction.</p> <p>A further 84 clinicians (72 participants and 12 facilitators) commenced this program in March 2017.</p>
Leading Health Transformation Program.	<p>This 12-month program was developed for SA Health by KPMG to support leaders to develop skills in collaborating to create system wide change; expose leaders to multiple leadership perspectives and transformative leadership skills; leverage global healthcare practice; and embed an evidence-based approach to service planning.</p> <p>In the first year, commencing in September 2016, 100 executives and senior staff from across the department and LHNs are undertaking this program, with a further 150 staff commencing in September 2017. Evaluation of the first year of the program is in progress.</p>
Leadership and Development of the Allied Health and Scientific Professions within SA Health.	Development of Allied Health 7 Day Model of Care for application across all identified Model of Care/clinical areas was undertaken and delivery of the implementation toolkit.
Leadership and Development of the Allied Health and Scientific Professions within SA Health.	The Allied Health Professional + Professional Development Reimbursement Program continued with funding support provided to 1250 Allied and Scientific Health Professionals in 2016-17, inclusive of SA Health Child Protection and Mental Health Allied Health Professionals.

Performance management and development system	Assessment of effectiveness and efficiency
Partner with the Universities, VET sector and health sites regarding clinical placements (non-medical), teaching, education standards, training and research.	Expansion of the Clinical Placement Management System. Bookings for 1.5 million clinical placement hours (half the applicable professions) is now online. Rolled out across 243 organisations and 44 000 staff. Roll out planned for the remaining professions during 2018-20.

Occupational health, safety and rehabilitation programs of the agency and their effectiveness

Occupational health, safety and rehabilitation programs	Effectiveness
Governance, Accountability and Communication.	<p>There have been improvements capturing newly identified Work Health Safety (WHS) defined Officers during this period and currently there are 59 Defined Officers who have completed the induction training.</p> <p>There are four WHS Consultative Committees and each met quarterly.</p> <ul style="list-style-type: none"> • Department for Health and Ageing (DHA) WHS Consultative Committee • Procurement Supply Chain Management WHS Consultative Committee • SA Biomedical WHS Consultative Committee • Drug and Alcohol Services SA (DASSA) WHS Consultative Committee. <p>A review of DHA WHS Consultative Committee membership has begun to ensure increased participation and attendance.</p> <p>There were five endorsed WHS Injury Management (WHSIM) Policy Directives, Guidelines and related documents released during 2016-17 as well as the WHSIM Strategic Plan 2016-19. Work is being undertaken to identify gaps to ensure business units align their practices and further promote and implement.</p> <p>The final report for the external WHSIM Audit Verification System evaluation was published in 2016-17. Additionally, DHA Workforce Health performed internal safety audits on WHSIM Roles and Responsibilities Governance, Plant and Equipment Safety as well as injury management to confirm compliance with SA Health WHSIM Policy Directives and /or Guidelines. The results of the internal and external audits in 2016-17 revealed some gaps in DHA safety management practices and these are being addressed. There were 16 audit corrective actions closed out during this period.</p>

Occupational health, safety and rehabilitation programs	Effectiveness
Hazard and Risk Management.	There were a total of 19 hazards reported which is a 14% decrease from 2015-16.
Fitness for Work.	Over 740 workers participated in the annual Staff Influenza Vaccination program; take up for the department was 27.6% and DASSA 44.1%.
Injury Management.	<p>New claims activity was lower in 2016-17 when compared to 2015-16 with 15 new claims received (13 less than 2015-16).</p> <p>When comparing June 2017 to June 2016, open claims decreased from 47 to 19 (60% decrease) with long term claims decreasing by 16 (62% decrease). As at June 2017, 11 of 19 the open claims (30%) currently have active Return to Work (RTW) services in place.</p> <p>When compared to 2015-16:</p> <ul style="list-style-type: none"> • direct claim costs for all injuries types in 2016-17 decreased by 15% (-\$95 923). <p>For 2016-17:</p> <ul style="list-style-type: none"> • muscular Skeletal Injuries direct claim costs decreased by 53% (-\$100 818). • direct claim costs for Psychological injuries increased by 22% (+\$39 750).

Fraud detected in the agency

Category/nature of fraud	Number of instances
For the 2016-17 financial year, no confirmed cases of fraud were identified.	0

Strategies implemented to control and prevent fraud

The department has implemented a Fraud and Corruption Control Policy and Plan which closely aligns with the SA Public Sector Fraud and Corruption Control Policy published in January 2016.

Data for the past five years is available at: Data for the past five years is available at: <https://data.sa.gov.au/data/organization/sa-health>

Whistleblowers disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the <i>Whistleblowers Protection Act 1993</i> .	0
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Data for the past years is available at: <https://data.sa.gov.au/data/organization/sa-health>

Executive employment in the agency as at 30 June 2017

Executive classification	Number of executives
Executive Level F	1
SAES 1 Level	30
SAES 2 Level	6

Data for the past five years is available at: <https://data.sa.gov.au/data/organization/sa-health>

For further information, the [Office for the Public Sector](#) has a [data dashboard](#) for further information on the breakdown of executive gender, salary and tenure by agency.

Consultants

The following is a summary of external consultants that have been engaged by the Department for Health and Ageing, the nature of work undertaken and the total cost of the work undertaken.

Consultants	Purpose	Value
All consultancies below \$10 000 each	Various consultancies for professional and other advice.	\$ 18 723
Consultancies above \$10 000 each		
Deloitte Touche Tohmatsu	Provide advice and support in the planning, design and implementation of the Transforming Health Program.	\$ 9 817 232
Ernst and Young	Provide advice, guidance and assurance services to the Transforming Health Board.	\$ 1 236 562
Ernst and Young	Provide assistance in developing and implementing the Orthopaedic and Cardiovascular Prosthesis consumables procurement project.	\$ 1 153 229
Deloitte Consulting Pty Ltd	Undertake an operational readiness review of the new Royal Adelaide Hospital.	\$ 490 666
SAMHRI	SA Aboriginal health needs and system gap analysis.	\$ 295 420

Consultants	Purpose	Value
Lodestar Australia	Provide expert advice and support to SA Health End User Computer Agreement procurement process.	\$ 178 000
KPMG	Undertake a review of SA Health's supply chain and logistics function.	\$ 176 562
Hardes and Associates	Provide an inpatient activity projection model for future demand and supply of acute hospital services.	\$ 122 904
RixStewart Pty Ltd	Prepare and undertake the tender process for site specific hotel services at various SA Health hospitals.	\$ 115 487
Michael Reid and Associates Pty Ltd	Review of the Public Health and Clinical Systems Branch.	\$ 95 000
Ernst and Young	Develop Business Case and evaluate shortlisted options for the future role of Aged Care Assessment Program (ACAP) in South Australia.	\$ 91 408
PriceWaterhouseCoopers Indigenous Consulting	Evaluate Closing the Gap program.	\$ 83 777
Deloitte Risk Advisory Pty Ltd	Review and provide recommendations for improvements to the Business Continuity Management framework.	\$ 80 000
The Checkley Group Pty Ltd	Evaluation of the Enterprise Patient Administration System (EPAS) and Central Adelaide Local Health Network Go-Live readiness	\$ 70 386
Supply Chain Services Australia	Provide logistics supply chain expertise to assist and support the delivery of the Distribution Centre Investment Project.	\$ 69 215
Dr Sonia Allan	Review the <i>Assisted Reproductive Treatment Act 1988</i> .	\$ 61 724
FSE Consulting	Review processes and staffing requirements identified in the OPS Benefits Review report.	\$ 45 600
Mercer Consulting	Undertake Long Service Leave actuarial valuation as at 30 June 2016 for all SA Health entities.	\$ 43 500
Moira Deslandes Consulting	Design and implement a Statewide Conversation Program with older people to inform them of the development of the state Age-friendly strategy and action plan.	\$ 40 000

Consultants	Purpose	Value
Aurecon Australasia Pty Ltd	Undertake a post incident review of the Flinders Medical Centre emergency stand-by power arrangements, including the physical infrastructure and related organisational factors.	\$ 40 000
Enrite Solutions	Review the existing Seniors Card Salesforce database and provide a design specification for a Seniors Card mobile application.	\$ 30 000
Ernst and Young	Develop a supplier engagement framework and supplier strategy document.	\$ 30 000
J M Richter Consulting Pty Ltd	Develop a base strategy and Governance Model for the South Australian Health and Biomedical Precinct to enable baseline discussion amongst key partners/ stakeholders.	\$ 24 500
Carramar Consulting Pty Ltd	Develop a business case for the relocation of the Women's and Children's Hospital to the new RAH site.	\$ 16 146
Brett and Watson Pty Ltd	Undertake the medical malpractice actuarial valuation as at 30 June 2016.	\$ 11 490
Michele Herriot Health Promotion Consulting	Review the Country Health SA LHN Health Advisory Committees.	\$ 10 000
Total all consultancies		\$ 14 447 531

Data for the past five years is available at: <https://data.sa.gov.au/data/organization/sa-health>

See also <https://www.tenders.sa.gov.au/tenders/index.do> for a list of all external consultancies, including nature of work and value. See also the Consolidated Financial Report of the Department of Treasury and Finance <http://treasury.sa.gov.au/> for total value of consultancy contracts across the SA Public Sector.

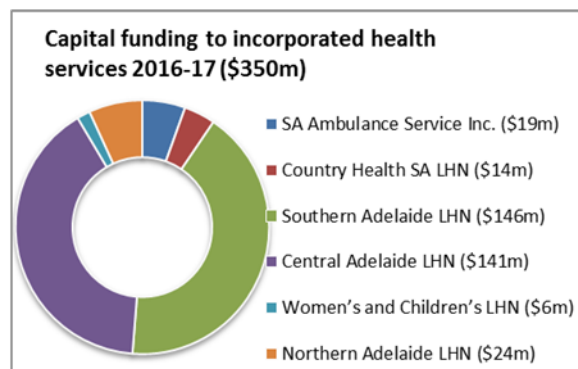
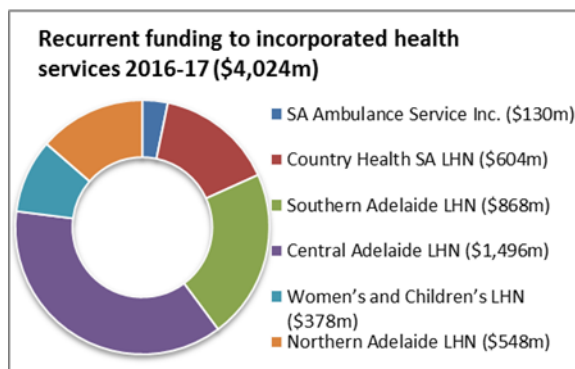
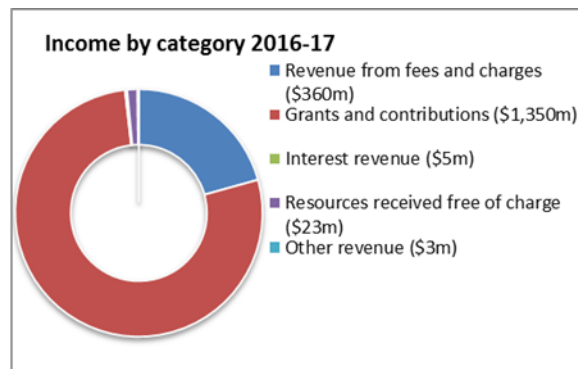
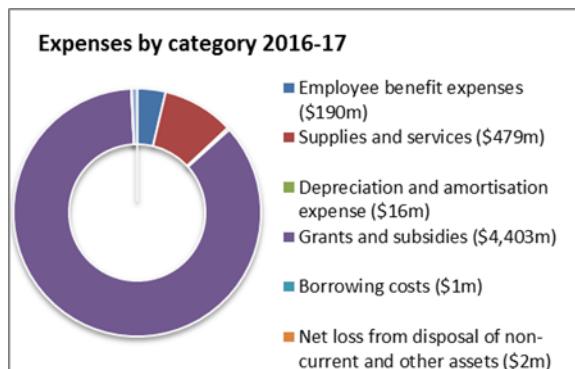
Financial performance of the agency

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2016-17 are attached to this report at Appendix 4.

The Department produced streamlined financial statements this year (in line with AASB 101 Presentation of Financial Statements) making them less technical and more accessible to non-accountants. This has reduced the statements from around 109 pages in 2015-16 to 63 pages in 2016-17 (42% reduction).

Departmental three-year financial summary

Three-year financial summary (\$000)	2016-17	% ↑↓	2015-16	% ↑↓	2014-15	% ↑↓
Total expenses	5 128 526	↑3.6%	4 950 782	↑5.1%	4 711 709	↑0.4%
Total income	1 741 472	↑1.8%	1 711 290	↑8.3%	1 580 089	↑9.5%
Net cost of providing services	3 387 054	↑4.6%	3 239 492	↑3.4%	3 131 620	↓-3.6%
Revenues from/Payments to SA Government	3 400 798	↑10.5%	3 076 892	↓-2.8%	3 164 346	↓-0.6%
Net result for the period	13 744	↑108.5%	(162 600)	↓-596.9%	32 726	↑150.6%
Net cash provided by operating activities	24 885	↑112.3%	(202 994)	↓-951.2%	23 849	↑120.8%
Total assets	611 705	↑11.3%	549 422	↑7.9%	509 017	↑11.5%
Total liabilities	359 228	↓-2.3%	367 644	↑5.4%	348 921	↑0.3%
Net assets	252 477	↑38.9%	181 778	↑13.5%	160 096	↑47.3%



Other financial information

Nil to report.

Other information requested by the Minister(s) or other significant issues affecting the agency or reporting pertaining to independent functions

National Health Reform

In March 2017, the South Australian Premier signed the Addendum to the National Health Reform Agreement giving effect to revised public hospital arrangements for the three year period from 1 July 2017 to 30 June 2020.

The Addendum provides for:

- the continuation of activity based funding arrangements in public hospitals subject to a 6.5% cap per year on growth in Commonwealth funding
- reforms to reduce potentially avoidable demand on public hospitals, including:
 - a price signal to hospitals for instances of poor quality or unsafe care to improve safety and quality outcomes; and
 - better coordinated care for patients with chronic and complex health conditions, including the negotiation of bilateral agreements;
- a commitment to negotiate a longer-term public hospital funding agreement to commence 1 July 2020, to be developed by the Commonwealth and all jurisdictions and agreed by COAG in 2018.

The Independent Hospital Pricing Authority continues developmental work on incorporating pricing and funding for safety and quality into the Pricing Framework for Public Hospital Services.

Discussions continued on the development of bilateral Commonwealth-State agreements on enhanced coordinated care for patients with chronic and complex conditions. These agreements will include commitments to a range of nationally agreed priority areas in addition to broader coordinated care reforms with a focus on a range of topics of mutual interest including aged care integration, end of life care, mental health, multidisciplinary team care, rural and remote service delivery.

National Partnership Agreements

In 2016-17, South Australia received approximately \$18.4 million in Commonwealth Government funding under National Partnership and Project Agreements (NPAs) for a variety of health related programs and services. Progress continued in negotiating a range of NPAs in South Australia including:

- successful negotiation of the Project Agreement on the OzFoodNet Program extending for a further 4 years
- successful negotiation of the one-year extension to the Project Agreement on the Rheumatic Fever Strategy
- further progress made into re-negotiating COAG agreements on Public Dental Services for Adults, Essential Vaccines, Improving Trachoma Control Services for Indigenous Australians and the Vaccine Preventable Diseases Surveillance program.

The 2017-18 Federal Budget confirmed the following extensions to a number of important COAG Agreements, including:

- Public Dental Services for Adults – an additional \$242.5 million for two and a half years
- BreastScreen Australia Program – an additional \$64.3 million nationally over four years; and
- Rheumatic Fever Strategy – an additional \$18.8m over four years.

It also confirmed the Commonwealth will provide, subject to a request to market, up to \$68.0 million in 2017-18 toward the purchase of accelerator equipment and two treatment rooms in support of the establishment of a proton beam facility at the South Australian Health and Medical Research Institute precinct.

Mental Health

The 2017-18 Federal Budget also allocated funding for a range of Mental Health programs including:

- from 2017-18, \$80.0 million nationally over four years for psychosocial support services for people with mental illness who do not qualify for the National Disability Insurance Scheme
- from 2017-18, \$11.1 million over three years to help prevent suicide at high risk locations and provide additional support; and
- from 2017-18, \$9.1 million over four years to improve access to psychological services through telehealth in regional, rural and remote Australia.

Legislative reviews

Health Care Act 2008

Amendments to the *Health Care Act 2008* passed by Parliament in 2015 were brought into effect on 1 September 2016. These amendments included mechanisms to:

- allow the Minister for Health to set fees for incidental services charged by SA Ambulance Service for services that do not involve transportation in an ambulance
- employ medical practitioners, nurses and midwives in the department under their professional awards; and
- dissolve three non-operational incorporated associations and the formal transfer of their assets to the appropriate Health Advisory Council.

The introduction of licensing for stand-alone private day procedure centres will bring South Australia into alignment with other jurisdictions and give the Minister the power to grant licences, impose specific licence conditions and appoint inspectors to ensure that compliance with appropriate facility guidelines and safety and quality standards is enforced. The department is preparing a range of application and assessment resources and tools to support the implementation of the licensing regime on 1 May 2018.

Assisted Reproductive Technology Act 1988

The report for the legislated review of the *Assisted Reproductive Treatment Act 1988* was tabled in Parliament in April 2017. The report made 47 recommendations to Government for more effective operationalisation of the Act, the establishment of a donor conception register, and the establishment of an Advisory Council. The Government is generally supportive of the recommendations. The department is progressing work to implement many of the recommendations and is further investigating the most effective approach to implementing a number of more complex recommendations.

South Australian Public Health Act 2011

Section 110 of this Act specifies that the Social Development Committee of Parliament must review the operation of the Act after the expiry of five years from its commencement.

The department commenced initial consultation with internal and local Government operational administrators of the Act and to date there have been many submissions for clarification and amendment against the existing Act.

Public Intoxication Act 1984

The *Public Intoxication Act (Review Recommendations) Amendment Act 2016* commenced on 1 March 2017. The Act amends the *Public Intoxication Act 1984* in keeping with the Government's response to the Reynolds Review, and ensures that South Australia has a modern and effective legislative mechanism for managing persons intoxicated in a public place who are unable to take care of themselves.

Significant consultation was undertaken throughout the development of the *Public Intoxication Act 1984 (Review Recommendations) Amendment Act* and there has been strong community consensus of support. The amendments include:

- expressly stating the objects and principles of the Act to articulate its scope and intentions. Harm minimisation and protecting public health is the primary goal of the Act
- providing an expanded definition of a drug for the purposes of the Act to ensure people are protected from harm regardless of the intoxicating substance
- adopting a definition of 'public place' similar to that in the *Summary Offences Act 1953* to protect people who are intoxicated and unable to take proper care of themselves when they are on private property that is readily accessible to the public
- extending the maximum period of detention by police to 12 hours but retains the 18 hour maximum period of detention for declared sobering-up centres
- protecting people involved in the administration of the Act from civil liability, provided their actions are in good faith
- providing Statute law revision amendments.

Section B: Reporting required under any other act or regulation

Food Act 2001

Part 9 – Administration

Division 2 – Functions of enforcement agencies

S 93 – Reports by enforcement agency

(1) The head of an enforcement agency (other than the relevant authority) is to report to the relevant authority, at such intervals as the relevant authority requires, on the performance of functions under this Act by persons employed or engaged by the agency.

Division 4 – Agreement and consultation with local government sector on administration and enforcement of Act

S 96 – Agreement and consultation with local government sector

(1) The Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of this Act.

(2) If the Minister and the LGA enter into an agreement with respect to the exercise of functions under this Act by councils, then the Minister must prepare a report on the matter and cause copies of the report to be laid before both Houses of Parliament.

(3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.

(4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.

(5) The annual report of the Minister under this Act must include a specific report on—
(a) the outcome of any consultation undertaken under subsection (1) or (4); and
(b) the operation of any agreement referred to in subsection (2).

Part 11 – Miscellaneous

S 109 – Annual Report

(1) The Minister must, on or before 30 September in each year, prepare a report on the operation of this Act for the financial year ending on the preceding 30 June.

The objectives of the *Food Act 2001* (the Act) are defined in Section 3 of the Act as:

- Ensuring that food for sale is safe and suitable for human consumption.
- Preventing misleading conduct in connection with the sale of food.
- Providing for the application of the Food Standards Code.

The Act closely follows the content and structure of national model food provisions, which provide for the consistent administration and enforcement of food legislation in Australia. This uniform approach to national food legislation was formalised by the *Inter-Governmental Food Regulation Agreement 2002*. Under the Agreement all states and territories have adopted the Australia New Zealand Food Standards Code (the Code) through their Food Acts. While the Act contains important legal and administrative issues, such as defining offences and penalties, the Code details the specific requirements with which food businesses must comply.

1. Activities of the Health Protection Operations Branch

Health Protection Operations staff authorised under the Act are qualified Environmental Health Officers (EHOs) with extensive regulatory experience in rural, remote and Aboriginal communities. Geographically, these areas are typically very distant and often secluded. Health Protection Operations administer the Act in the 'Out-of-Council Areas' within South Australia ('unincorporated' and Aboriginal Lands; not serviced by a local council) and account for approximately 85% of the geographical area of the State.

Table 1: Authorised Officers

Authorised Officers	Environmental Health Qualifications	Full-time
	6	6

Table 2: Food business and surveillance activity in 2016-17

Area of Operation	~ 837 000 km ² (≈ 85% of geographic area of SA)
Number of Businesses	141
Routine Inspections conducted	117
Follow-up Inspections conducted	12
Food Safety Audits conducted	6
Complaint Inspections conducted	1

Table 3: Enforcement actions

Business Type	Prohibition Order	Improvement Notices	Expiations
Caterer	0	2	1
Hotel/Pub/Tavern	0	2	1
Roadhouse/service station	1	3	2
Supermarket	0	2	0
Total	1	9	4

2. Activities of the Food and Controlled Drugs Branch

Monitoring Compliance with the *Food Act 2001*

The Food and Controlled Drugs Branch (FCDB) conducts sampling surveys of various foods that are of public health concern, or to confirm compliance with the compositional and labelling requirements of the Code. A key performance indicator has been established to analyse 800 food samples per year. For 2016-17, a total of 860 food samples were taken consisting of 327 routine survey samples and 533 samples as part of foodborne illness investigations. Information about past and current surveys can be found on the [SA Health website](#).

Investigation of Food Safety Issues 2016-17

During 2016-17, a number of significant food safety issues were investigated and are summarised further in this report.

The FCDB collaborated with local councils on a total of 17 foodborne illness investigations after notification from CDCB. Details of some of the major outbreaks can be found in Section 3/Appendix 2 of this report.

Investigations included onsite assessment of food handling practices in food businesses, sampling of food and environmental swabbing with the objectives to remove any risk to public health, establish the cause of the outbreak, ensure short and long term corrective actions are implemented and determine if an offence has been committed against the Act.

Post Investigation Review

In 2016-17, post incident debriefs to review the effectiveness of policies and procedures applied during incident investigation identified that projects on foodborne disease outbreaks undertaken in early 2016 had been implemented successfully in the last financial year.

Food Recalls

Food recalls conducted by all food businesses are nationally coordinated by Food Standards Australia New Zealand (FSANZ). The food business undertaking a recall is responsible for ensuring that the recall is carried out as soon as an issue is identified. The department informs EHOs statewide of the recall and requests that they check food businesses in their local council area to ensure food businesses are complying with the recall.

FSANZ acted as coordinator for 61 food recalls during 2016-17. This consisted of nine trade level recalls, where the company has only provided product to distribution centres, wholesalers and food services. As the product has not been released in retail stores and could easily be retrieved a consumer level recall was not required. In three instances there were combined trade and consumer level recalls because there was a possibility a small amount of product may have been distributed.

A further 49 recalls were consumer level recalls, where it was necessary to recover product from retail outlets and/or consumers. In total South Australia was affected by 29 recalls where recalled product had been distributed in this state.

Table 4 Summary of recalls conducted during 2016-17

Type of Recall	Reason for Recall	SA Not Affected	National	SA and Other States Affected	SA Only
Consumer 49	Undeclared allergens 34	32	13	15	1
Trade 9	Micro contamination 7				
Consumer/Trade (combined) 3	Chemical 1				
	Viral 1				
	Biotoxin 4				
	Foreign matter 10				
	Others 4				
Total 61	Total 61				

Enforcement Actions

SA Health's Public Health Services Enforcement Framework on the [SA Health website](#) provides Authorised Officers with guidance about the manner in which enforcement activities are to be undertaken.

Local Government is responsible for the conduct of routine food business inspections to verify compliance with chapter 3 of the Code (see Appendix 1).

Where FCDB identifies noncompliance issues in food businesses, corrective actions are addressed through a graduated and proportionate response. Where warning letters are issued or reduced frequency of audit applied; once effective corrective action is confirmed no further enforcement action is undertaken. Should non-compliance remain unresolved, enforcement action can be escalated.

Table 5 Summary of enforcement activities undertaken by FCDB during 2016-17

Letters of Warning	Expiations Issued	Improvement Notices	Emergency Orders	Prosecutions
3	0	0	1	0

Table 6 Nature of Activities during 2016-17

Category	Number
Alleged Food Poisoning	50
Contamination	85
General Enquiries	300
Incidents	25
Labelling	193
CDCB Referrals	400
New Business Information	49
Food Recall enquiries	3
Food - Resources Required - General	120
Food - Standard 3.2.2	130
Food - Standard 3.2.3	20
Total	1375

Food Safety Management

National Food Safety Standard 3.3.1 (audited mandatory food safety programs for food services to vulnerable persons) became enforceable in SA in October 2008.

The department has continued to liaise with industry, local government and food safety auditors to develop monitoring and review systems, to ensure effective management of the audit process in SA food businesses to whom this standard applies.

In 2016–17, the department continued to conduct food safety audits of public hospitals, Department for Communities and Social Inclusion (DCSI) businesses such as Disability Services and Domiciliary Care and not-for-profit delivered meals organisations including Meals on Wheels. These facilities are audited at the frequency determined by the performance of individual sites, in line with the priority classification for these businesses.

Table 7: Food audit statistics

Risk Classification	No of Businesses	Routine Audits
Public hospitals	72	64
Not for profit delivered meals organisations	45	42
Aged care / childcare audited in regional areas/ DCSI	12	10

3. Food Borne Disease Investigations in South Australia 2016-17

Epidemiological investigations into foodborne disease outbreaks within SA are coordinated by the Disease Surveillance and Investigation Section and OzFoodNet staff who are based within the CDCB of SA Health. OzFoodNet is a national network that conducts enhanced foodborne disease surveillance.

During 2016-17, SA Health investigated seventeen outbreaks of gastrointestinal illness that were known or suspected to be foodborne and for which a common source was identified. The exposure settings for the outbreaks were varied and included eight associated with restaurants, two associated with bakeries, and one outbreak each was associated with an

institution, a commercial caterer, a school, a private residence and the general community (no set exposure place as the source was a widely distributed primary produce item). Additionally, two of the 17 foodborne outbreaks were spread across multiple states and territories (multijurisdictional outbreak investigations – MJOI) where a contaminated produce item was distributed in the community.

In addition, 20 clusters of potentially foodborne illness for which no common source could be identified were also investigated during this timeframe. Fifteen of these clusters were caused by *Salmonella*, three by Shiga toxin producing *Escherichia coli* (STEC) and two by *Campylobacter*. Hypothesis generating interviews were conducted with the majority of cases. This summary does not include clusters or outbreaks that were suspected to be person-to-person transmission, animal-to-person transmission, or from an environmental source (including swimming pools). All investigation data are subject to change, as this is the nature of clusters and outbreaks.

Outbreak Investigations

Further details about outbreaks investigated during 2016-17 and their exposure settings can be found in Appendix 2.

Table 8: Summary of foodborne disease investigations in South Australia during 2016-17

No.	Month and Year	Organism	Exposure setting	Number ill	Number laboratory confirmed	Evidence
1	July 2016	<i>S. Hvittingfoss</i> ^a	Community	33	33	D, S, M
2	Aug 2016	STm 9*	Restaurant	144	85	D, S
3	Nov 2016	STm 135	Bakery	8	8	D
4	Dec 2016	<i>Campylobacter jejuni</i>	Commercial caterer	11	6	D
5	Dec 2016	STm 9	Restaurant	14	14	D, M
6	Jan 2017	STm 135a	Restaurant	6	6	D
7	Feb 2017	STm 9	Restaurant	6	6	D
8	Feb 2017	STm 135a	Restaurant	9	9	D
9	Feb 2017	STm 135a	Restaurant	4	4	D, M
10	Mar 2017	<i>Campylobacter jejuni</i>	Restaurant	12	1	D
11	Mar 2017	STm 12a	Restaurant	13	13	D
12	Mar 2017	STm 135a*	Bakery	14	14	D, M
13	Mar 2017	<i>S. Hessarek</i>	Community	8	8	D, M
14	Mar 2017	STm 135	Aged care facility	13	13	D, S
15	May 2017	STm 9	School	24	12	D, S
16	May 2017	STm 8	Private residence	5	3	D
17	May 2017	Hepatitis A ^b	Community	4	3	D, M

No. = Number; D = Descriptive evidence (i.e. information obtained from interviewing cases and/or inspections of premises); M = Microbiological evidence (i.e. the same bacteria found in food or environmental samples as the unwell people); S = Statistical evidence (i.e. a significant statistical association is found between an exposure and the illness by conducting an analytical study); STm – *Salmonella* Typhimurium; *Outbreaks with multiple types of *Salmonellae* detected in cases, but predominant strain named in this table; ^aThis table includes SA cases only from the MJOI for *S. Hvittingfoss*; ^bThis table includes SA cases only from the MJOI for Hepatitis A.

Cluster Investigations

A summary of clusters investigated during 2016-17 are listed in Table 8. All clusters were general increases in specific infections in the community without a common point source identified and only descriptive evidence was available for all of the investigations.

A **cluster** is defined as an increase in a specific infection in terms of time, person or place, where the source and mode of transmission remains unknown.

Table 9: Summary of cluster investigations in South Australia during 2016-17

No.	Month and Year	Organism	Number ill
1	Jun 2016	<i>S. Infantis</i>	10
2	Jul 2016	STEC O113	4
3	Jul 2016	<i>S. Virchow 8</i>	10
4	Jul 2016	<i>Campylobacter</i>	6
5	Oct 2016	STm 8	18
6	Nov 2016	<i>S. Chester</i>	14
7	Dec 2016	STm 108	19
8	Dec 2016	<i>Campylobacter</i>	15
9	Dec 2016	STEC O26	10
10	Jan 2017	STm 9	95
11	Feb 2017	STm 135	20
12	Feb 2017	STm 135a	18
13	Mar 2017	<i>S. Reading</i>	9
14	Mar 2017	STm 9	7
15	Mar 2017	STm 135	5
16	May 2017	STm 9	13
17	May 2017	<i>S. Virchow 8</i>	8
18	May 2017	STEC O157	7
19	May 2017	STm 135	7
20	Jun 2017	STm 9	14

STm – *Salmonella* Typhimurium; STEC – Shiga toxin producing *Escherichia coli*.

No. = number

4. Biosecurity SA Activities under the Food Act 2001

Biosecurity SA is a division of the Department of Primary Industries and Regions SA (PIRSA). The *Primary Produce (Food Safety Schemes) (Meat Industry) Regulations 2006* requires retail butcher shops to hold accreditation administered by PIRSA.

Under the Memorandum of Understanding (MoU) between SA Health and PIRSA, both agencies share risk management principles that minimise regulatory burden and duplication. In practice to avoid duplication, retail butcher shops that sell food (other than meat) and conduct activities regulated under the *Food Act 2001*, are inspected by Biosecurity SA officers. There are a number of officers that have been appointed Authorised Officers under the Act.

During 2016-17, 1012 audits were conducted by Biosecurity SA Authorised Officers on 526 retail butcher shops, where a component of audits addressed other retail activities regulated under the Act. During the audits at retail butcher shops, 58 Corrective Action Requests were issued to 49 businesses which related to their food safety program, hygiene or construction and required follow up visits. No expiation notices or penalties were issued.

Safe Drinking Water Act 2011

Part 8 - Miscellaneous

50 – Agreement and consultation with local government sector

- (1) The Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of this Act.
- (2) If the Minister and the LGA enter into an agreement with respect to the exercise of functions under this Act by councils, then the Minister must prepare a report on the matter and cause copies of the report to be laid before both Houses of Parliament.
- (3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.
- (4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.
- (5) The annual report of the Minister under this Act must include a specific report on—
 - (a) the outcome of any consultation undertaken under subsection (1) or (4); and
 - (b) the operation of any agreement referred to in subsection (2).

51 – Annual report by Minister

- (1) The Minister must, on or before 30 September in each year, prepare a report on the operation of this Act for the financial year ending on the preceding 30 June.
- (2) The Minister must, within 6 sitting days after completing a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.

52 – Annual reports by enforcement agencies

- (1) An enforcement agency (other than the Minister) must, on or before 30 September in each year, furnish to the Minister a report on the activities of the enforcement agency under this Act during the financial year ending on the preceding 30 June.

The objectives of the *Safe Drinking Water Act 2011* (the Act) and *Safe Drinking Water Regulations 2012* (the Regulations) are to:

- ensure that drinking water supplied to South Australians is safe,
- provide direction on how to achieve a safe drinking water supply,
- implement principles of the *Australian Drinking Water Guidelines, 2011* (ADWG)

The Act requires:

- registration of drinking water providers,
- development and implementation of risk management plans (RMPs) for individual supplies,
- audit or inspection of supplies,
- reporting of incidents to the Department for Health and Ageing (the department),
- provision of water quality results to the public on request.

The department administers the Act with support from local Government. Within the department, the Water Quality Unit is responsible for day to day administration of the Act with assistance from the Health Protection Operations and Food Safety and Audit sections.

Registration of drinking water providers

During 2016-17, the department registered 24 new drinking water providers. Seven drinking water providers cancelled their registration. At 30 June 2017, there were 176 drinking water providers registered with the department. Some providers include multiple supplies under one registration. SA Water's registration includes 75 water supplies, while the Department of Education and Child Development's registration includes 51 schools and preschools.

As required under Section 11 of the Act, the department maintains a list of registered drinking water providers on the [SA Health website](#). Councils are advised of drinking water providers within their area.

Risk management plans

All drinking water providers must have a Risk Management Plan (RMP) that includes an approved monitoring program and an incident protocol.

During 2016-17 the department reviewed RMPs for new drinking water providers and provided assistance as required. An updated standard RMP for water carters was published on the [SA Health website](#).

Water quality incidents

Under Section 13 of the Act, a drinking water provider's RMP must include a procedure for identifying, notifying and responding to water quality incidents. The department receives notification of incidents and provides advice and direction on remedial actions required to maintain safety of drinking water supplies.

Incidents reported by SA Water

SA Water incidents are reported according to the interagency Water/Wastewater Incident Notification and Communication Protocol. Under the Protocol, the department provides the Water Incident Coordinator. Incidents are classified as Priority Type 1, Type 1 or Type 2 health incidents.

- Priority Type 1 incidents – likely to require an immediate interagency meeting to develop responses and consider possible issuing of public advice. In the absence of appropriate interventions these incidents could cause serious risk to human health.
- Type 1 water quality incidents – in the absence of appropriate intervention these incidents could cause serious risk to human health.
- Type 2 incidents – represents a low risk to human health, but may provide preliminary warnings of more serious incidents.

During 2016-17, the department received notification of two Priority Type 1 incidents, 48 Type 1 incidents and 161 Type 2 incidents from SA Water.

The department:

- coordinated communication and responses to all Priority Type 1 and Type 1 incidents
- called interagency meetings and provided advice on operational responses for the two Priority Type 1 incidents. Both incidents involved the detection of potentially human infectious *Cryptosporidium parvum* at outlets of drinking water treatment plants
- liaised with SA Water during Type 1 incidents to ensure remedial actions or responses were implemented in a timely manner.

The department determined that responses to all Priority Type 1 and Type 1 incidents were effective and none represented a significant risk to public health. The department determined that no public notifications were required for these incidents.

Reported Type 2 incidents were determined to be low risk and to not require further action by the department.

Incidents reported by other drinking water providers

In 2016-17 there were 19 drinking water incidents reported to the department by providers other than SA Water. The majority of incidents, 14 out of the 19 reported, were due to the detection of *E.coli* in rainwater tank supplies. The department provided advice on chlorination of water tanks and flushing of pipework with resampling of the water supply where required.

Other incidents reported were due to loss of chlorine residual, high turbidity, high aluminium concentrations and bird access to a water storage tank. The incidents relating to high turbidity and high aluminium were from supply using surface water (River Murray water). At the time of the incidents floodwater from interstate was impacting on river water quality making treatment difficult to control. As a result bottled or cask water was supplied as an alternative for drinking and cooking purposes until control of water treatment improved.

In each case appropriate responses were implemented.

Approval of auditors and inspectors

Auditors and inspectors are approved under Section 15 of the Act in line with established competency criteria. Approval as either a Level 1 Auditor, Level 2 Auditor or Level 3 Inspector is based on technical skills and experience. The types of supply that can be audited or inspected by an individual are defined in approval conditions.

In the past year the department:

- approved one Level 2 Auditor and cancelled one existing approval;
- conducted a training session for 14 prospective auditors and inspectors. Local Government employees and departmental staff attended. Online training was available for those unable to attend in person;
- provided support and on-site training for local Government auditors and inspectors.

At 30 June 2017 there were 35 approved auditors and inspectors including independent auditors, department staff, local Government employees and officers from the Dairy Authority of South Australia (DASA). The department maintains a list of approved auditors and inspectors on its website.

Audits and inspections

The Act requires that all drinking water providers are subject to an audit or inspection every year or every two years as described in a schedule published in the Government Gazette. Reports of all audits and inspections have to be submitted to the department.

Under Section 20(4) of the Act the drinking water provider is responsible for ensuring the audit or inspection is carried out in accordance with the published schedule.

The Water Quality Unit oversees the audit and inspection program and where possible coordinates drinking water audit and inspections with the activities of Health Protection Operations and the Food Safety and Audit section to avoid duplication and cost. Audits

and inspections are also performed by local Government and independent auditors. DASA undertakes inspections of independent drinking water supplies used by 10 dairy processors as part of existing audit activities.

During 2016-17, a total of 86 audits and inspections of drinking water supplies were carried out with the department undertaking 42 of the audits and 29 inspections.

Audits and inspections conducted by the department (small-medium sized drinking water providers) identified a number of non-compliances. These included incomplete RMPs and gaps in documentation of maintenance activities and water quality test results. None of the non-compliances resulted in a drinking water supply being declared unsafe. The department continues to provide advice and recommendations on improvements to maintenance and water treatment options for these providers.

Quality of water and provision of results

Under Section 27 of the Act, drinking water providers must make results of monitoring program available to the public.

SA Water provides consumers with water quality information through publication of data on their website and in their annual report. Other drinking water providers can provide results to consumers on request by letter, email or telephone.

Approval of laboratories

No laboratories were approved during the reporting period. Approved water quality testing laboratories are listed on the [SA Health website](#).

Administration and enforcement

The Act incorporates enforcement provisions including the appointment of authorised officers with appropriate qualifications and experience. Department officers may also be authorised to carry out expiation notices under the Act and Regulations.

In 2016-17 there was one new appointment of an authorised officer within the department. Authorised officers appointed by local Government are listed in Council annual reports (Appendix 3).

At 30 June 2017 there were 15 authorised officers and 13 officers authorised to issue expiations for expiable offences.

Consultation with local Government sector

Under Section 50 of the Act, the Minister must take reasonable steps to consult with the Local Government Association (LGA) from time to time in relation to the administration and enforcement of the Act.

During 2016-17 the department held discussions with the LGA to formalise the roles and responsibilities of the department and local Government in administering the Act. An exchange of letters clarifying the arrangement between the two parties and a package of resources will be developed in consultation with local Government. The department continues to work with local Government and provide support and training opportunities to facilitate the ongoing administration of the Act.

Carers Recognition Act 2005

The *Carers Recognition Act 2005* is deemed applicable for the following: Department for Communities and Social Inclusion, Department for Education and Child Development, Department for Health and Ageing, Department of State Development, Department of Planning, Transport and Infrastructure, South Australia Police and TAFE SA.

Section 7 – Reporting by reporting organisation

(1) A reporting organisation must prepare a report on –

- (a) the organisation's compliance or non-compliance with section 6; and
- (b) if a person or body provides relevant services under a contract with the organisation (other than a contract of employment), that person's or body's compliance or non-compliance with section 6.

The [SA Health Partnering with Carers Policy Directive](#) was released during Carers Week in October 2015.

In 2016-17, SA Health continues to collaborate and partner with Carers SA to progress the [SA Health Partnering with Carers Strategic Action Plan 2016-19](#). The Strategic Action Plan oversees the state coordination and monitoring of the whole of health strategy which supports standardisation across SA Health in relation to Partnering with Carers Policy Directive.

The action plan is designed to examine key issues and identify priorities relevant to partnering with carers and the community, and aligns with the SA Health Partnering with Carers Policy Directive.

Key priorities under the Strategic Action Plan include:

- early identification and recognition;
- staff education and training;
- carers are engaged as partners in care;
- carers provide comments and feedback;
- carer friendly workplace;
- celebrate carers during National Carers Week.

SA Health continues to work with the Local Health Networks to implement the SA Health Partnering with Carers Strategic Action Plan.

Section C: Reporting of public complaints as requested by the Ombudsman

The information provided below is comprised of all SA Health complaints received (inclusive of LHNs and SAAS complaints).

In 2016-17, the number of SA Health complaints reported into the Safety Learning System (SLS) was 6888. In some instances, one complaint may contain multiple complaint categories in addition to the primary complaint.

The table below shows the number of complaints received for each category of complaint.

Summary of complaints by subject

Category of complaints by subject	Number of instances
Treatment	2570
Communication	2370
Access	2061
Corporate Services	901
Privacy / Discrimination	436
Cost	356
Professional Conduct	203
Consent	110
Grievances	100
Total	9107

Data for the past five years is available at: <https://data.sa.gov.au/data/organization/sa-health>

Further information is available in the [SA Health Patient Safety Report](#) and the [SA Health Patient Safety Report for Consumers and the Community](#) on the Safety and Quality website at www.sahealth.sa.gov.au/safetyandquality - Safety and Quality Reports page.

Complaint outcomes

SA Health encourages patients, consumers, families, carers and the community to provide feedback.

Feedback provides an opportunity for health services to observe the quality of health care from the perspective of patients, consumers, families, carers and the community. It also assists in directing improvement in the quality of these services.

Consumers can provide feedback and express their concerns, complaints or compliments in person with the relevant health care service, via telephone, by writing, via the health care website or with the Consumer / Patient Adviser. Issues that cannot be resolved at the health care service may be forwarded to the Health and Community Services Complaints Commissioner (HCSCC).

The [SA Health Consumer Feedback and Complaints Management Policy Directive, Guideline and Toolkit](#) assists in addressing consumer feedback and complaints, and provides a consistent approach to feedback and complaints management and feedback at all health sites.

The [Safety Learning System \(SLS\) Consumer Feedback Module](#) is used to record all complaints, compliments, advice and suggestions in South Australia. The complaints received are categorised against the HCSCC Charter of Rights and national health complaints categories and sub-category definitions.

As part of the consumer feedback awareness program, Safety and Quality developed the SA Health Partnering with Consumers and Community online eLearning course. Consumers in the videos talk about respect and dignity, receiving information, communication with health care professionals, and partnership in deciding on their care. These are all important aspects of partnering with consumers and consumer centred care approaches, which includes the consumers' right to provide feedback, and to comment or complain about the health care setting.

The [SA Health Consumer feedback process information sheet](#) provides consumers and the community with a step-by-step process for providing feedback, and also provides a list of contacts for the individual health sites. The information sheet is available on the Health and community services feedback and complaints page on the SA Health website www.sahealth.sa.gov.au