



**Government  
of South Australia**

---

SA Health

# **Department for Health and Wellbeing 2018-19 Annual Report**

Department for Health and Wellbeing  
PO Box 287 Rundle Mall Adelaide SA 5000

[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

Contact phone number: +61 8 8226 0795

Contact email: [HealthCE@sa.gov.au](mailto:HealthCE@sa.gov.au)

ISSN: 2201-0475

Date presented to Minister: 30 September 2019

To:

Hon Stephen Wade MLC

Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of the *Public Sector Act 2009*, the Public Sector Regulations 2010 and the *Public Finance and Audit Act 1987*; and 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 Wellbeing by:

Dr Christopher McGowan

Chief Executive

Date 30/09/2019

Signature



## From the Chief Executive



The Department for Health and Wellbeing (the department) as system leader is committed to supporting the South Australian public health system to achieve success. In 2018-19, the department underwent a review to ensure it is best placed to perform its roles and functions and devolve service delivery as close to the consumer as appropriate.

A key reform to the wider SA Health governance was to establish Local Health Network Governing Boards, accountable for overseeing local health service delivery. The department supported the establishment of the Governing Boards and commenced the transfer of centralised functions to Local Health Networks. This transition to a devolved model at the local level will facilitate health service decision-making better tailored to local needs and deliver a safe, high quality and financially sustainable health system into the future.

This rebalancing of the public health system will also place a greater focus on prevention and early intervention. Wellbeing SA is being established to oversee community-wide health and prevention services for all South Australians. It will lead innovative system change to embed prevention across the life course and disease continuum, and to reduce the preventable burden of disease. Wellbeing SA will support people to improve physical, mental and social wellbeing and lead healthier lives.

Another key priority is to rebalance the health system in South Australia in a way that represents the needs of the community, delivers the highest standards of safe and quality care and is financially sustainable. An important part of this work will be the establishment of the Commission on Excellence and Innovation in Health. The Commission will provide leadership and advice on clinical best practice, maximising health outcomes, improving care and safety, monitoring performance, championing evidence-based practice and clinical innovation, and supporting clinical collaboration.

This rebalancing has brought a change of focus for the department in its system leadership role. Internal realignment has occurred in light of responsibilities to be devolved and the new entities being created. Combining strategy, structure, governance and explicit culture setting, we look forward to building a new operating model to achieve high performance across the system.

A handwritten signature in blue ink, appearing to read 'C. McGowan'. The signature is fluid and cursive, written over a white background.

Dr Christopher McGowan

**Chief Executive**

## Contents

<b>Overview: about the agency</b>	<b>5</b>
Our strategic focus	5
Changes to the agency	8
Our Minister	10
Our Executive team	10
Legislation administered by the agency	11
Other related agencies (within the Minister’s area/s of responsibility)	12
<b>The agency’s performance</b>	<b>14</b>
Agency contribution to whole of Government objectives	14
Agency specific objectives and performance	16
Employment opportunity programs	28
Work health, safety and return to work programs	29
Executive employment in the agency	33
<b>Financial performance</b>	<b>34</b>
Financial performance at a glance	34
Consultants disclosure	35
Contractors disclosure	41
<b>Risk management</b>	<b>51</b>
Risk and audit at a glance	51
Fraud detected in the agency	51
Strategies implemented to control and prevent fraud	51
Whistle-blowers disclosure	51
<b>Reporting required under any other Act or Regulation</b>	<b>52</b>
Reporting required under the <i>Carers’ Recognition Act 2005</i>	74
<b>Public complaints</b>	<b>76</b>
Number of public complaints reported	76
<b>Appendix 1: Local government activities under the <i>Food Act 2001</i></b>	<b>80</b>
<b>Appendix 2: Food outbreak investigations – 2018-19</b>	<b>91</b>
<b>Appendix 3: Annual Reports by Enforcement Agencies under the <i>Safe Drinking Water Act 2011</i></b>	<b>94</b>
<b>Appendix 4: Audited financial statements 2018-19</b>	<b>174</b>

## Overview: about the agency

### Our strategic focus

<p><b>Our purpose</b></p>	<p>The Department for Health and Wellbeing (the department) is responsible for providing system leadership and setting the strategic direction for the delivery of health services in South Australia (SA). The department, through the Chief Executive, is responsible to the Minister for Health and Wellbeing (the Minister). The department supports the Minister and Chief Executive in exercising their powers and functions.</p>
<p><b>Our vision</b></p>	<p>The <i>SA Health Strategic Plan 2017 to 2020</i> provides a vision for the priorities as an organisation with a particular focus on ‘how’ the organisation and its staff work together. SA Health performs three roles in the health system:</p> <p><b>Lead</b> – SA Health enables, protects, guides and supports the health and wellbeing of all South Australians</p> <p><b>Partner</b> – SA Health collaborates with a diverse range of partners so that South Australians benefit from a full range of health and wellbeing services</p> <p><b>Deliver</b> – SA Health directly provides evidence informed, high quality services across our communities from beginning to end of life.</p>
<p><b>Our values</b></p>	<p>Care and Kindness are the SA Health values that underpin how we treat each other, working together to provide services. The South Australian Public Sector values articulate our commitment to each other, consumers and the community. These are Service, Professionalism, Trust, Respect, Collaboration and Engagement, Honesty and Integrity, Courage and Tenacity and Sustainability.</p>
<p><b>Our functions, objectives and deliverables</b></p>	<p>The department supports the delivery of public health services, formulates health and wellbeing 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.</p> <p>The department is taking on a revised role, complementing and supporting the Local Health Networks, SA Ambulance Service and other portfolio entities by providing high-level system leadership.</p>

**Our functions, objectives and deliverables  
(continued)**

Led by the Chief Executive, the department is responsible for:

- Supporting and advising the Minister and government on strategic policies and directions
- Coordination of Parliamentary and Cabinet briefing processes
- Statutory reporting requirements
- Intergovernmental relations
- Participation in, and supporting the Minister to participate in, national reforms via national councils and committees
- Regulatory and licencing functions.

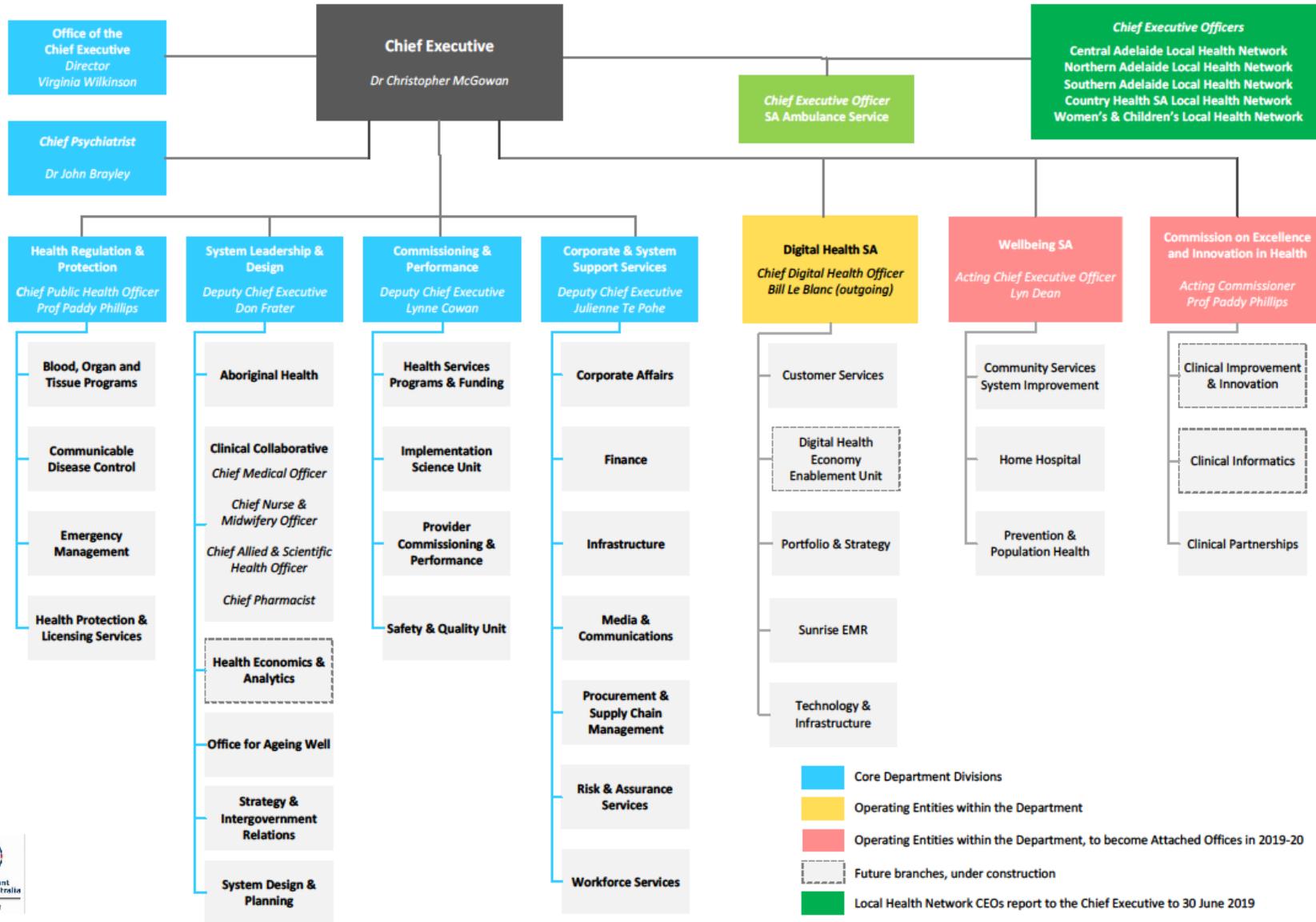
As the system leader for the delivery of health services, the department will:

- Provide strategic leadership, planning and direction for health care services in SA
- Make recommendations for the allocation of funding from the health portfolio budget to health service providers
- Oversee, monitor and promote improvements in the safety and quality of health services
- Enter into Service Agreements with health service providers outlining budget, activity and performance measures
- Arrange for the provision of health services by contracted health entities
- Monitor performance and take remedial action when performance does not meet expected standards
- Set system-wide policy directives and guidelines
- Demonstrate strong financial management and accountability that prioritises investment in high value, evidence-informed service responses and system sustainability at a local level
- Foster a leadership culture that supports accountability, transparency, collaboration and encourages innovation.

## Our organisational structure

### Department for Health and Wellbeing Organisational Chart

30 June 2019



## Changes to the agency

During 2018-19, there were changes to the department's structure as a result of the governance reforms, and informed by an internal review. Some of the department's responsibilities were devolved resulting in a transition of some business units to Local Health Networks and Shared Services SA.

In order to build analytical and commissioning capability and improve consistency, there was a realignment to reflect the key system leader functions across the following four core departmental divisions:

- Health Regulation and Protection

This division provides centralised protection and specific regulatory functions, and sets and monitors the regulatory framework and standards. It informs and helps prioritise focus with the System Leadership and Design and Commissioning and Performance divisions.

- System Leadership and Design

This division has a system leadership focussed role within the department, responsible for directional strategy, integrated system planning, strategic policy and system intelligence. With a whole-of-system perspective, it informs, coordinates and prioritises focus across the Commissioning and Performance division.

- Commissioning and Performance

This division performs a critical interface role with Local Health Networks and other commissioned providers. With a system management focus, it drives an integrated approach to commissioning, purchasing, relationship and performance management of all providers. It executes direction from the System Leadership and Design division, Wellbeing SA and the Commission on Excellence and Innovation in Health.

- Corporate and System Support Services

With a range of enablement functions, this division provides corporate and system support services to all other departmental divisions. It promotes accountability and clear corporate services responsibilities within and across divisions and continues to provide some core, statewide support services.

### Chief Public Health Officer and Chief Medical Officer

Fulfilling the government's election commitment, the previously combined role of Chief Public Health Officer (CPHO) and Chief Medical Officer (CMO) was split into two separate roles. The CPHO leads the Health Regulation and Protection division and the CMO role sits within the System Leadership and Design division.

## Digital Health SA

Following the independent review into the cancelled EPAS Program, Digital Health SA was established as an operating entity within the department reporting directly to the Chief Executive, incorporating what was previously eHealth Systems. Digital Health SA provides statewide system support services, centralising the digital focus, to allow the department to make best use of available technology across our public health system.

## Wellbeing SA

Wellbeing SA has been established initially as an operating entity within the department, reporting to the Chief Executive. During 2019-20, Wellbeing SA will become an Attached Office under the *Public Sector Act 2009*. It will focus on prevention, health promotion and primary health care. Wellbeing SA will bring together the functions and services of Home Hospital, Prevention and Population Health, Mental Health and Wellbeing, including the Mental Health Commission.

## Commission on Excellence and Innovation in Health

The Commission has been established initially as an operating entity within the department, reporting to the Chief Executive. During 2019-20, the Commission will become an Attached Office under the *Public Sector Act 2009*. It will provide leadership and advice within SA Health and the SA government on clinical excellence and innovation. The Commission is being established with three program areas spanning Clinical Partnerships, including Statewide Clinical Networks, Clinical Improvement and Innovation, and Clinical Informatics.

## Our Minister

Hon Stephen Wade MLC is the Minister for Health and Wellbeing in South Australia.

The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention.



## Our Executive team

- Dr Christopher McGowan is the Chief Executive
- Don Frater is the Deputy Chief Executive, System Leadership and Design
- Lynne Cowan is the Deputy Chief Executive, Commissioning and Performance
- Julianne TePohe is the Deputy Chief Executive, Corporate and System Support Services
- Bill Le Blanc is the (outgoing) Chief Digital Health Officer, responsible for the department's information technology strategy
- Lyn Dean is the (incoming) Chief Executive Officer of Wellbeing SA
- Professor Paddy Phillips is the (incoming) Commissioner for the Commission on Excellence and Innovation in Health, the (outgoing) Chief Public Health Officer, and the (outgoing) Chief Medical Officer
- Dr John Brayley is the Chief Psychiatrist, responsible for functions relating to the administration of the *Mental Health Act 2009* and the standard of mental health care in SA
- Virginia Wilkinson is the Director, Office of the Chief Executive.

## **Legislation administered by the agency**

The department plays a role in administering all legislation committed to the Minister for Health and Wellbeing with some legislation administered in conjunction with other public sector agencies:

*Advance Care Directives Act 2013*

*Aged Citizens Clubs (Subsidies) Act 1963*

*Assisted Reproductive Treatment Act 1988*

*Blood Contaminants Act 1985*

*Consent to Medical Treatment and Palliative Care Act 1995*

*Controlled Substances Act 1984*

*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*

*Mental Health Act 2009*

*Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013*

*National Health Funding Pool Administration (South Australia) Act 2012*

*Office for the Ageing Act 1995*

*Prohibition of Human Cloning for Reproduction Act 2003*

*Public Intoxication Act 1984*

*Research Involving Human Embryos Act 2003*

*Retirement Villages Act 2016 and Retirement Villages Regulations 2017*

*Safe Drinking Water Act 2011*

*South Australian Public Health Act 2011*

*Tobacco and E-Cigarette Products Act 1997*

*Transplantation and Anatomy Act 1983*

Pertinent updates to legislation during 2018-19 are listed below.

*Health Care Act 2008*

To support progression of the government's priority to reform governance of the health system through devolving accountability for local service delivery to LHN Governing Boards, the *Health Care (Governance) Amendment Act 2018* was passed in Parliament on 29 July 2018. The Amendment Act provisions came into effect within the *Health Care Act 2008* on 1 July 2019. *The Health Care (Local Health Networks) Proclamation 2019* was published in June 2019. The effect of this was to dissolve the Country Health SA LHN and establish six new regional LHNs.

*Office for the Ageing Act 1995*

On 1 February 2019, amendments were proclaimed under the *Office for the Ageing (Adult Safeguarding) Amendment Act (Commencement) Proclamation 2019*, enabling the Office to change its name to Office for Ageing Well, to better reflect the focus of its work.

**Other related agencies (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 and Wellbeing:

Central Adelaide Local Health Network

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

Controlled Substances Advisory Council

Country Health SA Local Health Network

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

Country Health SA Health Advisory Councils (39 across SA)

Health and Community Services Complaints Commissioner

Health Performance Council

Health Services Charitable Gifts Board

Mental Health Commission

Northern Adelaide Local Health Network

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

Office for Ageing Well

Pharmacy Regulation Authority of South Australia

SA Ambulance Service

SA Ambulance Service Volunteers' Health Advisory Council

SA Medical Education and Training Health Advisory Council

South Australian Public Health Council

Southern Adelaide Local Health Network

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

Women's and Children's Health Network

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

Veterans' Health Advisory Council

## The agency's performance

### Agency contribution to whole of Government objectives

Key objective	Agency's contribution
<p><b>More jobs</b></p> <p>Rural Health Workforce strategy - more doctors for country SA</p>	<p>A commitment of \$20 million has been made to develop and implement a Rural Health Workforce Plan to address the shortage of health practitioners in rural areas. From January 2019, the number of junior doctors training in country South Australian hospitals has more than doubled.</p>
<p><b>Lower costs</b></p> <p>The Central Adelaide Local Health Network (CALHN) Organisational and Financial Recovery Plan</p> <p><i>Better Prevention: A Healthy South Australia and Targeted Preventative Health</i> policy platforms outline the vision and long-term approach for effective prevention in our state, with the aim of reaching all South Australians</p>	<p>A diagnostic review undertaken by KordaMentha identified that CALHN is currently operating significantly above the nationally agreed efficient price for acute inpatient hospital services. To address the issues identified in the Diagnostic Review, KordaMentha has developed a comprehensive Organisational and Financial Recovery Plan to deliver a step-change in performance over a three-year period from 1 January 2019 to 31 December 2021. Early performance improvements reflect an overall improvement to financial results in 2018-19.</p> <p>Investment in health prevention benefits individuals, communities and government. Preventable health conditions add to the cost of healthcare. For every dollar invested in health promotion, it is estimated that over five dollars in health spending can be saved.</p> <p>Prevention outcomes will be pursued through five strategic levers:</p> <ul style="list-style-type: none"> <li>• Individual and community action</li> <li>• Education, screening and vaccination</li> <li>• Research, monitoring and evaluation</li> <li>• Public health regulation</li> <li>• Leadership and coordination.</li> </ul> <p>Wellbeing SA will be responsible for prevention, health promotion and primary health care within SA Health, to lead and support the implementation of the policy platforms.</p>

<b>Key objective</b>	<b>Agency's contribution</b>
<p><b>Better Services</b></p> <p>Repatriation General Hospital (the Repat) Master Plan</p> <p>More cardiac services at The Queen Elizabeth Hospital (TQEH)</p> <p>Reducing the elective surgery backlog</p> <p>Decentralisation of public health system governance to engage communities and clinicians for better health</p> <p>Improved older persons' mental health care</p> <p>Upgrading Modbury Hospital</p> <p>Riverland drug addiction rehabilitation</p> <p>Protecting vulnerable adults - Adult Safeguarding Unit</p> <p>Improving mental health services</p>	<p>The final Repat Master Plan was released on 27 February 2019, following extensive community consultation. This is a plan that delivers on the needs of the community and will take pressure off SA's health system.</p> <p>24/7 cardiac services have been restored at TQEH, and the cardiac catheterisation labs upgraded with an investment of \$4 million. This is in addition to a \$263.9 million major upgrade of the hospital. This investment will ensure residents in western Adelaide have access to quality health care, closer to home.</p> <p>\$45 million has been invested in order to significantly reduce the number of overdue elective surgery patients in SA.</p> <p>Legislation to decentralise governance of the public health system came into effect on 1 July 2019, devolving decision-making within the public health system through Local Health Network Governing Boards.</p> <p>A roadmap has been developed for the future care and management of older people with significant dementia or complex mental health needs. This will ensure each and every individual receives the right level of care.</p> <p>\$23 million has been invested to re-instate the high dependency unit as part of a \$114.6 million upgrade at Modbury Hospital.</p> <p>A community-based drug addiction rehabilitation pilot in the Riverland commenced in January 2019.</p> <p>New laws to establish Australia's first Adult Safeguarding Unit have been passed. The Unit will respond to reports of abuse or neglect of vulnerable adults and raise awareness about elder abuse in the community.</p> <p>Additional resources for mental health services, including suicide prevention funding, a new specialist Borderline Personality Disorder Service and a dedicated Paediatric Eating Disorder Service have been provided.</p>

## **Agency specific objectives and performance**

The department is committed to delivering services that produce positive outcomes to the health and wellbeing of all South Australians 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; and
6. Focussing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing.

These areas of strategic focus strongly support the State government's objectives to deliver real change in SA that creates better government services.

<p><b>Agency objectives</b>    1.</p>	<p><b>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Reform SA Health governance</p>	<p>In 2018-19, work was done to establish Local Health Network Governing Boards and to transition to the devolution of decision making at the local level.</p> <p>LHN Governing Board Transition Chairs and Transition Board members underwent a system-level induction in May 2019 in preparation for commencement on 1 July 2019.</p> <p>The structure of the Department for Health and Wellbeing was reviewed during 2018-19. To best fulfil its system leadership functions, a revised department structure came into effect on 6 May 2019.</p> <p>Four core departmental divisions were established:</p> <ul style="list-style-type: none"> <li>• Health Regulation and Protection</li> <li>• System Leadership and Design</li> <li>• Commissioning and Performance</li> <li>• Corporate and System Support Services.</li> </ul> <p>The establishment of Wellbeing SA commenced to oversee community-wide health and prevention services.</p> <p>Work has commenced to begin the establishment of the Commission on Excellence and Innovation in Health, including the first three Statewide Clinical Networks; Palliative Care, Cardiology and Urgent Care.</p>
<p>SA Pathology Sustainability Project</p>	<p>SA Pathology underwent an external review to identify opportunities for improvement that provide for appropriate care to be delivered in a sustainable way into the future. The review examined in detail the public and commercial services provided by SA Pathology. An implementation plan was approved to change the operating model in order to place the organisation on a commercial footing and support long-term sustainability while maintaining patient care and safety as a priority.</p>

<p><b>Agency objectives 1. (continued)</b></p>	<p><b>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Build a new Women’s and Children’s Hospital</p>	<p>A high-level task force has been driving planning for the new Women’s and Children’s Hospital, with a view to achieving co-location within the Royal Adelaide Hospital (RAH) by 2025-26. This will provide babies and children with better access to medical retrieval through close proximity to the helipad and reduce the need to separate sick mothers and babies.</p>
<p>Upgrade hospital infrastructure</p>	<p><i>Modbury Hospital</i></p> <p>Major capital works upgrades were approved in December 2018 and construction began in April 2019, including for the:</p> <ul style="list-style-type: none"> <li>• New Emergency Extended Care Unit</li> <li>• Short Stay General Medical Unit</li> <li>• Upgraded Surgical Unit</li> <li>• Palliative Care Unit</li> <li>• Four Bed High Dependency Unit</li> <li>• Outpatients</li> <li>• Administration Area.</li> </ul> <p><i>The Queen Elizabeth Hospital</i></p> <p>Site master planning for stage 3 redevelopment commenced in April 2019. This will include a new clinical services building to allow the reallocation of clinical functions from the existing Tower building. Construction is underway on a new multi-deck car park with 500 spaces.</p> <p><i>Noarlunga Hospital</i></p> <p>The 12-bed acute medical ward was commissioned. Work to establish a Women’s and Children’s hub and midwifery service in the Noarlunga Hospital precinct commenced in 2018-19.</p> <p><i>Barossa Hospital</i></p> <p>Work commenced to provide funding for a business case to consider a single health hub at this hospital.</p>

<p><b>Agency objectives 1. (continued)</b></p>	<p><b>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Upgrade hospital infrastructure (continued)</p>	<p><i>Gawler Hospital</i> Additional vital signs monitors were delivered and are in use.</p> <p><i>Lighthouse Lodge</i> Work on this upgrade progressed and a concept design report was submitted in March 2019.</p> <p><i>Yorketown Hospital</i> An upgrade to surgical facilities will enable general surgery, gynaecology and urology services to remain at the hospital. Planning has commenced and a tender process will follow for building works to start by January 2020.</p> <p><i>Murray Bridge Soldiers Memorial Hospital</i> A \$7 million upgrade is planned for the Emergency Department and Central Sterile Services Department. The tender process closed in the last week of June 2019, with construction expected to start in September 2019.</p> <p><i>Ardrossan Community Hospital</i> Funding has been provided to support the provision of Accident and Emergency and other palliative care and sub-acute services at this community-owned, private, not-for-profit hospital.</p>
<p>Upgrade Ambulance stations</p>	<p>In May 2019, the SA Ambulance Service (SAAS) completed its \$240,000 refurbishment of the Jamestown Ambulance station. The replacement of Hawker and Strathalbyn ambulance stations has been prioritised and are undergoing investigation and development.</p> <p>During 2018-19 a number of capital works upgrades were completed for volunteer stations including Yunta, Riverton and Tumby Bay.</p>

<p><b>Agency objectives 2.</b></p>	<p><b>Managing growth and increasing demand on our health system, and providing our patients with the best possible care</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Ramping and surge capacity</p>	<p>In November 2018, the final signed Service Level Agreements between the department and metropolitan LHNs were published. Included were agreed strategies to address ambulance ramping and strengthen the surge capacity of individual hospitals. A Statewide Patient Flow Forum was held on 12 February 2019 which identified issues and solutions to improving flow across the system. A range of these are being explored with the aim to reduce unnecessary time a patient waits for health care throughout their attendance in hospital. Reducing waiting time at all stages of their journey improves patient flow and efficiency. It improves the health system’s capacity to meet increased demand, reduces instances of external ambulance triaging and improves the safety and experience of the patient.</p> <p>Strategies currently underway to address ramping and surge capacity include:</p> <ul style="list-style-type: none"> <li>• A review of transit lounges across the State</li> <li>• Implementation of the Direct Admission to an Inpatient Unit Guideline</li> <li>• Establishment of a Statewide Steering Committee to develop the Criteria Led Discharge Policy</li> <li>• Establishment of a Patient Transfer Working Group to improve the process for clinically necessary transfers between LHNs.</li> </ul>
<p>Bed numbers</p>	<p>Measures to address LHN patient flow and capacity initiatives include:</p> <ul style="list-style-type: none"> <li>• Twenty additional beds were opened at the Repat Health Precinct for long-stay patients in December 2018</li> <li>• A 12-bed acute medical unit was opened at Noarlunga Hospital for appropriate general medicine direct admissions in April 2019</li> <li>• Ten mental health Psychiatric Intensive Care Unit beds were opened at the RAH in January 2019</li> <li>• A five-bed mental health assessment unit was opened in November 2018 at the Lyell McEwin Hospital.</li> </ul>

<p><b>Agency objectives 2. (continued)</b></p>	<p><b>Managing growth and increasing demand on our health system, and providing our patients with the best possible care</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Trial Priority Care Centres</p>	<p>Four Priority Care Centres will be trialled this winter as a strategy to provide more timely treatment for patients and to reduce long waits in Emergency Departments.</p>
<p>Maximise use of Intensive Home Based Support Services</p>	<p>The number of consumers making use of Intensive Home Based Support Services has progressively increased during the year with the program now operating at full capacity. Staff have been employed by LHNs to facilitate referrals to the service.</p>
<p>Implement Home Hospital Trial to alleviate pressure on Emergency Departments</p>	<p>Several out-of-hospital pilot programs were run which treated more than 400 patients either at home or within the community, including:</p> <ul style="list-style-type: none"> <li>• Linking 238 people with enhanced out-of-hospital support in the Southern Adelaide Local Health Network through the pilot program with the Royal District Nursing Service</li> <li>• Linking 156 patients to General Practitioner (GP) and community services through a pilot program run by the Northern Adelaide Local Health Network. Pop-Up Community Care and the Geriatrics in the Home program in Adelaide's north and north-east freed up to 16 beds daily at Modbury and Lyell McEwin Hospitals.</li> </ul>
<p>Reduce elective surgery waiting times</p>	<p>A \$45 million investment was announced to significantly reduce the number of patients who are overdue for a colonoscopy or elective surgery procedure. A range of strategies have been developed to reduce the overdue patient lists, including working with the private sector to undertake the procedures, and increasing the number of surgeries carried out across public hospitals, including country and peri-urban hospitals.</p>
<p>Publicly report SA Health outpatient waiting times to support patients and their doctors to make informed decisions about treatment options.</p>	<p>Specialist outpatient services waiting time information has been reported on a quarterly basis from July 2018. The fourth Specialist Outpatient Waiting Time Report was published on 1 April 2019 (reflecting a census date of 31 January 2019).</p>

<b>Agency objectives 2. (continued)</b>	<b>Managing growth and increasing demand on our health system, and providing our patients with the best possible care</b>
<b>Indicators</b>	<b>Performance</b>
Employ criteria-led discharge as a demand management and patient flow initiative	SA Health partnered with the South Australian Salaried Medical Officers Association (SASMOA) to develop the Hospital Discharge and Criteria Led Discharge Policy. Released in January 2019, it supports nurses, midwives, allied health professionals and junior medical staff to use their knowledge, skills and experience to review and discharge patients using documented clinical criteria.
Provide funding to palliative care outreach services, extending the operating hours to 24/7	A model of care for Specialist Palliative Care Services in SA has been progressed that integrates with SA Health's contracted end-of-life care service providers that provide services in the consumer's home.  Funding to the LHNs to extend community outreach palliative care to a 24 hour, 7 days a week service has been allocated. LHNs started to undertake the necessary work to transition to a 24/7 arrangement by 1 July 2019.
Raise the participation rate of South Australians in Advanced Care Directives	The department continued to partner with the Legal Services Commission and Office for the Public Advocate to promote Advance Care Directives (ACDs) in the community. Sales of the do-it-yourself (DIY) Kit and the ACD form increased by 55 percent from February to March 2019 and to 65 percent by May 2019.
<b>Agency objectives 3.</b>	<b>Improving the quality and safety of health care, through the provision of technology and information solutions that deliver better patient outcomes</b>
<b>Indicators</b>	<b>Performance</b>
Independently review the Enterprise Patient Administration System (EPAS)	The independent review of EPAS concluded and the final report was published on the SA Health website on 29 January 2019 along with the government's response. As recommended by the review, the EPAS program was cancelled and the Sunrise Electronic Medical Records System will be deployed at the RAH and Mount Gambier Hospital over the next 12 months.

<b>Agency objectives 4.</b>	<b>Improving mental health care</b>
<b>Indicators</b>	<b>Performance</b>
Develop a Statewide Mental Health Services Plan 2019-2024	The draft Mental Health Services Plan was developed in partnership between the Chief Psychiatrist and the SA Mental Health Commissioner. A high level of engagement and feedback from a range of key stakeholders was received throughout the development of the Plan. The Plan is expected to be launched in 2019-20.
Establish the Lyell McEwin Hospital Mental Health short stay unit	An interim Mental Health Assessment Unit has been established at the Lyell McEwin Hospital, ahead of the construction and commissioning of a brand new \$5.5 million facility.
Expand support for the prevention of suicide	<p>In the 2018-19 State Budget, the government provided \$2.5 million of funding for suicide prevention over the next four years to 2021-22. This will fund SA Suicide Prevention Networks (SPNs) and associated voluntary groups to increase compassion and break down stigma associated with mental illness and suicide.</p> <p>By July 2018, 28 SPNs were in place and eight additional SPNs were developed in 2018-19, bringing the total to 36 as at 30 June 2019. Work is underway to develop a further three in 2019-20.</p>
Establish a paediatric eating disorder service	SA Health has commenced consultation with the Southern Adelaide Local Health Network and the Women's and Children's Health Network on a dedicated paediatric eating disorder service, to ensure access to inpatient and outpatient services for children and young people under 15 years of age with an eating disorder.
Enhance the mental health specialist skills of rural General Practitioners	A review of current mental health training resources for rural GPs was undertaken. A package of revised resources was developed in June 2019 for implementation in 2019-20, to support the development of advanced mental health specialist skills.
Expand support for people living with Borderline Personality Disorder (BPD)	A statewide BPD service was established for at-risk clients, with a focus on new mothers, their babies and young people. Site construction of a BPD centre was completed in April 2019. The Model of Care and BPD website was officially launched by the Minister in June 2019.

<b>Agency objectives 5.</b>	<b>Reducing and better managing health conditions and promoting Aboriginal community health and wellbeing</b>
<b>Indicators</b>	<b>Performance</b>
Establish a permanent renal dialysis unit in the APY Lands	Funding of \$50,000 was provided towards the capital costs of establishing a permanent renal dialysis unit in Pukatja, to be run by Western Desert Dialysis. The unit build was completed in June 2019 with dialysis to commence in early 2019-20.
Formalise a clinically endorsed procedure to support Aboriginal traditional healing in a health setting	A formalised agreement, developed in conjunction with the Anangu Ngangkari Tjutaku Aboriginal Corporation was established. This allows ongoing access for patients and supports a culturally responsive and respectful health system that contributes to better outcomes for Aboriginal people. Aboriginal traditional healers, known as Ngangkari, are working hand-in-hand with health professionals to treat patients in hospitals and healthcare facilities across the Northern Adelaide Local Health Network.
<b>Agency objectives 6.</b>	<b>Focusing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing</b>
<b>Indicators</b>	<b>Performance</b>
Better Prevention and Targeted Preventative Health	<p>Targeted health prevention for high risk groups includes the establishment of Wellbeing SA to address prevention, health promotion and primary health care within SA Health.</p> <p>Work to establish Wellbeing SA has included extensive consultation with stakeholders which was used to inform the development of the model for Wellbeing SA. Priority populations were identified and actions targeted at these groups will be explored once Wellbeing SA is in operation in 2019-20.</p>
Healthy Towns	The South Australian Healthy Towns Challenge was launched as part of the Healthy Communities Program. \$1 million over four years will be invested to fund preventative health projects in regional areas through grants of up to \$50,000 each provided to regional towns annually.

<b>Agency objectives 6. (continued)</b>	<b>Focusing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing</b>
<b>Indicators</b>	<b>Performance</b>
Healthy Towns (continued)	More than 40 applications were received for the first round of grants and a further 27 applications for the second round. Six successful towns were chosen in the first round in 2018 and six more towns received funding for round two, announced in June 2019.
Beat Cancer	The department has worked with a wide range of stakeholders, including the Cancer Council SA, to ensure funding continues for the Beat Cancer Project. Funding was agreed to be provided by the Commonwealth Government and the Cancer Council SA in mid-2019.
Vaccinations for Influenza	<p>SA Health had distributed 616,762 doses of influenza vaccine by the end of week 13 of the 2019 influenza program (30 June 2019). Vaccines were distributed to children aged between 6 months to less than five years, SA Health healthcare workers, people aged 65 years and over, pregnant women, Aboriginal people and those considered medically at risk.</p> <p>This represented a 20 percent increase from the number of doses distributed at the same stage of the program in 2018.</p>
Vaccinations for Measles	Unlike many other states and territories, SA has not had a significant rise in notified measles cases. The National Immunisation Program vaccine supply held by SA is for use in children, young adults up to 20 years of age, and newly arrived refugees. Supply is restricted to these priority cohorts by the Commonwealth.
Vaccinations for meningococcal disease	<p>The SA population is protected against meningococcal disease through the state funded Meningococcal B Immunisation Program and the National Immunisation Program meningococcal ACWY program.</p> <p>Vaccination programs are implemented in age groups most at risk of disease, namely young children and adolescents.</p>

<b>Agency objectives 6. (continued)</b>	<b>Focusing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing</b>
<b>Indicators</b>	<b>Performance</b>
Bowel cancer prevention – cut waiting times for patients to receive procedures quickly and prevent progression	A \$45 million investment has been made to significantly reduce the number of patients who are overdue for a colonoscopy or elective surgery procedure. SA Health established a panel of approved suppliers for the provision of colonoscopy services to public patients. LHNs continued to undertake additional internal lists and referred suitable patients to private providers. By 30 June 2019, 1,500 patients had been referred to private providers.
Clinical Cancer Registry	Preparatory work began for a more efficient collection of data for the Clinical Cancer Registry. This will support the work of the new Commission on Excellence and Innovation in Health, which will be tasked with preparing and implementing a data plan for SA.
Expand the Strength for Life Program for older people	SA Health entered into a contract on 1 November 2018 with the Council on the Ageing (COTA) to fund expansion of the Strength for Life (SFL) program. This extends access to older people in Aboriginal, culturally and linguistically diverse, regional and disadvantaged populations. The Prevention and Population Health area continues to support COTA with expansion planning, particularly in relation to evaluation and data collection systems. The program is currently available in more than 90 locations across SA.
Introduce a system of Youth Treatment Orders for children under the age of 18, confirmed as suffering from dependence on or at risk of harm from alcohol related or other drug use	The <i>Controlled Substances (Youth Treatment Orders) Amendment Bill 2018</i> was introduced by the Minister in the Legislative Council in June 2018. It provides the option of court ordered treatment for children and young people experiencing drug dependency. SA Health is leading an interagency working group to develop a draft model of care to address youth substance dependence and to guide the development of the Bill. In the 2019-20 State Budget, \$1.75 million was allocated over four years to provide a government-funded legal representation scheme for children subject to Youth Treatment Orders.

<b>Agency objectives 6. (continued)</b>	<b>Focusing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing</b>
<b>Indicators</b>	<b>Performance</b>
Limit the number of drug diversions	New legislation enabling the limit on the number of drug diversions came into effect on 1 April 2019. Communication strategies were undertaken with drug diversion assessment providers to ensure they were aware of these legislative changes taking effect. Data continues to be monitored to ensure that the diversion process is working efficiently and in a timely manner, in line with the program's intent of an early intervention approach.
Smoke-free SA prisons by 2020	The government has committed \$6.2 million over the next four years within the 2018-19 State Budget to assist the transition to smoke-free prisons. The Adelaide Women's Prison became smoke-free in February 2019.
Outdoor smoking – review the effectiveness and scope of current legislation to limit smoking in outdoor dining areas and other venues	A public consultation process was undertaken to obtain input from the public on ways to strengthen SA's tobacco control laws. Views presented will help inform future enhancements to the tobacco control legislation.
Reduce the abuse of prescription drugs through real time prescription monitoring	As part of the 2018-19 State Budget, \$7.5 million was committed over three years (from 2019-20) to support a real-time prescription monitoring (RTPM) solution for Schedule 8 medicines in SA. Development of a project plan commenced in June 2019 to identify, procure and implement an information technology solution that will meet SA Health's RTPM business requirements.

### Employment opportunity programs

Program name	Performance
Aboriginal Employment Register	One Aboriginal trainee was successfully recruited from the Aboriginal Employment Register to a position in the department.
Transition to Professional Practice Program (TPPP) for Registered Nurses and Registered Midwives	SA Health offered 503 registered nursing and 60 midwifery TPPP positions for 2019 in country and metropolitan locations
Pharmacy Interns	SA Pharmacy recruited 18 interns across a number of sites in the annual intake.
Medical Interns	For the 2019 intern training year, 262 medical interns were appointed.
Jobs 4 Youth	One trainee and five graduates were placed in the department during the reporting period.

### Agency performance management and development systems

Performance management and development system	Performance
Department for Health and Wellbeing (DHW) Performance Review and Development template	The current paper-based template is available on the intranet and achieved a 30.75 percent participation rate.
2018-19 SA Study Assistance Program for Nurses and Midwives	With 241 successful recipients in 2018-19, this program supports SA Health nurses and midwives to ensure quality care delivery to patients/clients and to complete post-graduate study.
SA Health Leading Clinicians Program	This program assists health professionals in clinical leadership roles to develop their leadership capability and improve patient-centred care. In 2018, 80 clinicians (68 participants and 12 facilitators) completed the program. A further 84 clinicians (72 participants and 12 facilitators) commenced the program in February 2019. Evaluations consistently demonstrate high levels of satisfaction and valuable contributions to SA Health's strategies and plans.

<b>Performance management and development system (continued)</b>	<b>Performance</b>
Leadership and Development of the Allied Health and Scientific Professions within SA Health	The Allied Health Professional Reimbursement Program continued with funding support provided to 1,728 Allied and Scientific Health professionals in 2018-19.
Partner with the Universities, VET sector and health sites regarding clinical placements (non-medical), teaching, education standards, training and research	<p>Expansion of the Clinical Placement Management System continued in 2018-19. Bookings for three million clinical placement hours (covering the majority of health professions) continue to be online for more than 243 organisations, with remaining professions to be rolled out during 2019-20.</p> <p>System logins and Sunrise accounts have been provided for around 7,000 student placements at sites using the Sunrise system.</p>

### Work health, safety and return to work programs

<b>Program name</b>	<b>Performance</b>
'Gayle's Law'	<p>In 2017 Parliament passed the <i>Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment Act 2017</i>, more commonly referred to as 'Gayle's Law', in response to the tragic death of dedicated nurse, Mrs Gayle Woodford in 2016.</p> <p>Under Gayle's Law, any health practitioner who provides a health service in response to an out of hours or unscheduled callout in a remote area of SA must be accompanied by a second responder. The Act has been proclaimed to commence on 1 July 2019. It applies to all health services provided by the SA government and local councils, funded by the Commonwealth Government, or provided by medical practitioners, nurses and midwives in private practice.</p> <p>The detail on how Gayle's Law will operate is prescribed by regulation and has been the subject of consultation with service providers and peak organisations since the passage of Gayle's Law.</p>

Program name (continued)	Performance
<p>Manual Task Risk Management System</p> <ul style="list-style-type: none"> <li>- Training</li>   <li>- Ergonomic consultancy</li>   <li>- Claims comparison 2017-18 to 2018-19</li> </ul>	<p>The department coordinates the Manual Tasks Local Facilitator (MTLF) Training System across SA Health.</p> <p>There are now around 1,040 MTLFs throughout SA Health providing training, induction and support to reinforce safe work practices. In 2018-19, 193 new facilitators completed the two-day practical training and 332 current facilitators attended refresher sessions. The department has five MTLFs, located at locations with heavier manual task risks.</p> <p>Risk assessments and control measures continue to be provided for hazardous manual tasks, plant and equipment.</p> <p><i>SA Health</i></p> <ul style="list-style-type: none"> <li>• Musculoskeletal injury (MSI) claims increased by 1 percent (561 to 569)</li> <li>• Average cost per new MSI claim increased by 21 percent</li> <li>• Total MSI claim costs increased by \$2.3 million (22 percent increase) from \$10.8 million to \$13.1 million.</li> </ul> <p><i>Department for Health and Wellbeing</i></p> <ul style="list-style-type: none"> <li>• MSI claims increased by 3 to a total of 12</li> <li>• Average cost per new MSI claim increased by 32 percent</li> </ul> <p>Total MSI claim costs decreased by \$25,850 (16 percent) from \$162,233 to \$136,383.</p>
<p>Slips Trips and Falls Prevention</p>	<p>The SA Health <i>Prevention of Slips Trips and Falls Policy Directive</i> applies to all SA Health workers, including employees, occupiers, volunteers, contractors, labour hire workers and students.</p> <p>There were the same number of slip, trip and falls workers compensation claims (seven) received in 2018-19 compared with the previous year for the department.</p>
<p>Challenging Behaviours</p>	<p>The SA Health Challenging Behaviour Strategy has been developed to prevent and respond to challenging behaviour during health care, to minimise the potential harm to workers and consumers. Resources include a policy directive, policy guideline, toolkit and video. The Challenging Behaviour Strategy and Toolkit are currently under review.</p>

Program name (continued)	Performance
<p>Psychological Health Strategy</p> <p>- Claims comparison 2017-18 to 2018-19</p>	<p>Implementation of the strategy has begun in the LHNs, with an initial focus on building mental health literacy and strengthening supportive leadership skills. Improvements are anticipated as the strategy becomes embedded.</p> <p>The strategy features three key areas:</p> <ul style="list-style-type: none"> <li>• Identifying and responding to psychological hazards and incidents</li> <li>• Supportive leadership and management</li> <li>• Psychological health awareness – taking care of self and others</li> </ul> <p><i>SA Health</i></p> <ul style="list-style-type: none"> <li>• Psychological (PSY) injury claims increased by 10 percent (132 to 145)</li> <li>• Average cost per new PSY claim increased by 38 percent</li> <li>• Total PSY claim costs increased by \$2.554 million (from \$4.398 million to \$6.952 million).</li> </ul> <p><i>Department for Health and Wellbeing</i></p> <ul style="list-style-type: none"> <li>• PSY claims remained the same (2)</li> <li>• Average cost of new PSY claims increased by 12 percent.</li> </ul>
<p>Identification of psychological hazards</p>	<p>Analysis of incidents, claims, and worker survey data to identify 'hot spots' and intervention strategies took place and the reporting process was improved. Training and resources were delivered to strengthen mental health literacy and build capacity to identify psychological hazards.</p>
<p>Supportive Leadership for Team Wellness Program</p>	<p>Winning the Australian Psychological Society Workplace Excellence Award, this program builds skills in resilience, conflict management, supporting staff through change and responding to psychological hazards in the workplace. In 2018-19, 16 staff members across SA Health undertook a 'train the trainer' program. Of these 16 trainers, 6 have delivered components of the Supportive Leadership Program in 2018-19.</p>
<p>Mindfulness Based Flourishing Program</p>	<p>This online program was taken up by 1369 SA Health staff who were randomly allocated to either intervention (936) or waiting-list control (433). Preliminary findings suggest that the intervention led to significant improvements in measures of staff resilience and wellbeing and decreases in depression, anxiety and stress. The University of East London is now conducting an evaluation of the program.</p>

Program name (continued)	Performance
Job Analysis Management System (JAMS)	<p>JAMS provides a reliable method to assess, record and inform the key requirements of SA Health job roles, enabling the matching of worker capacity to physical and psychological job demands.</p> <p>WorkFit Physiotherapists provided tailored job analyses to discuss safe duties and modifications for injured workers with treating health professionals, workers and managers.</p>
Fatigue Management	<p>In 2018, in line with the SA Health Fatigue Management Strategy, <i>Prevention of Fatigue – An educational risk management guide for South Australian Health Services</i> was published on the SA Health intranet. The guide and associate resources support SA Health to meet the legislative requirements (Sections 19, S27 and S28) of the <i>Work Health and Safety Act 2012 (SA)</i> and its Regulations. It also supports the SA Health Policy Directive <i>Worker Health Wellbeing and Fitness for Work</i>. Designed with a preventative risk management focus, the shared responsibilities of SA Health leaders and workers providing health care and services are emphasised. It provides information and the steps which should be taken by SA Health leaders to identify people and occupational groups that may be at potential risk of fatigue due to specific roles, tasks and/or work patterns. During April 2019, three workshops were arranged targeting Work Health Safety and Injury Management and Human Resources staff to assist with implementation of the guide and resources.</p>

Workplace injury claims Department for Health and Wellbeing	2017-18	2018-19	% Change (+ / -)
Total new workplace injury claims	21	30	+42.9%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	2.22	4.50	+102.7%

\*number of claimants assessed during the reporting period as having a whole person impairment of 30 percent or more under the Return to Work Act 2014 (Part 2 Division 5).

<b>Work health and safety regulations</b> Department for Health and Wellbeing	2017-18	2018-19	% Change (+ / -)
Number of notifiable incidents ( <i>Work Health and Safety Act 2012, Part 3</i> )	1	2	+100%
Number of provisional improvement, improvement and prohibition notices ( <i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i> )	0	0	0.0%

<b>Return to work costs</b> Department for Health and Wellbeing **	2017-18	2018-19	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$404,767	\$380,830	-5.9%
Income support payments – gross (\$)	\$134,014	\$115,882	-13.5%

\*\*before third party recovery

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/department-for-health-and-wellbeing>

### Executive employment in the agency

<b>Executive classification</b>	<b>Number of executives</b>
Executive Level F	1
SAES 1 Level	30
SAES 2 Level	10

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/department-for-health-and-wellbeing>

The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary and tenure by agency.

## Financial performance

### Financial performance at a glance

The following is a brief summary of the overall financial position of the department. Full audited financial statements for 2018-19 are provided at Appendix 4.

<b>Department for Health and Wellbeing three-year financial summary</b>						
Three-year financial summary (\$000)	2018-19	%	2017-18	%	2016-17	%
		↑↓		↑↓		↑↓
Total expenses	5 617 628	↓-2.7%	5 773 803	↑12.6%	5 128 526	↑3.6%
Total income	1 784 432	↓-0.9%	1 800 805	↑3.4%	1 741 472	↑1.8%
Net cost of providing services	3 833 196	↓-3.5%	3 972 998	↑17.3%	3 387 054	↑4.6%
Revenues from/Payments to SA Government	4 167 659	↑4.5%	3 986 313	↑17.2%	3 400 798	↑10.5%
Net result for the period	334 463	↑2411.9%	13 315	↓-3.1%	13 744	↑108.5%
Net cash provided by operating activities	341 828	↑4041.9%	8 253	↓-66.8%	24 885	↑112.3%
Total assets	970 158	↑63.0%	595 094	↓-2.7%	611 705	↑11.3%
Total liabilities	372 452	↑12.2%	332 048	↓-7.6%	359 228	↓-2.3%
Net assets	597 706	↑127.2%	263 046	↑4.2%	252 477	↑38.9%

<b>Expenses by category 2018-19</b>	
	<ul style="list-style-type: none"> <li>Employee benefit expenses (\$200m)</li> <li>Supplies and services (\$541m)</li> <li>Depreciation and amortisation expense (\$17m)</li> <li>Grants and subsidies (\$4,835m)</li> <li>Other expenses (\$25m)</li> </ul>

<b>Income by category 2018-19</b>	
	<ul style="list-style-type: none"> <li>Revenue from fees and charges (\$357m)</li> <li>Grants and contributions (\$1,396m)</li> <li>Interest revenue (\$4m)</li> <li>Resources received free of charge (\$24m)</li> <li>Other revenue (\$3m)</li> </ul>

<b>Recurrent funding to incorporated health services 2018-19 (\$4,704m)</b>	
	<ul style="list-style-type: none"> <li>SA Ambulance Service Inc (\$160m)</li> <li>Country Health SA LHN (\$692m)</li> <li>Southern Adelaide LHN (\$944m)</li> <li>Central Adelaide LHN (\$1,854m)</li> <li>Women's and Children's HN (\$402m)</li> <li>Northern Adelaide LHN (\$652m)</li> </ul>

<b>Capital funding to incorporated health services 2018-19 (\$103m)</b>	
	<ul style="list-style-type: none"> <li>SA Ambulance Service Inc (\$4m)</li> <li>Country Health SA LHN (\$14m)</li> <li>Southern Adelaide LHN (\$14m)</li> <li>Central Adelaide LHN (\$46m)</li> <li>Women's and Children's HN (\$11m)</li> <li>Northern Adelaide LHN (\$14m)</li> </ul>

## Consultants disclosure

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken, and the actual payments made for the work undertaken during the financial year.

### Consultancies with a contract value below \$10,000 each

Consultancies	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	Various	\$ 10,610

### Consultancies with a contract value above \$10,000 each

Consultancies	Purpose	\$ Actual payment
Solomon Advisory Services Pty Ltd	<p>An Independent Expert Review Panel has been formed and consists of the following members</p> <ul style="list-style-type: none"> <li>• Solomon Advisory Services Pty Ltd</li> <li>• Strategance Group Pty Ltd</li> <li>• Baggoley Consulting</li> </ul> <p>This Independent Expert Review Panel conducted an independent review of the functionality, performance and long-term prospects of the Enterprise Patient Administration System (EPAS).</p>	\$ 397,511
PWC Consulting (Australia) Pty Ltd	Preparation of preliminary business case for the new Women's and Children's Hospital.	\$ 276,730
Ernst & Young	Undertake a review of the current Rights of Private Practice arrangements for salaried medical officers.	\$ 243,941
Strategance Group Pty Ltd	<p>An Independent Expert Review Panel has been formed and consists of the following members</p> <ul style="list-style-type: none"> <li>• Solomon Advisory Services Pty Ltd</li> </ul>	\$ 229,893

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
	<ul style="list-style-type: none"> <li>• Strategance Group Pty Ltd</li> <li>• Baggoley Consulting</li> </ul> <p>This Independent Expert Review Panel conducted an independent review of the functionality, performance and long-term prospects of the Enterprise Patient Administration System (EPAS).</p>	
Carramar Consulting Pty Ltd	Develop a non-admitted service model for the new Women's and Children's Hospital.	\$ 174,057
Hardes & Associates	Provide an inpatient activity projection model for future demand and supply of acute hospital services.	\$ 146,000
Tektology Pty Ltd	Provide specialised advisory services on governance and organisational reform matters related to the new future state design for the Department for Health and Wellbeing.	\$ 125,195
Deloitte Risk Advisory Pty Ltd	Develop recommendations for the design and implementation of best practice data governance in SA Health.	\$ 122,732
KordaMentha	Independent assessment of purchasing practices within the Central Adelaide Local Health Network.	\$ 110,170
Cultural Fusion Pty Ltd	Delivery of the SA Health Aboriginal Health Care Framework 2019-2024 including consultation with Aboriginal community.	\$ 100,000
PWC Consulting (Australia) Pty Ltd	Independent assessment of the economic impacts relating to rebalancing the South Australian Health System.	\$ 88,760

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Democracy Co Unit Trust	Undertake community engagement, and provide recommendations on the reactivation of the Repatriation General Hospital.	\$ 70,000
Baggoley Consulting	<p>An Independent Expert Review Panel has been formed and consists of the following members</p> <ul style="list-style-type: none"> <li>• Solomon Advisory Services Pty Ltd</li> <li>• Strageance Group Pty Ltd</li> <li>• Baggoley Consulting</li> </ul> <p>This Independent Expert Review Panel conducted an independent review of the functionality, performance and long-term prospects of the Enterprise Patient Administration System (EPAS).</p>	\$ 69,052
Aspex Consulting Pty Ltd	Undertake a review of the existing mental health governance structure.	\$ 66,763
University of South Australia	Conduct a review of the <i>Advanced Care Directives Act 2013</i> .	\$ 66,612
KPMG	Deliver an independent review, analysis and recommendation on the current SA Health Inventory Team workflow. The scope includes a review of current state, provision of future state and provision of a roadmap and requirements for achieving the desired future state.	\$ 61,794
Grosvenor Management Consulting Pty Ltd	Development of an assessment framework for procurement and contract management with non-government organisations.	\$ 58,594
Ground Effects Consulting	Develop a procurement strategy for the provision of freight, courier services and logistics including a logistics optimisation strategy.	\$ 52,750
The Australian Centre for Social Innovation Inc.	Provide recommendations on future priorities to enhance the achievement of ageing well outcomes.	\$ 50,000

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
University of South Australia	Independent review on literature on evidence to advance a mental health workforce strategy and development of a protocol to evaluate statewide mental health nursing workforce strategy.	\$ 50,000
University of South Australia	Develop an intensive, staged program of study that enabled accelerated completion of the Graduate Diploma in Mental Health Nursing qualification.	\$ 50,000
Mercer Consulting (Australia) Pty Ltd	Actuarial assessment for long service leave as per Australian Accounting Standards (AASB 119) as at 30 June 2018 for all SA Health entities.	\$ 48,125
Peter Norrie	Independent review of specific and clinical outcomes of care in the Outer South Mental Health Services.	\$ 47,397
Executive Advisory Services Pty Ltd	Undertake a review of the existing ICT service provision and structure, and make recommendations on future service delivery models.	\$ 45,600
Deloitte Consulting Pty Ltd	Undertake an independent review of the Emergency Departments at the Central Adelaide Local Health Network and Northern Adelaide Local Health Network to improve patient flow in SA.	\$ 40,097
Deloitte Consulting Pty Ltd	Provide expert advisory services on the design, consultation and implementation of governing boards in SA.	\$ 37,318
Paul Tridgell Pty Ltd	Develop strategies to ensure SA Health compliance with Commonwealth outpatient billing rules.	\$ 32,036
Oz-Train Pty Ltd	Provide critical advice and strategies to SA Health executives in cultural change and change management and provide recommendations for future support.	\$ 32,000

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Quality Directions Australia	Undertake an independent review of the Australian Craniofacial Unit.	\$ 30,156
Global Centre for Modern Ageing Limited	Co-designing Aged Care in Strathalbyn including community engagement. Consultancy includes design principles of physical structure, development of service model and integration with the Strathalbyn community	\$ 28,500
Grosvenor Management Consulting Pty Ltd	Developing and delivering a training course with the objective of achieving a consistent understanding of commissioning concepts and terminology and exploring the critical commissioning competencies required by SA Health staff. This consultancy included developing a change management strategy including capturing stakeholder concerns, points of resistance, identifying potential programs that could be piloted for commissioning.	\$ 27,777
Aspex Consulting Pty Ltd	Provide recommendations on the governance of specialist eating disorders services.	\$ 26,625
Hannan Duck & Partners Pty Ltd	Provide lean expertise to map and review processes based on business process improvements of the mail service process. This consultancy includes scope, define and agree improvements of delivery and documentation of expected benefits.	\$ 24,000
Patrick O'Mallon	Review current Local Health Network learning management systems and advise on the feasibility of utilising a common system.	\$ 22,500
Caliba Group Pty Ltd	Create a business case and functional specification for the future improvement of SA Health's Catalogue Management System and the Procurement Contract Management System.	\$ 19,970

Realise Your Vision	Provide expert analysis and advice to meet the objectives of the Community Rehabilitation Centre and provide recommendations to changes to the model of care to make it responsive to client and system needs.	\$ 19,800
University of Melbourne	Identify and report gaps in the SA Youth Mental Health Services.	\$ 19,698
Grosvenor Management Consulting Pty Ltd	Develop procurement planning and evaluation guideline documents specific to clinical services.	\$ 17,950
PWC Consulting (Australia) Pty Ltd	Undertake an independent review of the Localised Bed Management system and the impact on access to mental health services.	\$ 16,000
KPMG	Developing a supply chain model that will drive benefits through inventory and supply chain network optimisation across SA Health.	\$ 12,523
Deloitte Consulting Pty Ltd	Provide independent expert advisory services to the department on governance reform matters, at a strategic and executive level.	\$ 10,000
<b>Total all consultancies</b>		<b>\$ 3,179,236</b>

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/department-for-health-and-wellbeing>

See also the [Consolidated Financial Report of the Department of Treasury and Finance](http://treasury.sa.gov.au/) at <http://treasury.sa.gov.au/> for total value of consultancy contracts across the South Australian Public Sector.

### Contractors disclosure

The following is a summary of external contractors that have been engaged by the agency, the nature of work undertaken, and the actual payments made for work undertaken during the financial year.

#### Contractors with a contract value below \$10,000

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
All contractors below \$10,000 each - combined	Various	\$ 327,567

#### Contractors with a contract value above \$10,000 each

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Rexco People	Temporary labour hire.	\$ 1,161,049
Talent International (Sa) Pty Ltd	Temporary labour hire.	\$ 1,113,764
Hays Specialist Recruitment (Australia) Pty Limited	Temporary labour hire.	\$ 1,081,541
Peoplebank Australia Ltd	Temporary labour hire.	\$ 904,025
Davies Stewart Recruitment & HR	Temporary labour hire.	\$ 818,474
Frazer-Nash Consultancy Ltd	Temporary labour hire.	\$ 632,295
Randstad Pty Limited	Temporary labour hire.	\$ 572,631
Hudson Global Resources Pty Ltd	Temporary labour hire.	\$ 562,291
Community Support Incorporated	Provision of home support services.	\$ 515,354
FBE Pty Ltd	Temporary labour hire.	\$ 514,960
Maxima Training Services	Temporary labour hire.	\$ 496,149
Chandler Macleod Group Ltd	Temporary labour hire.	\$ 490,208

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Ernst & Young	Procurement services for SA Health Strategic projects.	\$ 404,000
Manpower Services (Australia) Pty Ltd	Temporary labour hire.	\$ 399,199
Modis Staffing Pty Ltd	Temporary labour hire.	\$ 370,668
Carramar Consulting Pty Ltd	In collaboration with WCHN and DHW develop a non-admitted service model for the new WCH.	\$ 357,747
MBMPL Pty Ltd	Provision of advice in relation to the New RAH project.	\$ 357,457
Tracey Brunstrom & Hammond Pty Ltd	Contract management assistance with the nRAH Project.	\$ 296,135
Specialised Dispute Management Pty Ltd	Contract management assistance with the nRAH Project.	\$ 267,400
Deloitte Consulting Pty Limited	Services to the RAH PPP management committee (joint engagement with Spotless & Celsius).	\$ 261,500
GHD Pty Ltd	Architectural and engineering services.	\$ 255,000
Hoban Recruitment	Temporary labour hire.	\$ 234,242
DWS Advanced Business Solutions	Temporary labour hire.	\$ 226,258
Paul Tridgell Pty Ltd	Work on the coding and activity data quality project.	\$ 213,738
Escient Pty Ltd	Temporary labour hire.	\$ 177,301
Uniting Care Wesley Bowden Incorporated	Provision of home support services.	\$ 172,436
Terry Mehan & Associates Pty Ltd	Provision of governance advice and facilitation of workshops.	\$ 165,366
SAICORP	Management of insurance claims.	\$ 164,370

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Paxus Australia Pty Ltd	Temporary labour hire.	\$ 161,132
Walter Brooke & Associates Pty Ltd	Architectural Services.	\$ 157,782
Baptist Care (SA) Inc	Provision of home support services.	\$ 147,830
Allscripts Healthcare It (Australia) Pty Ltd	Temporary labour hire.	\$ 138,379
DFP Recruitment Services	Temporary labour hire.	\$ 132,129
ASG Group Ltd	Temporary labour hire.	\$ 130,899
Executive Advisory Services Pty Ltd	eHealth Independent Observer and adviser.	\$ 110,100
Peter Hibbert Family Trust	Provision of heuristic analysis services for enterprise chemotherapy prescribing system (ECPS) procurement.	\$ 109,182
Harrison McMillan Pty Ltd	Temporary labour hire.	\$ 104,537
Zed Consulting & Associates Pty Ltd	Review of Private Facility Licencing Framework.	\$ 97,341
All Occasions Group	Event management services for the 2018 SA Health Supplier Conference.	\$ 94,855
NSW Business Chamber Ltd	Temporary labour hire.	\$ 94,736
DXC Technology Australia Pty Ltd	Temporary labour hire.	\$ 91,815
Coffey Services Australia Pty Ltd	Undertake environmental monitoring and reporting at the former linen services site (Dudley Park).	\$ 90,627
Cheesman Architects Pty Ltd	Architectural Services.	\$ 87,165

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Deloitte Risk Advisory Pty Ltd	Undertake an internal audit of Non-Government Organisations grant and contract management across DHW and all LHN's except SAAS.	\$ 84,563
Enviropax Pty Ltd	Provision of advice and assistance in drafting for the update and restructure of the RAH PPP Contract Management Manual.	\$ 81,818
Rider Levett Bucknall SA Pty Ltd	Advisory services for the New WCH business case.	\$ 78,070
Destravis Australia Pty Ltd	Development of a Strategic Infrastructure Master Plan document for SALHN.	\$ 76,475
Health Consumers Alliance	Develop the SA Health statewide consumer feedback and complaints strategic framework.	\$ 75,000
Cognition	Provision of Employee Assistance Program (EAP) services.	\$ 72,513
Careerlink People Solutions	Temporary labour hire.	\$ 67,067
Astal	Temporary labour hire	\$ 62,700
Protop Project Management Services Pty Ltd	Project management services.	\$ 60,776
KPMG	Temporary labour hire.	\$ 59,940
Think About Learning	Design and development of training and assessment resources for Certificate II and III in Indigenous Environmental Health.	\$ 57,909
Department of Health & Human Services (Vic)	Provision of clinical placement management system.	\$ 56,364
All Occasions Group	Event management services for the 2019 SA Health Supplier Conference.	\$ 54,597

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
PriceWaterhouseCoopers Pty Ltd	Undertake an internal audit of cloud services procurement.	\$ 52,299
Bentleys SA Audit Partnership	Undertake an internal audit of strategic asset management at SA Ambulance Service.	\$ 52,088
JK Crystal Services	Provision of home support services.	\$ 49,936
Logi-Tech Pty Ltd	Review & assess SA Health's current technology infrastructure.	\$ 49,390
Ernst & Young	Provision of commercial and finance advice to the New RAH.	\$ 47,561
Zed Consulting & Associates Pty Ltd	Post occupancy evaluation.	\$ 47,277
Jim Birch Management Consultancy Pty Ltd	WCH Taskforce chair services.	\$ 46,731
PriceWaterhouseCoopers Pty Ltd	Provision of governance & risk advice for the New WCH.	\$ 46,550
Chris Jones	Temporary labour hire.	\$ 46,224
The University of Adelaide	Evaluation of the TIER leadership and management program.	\$ 45,969
PriceWaterhouseCoopers Indigenous Consulting Pty Ltd	Review of the Aboriginal Community and consumer engagement strategy.	\$ 45,000
BDO Advisory (SA) Pty Ltd	Equal Remuneration Order (ERO) Financial Modelling.	\$ 44,790
The University of Adelaide	Research and writing services.	\$ 44,750
Doll Martin Associated Pty Ltd	Review current patient billing functionality and alternatives available.	\$ 44,550
Hendercare	Provision of home support services.	\$ 40,451
ABFA Pty Ltd	Assisting with the financial management of the EMR project.	\$ 39,950

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Australian Institute of Company Directors	Induction of new Local Health Network boards.	\$ 39,500
O'Connor Marsden & Associates Pty Ltd	Provision of probity services for procurement activities.	\$ 38,979
KPMG	Develop an activity cost model for SAAS.	\$ 38,438
UXC Red Rock Consulting	Preparation of a business case for the implementation of Oracle iExpense.	\$ 37,500
Solomon Advisory Services Pty Ltd	Assistance with the EMR project	\$ 37,000
Ken Whelan Consulting Ltd	Provision of expert advice.	\$ 34,908
Christopher Ryan	Review of Mental Health Consumer Care.	\$ 34,313
Anthony Wehr Training	Development of training course and materials.	\$ 34,155
Wiser Technology Advice	Temporary labour hire.	\$ 33,979
Ernst & Young	Review and update of current BPA list.	\$ 33,235
BSR Management Solutions	Work on the governance reform project.	\$ 31,200
BDO Advisory (SA) Pty Ltd	Undertake an internal audit of building lease management processes at the WCHN.	\$ 30,996
Blue Crystal Solutions	Provision of staff to undertake Oracle system development work.	\$ 30,202
Feeny Marketing Trust	Seniors card brand refresh & social media services.	\$ 30,000
Deloitte Risk Advisory Pty Ltd	Undertake an internal audit of payroll data analytics.	\$ 29,477
Oz-Train Pty Ltd	Facilitate workshop.	\$ 29,200

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
BDO Advisory (SA) Pty Ltd	Cost Analysis of Mental Health Support Services Programs.	\$ 29,010
Claire McKendrick	Strategic advice, report writing and project support to SA Health's organisational capacity assessment.	\$ 28,984
The Australian Centre for Social Innovation Inc.	Engaging people with lived experience of dementia in the design of the Repat Neurobehavioural Unit.	\$ 28,050
System Solutions Engineering Pty Ltd	Barossa Hills Fleurieu TLR.	\$ 28,000
Johnstaff Advisory Pty Ltd	TQEH Redevelopment and New WCH facility planning advice.	\$ 27,805
HCM Australia Pty Ltd	Temporary labour hire.	\$ 27,455
Greenway Architects (SA) Pty Ltd	Architectural Services.	\$ 27,430
Logi-Tech Pty Ltd	Temporary labour hire.	\$ 26,050
Jacobs Group (Australia) Pty Ltd	Cost consultancy services.	\$ 25,138
Julian Gardner	Preparation of report into aspects of the SA Community Visitors Scheme.	\$ 25,126
System Solutions Engineering Pty Ltd	RGH Specialised Older Person Mental Health Buildings.	\$ 24,869
Experis	Temporary labour hire.	\$ 24,776
Department of Planning, Transport and Infrastructure	Initial planning & scoping works for new capital projects.	\$ 24,136
University of South Australia	Contribute to the development of the Mental Health Services Plan.	\$ 23,900

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Aged Rights Advocacy Service	On-site support to transition the SA Elder Abuse Prevention Phone line Service from the Aged Rights Advocacy Service to the Adult Safeguarding Unit.	\$ 22,500
Helica Architecture Pty Ltd	Architectural services.	\$ 22,050
PageUp People	Software implementation.	\$ 21,506
Gavin Stewart	Apply the National Mental Health services Planning Framework to SA.	\$ 21,377
Coffey International Development Pty Ltd	Evaluation of the SA Adult safeguarding unit.	\$ 20,955
MCBI (SA & NT) Pty Ltd	Facilitate workshop.	\$ 20,105
M3 Property	Property valuation report - 72 King William Road, North Adelaide.	\$ 20,000
Integrated Facility Management Pty Ltd	Data loading and management.	\$ 19,625
Insync Solutions	ICT implementation services.	\$ 18,500
Rixstewart Pty Ltd	Assistance with the Hotel Services procurement.	\$ 18,469
RNA Consulting Pty Ltd	Review Oracle warehouse management system.	\$ 18,126
Deloitte Risk Advisory Pty Ltd	Review of SA Health's self-assessment responses to the state procurement board accreditation program.	\$ 17,220
Caliba	Develop a business case proposal for the future functionality of PCMS and CMS.	\$ 17,000
BH Medical Equipment Services	Servicing of medical equipment.	\$ 16,880
SurvCAD Drafting Services	Architectural services.	\$ 16,600

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Australian Healthcare & Hospitals Association	Develop a South Australian institutional racism measuring and monitoring tool.	\$ 16,500
Gyre Digital Pty Ltd	Temporary labour hire.	\$ 16,200
Fleurieu Consult	Proofreading services.	\$ 15,840
Caravel Group Pty Ltd	Provision of expert advice.	\$ 15,500
Australian Medico-Legal Group Pty Ltd	Review of medical file on behalf of the Health & Community Services Complaints Commissioner.	\$ 15,450
Karen Phillips	Writing and editorial production of the Health Performance Council's Four-Yearly Review.	\$ 15,400
Christopher Reynolds	Review of the SA Public Health Act.	\$ 15,180
AMCL Pty Ltd	Review of SA Health Asset Management Document.	\$ 15,000
Don Dunstan Foundation	Data analysis & development of position paper.	\$ 15,000
Socially Connected Solutions	Age Friendly Customer Services rollout Project.	\$ 15,000
Capgemini Australia Pty Ltd	Facilitate workshop.	\$ 14,875
JD Consultancy Pty Ltd	Facilitate workshop.	\$ 13,829
Susan Schultz	Review and update of databases.	\$ 13,793
Bella IT And Management Consulting Pty Ltd	Document review.	\$ 13,500
Kate Simpson	Facilitate workshop.	\$ 13,280
Peter Hibbert Family Trust	Provision of root cause analysis (RCA) training.	\$ 12,850
Cathy Balding Quaiyworks Pty Ltd	Delivery of clinical governance workshops.	\$ 12,806

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Risk Insights Pty Ltd	Data discovery.	\$ 12,500
Aurecon Australasia Pty Ltd	Program advisory services.	\$ 12,350
Healthcare Equipment Planning Australia Pty Ltd	Undertake compliance review of central sterilisation services department and operating room areas.	\$ 11,200
Tasman Human Resource Consulting	Assistance with the development of position descriptions.	\$ 10,780
Public Private Property Pty Ltd	Land acquisition estimate, 1 North Terrace, Adelaide.	\$ 10,500
Tahna Pettman	Review of supermarkets to enhance access and supply of health food.	\$ 10,500
Jennifer Williams	Participation in the development of the Mental Health Services Plan.	\$ 10,432
Australian & New Zealand College Of Anaesthetists	Administrative services for the South Australian Anaesthetic Mortality Committee.	\$ 10,000
The University of Adelaide	Population and spatial demographic mapping.	\$ 10,000
<b>Total all contractors</b>		<b>\$ 18,445,931</b>

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/department-for-health-and-wellbeing>

The details of South Australian Government-awarded contracts for goods, services, and works are displayed on the SA Tenders and Contracts website. [View the agency list of contracts.](#)

The website also provides details of [across government contracts.](#)

## Risk management

### Risk and audit at a glance

The Chief Executive of the department established an Audit and Risk Committee (the committee) with external membership to support and advise the Chief Executive with discharging his risk management, audit and assurance responsibilities.

The committee meets every second month and regularly receives risk management reports and presentations from risk owners, as well as audit reports from both the Auditor-General's office and the department's internal audit function.

The department developed and implemented a Risk Management Policy and Internal Audit Charter to guide its risk and audit activities.

### Fraud detected in the agency

Category/nature of fraud	Number of instances
No reports of fraud or corruption were investigated within the department during the period under review.	Nil

*NB: Fraud reported includes actual and reasonably suspected incidents of fraud.*

### Strategies implemented to control and prevent fraud

The department regularly assess its exposure to the risk of fraud and corruption and reports on those activities. These strategies are captured in the Fraud and Corruption Control Policy and supporting plans.

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/department-for-health-and-wellbeing>

### Whistle-blowers disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Whistleblowers Protection Act 1993*:

*Nil*

The department did not receive any whistle-blower reports during the period under review that pertained to the activities or staff employed by the department.

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/department-for-health-and-wellbeing>

## Reporting required under any other Act or Regulation

Act or Regulation	Requirement
<b><i>Office for the Ageing Act 1995</i></b>	<p><b>11 – Annual Report</b></p> <p>(1) The Director must on, or before 31 October in each year, report to the Minister on the operations of the Office for Ageing Well during the preceding financial year.</p> <p>(2) The Minister must, within 6 sitting days after receiving a report from the Director, have copies of the report laid before both Houses of Parliament.</p>

The Office for Ageing Well (formerly Office for the Ageing), established under the *Office for the Ageing Act 1995*, is located in the Department for Health and Wellbeing. Under the Act, the Office for Ageing Well objectives include:

- supporting South Australians of all ages to age well, unencumbered by stigma and discrimination
- achieving proper integration of ageing persons within the community thus ensuring that the skills and experience of the ageing are not lost to the community through social alienation
- creating social structures in which ageing persons are able to realise their full potential as individuals and as members of the community
- creating a social ethos in which ageing persons are accorded the dignity, appreciation and respect that properly belong to them
- ensuring that the multicultural nature of the community is reflected in the planning and implementation of programs and services relevant to ageing persons
- achieving a proper understanding within the community of the problems affecting ageing persons and other vulnerable adults and ameliorating those problems so far as it is practicable to do so by modification of social structures and attitudes.

To achieve its objectives, the Office for Ageing Well listens to the voices of older South Australians as it leads the development of policies and delivers programs and projects in partnership with a range of stakeholders, in line with the priorities of the State government's ageing well agenda, through:

- Adult Safeguarding Unit
- State Ageing Policy
- Aged Care Strategy Unit
- Seniors Card Program
- Retirement Villages Unit
- Community Grants.

Following its passage through Parliament, in November 2019 the *Office for the Ageing (Adult Safeguarding) Amendment Act 2018* (Amendment Act) was assented to, delivering on the government's election commitment to protect the rights of adults vulnerable to abuse and support South Australians to age well.

On 1 February 2019, amendments to the *Office for the Ageing Act 1995* were proclaimed under the *Office for the Ageing (Adult Safeguarding) Amendment Act (Commencement) Proclamation 2019*, enabling the change of its name to Office for Ageing Well, to better reflect the focus of its work. During 2018-19, the Office for Ageing Well expanded its existing support function for adult safeguarding through the work of the new Adult Safeguarding Unit (ASU), which will commence operations in October 2019.

#### *Adult Safeguarding Unit*

Following the assent of the Amendment Act in November 2018, a substantial body of work commenced to establish the ASU, including recruitment of staff.

The Office for Ageing Well engaged with key stakeholders and a broad range of community members, including older people, people with disability and mental illness, and their families, to provide input into the development of the draft Ageing and Adult Safeguarding Regulations 2019, Code of Practice and *Charter of the Rights and Freedoms of Vulnerable Adults*.

On 1 January 2019, operation of the SA Elder Abuse Prevention Phone Line service (Phone Line), which was previously managed by the Aged Rights Advocacy Service with funding from the Office for Ageing Well, transitioned to the Office for Ageing Well. The Phone Line commenced in 2015 and currently operates as an advice and referral service. Since its commencement, the Phone Line has taken more than 1300 calls. Between 1 July 2018 and 30 June 2019, the Phone Line has received 565 calls.

Data from the Phone Line consistently indicates that the most frequent callers are older people seeking support in relation to their personal experience of abuse. The most common types of abuse are financial or emotional, and adult sons and daughters of older people are most often reported as the alleged abuser.

The adult safeguarding provisions of the Amendment Act and the Ageing and Adult Safeguarding Regulations 2019 were proclaimed and gazetted on 20 June 2019, and will come into effect on 1 October 2019. The *Office for the Ageing Act 1995* will be then be known as the *Ageing and Adult Safeguarding Act 1995*.

Once the ASU commences in October 2019 under the *Ageing and Adult Safeguarding Act 1995*, the ASU will have a focus on prevention and early intervention and will be responsible for responding to reports of abuse of older adults who are vulnerable in SA, in line with the *Charter of the Rights and Freedoms of Vulnerable Adults*. The Phone Line service will be the portal to the ASU.

#### *State Ageing Policy*

To meet the three priorities of the State Ageing Plan, in 2018-19 Office for Ageing Well delivered 15 ageing strategic projects in partnership with a broad range of stakeholders from government, non-government and community organisations, including:

- Partnering with Think Human to deliver the Peer Facilitated Mindset for Life program. This project will give older people from a range of backgrounds and locations the opportunity and tools to navigate their retirement transition to create a positive and rewarding next phase of life
- Piloting the Age Friendly Services Resources and Training project with State government organisations to ensure customer service is provided to older people that is age friendly, respects their rights and includes them in service design
- Providing Age Friendly SA grant funding to local governments to kick-start innovative projects that contribute to an age friendly SA through an open tender process
- Supporting older people to develop skills and confidence to connect, participate and interact safely in the digital world through a partnership with Telstra, Public Libraries and Service SA.

The annual Stop Elder Abuse public awareness campaign was held between 20 May and 22 June 2019. This year's campaign focussed on the general community as well as hairdressers and beauticians, who are often best placed to recognise signs of abuse of older clients. As in previous years, calls to the Phone Line service increased during and following the campaign period.

The Statewide Conversations with Older South Australians 2018 project engaged 1,500 older South Australians from diverse backgrounds to find out what matters most to them to age well. The key themes for ageing well included navigating change, no place like home and meaningful connections. This was underpinned by two broader themes of respecting diversity and challenging ageism. Building on this work, the Office for Ageing Well, in partnership with the Australian Centre for Social Innovation, conducted the Statewide Conversations with Stakeholders 2019 Project. These findings will be used to inform the actions, collaborations and partnerships of the next State Plan for Ageing Well in SA 2020-2024.

#### *Aged Care Strategy Unit*

Aged Care Assessment Teams (ACATs) in SA comprehensively assess the needs of frail older people to provide access to Commonwealth funded aged care services

SA was one of the highest performing jurisdictions in 2018-19, actioning 23,063 referrals and 16,119 completed assessments, an 8.5 percent increase from 14,854 in 2017-18. SA maintained timely performance in the completion of assessments across all settings, with the median days from referral to assessment currently at six days, compared to 11 days nationally. Ninety-five percent of assessments were completed within 29 days compared to 61 days nationally.

#### *Seniors Card Program*

The Seniors Card Program supports social and economic participation of older people and their connectedness to the community. It contributes to making SA an affordable place to live by increasing access to free public transport, providing important information about community news, events and services. It also delivers discounts and benefits from participating businesses.

In 2018-19, the total number of Seniors Card members increased to 390,000 and subscriptions to WeekendPlus, the fortnightly digital seniors' magazine, increased by 10 percent to 75,000. The number of 2019 Seniors Card business partners increased by 5.2 percent to 767. Of these, 47 percent were based in regional areas of the state and 53 percent were based in metropolitan Adelaide.

### *Community Grants Program*

The SA government, through the Office for Ageing Well, provides \$600,000 in ageing community grants to support community organisations and local government projects. These grants support South Australians to age well and promote opportunities for older South Australians to be involved and active in their communities.

In 2018-19, the Office for Ageing Well ran the Grants for Seniors, Positive Ageing Fellowship Grants (PAFG) and Age Friendly SA Grants rounds concurrently through an open tender process, providing grant funding totalling \$600,000 to support regional and metropolitan projects and activities including:

- Grants for Seniors supported 35 projects at a total cost of \$149,945
- PAFG supported six projects, totalling \$199,200
- A targeted grant of \$50,000 was provided to the Australian Centre for Social Innovation to deliver ongoing coaching, mentoring and support to PAFG recipients over the 12-month funding period to support sustainability
- Age Friendly SA grant funding supported eight projects at a total cost of \$200,000.

Outcomes achieved during the 2018-19 financial year include:

- purchase of equipment
- delivery of cultural, educational and sporting activities and programs
- initiatives to tackle ageing stereotypes and support positive perceptions of ageing
- initiatives that support participation, learning and independence
- kick-starting age friendly innovation projects to support opportunities for older people to connect to local places and community activities.

Act or Regulation	Requirement
<b>Retirement Villages Act 2016</b>  <b>Retirement Villages Regulations 2017</b>	<b>11 Annual Report</b> (1) The Registrar must, on or before 30 September in each year, provide a report to the Minister on the administration of this Act during the preceding financial year.  (2) The Minister must, within 12 sitting days after receiving a report under this section, have copies laid before both Houses of Parliament

The Retirement Villages Unit (the Unit) within the Office for Ageing Well provides information, assistance and education sessions on retirement village matters. It clarifies areas of concern, as well as providing a mediation service to help resolve disputes between residents and operators. The Unit investigates and assesses complaints and allegations of breaches of the Act and Regulations, underpinned by support and education rather than adversarial approaches to enforcement.

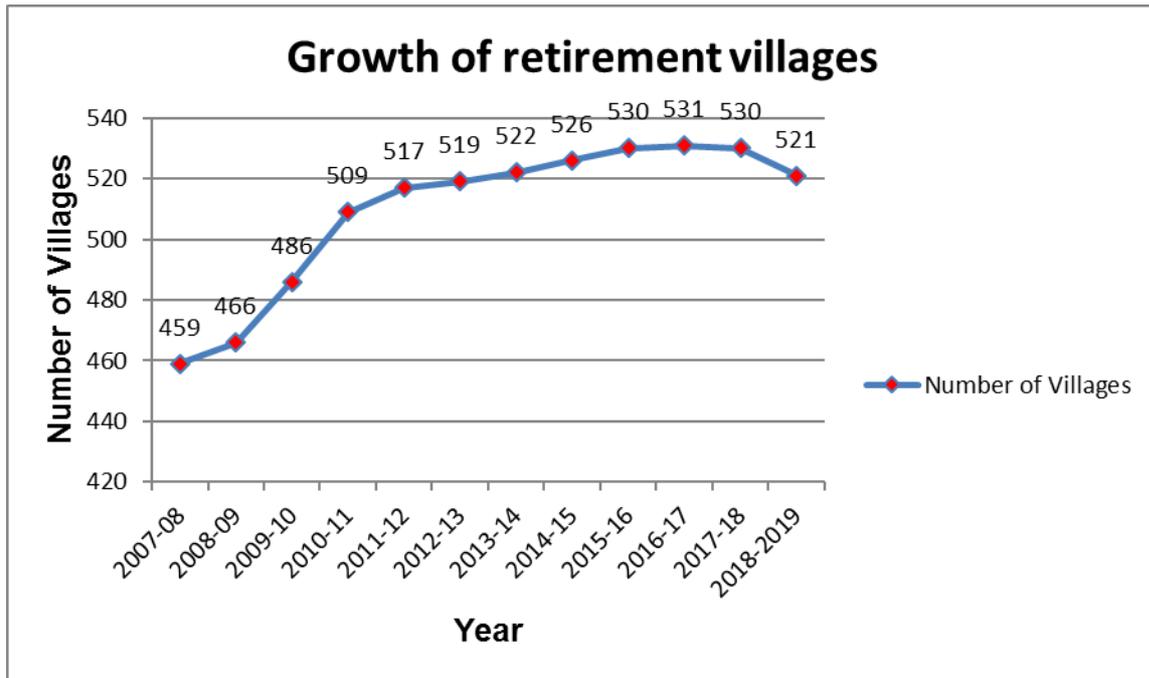
In 2018-19, legislative requirements under the Act were managed by the Unit, including one ASO7 Chief Retirement Villages Officer, two ASO5 Senior Retirement Villages Officers and an ASO4 Retirement Villages Officer. The Unit:

- responded to 789 cases relating to retirement village issues
- conducted 54 meetings related to resident cases
- delivered 11 presentations and information sessions to residents and interested groups
- delivered monthly retirement village information sessions at the Catalyst Foundation
- undertook six mediations
- provided advice and recommendations to the Minister.

In 2018-19, one village operator was convicted and fined for offences relating to failing to call an annual meeting of residents and failing to provide residents with audited financial statements. The operator is no longer employed in the retirement village industry.

As at 30 June 2019, 521 retirement villages were registered across the state. Information about registered retirement villages in SA is available on Data SA at <https://data.sa.gov.au/data/dataset/retirement-villages-register>.

There were two new villages registered in the past year and two small villages were voluntarily terminated. Nine individually registered villages were removed from the register as a result of an audit. It was determined that these sites were incorrectly registered and the records were adjusted to reflect the four consolidated villages. It is a requirement for all retirement village schemes under the Act to be registered within 28 days of the first resident taking up occupation.



Voluntary termination of a village can only occur with Ministerial approval. Villages terminated during the year were identified as no longer being used for the purposes of a retirement village scheme and there were no outstanding funds owing to past residents.

There were 18,606 residences in retirement villages in SA. Calculations based on past census data showed that 60 percent of all residences (11,164) housed one person only, while the remaining 40 percent (7,442) of residences had dual occupancy. It could be estimated that the number of people living in retirement villages totalled approximately 26,048.

The vast majority of retirement villages offered independent living units (ILU) only. There is only a small section of the sector that provides serviced apartment accommodation, which caters to residents requiring assistance, including provision of meals, some cleaning and the availability of extra services.

There were 181 villages with exemptions under the *Retirement Villages Act 1987* which have continued under the associated provisions of the *Retirement Villages Act 2016*:

- 4 x S18: With client consent, no need to hold premium in trust (1987 Act)
- 12 x S26(1): Ingoing contribution does not have to be held in trust, max deposit \$10,000 (2016 Act)
- 44 x S22(c), S33(6), S34(8), S39, S40(4): Can have consolidated meetings and financial reports for resident funded and independent living resident groups (2016 Act)
- 101 x S22 & S23: Can have consolidated meetings, financial reports & interim financial reports (1987 Act)
- 20 x S31(3): Operator exempted from assuming responsibility for depreciation (2016 Act).

### *Retirement Villages Advocacy Program*

The Office for Ageing Well has funded the Aged Rights Advocacy Service (ARAS) to provide an advocacy service to residents since 2014. The Retirement Villages Advocacy Program (the Program) is a valuable resource to residents of retirement villages, providing advocacy support, information and advice on their rights.

The predominant contact with the Program is by telephone, with 74 percent of calls from metropolitan areas and the remaining 16 percent from rural areas.

In 2018-19, ARAS received 171 new requests for assistance. This included 113 cases relating to advocacy assistance and 58 requests for general information about rights and advocacy services. Advocates assisted with one SA Civil and Administrative Tribunal hearing and supported residents in two mediation sessions.

ARAS delivered 12 specific information sessions within retirement villages for residents and staff of the village, and incorporated information about the Program generally in over 400 information sessions.

<b>Act or Regulation</b>	<b>Requirement</b>
<b>Food Act 2001</b>	<p>Part 9 – Administration</p> <p>Division 2 – Functions of enforcement agencies</p> <p>S 93 - Reports by enforcement agencies</p> <p>(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.</p> <p>Division 4 – Agreement and consultation with local government sector on administration and enforcement of Act</p> <p>S 96 – Agreement and consultation with local government sector</p> <p>(1) 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 this Act.</p> <p>(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.</p> <p>(3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.</p> <p>(4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.</p> <p>(5) The annual report of the Minister under this Act must include a specific report on -</p> <p>(a) the outcome of any consultation undertaken under subsection (1) or (4); and</p> <p>(b) the operation of any agreement referred to in subsection (2).</p> <p>Part 11 - Miscellaneous</p> <p>S 109 - Annual report</p> <p>(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.</p> <p>(2) The Minister must, within six sitting days after completing a report under this section, cause copies of the report to be laid before both Houses of Parliament.</p>

Act or Regulation	Requirement
<b><i>Food Act 2001</i></b> <b>(continued)</b>	<p>The objectives of the <i>Food Act 2001</i> (the Act) are defined in Section 3 of the Act as:</p> <ul style="list-style-type: none"> <li>• Ensuring that food for sale is safe and suitable for human consumption.</li> <li>• Preventing misleading conduct in connection with the sale of food.</li> </ul> <p>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.</p>

### *1. Activities of the health protection operations branch*

Health Protection Operations administers the regulatory functions of the *Food Act 2001* in the 'Out-of-Council Areas' within SA ('unincorporated' and Aboriginal Lands not serviced by a local council). These areas make up approximately 85 percent of the geographical area of SA and are typically very remote and often isolated, making staff safety a paramount element of all regulatory operations.

Health Protection Operations staff authorised under the *Food Act 2001* are qualified Environmental Health Officers (EHOs) with extensive regulatory experience in rural, remote and Aboriginal communities. Food safety functions undertaken by Health Protection Operations include:

- Monitoring and enforcement of compliance with Food Safety Standards and of the safety and suitability of food
- Routine and follow-up inspections of food businesses to ensure that the premises, equipment and food handling practices will result in the supply and sale of safe and suitable food
- Food safety audits of businesses providing food to vulnerable populations
- Responding to complaints in relation to food businesses and investigating food poisoning and disease outbreaks
- Monitoring and taking action to ensure efficiency with which food is recalled for health and safety, and/or is removed from sale
- Receiving food business notifications for new businesses or change to business details

- Provision of food safety advice and delivery of educational programs and resources to food businesses, schools and communities.

The vast distances and extreme weather conditions associated with outback SA provide a challenging environment for both food business operators and regulators alike. Effective and thorough operational procedures and protocols ensure that risks associated with such an environment are well-managed and appropriate food safety and compliance standards are maintained.

Statistics about food businesses, staff and surveillance activities are provided below:

**Table 1: Authorised Officers**

Authorised Officers	Environmental health qualifications	Full-time
	6	6

**Table 2: Food business and surveillance activity**

Area of operation	~ 837,000 km <sup>2</sup> (≈ 85% of geographic area of the State)
Number of businesses	118
Routine inspections conducted	135
Follow-up inspections conducted	9
Food Safety Audits conducted	6
Complaint inspections conducted	2

**Table 3: Enforcement actions**

Business type	Prohibition order	Improvement notices	Expiations
Roadhouse/service station	0	2	2
<b>Total</b>	<b>0</b>	<b>2</b>	<b>2</b>

## 2. Activities of the Food and Controlled Drugs Branch

### Monitoring Compliance with the Food Act 2001

The Food and Controlled Drugs Branch (FCDB) conduct sampling of various foods that are of public health concern, or to confirm compliance with the compositional and labelling requirements of the Food Standards Australia New Zealand (FSANZ) Food Standard Code (the Code). A key performance indicator has been established to analyse 800 food samples per year. For 2018-19, a total of 804 food samples were collected as part of food incident investigations.

## **Investigation of food safety issues 2018-19**

Food safety related issues come to the attention of FCDB from a variety of sources including routine food surveys, complaints from members of the public, reports from the food industry itself, EHOs in local government, other regulatory agencies, or notification of illness from the Communicable Disease Control Branch (CDCB). During the year 2018-19, a number of significant issues were investigated and are summarised below.

The FCDB collaborated with local councils on a total of 11 foodborne illness investigations after notification from CDCB. Details of some of the major outbreaks can be found in Appendix 2.

Investigations included onsite assessment of food handling practices in food businesses, sampling of food and environmental swabbing. The primary objective of these investigations is to remove any risk to public health, establish the cause of the outbreak, and ensure food businesses implement short-term and long-term corrective action, and to determine if an offence has been committed against the Act.

### **Post investigation review**

FCDB regularly conducts post-incident debriefs to review the effectiveness of policies and procedures applied during incident investigation.

### **Food recalls**

Food recalls conducted by all food businesses are nationally coordinated by FSANZ. The food business undertaking a recall is responsible for ensuring that the recall is carried out as soon as an issue is identified. Standard 3.2.2 requires a food business that engages in the wholesale supply, manufacture or importation of food, to have a system in place to ensure the recall of unsafe food. There are two levels of recall, a trade level and a consumer level recall. A trade level recall is conducted when the food has not been available for direct purchase by the public, such as food sold to wholesalers and caterers. A consumer level recall is conducted when the food has been available for retail sale. This usually includes advertisements in newspapers or on social media platforms to inform consumers of the recall. The department informs local councils state-wide 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 106 food recalls during the 2018-19 financial year. This consisted of 14 trade level recalls, where the company has only provided product to distribution centres, wholesalers and food services. As the product was not released in retail stores and could easily be retrieved, a consumer level recall was not required. In another eight instances, there were combined trade and consumer level recalls conducted as there was a possibility that a small amount of product may have been distributed. A further 84 recalls were consumer level recalls, where it was necessary to recover product from retail outlets and/or consumers. In total, SA was affected by 44 recalls where recalled product had been distributed in the state. Table 4 provides a summary of the 106 food recalls conducted during the 2018-19 financial year.

**Table 4: Summary of recalls conducted in 2018-19**

Type of Recall		Reason for Recall		SA not affected	National	SA & other States affected	SA only
Consumer	84	Undeclared allergens	37				
Trade	14	Micro contamination	24				
Consumer/ Trade (combined)	8	Chemical	4				
		Foreign matter Labelling	18 5				
<b>Total</b>	<b>106</b>			<b>57</b>	<b>18</b>	<b>44</b>	<b>6</b>

### Enforcement actions

FCDB is responsible for monitoring food industry compliance with chapters 1 and 2 of the Code and also becomes involved with compliance matters associated with chapters 3 and 4 in the course of audits, surveys, complaints and investigation of illness. SA Health's Public Health Services Enforcement Framework 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 non-compliance issues in food businesses, corrective actions are addressed through a graduated and proportionate response. Once effective corrective action is confirmed, no further enforcement action is undertaken. Should non-compliance remain unresolved, enforcement action can be escalated. Table 5 provides a summary of the enforcement activities undertaken by the FCDB.

**Table 5: Enforcement activities undertaken in 2018-19**

Letters of warning	Expiations issued	Improvement notices	Emergency orders	Prosecutions
2	0	0	0	0

### Activities undertaken

The table below identifies the enquiries, complaints, referrals, incident management and food safety resource requests actioned by FCDB.

**Table 6: Nature of activities in 2018-19**

<b>Category</b>	<b>Number</b>
<i>Complaints</i>	
Alleged food poisoning	53
Food contamination	127
Labelling	106
Alleged non-compliance with Food Standard 3.2.2	114
Alleged non-compliance with Food Standard 3.2.3	13
<i>Enquiries</i>	
General food matters	282
New business information	61
Food recall	6
<i>Incident management</i>	
Investigations	6
Referrals from CDCB	272
<i>Requests for resources</i>	36
<b>Total</b>	<b>1,076</b>

### **Food safety management**

Food safety programs (FSPs) have been mandated nationally for businesses providing food to vulnerable populations in hospitals, aged care facilities, child care centres, and via delivered meals organisations such as Meals on Wheels.

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 in order to ensure effective management of the audit process in SA food businesses to whom this standard applies.

In 2018-19 the department continued to conduct food safety audits of public hospitals, Department of Human Services businesses such as Disability Services and not-for-profit social care and delivered meals organisations including Royal District Nursing Services (RDNS) SA and 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. Food audit statistics are provided below.

**Table 7: Food audit statistics 2018-19**

<b>Risk classification</b>	<b>Number of businesses</b>	<b>Routine audits</b>
Public hospitals	71	77
Not-for-profit delivered meals organisations	41	49
Aged care/child care audited in regional areas/DCSI	13	10

### 3. Foodborne disease investigations in SA 2018-19

Epidemiological investigations into foodborne disease outbreaks within SA are coordinated by the Disease Surveillance and Investigation Section (DSIS) and OzFoodNet staff who are based within the Communicable Disease Control Branch (CDCB) of SA Health. OzFoodNet is a national network that conducts enhanced foodborne disease surveillance. OzFoodNet and other CDCB staff work in collaboration with a range of stakeholders when investigating outbreaks

During 2018-19, SA Health investigated 11 outbreaks of gastrointestinal illness that were known or suspected to be foodborne and for which a common source was identified. The settings for the outbreaks were varied and included seven associated with restaurants, two from primary food production, and one outbreak each associated with a bakery and a private function.

In addition to these outbreaks, eight clusters of potentially foodborne illness for which no common source could be identified were also investigated in 2018-19. There were seven clusters of *Salmonella* and one cluster of Shiga toxin producing *Escherichia coli* (STEC) investigated. Hypothesis generating interviews were conducted in 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 is subject to change, as this is the nature of clusters and outbreaks.

In the reporting period 2018-19, there were two multi-jurisdictional outbreak investigations (MJOI) that included South Australian cases. One MJOI included people infected with *Salmonella* Enteritidis and the source of infection was identified as eggs. There was one South Australian case included in this MJOI, and the case had consumed eggs while in New South Wales in January 2019. The other MJOI was *Salmonella* Heidelberg and no source was identified for this outbreak. There were six South Australian residents included in this MJOI, with onsets of illness ranging from November 2018 to May 2019.

Further details about outbreaks investigated during 2018-19 and their exposure settings is found in Appendix 2.

**Table 8: Summary of foodborne disease investigations in SA in 2018-19**

<b>N</b>	<b>Month and Year</b>	<b>Organism</b>	<b>Setting</b>	<b>N ill</b>	<b>N laboratory confirmed</b>	<b>Evidence</b>
1	Aug 2018	S. Oranienburg	Primary production	27	27	D, M
2	Nov 2018	S.Tm 108	Private function	5	5	D
3	Dec 2018	S.Tm 9	Restaurant	5	5	D
4	Jan 2019	S.Tm 9	Restaurant	5	5	D
5	Jan 2019	S. Hessarek	Primary production	10	10	D
6	Feb 2019	S.Tm 9	Bakery	78	78	D, M
7	Feb 2019	S.Tm 9	Restaurant	11	11	D
8	Feb 2019	S.Tm 135a	Restaurant	3	3	D
9	Feb 2019	S.Tm 12a	Restaurant	12	11	D
10	Apr 2019	S.Tm 135	Restaurant	14	14	D
11	May 2019	S.Tm 9	Restaurant	5	5	D

Notes:

*N* – Number

*D* – Descriptive evidence (i.e. information obtained from interviewing cases and/or inspections of premises)

*M* – Microbiological evidence (i.e. the same bacteria/virus found in food or environmental samples as the unwell people)

S.Tm – *Salmonella* Typhimurium.

## Cluster 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. A summary of clusters investigated from 1 July 2018 to 30 June 2019 are listed in Table 9. There were seven clusters of *Salmonella* and one cluster of STEC investigated. 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.

**Table 9: Summary of cluster investigations in SA, 1 July 2018 to 30 June 2019**

<i>Number</i>	<i>Month and Year</i>	<i>Organism</i>	<i>Number ill</i>
1	October 2018	S. Newport	3
2	December 2018	S. Stanley	3
3	January 2019	S.Tm 108	22
4	February 2019	S.Tm 8	3
5	March 2019	S. Saintpaul	13
6	March 2019	S.Tm 9	16
7	May 2019	S. Infantis	6
8	June 2019	STEC O26	4

Notes: S.Tm – *Salmonella* Typhimurium

#### **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 2017 requires 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 butcher shops that sell food other than meat and conduct activities regulated under the *Food Act 2001* are inspected by Biosecurity SA officers. A number of officers have been appointed authorised officers under the *Food Act 2001*.

During 2018-19, 999 audits were conducted by Biosecurity SA officers on 506 butcher shops including supermarkets, where a component of audits addressed other retail activities regulated under the *Food Act 2001*. During the audits, 45 Corrective Action Requests (CARs) were issued which related to their food safety program, hygiene or construction, and required follow up visits. No expiation notices or penalties were issued.

#### **SA Meat Food Safety Advisory Committee**

The department continues to participate as a member of the SA Meat Food Safety Advisory Committee (the Committee) under the Primary Produce (Food Safety Schemes) (Meat Food Safety Advisory Committee) Regulations 2016. The Committee considers issues pertinent to management of the Primary Produce (Food Safety Schemes) (Meat Industry) Regulations 2017 (Regulations) under the *Primary Produce (Food Safety Scheme) Act 2004*. The role of the Committee is to provide advice to the Minister for Primary Industries and Regional Development on the administration of the Regulations, and on matters relating to meat food safety in SA. The Committee met once during 2018-19.

Act or Regulation	Requirement
<p><b><i>Safe Drinking Water Act 2011</i></b></p>	<p>Part 8 – Miscellaneous</p> <p>S 50 – Agreement and consultation with local government sector</p> <ol style="list-style-type: none"> <li>(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.</li> <li>(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.</li> <li>(3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.</li> <li>(4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.</li> <li>(5) The annual report of the Minister under this Act must include a specific report on-             <ol style="list-style-type: none"> <li>(a) the outcome of any consultation undertaken under subsection (1) or (4); and</li> <li>(b) the operation of any agreement referred to in subsection (2).</li> </ol> </li> </ol> <p>S 51 – Annual report by Minister</p> <ol style="list-style-type: none"> <li>(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.</li> <li>(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.</li> </ol> <p>S 52 – Annual reports by enforcement agencies</p> <ol style="list-style-type: none"> <li>(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.</li> <li>(2) The Minister must, within 6 sitting days after receiving a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</li> </ol>

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 the South Australian public is safe
- provide direction to drinking water providers 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 drinking water supplies including approved monitoring programs and incident protocols
- audit or inspection of drinking water supplies
- reporting of incidents to the department
- provision of water quality results to the public on request.

The department administers the Act with assistance from local government. Activities are outlined in council reports in Appendix 3. 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 2018-19, the department registered 18 new drinking water providers and twelve drinking water providers cancelled their registration. At 30 June 2019, there were 181 drinking water providers registered with the department. Some providers include multiple drinking water supplies under one registration. SA Water has a dual registration which includes a total of 87 water supplies while the Department for Education's single registration includes 61 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 on a minimum annual basis.

### **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 2018-19, the department reviewed RMPs for new drinking water providers and provided assistance as required. Advice was also provided on the review and amendment of RMPs for existing providers where sought or required to rectify non-compliance identified as part of a drinking water inspection or audit.

## 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 (the Protocol). Under the Protocol the department fulfils the role of the Water Incident Coordinator. Incidents are classified as Priority Type 1, Type 1 or Type 2 health incidents.

- Priority Type 1 incidents are 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 could cause serious risk to human health
- Type 2 incidents represent a low risk to human health, but may provide preliminary warnings of more serious incidents.

During 2018-19, the department received notification of one Priority Type 1 incident, 24 Type 1 incidents and 54 Type 2 incidents from SA Water. A trend in the number of incidents decreasing has been observed over the past few years and can be attributed to a number of factors, including improvements in source water quality and enhanced treatment implemented by SA Water. The department:

- coordinated communication and responses to all Priority Type 1 and Type 1 incidents
- provided advice on appropriate remedial actions and attended an interagency root cause analysis workshop for the Priority Type 1 incident. The incident involved the detection of a misconnection between the drinking water supply and high quality recycled water supply to a single residence
- liaised with SA Water during Type 1 incidents to ensure remedial actions or responses were implemented in a timely manner. The Type 1 incidents included:
  - increased numbers of cyanobacteria in source water
  - potential contamination of source water
  - elevated levels of a radionuclide in source water
  - detection of non-human infectious Cryptosporidium in treated water
  - short term interruptions to disinfection
  - elevated levels of disinfection by products
  - exceedances of chemical guideline values from the ADWG
  - accidental contamination of water mains during repair works
  - short term increase in filtered water pH
  - short term overdosing of chlorine

Water quality incidents were notified by SA Water within prescribed time limits. Appropriate remedial actions were implemented and ensured that the protection of public health was maintained at all times. The department determined that no public notifications were required for these incidents.

### **Incidents reported by other drinking water providers**

In 2018-19 there were 12 drinking water incidents reported to the department by providers other than SA Water. Five out of the 12 reported incidents were due to the detection of *E.coli* in rainwater 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 reverse osmosis failure, high fluoride concentration, increased filtered water turbidity and elevated numbers of cyanobacteria and contamination of source water. 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 or 2 Auditor or Level 3 Inspector is based on technical skills and experience. The types of drinking water supply that can be audited or inspected by an individual are defined in approval conditions. In 2018-19, the department:

- approved three Level 2 Auditors and one Level 3 Inspector
- reapproved three Level 1 Auditors, 15 Level 2 Auditors and two Level 3 Inspectors following expiry of existing approvals
- provided access to online drinking water quality training for local government employees
- provided support and on-site training for local government auditors and inspectors.

At 30 June 2019 there were 38 approved auditors and inspectors including independent auditors, department staff, local government employees and officers from Dairysafe. The department maintains a list of approved auditors and inspectors on the [SA Health 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 are required to be submitted to the department within 21 days of the audit or inspection being undertaken. 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 the Health Protection Operation and Food Safety and Audit sections to avoid duplication and cost to providers. Audits and inspections are also performed by local government and independent auditors. Dairysafe undertakes inspections of independent drinking water supplies used by ten dairy processors as part of existing food safety audit activities.

During 2018-19 the department carried out a total of 40 audits and 20 inspections of drinking water supplies. The department also received copies of four audit and 12 inspection reports from local government and independent auditors including a comprehensive audit report covering a number of SA Water supplies.

The department maintains a database of non-compliances reported as an outcome of audit and inspection of drinking water providers. A range of non-compliances were noted in 2018-19 including incomplete or insufficient RMPs and lack of detail or absence of documentation relating to maintenance activities and water quality monitoring. 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 documentation, operational practices and water treatment options for these providers. Follow-up processes or changes in inspection/audit frequency are implemented by the department as required to ensure compliance with the requirements of the Act.

### **Quality of water and provision of results**

Under Section 27 of the Act, drinking water providers must make results of any 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 2018-19, no new appointments were made within the department. At 30 June 2019 there were 14 authorised officers, 12 of whom are authorised to issue expiations. Authorised officers appointed by local government are provided in council annual reports (Appendix 2).

### **Consultation with the local government sector**

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

During 2018-19, consultation between the department and the LGA continued, to formalise the roles and responsibilities of the department and local government in administering and enforcing the Act. A working group, formed in 2017 with representatives from the department and four local councils continued its activities. These included more clearly defining the roles and responsibilities of enforcement agencies, and reviewing and better promoting resources, training and education for local government.

A progress report was provided to the LGA detailing a range of strategies to support councils in the administration of the Act. Broader consultation occurred as part of this work, including discussions with the SA Branch of the Environmental Health Australia Managers Forum and specific councils as part of training sessions offered by the department. The department continues to consult with the LGA and work with local councils to provide support and training opportunities to facilitate the ongoing administration and enforcement of the Act.

## Reporting required under the *Carers Recognition Act 2005*

The *Carers Recognition Act 2005* is deemed applicable for the following: Department of Human Services, Department for Education, Department for Health and Wellbeing, Department of State Development, Department of Planning, Transport and Infrastructure, South Australia Police and TAFE SA.

*Section 7: Compliance or non-compliance with section 6 of the Carers Recognition Act 2005 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.*

SA Health continues to recognise the importance of unpaid carers through a commitment to ensuring better care engagement in shared decision-making in SA hospitals. The SA Health *Partnering with Carers Strategic Action Plan 2017-2020* (Strategic Action Plan) is underpinned by the *Carers Recognition Act 2005* and the *South Australian Carers Charter*. The Strategic Action Plan oversees the state coordination and monitoring of the whole of health strategy which supports the implementation of the SA Health *Partnering with Carers Policy Directive*.

The key priorities under the Strategic Action Plan include:

- Early identification and recognition
- Carers are engaged as partners in care
- Carers provide comments and feedback
- Carer-friendly workplace
- Celebrate carers during National Carers Week
- Staff education and training.

The *Carer – Partnering with you* web page provides carers with information at [www.sahealth.sa.gov.au/carers](http://www.sahealth.sa.gov.au/carers). Information includes the Policy Directive, Strategic Action Plan and key priorities. The website encourages carers to provide feedback and seek information on how carers can engage with health care sites in service planning, designing care, measuring and evaluating health services and further information on local and national carer support services.

Consumer, Carer and Community engagement strategies are progressing across the Local Health Networks. In particular, the Office of the Chief Psychiatrist (OCP) has a Carer Consultant Project Officer (Carer Consultant) as part of its Lived Experience team. The Carer Consultant is responsible for engaging with, consulting and facilitating the input of mental health carers into the planning and delivery of mental health services in SA. They are also responsible for the planning, development and implementation of projects and initiatives which ensure carer input is optimised.

The Lived Experience Register is an engagement strategy to connect the OCP with the Lived Experience community (consumers and carers). The OCP has recruited carer representatives from this Register to provide advice on several working groups and committees. For example, the OCP has developed a fact sheet about the rights of carers of people receiving mental health care.

This has been piloted with carers of the community and the members of the OCP Lived Experience Reference Group. This fact sheet will support mental health services to inform carers about their rights and available support services.

The Strategic Mental Health Quality Improvement Committee endorsed the proposal to establish a working group comprised by carer champions from each LHN as well as consumer and carer representatives to develop a strategy for the implementation of the Mental Health Carer Experience Survey (CES Survey) across mental health services. The implementation of the CES survey will support services to identify carers of people accessing public mental health services and use their experience to inform quality improvement processes.

Carer information is displayed in all health sites covering topics such as: knowing your rights, medication safety, clinical communication, recognising and responding to clinical deterioration, pressure injury, falls, hand hygiene and infection control.

National Carers Week is celebrated annually in October to raise awareness of the challenges faced by family carers. In 2018, to celebrate and recognise the invaluable contribution of unpaid carers, Facebook posts and Twitter tweets were posted throughout the week, highlighting stories of carers.

Staff education and training was undertaken in May 2019. LHN carer champions and a local carer representative were nominated to present and assist in the implementation of the Strategic Action Plan and key priorities.

## Public complaints

### Number of public complaints reported

The information provided below is comprised of all SA Health complaints received, inclusive of Local Health Networks and SA Ambulance Service (SAAS). In 2018-19, the number of SA Health complaints reported in the Safety Learning System (SLS) Consumer feedback module was 7,051. The table below shows the number of complaints received for each category of complaint.

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints</b>
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	946
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	77
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	*
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	154
Communication	Communication quality	Inadequate, delayed or absent communication with customer	951
Service delivery	Systems/ technology	System offline; inaccessible to customer; incorrect result/ information provided; poor system design	
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	
Service quality	Information	Incorrect, incomplete, out dated or inadequate information; not fit for purpose	
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	185

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints</b>
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	*
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	*
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	12
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	1,424
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	208
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	659
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	*
Treatment		Coordination of treatment; diagnosis; inadequate treatment; medication	1,851
Costs		Billing practices; subsidies; information on costs	375
Administration		Administration Services; Lost Property	209
		<b>Total</b>	<b>7,051</b>

*\*Information in this table is sourced from the SLS. It has been mapped as closely as possible to report against the categories that have been newly introduced for 2018-19 reporting, noting that breakdowns are not available retrospectively for all categories. SLS classifications are based on the original Australian Charter of Healthcare Rights released in 2008, in addition to being mapped to the Health and Community Services Complaints Commissioner (HCSCC) Charter of Rights.*

<b>Additional metrics</b>	<b>Total</b>
Total number of feedback comments	7,051
% complaints resolved within policy timeframes	91.2%

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/department-for-health-and-wellbeing>

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

### **Service improvements for period**

A Statewide Consumer Feedback and Complaints Management Program Board (Program Board) was set up for 2019-20 to develop a Strategic Framework to oversee the state coordination and aspects of monitoring a whole of health strategy, supporting consistency across SA Health, with regard to consumer feedback and complaints management and how outcomes are linked to quality improvement.

The appointment of the Program Board on behalf of the Chief Executive is to also address the *Independent Commissioner Against Corruption (ICAC) Oakden A Shameful Chapter in South Australia's History – Recommendation 11* to review the role of Consumer Advisers to determine that their duties and responsibilities are appropriate, they are trained to assess the significance of complaints made, are required to report such complaints to particular persons and committees and that consumer advisers are independent of facilities.

Many service improvements have been implemented across the Local Health Networks and SA Ambulance Service from consumer feedback and complaints within this period, with some highlights noted below. The LHN and SAAS Annual Reports can be consulted for any further detail reported specifically for their agency.

- Updating information sheets for consumer information
- Staff, consumers and carers working together to improve patient services and practices
- Improving waiting area and hospital entrance environments
- Educational opportunities to upskill staff
- Car park improvements for consumer access after hours
- Identifying issues in the provision of interpreter services
- New initiatives to convey the importance of receiving consumer feedback
- Improving communication and engagement methods to encourage consumer participation in their own care.

## **Service improvements that responded to customer complaints or feedback**

SA Health encourages patients, consumer families, carers and 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 those services.

Consumers can provide feedback and express their concerns, complaints or compliments in person with the relevant health care service, via telephone, in writing, via the health service website or with the Consumer or 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 'Your feedback is important – consumer feedback process and contacts for health sites' provides consumers and the community with a step-by-step process for providing feedback and also provides a list of contacts at individual sites. The information sheet is available on the Health and Community Services feedback and complaints page on the SA Health website at [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au).

A consumer feedback dashboard 'Quality Information and Performance Hub (QIP HUB)' was implemented in 2018. The QIP HUB displays safety and quality key performance indicators (KPIs) on clinical, performance and support data. The QIP HUB provides key (de-identified) information to clinical staff in a format which assists in analysing and interpreting the data.

The consumer feedback dashboard also displays statewide, local health networks and hospital locations, reporting on:

- Number and type of consumer feedback – complaints, compliments, suggestions and advice received
- Method of feedback received – telephone, feedback form, email, letter, in person etc.
- Outcome – complaint resolved, concern noted, explanation provided and apology
- Alignment to the Health and Community Services Complaints Commissioner (HCSCC) Charter of Rights.

## Appendix 1: Local government activities under the *Food Act 2001*

Under the *Food Act 2001* (the Act) it is a mandatory requirement for local government to provide the department with information on the performance and functions by each agency. For the purpose of this Annual Report, a request for information was circulated to all councils. Councils are empowered under Parts 4 and 5 of the Act to ensure that hygienic standards are maintained in relation to the manufacture, transportation, storage and handling of food for sale under Chapter 3 of the Australia and New Zealand Food Standards Code. They are also responsible for taking measures to prevent the sale of unfit food and to investigate complaints related to the sale of unfit food. Environmental Health Officers (EHOs) are authorised under the Act to issue orders and notices and take enforcement action for breaches.

Data in the tables below was provided by 64 councils in SA.

### Authorised Officers

All EHOs must be authorised under Division 3, Section 94 of the Act to be able to monitor and enforce the Act. EHOs must have the necessary skills and knowledge to effectively perform their food related responsibilities to gain authorisation.

**Table A1.1: Authorised Officers' details**

Authorised Officers	Full-time	Part-time
Currently working in local government	101	80*

\* Numbers may be duplicated where EHOs are employed in more than one council

### Inspections

To gain a better understanding of how inspections are organised and undertaken by local government, it is necessary to establish the number and make-up of food businesses across SA. The following tables establish how many food businesses exist and the proportion of businesses by food safety risk categories. These figures have been combined with the number of inspections conducted by local government to ensure that planning and inspection frequencies are appropriate and maintained.

All businesses have been classified using the [South Australian Food Business Risk Classification System \(FBRC\)](#). The FBRC allows council resources for monitoring and enforcement to be aligned with the inherent food safety risk of the business. In addition, the performance of each business influences its inspection frequency, taking into account the performance of the business (refer to Table A1.2).

During this financial year, councils reported all inspection data as priority risk classification, P1, P2, P3 or P4. Where some businesses were still to be classified during the reporting period, details have been reported as not risk classified.

**Table A1.2: Food business risk classification**

Inspections	Food safety risk classification					Total
	P1	P2	P3	P4	Not risk classified	
Number of businesses	6,513	4,922	3,076	1,439	88	16,038
Inspections conducted	5,585	2,952	1,217	147	0	9,901
Follow-up inspections	2,560	676	131	9	0	3,376
Inspections from complaints	555	245	45	3	0	848

### Inspection Fees

The Food Regulations 2002, Part 4 Section 11 makes provision for enforcement agencies to impose an inspection fee. Following is a summary identifying the policy of councils regarding imposing an inspection fee.

**Table A1.3: Number of councils charging inspection fees**

Council inspection fees	Number of councils
Charging fees	38
Not charging fees	26

### Audits

Since 5 October 2008, businesses captured under Food Safety Standard 3.3.1 (Food Safety Programs for Food Services to Vulnerable Persons) have required regulatory food safety audits.

In 2018-19 local government food safety auditors have continued to conduct food safety audits of aged care, child care and private hospitals at a frequency determined by the performance of individual sites, in line with the priority classification for these businesses.

**Table A1.4: Local government audit of Aged care, Child care and Private hospitals**

	Aged care		Child care		Private hospitals		Others		Total
Number of captured businesses	287		348		23		4		662
<b>*Number of audits</b>	<b>321</b>	<b>111.8%</b>	<b>303</b>	<b>87.1%</b>	<b>23</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>651</b>

*\*Businesses may receive > one audit per annum*

The table below identifies the policy of councils regarding the charging of a fee for audits.

**Table A1.5: Number of councils charging audit fees**

<b>Council audit fees*</b>	<b>Number of councils</b>
Number of councils carrying out audits	19
Number of councils charging audit fee	19

*Editorial Note: In the reporting period 2017-18, the number of councils charging an audit fee was reported as 41. This was a typographical error; the actual number of councils charging an audit fee was 21.*

## Complaints

Consumer enquiries and reports of illness, non-compliant businesses or food, constitute an important source of information. In addition, they provide opportunities for the public to interact with EHOs first hand as well as a 'shop window' for food safety, and give EHOs the opportunity to promote food safety. All complaints are logged and generally risk classified to ensure that the most serious cases are dealt with as a priority. Table A1.6 classifies complaints/reports into a list of most likely sources and whether the complaint and investigation was found to be valid or verified by an authorised officer.

**Table A1.6: Breakdown of activities by category**

Type	Complaints/reports	Verified
Foreign matter in food	123	50
Micro contamination	70	22
Chemical contamination or residue	14	4
Alleged food poisoning	177	27
Unclean premises	130	61
Personal hygiene or food handling	169	64
Pest infestation	84	41
Refuse storage	80	46
Labelling issues	30	12
Others	172	66
<b>Total</b>	<b>1,049</b>	<b>393</b>

### Enforcement Actions

The *Food Act 2001* makes provision for enforcement agencies and authorised officers to apply enforcement actions to improve food safety outcomes for the public. Enforcement actions may take the form of written warnings, improvement notices, prohibition orders, expiations or prosecutions. These actions are applied using a graduated and proportionate response.

Tables A1.7 to A1.10 address enforcement actions relating to inspections conducted in food industry sectors defined in the Food Business Risk Classification. Written warnings make up the largest single action applied, progressing to improvement notices and expiations as food businesses fail to respond or issues became more serious. Table A1.11 contains enforcement actions of collective totals from all inspections conducted under Food Safety programs.

**Table A1.7: Number of enforcement actions by retail sector**

<b>Retailer</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Alcoholic beverages packaged	193	15	0	0	0	0	0	0
Bakery products	69	32	3	3	0	0	0	0
Bakery products, perishable fillings	187	119	4	5	2	0	0	0
Continental type delicatessen food	75	47	2	2	0	0	0	0
High risk food, perishable	667	464	6	8	4	0	2	1
Low risk packaged food	948	121	6	6	0	0	0	0
Medium risk food, perishable	733	364	8	13	1	0	0	0
Raw meat & poultry	38	15	0	0	0	0	0	0
Seafood (excludes processing of bivalve mollusc)	28	18	0	0	0	0	0	0
*Other retailers – P1	7	6	1	0	1	0	0	0
*Other retailers – P2	3	2	0	0	0	0	0	0
*Other retailers – P3	46	24	0	0	0	0	0	0
*Other retailers – P4	20	9	0	0	0	0	0	0
<b>Total</b>	<b>3,014</b>	<b>1,236</b>	<b>30</b>	<b>37</b>	<b>8</b>	<b>0</b>	<b>2</b>	<b>1</b>

*\*Others may include the businesses which has not been officially classified or council unable to retrieve the data based on above classification.*

**Table A1.8: Number of enforcement actions by food service sector**

<b>Food service</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Catering offsite activity	229	159	2	2	0	0	0	0
Catering onsite	757	530	8	17	2	0	2	0
Medium risk foods perishable	816	304	4	9	1	0	0	0
Restaurants and takeaway ready to eat food - prepared in advance	5,012	4,083	268	218	231	8	36	1
Restaurants and take away food, ready to eat food - express order	2,409	1,482	34	40	16	0	2	0
Restaurants and takeaway ready to eat food - no raw preparation	950	588	14	12	8	0	1	0
*Other food service – P1	33	22	0	4	0	0	0	0
*Other food service – P2	126	39	0	0	0	0	0	0
*Other food service – P3	197	61	0	0	0	0	0	0
*Other food service – P4	79	2	0	0	0	0	0	0
<b>Total</b>	<b>10,608</b>	<b>7,270</b>	<b>330</b>	<b>302</b>	<b>258</b>	<b>8</b>	<b>41</b>	<b>1</b>

\*Others may include the businesses which has not been officially classified or council unable to retrieve the data based on above classification.

**Table A1.9: Number of enforcement actions by processor/m manufacturer sector**

<b>Processor/m manufacturer</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Bakery products, perishable fillings processing	425	309	14	13	17	0	1	0
Baby food processing	2	2	0	0	0	0	0	0
Beverage processing	72	25	0	0	0	0	0	0
Canned food processing	11	3	0	0	0	0	0	0
Canned food processing very small producer and high acid food	33	9	0	0	0	0	0	0
Chocolate processing	8	6	0	0	0	0	0	0
Chocolate processing small producer	43	17	0	0	0	0	0	0
Cereal processing	545	184	1	3	1	0	0	0
Confectionary processing	174	63	0	0	0	0	0	0
Cook-chill food short shelf-life processing	26	10	0	0	0	0	0	0
Cook-chill food extended shelf life processing	13	1	0	0	0	0	0	0
Cook-frozen food processing	11	3	0	0	0	0	0	0
Dairy processing (not including soft cheese)	26	13	0	0	0	0	0	0
Dairy processing - soft cheese processing	4	1	0	0	0	0	0	0
Egg processing	8	0	0	0	0	0	0	0

**Table A1.9 (continued)**

<b>Processor/manufacturer</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Fruit and vegetables processing	31	24	2	1	2	1	0	0
Fruit and vegetable processing, frozen	2	1	0	0	0	0	0	0
Fruit and vegetable processing, frozen/blanch, small producer	42	22	0	0	0	0	0	0
Fruit and vegetable juice, unpasteurised processing	4	2	0	0	0	0	0	0
Fruit juice, pasteurisation processing, shelf stable processing	8	5	0	0	0	0	0	0
Fruit juice, pasteurisation processing, shelf stable processing, small producer	15	6	0	0	0	0	0	0
Meat processing, fermented meat processing, small goods processing	7	4	0	0	0	0	0	0
Oils and fats processing	43	11	0	0	0	0	0	0
Peanut butter processing	2	1	0	0	0	0	0	0
Peanut butter processing, small producer	5	3	2	1	1	0	0	0
Poultry processing	3	1	0	0	0	0	0	0
Prepared not ready to eat food processing	15	6	0	0	0	0	0	0
Prepared ready to eat food processing	75	53	1	1	2	0	0	0

**Table A1.9 (continued)**

<b>Processor/manufacturer</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Seafood processing	21	14	1	0	1	0	1	0
Seafood processing ready to eat and shelf stable	7	3	0	0	0	0	0	0
Seafood processing - mollusc processing	32	5	0	0	0	0	0	0
Snack chips processing	6	3	0	0	0	0	0	0
Spices and dried herbs processing	9	3	0	0	0	0	0	0
Spices and dried herbs processing, small producer	37	13	0	0	0	0	0	0
Sushi processing	23	19	4	0	1	0	1	0
Vegetables in oil processing	15	10	0	0	0	0	0	0
*Other processor / manufacturers - P1	2	1	0	1	0	0	0	0
*Other processor / manufacturers - P2	5	3	0	0	0	0	0	0
*Other processor / manufacturers - P3	12	11	5	0	0	0	0	0
*Other processor / manufacturers - P4	8	3	0	0	0	0	0	0
<b>Total</b>	<b>1,838</b>	<b>875</b>	<b>30</b>	<b>20</b>	<b>25</b>	<b>1</b>	<b>3</b>	<b>0</b>

\*Others may include the businesses which has not been officially classified or council unable to retrieve the data based on above classification.

**Table A1.10: Number of enforcement actions by food transport sector**

<b>Food transporter</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Bulk flour storage distributor	3	1	0	0	0	0	0	0
Bulk milk collection distributor	0	0	0	0	0	0	0	0
Dairy produce distributor	17	2	0	0	0	0	0	0
Dry goods and beverages distributor	50	5	0	0	0	0	0	0
Frozen food distributor	23	9	0	0	0	0	0	0
Fruit and vegetables distributor	19	4	0	0	0	0	0	0
Perishable, ready to eat, packaged, medium risk food distributor	23	3	0	0	0	0	0	0
Perishable, ready to eat, packaged, high risk food distributor	43	19	2	1	1	0	1	0
Processed meat distributor	4	2	0	0	0	0	0	0
Seafood distributor	7	3	0	0	0	0	0	0
Other food transporters - P1	1	1	0	1	0	0	0	0
Other food transporters - P2	0	0	0	0	0	0	0	0
Other food transporters - P3	10	0	0	0	0	0	0	0
Other food transporters - P4	0	0	0	0	0	0	0	0
<b>Total</b>	<b>200</b>	<b>49</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>

# blank cells indicate no offences requiring enforcement action

**Table A1.11: Enforcement actions by number - referenced to Standard 3.2.1 Food Safety Program (FSP)**

Reason for enforcement activity	Written warnings	Improvement notices	Prohibition orders	Expiations	Prosecutions
FSP not prepared, implemented, maintained and monitored	3	1	0	0	0
FSP not audited at the frequency determined by the auditor	0	0	0	0	0
FSP not revised so as to comply with the Regulations	0	0	0	0	0
FSP audit report not retained by business for four years	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Prosecution register**

The department publishes on its website details of businesses or individuals that have been found guilty by a court of a breach of the *Food Act 2001*. This website is intended to provide information to the community regarding successful prosecutions under the Act. This is the most serious action available undertaken by local councils and the department.

Since the last reporting period two additional businesses have been added to the prosecution register and one business removed as the period of notification has expired. This information can be viewed on the *Food Act Prosecutions Register* on the SA Health website:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internal/About+us/Legislation/Food+legislation/Food+prosecution+register>

## Appendix 2: Food outbreak investigations – 2018-19

### Outbreak Investigations

An outbreak is defined as an event where two or more people experience a similar illness after eating a common meal or food and epidemiological and/or microbiological evidence indicates the meal or food as the source of the illness. A summary of outbreaks investigated during 2018-19 and their settings are presented in Table 8 on page 66.

#### *Outbreak 1 – Salmonella Oranienburg – Primary production*

An increase in cases of *Salmonella* Oranienburg was identified in August 2018, with 27 cases notified between 1 August and 30 October 2018. Descriptive evidence from interviews with cases indicated that alfalfa sprout consumption was higher than expected. Trace back led to the identification of a common supplier of alfalfa sprouts. Authorised officers from SA Health conducted sampling of alfalfa sprouts from retail outlets and *S. Oranienburg* was identified in the product. A product recall and media release was undertaken on 9 September 2018.

#### *Outbreak 2 – Salmonella Typhimurium 108 – Private function*

Five cases of *Salmonella* Typhimurium (*S.Tm*) phage type 108, MLVA pattern 04-11-15-00-517 were reported in November 2018, all had attended the same wedding. The wedding was privately catered for by multiple people and held over several days. The investigation was limited as further information was not able to be obtained about attendees or food supplied for the event.

#### *Outbreak 3 – Salmonella Typhimurium 9 – Restaurant*

Five people were diagnosed with *S.Tm* phage type 9, MLVA 03-23-12/13-10-523, that all consumed food from the same café in December 2018. A variety of foods were consumed, several included aioli and eggs. All cases ate at the venue over a three-day period. Environmental Health officers (EHOs) from local council inspected the premises and identified issues around egg handling and the preparation of raw egg products. Samples of raw egg products from the premises did not detect *Salmonella*.

#### *Outbreak 4 – Salmonella Typhimurium phage type 9 – Restaurant*

Five cases of *S.Tm* phage type 9, MLVA 03-16-06-11-550 reported consumption of food from the same restaurant in January 2019. A variety of different foods were involved, including salads, egg dishes and burgers. EHOs from local council inspected the premises and issues were identified relating to the handling of eggs, the production of raw egg products, cleaning and sanitising. Food and environmental samples were collected from the premises and no *Salmonella* was detected.

*Outbreak 5 – Salmonella Hessarek – Primary production*

Ten cases of *Salmonella* Hessarek were reported between December 2018 and June 2019. Descriptive evidence from interviews indicated a high proportion of cases had consumed the same brand of eggs, which was also linked to an outbreak in 2017 where *S. Hessarek* was isolated from egg contents of the same egg brand.

*Outbreak 6 – Salmonella Typhimurium phage type 9 – Bakery*

Seventy-eight cases of *Salmonella* were linked to consumption of food from one of three linked bakery premises. The majority of the cases (74) were further typed as S.Tm phage type 9 and MLVA 03-15-08-11-550, with the remaining four unable to be typed as no culture was obtained. Cases occurred at the bakeries between 6 and 12 February 2019, with 75 cases (96 percent) reporting consumption of a Vietnamese-style meat roll. EHOs from local councils inspected the premises and identified shared foods and equipment between the premises that may have caused cross contamination. Multiple food and environmental samples across all three premises were collected by authorised officer from SA Health and many samples were positive for S.Tm phage type 9 MLVA 03-15-08-11-550. Issues with cross contamination, inadequate cooking of foods, and cleaning and sanitising practises were identified.

*Outbreak 7 – Salmonella Typhimurium phage type 9 – Restaurant*

Eleven cases of S.Tm with MLVA 03-23-12-10-523 reported consumption of food from the same restaurant over a three-day period in January-February 2019. Ten were typed as phage type 9 and one as phage type RDNC meaning the reaction did not conform. Nine cases reported consumption of dishes containing a raw egg based sauce (aioli, tartare or mayonnaise). An EHO from local council inspected the premises and identified issues with the preparation of raw egg based sauces, hand hygiene, cross contamination, cleaning and sanitation. Environmental samples were collected with no *Salmonella* detected. The premises ceased production of raw egg-based sauces.

*Outbreak 8 – Salmonella Typhimurium phage type 135a – Restaurant*

Three cases of S.Tm 135a with MLVA 03-14-10-11-523 reported eating at the same restaurant in the first week of February 2019. The cases all consumed different foods and attended on different days. An EHO from local council inspected the premises and no food safety issues were identified.

*Outbreak 9 – Salmonella Typhimurium phage type 12a – Restaurant*

Twelve people were unwell with gastroenteritis after eating at the same restaurant on the same day in February. Eleven of the cases were confirmed with S.Tm 12a, MLVA 04-18-11-00-490. A range of different types of sushi and sashimi were consumed. EHOs from the local council inspected the premises and recommendations were made regarding cleaning, sanitising and minimising cross-contamination. Environmental and food samples were submitted with no *Salmonella* detected.

*Outbreak 10 – Salmonella Typhimurium phage type 135 – Restaurant*

There was an increase in *Salmonella* cases in a regional area of SA. Interviews were conducted and 14 people diagnosed with S.Tm 135, MLVA 03-12-09-11-523, reported eating food prepared by the same food premises at one of two venues. A variety of foods were eaten, including Mexican style meat, rice bowls and salads. An EHO from local council inspected the premises and identified issues around temperature control, cleaning and sanitising, storage and skills and knowledge of safe food handling.

*Outbreak 11 – Salmonella Typhimurium phage type 9 – Restaurant*

Five people with S.Tm 9, MLVA 03-24-13-10-523 reported eating at the same restaurant. Four of the five ate at the venue on the same day, but were not known to each other. All consumed breakfast meals containing eggs. An EHO from local council inspected the premises and issues were identified around handling of raw eggs and food handler hygiene. Food and environmental samples were collected and no *Salmonella* was identified.

## **Appendix 3: Annual Reports by Enforcement Agencies under the *Safe Drinking Water Act 2011***

Reports commence page 95.

# Adelaide Hills Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Kimberley Pearson Level 2 Auditor	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Hoads Water Cartage Pty Ltd (including Andy's Water Transport)	10 July 2018	Kimberley Pearson
SA Baptist Care – Adventure Camp	17 December 2018	Kimberley Pearson
Adelaide Hills Bulk Springwater	20 December 2018	Kimberley Pearson
Peters Water Carting	14 June 2019	Kimberley Pearson
Mt Lofty House	6 July 2018	Kimberley Pearson

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

**6 Consultation and education**

Nil

**7 Other activities**

Nil

# Adelaide Plains Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
David Cowell	Economic Development Officer	No
Kaylie Baker	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# City of Adelaide

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Alexandrina Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Barossa Council

## *Safe Drinking Water Act 2011*

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Gary Mavrinac Planning qualifications	Director Development & Environmental Services	No
Steve Carroll Associate Diploma in Health Surveying. SA Health Approved Food Safety Auditor (National).	Manager Health Services	No
Karen Watson Bachelor of Applied Science (Env. Health) Flinders University	Environmental Health Officer	No
Joel Bray Bachelor of Science University of Adelaide, Graduate Diploma Environmental Health Queensland University of Technology	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

\$121
-------

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Barunga West Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details
Jan Truter Accredited Food Auditor	Environmental Health Officer	Yes - Copper Coast Council

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Berri Barmera Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Rebecca Burton BAppSc (Env Health)	Environmental Health Officer	No
Dara Frankel BAppSc (Env Health)	Environmental Health Officer (emergency back-up)	Loxton Waikerie Council
Chris Congdon BAppSc (Env Health)	Environmental Health Officer (contractor)	Tatiara
Myles Somers Certificate of competency (issued by Central Board of Health) & Associate Diploma of Health Surveying TAFE	Manager Environmental Services	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

**6 Consultation and education**

Nil

**7 Other activities**

Nil

# District Council of Ceduna

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Denvir Moses	Manager Environmental Services	Yes

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# City of Charles Sturt

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Clare & Gilbert Valleys Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# District Council of Cleve

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# District Council of Coober Pedy

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details
Lindsay de Veth	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Coorong District Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Caroline Thomas Bachelor Degree in Environmental Health	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Copper Coast Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Jan Truter	Environmental Services Coordinator	Yes – District Council of Barunga West

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Advice provided to operators of Bed and Breakfasts in Council's area that have commenced operation during the reporting period, and to the operators of other food businesses as required.
--

### 7 Other activities

Nil
-----

**Eastern Health Authority  
City of Norwood Payneham and St Peters  
Campbelltown City Council  
City of Burnside  
City of Prospect  
Town of Walkerville**  
*Safe Drinking Water Act 2011*  
Annual Report 2018-19

**Activities under the Act**

**1 Appointment of authorised officers under the *Safe Drinking Water Act 2011***

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

**2 Audits and inspections**

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

**3 Fees for audits and inspections**

Nil
-----

**4 Enforcement activities**

Nil
-----

**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

**6 Consultation and education**

Nil
-----

**7 Other activities**

Nil
-----

# District Council of Elliston

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Denvir Moses	Manager Environmental Services	Yes

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Flinders Ranges Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the Safe Drinking Water Act 2011

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details
Brian Sickles BAppSc (ENVH) Flinders	Environmental Health Officer	Port Pirie Regional Council District Council of Orroroo Carrieton

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# District Council of Franklin Harbour

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Susan Bourne	Environmental Health Officer	Yes

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Town of Gawler

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Regional Council of Goyder

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# District Council of Grant

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Aaron Price (Graduate Diploma in Environmental Health Practice, Flinders University)	Team Leader – Environmental Health and Compliance	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

New food businesses were advised at the point of notification or during routine food inspection.
--

### 7 Other activities

Nil
-----

# City of Holdfast Bay

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Adrian Hills	Manager, Regulatory Services	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Kangaroo Island Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Kye Rees	Environmental Health Officer	No
Steve Ryles	Building Surveyor / Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

<p>Consultation occurred on providing safe drinking water during food inspections:</p> <ul style="list-style-type: none"> <li>- how they may become exempt from the Act, i.e. boiling water that is used for food preparation, advising guests that rainwater is used for drinking water and providing bottled water as an alternative</li> <li>- referring businesses to SA Health for further advice on treatment options or for further guidance on how the Act applies to their business.</li> </ul>
--

### 7 Other activities

Nil
-----

# District Council of Karoonda East Murray

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Julie Savill Bachelor of Environmental Health Authorised officer under the Act Approved Auditor Level 2	Environmental Health Officer	Rural City of Murray Bridge & Mid Murray Council.

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# District Council of Kimba

## *Safe Drinking Water Act 2011*

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Kingston District Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details
Ana Catarina Santos Bachelor of Applied Science majoring in Environmental Health (Swinburne University)	Environmental Health Officer	Yes. Full Time – job share with Robe and Kingston Councils. Now changed to fortnightly in Kingston District Council.

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

During the routine inspections of food businesses, fact sheets were provided to owners.
---

## 7 Other activities

Council owns buildings that have rainwater as their drinking water supply. These buildings include: Works Depot, Council Office, Caravan Park, Seniors Citizens Centre, Kingston Medical Clinic, airport and sailing club.

Council has implemented an Annual Rainwater Testing Program.

In mid-February, Council undertook rainwater samples of all rainwater tanks. A total of ten samples were taken on 14 February 2019. All samples were sent to IMVS laboratory to check for potability. There were five samples found to have positive *E.coli* counts. Readings varied from 2 to 2,400 organisms detected. All five tanks were decontaminated and two had to be further decontaminated as there was still positive readings after the first chlorination. Further testing was conducted on these tanks. The second decontamination procedure was effective as no further reading of *E.coli* was detected.

# Light Regional Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Advice was provided to operators of Bed and Breakfasts in Council's area that have commenced operation during the reporting period, and to the operators of other food businesses as required.
--

### 7 Other activities

Nil
-----

# District Council of Lower Eyre Peninsula

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Emma McDonald	Manager Environmental Services	Yes - Employed by the District Council of Tumby Bay and undertakes contract work for DCLEP as required.
Aaron Price	Environmental Health Officer	Yes - Employed by the City of Port Lincoln and undertakes contract work for DCLEP as required.

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# District Council of Loxton Waikerie

## *Safe Drinking Water Act 2011*

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Dara Frankel Bachelor of Applied Science (Env Hlth)	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# City of Marion

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Mid Murray Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Tom McKellar Graduate Diploma in Environmental Health Practice Authorised Officer under the Act	Environmental Health Officer	No
Julie Savill Bachelor of Environmental Health Authorised Officer under the Act Approved Auditor Level 2	Environmental Health Officer	Yes – Rural City of Murray Bridge

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

## 6 Consultation and education

Advice regarding the care and maintenance of rainwater is provided upon request and also made available through the council's three offices.  
The Act is also covered in all of Council's Food Safety Training sessions.

## 7 Other activities

Nil

# City of Mitcham

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Mount Barker District Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Jamie Tann Bachelor Applied Science (Environmental Health) (University of Western Sydney) RABQSA Level 4 High Risk Auditor	Manager, Health & Public Safety	No
Tony Pearson Diploma of Applied Science (Environmental Health) RABQSA Level 4 High Risk Auditor	Environmental Health Officer	Tony Pearson is on a six month secondment to the Alexandrina Council
Nicole Greenleaf Bachelor of Health Science Nutrition/ Graduate Diploma Environmental Health Practice (Flinders University)	Environmental Health Officer	No
Alex Hodge Bachelor of Environmental Health (Flinders University)	Environmental Health Officer	No
Hannah Johansen Bachelor of Environmental Health (Flinders University) RABQSA Level 4 High Risk Auditor	Environmental Health Officer	No
Lily Do Graduate Diploma Environmental Health Practice (Flinders University)	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

**3 Fees for audits and inspections**

Nil
-----

**4 Enforcement activities**

Nil
-----

**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

**6 Consultation and education**

Nil
-----

**7 Other activities**

Nil
-----

# City of Mount Gambier

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Heather Reilly	Environmental Health Officer	No
Nicole Dodds	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Information is provided on Council website and during routine food inspections.
---

### 7 Other activities

Nil
-----

# District Council of Mount Remarkable

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Mark Smith DHW Approved Auditor No AWQ014. Pursuant to Section 15(1) of the <i>Safe Drinking Water Act 2011</i>	Environmental Health Officer	Contracted to Peterborough Council one day per week

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Mount View Homes Inc (aged Care Facility) Booleroo Centre	30 April 2019	Mark Smith

### 3 Fees for audits and inspections

As per Council's Scheduled Charges
------------------------------------

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Council's Environmental Health Officer continues to provide information and assistance to businesses throughout the district in relation to the provision of safe and suitable water supplies.
--

## 7 Other activities

Council's Environmental Health Officer continues to support yearly educational sessions for food sector and public health sector businesses.

Food Safety and Public Health Information Sessions run by Council's Environmental Health Officer incorporates a learning segment in relation to the safe and suitable delivery of rainwater for drinking purposes. These information sessions outline the requirements of the *Safe Drinking Water Act 2011*, including capture, storage, maintenance and delivery of rainwater for drinking purposes.

Council continues to maintain a registered drinking water system within the Township of Melrose. This is a Council driven 'Public Health Partnership' initiative working with the local business community.

# Rural City of Murray Bridge

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Jeremy Byrnes	Team Leader Regulation	No
Julie Savill	Environmental Health Officer	Yes - Mid Murray Council
Emily Smith	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Advice regarding the care and maintenance of rainwater is provided upon request. Drinking water supplies are checked on routine food safety inspections. The Act is covered in all of Council's Food Safety Training sessions.

## 7 Other activities

### Riverglen Water Supply:

Weekly microbial sampling is performed by Council and submitted to SA Pathology for analysis. All results in the 2018-19 financial year were satisfactory.

Quarterly metal sampling has also commenced, to analyse water for cadmium, lead, iron, copper, zinc and manganese. All results have been compliant with the Australian Drinking Water Guidelines.

### Woodlane Water Supply:

Monthly water sampling is taken from the Woodlane reticulated water supply and submitted to SA Pathology for analysis. All results have been satisfactory in the 2018-19 financial year.

This water is supplied by SA Water but distributed by Council facilities.

# Naracoorte Lucindale Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Christopher Congdon	Environmental Health Officer	Yes - Tatiara District Council
Catherine McCarthy	Environmental Health Officer	Yes - Mitcham Council

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Northern Areas Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details
Alan Thomson	Manager Regulatory Services	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# City of Onkaparinga

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Stuart Dearden BSc (Environmental Health; Hons) SA Health-approved Food Safety Auditor	Environmental Health Officer	No
Tricia Franks BSc, Graduate Diploma in Environmental Health Practice SA Health-approved Food Safety Auditor	Environmental Health Officer	No
Nicole Moore Bachelor of Environmental Health	Team Leader Community Health	No
Jodi-Anne Smith Bachelor of Environmental Health	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Waterman Cartage	17 October 2018 - Scheduled inspection	Tricia Franks
Waterman Cartage	6 December 2018 - Follow-up inspection	Tricia Franks

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

## 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

## 6 Consultation and education

Ongoing ad hoc education of affected businesses occurs.

## 7 Other activities

Tricia Franks has been involved with Renay Cooke's *Safe Drinking Water Act 2011* Working Group.

Council keeps a register of businesses that are exempt from registration.

# District Council of Orroroo Carrieton

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Brian Sickles	Environmental Health Officer	Yes - Port Pirie Regional Council Flinders Ranges Council

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# District Council of Peterborough

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Mark Smith DHW Approved Auditor No AWQ014. Pursuant to Section 15(1) of the <i>Safe Drinking Water Act 2011</i>	Environmental Health Officer	DC Mount Remarkable

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

As per Councils' scheduled fees
---------------------------------

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Council continues to provide educational information to hotels, guest houses, caravan parks, etc. on the safe and suitable use of rainwater for drinking purposes.
--

### 7 Other activities

Food Safety and Public Health Information Sessions are facilitated by Council, which incorporates an information segment in relation to requirements for safe and suitable delivery of rainwater for drinking purposes.
---

# City of Playford

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Amy Colquhoun [no longer works for the City of Playford]	Environmental Health Officer	No
Stephanie Manual	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# City of Port Adelaide Enfield

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Port Augusta City Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Harc Wordsworth	Consultant Environmental Health Services	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# City of Port Lincoln

## *Safe Drinking Water Act 2011*

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Kristy McCreddie Bachelor of Applied Science (Environmental Health)	Senior Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

In January 2019, a major review and update of Council's food business register commenced. This included visiting and/or contacting all food businesses to confirm their business details and an audit to identify any food businesses not known to the Council. A food safety information pack with SA Health and Council resources was provided to all food businesses, and additional information based on site-specific activities was provided (such as where rainwater use was identified). To date the review has identified two additional businesses requiring registration under the <i>Safe Drinking Water Act 2011</i> , including Boston Bean Coffee Company (registered) and the Line & Label restaurant (in progress). Council also promoted rainwater tank safety in a post on Council's Facebook page on 2 May 2019.
--

## 7 Other activities

Nil
-----

# Port Pirie Regional Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Brian Sickles	Environmental Health Officer	Yes - Flinders Ranges Council District Council of Orroroo Carrieton

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Renmark Paringa Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Katina Nikas	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# District Council of Robe

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details
Ana Catarina Santos Bachelor of Applied Science, majoring in Environmental Health (Swinburne University).	Environmental Health Officer	Yes - Full Time – job share with Robe and Kingston Councils. Frequency of visits have changed to fortnightly, as for Kingston Council.

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

During the routine inspections of food businesses, fact sheets were provided to owners explaining the Act and its requirements.
---

## 7 Other activities

Council conducts the rainwater sampling for the Tarooki Campsite, as per their license requirements as a registered drinking water provider under the Act.

There are a number of council owned buildings such as the Works Depot, council owned Caravan Park, sports grounds – netball, golf, football, that are connected to rainwater tanks.

Council has implemented an annual rainwater testing program of all their rainwater tanks.

On 5 February 2019, a total of four rainwater samples were taken and sent to IMVS laboratory to check for potability.

At the council work depot, the sink connected to the rain water tank was declared as not being suitable for drinking. In the lunchroom, drinking water has been provided for staff.

In the caravan park, only one rainwater tank was found to have enough water for sampling, other two tanks were found dry. Sampling will be conducted later in the year (prior to summer/busy season), instead of early in the new year, to ensure water is available for sampling from all three rainwater tanks.

Rainwater samples taken from the three different Community Clubs (golf, netball and football), were negative for *E.coli*.

# Municipal Council of Roxby Downs

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# City of Salisbury

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Southern Mallee District Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Jeremy Byrnes	Team Leader Regulation	Yes – Rural City of Murray Bridge
Julie Savill	Environmental Health Officer	Yes – Rural City of Murray Bridge & Mid Murray Council
Emily Smith	Environmental Health Officer	Yes – Rural City of Murray Bridge

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

<p>Advice regarding the care and maintenance of rainwater is provided upon request and made available through the local government centres.</p> <p>Water supplies are checked on routine food inspections.</p>
--

**7 Other activities**

Nil
-----

# District Council of Streaky Bay

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Denvir Moses	Manager Environmental Services	Yes

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Tatiara District Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Chris Congdon BEnvHlth, Dip Bus National Food Safety Auditor <i>Safe Drinking Water Act 2011</i> Auditor	Environmental Health Officer	Yes - Berri Barmera

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Keith and District Hospital	22 August 2018	Chris Congdon

### 3 Fees for audits and inspections

\$199.09 per hour
-------------------

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# City of Tea Tree Gully

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# District Council Tumby Bay

## Safe Drinking Water Act 2011

### Annual Report 2018-19

#### Activities under the Act

##### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nil		

##### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

##### 3 Fees for audits and inspections

Nil
-----

##### 4 Enforcement activities

Nil
-----

##### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

##### 6 Consultation and education

Nil
-----

##### 7 Other activities

Nil
-----

# City of Unley

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details
Kelly Gregory Bachelor of Science (Environmental Health) - Flinders University Diploma of Quality Auditing	Senior Environmental Health Officer	No
David Sboro Bachelor of Science (Environmental Health) - Flinders University Diploma of Quality Auditing	Environmental Health Officer	No
Nada Kayal Graduate Diploma in Environmental Health Practices – Flinders University Diploma of Quality Auditing	Environmental Health Officer	No
Angela Sorger Bachelor of Science (Environmental Health) – Flinders University Diploma of Quality Auditing	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# City of Victor Harbor

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Luke McCumiskey	Environmental Health Officer	Alexandrina Council

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Wakefield Regional Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Kaylie Baker (Bachelor of Science and Graduate Diploma in Environmental Health Practices)	Environmental Health Officer (July – Dec 2018)	No
Willbur Colaco (Master of Environmental Management and Graduate Diploma in Environmental Health Practices)	Environmental Health Officer (Mar – June 2019)	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

## 7 Other activities

Nil
-----

# Wattle Range Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details
Ana Catarina Santos Bachelor of Applied Science majoring in Environmental Health (Swinburne University).	Environmental Health Officer	Full time, job shared with Robe and Kingston Councils. Schedule has now changed to four days a week at Wattle Range Council. Visits to the other two Councils has reduced.

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

During the routine inspections of food businesses, fact sheets were provided to owners explaining the commencement of the Act and its requirements.
---

## 7 Other activities

Council has many owned buildings throughout the region, such as all the Works Depots in various towns – Penola, Millicent, Beachport and Kalangadoo, caravan parks in Beachport and Southend, halls and sports grounds in various townships, all being connected to rainwater tanks.

Council has resumed the annual rainwater testing of all the rainwater tanks throughout the region this year. A total of 33 rainwater samples were taken, including four re-sampling of decontaminated rainwater tanks, to determine suitability of potable rainwater.

On 4 February 2019, 20 samples were taken and sent to IMVS laboratory. Of these samples, one returned positive with an *E.coli* reading of 13 organisms per gram.

Further testing was conducted on 13 February 2019, where ten more rainwater samples were taken, and re-sampling of the decontaminated rainwater tank was conducted. Samples were sent to IMVS laboratory for analyses.

Of the samples taken, three returned positive with *E.coli* with readings ranging from 30 to 2,000 organisms per gram. The decontamination of the rainwater tank returned negative for the presence of *E.coli*.

Of the samples that were positive, decontamination of the rainwater tanks was conducted, and further sampling was taken on 25 February 2019. All three samples returned clear of any *E.coli* contamination, demonstrating that the decontamination process was effective.

# City of West Torrens

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details
Nil		

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up /investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Whyalla City Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Nathan Gale	Environmental Health Officer	No
Samantha Bowman	Director City Growth	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

# Wudinna District Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Denvir Moses	Manager Environmental Services	Yes

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

The authorised officer will undergo prescribed SA Health training next financial year to perform inspections. SA Health had performed this function to date.
--

# District Council of Yankalilla

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Kim Vivian Inspector, Level 3	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Smiling Samoyed Brewery	23 November 2018	Kim Vivian

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Member of SA Health's <i>Safe Drinking Water Act 2011</i> Working Group since November 2017
---

# Yorke Peninsula Council

## Safe Drinking Water Act 2011

### Annual Report 2018-19

## Activities under the Act

### 1 Appointment of authorised officers under the *Safe Drinking Water Act 2011*

Name of authorised officer & qualifications (including auditing qualifications)	Position title	Does the authorised officer work for more than one council? Provide details.
Craig Lange	Environmental Health Officer	No

### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

### 3 Fees for audits and inspections

Nil
-----

### 4 Enforcement activities

Nil
-----

### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc.
Nil		

### 6 Consultation and education

Nil
-----

### 7 Other activities

Nil
-----

## **Appendix 4: Audited financial statements 2018-19**

Audited Financial Statements commence page 175.

The 2018-19 financial statements reflect the first time adoption of AASB 9 Financial Instruments, noting that the new Leasing Standard (AASB 16) and Revenue Standards (AASB 15 and AASB 1058) become effective next year (2019-20).



Our ref: A19/078

20 September 2019

Dr C McGowan  
Chief Executive  
Department for Health and Wellbeing  
DX 243 ADELAIDE SA

Level 9  
State Administration Centre  
200 Victoria Square  
Adelaide SA 5000  
DX 56208  
Victoria Square  
Tel +618 8226 9640  
Fax +618 8226 9688  
ABN 53 327 061 410  
audgensa@audit.sa.gov.au  
www.audit.sa.gov.au

Dear Dr McGowan

**Audit of Department for Health and Wellbeing  
for the year to 30 June 2019**

We have completed the audit of your accounts for the year ended 30 June 2019. Two key outcomes from the audit are the:

- 1 Independent Auditor's Report on your agency's financial report
- 2 audit management letters recommending you address identified weaknesses.

**1 Independent Auditor's Report**

We are returning the financial statements for the Department for Health and Wellbeing, with the Independent Auditor's Report. This report is unmodified.

My annual report to Parliament indicates that we have issued an unmodified Independent Auditor's Report on your financial statements.

**2 Audit management letters**

During the year, we sent you audit management letters detailing the weaknesses we noted and improvements we considered you need to make including matters we considered in forming our collective opinion on financial controls required by the *Public Finance and Audit Act 1987*.

Significant matters related to:

- Procurement and contract management practices require improvement.
- Absence of risk management planning for some sampled procurement and contract management plans.
- Absence of conflict of interest declarations and confidentiality agreements for some sampled procurement.
- Expenditure systems approval profiles not regularly reviewed
- Purchasing and procurement policy does not explicitly require approvers to consider budget when making procurement decisions

## For official use only

- Employee payroll and leave management not regularly reviewed.
- Legal compliance framework not fully implemented.
- Processes not adequate to ensure consistent and appropriate management of medical officers' professional development.

We have received responses to our letters and will follow these up in the 2019-20 audit.

I have also included summary comments about these matters in my annual report. These identify areas we assessed as not meeting a sufficient standard of financial management, accounting and control.

### What the audit covered

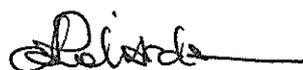
Our audits meet statutory audit responsibilities under the *Public Finance and Audit Act 1987* and the Australian Auditing Standards.

Our audit covered the principal areas of the agency's financial operations and included test reviews of systems, processes, internal controls and financial transactions. Some notable areas were:

- payroll
- accounts payable
- procurement
- contract management
- cash
- general ledger
- funding to health services
- funding to non-government organisations
- interstate transfers
- non-current assets
- inventory management
- revenues from the Commonwealth
- insurance services
- IT systems controls
- professional development entitlements.

I would like to thank the staff and management of your agency for their assistance during this year's audit.

Yours sincerely



Andrew Richardson  
**Auditor-General**

enc



Level 9  
State Administration Centre  
200 Victoria Square  
Adelaide SA 5000  
DX 56208  
Victoria Square  
Tel +618 8226 9640  
Fax +618 8226 9688  
ABN 53 327 061 410  
audgensa@audit.sa.gov.au  
www.audit.sa.gov.au

## To the Chief Executive Department for Health and Wellbeing

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987*, I have audited the financial report of the Department for Health and Wellbeing and the consolidated entity comprising the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2019.

### Opinion

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the Department for Health and Wellbeing and its controlled entities as at 30 June 2019, its financial performance and its cash flows for year then ended in accordance with the Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2019
- a Statement of Financial Position as at 30 June 2019
- a Statement of Changes in Equity for the year ended 30 June 2019
- a Statement of Cash Flows for the year ended 30 June 2019
- notes, comprising significant accounting policies and other explanatory information
- a Certificate from the Chief Executive and the Chief Finance Officer.

### Basis for opinion

I conducted the audit in accordance with the *Public Finance and Audit Act 1987* and Australian Auditing Standards. My responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial report' section of my report. I am independent of the Department for Health and Wellbeing and its controlled entities. The *Public Finance and Audit Act 1987* establishes the independence of the Auditor-General. In conducting the audit, the relevant ethical requirements of APES 110 *Code of Ethics for Professional Accountants* have been met.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

### **Responsibilities of the Chief Executive for the financial report**

The Chief Executive is responsible for the preparation of the financial report that gives a true and fair view in accordance with the Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view and that is free from material misstatement, whether due to fraud or error.

### **Auditor's responsibilities for the audit of the financial report**

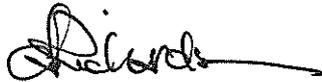
My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Department for Health and Wellbeing's and its controlled entities' internal controls
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

My report refers only to the financial report described above and does not provide assurance over the integrity of electronic publication by the entity on any website nor does it provide an opinion on other information which may have been hyperlinked to/from the report.

I communicate with the Chief Executive about, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during the audit.

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

Andrew Richardson

**Auditor-General**

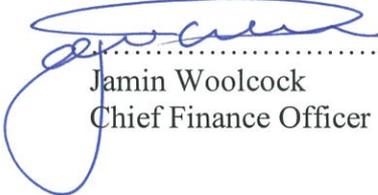
20 September 2019

## Certification of the financial statements

We certify that the:

- financial statements of the Department for Health and Wellbeing:
  - are in accordance with the accounts and records of the authority; and
  - comply with relevant Treasurer's instructions; and
  - comply with relevant accounting standards; and
  - present a true and fair view of the financial position of the authority at the end of the financial year and the result of its operations and cash flows for the financial year.
- Internal controls employed by the Department for Health and Wellbeing over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.

  
.....  
Christopher McGowan  
Chief Executive

  
.....  
Jamin Woolcock  
Chief Finance Officer

Date 17-9-2019.....

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2019**

	Note	Consolidated		Parent	
		2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
<b>Expenses</b>					
Employee benefits expenses	3	4,221,026	3,915,604	200,495	188,804
Supplies and services	4	1,995,434	1,917,121	539,744	513,844
Depreciation and amortisation expense	21,22	287,485	256,201	16,545	16,292
Grants and subsidies	5	34,866	39,238	4,835,120	5,027,564
Borrowing costs	6	169,345	263,186	412	760
Net loss from disposal of non-current and other assets	12	2,679	2,260	27	-
Impairment loss on receivables	16	7,513	(5,048)	9	16
Other expenses	7	65,501	93,730	25,305	26,523
<b>Total expenses</b>		<b>6,783,849</b>	<b>6,482,292</b>	<b>5,617,657</b>	<b>5,773,803</b>
<b>Income</b>					
Revenues from fees and charges	8	637,678	580,125	356,900	343,716
Grants and contributions	9	1,771,846	1,768,798	1,395,868	1,427,958
Interest revenues	10	8,515	6,843	4,242	3,234
Resources received free of charge	11	50,459	49,865	24,027	22,486
Net gain from disposal of non-current and other assets	12	-	-	-	356
Other revenues/income	13	83,818	71,975	3,424	3,055
<b>Total income</b>		<b>2,552,316</b>	<b>2,477,606</b>	<b>1,784,461</b>	<b>1,800,805</b>
<b>Net cost of providing services</b>		<b>4,231,533</b>	<b>4,004,686</b>	<b>3,833,196</b>	<b>3,972,998</b>
<b>Revenues from SA Government</b>					
Revenues from SA Government	14	4,203,772	3,986,313	4,203,772	3,986,313
Payments to SA Government	14	(36,113)	-	(36,113)	-
<b>Total revenues from SA Government</b>		<b>4,167,659</b>	<b>3,986,313</b>	<b>4,167,659</b>	<b>3,986,313</b>
<b>Net result</b>		<b>(63,874)</b>	<b>(18,373)</b>	<b>334,463</b>	<b>13,315</b>
<b>Other Comprehensive Income</b>					
<b>Items that will not be reclassified to net result</b>					
Changes in property, plant and equipment asset revaluation surplus		84	331,168	-	(2,746)
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>					
Gains or losses recognised directly in equity		(14,231)	2,218	-	-
<b>Total other comprehensive income</b>		<b>(14,147)</b>	<b>333,386</b>	<b>-</b>	<b>(2,746)</b>
<b>Total comprehensive result</b>		<b>(78,021)</b>	<b>315,013</b>	<b>334,463</b>	<b>10,569</b>

The accompanying notes form part of these financial statements. The net result and total comprehensive result are attributable to the SA Government as owner.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2019**

	Note	Consolidated		Parent	
		2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
<b>Current assets</b>					
Cash and cash equivalents	15	839,942	585,059	633,360	292,602
Receivables	16	419,947	309,083	224,602	173,569
Other financial assets	17	109,758	102,333	-	-
Inventories	18	48,814	47,995	17,230	16,053
Other assets		188	26	-	-
		<b>1,418,649</b>	<b>1,044,496</b>	<b>875,192</b>	<b>482,224</b>
Non-current assets classified as held for sale	19	-	506	-	506
<b>Total current assets</b>		<b>1,418,649</b>	<b>1,045,002</b>	<b>875,192</b>	<b>482,730</b>
<b>Non-current assets</b>					
Receivables	16	4,908	5,223	203	3,430
Other financial assets	17	6,207	6,088	-	-
Property, plant and equipment	21	5,862,307	6,042,101	46,010	49,853
Investment property	21	22,012	21,582	-	-
Intangible assets	22	96,596	117,606	48,754	59,081
<b>Total non-current assets</b>		<b>5,992,030</b>	<b>6,192,600</b>	<b>94,967</b>	<b>112,364</b>
<b>Total assets</b>		<b>7,410,679</b>	<b>7,237,602</b>	<b>970,159</b>	<b>595,094</b>
<b>Current liabilities</b>					
Payables	24	385,618	328,866	150,567	128,361
Borrowings	25	67,475	68,469	3,007	3,908
Employee benefits	26	596,864	533,059	24,293	23,204
Provisions	27	40,770	37,729	17,695	14,971
Other liabilities	28	93,942	85,183	597	512
<b>Total current liabilities</b>		<b>1,184,669</b>	<b>1,053,306</b>	<b>196,159</b>	<b>170,956</b>
<b>Non-current liabilities</b>					
Payables	24	27,374	25,212	18,618	19,038
Borrowings	25	2,657,657	2,712,733	-	3,007
Employee benefits	26	838,572	674,964	42,471	32,452
Provisions	27	195,364	189,789	114,228	105,052
Other liabilities	28	3,814	4,550	977	1,543
<b>Total non-current liabilities</b>		<b>3,722,781</b>	<b>3,607,248</b>	<b>176,294</b>	<b>161,092</b>
<b>Total liabilities</b>		<b>4,907,450</b>	<b>4,660,554</b>	<b>372,453</b>	<b>332,048</b>
<b>Net assets</b>		<b>2,503,229</b>	<b>2,577,048</b>	<b>597,706</b>	<b>263,046</b>
<b>Equity</b>					
Contributed capital		1,700,853	1,700,853	1,700,853	1,700,853
Asset revaluation surplus		536,908	536,105	31,934	31,163
Other reserves		31,790	46,114	-	-
Retained earnings		233,678	293,976	(1,135,081)	(1,468,970)
<b>Total equity</b>		<b>2,503,229</b>	<b>2,577,048</b>	<b>597,706</b>	<b>263,046</b>

The accompanying notes form part of these financial statements. The total equity is attributable to the SA Government as owner.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CHANGES IN EQUITY**  
**For the year ended 30 June 2019**

**CONSOLIDATED**

Note	Asset		Other reserves	Retained earnings	Total equity
	Contributed capital	revaluation surplus			
	\$ '000	\$ '000	\$'000	\$ '000	\$ '000
<b>Balance at 30 June 2017</b>	<b>1,700,853</b>	<b>271,797</b>	<b>43,896</b>	<b>245,948</b>	<b>2,262,494</b>
Error correction	1.6	-	-	(459)	(459)
<b>Net result for 2017-18</b>	1.6	-	-	(18,373)	(18,373)
Gain/(loss) on revaluation of land and buildings	1.6	-	328,764	-	328,764
Gain/(loss) on revaluation of plant and equipment		-	2,404	-	2,404
Gain/(loss) on revaluation of other financial assets		-	-	127	127
Gain/(loss) on revaluation of defined benefit fund liability		-	-	2,091	2,091
<b>Total comprehensive result for 2017-18</b>		<b>-</b>	<b>331,168</b>	<b>2,218</b>	<b>(18,373)</b>
Transfer between equity components	1.6	-	(66,860)	-	66,860
<b>Balance at 30 June 2018</b>		<b>1,700,853</b>	<b>536,105</b>	<b>46,114</b>	<b>293,976</b>
Adjustments on initial adoption of Accounting Standards		-	-	(50)	4,252
<b>Adjusted balance at 1 July 2018</b>		<b>1,700,853</b>	<b>536,105</b>	<b>46,064</b>	<b>298,228</b>
<b>Net result for 2018-19</b>		-	-	-	(63,874)
Gain/(loss) on revaluation of land and buildings		-	84	-	84
Gain/(loss) on revaluation of other financial assets		-	-	141	141
Gain/(loss) on revaluation of defined benefit fund liability		-	-	(14,372)	(14,372)
<b>Total comprehensive result for 2018-19</b>		<b>-</b>	<b>84</b>	<b>(14,231)</b>	<b>(63,874)</b>
Transfer between equity components		-	719	(43)	(676)
<b>Balance at 30 June 2019</b>		<b>1,700,853</b>	<b>536,908</b>	<b>31,790</b>	<b>233,678</b>

**PARENT**

Note	Asset		Other reserves	Retained earnings	Total equity
	Contributed capital	revaluation surplus			
	\$ '000	\$ '000	\$'000	\$ '000	\$ '000
<b>Balance at 30 June 2017</b>	<b>1,700,853</b>	<b>35,401</b>	<b>-</b>	<b>(1,483,777)</b>	<b>252,477</b>
<b>Net result for 2017-18</b>	-	-	-	13,315	13,315
Gain/(loss) on revaluation of land and buildings	-	(2,746)	-	-	(2,746)
<b>Total comprehensive result for 2017-18</b>	-	<b>(2,746)</b>	-	<b>13,315</b>	<b>10,569</b>
Transfer between equity components	-	(1,492)	-	1,492	-
<b>Balance at 30 June 2018</b>	<b>1,700,853</b>	<b>31,163</b>	<b>-</b>	<b>(1,468,970)</b>	<b>263,046</b>
Adjustments on initial adoption of Accounting Standards	-	-	-	197	197
<b>Adjusted balance at 1 July 2018</b>	<b>1,700,853</b>	<b>31,163</b>	<b>-</b>	<b>(1,468,773)</b>	<b>263,243</b>
<b>Net result for 2018-19</b>	-	-	-	334,463	334,463
<b>Total comprehensive result for 2018-19</b>	-	-	-	<b>334,463</b>	<b>334,463</b>
Transfer between equity components	-	771	-	(771)	-
<b>Balance at 30 June 2019</b>	<b>1,700,853</b>	<b>31,934</b>	<b>-</b>	<b>(1,135,081)</b>	<b>597,706</b>

The accompanying notes form part of these financial statements. All changes in equity are attributable to the SA Government as owner.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2019**

	Note	Consolidated		Parent	
		2019	2018	2019	2018
		\$'000	\$'000	\$'000	\$'000
<b>Cash flows from operating activities</b>					
<b>Cash outflows</b>					
Employee benefits payments		(4,018,344)	(3,803,628)	(190,673)	(193,748)
Payments for supplies and services		(2,052,451)	(2,067,188)	(544,608)	(558,006)
Payments of grants and subsidies		(42,928)	(60,175)	(4,598,978)	(4,806,037)
Interest paid		(157,383)	(252,285)	(412)	(760)
Residential aged care bonds refunded		(19,801)	(14,698)	-	-
Other payments		(66,539)	(56,657)	(3,769)	(4,057)
<b>Cash used in operations</b>		<b>(6,357,446)</b>	<b>(6,254,631)</b>	<b>(5,338,440)</b>	<b>(5,562,608)</b>
<b>Cash inflows</b>					
Fees and charges		546,024	604,412	59,326	104,319
Grants and contributions		1,783,300	1,780,307	1,397,406	1,427,742
Interest received		7,958	4,624	3,923	2,568
Residential aged care bonds received		23,511	24,008	-	-
GST recovered from ATO		153,742	168,683	48,611	47,096
Other receipts		92,323	72,389	3,343	2,823
<b>Cash generated from operations</b>		<b>2,606,858</b>	<b>2,654,423</b>	<b>1,512,609</b>	<b>1,584,548</b>
<b>Cash flows from SA Government</b>					
Receipts from SA Government		4,203,772	3,986,313	4,203,772	3,986,313
Payments to SA Government		(36,113)	-	(36,113)	-
<b>Cash generated from SA Government</b>		<b>4,167,659</b>	<b>3,986,313</b>	<b>4,167,659</b>	<b>3,986,313</b>
<b>Net cash provided by operating activities</b>		<b>417,071</b>	<b>386,105</b>	<b>341,828</b>	<b>8,253</b>
<b>Cash flows from investing activities</b>					
<b>Cash outflows</b>					
Purchase of property, plant and equipment		(89,780)	(231,616)	(2,003)	(2,464)
Purchase of intangibles		(1,083)	(4,955)	(283)	(1,993)
Purchase of investments		(11,550)	(4,713)	-	-
<b>Cash used in investing activities</b>		<b>(102,413)</b>	<b>(241,284)</b>	<b>(2,286)</b>	<b>(4,457)</b>
<b>Cash inflows</b>					
Proceeds from sale of property, plant and equipment		1,149	2,669	501	1,730
Proceeds from sale/maturities of investments		5,099	6,014	-	-
<b>Cash generated from investing activities</b>		<b>6,248</b>	<b>8,683</b>	<b>501</b>	<b>1,730</b>
<b>Net cash provided by/(used in) investing activities</b>		<b>(96,165)</b>	<b>(232,601)</b>	<b>(1,785)</b>	<b>(2,727)</b>
<b>Cash flows from financing activities</b>					
<b>Cash outflows</b>					
Repayment of finance leases		(62,115)	(34,770)	-	-
Repayment of borrowings		(3,908)	(3,546)	(3,908)	(3,546)
<b>Cash used in financing activities</b>		<b>(66,023)</b>	<b>(38,316)</b>	<b>(3,908)</b>	<b>(3,546)</b>
<b>Cash inflows</b>					
Proceeds from borrowings		-	144	4,623	4,379
<b>Cash generated from financing activities</b>		<b>-</b>	<b>144</b>	<b>4,623</b>	<b>4,379</b>
<b>Net cash provided by/(used in) financing activities</b>		<b>(66,023)</b>	<b>(38,172)</b>	<b>715</b>	<b>833</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2019**

	Note	Consolidated		Parent	
		2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>254,883</b>	<b>115,332</b>	<b>340,758</b>	<b>6,359</b>
Cash and cash equivalents at the beginning of the period		585,059	469,727	292,602	286,243
<b>Cash and cash equivalents at the end of the period</b>	15	<b>839,942</b>	<b>585,059</b>	<b>633,360</b>	<b>292,602</b>
Non-cash transactions	29				

The accompanying notes form part of these financial statements.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

---

## **1. Basis of financial statements**

### **1.1 Reporting entity**

#### **The Consolidated Entity – SA Health**

The not-for-profit Consolidated Entity known as SA Health, consists of the following controlled entities:

- The Department for Health and Wellbeing (Parent);
- Central Adelaide Local Health Network Incorporated (includes the subsidiary AusHealth Corporate Pty Ltd (AusHealth));
- Country Health SA Local Health Network Incorporated (includes the Health Advisory Councils (HACs));
- Northern Adelaide Local Health Network Incorporated;
- Southern Adelaide Local Health Network Incorporated;
- Women's and Children's Health Network Incorporated; and
- SA Ambulance Service Inc (includes SA Ambulance Development Fund).

The Consolidated Entity operates within the *Public Sector Act 2009* and the *Health Care Act 2008*.

The consolidated financial statements have been prepared in accordance with AASB 10 *Consolidated Financial Statements*. Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the Consolidated Entity have been eliminated in full. Information on the consolidated entity's interest in other entities is at note 37.

#### **The Department for Health and Wellbeing (the Department) – Parent Entity**

The Department is a not-for-profit government department of the State of South Australia, established pursuant to the *Public Sector Act 2009*. The Department is an administrative unit acting on behalf of the Crown.

#### *Administered items*

The Department has administered activities and resources. Transactions and balances relating to administered resources are presented separately and are disclosed in the Schedule of Administered Financial Statements. Except as otherwise disclosed administered items are accounted for on the same basis and using the same accounting policies as for the Department and Consolidated Entity transactions.

#### *Reporting Entity on 1 July 2019*

Effective from 1 July 2019, there are changes to both the structure and governance arrangements associated with SA Health's controlled entities.

A proclamation dated 27 June 2019 advised that the Country Health SA Local Health Network Incorporated (CHSALHN) would be dissolved on 1 July 2019 and the service delivery provided via CHSALHN to country and regional SA will be via the following six controlled country and regional local health networks:

- Barossa Hills Fleurieu Local Health Network Incorporated
- Eyre and Far North Local Health Network Incorporated
- Flinders and Upper Local Health Network Incorporated
- Riverland Mallee Coorong Local Health Network Incorporated
- South East Local Health Network (renamed Limestone Incorporated Coast Local Health Network Incorporated by proclamation on 27 June 2019)
- Yorke and Northern Local Health Network Incorporated.

Although the above local health networks were established on 2 August 2018 (under the Act) they did not commence service delivery until 1 July 2019.

In addition, on 1 July 2019, ten governing boards were established for each of SA Health's controlled local health networks. From July, each board will have responsibility for governance and oversight of their respective local health network. Noting that prior to each governing board being established, each local health network had transitional advisory boards refer to note 38 for details.

The local health networks Chief Executive Officers are responsible for managing the operations and affairs of their respective local health network and are accountable to, and subject to, the direction of the Board in undertaking that function. The Governing Board must comply with any direction of the Minister or Chief Executive of the Department.

### **1.2 Statement of compliance**

These financial statements are general purpose financial statements prepared in accordance with:

- section 23 of the *Public Finance and Audit Act 1987*;
- Treasurer's Instructions and accounting policy statements issued by the Treasurer under the *Public Finance and Audit Act 1987*; and
- relevant Australian Accounting Standards.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

---

**1.3 Basis of preparation**

The financial statements have been prepared based on a 12 month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars (\$'000). Any transactions in foreign currency are translated into Australian dollars at the exchange rates at the date the transaction occurs.

The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle even when they are not expected to be realised within 12 months after the reporting date have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

Significant accounting policies are set out throughout the notes.

**1.4 Taxation**

The Consolidated Entity is not subject to income tax. The Consolidated Entity is liable for fringe benefits tax (FBT) and goods and services tax (GST). The Department is additionally liable for payroll tax and emergency services levy.

Income, expenses and assets are recognised net of the amount of GST except:

- when the GST incurred on a purchase of goods or services is not recoverable from the Australian Taxation Office (ATO), in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item applicable; and
- receivables and payables, which are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Statement of Financial Position.

Cash flows are included in the Statement of Cash Flows on a gross basis, and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the ATO is classified as part of operating cash flows.

**1.5 Continuity of operations**

As at 30 June 2019, the Consolidated Entity had working capital of \$233.980 million (\$8.304 million deficiency). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of the Consolidated Entity to enable it to perform its functions.

**1.6 Equity**

The asset revaluation surplus is used to record increments and decrements in the fair value of land, buildings and plant and equipment to the extent that they offset one another. Relevant amounts are transferred to retained earnings when an asset is derecognised.

Other reserves includes Branch Reserves, Country Capital Reserves, Defined Benefit Fund Remeasurement and Investment Revaluation Reserve.

*Error Correction*

CHSALHN is a party to a three way agreement with the Commonwealth Government and Mid West Health and Aged Care Incorporated (MWH&AC). When CHSALHN was established in 2008, a bank account in the name of MWH&AC was brought to account as part of the opening balances of CHSALHN. It has since been determined that CHSALHN does not have control over this bank account, or the associated Refundable Deposit Liability.

In addition to this, CHSALHN owns a number of Medical Centres with agreements in place with Doctors who work in these Medical Centres. It has been determined that the fees and charges collected on behalf of the doctors are not controlled by CHSALHN, and should be recognised as an administered item.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

These errors have been corrected by adjusting each of the affected financial statement line items as follows:

	<b>Consolidated</b>
	<b>2018</b>
	<b>\$'000</b>
<b>Impact on Equity</b>	
Cash at Bank	(2,239)
Receivable	5
Residential Aged Care Bond Liability	(1,775)
<b>Total impact on Equity</b>	<b>(459)</b>
<b>Impact on net result</b>	
Revenue from fees and charges	(1,470)
Interest Revenue	(20)
Fee for Service	(1,469)
Other Supplies and Services	(21)
<b>Total impact on Net Result</b>	<b>0</b>

During 2018-19 SA Health reviewed its consolidation processes as they related to the asset revaluation surplus. This review resulted in the following prior period adjustments to the following financial statement line items.

	<b>Consolidated</b>
	<b>2018</b>
	<b>\$'000</b>
<b>Impact on Equity</b>	
Asset Revaluation Reserve	53,655
Retained earnings	(53,655)
<b>Total Impact on Equity</b>	<b>-</b>

The above adjustments of \$53,655 million to the 2017-18 audited financial statements balance of \$13,205 million, results in a closing transfer between equity balance of \$66,860 million.

<b>Impact on net result</b>	
Other Expenses	(17,617)
<b>Total Impact on Net Result</b>	<b>(17,617)</b>

The above adjustment of \$17,617 million to the 2017-18 audited financial statements balance of \$35,990 million, results in a closing net result of \$18,373 million.

#### **1.7 Change in accounting policy**

On 22 March 2019, pursuant to the *Public Finance and Audit Act 1987*, the Treasurer issued *Treasurer's Instructions (Accounting Policy Statements)* and revoked all previously issued Accounting Policy Statements. The new Accounting Policy Statements have largely been prepared on a no-policy change basis. The changes below do not impact the amounts reported in the financial statements:

- removal of the requirement to report transactions with the SA Government
- removal of the requirement to report a statement of equity for administered items
- increase in bands from \$10,000 to \$20,000 for employee, board and committee member reporting.

#### **AASB 9 Financial Instruments**

The adoption of AASB 9 from 1 July 2018 resulted in changes in accounting policies and adjustments to the amounts recognised in the financial statements.

AASB 9 replaces the provisions of AASB 139 *Financial Instruments: Recognition and Measurement* that relate to recognition, classification, impairment and measurement of the Consolidated Entity's financial assets.

Under AASB 9, financial assets are subsequently measured at amortised cost, fair value through other comprehensive income (FVOCI) or fair value through profit or loss (FVPL). The classification is based on two criteria; the Consolidated Entity's business

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

model for managing the assets; and whether the assets' contractual cash flows represent 'solely payments of principal and interest' (SPPI) on the principal amount outstanding.

As part of the adoption of AASB 9, the Consolidated Entity adopted consequential amendments to other accounting standards and the *Treasurer's Instructions (Accounting Policy Statements)* arising from the issue of AASB 9 as follows:

- AASB 101 *Presentation of Financial Statements* requires the impairment of financial assets to be presented in a separate line item in the statement of comprehensive income. In prior years, this information was presented as part of other expenses.
- AASB 7 *Financial Instruments: Disclosures* requires amended disclosures due to changes arising from AASB 9, these disclosures have been included in the financial statements.
- Accounting Policy Statements requires adoption of AASB 9 without restating comparative information for classification and measurement requirements (i.e. continues to be reported under AASB 139). All adjustments are recognised in retained earnings at 1 July 2018.

The total impact on the Consolidated Entity's retained earnings as at 1 July 2018 is as follows:

	Consolidated \$'000	Parent \$'000
Closing retained earnings 30 June 2018 – AASB 139	293,975	(1,468,970)
Decrease in provision for trade receivables (decrease in impairment allowance for receivables) *	4,252	197
Adjustment to retained earnings from adoption of AASB 9 for reclassifying:		
• investments from FVOCI to amortised cost (from other reserves)	80	-
• investments from FVPL to FVOCI (to other reserves)	(31)	-
Opening retained earnings 1 July 2018 – AASB 9	298,276	(1,468,773)

\*this relates to applying the new expected credit loss (ECL) model rather than incurred loss model.

The assessment of the Consolidated Entity's business model was made as of the date of initial application, 1 July 2018. The assessment of whether contractual cash flows on the financial assets are solely comprised of principal and interest was made based on the facts and circumstances as at the initial recognition of the assets.

In summary, upon the adoption of AASB 9, the Consolidated Entity had the following required and elected reclassifications of financial assets as at 1 July 2018:

	Carrying amount 30 June 2018 \$'000	AASB 9 measurement		
		Amortised cost \$'000	Fair value OCI \$'000	Fair value PL \$'000
<b>AASB 139 category</b>				
<b>Consolidated</b>				
Loans and receivables				
Receivables*	93,875	98,078	-	-
Held-to-maturity				
Term deposits	97,393	97,393	-	-
Fair value through profit or loss				
Other financial assets	6,983	-	108	6,875
Available-for-sale				
Other financial assets**	4,047	-	1,313	2,734
<b>Net carrying amount</b>	<b>202,298</b>	<b>195,471</b>	<b>1,421</b>	<b>9,609</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
For the year ended 30 June 2019

AASB 139 category	Carrying amount 30 June 2018 \$'000	AASB 9 measurement		
		Amortised cost \$'000	Fair value OCI \$'000	Fair value PL \$'000
<b>Parent</b>				
Loans and receivables				
Receivables*	3,267	3,464	-	-
<b>Net carrying amount</b>	<b>3,267</b>	<b>3,464</b>	-	-

\* The change in carrying amount is a result of decreased impairment allowance. Refer to note 16 for information on impairment of receivables.

\*\* Flinders Reproductive Medicine Pty Ltd \$2.657 million (out of scope of AASB 9 as they are joint arrangements)

The following are the changes in the classification and measurement of financial assets:

- Reclassification of investments held at FVOCI to amortised cost – a Term Deposit (with Westpac) held by AusHealth (subsidiary) that was previously classified as available for sale is now classified as a debt instrument as it meets the appropriate criteria under AASB 9. As a result of the change in classification, the available for sale reserve (other reserves) related to those investments was reclassified to retained earnings at 1 July 2018.
- Reclassification of investments held at FVPL to FVOCI – Woolworth Shares held by CHSALHN that were previously classified as held for sale is now classified as not held for trading (with an irrevocable election) as CHSALHN intends to hold these assets. As a result of the change in classification, the cumulative gains related to those investments was reclassified from retained earnings to other reserves at 1 July 2018.
- Trade receivables and loans, being debt instruments, remain measured at amortised costs, similar to the previous classification of loans and receivables under AASB 139.
- Term deposits are now classified as SPPI and remain measured at amortised cost, similar to the previous classification of 'held to maturity'.
- Other investments, largely quoted equity instruments held for trading, will continue to be measured at FVPL, although these were previously classified as available for sale and are now classified as held for trading as they meet the appropriate criteria under AASB 9.

Adoption of AASB 9 has not had an impact on the recognition, measurement and classification on the Consolidated Entity's financial liabilities.

## 2. Objectives and activities

### 2.1 Objectives of the Department for Health and Wellbeing

SA Health is the brand name for the health portfolio of services and agencies (i.e. Consolidated Entity) responsible to the Minister for Health and Wellbeing.

SA Health is committed to protecting and improving the health of all South Australians by delivering a system that balances the provision of safe, high-quality and accessible services that are sustainable and reflective of local values, needs and priorities with strategic system leadership, regulatory responsibilities and an increased focus on wellbeing, illness prevention, early intervention and quality care.

The Department (i.e. Parent Entity) assists the Minister for Health and Wellbeing to set the policy framework and strategic direction for SA Health.

The Department is committed to protecting and improving the health of all South Australians by leading and serving the SA Health system through setting strategy and policy, delivering innovative reform and improvement programs, setting standards and undertaking regulation activities, providing commissioning, purchasing and performance managing services and providing state-wide system support services. Through Wellbeing SA the Department also has a focus on prevention, health promotion, primary health care, encouraging collaborations and advocacy.

The Department is comprised of nine divisions:

- Health Regulation and Protection;
- System Leadership and Design;
- Commissioning and Performance;
- Corporate and System Support Services;
- Office of the Chief Psychiatrist / Mental Health

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

- Office of the Chief Executive;
- Wellbeing SA\*;
- Digital Health SA; and
- Commission on Excellence and Innovation in Health\*.

\* The model for Wellbeing SA and the Commission on Excellence and Innovation in Health will be developed over the coming six months, and will include information about their respective functions and outcomes. Work continues on the governance structure to establish Wellbeing SA and the Commission on Excellence and Innovation in Health as an attached office as per the direction set by the Minister for Health and Wellbeing.

On 1 July 2019, as part of the governance reforms and new department structure parts of the Financial Accounting function will transfer from the Department to the Government Accounting Services section of the Department of Treasury and Finance.

## 2.2 Activities of the Consolidated Entity

In achieving its objectives, the Consolidated Entity provides a range of goods and services classified into the following activities:

### *Policy, Clinical Services, System Transformation and Administration*

Responsible for health policy and promotion, clinical services and administration associated with the provision of health services across South Australia.

This Activity largely reflects the activities of the Department itself (refer to Parent column on the face of the Statements and also the notes accompanying the Statements).

### *Health Services*

The provision of hospital-based tertiary care and other acute services as well as rehabilitation, mental health and other community health services within the metropolitan and country areas, the provision of grants to non-government organisations for the provision of health services, and responsibility for Aboriginal controlled primary health services in Ceduna, Port Augusta and surrounding areas.

This Activity largely reflects the activities of the Local Health Networks (LHNs) and SA Ambulance Service (SAAS), refer to the Consolidated Entity column less the Parent column on the face of the Statements and the notes accompanying the Statements.

Accordingly, additional disaggregated disclosure schedules by major class of income, expense, asset and liability have not been included in the financial statements, as information can be reliably determined from the face of the Statements and the notes accompanying the Statements. It is noted that there are minor and immaterial variances between the two Activities due to inter-entity eliminations upon consolidation, with the exceptions of supplies and services and grants (expenditure), fees and charges (income), inter-entity loans receivable (asset) and workers compensation payable (liability) - refer to notes 4, 5, 8, 16 and 24 respectively for further information.

## 3. Employee benefits expenses

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	3,231,816	3,095,211	133,625	134,924
Targeted Voluntary Separation Packages (refer below)	4,866	12,380	884	1,588
Long Service Leave	247,698	105,061	13,986	3,144
Annual leave	328,488	299,702	13,222	12,632
Skills and Experience Retention Leave	15,091	14,007	828	721
Employment on-costs - superannuation*	341,713	323,383	16,591	15,759
Employment on-costs - other	7,064	6,067	6,671	5,727
Workers compensation	29,977	47,672	5,612	4,718
Board and committee fees	1,765	736	314	248
Other employee related expenses	12,548	11,385	8,762	9,343
<b>Total employee benefits expenses</b>	<b>4,221,026</b>	<b>3,915,604</b>	<b>200,495</b>	<b>188,804</b>

\* The superannuation employment on-cost charge represents the Consolidated Entity's contribution to superannuation plans in respect of current services of employees. The Department of Treasury and Finance (DTF) centrally recognises the superannuation liability in the whole-of-government financial statements except for SAAS staff who are members of the SAAS defined benefit scheme.

Expenses recognised in profit and loss for the Consolidated Entity in respect of the SAAS defined benefit scheme was \$9.975 million (\$9.595 million), comprising current service cost of \$9.456 million (\$9.070 million) and interest cost of \$0.519 million (\$0.525 million).

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**3.1 Key Management Personnel**

Key management personnel (KMP) of the Consolidated Entity includes the Minister\*, the Chief Executive\* and the three Deputy Chief Executives\* of the Department, the Chief Public Health Officer\*, the Chief Psychiatrist\*, the Chief Digital Health Officer\* and the six Chief Executive Officers of the Local Health Networks and SA Ambulance Service who have responsibility for the strategic direction and management of the Consolidated Entity.

The compensation detailed below excludes salaries and other benefits received by the Minister for Health and Wellbeing. The Minister's remuneration and allowances are set by the *Parliamentary Remuneration Act 1990* and the Remuneration Tribunal of South Australia, respectively, and are payable from the Consolidated Account (via DTF) under section 6 of the *Parliamentary Remuneration Act 1990*.

\* are also key management personnel of the Department.

<b>Compensation</b>	<b>2019</b>	<b>2018</b>
	<b>\$'000</b>	<b>\$'000</b>
Salaries and other short term employee benefits	3,457	3,024
Post-employment benefits	1,361	599
Other long-term employment benefits	-	85
Termination benefits	-	177
<b>Total</b>	<b>4,818</b>	<b>3,885</b>

The Consolidated Entity did not enter into any transactions with key management personnel or their close family during the reporting period that were not consistent with normal procurement arrangements.

**3.2 Remuneration of Boards and Committees**

	<b>2019</b>	<b>2018</b>
	<b>No. of</b>	<b>No. of</b>
	<b>Members</b>	<b>Members</b>
\$0	938	832
\$1 - \$20,000	267	216
\$20,001 - \$40,000	12	9
\$40,001 - \$60,000	4	-
\$60,001 - \$80,000	4	-
<b>Total</b>	<b>1,225</b>	<b>1,057</b>

Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and any fringe benefits tax paid or payable in respect of those benefits. The total remuneration received or receivable by members was \$1.628 million (\$0.739 million).

In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

Unless otherwise disclosed, transactions between members are on conditions no more favourable than those that it is reasonable to expect the entity would have adopted if dealing with the related party at arm's length in the same circumstances.

Refer to note 38 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**3.3 Remuneration of employees**

	Consolidated		Parent	
	2019	2018	2019	2018
The number of employees whose remuneration received or receivable falls within the following bands:	Number	Number	Number	Number
\$149,000 - \$151,000*	n/a	104	n/a	4
\$151,001 - \$171,000	880	795	25	27
\$171,001 - \$191,000	516	477	11	5
\$191,001 - \$211,000	315	294	7	10
\$211,001 - \$231,000	197	193	4	2
\$231,001 - \$251,000	167	130	3	3
\$251,001 - \$271,000	113	124	7	9
\$271,001 - \$291,000	105	87	1	3
\$291,001 - \$311,000	80	78	4	4
\$311,001 - \$331,000	92	82	1	1
\$331,001 - \$351,000	93	97	-	-
\$351,001 - \$371,000	83	75	-	1
\$371,001 - \$391,000	88	98	3	4
\$391,001 - \$411,000	96	86	-	2
\$411,001 - \$431,000	92	89	3	-
\$431,001 - \$451,000	72	61	-	-
\$451,001 - \$471,000	69	60	2	-
\$471,001 - \$491,000	49	48	-	-
\$491,001 - \$511,000	54	43	-	-
\$511,001 - \$531,000	38	47	-	-
\$531,001 - \$551,000	44	32	-	-
\$551,001 - \$571,000	31	28	1	-
\$571,001 - \$591,000	23	21	-	1
\$591,001 - \$611,000	19	20	-	-
\$611,001 - \$631,000	24	16	-	-
\$631,001 - \$651,000	13	13	-	-
\$651,001 - \$671,000	8	9	-	-
\$671,001 - \$691,000	10	5	-	-
\$691,001 - \$711,000	6	9	1	-
\$711,001 - \$731,000	3	3	-	-
\$731,001 - \$751,000	3	3	-	-
\$751,001 - \$771,000	3	1	-	-
\$771,001 - \$791,000	1	1	-	-
\$811,001 - \$831,000	-	1	-	1
\$831,001 - \$851,000	1	1	-	-
\$871,001 - \$891,000	1	-	-	-
\$891,001 - \$911,000	-	1	-	-
\$911,001 - \$931,000	1	-	-	-
\$931,001 - \$951,000	1	-	-	-
\$1,031,001 - \$1,051,000	1	-	-	-
\$1,071,001 - \$1,091,000	1	-	-	-
\$1,211,001 - \$1,231,000	1	-	-	-
\$1,611,001 - \$1,631,000	1	-	-	-
<b>Total number of employees</b>	<b>3,395</b>	<b>3,232</b>	<b>73</b>	<b>77</b>

\*This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration for 2017-18.

The table includes all employees who received remuneration equal to or greater than the base executive remuneration level during the year. Remuneration of employees reflects all costs of employment including salaries and wages, payments in lieu of leave, superannuation contributions, termination payments, salary sacrifice benefits and fringe benefits and any fringe benefits tax paid or payable in respect of those benefits.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**3.4 Remuneration of employees by classification**

The total remuneration received by these employees, included above:

	Consolidated				Parent			
	2019		2018		2019		2018	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	104	24,524	104	23,951	39	9,714	36	9,245
Medical (excluding Nursing)	2,512	756,512	2,415	711,938	8	2,558	11	3,194
Non-medical (i.e. administration)	121	21,301	136	24,286	21	3,747	25	4,501
Nursing	271	45,643	202	32,423	5	1,129	5	812
Operational	387	73,309	375	68,229	-	-	-	-
<b>Total</b>	<b>3,395</b>	<b>921,289</b>	<b>3,232</b>	<b>860,827</b>	<b>73</b>	<b>17,148</b>	<b>77</b>	<b>17,752</b>

**3.5 Targeted voluntary separation packages (TVSP)**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated employees:				
Targeted Voluntary Separation Packages	4,866	12,380	884	1,588
Leave paid/payable to those employees	4,203	3,659	561	679
	<b>9,069</b>	<b>16,039</b>	<b>1,445</b>	<b>2,267</b>
Recovery from the Department of Treasury and Finance (DTF)	1,718	9,868	866	237
<b>Net cost to the entity</b>	<b>7,351</b>	<b>6,171</b>	<b>579</b>	<b>2,030</b>

The number of employees who received a TVSP during the reporting period

	2019	2018	2019	2018
	97	199	8	20

2019 TVSPs include separations resulting from the Registered Nurse/Midwife Workforce Renewal program.

**4. Supplies and services**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Administration	9,852	12,205	1,542	1,659
Advertising	5,553	6,777	1,537	2,685
Communication	25,069	26,662	12,047	14,076
Computing	104,295	109,096	96,057	97,493
Consultants	9,418	6,004	3,179	4,303
Contract of services	148,703	136,067	115,610	105,461
Contractors	30,549	21,160	7,922	4,310
Contractors - agency staff	87,926	99,389	18,661	22,910
Cost of goods sold	2,628	2,756	105,342	100,534
Drug supplies	264,624	225,502	12,752	1,345
Electricity, gas and fuel	49,325	54,486	143	143
Fee for service	169,506	167,672	-	-
Finance lease contingent rentals	2,573	2,462	-	-
Food supplies	32,098	31,767	64	60
Housekeeping	79,371	82,864	472	434
Insurance	50,660	54,849	49,041	52,695
Interstate patient transfers	42,930	37,140	42,886	37,119
Legal	13,514	8,660	10,544	5,992
Medical, surgical and laboratory supplies	318,614	308,606	64	66
Minor equipment	22,763	27,591	3,299	3,542
Motor vehicle expenses	12,918	13,590	474	484
Occupancy rent and rates	51,338	51,062	14,005	14,131
Patient transport	32,234	29,948	-	-
Services from Shared Services SA	28,228	26,748	1,688	2,028
Postage	15,633	17,862	2,386	2,526
Printing and stationery	16,903	19,031	1,323	1,465
PPP operating expenses	85,775	61,786	-	-
Rental expense on operating lease	12,421	11,833	1,482	414
Repairs and maintenance	102,210	101,571	23,033	21,492
Security	39,614	34,221	466	458
Employee training and development	49,431	43,159	3,820	4,020
Employee travel expenses	12,811	13,869	1,011	1,069
Other supplies and services	65,947	70,726	8,894	10,930
<b>Total supplies and services</b>	<b>1,995,434</b>	<b>1,917,121</b>	<b>539,744</b>	<b>513,844</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

Inter-entity transactions between the Department and Health Services amounts to \$9.082 million (\$11.326 million). Refer to note 2.2 for further information.

**Operating Leases**

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. The aggregate benefit of lease incentives received by the Consolidated Entity in respect of operating leases have been recorded as a reduction of rental expense over the lease term, on a straight-line basis.

**Consultants**

The number of consultancies and the dollar amount paid/payable (included in supplies and services expense) to consultants that fell within the following bands:

	Consolidated				Parent			
	2019		2018		2019		2018	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Below \$10,000	18	71	19	99	2	11	4	18
Above \$10,000	82	9,347	38	5,905	41	3,168	19	4,285
<b>Total</b>	<b>100</b>	<b>9,418</b>	<b>57</b>	<b>6,004</b>	<b>43</b>	<b>3,179</b>	<b>23</b>	<b>4,303</b>

**5. Grants and subsidies**

	Note	Consolidated		Parent	
		2019	2018	2019	2018
		\$'000	\$'000	\$'000	\$'000
Recurrent funding to incorporated Health Services	5.1	-	-	4,704,139	4,699,940
Capital funding to incorporated Health Services	5.1	-	-	103,125	295,690
Subsidies		7,310	6,930	6,904	6,831
Funding to non-government organisations		22,262	26,714	15,799	19,545
Other		5,294	5,594	5,153	5,558
<b>Total grants and subsidies</b>		<b>34,866</b>	<b>39,238</b>	<b>4,835,120</b>	<b>5,027,564</b>

**5.1 Funding by the Department (Parent) to incorporated Health Services**

	Recurrent		Capital	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
SA Ambulance Service Incorporated	160,438	137,313	4,292	27,730
Country Health SA Local Health Network Incorporated	692,089	651,526	14,289	9,950
Southern Adelaide Local Health Network Incorporated	943,767	942,284	13,964	53,907
Central Adelaide Local Health Network Incorporated	1,852,972	1,944,474	46,355	188,562
Women's and Children's Health Network Incorporated	402,453	405,062	10,721	7,451
Northern Adelaide Local Health Network Incorporated	652,420	619,281	13,504	8,090
<b>Total funding to incorporated Health Services</b>	<b>4,704,139</b>	<b>4,699,940</b>	<b>103,125</b>	<b>295,690</b>

Inter-entity transactions between the Department and Health Services amounts to \$4,807.264 million (\$4,995.819 million). Refer to note 2.2 for further information.

The grants given are usually subject to terms and conditions set out in the contract, correspondence, or by legislation. Contributions payable will be recognised as a liability and an expense when the Consolidated Entity has a present obligation to pay the contribution and the expense recognition criteria are met.

**6. Borrowing costs**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Finance lease costs	168,933	262,427	-	-
Interest paid/payable on borrowings	406	745	406	745
Other finance charges	6	14	6	15
<b>Total borrowing costs</b>	<b>169,345</b>	<b>263,186</b>	<b>412</b>	<b>760</b>

The consolidated entity does not capitalise borrowing costs. The total borrowing costs from financial liabilities not at fair value through profit and loss was \$169.345 million (\$263.186 million).

Included in finance lease costs is \$167.526 million (\$260.791 million) which relates to the Public Private Partnership (PPP) agreement for the Royal Adelaide Hospital.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**7. Other expenses**

	Note	Consolidated		Parent	
		2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
Debts written off	16	22,201	20,727	30	24
Bank fees and charges		344	302	6	10
Donated assets expense		-	15,023	-	-
Donated drug vaccine expense		22,574	22,935	22,574	22,935
Impairment expense	21	-	13,837	-	-
Net loss on revaluation of investments		68	1,210	-	-
Net loss on sale of investments		15	-	-	-
Royalty payments		13,028	9,831	-	-
Other*		7,271	9,865	2,695	3,554
<b>Total other expenses</b>		<b>65,501</b>	<b>93,730</b>	<b>25,305</b>	<b>26,523</b>

\* Includes audit fees paid or payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act 1987* of \$2.837 million (\$2.555 million). No other services were provided by the Auditor-General's Department. Other expenses paid or payable to Galpins Accountants, Auditors and Business Consultants were \$0.220 million (\$0.288 million) for other audit services and BDO for work performed for AusHealth of \$0.035 million (nil).

**Donated assets expense**

Donated assets expense includes transfer of property, plant and equipment and intangible assets and is recorded as expenditure at their fair value.

**Donated drug vaccine expense**

The Consolidated Entity provided various anti-viral and highly specialised drugs to health providers to distribute free of charge to the South Australian community.

**8. Revenues from fees and charges**

	Consolidated		Parent	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
Ambulance cover	28,244	26,953	-	-
Ambulance transport	75,298	66,998	-	-
Business services	1,549	1,325	1,549	1,325
Call Direct	1,092	1,156	-	-
Fines, fees and penalties	1,267	1,262	1,084	1,135
Insurance recoveries	180	261	34,976	34,342
Interstate patient transfers	77,773	72,072	77,770	72,072
Patient and client fees	296,956	261,774	20,659	20,097
Private practice fees	55,869	46,065	4,584	2,534
Recoveries	32,905	34,568	109,462	110,129
Residential and other aged care charges	27,903	26,968	-	-
Sale of goods - medical supplies	1,917	2,074	105,198	100,708
Other user charges and fees	36,725	38,649	1,618	1,374
<b>Total revenues from fees and charges</b>	<b>637,678</b>	<b>580,125</b>	<b>356,900</b>	<b>343,716</b>

Inter-entity transactions between the Department and Health Services amounts to \$252.042 million (\$245.553 million). Refer to note 2.2 for further information.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

**9. Grants and contributions**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	(2,200)	(989)	-	-
Commonwealth aged care subsidies	75,724	73,088	-	-
Pharmaceutical Benefits Scheme Commonwealth subsidy	186,800	157,918	-	-
Commonwealth National Health Reform Agreement	1,306,079	1,335,323	1,306,079	1,335,323
Department of Veterans' Affairs (Commonwealth)	40,027	43,052	40,027	43,052
Commonwealth Transition Care Program	24,785	23,819	24,785	23,819
Other Commonwealth grants and contributions	70,794	70,094	16,808	16,792
SA Government Community Development Fund	7,000	7,000	7,000	7,000
Other SA Government grants and contributions	22,262	20,679	453	696
Private sector capital contributions	535	626	-	-
Other grants and contributions	40,040	38,188	716	1,276
<b>Total grants and contributions</b>	<b>1,771,846</b>	<b>1,768,798</b>	<b>1,395,868</b>	<b>1,427,958</b>

The grants received are usually subject to terms and conditions set out in the contract, correspondence, or by legislation.

Of the \$1,771.846 million (\$1,768.798 million) received during the reporting period \$1,415.460 million (\$1,580.189 million) was provided for specific purposes, including State and Commonwealth Health initiatives-Health reforms, research and other associated activities.

**10. Interest revenues**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Bank interest	6,514	4,964	3,810	2,432
Interest from SAFA	25	25	-	-
Interest on loans	-	-	432	802
Interest on Special Purpose Funds	1,976	1,854	-	-
<b>Total interest revenues</b>	<b>8,515</b>	<b>6,843</b>	<b>4,242</b>	<b>3,234</b>

**11. Resources received free of charge**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Land and buildings	-	2,326	-	-
Plant and equipment	385	672	-	-
Inventory	22,367	20,872	22,367	20,872
Services	27,707	25,995	1,660	1,614
<b>Total resources received free of charge</b>	<b>50,459</b>	<b>49,865</b>	<b>24,027</b>	<b>22,486</b>

Resources received free of charge includes property, plant and equipment and immunisation drugs recorded at their fair value.

The Consolidated Entity receives Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge, following Cabinet's approval to cease intra-government charging. Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

**12. Net gain/(loss) from disposal of non-current and other assets**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
<b>Land and buildings:</b>				
Proceeds from disposal	-	213	-	-
Less net book value of assets disposed	(2,132)	(671)	-	-
Less other costs of disposal	-	(10)	-	-
<b>Net gain/(loss) from disposal of land and buildings</b>	<b>(2,132)</b>	<b>(468)</b>	<b>-</b>	<b>-</b>
<b>Plant and equipment:</b>				
Proceeds from disposal	696	992	-	-
Less net book value of assets disposed	(1,190)	(2,879)	(22)	(56)
Less other costs of disposal	(48)	(255)	-	-
<b>Net gain/(loss) from disposal of plant and equipment</b>	<b>(542)</b>	<b>(2,142)</b>	<b>(22)</b>	<b>(56)</b>
<b>Intangibles:</b>				
Proceeds from disposal	-	-	-	-
Less net book value of assets disposed	-	(61)	-	-
<b>Net gain/(loss) from disposal of intangibles</b>	<b>-</b>	<b>(61)</b>	<b>-</b>	<b>-</b>
<b>Non-current assets held for sale:</b>				
Proceeds from disposal	505	1,748	505	1,748
Less net book value of assets disposed	(506)	(1,318)	(506)	(1,318)
Less other costs of disposal	(4)	(19)	(4)	(18)
<b>Net gain/(loss) from disposal of non-current assets held for sale</b>	<b>(5)</b>	<b>411</b>	<b>(5)</b>	<b>412</b>
<b>Total assets:</b>				
Total proceeds from disposal	1,201	2,953	505	1,748
Less total value of assets disposed	(3,828)	(4,929)	(528)	(1,374)
Less other costs of disposal	(52)	(284)	(4)	(18)
<b>Total net gain/(loss) from disposal of assets</b>	<b>(2,679)</b>	<b>(2,260)</b>	<b>(27)</b>	<b>356</b>

Gains or losses on disposal are recognised at the date control of the asset is passed from the Consolidated Entity and are determined after deducting the net book value of the asset from the proceeds at that time. When revalued assets are disposed, the revaluation surplus is transferred to retained earnings.

**13. Other revenues/income**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Commissions revenue	201	231	19	16
Dividend revenue	267	274	-	-
Royalty income	19,273	15,540	-	-
Training revenue	1,287	1,451	483	559
Donations	9,726	13,303	2	30
Gain on revaluation of investment property	430	15	-	-
Car parking revenue	19,728	18,503	51	55
Emergency Services Levy	1,419	1,384	-	-
Other	31,487	21,274	2,869	2,395
<b>Total other revenues/income</b>	<b>83,818</b>	<b>71,975</b>	<b>3,424</b>	<b>3,055</b>

THE DEPARTMENT FOR HEALTH AND WELLBEING  
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
 For the year ended 30 June 2019

**14. Revenues from SA Government**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
<b>Revenues from SA Government</b>				
Contingency funds from Department of Treasury and Finance	83,155	105,217	83,155	105,217
TVSP recovery funds from Department of Treasury and Finance	1,718	9,868	1,718	9,868
Appropriations from Consolidated Account pursuant to the <i>Appropriation Act</i>	4,102,164	3,851,857	4,102,164	3,851,857
Commonwealth capital grants received via Treasury	2,500	-	2,500	-
Commonwealth recurrent grants received via Treasury	14,235	19,371	14,235	19,371
<b>Total revenues from SA Government</b>	<b>4,203,772</b>	<b>3,986,313</b>	<b>4,203,772</b>	<b>3,986,313</b>

**Payments to SA Government**

Return of surplus cash pursuant to cash alignment policy	36,113	-	36,113	-
<b>Total payments to SA Government</b>	<b>36,113</b>	<b>-</b>	<b>36,113</b>	<b>-</b>

The Department is the administrative unit of the Consolidated Entity and as such receives all appropriation from DTF. The Department provides recurrent and capital funding under a service level agreement to the LHNs and SAAS for the provision of services. Appropriations are recognised upon receipt.

**15. Cash and cash equivalents**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	335,646	68,953	309,383	43,169
Deposits with Treasurer	504,296	516,106	323,977	249,433
<b>Total cash</b>	<b>839,942</b>	<b>585,059</b>	<b>633,360</b>	<b>292,602</b>

Cash is measured at nominal amounts. The Government has a policy to align agency cash balances with the appropriation and expenditure authority.

**Deposits with the Treasurer**

The Consolidated Entity has three deposit accounts with the Treasurer: a general operating account, an Accrual Appropriation Excess Funds account and a special purpose funds account. Although the Consolidated Entity controls the money in the Accrual Appropriation Account, its use must be approved by the Treasurer. The Consolidated Entity earns interest on the special purpose funds account.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

16. Receivables

	Note	Consolidated		Parent	
		2019	2018	2019	2018
		\$'000	\$'000	\$'000	\$'000
<b>Current</b>					
Patient/client fees: compensable		12,852	8,926	1,748	1,684
Patient/client fees: aged care		3,203	3,621	-	-
Patient/client fees: other		62,649	54,678	-	-
Debtors		57,493	57,961	1,507	1,842
Less: allowance for impairment of receivables	16.1	(34,618)	(31,309)	(71)	(259)
Interstate patient transfers		175,448	129,051	175,448	129,051
Prepayments		40,358	25,874	27,597	13,803
Loans	16.2	-	-	3,224	4,621
Dividends		19	29	-	-
Interest		522	732	67	154
Grants		45	847	-	723
Sundry receivables and accrued revenue		83,045	32,565	134	209
GST input tax recoverable		18,931	26,108	14,948	21,741
<b>Total current receivables</b>		<b>419,947</b>	<b>309,083</b>	<b>224,602</b>	<b>173,569</b>
<b>Non-Current</b>					
Debtors		1,827	1,792	4	5
Prepayments		1,600	1,656	-	-
Loans	16.2	-	-	199	3,425
GST input tax recoverable		1,481	1,775	-	-
<b>Total non-current receivables</b>		<b>4,908</b>	<b>5,223</b>	<b>203</b>	<b>3,430</b>
<b>Total receivables</b>		<b>424,855</b>	<b>314,306</b>	<b>224,805</b>	<b>176,999</b>

Receivables arise in the normal course of selling goods and services to other agencies and to the public. The Consolidated Entity's trading terms for receivables are generally 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement. Receivables, prepayments and accrued revenues are non-interest bearing. Receivables are held with the objective of collecting the contractual cash flows and they are measured at amortised cost.

Other than as recognised in the allowance for impairment of receivables, it is not anticipated that counterparties will fail to discharge their obligations. The carrying amount of receivables approximates net fair value due to being receivable on demand. There is no concentration of credit risk.

**Interstate patient transfers**

Under the National Health Reform Agreement - When a resident of one state/territory receives hospital treatment in another state/territory, the 'resident state/territory' compensates the treating or 'provider state/territory' for the cost of that care via a 'cross-border' payment. Contributions by the resident state/territory are made to the provider state/territory through the National Health Funding Pool account via activity estimates. Consistent with past years, the amounts disclosed are current estimates and may change. The department is continuing to refine its calculations of receivables and payables, which are based on the cross-border activity from 2015-16 and national efficient pricing rates from each year accrued.

Receivables between state and territory governments are expected to have an insignificant, and therefore immaterial, level of credit risk exposure, accordingly the department has not measured or recognised an allowance for impairment loss on this receivable.

**16.1 Impairment of receivables**

AASB 9 replaces the incurred loss model in AASB 139 with an expected credit loss model. The new impairment requirements result in a provision being applied to all receivables (expected loss) rather than only on those receivables that are credit impaired (incurred loss). The Consolidated Entity has adopted the simplified impairment approach under AASB 9 and measured lifetime expected credit losses on all trade receivables using a provision matrix as a practical expedient to measure the impairment provision. This results in a decrease of the loss allowance on 1 July 2018 for trade receivables external to State, Territory or Commonwealth Government (due to the Governments' high quality credit rating).

In the comparative period, the impairment of receivables was assessed based on the incurred loss model. The allowance was recognised when there was objective evidence that a receivable was impaired. The allowance for impairment was recognised in other expenses for specific debtors and debtors assessed on a collective basis for which such evidence existed.

Movement in the allowance for impairment of receivables:

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Balance at 30 June under AASB 139	31,309	36,358	259	243
Adjustments on initial adoption of AASB 9	(4,203)	-	(197)	-
<b>Carrying amount at the beginning of the period</b>	<b>27,106</b>	<b>36,358</b>	<b>62</b>	<b>243</b>
Increase/(Decrease) in allowance recognised in profit or loss	7,513	(5,048)	9	16
<b>Carrying amount at the end of the period</b>	<b>34,618</b>	<b>31,309</b>	<b>71</b>	<b>259</b>

Refer to note 34 for details regarding credit risk and the methodology for determining impairment.

**16.2 Reconciliation of loans receivable by the Parent and related movements**

	Health Services		Back-to-Back	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July	8,046	12,425	6,915	10,461
Principal repayments	(4,623)	(4,379)	(3,908)	(3,546)
<b>Balance at 30 June</b>	<b>3,423</b>	<b>8,046</b>	<b>3,007</b>	<b>6,915</b>

As at 30 June 2019 the Department has financed two Health Services with loans of \$0.416 million (\$1.131 million) for aged care housing and \$3.007 million (\$6.915 million) for the Flinders Medical Centre (FMC) carpark from departmental funds with a back-to-back loan arrangement with DTF for the FMC carpark loan.

Inter-entity transactions between the Department and Health Services amounts to \$3.423 million (\$8.046 million). Refer to note 2.2 for further information.

**17. Other financial assets**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Term deposits	102,994	95,773	-	-
Other investments FVOCI	-	-	-	-
Other investments FVPL	6,764	6,560	-	-
<b>Total current financial assets</b>	<b>109,758</b>	<b>102,333</b>	<b>-</b>	<b>-</b>
<b>Non-current</b>				
Interest in wholly owned subsidiary	-	-	-	-
Joint venture	2,678	2,734	-	-
Term deposits	2,069	1,618	-	-
Other investments FVOCI	1,460	1,736	-	-
Other investments FVPL	-	-	-	-
<b>Total non-current financial assets</b>	<b>6,207</b>	<b>6,088</b>	<b>-</b>	<b>-</b>
<b>Total financial assets</b>	<b>115,965</b>	<b>108,421</b>	<b>-</b>	<b>-</b>

The Consolidated Entity measures term deposits at amortised cost, listed equities and other investments are measured as fair value represented by market value.

Non-current investments at FVOCI were reclassified from FVPL at adoption of AASB 9 on 1 July 2018. Fair value gain (or loss) for the year ended 30 June 2019 was \$(0.003) million.

The joint venture represents the Consolidated Entity's share of beneficial entitlement of Flinders Reproductive Medicine Pty Ltd as trustee for Flinders Charitable Trust, trading as Flinders Fertility and equity interest in property at Cleve.

According to the terms of the joint venture, profit earned during the financial year is to be distributed to the beneficiaries, resulting in immaterial net assets being held by the trust. However, it has previously been agreed that rather than paying out these distributions, they be retained in Flinders Fertility as a liability to the beneficiaries to facilitate growth within the business. Therefore the Consolidated Entity recognises their ownership interest of the distribution as a financial asset.

The Consolidated Entity has a 12.28% equity interest in property at Whyte Street, Cleve in the State of South Australia by way of a mortgage on certificate of title volume 5902 folio 901. The registered proprietor of the property is the Lutheran Community Housing Support Unit Inc.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

Refer to note 37 for further information on interests in other entities.

There is no impairment on other financial assets. Refer to note 34 for information on risk management.

**18. Inventories**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Drug supplies	22,169	21,696	7,753	7,226
Medical, surgical and laboratory supplies	2,505	2,501	-	-
Food and hotel supplies	617	567	-	-
Engineering supplies	32	29	-	-
SA Health Distribution Centre and bulk warehouses	9,459	8,827	9,459	8,827
Inventory imprest stock	13,161	13,421	-	-
Other	871	954	18	-
<b>Total current inventories - held for distribution</b>	<b>48,814</b>	<b>47,995</b>	<b>17,230</b>	<b>16,053</b>

Inventories are held for distribution at no or nominal consideration and are measured at the lower of average weighted cost and replacement cost.

The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised as an expense in the period the write-down or loss occurred. Any write-down reversals are also recognised as an expense reduction.

**19. Non-current assets classified as held for sale**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Land	-	218	-	218
Buildings and improvements	-	288	-	288
<b>Total non-current assets classified as held for sale</b>	<b>-</b>	<b>506</b>	<b>-</b>	<b>506</b>

Non-current assets are classified as held for sale and are stated at the lower of their carrying amount and fair value less costs to sell.

**20. Property, plant and equipment, investment property and intangible assets**

**20.1 Acquisition and recognition**

Non-current assets are initially recorded at cost or at the value of any liabilities assumed, plus any incidental cost involved with the acquisition. Non-current assets are subsequently measured at fair value after allowing for accumulated depreciation. Where assets are acquired at no value, or minimal value, they are recorded at their fair value in the Statement of Financial Position. Where assets are acquired at no or nominal value as part of a restructure of administrative arrangements, the assets are recorded at the value held by the transferor public authority prior to the restructure.

The Consolidated Entity capitalises all non-current tangible property, plant and equipment and intangible assets that it controls value equal to or in excess of \$10,000. Assets recorded as works in progress represent projects physically incomplete as at the reporting date. Componentisation of complex assets is generally performed when the complex asset's fair value at the time of acquisition is equal to or in excess of \$5 million for infrastructure assets and \$1 million for other assets.

**20.2 Depreciation and amortisation**

All non-current assets, that have a limited useful life, are systematically depreciated/amortised over their useful lives in a manner that reflects the consumption of their service potential.

The useful lives, depreciation and amortisation methods of all major assets held by the Consolidated Entity are reassessed on an annual basis. Changes in expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate, which is a change in accounting estimate.

Land and non-current assets held for sale are not depreciated.

Lease incentives in the form of leasehold improvements are capitalised as an asset and depreciated over the remaining term of the lease or estimated useful life of the improvement, whichever is shorter.

Depreciation/amortisation is calculated on a straight line basis over the estimated or revised useful life of the classes of assets as follows:

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

---

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements including under finance lease	10 – 200
Leasehold improvements	Life of lease
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	2 – 25
• Computing equipment	3 – 5
• Vehicles	2 – 25
• Other plant and equipment	3 – 50
• Under finance lease	Life of lease
Intangibles	5 – 30

### 20.3 Revaluation

All non-current tangible assets are valued at fair value after allowing for accumulated depreciation (written down current cost).

The Consolidated Entity revalues all land, buildings and site improvements on a regular cycle via a Certified Practising Valuer. The revaluation of non-current assets by a Certified Practising Valuer is only performed when the asset's fair value at the time of acquisition is greater than \$1 million and the estimated useful life exceeds three years.

If at any time management considers that the carrying amount of an asset greater than \$1 million materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place.

Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair-value.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amounts of the assets and the net amounts are restated to the revalued amounts of the asset.

Upon disposal or derecognition, any asset revaluation surplus relating to that asset is transferred to retained earnings.

### 20.4 Impairment

The Consolidated Entity holds its property, plant and equipment and intangible assets for their service potential (value in use). All non-current tangible assets are valued at fair value. Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets, an impairment loss is offset against the revaluation surplus for that class of assets, to the extent that the impairment loss does not exceed the amount in the respective asset revaluation surplus.

There were no indications of impairment of intangibles or investment properties as at 30 June 2019.

#### *Impairment Events*

2017/18

Following the release of the Expression of Interest for Reactivating the Repat Health Precinct in 2018, certain buildings were identified that could potentially be demolished depending on the proposal adopted. As a consequence it was deemed appropriate that these buildings be impaired to nil value.

2018/19

As part of Reactivating the Repat Health Precinct certain buildings previously impaired to nil value were identified for reactivation, as a consequence the impairment of these buildings was reversed. Other buildings at the Repat Health Precinct were identified to be demolished, resulting in impairment to nil value.

### 20.5 Intangible assets

Intangible assets are initially measured at cost and are tested for indications of impairment at each reporting date. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and any accumulated impairment losses.

The amortisation period and the amortisation method for intangible assets with finite useful lives are reviewed on an annual basis.

The Consolidated Entity has intangibles with indefinite useful lives, amortisation is not recognised against these intangible assets.

The acquisition of, or internal development of, software is capitalised only when the expenditure meets the definition criteria (identifiability, control and the existence of future economic benefits) and recognition criteria (probability of future economic benefits and cost can be reliably measured), and when the amount of expenditure is greater than or equal to \$10,000.

Capitalised software is amortised over the useful life of the asset.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

---

**20.6 Valuation of land and buildings**

An independent valuation of land and buildings, including site improvements, was performed in March and April 2018 by Certified Practising Valuers from Jones Lang Lasalle (SA) Pty Ltd and AssetVal (JLT) Pty Ltd as at 1 June 2018.

The valuers arrived at the fair value of unrestricted land using the market approach. The valuation was based on recent market transactions for similar land and buildings (non-specialised) in the area and includes adjustment for factors specific to the land and buildings being valued such as size, location and current use.

The valuers used depreciated replacement cost for specialised land and buildings, due to there not being an active market for such land and buildings. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature of the assets, including the restricted use of the assets; and the size, condition, location and current use of the assets. The valuation was based on a combination of internal records, specialised knowledge and acquisitions/transfer costs.

**20.7 Valuation of plant and equipment**

All items of plant and equipment that had a fair value at the time of acquisitions less than \$1 million have not been revalued in accordance with Accounting Policy Statements. The carrying values of these items are deemed to approximate fair value. These assets are classified in Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

The Consolidated Entity's plant and equipment assets with a fair value greater than \$1 million were revalued using the fair value methodology, as at 1 June 2018, based on independent valuations performed by a Certified Practising Valuer from Jones Lang Lasalle (SA) Pty Ltd.

**20.8 Valuation of investment property**

Subsequent to initial recognition at cost, investment properties are revalued to fair value with changes in the fair value recognised as income or expense in the period that they arise. The properties are not depreciated and are not tested for impairment.

An independent valuation was performed on the investment property at Unit 1, 27 Kermode St North Adelaide by a Certified Practising Valuer from AssetVal (JLT) Pty Ltd, as at 30 June 2019. Fair value has been determined by the income approach, where the net income is capitalised at an appropriate yield with recent experience in the local market and equivalent properties.

The valuation of investment property located at Dalglish St, Thebarton was performed by a Certified Practising Valuer from Knight Frank Valuations, as at June 2017. The valuer arrived at a fair value based on recent market transactions for similar properties in the area taking in to account zoning and restricted use.

Where there is a recent market transaction for similar properties, the valuations are based on the amounts for which the properties could be exchanged between willing parties in an arm's length transaction, based on current prices in the active market for similar properties. These investment properties have been categorised as Level 2.

*Amounts recognised in profit or loss*

The Consolidated Entity recognised rental income from investment property during the period of \$2.270 million (\$2.320 million).

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

21. Reconciliation of property, plant and equipment and investment property

The following tables show the movement:

Consolidated

2018-19

	Land and buildings:			Plant and equipment:					Investment property \$'000	Total \$'000	
	Land \$'000	Buildings \$'000	Buildings under PPP \$'000	Capital works in progress land and buildings \$'000	Leasehold improvements \$'000	Medical/surgical/dental/biomedical \$'000	Other plant and equipment \$'000	Plant and equipment under PPP \$'000			Capital works in progress plant and equipment \$'000
Carrying amount at the beginning of the period	344,128	2,512,963	2,572,137	48,313	40,504	194,300	60,072	250,849	18,835	21,582	6,063,684
Additions	219	205	-	56,608	29	15,192	1,087	-	17,154	-	90,494
Assets received free of charge	-	-	-	-	-	336	49	-	-	-	385
Disposals	-	(42)	-	(873)	(1,217)	(625)	(511)	-	(55)	-	(3,323)
Transfers between asset classes	-	52,364	2,126	(54,668)	456	25,499	(766)	-	(25,408)	-	(397)
Other movements	-	-	(1,821)	-	-	-	-	(188)	(32)	-	(2,041)
<b>Subtotal:</b>	<b>344,347</b>	<b>2,565,490</b>	<b>2,572,442</b>	<b>49,380</b>	<b>39,772</b>	<b>234,702</b>	<b>59,931</b>	<b>250,661</b>	<b>10,494</b>	<b>21,582</b>	<b>6,148,802</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(138,414)	(45,863)	-	(4,223)	(50,199)	(17,429)	(8,868)	-	-	(264,996)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	430	430
<b>Subtotal:</b>	<b>-</b>	<b>(138,414)</b>	<b>(45,863)</b>	<b>-</b>	<b>(4,223)</b>	<b>(50,199)</b>	<b>(17,429)</b>	<b>(8,868)</b>	<b>-</b>	<b>430</b>	<b>(264,566)</b>
<b>Gains/(losses) for the period recognised in other comprehensive income:</b>											
Revaluation increment / (decrement)	-	84	-	-	-	-	-	-	-	-	84
Impairment (losses) / reversals	-	-	-	-	-	-	-	-	-	-	-
<b>Subtotal:</b>	<b>-</b>	<b>84</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>84</b>
<b>Carrying amount at the end of the period*</b>	<b>344,347</b>	<b>2,427,160</b>	<b>2,526,579</b>	<b>49,380</b>	<b>35,549</b>	<b>184,503</b>	<b>42,502</b>	<b>241,793</b>	<b>10,494</b>	<b>22,012</b>	<b>5,884,320</b>
<b>Gross carrying amount</b>											
Gross carrying amount	344,347	2,578,115	2,610,602	49,380	61,894	437,387	147,346	258,061	10,494	22,012	6,519,639
Accumulated depreciation / amortisation	-	(150,955)	(84,023)	-	(26,345)	(252,884)	(104,844)	(16,268)	-	-	(635,319)
<b>Carrying amount at the end of the period</b>	<b>344,347</b>	<b>2,427,160</b>	<b>2,526,579</b>	<b>49,380</b>	<b>35,549</b>	<b>184,503</b>	<b>42,502</b>	<b>241,793</b>	<b>10,494</b>	<b>22,012</b>	<b>5,884,320</b>

\* Included in carrying amount at the end of the period is buildings under finance lease of \$72.849 million and plant and equipment under finance lease of nil.

\*All property, plant and equipment are classified in the level 3 fair value hierarchy except for land valued at \$36.600 million, buildings valued at \$5.117 million (classified as level 2) and capital works in progress (not classified).

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
For the year ended 30 June 2019

Consolidated

2017-18

	Land and buildings:		Plant and equipment:					Total \$'000			
	Land \$'000	Buildings \$'000	Buildings under PPP \$'000	Capital works in progress land and buildings \$'000	Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000		Plant and equipment under PPP \$'000	Capital works in progress plant and equipment \$'000	Investment property \$'000
Carrying amount at the beginning of the period	347,021	2,081,063	2,550,955	194,918	39,549	92,969	36,228	258,249	124,384	21,567	5,746,903
Additions	-	107	-	136,102	-	15,842	2,272	-	74,568	-	228,891
Assets received free of charge	-	2,326	-	-	-	650	22	-	-	-	2,998
Disposals	(28)	(186)	-	(293)	(164)	(1,689)	(754)	-	(436)	-	(3,550)
Donated assets disposal	(3,050)	(11,973)	-	-	-	-	-	-	-	-	(15,023)
Transfers between asset classes	-	223,179	59,342	(282,414)	4,436	134,578	43,633	-	(179,681)	-	3,073
Reclassified to held for sale	2,572	13,353	-	-	-	-	-	-	-	-	15,925
<b>Subtotal:</b>	<b>346,515</b>	<b>2,307,869</b>	<b>2,610,297</b>	<b>48,313</b>	<b>43,821</b>	<b>242,350</b>	<b>81,401</b>	<b>258,249</b>	<b>18,835</b>	<b>21,567</b>	<b>5,979,217</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(112,990)	(38,160)	-	(3,317)	(50,454)	(21,329)	(7,400)	-	-	(233,650)
Revaluation increment / (decrement)	(17,617)	-	-	-	-	-	-	-	-	15	(17,602)
Impairment (losses) / reversals	-	(13,837)	-	-	-	-	-	-	-	-	(13,837)
<b>Subtotal:</b>	<b>(17,617)</b>	<b>(126,827)</b>	<b>(38,160)</b>	<b>-</b>	<b>(3,317)</b>	<b>(50,454)</b>	<b>(21,329)</b>	<b>(7,400)</b>	<b>-</b>	<b>15</b>	<b>(265,089)</b>
<b>Gains/(losses) for the period recognised in other comprehensive income:</b>											
Revaluation increment / (decrement)	15,230	331,921	-	-	-	2,404	-	-	-	-	349,555
Impairment (losses) / reversals	-	-	-	-	-	-	-	-	-	-	-
<b>Subtotal:</b>	<b>15,230</b>	<b>331,921</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,404</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>349,555</b>
<b>Carrying amount at the end of the period*</b>	<b>344,128</b>	<b>2,512,963</b>	<b>2,572,137</b>	<b>48,313</b>	<b>40,504</b>	<b>194,300</b>	<b>60,072</b>	<b>250,849</b>	<b>18,835</b>	<b>21,582</b>	<b>6,063,683</b>

**Gross carrying amount**

Gross carrying amount	344,128	2,525,646	2,610,297	48,313	63,710	409,320	161,083	258,249	18,835	21,582	6,461,163
Accumulated depreciation / amortisation	-	(12,683)	(38,160)	-	(23,206)	(215,020)	(101,011)	(7,400)	-	-	(397,480)
<b>Carrying amount at the end of the period</b>	<b>344,128</b>	<b>2,512,963</b>	<b>2,572,137</b>	<b>48,313</b>	<b>40,504</b>	<b>194,300</b>	<b>60,072</b>	<b>250,849</b>	<b>18,835</b>	<b>21,582</b>	<b>6,063,683</b>

\* Included in carrying amount at the end of the period is buildings under finance lease of \$74,998 million and plant and equipment under finance lease of nil.

\*\*Total other comprehensive income for changes in asset revaluation reserve surplus also includes decrement of \$0.770million for land and buildings held for sale. Refer to note 19.

All property, plant and equipment are classified in the level 3 fair value hierarchy except for land valued at \$36.660 million buildings valued at \$5.117 million (classified as level 2) and capital works in progress (not classified).

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
For the year ended 30 June 2019

Parent 2018-19	Land and buildings:				Plant and equipment:					Total \$'000	
	Land \$'000	Buildings \$'000	Buildings under PPP \$'000	Capital works in progress land and buildings \$'000	Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Plant and equipment under PPP \$'000	Capital works in progress plant and equipment \$'000		Investment property \$'000
Carrying amount at the beginning of the period	35,480	3,364	-	66	2,432	89	7,880	-	542	-	49,853
Additions	-	-	-	65	29	102	76	-	1,842	-	2,114
Disposals	-	-	-	-	-	-	(22)	-	-	-	(22)
Transfers between asset classes	-	-	-	(117)	117	-	2,373	-	(2,373)	-	-
<b>Subtotal:</b>	<b>35,480</b>	<b>3,364</b>	<b>-</b>	<b>14</b>	<b>2,578</b>	<b>191</b>	<b>10,307</b>	<b>-</b>	<b>11</b>	<b>-</b>	<b>51,945</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(763)	-	-	(668)	(27)	(4,477)	-	-	-	(5,935)
<b>Subtotal:</b>	<b>-</b>	<b>(763)</b>	<b>-</b>	<b>-</b>	<b>(668)</b>	<b>(27)</b>	<b>(4,477)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(5,935)</b>
<b>Carrying amount at the end of the period</b>	<b>35,480</b>	<b>2,601</b>	<b>-</b>	<b>14</b>	<b>1,910</b>	<b>164</b>	<b>5,830</b>	<b>-</b>	<b>11</b>	<b>-</b>	<b>46,010</b>
<b>Gross carrying amount</b>											
Gross carrying amount	35,480	3,530	-	14	5,306	207	35,924	-	11	-	80,472
Accumulated depreciation / amortisation	-	(929)	-	-	(3,396)	(43)	(30,094)	-	-	-	(34,462)
<b>Carrying amount at the end of the period</b>	<b>35,480</b>	<b>2,601</b>	<b>-</b>	<b>14</b>	<b>1,910</b>	<b>164</b>	<b>5,830</b>	<b>-</b>	<b>11</b>	<b>-</b>	<b>46,010</b>

All property, plant and equipment are classified in the level 3 fair value hierarchy except for land (classified as level 2) and capital works in progress (not classified).

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
For the year ended 30 June 2019

Parent 2017-18	Land and buildings:				Plant and equipment:						Total \$'000
	Land \$'000	Buildings \$'000	Buildings under PPP \$'000	Capital works in progress land and buildings \$'000	Leaschold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Plant and equipment under PPP \$'000	Capital works in progress plant and equipment \$'000	Investment property \$'000	
Carrying amount at the beginning of the period	39,639	1,386	-	1,038	2,060	45	2,735	-	8,395	-	55,298
Additions	-	-	-	64	-	43	369	-	1,179	-	1,655
Disposals	-	-	-	-	-	-	(56)	-	-	-	(56)
Transfers between asset classes	-	-	-	(1,036)	1,012	14	9,042	-	(9,032)	-	-
<b>Subtotal:</b>	<b>39,639</b>	<b>1,386</b>	<b>-</b>	<b>66</b>	<b>3,072</b>	<b>102</b>	<b>12,090</b>	<b>-</b>	<b>542</b>	<b>-</b>	<b>56,897</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(205)	-	-	(640)	(13)	(4,210)	-	-	-	(5,068)
<b>Subtotal:</b>	<b>-</b>	<b>(205)</b>	<b>-</b>	<b>-</b>	<b>(640)</b>	<b>(13)</b>	<b>(4,210)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(5,068)</b>
<b>Gains/(losses) for the period recognised in other comprehensive income:</b>											
Revaluation increment / (decrement)	(4,159)	2,183	-	-	-	-	-	-	-	-	(1,976)
<b>Subtotal:</b>	<b>(4,159)</b>	<b>2,183</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(1,976)</b>
<b>Carrying amount at the end of the period</b>	<b>35,480</b>	<b>3,364</b>	<b>-</b>	<b>66</b>	<b>2,432</b>	<b>89</b>	<b>7,880</b>	<b>-</b>	<b>542</b>	<b>-</b>	<b>49,853</b>
<b>Gross carrying amount</b>											
Gross carrying amount	35,480	3,530	-	66	5,390	105	36,512	-	542	-	81,625
Accumulated depreciation / amortisation	-	(166)	-	-	(2,958)	(16)	(28,632)	-	-	-	(31,772)
<b>Carrying amount at the end of the period</b>	<b>35,480</b>	<b>3,364</b>	<b>-</b>	<b>66</b>	<b>2,432</b>	<b>89</b>	<b>7,880</b>	<b>-</b>	<b>542</b>	<b>-</b>	<b>49,853</b>

All property, plant and equipment are classified in the level 3 fair value hierarchy except for land (classified as level 2) and capital works in progress (not classified).

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

22. Reconciliation of intangible assets

The following table shows the movement:  
Consolidated

	2018-19			2017-18				
	Computer software \$'000	Bed licences \$'000	Capital works in progress intangibles \$'000	Total \$'000	Computer software \$'000	Bed licences \$'000	Capital works in progress intangibles \$'000	Total \$'000
Carrying amount at the beginning of the period	112,967	700	3,939	117,606	96,878	700	40,758	138,336
Additions	81	-	1,002	1,083	91	-	4,864	4,955
Disposals	-	-	-	-	(61)	-	-	(61)
Amortisation	(22,489)	-	-	(22,489)	(22,551)	-	-	(22,551)
Transfers between asset classes	4,546	-	(4,149)	397	38,610	-	(41,683)	(3,073)
Other movements	-	-	-	-	-	-	-	-
Carrying amount at the end of the period	95,105	700	792	96,597	112,967	700	3,939	117,606
Gross carrying amount								
Gross carrying amount	216,501	700	792	217,993	211,892	700	3,939	216,531
Accumulated amortisation	(121,396)	-	-	(121,396)	(98,925)	-	-	(98,925)
Carrying amount at the end of the period	95,105	700	792	96,597	112,967	700	3,939	117,606
Parent								
Carrying amount at the beginning of the period	59,029	-	52	59,081	66,294	-	2,018	68,312
Additions	66	-	217	283	19	-	1,974	1,993
Amortisation	(10,610)	-	-	(10,610)	(11,224)	-	-	(11,224)
Transfers between asset classes	269	-	(269)	-	3,940	-	(3,940)	-
Carrying amount at the end of the period	48,754	-	-	48,754	59,029	-	52	59,081
Gross carrying amount								
Gross carrying amount	132,305	-	-	132,305	131,970	-	52	132,022
Accumulated amortisation	(83,551)	-	-	(83,551)	(72,941)	-	-	(72,941)
Carrying amount at the end of the period	48,754	-	-	48,754	59,029	-	52	59,081

Residential aged care bed licences that are purchased are initially recorded at cost. Bed licences that are received for no consideration from the Commonwealth Government are recognised at their fair value at the date of implementation, having regard to recent sale activity within South Australian country areas and the relaxation of ceiling limits on bed licences, the Consolidated Entity has recorded these licences at nil value.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**23. Fair value measurement**

AASB 13 *Fair Value Measurement* defines fair value as the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants, in the principal or most advantageous market, at the measurement date.

The Consolidated Entity classifies fair value measurement using the following fair value hierarchy that reflects the significance of the inputs used in making the measurements, based on the data and assumptions used in the most recent revaluation:

- Level 1 – traded in active markets, and is based on unadjusted quoted prices in active markets for identical assets or liabilities that the entity can access at measurement date.
- Level 2 – not traded in an active market, and are derived from inputs (inputs other than quoted prices included within Level 1) that are observable for the asset, either directly or indirectly.
- Level 3 – not traded in an active market, and are derived from unobservable inputs.

In determining fair value, the Consolidated Entity has taken into account the characteristic of the asset (e.g. condition and location of the asset and any restrictions on the sale or use of the asset); and the asset's highest and best use (that is physically possible, legally permissible and financially feasible).

The Consolidated Entity's current use is the highest and best use of the asset unless other factors suggest an alternative use. As the Consolidated Entity did not identify any factors to suggest an alternative use, fair value measurement was based on current use.

The carrying amount of non-financial assets with a fair value at the time of acquisition that was less than \$1 million or an estimated useful life that was less than three years is deemed to approximate fair value.

Refer to notes 20 and 23.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

**23.1 Fair value hierarchy**

The fair value of non-financial assets must be estimated for recognition and measurement or for disclosure purposes. The Consolidated Entity categorises non-financial assets measured at fair value into the hierarchy based on the level of inputs used in measurement as follows:

**Fair value measurements at 30 June 2019**

	Consolidated			Parent		
	Level 2 \$'000	Level 3 \$'000	Total \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
<b>Recurring fair value measurements (Note 21)</b>						
Land	36,600	307,748	344,348	35,480	-	35,480
Buildings and improvements	5,117	4,948,622	4,953,739	-	2,601	2,601
Leasehold improvements	-	35,548	35,548	-	1,910	1,910
Plant and equipment	-	468,803	468,803	-	5,994	5,994
Investment property	22,012	-	22,012	-	-	-
<b>Total recurring fair value measurements</b>	<b>63,729</b>	<b>5,760,721</b>	<b>5,824,450</b>	<b>35,480</b>	<b>10,505</b>	<b>45,985</b>
<b>Non-recurring fair value measurements (Note 19)</b>						
Land held for sale	-	-	-	-	-	-
Buildings and improvements held for sale	-	-	-	-	-	-
<b>Total non-recurring fair value measurements</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>63,729</b>	<b>5,760,721</b>	<b>5,824,450</b>	<b>35,480</b>	<b>10,505</b>	<b>45,985</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**Fair value measurements at 30 June 2018**

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Recurring fair value measurements (Note 21)</b>						
Land	36,600	307,528	344,128	35,480	-	35,480
Buildings and improvements	5,117	5,079,983	5,085,100	-	3,364	3,364
Leasehold improvements	-	40,504	40,504	-	2,432	2,432
Plant and equipment	-	505,221	505,221	-	7,969	7,969
Investment property	21,582	-	21,582	-	-	-
<b>Total recurring fair value measurements</b>	<b>63,299</b>	<b>5,933,236</b>	<b>5,996,535</b>	<b>35,480</b>	<b>13,765</b>	<b>49,245</b>
<b>Non-recurring fair value measurements (Note 19)</b>						
Land held for sale	218	-	218	218	-	218
Buildings and improvements held for sale	-	288	288	-	288	288
<b>Total non-recurring fair value measurements</b>	<b>218</b>	<b>288</b>	<b>506</b>	<b>218</b>	<b>288</b>	<b>506</b>
<b>Total</b>	<b>63,517</b>	<b>5,933,524</b>	<b>5,997,041</b>	<b>35,698</b>	<b>14,053</b>	<b>49,751</b>

Non-recurring fair value measurement is applicable to land and buildings held for sale. Refer to note 19.

The Consolidated Entity's policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period.

During 2019 and 2018, the Consolidated Entity had no valuations categorised into Level 1. Land assets of the Parent entity and SAAS have been classified as Level 2, in 2018 other land of the Consolidated Entity was transferred from Level 2 to Level 3 as there were unobservable inputs, and one building asset was transferred from Level 3 to Level 2 with a fair value of \$5.117 million.

**23.2 Valuation techniques and inputs**

Land fair values were derived by using the market approach, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor. To the extent that land has had any restrictions on use and been adjusted with a discount factor these assets are classified as Level 3. All other land has been classified as Level 2.

Due to the predominantly specialised nature of health service assets, the majority of building and plant and equipment valuations have been undertaken using a cost approach (depreciated replacement cost), an accepted valuation methodology under AASB 13. The extent of unobservable inputs and professional judgement required in valuing these assets is significant, and as such they are deemed to have been valued using Level 3 valuation inputs.

Unobservable inputs used to arrive at final valuation figures included:

- Estimated remaining useful life, which is an economic estimate and by definition, is subject to economic influences;
- Cost rate, which is the estimated cost to replace an asset with the same service potential as the asset undergoing valuation (allowing for over-capacity), and based on a combination of internal records including: refurbishment and upgrade costs, historical construction costs, functional utility users, industry construction guides, specialised knowledge and estimated acquisition/transfer costs;
- Characteristics of the asset, including condition, location, any restrictions on sale or use and the need for ongoing provision of Government services;
- Effective life, being the expected life of the asset assuming general maintenance is undertaken to enable functionality but no upgrades are incorporated which extend the technical life or functional capacity of the asset; and
- Depreciation methodology, noting that AASB 13 dictates that regardless of the depreciation methodology adopted, the exit price should remain unchanged.

Investment property has been valued using the income approach, based on capitalised net income at an appropriate yield, and is classified as Level 2.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**24. Payables**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Creditors and accrued expenses	228,101	190,907	43,353	46,266
Paid Parental Leave Scheme	473	368	8	6
Health Service workers compensation	-	-	8,124	8,456
Interstate patient transfers	96,133	70,621	96,133	70,621
Employment on-costs*	52,112	57,980	2,878	2,903
Other payables	8,799	8,990	71	109
<b>Total current payables</b>	<b>385,618</b>	<b>328,866</b>	<b>150,567</b>	<b>128,361</b>
<b>Non-current</b>				
Creditors and accrued expenses	624	529	-	-
Health Service workers compensation	-	-	15,241	16,552
Employment on-costs*	26,568	24,496	3,377	2,486
Other payables	182	187	-	-
<b>Total non-current payables</b>	<b>27,374</b>	<b>25,212</b>	<b>18,618</b>	<b>19,038</b>
<b>Total payables</b>	<b>412,992</b>	<b>354,078</b>	<b>169,185</b>	<b>147,399</b>

Payables are measured at nominal amounts. Creditors and accruals are raised for all amounts owed and unpaid. Sundry creditors are normally settled within 30 days from the date the invoice is first received. Employee on-costs are settled when the respective employee benefits that they relate to are discharged. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

\* Employment on-costs include payroll tax, Return to Work SA levies and superannuation contributions. The Consolidated Entity makes contributions to several State Government and externally managed superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as they have been assumed by the respective superannuation schemes. The only liability outstanding at reporting date relates to any contributions due but not yet paid to the South Australian Superannuation Board and externally managed superannuation schemes.

Inter-entity transactions between the Department and Health Services workers compensation (redemption and lump sum) payables amounts to \$23.365 million (\$25.008 million). Refer to note 2.2 for further information.

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave has remained at 41% for the Department and has decreased for the LHNs and SAAS from the 2018 rate of 35% to 29%. The average factors for the calculation of employer superannuation on-costs have changed from 2018 (9.71% to 13.23%) to 2019 (9.80%); these rates are used in the employment on-cost calculation. The net financial effect of the above changes in the current financial year is a decrease in the employee benefits expenses and the employment on-cost liability of \$5.948 million (Parent decrease of \$0.099 million). The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

The Paid Parental Leave Scheme payable represents amounts which the Consolidated Entity has received from the Commonwealth Government to forward onto eligible employees via the Consolidated Entity's standard payroll processes. That is, the Consolidated Entity is acting as a conduit through which the payment to eligible employees is made on behalf of the Family Assistance Office.

Refer to note 34 for information on risk management.

**Interstate patient transfers**

Under the National Health Reform Agreement - When a resident of one state/territory receives hospital treatment in another state/territory, the 'resident state/territory' compensates the treating or 'provider state/territory' for the cost of that care via a 'cross-border' payment. Contributions by the resident state/territory are made to the provider state/territory through the National Health Funding Pool account via activity estimates. Consistent with past years, the amounts disclosed are current estimates and may change. The department is continuing to refine its calculations of receivables and payables, which are based on the cross-border activity from 2015-16 and the national efficient pricing rates from each year accrued.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

## 25. Borrowings

	Note	Consolidated		Parent	
		2019	2018	2019	2018
		\$'000	\$'000	\$'000	\$'000
<b>Current</b>					
Loans		3,007	3,908	3,007	3,908
Finance lease	30.3	64,468	64,561	-	-
<b>Total current borrowings</b>		<b>67,475</b>	<b>68,469</b>	<b>3,007</b>	<b>3,908</b>
<b>Non-current</b>					
Loans		-	3,007	-	3,007
Finance lease	30.3	2,657,657	2,709,726	-	-
<b>Total non-current borrowings</b>		<b>2,657,657</b>	<b>2,712,733</b>	<b>-</b>	<b>3,007</b>
<b>Total borrowings</b>		<b>2,725,132</b>	<b>2,781,202</b>	<b>3,007</b>	<b>6,915</b>

The contractual maturities for loans (financial liabilities at cost) are within 5 years. The Consolidated Entity measures financial liabilities including borrowings/debt at amortised cost.

The movement in loans liability of \$3.908 million arises from changes in financing cash outflows. The decrease in finance lease liability of \$49.154 million arises from a decrease in financing cash flows of \$59.107 million less interest expense of \$11.962 million and a non cash reduction in the liability of \$2.009 million.

Refer to note 34 for information on risk management.

### Defaults and breaches

There were no defaults or breaches on any of the above liabilities throughout the year.

## 26. Employee benefits

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Annual leave	367,649	350,511	13,973	13,973
Long service leave	75,974	50,733	3,921	3,812
Accrued salaries and wages	96,609	84,559	3,218	2,854
Fringe benefits tax	2,172	1,540	2,156	1,531
Skills and experience retention leave	26,707	27,563	1,012	987
Superannuation - defined benefit scheme	27,320	17,768	-	-
Other	433	385	13	47
<b>Total current employee benefits</b>	<b>596,864</b>	<b>533,059</b>	<b>24,293</b>	<b>23,204</b>
<b>Non-current</b>				
Long service leave	819,179	664,934	42,471	32,452
Superannuation - defined benefit scheme	19,393	10,030	-	-
<b>Total non-current employee benefits</b>	<b>838,572</b>	<b>674,964</b>	<b>42,471</b>	<b>32,452</b>
<b>Total employee benefits</b>	<b>1,435,436</b>	<b>1,208,023</b>	<b>66,764</b>	<b>55,656</b>

Employee benefits accrue as a result of services provided up to the reporting date that remain unpaid. Long-term employee benefits are measured at present value and short-term employee benefits are measured at nominal amounts.

### 26.1 Salaries and wages, annual leave, skills and experience retention leave and sick leave

The liability for salary and wages is measured as the amount unpaid at the reporting date at remuneration rates current at the reporting date.

The annual leave liability and the skills and experience retention leave liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid. In the unusual event where salary and wages, annual leave and skills and experience retention leave liability are payable later than 12 months, the liability will be measured at present value.

No provision has been made for sick leave, as all sick leave is non-vesting, and the average sick leave taken in future years by employees is estimated to be less than the annual entitlement for sick leave.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**26.2 Long service leave**

The liability for long service leave is measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method.

AASB 119 *Employee Benefits* contains the calculation methodology for long service leave liability. The actuarial assessment performed by the Department of Treasury and Finance has provided a basis for the measurement of long service leave and is based on actuarial assumptions on expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over SA Government entities and the health sector.

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has decreased from 2018 (2.57% to 2.84%) to 2019 (1.25%). This decrease in the bond yield, which is used as the rate to discount future long service leave cash flows, results in an increase in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions is an increase in the long service leave liability of \$117.179 million (Parent \$9.499 million), Payables (employee on-costs) of \$3.970 million (Parent \$0.755 million) and employee benefits expense of \$121.149 million (Parent \$10.254 million). The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

The actuarial assessment performed by DTF left the salary inflation rate at 4.00% for long service leave liability and decreased the salary inflation rate from 3.00% to 2.20% for annual leave and skills, experience and retention leave liability. The net financial effect of the change in the salary inflation rate in the current financial year is a decrease in the annual leave liability of \$2.875 million (Parent \$0.109 million), skills and experience retention leave liability of \$0.209 million (Parent \$0.008 million), payables (employee on-costs) of \$0.312 million (Parent \$50.016 million) and employee benefits expense of \$3.396 million (Parent \$0.134 million).

**26.3 Superannuation funds**

A number of SAAS employees are members of the SA Ambulance Service Superannuation Scheme (the "Scheme"). These employees are eligible to receive a benefit from the Scheme. A benefit is payable on retirement, death, disablement or leaving SAAS, in accordance with the Scheme's trust deed and rules. The Scheme provides lump sum benefits based on a combination of defined benefits which depend on years of service and final salary and accumulation benefits which depend on the accumulation of member and employer contributions adjusted for appropriate earnings and expenses. The liability for this Scheme has been determined via an actuarial valuation by Mercer Investment Nominees Limited using the projected unit credit method.

The expected payment to settle the obligation has been determined using national government bond market yields with terms and conditions that match, as closely as possible, to estimated cash outflows.

Actuarial gains and losses are recognised in other comprehensive income in the Statement of Comprehensive Income, in the period in which they occur. The superannuation expense comprising interest cost and other costs of the defined benefit plan is measured in accordance with AASB 119 and is recognised as and when contributions fall due.

The South Australian Superannuation Board was appointed Trustee of the Scheme effective 1 July 2006. The Scheme was closed to new members as at 30 June 2008. For those staff who are not members of the Scheme, SAAS pays contributions in accordance with the relevant award or contract of employment to other nominated Superannuation funds in compliance with the superannuation guarantee legislation. Contributions are charged as expenditure as they are made. Members are not required to make contributions to these funds.

The defined benefit liability has been recognised in the Statement of Financial Position in accordance with AASB 119 and is held in SAAS.

**Defined benefit superannuation scheme**

<b>Reconciliation of the present value of the defined benefit obligation:</b>	<b>2019</b>	<b>2018</b>
	<b>\$'000</b>	<b>\$'000</b>
Opening balance of defined benefit obligation	284,259	273,198
Current service cost	9,456	9,070
Interest cost	6,758	6,588
Contributions by scheme participants	5,707	5,008
Actuarial (gains)/losses	27,837	9,514
Benefits paid	(9,152)	(17,523)
Taxes, premiums and expenses paid	(1,838)	(1,872)
Transfers in	621	276
<b>Closing balance of defined benefit obligation</b>	<b>323,648</b>	<b>284,259</b>

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

Reconciliation of fair value of scheme assets:

	2019	2018
	\$'000	\$'000
Opening balance of scheme assets	256,461	245,890
Interest Income	6,239	6,063
Actual return on scheme assets less Interest Income	13,465	11,605
Contributions from the employer	5,432	7,014
Contributions by scheme participants	5,707	5,008
Benefits paid	(9,152)	(17,523)
Taxes, premiums and expenses paid	(1,838)	(1,872)
Transfers in	621	276
<b>Closing balance of scheme assets</b>	<b>276,935</b>	<b>256,461</b>

The amount included in the Statement of Financial Position arising from Consolidated Entity's obligations in respect of its defined benefit scheme is as follows:

Present value of defined benefit obligations	323,648	284,259
Fair value of scheme assets	(276,935)	(256,461)
<b>Net liability arising from defined benefit obligations</b>	<b>46,713</b>	<b>27,798</b>

Included in the Statement of Financial Position:

Current provision for employee benefits - defined benefit obligations	27,320	17,768
Non-current provision for employee benefits - defined benefit obligations	19,393	10,030
<b>Closing balance of defined benefit obligation</b>	<b>46,713</b>	<b>27,798</b>

	% invested by asset class			
	Consolidated		Parent	
	2019	2018	2019	2018
	%	%	%	%
Australian equity	27	27	-	-
International equity	24	24	-	-
Fixed income	19	19	-	-
Property	12	12	-	-
Alternatives/other	16	16	-	-
Cash	2	2	-	-
<b>Total</b>	<b>100</b>	<b>100</b>	<b>-</b>	<b>-</b>

The percentage invested in each asset class as at 30 June 2018 is adjusted to be comparable to 30 June 2019. This adjustment is made to align with the new approach where it is assumed that the diversified strategies growth B is 50% Australian equities and 50% International equities, and diversified strategies income is Alternatives/Other.

In accordance with the revised AASB 119 the discount rate assumption is used to determine interest income and the expected return on assets assumption is no longer used. The actual return on scheme assets was a gain of \$19.704 million (\$17.668 million). Employer contributions of \$5.388 million are expected to be paid to the scheme for the year ending 30 June 2020. Expected employer contributions reflect the current 9.5% of salary contributions.

	Consolidated		Parent	
	2019	2018	2019	2018
Principal actuarial assumptions used (and expressed as weighted averages):	% pa	% pa	% pa	% pa
Discount rate (defined benefit cost)	2.6	2.7	-	-
Expected rate of salary increase (defined benefit cost)	4.0	3.5	-	-
Discount rate (defined benefit obligation)	1.3	2.6	-	-
Expected rate of salary increase (defined benefit obligation)	4.0	4.0	-	-

	2019	2018
	\$'000	\$'000
<b>Movement in net defined benefit liability</b>		
Net defined benefit liability at start of year	27,798	27,308
Defined benefit cost	9,975	9,595
Remeasurements	14,372	(2,091)
Employer contributions	(5,432)	(7,014)
<b>Net defined liability at year end</b>	<b>46,713</b>	<b>27,798</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

The net financial effect of the changes in the discount rate in the current year is an increase in the superannuation – defined benefits scheme liability and other comprehensive income expense item of \$26.626 million. The impact on future periods is impracticable to estimate as the superannuation – defined benefits scheme liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

**Sensitivity analysis**

The defined benefit obligation as at 30 June 2019 under several scenarios is presented below.

Scenarios A and B relate to discount rate sensitivity. Scenarios C and D relate to salary increase rate sensitivity.

Scenario A: 0.5% p.a. lower discount rate assumption

Scenario B: 0.5% p.a. higher discount rate assumption

Scenario C: 0.5% p.a. lower salary increase rate assumption

Scenario D: 0.5% p.a. higher salary increase rate assumption

Base Case	Scenario A	Scenario B	Scenario C	Scenario D
	-0.5% pa discount rate	+0.5% pa discount rate	-0.5% pa salary increase rate	+0.5% pa salary increase rate
Discount Rate	1.3%	0.8%	1.8%	1.3%
Salary increase rate	4.0%	4.0%	4.0%	3.5%
Defined benefit obligation (\$'000)	323,648	335,343	312,799	314,162
				333,741

Description of the regulatory framework

The scheme operates in accordance with its Trust Deed. The scheme is considered to be an exempt public sector scheme.

Description of other entities' responsibilities for the governance of the Scheme

The scheme's trustee is responsible for the governance of the scheme. The trustee has a legal obligation to act solely in the best interests of scheme beneficiaries. The trustee has the following roles:

- administration of the scheme and payment to the beneficiaries from scheme assets when required in accordance with the scheme rules;
- management and investment of the scheme assets; and
- compliance with superannuation law and other applicable regulations.

Description of risks

There are a number of risks to which the scheme exposes the employer. The more significant risks relating to the defined benefits are:

Investment risk

The risk that investment returns will be lower than assumed and the employer will need to increase contributions to offset this shortfall.

Salary growth risk

The risk that wages or salaries (on which future benefit amounts will be based) will rise more rapidly than assumed, increasing defined benefit amounts and thereby requiring additional employer contributions.

Legislative risk

The risk that legislative changes could be made which increase the cost of providing the defined benefits.

The scheme assets are invested in the Funds SA Balanced Investment option. The assets are diversified within this investment option and therefore the Scheme has no significant concentration of investment risk.

Funding arrangements

The financing objective adopted at the 30 June 2017 actuarial investigation of the scheme, in a report dated 5 June 2018, is to maintain the value of the scheme's assets at least equal to:

- 100% of accumulation account balances, plus
- 105% of defined benefit vested benefit.

In that valuation, it was recommended that the employer contribute to the scheme as follows:

- Defined Benefit members:
  - 12.00% of salary for all defined benefit members until 30 June 2018, then
  - 9.50% of salary for all defined benefit members after 1 July 2018, plus
  - Any additional employer contributions agreed between the employer and a member.
- Accumulation members:
  - 9.50% of ordinary time earnings, plus
  - Any additional employer contributions agreed between the employer and a member.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

*Maturity profile of defined benefit obligation*

The weighted average duration of the defined benefit obligation as at 30 June 2019 is eight years.

**27. Provisions**

	Note	Consolidated		Parent	
		2019	2018	2019	2018
		\$'000	\$'000	\$'000	\$'000
<b>Current</b>					
Insurance	27.2	17,215	14,505	17,215	14,505
Workers compensation	27.1	23,555	23,224	480	466
<b>Total current provisions</b>		<b>40,770</b>	<b>37,729</b>	<b>17,695</b>	<b>14,971</b>
<b>Non-current</b>					
Insurance	27.2	113,655	104,491	113,655	104,491
Workers compensation	27.1	81,709	85,298	573	561
<b>Total non-current provisions</b>		<b>195,364</b>	<b>189,789</b>	<b>114,228</b>	<b>105,052</b>
<b>Total provisions</b>		<b>236,134</b>	<b>227,518</b>	<b>131,923</b>	<b>120,023</b>

**27.1 Workers Compensation**

*Workers compensation statutory provision*

The Department is a self-insured employer within the *Return to Work Act 2014*, and has delegated powers pursuant to section 134 of this Act. As a consequence, the Department is responsible for the management of and all costs of workers compensation claims. The Consolidated Entity is directly responsible for the cost of workers compensation claims and the implementation and funding of preventative programs.

From 1 July 2010, the Department devolved annual funding to all remaining safety net funded LHNs and health centres for workers compensation expenditure, excluding lump sum payments. Accordingly, the Department recognises a payable to the LHNs equivalent to the redemption and lump sum payments which the LHNs recognise as a provision in their financial statements. The workers compensation liability to the LHNs as at 30 June is \$23.365 million (\$25.008 million). Refer to note 24. These transactions are eliminated on consolidation in accordance with the requirements of AASB 10.

The workers compensation provision is an actuarial assessment of the outstanding liability as at 30 June 2019 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The provision is for the estimated cost of ongoing payments to employees as required under current legislation. There is a high level of uncertainty as to the valuation of the liability (including future claim costs). The liability covers claims incurred but not yet paid, incurred but not reported and the anticipated direct and indirect costs of settling these claims. The liability for outstanding claims is measured as the present value of the expected future payments reflecting the fact that all claims do not have to be paid in the immediate future.

*Workers compensation non-statutory provision*

Additional insurance/compensation arrangements for certain work related injuries have been introduced for most public sector employees through various enterprise bargaining agreements and industrial awards. This insurance/compensation is intended to provide continuing benefits to non-seriously injured workers who have suffered eligible work-related injuries and whose entitlements have ceased under the statutory workers compensation scheme. Eligible injuries are non-serious injuries sustained in circumstances which involved, or appeared to involve, the commission of a criminal offence, or which arose from a dangerous situation.

The workers compensation non-statutory provision is an actuarial assessment of the outstanding claims liability provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. There is a high level of uncertainty as to the valuation of the liability (including future claim costs), this is largely due to the enterprise bargaining agreements and industrial awards being in place for a short period of time and the emerging experience is unstable. The average claim size has been estimated based on applications to date and this may change as more applications are made. As at 30 June 2019 the Consolidated Entity recognised a workers compensation non-statutory provision of \$11.622 million (Parent: \$0.068 million).

*Reconciliation of workers compensation (statutory and non-statutory)*

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	<b>108,522</b>	<b>88,339</b>	<b>1,027</b>	<b>1,582</b>
Increase in provisions recognised	23,921	28,365	80	51
Reductions resulting from re-measurement or settlement without cost	(6,296)	(5,203)	-	(541)
Reductions arising from payments/other sacrifices of future economic benefits	(20,883)	(2,979)	(54)	(65)
<b>Carrying amount at the end of the period</b>	<b>105,264</b>	<b>108,522</b>	<b>1,053</b>	<b>1,027</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**27.2 Insurance**

The Department is responsible for the management of the Consolidated Entity's insurance program. The Department is a participant in the State Government's insurance program. The Department pays a premium to SA Government Financing Authority (SAFA), SAICORP Division for professional indemnity insurance (including medical malpractice), public liability and property insurance, and is responsible for the management claim for amounts up to an agreed amount (the deductible). SAICORP provides the balance of funding for claims in excess of the deductible. For professional indemnity (including medical malpractice) claims after 1 July 1994 and general public liability and property claims after 1 July 1999 the deductible per claim is \$1 million. For claims incurred prior to these dates the deductible per claim is \$50,000.

Professional indemnity and general public liability claims arising from the LHNs' and SAAS's operations are managed as part of the State Government Insurance Program. The LHNs and SAAS pay an annual premium to the Department. These transactions are eliminated on consolidation in accordance with the requirements of AASB 10.

The determination of the medical malpractice professional indemnity insurance provision was carried out through an actuarial assessment in accordance with AASB 1023 *General Insurance Contracts*, conducted by Brett & Watson Pty Ltd. Current and non-current liabilities of the Department are determined by taking into account prudential margins, inflation, taxes, claims incurred but not reported and current claim values. The discount rate, which is used to discount expected future payments to the valuation date, decreased from 2018 (2.7%) to 2019 (1.4%). This decrease results in an increase to the reported provision.

The provision for claims for professional indemnity (other), general public liability and property insurance is a management assessment.

*Reconciliation of insurance*

The following table shows the movement of insurance during the period for the Consolidated Entity and Parent:

	Medical malpractice	Professional indemnity (Other)	Public liability	Property	Total
2018-19	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at 1 July	115,927	299	1,696	1,074	118,996
Increase to provision due to new claims	13,543	-	336	1,457	15,336
Reduction due to payments	(7,882)	(28)	(1,035)	(353)	(9,298)
Net revision of estimates	6,221	(162)	675	(898)	5,836
<b>Carrying amount at the end of the period</b>	<b>127,809</b>	<b>109</b>	<b>1,672</b>	<b>1,280</b>	<b>130,870</b>

**28. Other liabilities**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Unclaimed monies	35	63	-	-
Unearned revenue	15,661	10,395	-	-
Residential aged care bonds	76,222	73,369	-	-
Lease incentive	756	671	596	511
Other	1,268	685	1	1
<b>Total current other liabilities</b>	<b>93,942</b>	<b>85,183</b>	<b>597</b>	<b>512</b>
<b>Non-current</b>				
Unearned revenue	607	690	-	-
Lease incentive	2,382	3,025	977	1,543
Other	825	835	-	-
<b>Total non-current other liabilities</b>	<b>3,814</b>	<b>4,550</b>	<b>977</b>	<b>1,543</b>
<b>Total other liabilities</b>	<b>97,756</b>	<b>89,733</b>	<b>1,574</b>	<b>2,055</b>

Residential Aged Care Bonds are accommodation bonds, refundable accommodation contributions and refundable accommodation deposits. These are non-interest bearing deposits made by aged care facility residents to the Consolidated Entity upon their admission to residential accommodation. The liability for accommodation is carried at the amount that would be payable on exit of the resident. This is the amount received on entry of the resident less applicable deductions for fees and retentions pursuant to the *Aged Care Act 1997*. Residential Aged Care Bonds are classified as current liabilities as the Consolidated Entity does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting date. The obligation to settle could occur at any time. Once a refunding event occurs the other liability becomes interest bearing. The interest rate applied is the prevailing interest rate at the time as prescribed by the Commonwealth Department of Health.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

29. Cash flow reconciliation Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	839,942	585,059	633,360	292,602
<b>Cash as per Statement of Financial Position</b>	<b>839,942</b>	<b>585,059</b>	<b>633,360</b>	<b>292,602</b>
<b>Balance as per Statement of Cash Flows</b>	<b>839,942</b>	<b>585,059</b>	<b>633,360</b>	<b>292,602</b>

Reconciliation of net cash provided by operating activities to net cost of providing services:				
Net cash provided by (used in) operating activities	417,071	386,105	341,828	8,253
Revenues from SA Government	(4,167,659)	(3,986,313)	(4,167,659)	(3,986,313)
<b>Add/less non-cash items</b>				
Asset donated free of charge	-	(15,022)	-	-
Capitalised interest expense on finance lease	(11,962)	(10,901)	-	-
Depreciation and amortisation expense of non-current assets	(287,485)	(256,204)	(16,545)	(16,292)
Gain/(loss) on sale or disposal of non-current assets	(2,679)	(2,260)	(27)	356
Gain/(loss) on valuation of defined benefits	-	(2,091)	-	-
Impairment of non-current assets	-	(13,837)	-	-
Increments/(decrements) on revaluation of non-current assets	430	15	-	-
Interest credited directly to investments	767	2,190	-	-
Net effect of the adoption of new Accounting Standard	(4,202)	-	(197)	-
Non-current assets derecognised	(32)	-	-	-
Resources received free of charge	385	2,997	-	-
Revaluation of investments	184	(1,058)	-	-
<b>Movement in assets and liabilities</b>				
Increase/(decrease) in receivables	110,549	6,133	52,429	3,119
Increase/(decrease) in inventories	819	(3,603)	1,177	(4,946)
Increase/(decrease) in other current assets	162	13	-	-
(Increase)/decrease in employee benefits	(213,041)	(85,439)	(11,108)	2,431
(Increase)/decrease in payables and provisions	(66,817)	(13,814)	(33,575)	19,988
(Increase)/decrease in other liabilities	(8,023)	(11,595)	481	406
<b>Net cost of providing services</b>	<b>(4,231,533)</b>	<b>(4,004,686)</b>	<b>(3,833,196)</b>	<b>(3,972,998)</b>

Cash and cash equivalents in the Statement of Cash Flows consist of cash and cash equivalents as per the Statement of Financial Position.

### 30. Unrecognised contractual commitments

Commitments include operating, capital and outsourcing arrangements arising from contractual or statutory sources, and are disclosed at their nominal value. Unrecognised contractual commitments are disclosed net of the amount of GST recoverable from, or payable. If GST is not recoverable or payable, the commitments are disclosed on a gross basis.

#### 30.1 Operating lease revenue commitments

Commitments in relation to operating leases contracted for at the reporting date but not recognised as assets are receivable as follows:	Consolidated		Parent	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
Within one year	525	857	-	-
Later than one year but not longer than five years	517	1,021	-	-
Later than five years	-	-	-	-
<b>Total operating lease revenue commitments</b>	<b>1,042</b>	<b>1,878</b>	<b>-</b>	<b>-</b>

The operating lease revenue commitments relates to property owned by the Consolidated Entity and leased to external parties.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**30.2 Operating lease expenditure commitments**

	Consolidated		Parent	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
Commitments in relation to operating leases contracted for at the reporting date but not recognised as liabilities are payable as follows:				
Within one year	39,303	41,427	12,159	11,961
Later than one year but not longer than five years	107,040	114,801	33,291	37,492
Later than five years	100,985	112,870	18,929	26,527
<b>Total operating lease commitments</b>	<b>247,328</b>	<b>269,098</b>	<b>64,379</b>	<b>75,980</b>
Representing:				
Cancellable operating leases	16,028	13,642	-	-
Non-cancellable operating leases	231,300	255,456	64,379	75,980
<b>Total operating lease commitments</b>	<b>247,328</b>	<b>269,098</b>	<b>64,379</b>	<b>75,980</b>

The Consolidated Entity has a number of lease agreements. Lease terms vary in length. Each lease agreement has renewal options for a determined period, exercisable by both the lessor and lessee. The operating lease arrangements are for the use of properties and motor vehicles. Motor vehicles are leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. The leases are non-cancellable and the vehicles are leased for a specified time period or a specified number of kilometres, whichever occurs first.

**30.3 Finance lease liabilities commitments**

**30.3.1 Finance lease liabilities commitments - excluding Royal Adelaide Hospital (RAH)**

Future minimum lease payments for the Consolidated Entity under finance lease and hire purchase contracts together with the present value of net minimum lease payments are as follows:

	2019		2018	
	Minimum lease payments	Present value of lease payments	Minimum lease payments	Present value of lease payments
	\$'000	\$'000	\$'000	\$'000
Within one year	9,074	4,618	8,935	4,571
Later than one year but not longer than five years	23,289	11,010	29,670	13,804
Later than five years	7,199	3,898	9,290	4,962
<b>Total minimum lease payments</b>	<b>39,562</b>	<b>19,526</b>	<b>47,895</b>	<b>23,337</b>
Less future finance lease charges and contingent rentals	(20,046)	-	(24,558)	-
<b>Total finance lease commitments - excluding RAH</b>	<b>19,516</b>	<b>19,526</b>	<b>23,337</b>	<b>23,337</b>

Included in finance lease commitments above is \$0.988 million (\$2.122 million) which is the GST component.

The Consolidated Entity has entered into finance leases for buildings and improvements and plant and equipment with a carrying amount of \$74.999 million (\$105.039 million) and nil (\$0.009 million), respectively. The leases are non-cancellable with some leases having the right of renewal. Rent is payable in arrears.

Minimum lease payments are allocated between interest expense/borrowing costs and reduction of the lease liability to each period during the lease term, so as to produce a constant periodic rate of interest on the remaining balance of the liability.

Where there is no reasonable assurance that the Consolidated Entity will obtain ownership of the capitalised asset at the end of the lease term, the asset is amortised over the shorter of the lease term and its useful life.

The lease of the Health Facility to Mt Gambier and Districts Health Service is for 25 years with an option for a 10 year renewal. After 35 years the land and buildings revert to the Department. The lease commenced on 30 June 1997. The base rental for the 25 year term increases according to CPI each quarter. For the 10 year renewal the rental is determined according to a different method related to a valuation of the property and its replacement cost.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**30.3.2 Finance lease liabilities commitments – Royal Adelaide Hospital (RAH) buildings and plant and equipment**

Future minimum lease payments for the Consolidated Entity under the PPP arrangement together with the present value of net minimum lease payments for the buildings and plant and equipment at the new RAH are as follows:

	2019		2018	
	Minimum lease payments	Present value of lease payments	Minimum lease payments	Present value of lease payments
	\$'000	\$'000	\$'000	\$'000
Within one year	309,683	288,706	313,286	292,851
Later than one year but not longer than five years	1,228,111	896,358	1,228,958	902,875
Later than five years	6,273,375	1,517,535	6,595,741	1,555,224
<b>Total minimum lease payments</b>	<b>7,811,169</b>	<b>2,702,599</b>	<b>8,137,985</b>	<b>2,750,950</b>
Less future finance lease charges and contingent rentals	(5,108,570)	-	(5,387,035)	-
<b>Total finance lease commitments - RAH</b>	<b>2,702,599</b>	<b>2,702,599</b>	<b>2,750,950</b>	<b>2,750,950</b>

There is nil GST in the finance lease commitments for the RAH.

A 35 year contract was entered into in June 2011 with SA Health Partnership Consortium trading as Celsus to finance, design, build, operate and maintain the new RAH. Under the arrangement, Celsus will maintain and provide non-medical support services including facilities management by Spotless and information and communication technology (ICT) support and maintenance by DXC Technology for the duration of the contract. This arrangement is referred to as a Public Private Partnership (PPP). Commercial acceptance was achieved on 13 June 2017.

Under the PPP agreement, the Consolidated Entity pays the operator over the period of the arrangement, subject to specified performance criteria being met.

The PPP costs are disclosed as:

- a component accounted for as finance lease payment for the buildings and furniture, fitting and equipment provided under the agreement; and
- a component related to the ongoing operation and maintenance of the facilities accounted for as PPP operating costs, which are expensed in the Statement of Comprehensive Income.

At the conclusion of the contract in 2046, the Consolidated Entity will take ownership of the RAH. Celsus have an obligation to deliver the RAH in a condition fit for its intended purpose and fully maintained in accordance with the agreed asset management plan.

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Included in the Statement of Financial Position as:				
Current borrowings (Note 25)	64,468	64,561	-	-
Non-current borrowings (Note 25)	2,657,657	2,709,726	-	-
<b>Total included in borrowings</b>	<b>2,722,125</b>	<b>2,774,287</b>	<b>-</b>	<b>-</b>

**30.4 Expenditure Commitments**

**30.4.1 Capital commitments**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Capital expenditure contracted for at the reporting date but are not recognised as liabilities in the financial report, are payable as follows:				
Within one year	4,809	11,691	-	265
Later than one year but not longer than five years	-	-	-	-
<b>Total capital commitments</b>	<b>4,809</b>	<b>11,691</b>	<b>-</b>	<b>265</b>

The Consolidated Entity's capital commitments are for plant and equipment ordered but not received and capital works.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**30.4.2 Other expenditure commitments**

	Consolidated		Parent	
	2019	2018	2019	2018
	\$'000	\$'000	\$'000	\$'000
Within one year	210,250	219,587	29,114	64,947
Later than one year but not longer than five years	445,642	478,464	9,235	16,030
Later than five years	2,491,367	2,526,428	-	-
<b>Total other expenditure commitments</b>	<b>3,147,259</b>	<b>3,224,479</b>	<b>38,349</b>	<b>80,977</b>
Less contingent rentals	(1,178,834)	(1,190,781)	-	-
<b>Net other expenditure commitments</b>	<b>1,968,425</b>	<b>2,033,698</b>	<b>38,349</b>	<b>80,977</b>

The Consolidated Entity's expenditure commitments are for agreements for goods and services ordered but not received.

Included in other expenditure commitments above is \$2,838.821 million (\$2,192.588 million), including contingent rentals, which relates directly to the PPP operations and maintenance commitments.

The Consolidated Entity also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements. The value of these commitments as at 30 June 2019 has not been quantified.

### 31. Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value.

#### 31.1 Contingent assets

The new RAH project is being delivered under a public-private partnership agreement with Celsus. The new RAH PPP agreement contains a number of indexation elements which relate to adjustments to certain service payments i.e. interest rate and refinancing service payment adjustments. Where the indexation element is closely related to a lease contract, such as the interest rate payment adjustment, it is not required to be separately accounted for as a derivative. The change in interest rate is accounted for as a contingent rental and expensed in the period incurred.

Like the interest rate service payment adjustment, the refinancing element is an embedded derivative. However the economic characteristics and risks of this embedded derivative are not closely related to the lease contract and are required to be accounted for separately in the financial statements. The refinancing element could be considered akin to a purchase option in that the Hospital benefits from a portion of gains without exposure to any of the losses. The valuation of this derivative would be derived via the present value of the estimated future cash flows over the life of the project based on observable interest yield curves, basis spread, credit spreads and option pricing models, as appropriate, adjusted for Celsus's credit risk, (i.e. forward curve of credit risk margin).

The estimated value of the contingent asset is unable to be fully determined because of the following uncertain future events that will have an impact on Celsus's credit margin:

- Celsus's credit risk profiling and the number of times Celsus will refinance during the term of the PPP arrangement;
- The type of finance Celsus sources e.g. short term debt from the banking market vs longer term debt potentially sourced via a private placement;
- Uncertainty around the margin negotiated and whether it will be higher or lower than those assumed margins in the financial modelling;
- Whether the State Government will make a capital contribution during the first or any refinancing points; and
- The lodgement and resolution of any claims under the PPP agreement.

#### 31.2 Contingent liabilities

On 1 August 2017, Hansen Yuncken Pty Ltd and CBP Contractors Pty Ltd (formerly known as Leighton Contractors Pty Ltd) filed legal proceedings in the Federal Court of Australia against Celsus Pty Ltd (formerly known as SA Health Partnership Nominees Pty Ltd), independent certifier Donald Cant Watts Corke Pty Ltd and the Crown in right of the State of South Australia for alleged breaches of contract in relation to the construction of the new RAH. In December 2017 the respondents to the builder's Federal Court proceedings successfully obtained a stay of the proceedings pending the outcome of an arbitration process. At the time of this report, the arbitration process was still in progress. It is not possible to estimate the dollar effect of this claim or whether it will be successful.

The South Australian Government has reached agreement with Spotless and Celsus in relation to the delivery of services by Spotless at the new Royal Adelaide Hospital.

The term sheet, which is subject to various approvals, includes:

- Settlement of historical abatement claims;
- A revised KPI and abatement regime designed to better reflect services provided by Spotless;
- An increase to Spotless' monthly service fee; and
- Commitments by the parties to work collaboratively on initiatives to further reduce costs and improve patient outcomes.

Where required, the financial impact of the term sheet has been included in these statements.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

---

The current Enterprise Bargaining agreement for SA Ambulance paramedics has a preserved date of 30 November 2018 for the effective date of any subsequent Agreement to apply. The Agreement negotiations have commenced and any increase will be back dated to 30 November 2018.

### **31.3 Guarantees**

The Consolidated Entity has made no guarantees.

### **32. Events after balance date**

Adjustments are made to amounts recognised in the financial statements, where an event occurs after 30 June and before the date the financial statements are authorised for issue, where those events provide information about conditions that existed at 30 June.

Note disclosure is made about events between 30 June and the date the financial statements are authorised for issue, where the events relate to a condition which arose after 30 June, and which may have a material impact on the results of subsequent years.

As discussed in note 38, the ten LHNs Governing Boards commenced 1 July 2019. The Consolidated Entity is not aware of any material events occurring between the end of the reporting period and when the financial statements were authorised.

### **33. Impact of Standards not yet implemented**

The Consolidated Entity has assessed the impact of the new and amended Australian Accounting Standards and Interpretations not yet implemented and changes to the Accounting Policy Statements issued by the Treasurer. There are no Accounting Policy Statements that are not yet effective. The material impacts on the Consolidated Entity are outlined below.

#### ***AASB 15 Revenue from Contracts with Customers and AASB1058 Income of Not-for-Profit Entities***

The Consolidated Entity will adopt these standards from 1 July 2019.

AASB 15 establishes a comprehensive framework for determining the nature, amount and timing of revenue arising from contracts with customers. The objective of AASB 15 is for revenue recognition to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which an entity expects to be entitled in exchange for those goods and services. This standard replaces AASB 111 *Construction Contracts* and AASB 118 *Revenue*.

AASB 1058 clarifies and simplifies the income recognition requirements that apply to not for profit entities, in conjunction with AASB 15. This standard replaces parts of AASB 1004 *Contributions*.

Adopting AASB 15 and AASB 1058 is expected to have an immaterial impact on the timing and recognition of revenue of the Consolidated Entity.

The Consolidated Entity has completed an extensive review of all revenue streams to ensure compliance with AASB 15 and AASB 1058, and assessed the impact on the nature, amount and timing of revenue recognition as:

- Revenues from SA Government (62.1%) largely reflects Appropriations and will continue to be recognised as income when the Consolidated entity obtains control of the funds (ie. upon receipt).
- Interest income (0.1%) will continue to be recognised via AASB 9.
- Resources received free of charge (0.7%) relates to contributed services and contributed assets. Material contributed services will continue to be recognised where they would have been purchased if they were not donated via AASB 1058 (previously AASB 1004). Where contributed assets do not have sufficiently specific performance obligations these will continue to be accounted for as a donation via AASB 1058 (previously AASB 1004) e.g. donated inventory.
- All material Commonwealth revenues and other grants (26.4%) have been assessed, and will continue to be recognised as service/performance obligations are satisfied, or alternatively where there are no service/performance obligations upon receipt. There are no material changes to the amount or timing of grant income recognition.
- All material Fees and Charges (9.5%) have been assessed and revenue will continue to be recognised as the service/performance obligations are satisfied.
- Taxes, rates and fines will continue to be recognised as income when the taxable event occurs.
- Peppercorn lease arrangements will continue to be recognised at nominal amounts until the AASB develops valuation guidance.

Revenue earned in prior periods but not yet receivable will be recorded as a contract asset (currently recorded as an accrual) in the Statement of Financial Position. Revenue received in prior periods but not yet recognised is recorded as a contract liability (currently recorded as unearned revenue) in the Statement of Financial Position. It is expected that adoption of AASB 15 and AASB 1058 will have an immaterial impact on the Statement of Financial Position.

As per the Accounting Policy Statements, the Consolidated Entity will apply AASB 15 and AASB 1058 retrospectively with the cumulative effect of initially applying the standard recognised at 1 July 2019 (comparatives will not be restated); not apply the completed contract expedient; and not recognise volunteer services when the services would not have been purchased if they had not been donated.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**AASB 16 Leases**

The Consolidated Entity will adopt this standard from 1 July 2019. This standard replaces AASB 117 *Leases* and Interpretations 4, 115 and 127.

AASB 16 largely retains the current lessor accounting model but introduces a single lessee accounting model. It requires a lessee to recognise assets (representing rights to use the underlying leased asset) and liabilities (representing the obligation to make lease payments) for all leases with a term of more than 12 months, unless the underlying asset value is low. In effect, the majority of leases presently classified as operating leases will be recognised in the Statement of Financial Position.

The right of use asset will initially be recognised at cost and will give rise to a depreciation expense. The lease liability will initially be recognised as the present value of the lease payments during the term of the lease. Current operating lease rental payments will no longer be expensed in the Statement of Comprehensive Income. These payments will now reduce the recognised liability over time and the finance charge component recognised as an expense.

The Consolidated Entity has assessed the impact on the Statement of Financial Position of adopting AASB 16 with the transition requirements outlined in the Accounting Policy Statements. As per the Accounting Policy Statements, the Consolidated Entity will apply AASB 16's transition approach only to those leases already identified as a lease under AASB 117; and apply incremental borrowing rates based on SAFA's rates for principal and interest loans to SA Government agencies.

AASB 16 will have a material impact on the Statement of Financial Position. The estimated impact of this change and the results as at 1 July 2019 areas set out below:

	<b>Consolidated Entity \$'000</b>	<b>Parent \$'000</b>
<b>Assets</b>		
Right of Use Assets	214,782	57,736
<b>Liabilities</b>		
Lease Liabilities	214,782	57,736
Other Liabilities (lease incentive liabilities)*	3,138	1,573
<b>Net impact on Equity</b>	<b>3,138</b>	<b>1,573</b>

\*lease incentive liabilities remaining will be written off against retained earnings at transition date

AASB 16 will also impact the Statement of Comprehensive Income. The estimated impact is largely a reclassification between supplies and services expenses and depreciation and interest expenses, as set out below:

	<b>Consolidated Entity \$'000</b>	<b>Parent \$'000</b>
Depreciation and Amortisation	37,257	10,901
Supplies and Services	(37,971)	(10,842)
Borrowing Costs	5,452	1,353
<b>Net impact on Net Cost of Providing Services</b>	<b>4,738</b>	<b>1,412</b>

The adoption of AASB 16 also impacts SA Health's sub-lease arrangements. The Consolidated Entity has entered into a number of arrangements where it subleases property. As lessor, under AASB 16 the Consolidated Entity will continue to classify each sublease as an operating lease or a finance lease. AASB 16 requires such classification to be made on the basis of whether substantially all the risks and rewards associated with the right-of-use asset arising from the head lease have been transferred to the sublessee. This differs from AASB 117, which required consideration of whether substantially all the risks and rewards incidental to ownership of the underlying asset had been transferred to the sublessee. Under AASB 16, it is envisaged that all of the Consolidated Entity's subleases will be classified as operating leases.

As per the Accounting Policy Statements, the Consolidated Entity will apply AASB 16 retrospectively with the cumulative effect of initially applying the standard recognised at 1 July 2019 (comparatives will not be restated); not apply AASB 16 to contracts that were not previously identified as containing a lease under AASB 117; not transition operating leases for which the lease term ends before 30 June 2020.

In addition, the Consolidated Entity will not apply AASB 16 to intangible assets; will adopt a \$15,000 threshold for determining whether an underlying asset is a low value asset, will apply the short term lease recognition exemption; will adopt the revaluation model where permitted; will apply the relevant lessee's incremental borrowing rate published by DTF; and not record at fair value leases that have significantly below-market terms and conditions.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

---

### 34. Financial instruments/financial risk management

#### 34.1 Financial risk management

Risk management is managed by the Department's Risk and Assurance Services section and risk management policies are in accordance with the *Risk Management Policy Statement* issued by the Premier and Treasurer and the principles established in the *Australian Standard Risk Management Principles and Guidelines*.

The Consolidated Entity's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held.

##### Liquidity risk

The Consolidated Entity is funded principally from appropriation by the SA Government. The Consolidated Entity works with DTF to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows.

Refer to notes 24 and 25 for further information.

##### Credit risk

The Consolidated Entity has policies and procedures in place to ensure that transactions occur with customers with appropriate credit history. The Consolidated Entity has minimal concentration of credit risk. No collateral is held as security and no credit enhancements relate to financial assets held by the Consolidated Entity.

Refer to notes 15, 16, 17 and 34.3 for further information.

##### Market risk

The Consolidated Entity does not engage in high risk hedging for its financial assets. Exposure to interest rate risk may arise through interest bearing liabilities, including borrowings. The Consolidated Entity's interest bearing liabilities are managed through SAFA and any movement in interest rates are monitored on a daily basis. There is no exposure to foreign currency or other price risks.

There have been no changes in risk exposure since the last reporting period.

#### 34.2 Categorisation of financial instruments

Details of the significant accounting policies and methods adopted including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in the respective financial asset / financial liability note.

##### *Classification applicable until 30 June 2018 under AASB 139*

The carrying amounts of financial assets and liabilities were categorised as: held-to-maturity investments; loan and receivables; and financial liabilities measured at cost.

The Consolidated Entity did not recognise any financial assets or financial liabilities at fair value, except as disclosed in the notes. All of the resulting fair value estimates are included in Level 2 as all significant inputs required are observable.

- The carrying value less impairment provisions of receivables and payables is a reasonable approximation of their fair values due to the short-term nature of these (refer notes 16 and 24).
- Borrowings are initially recognised at fair value, plus any transaction cost directly attributable to the borrowings, then subsequently held at amortised cost. The fair value of borrowings approximates the carrying amount, as the impact of discounting is not significant (refer note 25).
- Held-to-maturity investments are initially recognised at fair value, then subsequently held at amortised cost. This is the most representative of fair value in the circumstances (refer note 17).

##### *Classification applicable from 1 July 2018 under AASB 9*

The carrying amounts of each of the following categories of financial assets and liabilities: financial assets measured at amortised cost; financial assets measured at fair value through profit or loss; financial assets measured at fair value through other comprehensive income; and financial liabilities measured at amortised cost are detailed below. All of the resulting fair value estimates are included in Level 2 as all significant inputs required are observable.

A financial asset is measured at amortised cost if:

- it is held within a business model whose objective is to hold assets to collect contractual cash flows; and
- its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest only on the principal amount outstanding.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

	Notes	Consolidated		Parent	
		2019 Carrying amount/ Fair value \$'000	2018 Carrying amount/ Fair value \$'000	2019 Carrying amount/ Fair value \$'000	2018 Carrying amount/ Fair value \$'000
<b>Category of financial asset and financial liability*</b>					
<b>Financial assets</b>					
Cash and equivalent					
Cash and cash equivalents	15, 29	839,942	587,298	633,360	292,602
Amortised Cost					
Receivables <sup>(1)(2)</sup>	16	360,429	256,764	182,253	141,444
Other financial assets	17	107,741	-	-	-
Fair value through statement of comprehensive income					
Other financial assets	17	1,460	-	-	-
Fair value through profit and loss					
Other financial assets	17	6,764	108,421	-	-
<b>Total financial assets</b>		<b>1,316,336</b>	<b>952,483</b>	<b>815,613</b>	<b>434,046</b>
<b>Financial liabilities</b>					
Financial liabilities at amortised cost					
Payables <sup>(1)</sup>	24	331,003	268,746	162,304	141,383
Borrowings	25	3,007	6,915	3,007	6,915
Other financial liabilities	28	81,488	80,423	1,574	2,055
Finance lease liability	25, 29	2,722,125	2,774,287	-	-
<b>Total financial liabilities</b>		<b>3,137,623</b>	<b>3,130,371</b>	<b>166,885</b>	<b>150,353</b>

\* Comparative amounts shown above reflect reclassification in accordance with AASB 9, refer to note 1.7 for categories under AASB 139.

- (1) Receivable and payable amounts disclosed here exclude amounts relating to statutory receivables and payables (e.g. Commonwealth taxes; Auditor-General's Department audit fees etc.). In government, certain rights to receive or pay cash may not be contractual and therefore in these situations, the requirements will not apply. Where rights or obligations have their source in legislation such as levies, tax and equivalents etc. they would be excluded from the disclosure. The standard defines contract as enforceable by law. All amounts recorded are carried at cost (not materially different from amortised cost).
- (2) Receivable amount disclosed here excludes prepayments. Prepayments are presented in note 16 as trade and other receivables in accordance with paragraph 78(b) of AASB 101 *Presentation of Financial Statements*. However, prepayments are not financial assets as defined in AASB 132 *Financial Instruments: Presentation* as the future economic benefit of these assets is the receipt of goods and services rather than the right to receive cash or another financial asset.

### 34.3 Credit risk exposure and impairment of financial assets

Loss allowances for receivables are measured at an amount equal to lifetime expected credit loss using the simplified approach in AASB 9. A provision matrix is used to measure the ECL of receivables from non-government debtors. The ECL of government debtors is considered to be nil based on the external credit ratings and nature of the counterparties. Impairment losses are presented as net impairment losses within net result.

The carrying amount of receivables approximates net fair value due to being receivable on demand. Receivables are written off when there is no reasonable expectation of recovery and not subject to enforcement activity. Indicators that there is no reasonable expectation of recovery include the failure of a debtor to enter into a payment plan with the Department.

To measure the ECL, receivables are grouped based on days past due and debtor types that have similar risk characteristics and loss patterns (i.e. by patient and sundry, compensable, aged care, and ambulance transport). The provision matrix is initially based on the Consolidated Entity's historical observed default rates. At every reporting date, the historical observed default rates are updated and changes in the forward-looking estimates are analysed. The Consolidated Entity considers reasonable and supportable information that is relevant and available without undue cost or effort; about past events, current conditions and forecasts of future economic conditions.

The assessment of the correlation between historical observed default rates, forecast economic conditions and ECLs is a significant estimate. The amount of ECLs is sensitive to changes in circumstances and of forecast economic conditions. The Consolidated Entity's historical credit loss experience and forecast of economic conditions may also not be representative of customers' actual default in the future.

Loss rates are calculated based on the probability of a receivable progressing through stages to write off based on the common risk characteristics of the transaction and debtor. The following table provides information about the credit risk exposure and ECL for non-government debtors:

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019

CONSOLIDATED	30 June 2019			1 July 2018 (remeasurement)		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
<b>Days past due</b>						
Current	0.1 – 25.3%	54,754	6,350	0.1 – 19.0 %	56,595	2,286
<30 days	0.1 – 28.8%	16,102	987	0.1 – 34.8 %	12,455	1,261
31-60 days	0.3 - 48.1%	9,295	1,061	0.3 – 47.0 %	7,444	1,040
61-90 days	0.6 – 59.6%	6,434	1,369	0.5 – 51.5 %	5,618	1,145
91-120 days	1.9 – 65.7%	7,423	1,365	1.4 – 54.3 %	7,936	1,765
121-180 days	1.9 – 74.7%	7,541	1,842	1.5 – 61.9 %	6,096	1,572
181-360 days	2.0 - 94.0%	20,495	11,560	1.5 – 70.1 %	20,587	10,849
361-540 days	22.0 - 100.0%	7,468	5,180	21.5 –98.8%	3,414	1,577
>540 days	25.7 - 100.0%	7,908	4,634	26.5 - 100.0 %	10,165	5,612
<b>Total</b>		<b>137,420</b>	<b>34,348</b>		<b>130,310</b>	<b>27,107</b>

PARENT	30 June 2019			1 July 2018 (remeasurement)		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
<b>Days past due</b>						
Current	0.1%	516	-	0.1%	15,048	9
<30 days	0.1%	90	-	0.1%	126	-
31-60 days	0.3%	12	-	0.3%	79	-
61-90 days	0.6%	4	-	0.5%	3	-
91-120 days	1.9%	-	-	1.4%	29	-
121-180 days	1.9%	5	-	1.5%	-	-
181-360 days	2.0%	48	1	1.5%	35	1
361-540 days	22.0%	10	2	21.5%	55	12
>540 days	27.0%	249	67	26.5%	153	40
<b>Total</b>		<b>934</b>	<b>70</b>		<b>15,528</b>	<b>62</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**35. Budget performance**

Budget information refers to the amounts presented to Parliament in the original budget financial statements (2018-19 Budget Paper 4). Budget information has been included for the Statement of Comprehensive Income and for Investment Expenditure. These original budgeted amounts have been presented and classified on a basis that is consistent with line items in the financial statements. However, these amounts have not been adjusted to reflect revised budgets or administrative restructures/machinery of government changes.

The budget process is not subject to audit.

<b>Consolidated</b>	<b>Original Budget 2019 S'000</b>	<b>Actual 2019 S'000</b>	<b>Variance S'000</b>
<b>Statement of Comprehensive Income</b>			
<b>Expenses</b>			
Employee benefits expenses	3,880,240	4,221,026	(340,786)
Supplies and services	1,881,722	1,995,434	(113,712)
Depreciation and amortisation expense	268,624	287,485	(18,861)
Grants and subsidies	31,715	34,866	(3,151)
Borrowing costs	174,533	169,345	5,188
Impairment loss on receivables	7,709	7,513	196
Net loss from disposal of non-current assets and other assets	-	2,679	(2,679)
Other expenses	60,938	65,501	(4,563)
<b>Total Expenses</b>	<b>(a) 6,305,481</b>	<b>6,783,849</b>	<b>(478,368)</b>
<b>Income</b>			
Revenues from fees and charges	621,819	637,678	15,859
Grants and contributions	1,763,982	1,771,846	7,864
Interest revenues	5,482	8,515	3,033
Net gain from disposal of non-current assets and other assets	528	-	(528)
Resources received free of charge	23,879	50,459	26,580
Other revenues/income	62,775	83,818	21,043
<b>Total Income</b>	<b>2,478,465</b>	<b>2,552,316</b>	<b>73,851</b>
<b>Net cost of providing services</b>	<b>(3,827,016)</b>	<b>(4,231,533)</b>	<b>(404,517)</b>
<b>Revenues from SA Government</b>			
Revenues from SA Government	4,060,992	4,203,772	142,780
Payments to SA Government	-	(36,113)	(36,113)
<b>Total Revenues from SA Government</b>	<b>4,060,992</b>	<b>4,167,659</b>	<b>106,667</b>
<b>Net result</b>	<b>233,976</b>	<b>(63,874)</b>	<b>297,850</b>
<b>Other Comprehensive Income</b>			
<b>Items that will not be reclassified to net result</b>			
Changes in property, plant and equipment asset revaluation surplus	-	84	84
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>			
Gains/(losses) recognised directly in equity	-	(14,231)	(14,231)
<b>Total Other Comprehensive Income</b>	<b>-</b>	<b>(14,147)</b>	<b>(14,147)</b>
<b>Total Comprehensive Result</b>	<b>233,976</b>	<b>(78,021)</b>	<b>(311,997)</b>

- (a) The unfavourable variance of \$478.368 million in total expenses compared with the original budget is mainly due to the increased cost of providing hospital services. These costs are incurred across a large range of areas and are not separately disclosed in this note because of the number and breadth of areas involved. Specific items that have contributed to the variance include: the revaluation of leave entitlements \$121 million, shared services costs for contributed services of \$28 million, increased funded operational expenses funded in MYBR \$59 million and 2019-20 budget \$95 million, additional funding for Pharmaceutical Benefits Scheme of \$31 million, the Korda Mentha CALHN review of \$11 million, Aged Care Assessment Program of \$12 million and depreciation increases resulting from the asset revaluation in 2017-18 of \$19 million.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

	<b>Original Budget 2019 \$'000</b>	<b>Actual 2019 \$'000</b>	<b>Variance \$'000</b>
<b>Investing expenditure summary</b>			
Total new projects	28,800	4,161	24,639
Total existing projects	132,927	46,359	86,568
Total annual programs	56,008	38,599	17,409
<b>Total investing expenditure</b>	<b>(b) 217,735</b>	<b>89,119</b>	<b>128,616</b>

- (b) The favourable variance of \$128.616 million between original budget and actual amounts for investing expenditure mainly relates to reprofiling of projects into future years spend (spend patterns) of \$35.061 million and \$60.497 million due to delays in completing projects or changes in the delivery approach. The remaining \$33 million mainly relates to reclassifications from investing to recurrent expenses for project related costs which did not comply with the SA Health Capitalisation Policy.

### 36. Significant transactions with government related entities

The Consolidated Entity is controlled by the SA Government.

Related parties of the Consolidated Entity include all key management personnel and their close family members; all Cabinet Ministers and their close family members; and all public authorities that are controlled and consolidated into the whole of government financial statements and other interests of the Government.

Significant transactions with the SA Government are identifiable throughout this financial report. The Consolidated Entity received funding from the SA Government (note 14), and incurred significant expenditure with the Department of Planning, Transport and Infrastructure (DPTI) for capital works of \$31.407 million (\$106.164 million) occupancy rent and rates of \$14.552 million (\$16.333 million) and property repairs and maintenance of \$31.046 million (\$26.609 million) (note 4). As at 30 June the outstanding balance payable to DPTI was \$14.725 million (\$15.313 million) (note 24) and the value of unrecognised contractual expenditure commitments with DPTI was \$68.910 million (\$72.913 million) (note 30).

Refer to notes 4, 5, 8, 16 and 24 for information about transactions between the Department and the LHNs and SAAS.

In addition, the Consolidated Entity has lease arrangements (both as lessee and as lessor) with other SA Government controlled entities. The premises are provided/received at nil or nominal rental with outgoings such as utilities being paid by the lessee.

### 37. Interests in other entities

The Consolidated Entity through its control of the LHNs has interests in a number of other entities as detailed below.

#### Controlled Entities

Central Adelaide Local Health Network Incorporated has a 100% interest (1,150,000 shares) in AusHealth. AusHealth is a national provider of on-site health and safety services delivered by qualified and experienced professional staff to businesses throughout Australia. AusHealth also manages patient payment solutions for Australian hospitals and commercialises hospital research into leading edge medical technologies and treatment.

Country Health SA Local Health Network Incorporated has effective control over, and a 100% interest in, the net assets of the HACs. The HACs were established as a consequence of the *Health Care Act 2008* being enacted and certain assets, rights and liabilities of the former Hospitals and Incorporated Health Centres were vested in them with the remainder being vested in the Country Health SA Local Health Network Incorporated.

By proclamation dated 26 June 2008, the following assets, rights and liabilities were vested in the Incorporated HACs:

- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land;
- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land dedicated under any legislation dealing with Crown land; and
- all funds and personal property held on trust and bank accounts and investments that are solely constituted by the proceeds of fundraising except for all gift funds, and other funds or personal property constituting gifts or deductible contributions under the *Income Tax Assessment Act 1997* (Commonwealth).

The above assets, rights and liabilities of the former Hospitals whose HAC elected not to become incorporated were vested in the Country Health SA Board Health Advisory Council Inc. A proclamation on 27 June 2019 advised from 1 July 2019 Country Health SA Board Health Advisory Council Inc will be renamed to Country Health Gift Fund Health Advisory Council Inc.

The HACs have no powers to direct or make decisions with respect to the management and administration of Country Health SA Local Health Network.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**Joint arrangements**

**The Consolidated Entity participates in the following joint operations:**

Name of arrangement	Nature of the arrangement	Principal activity	Location	Interest
Centre for Cancer Biology Alliance	Agreement between the University of South Australia and Central Adelaide Local Health Network Incorporated	Undertake health and medical research in South Australia as an integrated clinical, educational and research activity, with a focus on cancer research.	Adelaide SA	50%

**The Consolidated Entity participates in the following joint venture:**

Name of arrangement	Nature of the arrangement	Principal activity	Location	Interest
Flinders Reproductive Medicine Pty Ltd (as Trustee for Flinders Charitable Trust, trading as Flinders Fertility)	Agreement between Flinders Reproductive Medicine Pty Ltd and Southern Adelaide Local Health Network Incorporated	Provision of equitable and accessible fertility treatment.	Adelaide SA	50%

Flinders Fertility is structured as a private trust which is not a reporting entity and is not publicly listed. The Consolidated Entity and Flinders University each have a 50% beneficial entitlement to the net assets of the trust. Accordingly, the interest is classified as a joint venture with the investment measured using the equity accounting method.

The Consolidated Entity's share in the equity of the Flinders Fertility is calculated based on the draft financial statements provided for the reporting period and subsequently adjusted when the final audited financial statements are available.

Based on the audited financial statements as at 30 June 2018, Flinders Fertility incurred a loss and the draft financial statements for the year ended 30 June 2019 project a further loss. The losses for both years have not been distributed to the beneficiaries.

The following table summarises the financial information of Flinders Fertility based on currently available information:

	<b>2019</b>	<b>2018</b>
Percentage ownership interest	50 %	50 %
	<b>\$'000</b>	<b>\$'000</b>
Current assets	1,516	2,467
Current liabilities	(1,569)	(6,731)
Non-current assets	3,068	1,768
Non-current liabilities	(6,768)	(243)
<b>Net assets</b>	<b>(3,753)</b>	<b>(2,739)</b>
Share of beneficial entitlement	2,601	2,601
<b>Carrying amount of interest in joint venture</b>	<b>2,601</b>	<b>2,601</b>
Expenses	(5,277)	(6,819)
Revenue	4,264	5,370
<b>Profit/(loss) and total comprehensive income</b>	<b>(1,013)</b>	<b>(1,449)</b>
<b>Entity's share of profit/(loss) and total comprehensive income (50%)</b>	<b>(506)</b>	<b>(724)</b>

**Structured entities**

Central Adelaide Local Health Network Incorporated participates in the unconsolidated structured entity, CTM@CRC Ltd - the CRC for Cell Therapy Manufacturing (CTM). CTM is a cooperative research centre designed to implement research to provide new treatments and develop new materials-based manufacturing technologies to increase the accessibility, affordability and efficacy of cell therapies for previously incurable, or difficult to treat diseases.

CTM is funded by cash and in-kind resources from a number of partners in the health and research sectors throughout Australia in addition to a \$20.000 million grant from the Australian Government. CTM's headquarters are at the University of South Australia's Mawson Lakes campus.

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019**

**38. Board and committee members**

Members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B were:

Board/committee name:	Government employee members	Other members
Central Adelaide Local Health Network - Acute Medicine and Mental Health Partnership Working Group	25	Sutton P
Central Adelaide Local Health Network - AusHealth Corporate Pty Ltd	3	Johansen G, Flynn P, Hinton A
Central Adelaide Local Health Network - Breast Screen SA State Quality Committee	8	Hoffmann C (appointed 22/02/2019), Roder D, Breitag T, Rosser G, Zcitz K (Chair) (appointed 31/08/2018), Muller J (resigned 23/11/2018), Olver I (resigned 21/02/2019).
Central Adelaide Local Health Network - Challenging Behaviours Committee	27	Chester M
Central Adelaide Local Health Network - Community Mental Health Redesign Project Management Committee	24	Bickley B (appointed 28/12/2018), Meegan J (appointed 28/12/2018), Vega L (appointed 28/12/2018), Corena M (appointed 28/12/2018)
Central Adelaide Local Health Network - Comprehensive Care Priority Care Committee	25	Bickley B (appointed 17/01/2019), Marshall J (appointed 17/01/2019)
Central Adelaide Local Health Network - Consumer Advocates Council (disbanded on 10/08/2018)	-	Verrall A, Priest C, Canavan D, Law D, Fyfe D (Chair), Neale D, Woodley E, Lucas G, Marshall J, Price J, McMahon J, Burns K, Stewart L, Francese L, Whiteway L, Nagel L, Chester M, Curry M, Lunawat N, Sutton P, Anderson R, Cardinali R, Heydrich S, Sutton S, O'Brien S, Blazewicz T, Morgan T
Central Adelaide Local Health Network - Consumer Carer Advisory Group	6	Verrall A (Chair) (appointed 22/05/2019), Lucas G, Barbara A, Law D, Burns K, Sutton S (resigned 1/12/2018), Blazewicz T (resigned 22/05/2019), Sutton P (resigned 1/12/2018), Hunt D, Lloyd C, Langdon M, Tsogas C, Sexton N (resigned 19/07/2018)
Central Adelaide Local Health Network - Consumer Engagement Workshop	2	Priest C (appointed 31/10/18), Canavan D (appointed 31/10/18), Fyfe D (appointed 31/10/18), Neale D (appointed 31/10/18), Woodley E (appointed 31/10/18), Marshall J (appointed 31/10/18), Price J (appointed 31/10/18), Whiteway L (appointed 31/10/18), Durand M (appointed 31/10/18), Chester M (appointed 31/10/18), Curry M (appointed 31/10/18), Lunawat N (appointed 31/10/18), Lello P (appointed 31/10/18), Cardinali R (appointed 31/10/18), Heydrich S (appointed 31/10/18), Little T (appointed 31/10/18)
Central Adelaide Local Health Network - Executive Quality Governance Committee	41	Fyfe D
Central Adelaide Local Health Network - Fall Prevention Working	22	Curry M (appointed 22/01/2019)

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019**

Board/committee name:		Government employee members		Other members	
Group					
Central Adelaide Local Health Network - Governing Council		1		Kellie A, Ellery B, Fyfe D, Eckert M, Deegan V, Hubczenko N, Ielasi J	
Central Adelaide Local Health Network - Hampstead Rehabilitation Centre Consumer Advisory Group (disbanded on 10/08/2018)		7		Canavan D, Whiteway L, Chester M, Heydrich S (Chair), James S	
Central Adelaide Local Health Network - Human Research Ethics Committee		11		Need A, Digance A, Fisher A, Crabb A, Ruediger C, Parry C, Lee J, Raschella F, Partridge G, Slater H, Bonython J, Cullen J, Hackett J, Dale L, Air T, Greenberg Z	
Central Adelaide Local Health Network - Making Care Better		11		Fyfe D, Whiteway L, Durand M, Agius P (Co-Chair), Cardinali R, Blazewicz	
Central Adelaide Local Health Network - Nutrition, Hydration & Pressure Injury Comprehensive Care Committee		21		Raschella F (appointed 20/12/2018)	
Central Adelaide Local Health Network - Priority Care Committee: Code Black Working Group		21		Chester M (appointed 3/07/2018)	
Central Adelaide Local Health Network - Priority Care Committee: Managing Deterioration		19		Price J (appointed 1/1/2018), Raschella F (appointed 1/11/2018)	
Central Adelaide Local Health Network - Risk Management & Audit Committee		8		Deegan V (Chair), Ellery B, Davies T, May E	
Central Adelaide Local Health Network - Royal Adelaide Hospital Consumer Advisory Group (disbanded on 10/08/2018)		2		Chester M (Chair), Priest C, Canavan D, Fyfe D, Neale D, Price J, Cocking M, Millier P, Anderson R, Bah S, O'Brien S, Durand M, Agius P	
Central Adelaide Local Health Network - SA BIRS Consumer Advisory Group		3		Canavan D (Chair), Stewart L (resigned 13/12/2018), Morgan T, Miller L, Francese L	
Central Adelaide Local Health Network - SA Cancer Service - Strategic Committee		11		Frank O, Davis L, Oliver P, Beecher I, Smith A, Sparrow A, Eckert M	
Central Adelaide Local Health Network - SA Chemotherapy Standards Reference Group		26		Christensen C	
Central Adelaide Local Health Network - SA Dental Services Consumer Advisory Panel		-		Costa D, Zerna J, McMahon J, Brown M, Millier P, Beddall P, Priest S, Matiasz S, Kerekes E, Ali H (appointed 12/12/2018)	
Central Adelaide Local Health Network - SA Pathology Clinical Safety Working Group		11		Christenson C	

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019**

Board/committee name:	Government employee members	Other members
Central Adelaide Local Health Network - Statewide Clinical Support Services Risk Management & Audit Committee	17	Davies T (Chair), Christley S
Central Adelaide Local Health Network - The Queen Elizabeth Hospital Consumer Advisory Group (disbanded on 10/08/2018)	2	Curry M (Chair), Fyfe D, Raschella F, McMahon J, Byrne K, Chester M, Heydrich S, Garth S, Hickman C, Martine J, Whiteway L, Jenkins M, Duffy L, Damm R
Central Adelaide Local Health Network - Transition (Commencing 2 August 2018 and expiring 30 June 2019) (1)	-	Spencer R (Chair) (appointed 2/08/18), Reid M (Dep Chair) (appointed 2/08/18), Cockram A (appointed 22/11/18), Beilby J (appointed 22/11/18), Dwyer J (appointed 22/11/18), James N (appointed 22/11/18), Morey K (appointed 22/11/18)
Central Adelaide Local Health Network - The Queen Elizabeth Hospital Meal Management	17	Chester M, Heydrich S
Country Health SA Local Health Network - Advisory Council Inc	-	Blacker P (Chair), Evans L, Gregurke K, Healy R, Mearthur A, Fuller J, Johnston J, Mackay M
Country Health SA Local Health Network - Barossa Hills Fleurieu Local Health Network Transition Board (Commencing 28 March 2019 and expiring 30 June 2019) (1)	-	Brown J (Chair) (appointed 01/08/2018), Blackwell P (appointed 28/3/2019), Gaston C (appointed 28/3/2019), Sexton R (appointed 28/3/2019), Ullianich J (appointed 28/3/2019), Zadow R (appointed 28/3/2019),
Country Health SA Local Health Network - Country Health SA Risk Management and Audit Committee	-	Stubbs T Dr (Chair), Martin M, Brown G, Christley S
Country Health SA Local Health Network - Eyre and Far North Local Health Network Transition Board (Commencing 28 March 2019 and expiring 30 June 2019) (1)	-	Smith M (Chair) (appointed 01/08/2018), Dunchuc L (appointed 28/3/2019), Green, B (appointed 28/3/2019), Miller T (appointed 28/3/2019), Mills P (appointed 28/3/2019), Siviour J (appointed 28/3/2019), Sweet C (appointed 28/3/2019).
Country Health SA Local Health Network - Flinders and Upper North Local Health Network Transition Board (Commencing 28 March 2019 and expiring 30 June 2019) (1)	-	Francis B (Chair) (appointed 01/08/2018), Brady G (appointed 28/3/2019), Graham S (appointed 28/3/2019), Lynch J (appointed 28/3/2019), Malone G (appointed 28/3/2019), Reid K (appointed 28/3/2019), Whitefield M (appointed 28/3/2019).
Country Health SA Local Health Network - Limestone Coast Local Health Network Transition Board (Commencing 28 March 2019 and expiring 30 June 2019) (1)	-	King G (Chair) (appointed 01/08/2018), Brown, G (appointed 28/3/2019), Cook L (appointed 28/3/2019), Irving J (appointed 28/3/2019), Johnson A (appointed 28/3/2019), Saies A (appointed 28/3/2019).
Country Health SA Local Health Network - Riverland Mallee Coorong Local Health Network Transition Board (Commencing 28 March 2019 and expiring 30 June 2019) (1)	-	Joyner P (Chair) (appointed 01/08/2018), Ashworth E (appointed 28/3/2019), Goldsmith C (appointed 28/3/2019), Ottaway M (appointed 28/3/2019), Toogood F (appointed 28/3/2019).
Country Health SA Local Health Network - Yorke and Northern Local Health Network Transition Board (Commencing 28 March	-	Bouilly V (Chair) (appointed 01/08/2018), Badenoch J (appointed 28/3/2019), Malcolm E (appointed 28/3/2019), Mohor S (appointed 28/3/2019), Youmard J (appointed 28/3/2019), Warnken Y (appointed

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019**

Government employee members		Other members	
<b>Board/committee name:</b>			28/3/2019).
2019 and expiring 30 June 2019) (1)			
Department for Health and Wellbeing - Chronic Pain Implementation Committee (this committee ceased on 13/07/2018)	19		Bollen C Dr, Lee D, Mann S, and Wing M
Department for Health and Wellbeing - Comprehensive Care of Older Persons Project Board	9		Clark S
Department for Health and Wellbeing - Controlled Substances Advisory Council	12		Banner L, Gillett-Ferguson J, Ng D, Nicholls J Dr, Reeve M Dr, Reynolds C, Smith J, and White J Prof
Department for Health and Wellbeing - Elective Same Day Surgery and Outpatient Ophthalmology Model of Care Expert Working Group (this is a new committee and all members were appointed on 14/08/2018)	21		Boschen L, Brunton M, Hamlyn B, Jaworski A, O'Keefe M, Pesudovs K, Squirrel D, Turner N
Department for Health and Wellbeing - Electronic Medical Record (EMR) Project Board (this is a new committee, all members were appointed on 11/02/2019)	9		Solomon S (chair)
Department for Health and Wellbeing - End of Life Care Strategy Program Board	2		Brown M, Dickson M, Moy C Dr, Smith J, Swetenham K, Tieman J Dr, and Walker H
Department for Health and Wellbeing - Health Performance Council	-		Callaghan R, Duckett S, Fraser-Barbour E (appointed 14/03/2019), Greenhill J, Jackson Pulver L, Kay D (resigned 09/09/2018), Patelso M, Roder D, Rowse B, and Tully S (chair)
Department for Health and Wellbeing - Hepatitis C Action Plan Implementation Group (HAPI-C)	11		Hickey T, Landers D, Opie T (resigned 28/02/2019) and Oudith E
Department for Health and Wellbeing - Human Research Ethics Committee	8		Bradley C, Braunacker-Mayer A Prof (Chair), Buckley E, Carter D, Desmet C (resigned 01/08/2018), Elfott J, Gibson T, Glavacich R (appointed 01/10/2018), Grant J, Hewitt A, Holton C, Jones M, Kennedy R, McIlwaine J, Needs K, Roder D, Rundle N, Stephens J and Vass G
Department for Health and Wellbeing - Maternal and Perinatal Mortality - Perinatal Mortality Subcommittee	11		Brown A Dr, Goold J Dr, and McKendrick L
Department for Health and Wellbeing - Prescribed Psychiatric Treatment Panel	2		Camilleri C Dr, Coyne T Dr, Paterson T Dr, Richards B A/Prof, Simpson T and Smith J,
Department for Health and Wellbeing - Risk Management and Audit	1		Cooper C (resigned 23/10/2018), Daw S (resigned 24/04/2019), Dunsford C (Chair), and Marshall V

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Committee		
Department for Health and Wellbeing - SA Health Disease Prevention, Health Promotion and Population Health Committee	5	Becker H Dr, Beckoff M Dr, Byrne D Dr, Johns R Dr, Johnson D Dr, Hayward K Dr, Lewis S Dr, Miller B, Moy C Dr, Smith A, Von Blanckensee D, Woodall J Dr, and Young E
Department for Health and Wellbeing - SA Partnering with Consumers and the Community Advisory Group	13	Aguis H, Ball T, Blackwell P, Chester M, Fyfe D, Hoiles J, Lampard F, McArdle D, Tully S and Walford L
Department for Health and Wellbeing - SA Policy Advisory Committee on Technology	16	Mussared A, and Ratcliffe J Prof
Department for Health and Wellbeing - South Australian Formulary Committee	19	Whiteway L
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council	25	Beckoff M Dr, Boumelha P E/Prof, Burt A Prof (resigned 16/01/2019), Chen M, Craig J Prof (appointed 01/12/2018), McManis S and Schmidt L Dr (resigned 20/12/2018)
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council Accreditation Committee	17	Boumelha P E/Prof. (chair), Kuruppu P Dr and Need P Dr (appointed 11/02/2019)
Department for Health and Wellbeing - South Australian Medicines Advisory Committee	18	Kardaichi G, Lee D, Stocks N Prof and Thymne T Dr
Department for Health and Wellbeing - South Australian Medicines Evaluation Panel	13	Merlin T Prof, Louise J Dr, Mussared A, Schubert C, and Ward M Dr
Department for Health and Wellbeing - South Australian Public Health Council	3	Hill A, Lynch I, Mavrinac G (appointed 16/08/2018), Milazzo A, Moore N, Skene C, Van Kessel A, and Whittington S
Department for Health and Wellbeing - Statewide Paediatric Surgical Services Project Board	12	Bedford V and Glastonbury S
Department for Health and Wellbeing - Statewide Patient Flow Committee	20	Page A (appointed 14/08/2018)
Department for Health and Wellbeing - Transvaginal Mesh Consumer and Community Advisory Group	1	Brunton, M
Department for Health and Wellbeing - Viral Hepatitis Model of Care Reference Group	25	Beecher I, Lallard J, Larkin M, Oliver-Landry E Dr, Oudith E, Paterson K, Warneke-Arnold D, Williams E and Wurm C Dr

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Northern Adelaide Local Health Network - Consumer Advisory Board	4	White A (Chair), Mossop J, Whatley G, Green L, Turner M (cessation 22/1/2019) Clark Reynolds N, (appointed 1/7/2018) Lowden H, Davies I, Putsey P, Moffatt N
Northern Adelaide Local Health Network - Governing Council	1	Hains S (Presiding Member), Durrant M, Isemonger J, Lampard F, Smith J, Wilson B, Moffat N, Vinci G, Frost M
Northern Adelaide Local Health Network - Risk Management & Audit Committee	-	Connor G (Chair), Penn G (cessation 27/2/2019), Smith J, Alison A
Northern Adelaide Local Health Network - Transition Board (Commencing 28 March 2019 and expiring 30 June 2019) (1)	-	Blight R (Chair) (appointed 3/8/2018), Burgess A, (appointed 23/3/2019), Roesler C, (appointed 23/3/2019), Patcisos M, (appointed 23/3/2019), Forwood M, (appointed 23/3/2019), South L, (appointed 23/3/2019), Lampard F, (appointed 23/3/2019)
SA Ambulance Service Inc - Finance Committee	7	There are no non-government members
SA Ambulance Service Inc -Risk Management and Audit Committee	-	Beilby J Professor, Sneddon Y (Chair)
Southern Adelaide Local Health Network - Audit & Risk Management Committee	-	Hislop R, Stubbs T (Chair), Haslam R
Southern Adelaide Local Health Network - Clinical Council	28	Dame T, Tellis N, Voss D
Southern Adelaide Local Health Network - Communicating for Patient Safety Committee (formerly the Southern Adelaide Local Health Network Clinical Handover Steering Committee)	40	Dame T, Tellis N, Voss D (ceased 31/10/2018)
Southern Adelaide Local Health Network - Communicating for Safety Committee (formerly Southern Adelaide Local Health Network Clinical Handover Steering Committee)	20	Dame T (ceased 01/08/2018)
Southern Adelaide Local Health Network - Community Mental Health Governance Committee	20	Hoiles J, King P, Mausolf J
Southern Adelaide Local Health Network - Community Mental Health Model of Care Expert Advisory Group	15	Braund S, King P, Martini J, Mausolf J
Southern Adelaide Local Health Network - Comprehensive Care Committee	21	
Southern Adelaide Local Health Network - DASSA Clinical Executive Committee	8	Moore P

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019**

Board/committee name:	Government employee members	Other members
Southern Adelaide Local Health Network - DASSA Community Advisory Council	5	Braund S, Cauchi R, Davis J, Daw H (appointed 25/07/2018), Hellier T, Huber N , Kelly K, Les D, McHendrie T, McLean J (appointed 25/07/2018), Mohan V, Moore P , Nimmo E, O'Brien J (appointed 25/07/2018), Percy S, Petracco C (appointed 25/07/2018) Porcaro R, Tran K, Whiteaway L (appointed 25/07/2018)
Southern Adelaide Local Health Network - DASSA Executive Group	10	Nimmo E, O'Brien J (appointed 28/02/2019)
Southern Adelaide Local Health Network - Drugs and Therapeutics Committee	24	Barrington D
Southern Adelaide Local Health Network - End of Life Steering Committee	20	Fazzalari R (appointed 14/01/2019)
Southern Adelaide Local Health Network - Falls Prevention Management Committee	36	Cohen M
Southern Adelaide Local Health Network - Health Advisory Council Incorporated	-	Barrington D, Bishop R, Francis A, Hislop R (Chair), Pienaar K, Williams S
Southern Adelaide Local Health Network - Health Transition Board (Established 28/3/2019) (Ceased 30/06/2019) (1)	-	Baggoley C (appointed 28/03/2019) (ceased 30/06/2019), Butcher M (Chair)(appointed 03/08/2018) (ceased 30/06/2019), Hickey V (appointed 28/03/2019) (ceased 30/06/2019), Mackean T (appointed 28/03/2019) (ceased 30/06/2019), Mitchell J (appointed 28/03/2019) (ceased 30/06/2019), Noble J (appointed 28/03/2019) (ceased 30/06/2019), Richter J (appointed 28/03/2019) (ceased 30/06/2019)
Southern Adelaide Local Health Network - Inner South Lived Experience Group Mental Health Services (formerly Southern Adelaide Local Health Network Inner South Mental Health Consumer Carer Advisory Group )	4	English L, Hofhuys C (Chair), Martini J (appointed 15/10/2018), Police D, Smith A (appointed 19/11/2018), Smith J (appointed 19/11/2018), Hann L (ceased 03/06/2019)
Southern Adelaide Local Health Network - Mental Health Consumer and Carer Advisory group (formerly Consumer Administration Liaison Meeting)	18	Buer S, Hofhuys C, King P
Southern Adelaide Local Health Network - New Technology and Clinical Practice Innovation Committee	11	Kaambwa B, King P
Southern Adelaide Local Health Network - Older Persons Lived Experience Group Mental Health Services (formerly Southern Adelaide Local Health Network Older Persons Mental Health	4	Adamson M, Andrew G, Clark W (appointed 01/06/2019), Egan R (appointed 27/08/2018), Henrichs B (Chair), House G (appointed 04/02/2019), Hunt G, James S (appointed 03/12/2018), Schettlers J

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019**

<b>Board/committee name:</b>		<b>Government employee members</b>	<b>Other members</b>
Services Consumer and Carer Advisory Group)			
Southern Adelaide Local Health Network - Outer South Lived Experience Mental Health Services (formerly Outer South Mental Health Consumer Carer Advisory Group)		1	Alick R, Buer S (Chair), Burridge H, Cairns E, Hopkins R, Hutchison S, Mausolf A, McDonagh A, Penberthy V, Winfield U
Southern Adelaide Local Health Network - Partnering with Consumer Advisory Group		1	Ashley I (ceased 01/02/2019), Ball R, Christensen C, Dame T, Davies S, Hoiles J, King P, Klinge N (Chair), Pascoe P, Voss D, Roberts D (appointed 01/01/2019), Duke J (appointed 01/01/2019), Rickett D (appointed 01/01/2019)
Southern Adelaide Local Health Network - Southern Adelaide Clinical Human Research Ethics Committee		27	Barr C, Berg M, Bradshaw A, Breaden K, Cohen M, Dykes L, Hackett J, Hattam V, Kemp C, Kimber A, Lange B, Lister C, Lower K, Martini J, McEvoy M, Meng R, Nguyen A, Richards B (Chair)(ceased 01/03/2019), Sharma S, Sinha R, Voss D, Were L, Westwood T, Yip L, Zhou Y
Southern Adelaide Local Health Network - Southern Mental Health Clinical Governance Committee (Ceased 11/07/2018)		2	Bower T (ceased 11/07/2018), Buer S (ceased 11/07/2018), Hayes B (ceased 11/07/2018), Hoffius C (ceased 11/07/2018), Quirk M (ceased 11/07/2018)
Women's and Children's Health Network - Advisory Council Incorporated		2	Buckerfield M, Cadzow M, Marshall H Prof, Wallace M (Chair), Wigg N Dr, McDougall E, Saunders N
Women's and Children's Health Network - Audit and Risk Committee		2	Connor G (Chair), Haslam R, McDougall E, Sweet C, Wigg N Dr
Women's and Children's Health Network - Transition Board (Commencing 03 August 2018 and expiring 30 June 2019) (1)		7	Birch J (appointed 3/8/2018) , Bastian J (appointed 28/3/2019), Daw S (appointed 28/3/2019), Christley S Dr (appointed 28/3/2019), Glover K (appointed 28/3/2019), Haslam R (appointed 28/3/2019), Miller S (appointed 28/3/2019)

Refer to note 3.2 for remuneration of board and committee members

<sup>111</sup> The Governing Board in its Advisory capacity until formal commencement of the Board on 1 July 2019.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

---

**40.1 Basis of preparation**

The basis of preparation for the schedule of administered items is the same as the basis outlined in note 1.

**40.2 Categories of administered items**

*Special Acts* administered items include the following:

- Minister for Health and Wellbeing's salary and allowances and revenues from SA Government received/receivable for these expenses.
- Health and Community Services Complaints Commissioner's remuneration and revenues from SA Government received/receivable for these expenses.

*Health and Medical Research Fund (HMRF)* represents royalty income received from commercialisation of intellectual property and contribution of funds for the purposes of health and medical research in South Australia.

*Private Practice* represents funds billed on behalf of salaried medical officers and subsequently distributed to the LHNs and salaried medical officers according to individual Rights of Private Practice Deeds of Agreement.

*Other* administered items include the following:

- Consumer funds - represents funds held by the LHNs on behalf of consumers that reside in LHN facilities whilst the consumer is receiving residential mental health services, residential drug and alcohol rehabilitation services, or residential aged care services. The LHNs perform only a custodial role in respect of these funds;
- Medical Centres - represents fees and charges collected on behalf of doctors that work in CHSALHN owned Medical Centres;
- SA Medical Boards;
- Research;
- Nurses education;
- Fund raising; and
- Strata Corp.

The Consolidated Entity cannot use these administered funds for the achievement of its objectives.

**40.3 Administered items - budgetary reporting**

Budget information for Special Acts and HMRF is presented to Parliament; 2018-19 Budget Paper 3 includes a statement of comprehensive income for administered items for the Department. The budget process is not subject to audit.

**40.4 Administered contingent assets and liabilities**

The Consolidated Entity has no administered contingent assets and liabilities.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
For the year ended 30 June 2019

**40.5 Schedules of administered items**

	Special Acts		HMRP		Private Practice		Other		Total	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
<b>Schedule of Administered Expenses and Income</b>										
<u>Administered expenses</u>										
Employee benefits expenses	591	504	-	-	-	-	324	223	915	727
Supplies and services	1	1	-	-	942	(594)	92	199	1,035	(394)
Grants and subsidies	-	-	4,230	14,702	-	-	-	-	4,230	14,702
Depreciation expense	-	-	-	-	-	-	3	3	3	3
Other expenses	-	-	-	-	108,195	97,109	5,030	1,483	113,225	98,592
<b>Total Administered expenses</b>	<b>592</b>	<b>505</b>	<b>4,230</b>	<b>14,702</b>	<b>109,137</b>	<b>96,515</b>	<b>5,449</b>	<b>1,908</b>	<b>119,408</b>	<b>113,630</b>
<u>Administered income</u>										
Revenues from SA Government	592	505	-	-	-	-	-	-	592	505
Revenues from fees and charges	-	-	-	-	110,466	96,563	4,583	614	115,049	97,177
Interest revenues	-	-	-	-	-	-	3	3	3	3
Other revenues	-	-	4,674	3,604	-	666	1,040	2,703	5,714	6,973
<b>Total Administered income</b>	<b>592</b>	<b>505</b>	<b>4,674</b>	<b>3,604</b>	<b>110,466</b>	<b>97,229</b>	<b>5,626</b>	<b>3,320</b>	<b>121,358</b>	<b>104,658</b>
<b>Net result</b>	<b>-</b>	<b>-</b>	<b>444</b>	<b>(11,098)</b>	<b>1,329</b>	<b>714</b>	<b>177</b>	<b>1,412</b>	<b>1,950</b>	<b>(8,972)</b>

**Schedule of Administered Assets and Liabilities**

	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
<u>Administered current assets</u>								
Cash and cash equivalents	(45)	(49)	10,540	10,280	10,815	8,946	1,688	544
Receivables	52	49	1,018	833	6,476	7,513	1	66
<b>Total Administered current assets</b>	<b>7</b>	<b>-</b>	<b>11,558</b>	<b>11,113</b>	<b>17,291</b>	<b>16,459</b>	<b>1,689</b>	<b>610</b>
<u>Administered non-current assets</u>								
Property, plant and equipment	-	-	-	-	-	-	49	38
<b>Total Administered non-current assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>49</b>	<b>38</b>
<b>Total administered assets</b>	<b>7</b>	<b>-</b>	<b>11,558</b>	<b>11,113</b>	<b>17,291</b>	<b>16,459</b>	<b>1,738</b>	<b>648</b>
<u>Total administered liabilities</u>								
Net administered assets/equity	7	-	5,241	-	5,241	5,736	1,006	137
<b>Net administered assets/equity</b>	<b>-</b>	<b>-</b>	<b>11,558</b>	<b>11,113</b>	<b>12,050</b>	<b>10,723</b>	<b>732</b>	<b>511</b>

**Schedule of Administered Cash Flows**

	Total 2019 \$'000	Total 2018 \$'000
<b>Cash flows from operating activities</b>		
<b>Cash inflows</b>		
Receipts from SA Government	592	492
Fees and charges	116,183	96,182
Interest revenues	3	3
Other revenues	5,530	5,453
<b>Total Cash inflows</b>	<b>122,308</b>	<b>102,130</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2019**

**Cash outflows**

Employee benefits payments	854	790
Grants and subsidies	4,230	14,702
Supplies and services	1,101	(402)
Other payments	112,846	98,076
<b>Total Cash outflows</b>	<b>119,031</b>	<b>113,166</b>
<b>Net cash inflows/cash outflows from operating activities</b>	<b>3,277</b>	<b>(11,036)</b>
<b>Net increase/(decrease) in cash held</b>	<b>3,277</b>	<b>(11,036)</b>
Cash at the beginning of the reporting period	19,721	30,757
<b>Cash at the end of the reporting period</b>	<b>22,998</b>	<b>19,721</b>