



**Government
of South Australia**

SA Health

Department for Health and Wellbeing 2019-20 Annual Report

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

www.sahealth.sa.gov.au

Contact phone number: +61 8 8226 0795

Contact email: HealthCE@sa.gov.au

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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 28-09-2020

Signature  _____

From the Chief Executive



The Department for Health and Wellbeing (the department) as system leader, is committed to supporting the delivery of high quality public health services. Safety, equity, access and responsiveness of services are areas of focus for operations and service delivery to benefit the health and wellbeing of all South Australians. Across the year, the department has continued to improve whole-of-system capability and performance through partnership and connectivity.

In 2020, COVID-19 has presented new challenges to health systems around the world. For SA Health as control leader during a pandemic, the commitment of every one of us, directly or indirectly, has been integral in the public health response. Work continues to focus on providing a rapid and effective response to existing and potential new cases, community safety and appropriate management plans for South Australia.

Working adaptively in a changing environment has resulted in the rapid design and implementation of a range of measures to deliver responsive, accessible and safe services.

Operating in an environment of pandemic challenges has also highlighted the importance of the department's work to improve organisational culture, and address what matters most to staff. Working together and recognising the diversity of our shared skills, knowledge, and experience is essential to the success of the organisation.

Released in March 2020, the Health and Wellbeing Strategy 2020-2025 identifies a clear vision and strategic focus on prevention, protection, innovation and sustaining SA Health services and care. It identifies immediate and long-term strategies for the next five years to ensure we invest in the right approaches, people, skills and opportunities to improve the health and wellbeing of South Australians.

Continuing to demonstrate resilience and reflect on lessons learned under recent circumstances will prove invaluable as we strive for excellence across the system to meet future public health, technological, and economic challenges together.

A handwritten signature in black ink, appearing to read 'Chris McGowan', written in a cursive style.

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

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Overview: about the agency

Our strategic focus

<p>Our purpose</p>	<p>The Department for Health and Wellbeing (the department, DHW) is responsible for providing system leadership and developing the vision, direction and long-term strategies that will sustain the South Australian public health system, now and in the future.</p> <p>The department, through the Chief Executive, is responsible to the Minister for Health and Wellbeing (the Minister). The department provides expert health and wellbeing advice, supporting the Minister and Chief Executive in exercising their powers and functions.</p>
<p>Our vision and strategic themes</p>	<p>The Health and Wellbeing Strategy 2020-2025 establishes a strong vision that <i>South Australians experience the best health and wellbeing in Australia</i>.</p> <p>To achieve this vision, a strategic focus on prevention, protection, innovation, and sustainability will be maintained across SA Health, with the primary objective to improve the health and wellbeing of all South Australians.</p> <p>Five principle themes support SA Health's achievement of the vision and strategic direction. The themes form the foundation for the deliverable actions identified in the Health and Wellbeing Strategy. These should form the principle rationale for determining, planning, and developing new improvement activities, initiatives and projects:</p> <ul style="list-style-type: none"> • Together – working in partnership to develop patient-centred solutions and service improvements • Trusted – providing safe, reliable, and high-quality treatment and care • Targeted – addressing priority health needs and disparities with the right evidence, motivation, and interventions • Tailored – meeting the diverse and complex needs of individuals • Timely – optimising health and wellness outcomes by delivering timely and appropriate health care.
<p>Our values</p>	<p>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. Care and Kindness are SA Health values that underpin how we treat each other, working together to provide services.</p>

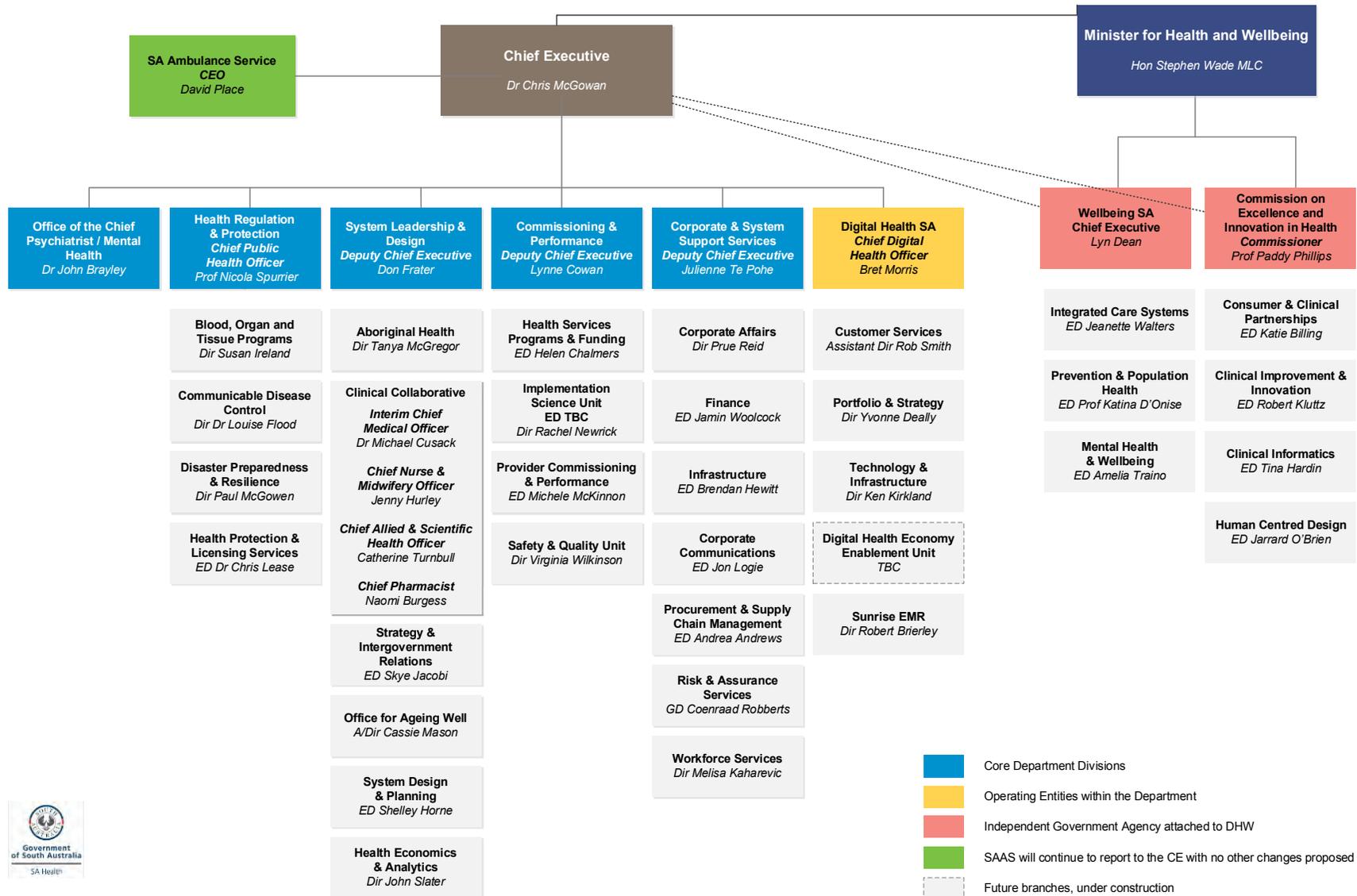
<p>Our functions, objectives and deliverables</p>	<p>The department supports the delivery of public health services, formulates health and wellbeing policies and programs, facilitates public and consumer consultation on health issues, and monitors the performance of South Australia’s health system by providing timely advice, research, and administrative support.</p> <p>The department has assumed the role as health system leader. In the context of the department’s relationship with the Local Health Networks (LHNs), SA Ambulance Service (SAAS) and other portfolio entities, the department’s aim is to improve whole-of-system capability and performance through alignment, culture, partnership, connectivity, and collaboration.</p> <p>Led by the Chief Executive, the department is responsible for:</p> <ul style="list-style-type: none"> • Supporting and advising the Minister and government on strategic policies and directions • Coordinating Parliamentary and Cabinet briefing processes • Statutory reporting requirements • Intergovernmental relations • Participating in, and supporting the Minister to participate in, national reforms via national councils and committees • Regulatory and licencing functions. <p>As the system leader for the delivery of health services, the department will:</p> <ul style="list-style-type: none"> • Develop the vision, direction and long-term planning strategy to sustain the health system • Provide strategic leadership, planning and direction for health care services in SA • Guide, inform and fulfil the planning and commissioning cycle including <ul style="list-style-type: none"> ○ Making recommendations for the allocation of funding from the health portfolio budget to health service providers ○ Enter into Service Agreements with health service providers outlining budget, activity and performance measures ○ Monitor performance and take remedial action when performance does not meet expected standards ○ Demonstrate strong financial management and accountability that prioritises investment in high value, evidence informed service responses and system sustainability at a local level
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	<ul style="list-style-type: none">• Arrange for the provision of health services by contracted health entities• Oversee, monitor and promote improvements in the safety and quality of health services• Prioritise and set system-wide interventions including regulations, policy directives, guidelines, funding, performance and programs• Support, promote and lead the delivery of relevant system-wide strategies, policies, plans, and innovation• Build system-wide collaboration and stakeholder networks• Foster a leadership culture that supports accountability, transparency, collaboration and encourages innovation.
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Our organisational structure

Department for Health and Wellbeing **Organisational Chart**

June 2020



Changes to the agency

During 2019-20, the following changes were applied to the agency's structure and objectives as a result of internal reviews or machinery of government changes:

- The transition of some business units to Local Health Networks and Shared Services SA was finalised as a result of governance reforms that commenced in 2018-19.

- Wellbeing SA

Wellbeing SA was established initially as an operating entity within the department during 2018-19, reporting to the Chief Executive. During 2019-20, Wellbeing SA was established as an attached office under the *Public Sector (Administrative Units) Proclamation 2019*.

Wellbeing SA focuses on prevention, health promotion and primary health care. Wellbeing SA brings together the functions and services of Home Hospital, Prevention and Population Health, Mental Health and Wellbeing, including the Mental Health Commission.

- Mental Health Commission

The administration of the South Australian Mental Health Commission was transferred to Wellbeing SA in 2019-20. Three new Mental Health Commissioners were appointed to public office by His Excellency, the Governor in Executive Council under section 68 of the *Constitution Act 1934* on 6 January 2020. As a result of these reforms the administrative unit of the South Australian Mental Health Commission was abolished on 5 December 2019, previously established as a government department under the *Public Sector Act 2009*.

- Commission on Excellence and Innovation in Health (the Commission)

The Commission was established initially as an operating entity within the department during 2018-19, reporting to the Chief Executive. During 2019-20, The Commission was established as an attached office under the *Public Sector (Administrative Units) Proclamation 2019*.

The Commission on Excellence and Innovation in Health provides leadership and advice on clinical excellence and innovation.

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
- Professor Nicola Spurrier is the Chief Public Health 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
- 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
- Bret Morris is the Chief Digital Health Officer, responsible for the department's information technology strategy.

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

Ageing and Adult Safeguarding Act 1995

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

Prohibition of Human Cloning for Reproduction Act 2003

Public Intoxication Act 1984

Research Involving Human Embryos Act 2003

Retirement Villages Act 2016

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 2019-20 include:

- The revised *Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment Act 2017* (known as Gayle's Law) became operational on 7 November 2019.
- Additions to the *South Australian Public Health Act 2011*
 - No Jab No Play amendments were made on 1 January 2020 requiring early childhood services to collect and retain immunisation records of all children enrolled, and to provide these to the Chief Public Health Officer (CPHO) on request
 - Amendments to the *South Australian Public Health Act 2011* were made to provide the CPHO with additional powers to respond quickly and effectively in order to control the spread of infectious diseases, such as COVID-19.
- COVID-19
 - On 15 March 2020, a public health emergency in relation to the transmission of COVID-19 was declared for fourteen days in South Australia pursuant to section 87 of the *South Australian Public Health Act 2011*
 - The *COVID-19 Emergency Response Act 2020* made temporary amendments to the *South Australian Public Health Act 2011* on 9 April 2020, to support the Government's response to the COVID-19 pandemic
 - Became a notifiable and controlled notifiable condition under the *South Australian Public Health Act 2011* from 28 January 2020.

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:

Barossa Hills Fleurieu Local Health Network

Central Adelaide Local Health Network

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

Commission on Excellence and Innovation in Health

Controlled Substances Advisory Council

Country Health Gift Fund Health Advisory Council Inc.

Regional Health Advisory Councils (39 across SA)

Eyre and Far North Local Health Network

Flinders and Upper North Local Health Network

Health and Community Services Complaints Commissioner

Health Performance Council

Health Services Charitable Gifts Board
Limestone Coast Local Health Network
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
Riverland Mallee Coorong Local Health Network
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)
Wellbeing SA
Women's and Children's Health Network
Women's and Children's Health Network Health Advisory Council (Governing Council)
Veterans' Health Advisory Council
Yorke and Northern Local Health Network

The agency’s performance

Performance at a glance

As at the end of June 2020, 60 percent of the department’s election commitments* were reported as completed. Only three percent of commitments were identified as ‘Critical’ (Hospital and Health workforce planning commitment) or ‘At Risk’ (Elective Surgery Backlog commitment).

Table 1: Election commitment progress ratings at end June 2020

Progress rating	Number
Critical	1
At Risk	1
Delayed	8
On Track	19
Completed	40

Note: *Excludes commitments where DHW is not the lead agency.

Table 2: CE KPI comparison between 2019-20 and 2018-19

No	KPI Descriptor	Target	YTD 2019-20	YTD 2018-19
1	Transfer of care <= 30 minutes (ambulance ramping)	>=90%	63.8%	68.9%
2 (a)	ED seen on time – Resuscitation	>=100%	100.0%	100.0%
2 (b)	ED seen on time – Emergency	>=80%	67.5%	61.1%
3	Elective surgery overdues	<=300	2131	410
4	Consumer experience: overall quality	>=85%	89.3%	89.8%
5	Potentially preventable admissions	<=8%	8.3%	8.8%
6	Hospital acquired complication rate	<=2.0%	2.8%	3.1%
7	SAB infection rate	<= 1	0.8	0.7
8	Hospital standardised mortality ratio	Inlier	Inlier	Inlier
9	Average cost per NWAU*	<=NEP	114%	Not applicable
10	Executive tenure within SA Health **	>= 3 years	3.1 years	Not applicable

Notes: SAB infection = Staphylococcus aureus bloodstream infections

*Average Cost per National Weighted Activity Unit (NWAU) represents the 2019-20 December YTD costing for all LHNs, except Regional LHNs whose costing was not able to be completed and signed off prior to publication.

**Executive tenure refers to LHN and SAAS CEOs and DHW Deputy Chief Executives (within own LHN/SAAS/DHW). Includes tenure of positions where CEOs were in executive positions prior.

In addition to election commitment progress, the Chief Executive has identified 10 specific key performance indicators (KPIs) to monitor operational performance of the system. These are reported on a monthly basis, provided to the Department of the Premier and Cabinet.

Four KPIs have shown a deterioration in performance against the same time last year, however performance has been adversely impacted by COVID-19 for *Transfer of care <= 30 minutes* and *Elective surgery overdue*. *Consumer experience* and *SAB infection rate* KPIs have consistently achieved targets since 2018-19, however a small deterioration was evident in 2019-20 against 2018-19.

Bushfire assistance

South Australia experienced three major bushfires between November 2019 and January 2020 in Yorketown, Cudlee Creek and Kangaroo Island. As part of recovery activity, SA Health was heavily involved in the coordination and delivery of mental health and wellbeing support services at all levels to the communities across the three bushfire-affected areas. This support included high acute services, as well as lower-level psychological first aid.

COVID-19 pandemic response

As South Australia experienced the Novel Coronavirus (COVID-19) during 2019-20, SA Health fulfilled its role as Hazard Leader for human epidemics as outlined in the *South Australian Emergency Management Act 2004*.

As at 30 June 2020, there were to date in South Australia:

- 443 confirmed cases of COVID-19 in total
- 436 people who had recovered from COVID-19
- 4 COVID-19 related deaths.

A multi-agency Command Centre was launched within SA Health headquarters as part of a whole-of-government response to the COVID-19 pandemic. The Command Centre included representatives from key State Government agencies, working together to enable a comprehensive statewide response.

SA Health's measures implemented during the COVID-19 response to date have been compiled, primarily assessing technology and initiatives including: telehealth and digital health; models of care; service delivery processes and approaches; workforce flexibility; governance parameters, and; partnership approaches.

Royal Commission response

The department is responsible for triage, coordination and response to notices, summons, requests and correspondence from three Royal Commissions on behalf of SA Health and its legal entities. Table 3 demonstrates SA Health’s active engagement with the Royal Commission into Aged Care Quality and Safety. An active watching brief is kept on hearings, issues papers and information from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Royal Commission into National Natural Disaster Arrangements.

Table 3: Royal Commission into Aged Care Quality and Safety

Active engagement	Total
Notice to Give	9
Notice to Produce	2
Summons to Appear	3
Voluntary Submissions	6

Agency contribution to whole of Government objectives

Key objective	Agency’s contribution
<p>More jobs</p> <p>Rural Health Workforce Strategy</p>	<p>\$20 million has been committed to the development and implementation of a Rural Health Workforce Strategy.</p> <p>This has resulted in delivery of the SA Rural Medical Workforce Plan and development of a Rural SA Ambulance Service Workforce Plan. Work is commencing on the Nursing and Midwifery and Allied Health Workforce plans. These plans will also include the Aboriginal health workforce.</p>
<p>Lower costs</p> <p>Financial Monitoring</p>	<p>As part of its revised role as system leader, the department provided high-level system direction and ongoing performance management during 2019-20 to LHNs and SAAS. Regular monitoring of financial management and performance was conducted. This maintained focus on accurate budgeting, budget forecasting methodologies and savings targets.</p> <p>Assessment of the activity volumes and case mix was undertaken regularly to review the cost to deliver services, such that a reduction in cost per National Weighted Activity Unit was closer to alignment with the National Efficient Price.</p>

Key objective	Agency's contribution
<p>Better Services</p> <p>Reactivating the Repatriation General Hospital (the Repat) as a health precinct</p> <p>Reducing the elective surgery backlog</p> <p>Providing better health services in our regions</p> <p>Improving mental health services</p>	<p>The final Repat Master Plan project has moved into the implementation phase, through a staged delivery process. This includes:</p> <ul style="list-style-type: none"> • The refurbishment of C-Block for Older Person's Mental Health • Construction of the 18-bed Neurobehavioural Unit and 12-bed Specialist Advanced Dementia Unit • A 78-bed specialised aged care facility • Development to deliver the Town Square, Specialist Rehabilitation and Veteran's Wellbeing Centre. <p>On 31 August 2018, the Government announced a \$45 million investment to significantly reduce the number of patients who were overdue for elective surgery or a colonoscopy procedure.</p> <p>Six regional local health networks were established with independent boards, putting regional communities back in charge of their health care. Maintenance and upgrades are being addressed in regional hospitals, and investments made in improved services and skills in regional areas.</p> <p>Additional resources for mental health services have been provided, including:</p> <ul style="list-style-type: none"> • Virtual Mental Health Support Network to provide support to those in distress as a result of COVID-19 • Suicide prevention funding • New specialist Borderline Personality Disorder Service • A dedicated Paediatric Eating Disorder Service.

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
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 government's objectives to deliver real change in SA that creates better government services.

<p>Agency objectives 1.</p>	<p>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning</p>
<p>Indicators</p>	<p>Performance</p>
<p>Reform SA Health Governance</p>	<p>The State Government established 10 LHNs, each with its own Governing Board, which commenced operation on 1 July 2019. LHN Governing Boards are responsible for the overall governance and oversight of local service delivery by the LHNs, including performance and budget achievement, clinical governance, safety and quality, risk management and fulfilment of the Governing Board functions and responsibilities. Governing Boards are responsible and accountable to the Minister for Health and Wellbeing.</p> <p>Under the revised governance arrangements, six new regional LHNs were established, replacing Country Health SA LHN.</p> <p>The department took on a revised role; complementing and supporting the LHNs by providing high-level system direction and performance management.</p>
<p>Establish Wellbeing SA and the Commission on Excellence and Innovation in Health</p>	<p>Wellbeing SA and the Commission on Excellence and Innovation in Health (the Commission) have been proclaimed as attached offices to the Department for Health and Wellbeing (the department), effective 6 January 2020. This proclamation delivers on the election commitments of the State Government to set up both Wellbeing SA and the Commission to rebalance the health system. While independent, both Wellbeing SA and the Commission will continue to work closely with the department.</p>
<p>SA Pathology Sustainability Project</p>	<p>SA Pathology is on track to deliver on a cost reduction target of \$7.3 million and is on track to delivering a year two cost reduction target of \$18 million. On-time delivery for time critical diagnostics has increased from 66 percent to 90 percent. It remains in public ownership, given the organisation's vastly improved performance and clear commitment to quality care, innovation and sustainability.</p>

Agency objectives 1. (continued)	Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning
Indicators	Performance
Upgrade hospital infrastructure	<p><i>Women's and Children's Hospital (WCH)</i></p> <p>Sustainment works to the Operating Theatres and Paediatric Emergency Department commenced in November 2019 and works on the Child and Adolescent Mental Health Service Unit (Boylan Ward) commenced in February 2020.</p> <p><i>Modbury Hospital</i></p> <p>The Emergency Extended Care Unit was completed and commenced providing clinical services in August 2019.</p> <p>Construction is underway on the new outpatients building and the Palliative Care Unit. Refurbishment of the Surgical Unit and administration area was completed in May 2020.</p> <p>A High Dependency Unit (HDU) Steering Committee has been established to develop a detailed plan to establish a 4-bed HDU at Modbury Hospital.</p> <p><i>Lyell McEwin Hospital</i></p> <p>The construction phase has commenced, involving enabling works for the Emergency Department. This follows a temporary delay due to COVID-19, with completion anticipated in late 2020.</p> <p><i>The Queen Elizabeth Hospital</i></p> <p>Works to upgrade the existing cardiology catheter lab were completed, with the unit fully operational from July 2019. The construction of a new five-storey 500 space car park for patients and visitors is complete and opened on 1 December 2019.</p> <p><i>Barossa Hospital Business Case</i></p> <p>The business case to consider a single health hub in the Barossa has been completed and submitted for consideration.</p> <p><i>Murray Bridge Soldiers' Memorial Hospital</i></p> <p>Construction work is proceeding well to deliver a \$7 million upgrade of the Emergency Department at the Murray Bridge Soldiers Memorial Hospital, anticipated to be completed by December 2020.</p>

<p>Agency objectives 1. (continued)</p>	<p>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning</p>
<p>Indicators</p>	<p>Performance</p>
	<p><i>Country Hospital Capital Works</i></p> <p>A program of works is being implemented to address the backlog of asset sustainment works associated with country hospital and aged care facilities. SA Health is working with the now titled Department for Infrastructure and Transport to promote the engagement of regional construction and trade enterprises to deliver these critical sustainment works.</p> <p><i>Lighthouse Lodge</i></p> <p>Work on this project continues in order to deliver the upgraded facility. The site at Kingston was mobilised in May 2020 to support the commencement of work.</p> <p><i>Strathalbyn and District Health Service</i></p> <p>Consultation continues with staff and residents on-site regarding design elements for the 36-bed extension build. Construction is expected to commence in August 2020.</p> <p><i>Yorketown Hospital and Health Service</i></p> <p>Building works commenced in June 2020, on track for an August 2020 completion date. A communication plan regarding service impacts during the upgrade has been developed and implemented.</p>
<p>Response to the Independent Commissioner Against Corruption (ICAC) Commissioner’s Report</p>	<p>Following the release of the ICAC Commissioner’s Report <i>Troubling Ambiguity: Governance in SA Health</i>, a taskforce was established which agreed Terms of Reference in the coordination of a response.</p> <p>The Taskforce operates independently and critically reviews the adequacy and implementation of the planned program of work that SA Health is developing to address the concerns raised by ICAC.</p>

<p>Agency objectives 2.</p>	<p>Managing growth and increasing demand on our health system, and providing our patients with the best possible care</p>
<p>Indicators</p>	<p>Performance</p>
<p>COVID-19 response:</p> <p><i>Testing of wastewater</i></p> <p><i>Workforce measures</i></p> <p><i>PPE stock boost</i></p>	<p>SA Health has worked with SA Water to locate any possible COVID-19 clusters in the community by analysing wastewater samples.</p> <p><i>Nursing and midwifery</i></p> <p>The recruitment of nurses and midwives has been fast-tracked. SA Health is also working with education partners in the rapid upskilling of nurses in areas of need, including Intensive Care Unit (ICU) level care.</p> <p><i>Extra front line responders</i></p> <p>An additional 97 paramedics have been recruited into the South Australian Ambulance Service to support the frontline response to COVID-19.</p> <p><i>Contact tracing team</i></p> <p>The Communicable Disease Control Branch’s contact tracing team is being boosted by up to 300 additional staff. The new recruits join an existing team of 140 experts, as well as medical students who are already assisting with contact tracing.</p> <p><i>Personal Protective Equipment Matrix</i></p> <p>The COVID-19 Personal Protective Equipment (PPE) Assessment Matrix has been developed for use in the care of hospital patients with a suspected and confirmed COVID-19 case and is mandatory for all SA Health hospital-based staff.</p> <p>It provides a consistent assessment protocol for testing, identifying what PPE is required and what type of room is appropriate for the patient.</p> <p>SA Health has partnered with Adelaide-based company Detmold to source 10 machines to manufacture 45 million N95/P2 medical respirator and Level 3 barrier protection surgical masks for use in South Australia.</p>

<p>Agency objectives 2. (continued)</p>	<p>Managing growth and increasing demand on our health system, and providing our patients with the best possible care</p>
<p>Indicators</p>	<p>Performance</p>
<p>COVID-19 response: <i>Mental Health</i></p>	<p>On 30 April 2020, the Premier and the Minister for Health and Wellbeing made a joint announcement for the establishment of a South Australian Mental Health Virtual Support Network in direct response to COVID-19.</p> <p>The Office of the Chief Psychiatrist has developed and implemented the Mental Health Virtual Support Network which consists of non-government organisations (NGOs), providing support to those experiencing distress as a result of the COVID-19 pandemic. This includes both phone and video support lines, call back services and an online chat service as well as individual and group counselling. The support line is staffed by trained Lifeline counsellors. Individual NGOs have been identified to deliver services to specific groups such as Culturally and Linguistically Diverse communities and Aboriginal communities.</p>
<p>Ramping and surge capacity</p>	<p>Service Agreements between the department and LHNs and SAAS include agreed performance indicators to measure activity and demand management specific to Emergency Departments (EDs) and ambulance services. These indicators are supported by a range of statewide and local strategies which aim to improve system-wide flow, capacity and demand management.</p> <p>Statewide Patient flow and Capacity Initiatives include:</p> <p><i>Priority Care Centres (PCCs)</i></p> <p>These continue to provide an alternative to presenting to an ED. As at the week ending 30 June 2020, a total of 2,386 patients had been seen at a PCC. The PCC initiative is a DHW commissioned service being administered by Wellbeing SA.</p> <p><i>National Disability Insurance Agency (NDIA) partnership</i></p> <p>DHW and Wellbeing SA are partnering with NDIA to improve the timeliness of National Disability Insurance Scheme (NDIS) approvals, so that inpatients can transition to the community with NDIS supports once they have completed their acute care, to free up acute beds for acute patients.</p>

<p>Agency objectives 2. (continued)</p>	<p>Managing growth and increasing demand on our health system, and providing our patients with the best possible care</p>
<p>Indicators</p>	<p>Performance</p>
<p>Ramping and surge capacity (continued)</p>	<p><i>The SA Hospital Discharge project and the Long Stay Transition to Discharge project</i></p> <p>These projects continue to facilitate discharges and link people with the NDIS, releasing over 35,000 bed days across the system in 2019-20. These pieces of work have been commissioned by DHW to be administered by Wellbeing SA.</p> <p><i>Transition 2 Home</i></p> <p>This was implemented by partnering with the Department of Human Services, LHNs and Wellbeing SA to establish a ‘step down’ service for NDIS patients who no longer need acute care but do not have their longer term support arrangements in place. This service commenced on 26 March 2020 and currently has one site with a capacity of 20 beds.</p> <p><i>My Home Hospital</i></p> <p>My Home Hospital will deliver safe, high quality care in the patient’s own home or residential care facility as a substitute to going to hospital. The tender process, seeking responses from the market for the delivery of My Home Hospital services, closed on 28 May 2020. Evaluation of responses is complete and services are expected to commence in mid- to late-2020. This piece of work has been commissioned by DHW to be administered by Wellbeing SA, with services expected to commence in 2020.</p> <p><i>The Southern Health Expansion Plan</i></p> <p>The plan accelerates access to health services across the southern region by increasing the clinical capability of Noarlunga Hospital, increasing the size of the Flinders Medical Centre Emergency Department, and co-locating dementia specialist services at the Repat Health Precinct.</p>

<p>Agency objectives 2. (continued)</p>	<p>Managing growth and increasing demand on our health system, and providing our patients with the best possible care</p>
<p>Indicators</p>	<p>Performance</p>
<p>Reduce elective surgery waiting times</p>	<p>Due to COVID-19, on 25 March 2020 the Australian Government National Cabinet restricted non-urgent elective surgery procedures. Since 14 May 2020, all surgical procedures across South Australia have resumed, subject to ongoing PPE review and availability. Prior to the impact of stricter elective surgery limitations, the majority of LHNs had been on track to achieve zero overdue prior to the end of the 2019-20 financial year.</p> <p>Statewide, overdue procedures resulting from COVID-19 reached a peak of 2,781 in May 2020. SA Health has continued to pursue initiatives to reduce overdue procedures that includes:</p> <p><i>Direction under Health Care Act 2008</i></p> <p>A Direction issued by the Chief Executive on 14 May 2020, under the <i>Health Care Act 2008</i>, mandates that elective surgery activity in all specialties be comprised from each hospital’s overdue elective surgery waiting list, until the list is extinguished. Once achieved, each speciality will maintain an ongoing “Treat in Turn” rate of at least 60 percent.</p> <p><i>LHN initiatives</i></p> <p>Initiatives to reduce elective surgery waiting times have included continuing to work with private partners to deliver appropriate surgery. This has improved theatre efficiency and facilitated additional evening and weekend public hospital sessions and roll out of new systems to better support demand planning.</p> <p><i>SA Health’s Patient Services Panel (the Panel)</i></p> <p>This provides a framework for LHNs to partner with approved private providers to access a range of health services. Since its commencement on 23 July 2019, the Panel continues to facilitate access to private bed capacity and the delivery of elective surgery procedures. These established partnerships have continued strongly during the COVID-19 pandemic.</p>

Agency objectives 2. (continued)	Managing growth and increasing demand on our health system, and providing our patients with the best possible care
Indicators	Performance
Provide funding to palliative care outreach services, extending the operating hours to 24/7	<p>This is a \$16 million commitment over four years that became fully operational by the end of 2019-20 financial year.</p> <p>Funding was fully allocated by the Minister for Health and Wellbeing for 2019-20 and initiatives funded include LHN 24/7 innovation projects and NGO Grants. The Project Agreement on Comprehensive Palliative Care in Aged Care is underway.</p> <p>SA Health has established a Statewide Palliative Care Clinical Network and a Statewide Palliative Care Clinical Network Steering Committee that continues to be engaged in improving palliative care across South Australia.</p>
Raise the participation rate of South Australians in Advanced Care Directives (ACDs)	<p>The uptake of ACDs continues to steadily increase as reflected in the sale of kits and forms by Service SA and the use of the ACD website. A range of targeted activities and projects are underway, including education for substitute decision-makers, workshops to provide practical support for older people, and trials of innovative ways to increase the advance care planning in residential aged care facilities.</p>
Agency objectives 3.	Improving the quality and safety of health care, through the provision of technology and information solutions that deliver better patient outcomes
Indicators	Performance
Reduce the abuse of prescription drugs through real-time prescription monitoring	<p>In 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.</p> <p>Work is well-progressed towards procuring and implementing the RTPM software, legislative amendments and establishing support and training for prescribers and pharmacists. The commitment to deliver a RTPM system for SA is on track for March 2021.</p>

<p>Agency objectives 3. (continued)</p>	<p>Improving the quality and safety of health care, through the provision of technology and information solutions that deliver better patient outcomes</p>
<p>Indicators</p>	<p>Performance</p>
<p>Activation of the Sunrise Electronic Medical Records System (Sunrise EMR)</p>	<p>Following the cancellation of the EPAS Program, activation of the Sunrise EMR and Patient Administration System (PAS) was successfully completed in March 2020 at the two exemplar sites; Mount Gambier and Districts Health Service and Royal Adelaide Hospital (RAH). Sunrise EMR and PAS were also activated at the Central Adelaide Local Health Network (CALHN) Intermediate Care, Hospital Avoidance and Supported Discharge Service on 18 May 2020.</p> <p>In response to COVID-19, the Sunrise EMR Project developed and deployed a number of new EMR COVID-19 functional changes, as requested by sites.</p> <p>No new paper patient medical records are being created at the RAH following activation of the Sunrise EMR and PAS application to enable a gradual reduction in recalls of paper patient medical records over the next 12-18 months.</p>
<p>Quality Information and Performance Hub (QIP Hub)</p>	<p>The QIP Hub supports our workforce with increased access to transparent data regarding clinical outcomes and system performance. This enables greater opportunities for data utilisation to propel innovation into our practice and delivery.</p> <p>Achievements include the release of a real time dashboard with operational data; an ED Activity Analysis dashboard and a Cancer dashboard.</p>

<p>Agency objectives 3. (continued)</p>	<p>Improving the quality and safety of health care, through the provision of technology and information solutions that deliver better patient outcomes</p>
<p>Indicators</p>	<p>Performance</p>
<p>Expand existing technology platforms to enhance service delivery</p>	<p>Vulnerable groups have been protected by removing the requirement to enter a healthcare environment, though improvements in the management of hospital demand and supporting access to care. Examples of achievements in the response to COVID-19 included:</p> <ul style="list-style-type: none"> • Outpatient services delivered with support from MBS billing items and HealthDirect • Delivering health services by telehealth. • Digital prescriptions and electronic pathology requests • Expansion of the Virtual Mental Health Support Network.
<p>Agency objectives 4.</p>	<p>Improving mental health care</p>
<p>Indicators</p>	<p>Performance</p>
<p>Develop a Statewide Mental Health Services Plan 2019-2024</p>	<p>The Mental Health Services Plan was publicly released on 2 November 2019.</p>
<p>Expand support for the prevention of suicide</p>	<p>\$2.5 million of funding for suicide prevention has been provided 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>The Council areas of Port Pirie and Barossa are in the final stages of SPN Development, increasing the total number of networks to 40. This includes seven SPNs established by Wesley Life Force but supported with both advice and funding by SA Health.</p> <p>The statewide training approach to suicide mitigation, <i>Connecting with People</i> has been delivered to over 3,700 front line staff, community members and NGOs. To meet demand, an additional 18 clinicians have been trained to deliver this training.</p>

Agency objectives 4. (continued)	Improving mental health care
Indicators	Performance
Establish a paediatric eating disorder service	The department continues to work with the Chief Psychiatrist, Southern Adelaide Local Health Network and Women's and Children's Health Network to establish dedicated statewide paediatric eating disorder services, with a focus on outpatient services for children and young people under 15 years of age with an eating disorder.
Expand support for people living with Borderline Personality Disorder (BPD)	<p>The Borderline Personality Disorder Collaborative (BPD Co) is operational and currently rolling out the Model of Care in a staged implementation process. Shared care is being provided in partnership with LHNs for people with the most complex and severe BPD.</p> <p>A short-term group program based on common factors of evidence-based therapy for people with BPD has been developed and piloted. This has been run by BPD Co and will roll out in partnership with LHNs and other relevant service providers in late 2020.</p> <p>Training in foundational skills has continued to support frontline clinicians, including crisis response services in providing compassionate, evidence-based care for people with BPD.</p> <p>Assessment and Brief Intervention Clinics have commenced in piloting LHNs.</p>
Agency objectives 5.	Reducing and better managing health conditions and promoting Aboriginal community health and wellbeing
Indicators	Performance
Establish a permanent renal dialysis unit in the APY Lands	A permanent dialysis unit in Pukatja opened on 16 August 2019.

Agency objectives 5. (continued)	5. Reducing and better managing health conditions and promoting Aboriginal community health and wellbeing
Indicators	Performance
Development of SA Health's Aboriginal Health Care Framework (Framework)	<p>A new five-year Framework is being developed through comprehensive consultation with Aboriginal communities, partners and our staff to guide local service responses across the life course. The Framework will replace the previous Aboriginal Health Care Plan.</p> <p>The Framework seeks to provide an effective benchmark to measure contributions towards closing the gap on health disparity between Aboriginal and non-Aboriginal people in South Australia across the life course.</p>
Agency objectives 6.	6. Focusing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing
Indicators	Performance
Better Prevention and Targeted Preventative Health	<p>Following the establishment of Wellbeing SA, actions relating to priority population groups are to be included in the Wellbeing SA Strategic Plan 2020-2025, in line with the commitments outlined in the Targeted Prevention policy platform.</p> <p>The Wellbeing SA Strategic Plan 2020-2025 is to be released by the Minister for Health and Wellbeing for implementation by Wellbeing SA in 2020.</p> <p>Further information is available in the Wellbeing SA Annual Report 2019-20 at https://openyourworld.sa.gov.au/about-wellbeing-sa.</p>
Vaccinations for Influenza	<p>SA Health distributed 665,430 doses of influenza vaccine by week 14 of the 2020 influenza program (26 June 2020). Vaccines were distributed to children aged between six months to less than five years, SA Health healthcare workers, people aged 65 years and over, pregnant women, Aboriginal people, homeless people and those considered medically at risk.</p>

Agency objectives 6. (continued)	Focusing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing
Indicators	Performance
Vaccinations for meningococcal disease	<p>The SA population is protected against meningococcal disease through the state funded Meningococcal B Immunisation Program, the first in Australia, 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> <p><i>*Meningococcal ACWY vaccine protects against four types of meningococcal infection; the A, C, W and Y types.</i></p>
Bowel cancer prevention – cut waiting times for patients to receive procedures quickly and prevent progression	<p>A \$45 million investment has been made to significantly reduce the number of patients who are overdue for a colonoscopy or elective surgery procedure.</p> <p>Until the Australian Government National Cabinet announcement on 25 March 2020, restricting non-urgent elective procedures, LHNs were making significant progress reducing the number of overdue new patients waiting for a colonoscopy with only 35 percent overdue across the state.</p> <p>SA Health established a panel of approved suppliers for the provision of colonoscopy services to public patients, extensively used by the LHNs. LHNs also continued to undertake additional internal lists.</p> <p>As at 30 June 2020, the number of overdue new colonoscopies for the state was 574, a decrease of 2,315 (80 percent) since 30 June 2019.</p>
Clinical Cancer Registry	<p>The Government is committed to working with the relevant stakeholders in developing a model that enables an effective and efficient collation of clinical data that ensures the optimal impact and sustainability of this vital resource.</p> <p>A business case has been developed and approved by the Minister for Health and Wellbeing and the plan is progressing.</p>

Agency objectives 6. (continued)	Focusing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing
Indicators	Performance
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	<p><i>The Controlled Substances (Youth Treatment Orders) Amendment Act 2019</i> was assented to on 21 November 2019, and will commence operation on a date to be fixed by proclamation. The new legislation will provide the option of Court ordered treatment for children and young people experiencing drug dependency.</p> <p>An Interagency Working Group has been established to provide advice on the most appropriate model of care to address youth substance dependence and to guide the development of the legislation. Community consultation on the Draft Model of Care underpinning the initiative will commence in 2020.</p>

Corporate performance summary

Corporate initiatives for the department in 2019-20 include:

- *Health and Wellbeing Strategy*

Released in March 2020, the Health and Wellbeing Strategy 2020-2025 informs the work, priorities and direction for the public health system for the next five years, with a view to realising an aspirational long-term (twenty-year) vision.

- *Information classification and records management*

Revisions were made to two key policy directives in response to the ICAC Report and to align with the State and Commonwealth Information Classification System. Implementation in DHW is on track for August 2020.

- *Risk management system*

RiskConsole, a repository for risk records, was implemented in 2019-20. This supports the department's risk management activities, including the recording and reporting of risks, risk ratings, controls, and treatment plans.

- *SA Health website*

A new SA Health website was launched in April 2020 with many enhancements, including improved search ability, a modern look and feel, and mobile responsiveness.

Employment opportunity programs

Program name	Performance
Aboriginal Employment Register	Four positions were recruited from the Aboriginal Employment Register which included an ASO5, ASO6 and two ASO7 positions.
2019-20 SA Study Assistance Program for Nurses and Midwives	With 203 successful recipients in 2019-20, 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 2019, 81 clinicians (69 participants and 12 facilitators) completed the program. A further 84 clinicians (72 participants and 12 facilitators) commenced the program in February 2020. Program evaluations consistently demonstrate high levels of satisfaction and valuable contributions to SA Health’s strategies and plans.
Partner with the Universities, VET sector and health sites regarding clinical placements across all health professions, teaching, education standards, training and research	Expansion of the Clinical Placement Management System continued in 2018-19. Bookings for 2.7 million clinical placement hours (covering the majority of health professions) continue to be online for more than 243 organisations. Data from January to June 2020 was impacted by COVID-19, resulting in some students being moved from their locations and some cancellations. System logins and Sunrise accounts, where applicable, have been provided for around 7,000 student placements.
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 1,556 Allied and Scientific Health professionals in 2019-20.

Agency performance management and development systems

Performance management and development system	Performance
<p>Department for Health and Wellbeing Performance Review and Development (PRD) process</p>	<p>Two designated PRD cycles were established for managers to undertake a PRD conversation with direct reports: the first cycle from September to October, and the second cycle from March to April.</p> <p>After the launch of the first cycle in September 2019, the department recorded an increase in PRD participation rates of about 20 percent.</p> <p>Due to COVID-19 and the degree of essential work being carried out by employees, the department did not enforce the second cycle from March to April 2020.</p>

Work health, safety and return to work programs

Program name	Performance
<p>Response to COVID-19</p>	<p>An SA Health Workforce COVID-19 Wellbeing Proposal and Action Plan was developed with contribution from Workforce Services (DHW), Wellbeing SA, Office of the Chief Psychiatrist, Commission on Excellence and Innovation in Health, and the Office of the Commissioner for Public Sector Employment.</p> <p>The COVID-19 Action Plan involves review and monitoring of existing data sources to identify high-risk groups and inform intervention strategies. The Action Plan contains a range of strategies and initiatives to support the SA Health Workforce and relevant to the specific stages of the pandemic.</p> <p>An online e-Learning module was developed during COVID-19 to encourage SA Health staff to look after themselves and their colleagues. The short 20-minute module aims to increase mental health literacy and contains links to a range of COVID-19 specific mental health resources.</p>

Program name (continued)	Performance
<p>COVID-19 – Personal Protective Equipment (PPE) response</p>	<p>As the world faced the COVID-19 pandemic in the latter half of 2019-20, the department took a lead role in coordinating the response for the state of South Australia and for SA Health. One of the major concerns related to the pandemic centred on ensuring PPE supply in the context of world-wide demand and critical shortages. The department has ensured continued supply and worked to acquire newly developed state supplies of products and equipment.</p> <p>Development of the PPE Matrix has ensured that all LHNs have knowledge of the PPE to use in particular circumstances.</p>
<p>Challenging Behaviours</p>	<p>The department established the Challenging Behaviour Project Steering Group and Project Working Group to oversee the review and development of a revised Challenging Behaviour Strategy. The project aims to further improve staff safety across SA Health by addressing gaps, adopting best practice and identifying opportunities and innovative approaches to ensure ongoing improvements and safe work environments for all.</p> <p>A Challenging Behaviour Strategic Framework has been developed. The policy directive, policy guideline and toolkit have been reviewed, following extensive consultation with topic experts, staff, unions and consumers.</p>
<p>‘Gayle’s Law’</p>	<p>The revised <i>Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment Act 2017</i> became operational on 7 November 2019. This is more commonly referred to as ‘Gayle’s Law’, in response to the tragic death of dedicated nurse, Mrs Gayle Woodford in 2016.</p> <p>The SA Health Remote or Isolated Work Safety (WHS) Policy Directive and associated documents were released on 11 May 2020, ensuring the department’s compliance with the Gayle’s Law provisions of the <i>Health Practitioner Regulation National Law (South Australia) Act 2010</i> and Regulations.</p> <p>The department is required to undertake a regulated review of the operation of Gayle’s Law, commencing in November 2020.</p>

Program name (continued)	Performance
Seasonal Influenza Program	<p>The 2020 annual Influenza Program was conducted from March to April 2020 across SA Health. As at 12 June 2020, 67 percent of staff had received an influenza vaccination. The program will continue to operate into the latter half of 2020.</p>
Fatigue Management	<p>To support meeting legislative requirements under the <i>Work Health and Safety Act 2012 (SA)</i>, SA Health utilises resources including: SA Health’s Fatigue Management Strategy, Worker Health Wellbeing and Fitness for Work Policy Directive, and the publication <i>Prevention of Fatigue – An educational risk management guide for South Australian Health Services</i>. This work also aligns with the SA Health Work Health Safety and Injury Management System Program 4 – Fitness for Work.</p> <p>The guide and its resources are designed with a preventative risk management focus, emphasising the shared responsibilities of SA Health leaders and workers providing health care and services. 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. The department continues to work with the LHNs and SAAS to ensure clear guidelines and advice around fatigue management and work planning are provided to staff relevant to COVID-19.</p>
Manual Task Risk Management System - Training	<p>The department coordinates the Manual Tasks Local Facilitator (MTLF) Training System across SA Health.</p> <p>There are over 1,000 MTLFs throughout SA Health who provide training, induction and support to their colleagues to reinforce safe work practices. In 2019-20, 121 new facilitators completed the two-day practical training and 263 current facilitators attended refresher sessions.</p> <p>Training was put on hold for new and existing MTLFs on 16 March 2020 due to COVID-19 social distancing requirements and has not yet recommenced.</p> <p>Risk assessments and control measures continue to be provided for hazardous manual tasks, plant and equipment.</p>

Program name (continued)	Performance
Contractor Safety	The department recognises its duty of care to all persons in the workplace including labour hire, contractors, volunteers and visitors. The <i>SA Health Contractor Safety Management (WHS) Policy Directive</i> was developed and released on 11 May 2020. This ensures effective arrangements are in place to safeguard the health and safety of contractors at SA Health sites.
SA Health Psychological Health Strategy	<p>The department facilitated a Psychological Health Strategy Implementation Workshop in September 2019 to address the findings of the SA Health internal audit report of the Psychological Health Strategy. A follow up workshop is planned for the end of 2020.</p> <p>The SA Public Sector Mentally Healthy Workplaces (MHW) Framework and MHW Toolkit were published by the Office of the Commissioner for Public Sector Employment at the end of 2019. The MHW checklist was compared with current SA Health systems and practice. A gap analysis of the SA Health Psychological Health Strategy has been completed against the MHW Framework and the existing strategy will be revised to address any identified gaps.</p>
Bullying and Harassment Policy	Recognising the impact on our staff, a specific Prevention and Management of Workplace Bullying and Harassment policy is being drafted to supplement guidance on respectful behaviours in the workplace.

Workplace injury claims	2019-20	2018-19	% Change (+ / -)
Department for Health and Wellbeing			
Total new workplace injury claims	21	28	-25.0%
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)	5.08	5.07	+0.2%

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

Work health and safety regulations Department for Health and Wellbeing	2019-20	2018-19	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	4	2	+100.0%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	1	0	-

Return to work costs** Department for Health and Wellbeing	2019-20	2018-19	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$508,524	\$377,984	+34.5%
Income support payments – gross (\$)	\$126,341	\$114,799	+10.1%

Note: **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

Executive classification	Number of executives
Executive Level F	1
SAES 1 Level	36
SAES 2 Level	8

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: <https://www.publicsector.sa.gov.au/about/Our-Work/Reporting/Workforce-Information>

Financial performance

Financial performance at a glance

The Department for Health and Wellbeing (DHW) in 2019-20 has continued to undertake a series of governance reforms and realignment measures to ensure it is best placed to perform its role and function as the health system leader. DHW is responsible for setting the strategic direction for the health system and providing system leadership for the delivery of health services.

The following table and charts provide a brief summary of the overall financial performance of DHW. Audited financial statements for 2019-20 are attached to this report.

Departmental three-year financial summary							
Three-year financial summary (\$000)		2019-20	%	2018-19	%	2017-18	%
			↑↓		↑↓		↑↓
Total income		6 369 958	↑ 6.4%	5 988 233	↑ 3.5%	5 787 118	↑ 12.5%
Total expenses		6 314 346	↑ 11.7%	5 653 770	↓ -2.1%	5 773 803	↑ 12.6%
Net result		55 612	↓ -83.4%	334 463	↑ 2411.9%	13 315	↓ -3.1%
Net cash provided by operating activities		146 156	↓ -57.2%	341 828	↑ 4041.9%	8 253	↓ -66.8%
Total assets		1 064 549	↑ 9.7%	970 159	↑ 63.0%	595 094	↓ -2.7%
Total liabilities		399 613	↑ 7.3%	372 453	↑ 12.2%	332 048	↓ -7.6%
Net assets		664 936	↑ 11.2%	597 706	↑ 127.2%	263 046	↑ 4.2%

Expenses by category 2019-20	
	<ul style="list-style-type: none"> Employee benefit expenses (\$172m) Supplies and services (\$585m) Depreciation and amortisation expense (\$17m) Grants and subsidies (\$5,375m) Payments to SA Government (\$137m) Other expenses (\$30m)

Income by category 2019-20	
	<ul style="list-style-type: none"> Revenue from SA Government (\$4,329m) Revenue from fees and charges (\$322m) Grants and contributions (\$1,684m) Interest revenue (\$3m) Resources received free of charge (\$32m) Other revenue (\$1m)

Recurrent funding to incorporated health services 2019-20 (\$5,081m)	
	<ul style="list-style-type: none"> Barossa Hills Fleurieu LHN (\$189m) Eyre and Far North LHN (\$81m) Flinders and Upper North LHN (\$114m) Riverland Mallee Coorong LHN (\$109m) Limestone Coast LHN (\$119m) Yorke and Northern LHN (\$121m) SA Ambulance Service Inc (\$151m) Southern Adelaide LHN (\$1,045m) Central Adelaide LHN (\$1,949m) Women's and Children's HN (\$451m) Northern Adelaide LHN (\$752m)

Capital funding to incorporated health services 2019-20 (\$169m)	
	<ul style="list-style-type: none"> Barossa Hills Fleurieu LHN (\$4m) Eyre and Far North LHN (\$2m) Flinders and Upper North LHN (\$3m) Riverland Mallee Coorong LHN (\$14m) Limestone Coast LHN (\$5m) Yorke and Northern LHN (\$7m) SA Ambulance Service Inc (\$10m) Southern Adelaide LHN (\$26m) Central Adelaide LHN (\$31m) Women's and Children's HN (\$30m) Northern Adelaide LHN (\$37m)

Consultants disclosure

See Appendix 4.

Contractors disclosure

See Appendix 5.

Risk management

Risk and audit at a glance

The Chief Executive appointed an Audit and Risk Committee (committee) with the responsibility of advising the department on its systems, processes and structures. It identifies, prevents and responds to real and potential risks, and advises on how the department meets its compliance requirements. The committee receives regular reports from the Risk and Assurance Services branch, and supplementary reports from other areas in the department.

The committee also provides advice to the Chief Executive regarding the risk, control and compliance frameworks in the context of the department’s role as system leader for the South Australian Public Health System.

Fraud detected in the agency

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

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

Strategies implemented to control and prevent fraud

The department regularly assesses its exposure to fraud and corruption, as part of its risk management framework. This is supplemented by an audit program which routinely tests key controls.

Data for previous years is available at:

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

Public interest disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Public Interest Disclosure Act 2018*:

One

Data for previous years is available at:

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

Note: Disclosure of public interest information was previously reported under the Whistleblowers Protection Act 1993 and repealed by the Public Interest Disclosure Act 2018 on 1/7/2019.

Reporting required under any other Act or Regulation

Act or Regulation	Requirement
<p><i>Ageing and Adult Safeguarding Act 1995</i></p>	<p>Part 2—Office for Ageing Well</p> <p>11 – Annual Report</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> <p>Part 3—Adult Safeguarding Unit</p> <p>17- Annual Report</p> <p>(1) The Director must, on or before 31 October in each year, report to the Minister on the operations of the Adult Safeguarding Unit 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> <p>(3) A report under this section may be combined with the annual report for the Office for Ageing Well under section 11.</p>

The Office for Ageing Well, established under the *Ageing and Adult Safeguarding Act 1995* is located in the Department for Health and Wellbeing. Under this 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 diverse range of stakeholders, in line with the priorities of the state government's ageing well agenda, through the:

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

Adult Safeguarding Unit

The Office for Ageing Well has expanded its support function for adult safeguarding through the work of the Adult Safeguarding Unit (ASU), which commenced operations on 1 October 2019.

The ASU has legislative mandate to respond to reports of abuse of older people. For the first three years, the ASU will respond to reports of suspected or actual abuse of people 65 and over, and 50 and over for Aboriginal and Torres Strait Islander people. From 1 October 2020, the ASU will respond to reports for people with a disability who may be vulnerable and from 2022, the ASU's legislative remit will expand to include all vulnerable adults who may be experiencing abuse.

The ASU has a strong focus on promoting and safeguarding the rights of adults at risk and works with a person to develop a safeguarding plan tailored to their needs, wishes and circumstances. The ASU has a range of information gathering powers to enable appropriate referral of matters and investigation of reports of serious abuse. In the majority of situations, a person's consent is required before any action can be taken.

The ASU is responsible for raising community awareness of strategies that may assist to safeguard the rights of older South Australians and between 1 July 2019 and 30 June 2020 has met with 91 diverse stakeholders, including community members.

Reporting abuse to the ASU is voluntary and is made through the South Australian Elder Abuse Prevention Phone Line (Phone Line).

The Phone Line commenced in 2015 to provide an advice and referral service, and from 1 October 2019, the Phone Line also became the portal for making a report to the ASU. Since its commencement in October 2015, the ASU has taken more than 2,380 calls. Between 1 July 2019 and 30 June 2020, the ASU has received 946 calls. Of those calls, 306 resulted in a report to the ASU and the remaining 640 calls were for information and advice only. Of the 306 reports made to the ASU, 239 reports resulted in the ASU commencing an investigation. As at 30 June 2020; three reports resulted in referral to a state authority, specified person or body; three cases are currently being assessed; and in 61 cases no further action was taken by the ASU. Where no further action was taken, in the majority of cases this decision was based on information gathered by the ASU that confirmed the situation was being appropriately managed and/or safeguarded.

Data from the Phone Line consistently indicates that the most frequent callers are service providers (28 percent), and adult sons and daughters and other family members (37.1 percent). The most common types of abuse are financial (42.7 percent), emotional (35.6 percent), neglect (14 percent) and physical (13 percent). Adult sons (27.4 percent) and daughters (19 percent) of older people are most often reported as the alleged abuser.

Significant consultation has occurred in relation to the establishment and development of the ASU, including older people with lived experience and their families as well as with a broad range of stakeholders across the sector. Consultation will be ongoing to assist with the development of the ASU and expansion of its scope in 2022.

Ageing Policy Unit

To meet the priorities of the State Ageing Plan, in 2019-20 the Office for Ageing Well funded 15 ageing strategic projects, in partnership with a broad range of stakeholders from government, non-government and community organisations, including:

- Rolling out the Age Friendly Customer Services Guidelines project to state government organisations to ensure government services provide customer service to older people that is age friendly, respects their rights and includes them in service design. A website has also been developed to support ongoing age friendly services training.
- Piloting a project that will bring together kindergarten-aged children attending a child care centre and older people who live in a residential aged care facility to co-create opportunities for meaningful connections, facilitated by allied health students, and to challenge ageism.
- Working with the State Theatre Company to introduce a new program that will support older people to continue their enjoyment of theatre, despite changing life circumstances such as loss of a regular theatre-going companion.
- Partnering with COTA SA and the Multicultural Communities Council of SA to develop projects that seek to address and reduce social isolation caused by the COVID-19 pandemic, particularly to engage older people that are not digitally connected.

- To support safe and connected communities, eight Ageing Well Community Networks were established to raise awareness and increase community understanding of ageing well, elder abuse prevention strategies and the Adult Safeguarding Unit. The networks deliver information in culturally appropriate ways and through trusted networks to Aboriginal people, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer communities, regional communities, and Culturally and Linguistically Diverse communities.

The annual Stop Elder Abuse public awareness campaign was held between 3 May and 30 June 2020. This year's campaign encouraged people to know the signs of elder abuse and to speak up. The campaign further built awareness of the Phone Line, where callers can obtain free, confidential advice and support or make a report to the ASU. In 2019-20, also co-designed the new *Respect Connect #StopElderAbuse* awareness campaign with Aboriginal Elders, which will be progressively rolled out in partnership with metropolitan and regional Aboriginal communities over the next five years.

To inform the development of *South Australia's Plan for Ageing Well 2020-2025*, the Office for Ageing Well undertook significant consultation in 2019-20 with a diverse range of older South Australians and stakeholders. The consultation identified three key strategies: Home and community; Meaningful connections; and Navigating change. The Plan will be released in early July 2020 and will set the state government and community's vision and priorities for ageing well over the next five years.

Aged Care Strategy Unit

Aged Care Assessment Teams in South Australia comprehensively assess the needs of frail older people to provide access to Commonwealth funded aged care services.

South Australia was one of the highest performing jurisdictions in 2019-20, actioning 26,478 referrals and 16,916 completed assessments as at 30 June 2020. South Australia maintained timely performance in the completion of assessments across all settings, with the median days from referral to assessment currently at 10 days, compared to 12 days nationally. Ninety-five percent of assessments were completed within 42 days compared to 64 days nationally.

In addition to managing the operations of the Aged Care Assessment Program in South Australia, the Aged Care Strategy Unit also has responsibility for progressing a range of strategic projects, including the SA Health CCTV Pilot Project; the Aged Care Assessment Program Reform Project; the National Health and Aged Care Interface Data Project; and responding to the Royal Commission into Aged Care Quality and Safety.

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 2019-20, the total number of Seniors Card members increased to 400,000 and subscriptions to *WeekendPlus*, the fortnightly digital seniors' magazine, increased by 10 percent to 80,000. Of the approximately 20,000 new Seniors Card applications received in 2019-20, 90 percent were made online. The number of 2019-20 Seniors Card business partners decreased by 2.8 percent to 745. Of these, 47 percent were based in regional areas of the state and 53 percent were based in metropolitan Adelaide.

Community Grants Program

The South Australian Government, through Office for Ageing Well, provides \$600,000 in Ageing Community Grants to support community organisations and local government projects. These grant support South Australians to age well, and promote opportunities for older South Australians to be involved and active in their communities.

In 2019-20, 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 process aimed at local government and community organisations across metropolitan and regional South Australia.

In 2019-20:

- Grants for Seniors supported 28 projects at a total cost of \$149,505
- PAFG supported six projects, totalling \$200,000
- 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 Grants supported nine projects at a total cost of \$200,000.

Outcomes achieved during the 2019-20 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 ageing well, participation, learning and independence
- kick-starting age friendly innovation projects to support opportunities for older people to connect to local places and community activities.

In addition to the above, commencing in April 2020, the Office for Ageing Well led South Australia's aged care COVID-19 response by bringing together a working group of aged care peak bodies, sector representatives and advocacy organisations for weekly meetings to discuss implications and implementation of legal directions and policies impacting residential aged care facilities in South Australia. The Office for Ageing Well also partnered with various organisations to deliver projects to address and reduce social isolation, and used the Senior Card network and other platforms to communicate targeted messages around social distancing, COVID-19 restrictions and other relevant information to retirement villages and older South Australians living in the community.

Act or Regulation	Requirement
<p><i>Retirement Villages Act 2016</i> <i>Retirement Villages Regulations 2017</i></p>	<p>Part 2 11 Annual Report</p> <p>(1) The Registrar must, on or before 30 September in every year, forward to the Minister a report on his or her work and operations for the preceding financial year.</p> <p>(2) The Minister must, within 12 sitting days after receiving a report under this section, have copies of the report laid before both Houses of Parliament.</p>

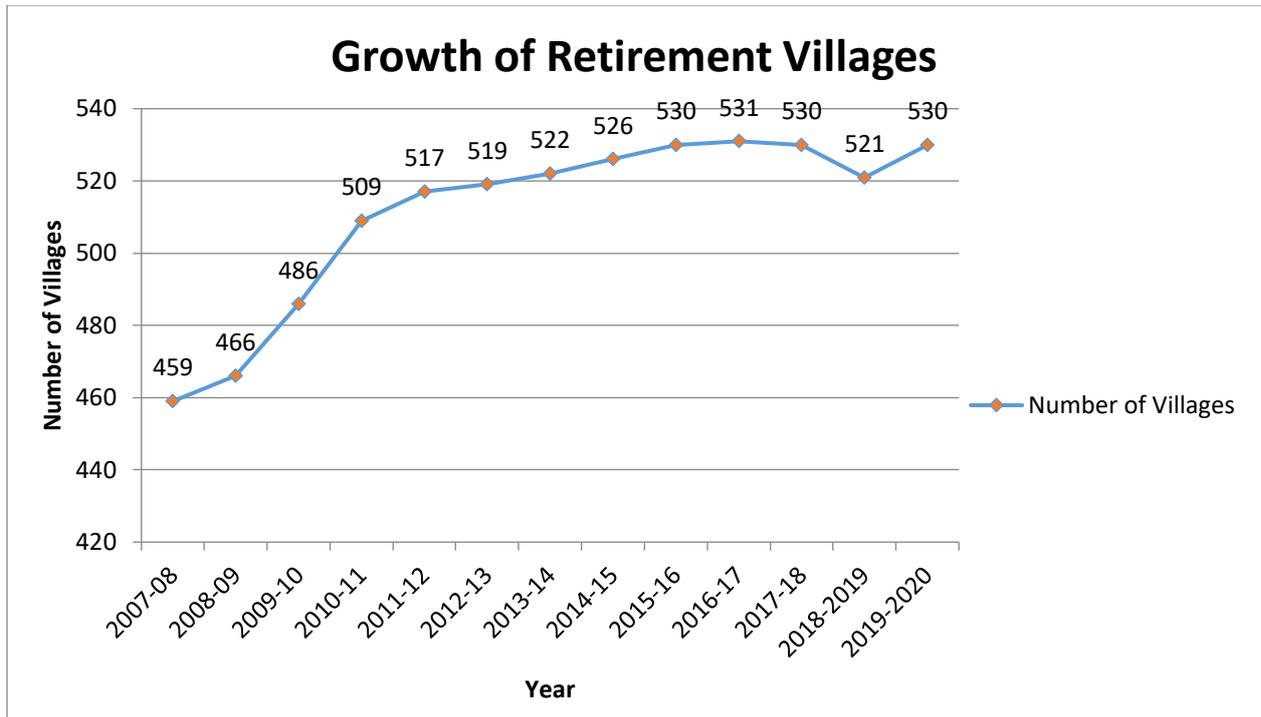
Retirement Villages Unit

The Retirement Villages Unit (the RV Unit), within the Office for Ageing Well, provides information, assistance and education sessions on retirement village matters, clarifying areas of concern, as well as providing a mediation service to help resolve disputes between residents and operators. The RV Unit investigates and assesses complaints and allegations of breaches of the *Retirement Villages Act 2016* and Regulations, underpinned by support and education rather than adversarial approaches to enforcement.

In 2019-20, legislative requirements under this Act were managed by the RV Unit, including one ASO7 Chief Retirement Villages Officer, one ASO6 Senior Information, Advice & Conciliation Officer, one ASO5 Senior Retirement Villages Officer and one ASO4 Retirement Villages Officer. As at 30 June 2020 the RV Unit:

- responded to 648 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 February 2020, a compliance audit was undertaken reviewing compliance with Sections 33 and 34 of the *Retirement Villages Act 2016* in relation to residents’ annual meetings. Fifteen percent of operators were randomly selected and required to present documentation relating to the 2019 annual meeting of residents. The documentation was checked against the requirements of the legislation, feedback was provided to the operators and the majority of provisions were complied with. There was minor non-compliance identified in 17 cases and one instance of significant non-compliance. In each case, education has been provided to the operator and ongoing monitoring will occur.



As at 30 June 2020, 530 retirement villages were registered across the state. Information about registered retirement villages in South Australia is available on Data SA at <https://data.sa.gov.au/data/dataset/retirement-villages-register>

There were nine new villages registered in the past year and two small villages were voluntarily terminated. Three register records were consolidated into one village record. A review discovered that one village with three street frontages was incorrectly registered as three villages. Under the *Retirement Villages Act 2016*, it is a requirement for all retirement village schemes 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.

In 2019-20, there were 18,792 residences in retirement villages in South Australia. Calculations based on past census data showed that 60 percent of all residences (11,275) housed one person only, while the remaining 40 percent (7,517) of residences had dual occupancy. It is estimated that the number of people living in retirement villages totalled approximately 26,309.

The vast majority of retirement villages offer independent living units only. A small section of the sector provides serviced apartment accommodation, which caters to residents requiring assistance, including provision of meals, some cleaning and the availability of extra services.

Under the *Retirement Villages Act 1987*, there were 194 villages with exemptions, which have continued under the associated provisions of the *Retirement Villages Act 2016*:

- Four under S18: With client consent, no need to hold premium in Trust (*Retirement Villages Act 1987*).
- Twelve under S26(1): Ingoing contribution does not have to be held in trust, max deposit \$10,000 (*Retirement Villages Act 2016*).
- Forty-four under S22(c), 33(6), 34(8), 39, 40(4): Can have consolidated meetings and financial reports for resident funded and independent living resident groups (*Retirement Villages Act 2016*).
- One hundred and eleven under S22 & S23: Can have consolidated meetings, financial reports & interim financial reports (*Retirement Villages Act 1987*).
- Twenty under S31(3): Operator exempted from assuming responsibility for depreciation (*Retirement Villages Act 2016*).
- Two under S57(1): Operator able to rent to persons not eligible under the Act (*Retirement Villages Act 2016*).
- One under S33: Operator is not required to hold annual meeting, while only one person in occupation (*Retirement Villages Act 2016*).

Retirement Village Residents Advocacy Program

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

The predominant contact with the Retirement Village Residents Advocacy Program is via telephone, with 79 percent of calls from metropolitan areas, 11 percent from rural areas with the remainder anonymous.

As at 30 June 2020, ARAS received 223 new requests for assistance. This included 142 cases relating to advocacy assistance and 81 requests for general information about rights and advocacy services. Advocates assisted with one South Australian Civil and Administrative Tribunal hearing.

ARAS delivered five specific information sessions within retirement villages for residents and staff of the villages, and incorporated information about the Retirement Village Residents Advocacy Program generally in other information sessions.

Act or Regulation	Requirement
<p>Food Act 2001</p>	<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 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 6 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
<p><i>Food Act 2001</i> (continued)</p>	<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"> • Ensuring that food for sale is safe and suitable for human consumption. • Preventing misleading conduct in connection with the sale of food. • Providing for the application of the Food Standards Code. <p>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 4: Authorised Officers

Authorised Officers	Environmental health qualifications	Full-time
	6	6

Table 5: Food business and surveillance activity

Area of operation	~ 837,000 km ² (≈ 85% of geographic area of the state)
Number of businesses	116
Routine inspections conducted	124
Follow-up inspections conducted	6
Food Safety Audits conducted	9
Complaint inspections conducted	0

Table 6: Enforcement actions

Business type	Prohibition order	Improvement notices	Expiations
Supermarket	0	1	0
Aged Care Facility	0	1	0
Total	0	2	0

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 2019-20, a total of 823 food samples were collected as part of food incident investigations.

Investigation of food safety issues 2019-20

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, the Australian Competition and Consumer Commission (ACCC), EHOs in local government, other regulatory agencies, or notification of illness from the Communicable Disease Control Branch (CDCB). During the year 2019-20, a number of significant issues were investigated, summarised below:

- The FCDB collaborated with local councils on a total of five 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 determine if an offence has been committed against the *Food Act 2001*.

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. A 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 of the Code 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 statewide of the recall and requests that they check food businesses in their local council area to ensure food businesses are complying with the recall.

FSANZ acted as coordinator for 99 food recalls during the 2019-20 financial year. This consisted of 17 trade level recalls, where a 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 seven 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 75 recalls were consumer level recalls, where it was necessary to recover product from retail outlets and/or consumers. In total, SA was affected by 47 recalls where recalled product had been distributed in the state. Table 7 provides a summary of the 99 food recalls conducted during the 2019-20 financial year.

Table 7: Summary of recalls conducted in 2019-20

Type of Recall		Reason for Recall		SA not affected	National	SA & other states affected	SA only
Consumer	75	Undeclared allergens	47				
Trade	17	Microbial contamination	28				
Consumer/ Trade (combined)	7	Chemical	7				
		Biotxin	3				
		Foreign matter	7				
		Labelling	3				
		Other	4				
Total	99			52	25	44	3

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 8 provides a summary of the enforcement activities undertaken by the FCDB.

Table 8: Enforcement activities undertaken in 2019-20

Letters of warning	Expiations issued	Improvement notices	Emergency orders	Prosecutions
1	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 9: Nature of activities in 2019-20

Category	Number
<i>Complaints</i>	
Alleged food poisoning	29
Food contamination	59
Labelling	40
Alleged non-compliance with Food Standard 3.2.2	28
Alleged non-compliance with Food Standard 3.2.3	6
<i>Enquiries</i>	
General food matters	487*
New business information	16
Food recall	1
<i>Incident management</i>	
Investigations	18
Referrals from CDCB	250
<i>Requests for resources</i>	9
Total	943

Note: *General food matters are reported as significantly higher than 2018-19 due to system fault

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.

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 2019-20, the department continued to conduct food safety audits of public hospitals, Department of Human Services (DHS) 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 10: Food audit statistics 2019-20

Risk classification	Number of businesses	Routine audits
Public hospitals	71	74
Not-for-profit delivered meals organisations	40	40
Aged care/child care audited in regional areas/DCSI/RDNS*	11	6

Note: *RDNS not operating due to COVID-19

Auditor Training for Department for Health and Wellbeing and Local Government Officers

The annual SA Health Auditor Forum was held 22 November 2019 to assist with improving consistency of interpretation and professional development for the auditor workforce. The department continues to facilitate the Lead Auditor in Food Safety Management Systems training sessions. Two training sessions were held in 2019-20 reporting period.

3. Foodborne disease investigations in SA 2019-20

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 2019-20, SA Health investigated five 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 two associated with restaurants, and one outbreak each associated with primary production, a private residence and a take away venue.

In addition to these outbreaks, 11 clusters of potential foodborne illness for which no common source could be identified were also investigated in 2019-20. There were 10 clusters of *Salmonella* and one cluster of *Yersinia Enterocolitica* 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 2019-20, there were three multi-jurisdictional outbreak investigations (MJOI) that included South Australian cases.

The first MJOI included people infected with *Salmonella* Weltevreden and the source of infection was identified as frozen ready-meals. There were 30 South Australian cases included in this MJOI, 28 of which reported consuming the same brand of frozen pre-made meals before onset of illness. The outbreak strain of *Salmonella* Weltevreden was identified in six samples of the frozen meals collected and tested in South Australia. Product recalls occurred on 19 October 2019 and 28 October 2019 with media releases from SA Health.

The second MJOI was into *Salmonella* Enteritidis and one South Australian resident was identified with the same strain of; *Salmonella* Enteritidis multi-locus sequence type (MLST) 1972, as cases in several other jurisdictions, and a retail chicken meat isolate from interstate. Traceback on poultry farm testing interstate was conducted, with no *Salmonella* detected.

The third MJOI was into *Salmonella* Typhimurium MLVA 05-16-13-11-490 and included 21 South Australian cases. The source of infection was hypothesised to be a fresh produce item. Fifteen of the South Australian cases ate lettuce or a bagged salad product. Multiple food items were sampled and *Salmonella* Typhimurium was not detected.

Further details about outbreaks investigated during 2019-20 and their exposure settings are found in Appendix 3.

Table 11: Summary of foodborne disease investigations in SA in 2019-20

N	Month and Year	Organism	Setting	N ill	N laboratory confirmed	Evidence
1	Sep 2019	S. Tm 9	Private residence	5	5	D
2	Nov 2019	S. Saintpaul	Primary production	45	45	D, S, M
3	Jan 2020	S.Tm 9	Take away	5	5	D, M
4	Jan 2020	S.Tm 9	Restaurant	5	5	D
5	April 2020	S. Tm RDNC	Restaurant	2	2	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 – Statistical evidence (i.e. a significant statistical association is found between an exposure and the illness by conducting an analytical study);**S.Tm – Salmonella Typhimurium.**RDNC – Reaction did not conform.***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 2019 to 30 June 2020 are listed in Table 12. There were 10 clusters of *Salmonella* and one cluster of *Yersinia Enterocolitica* 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 12: Summary of cluster investigations in SA, 1 July 2019 to 30 June 2020

Number	Month and Year	Organism	Number ill
1	July 2019	S.Tm 141	2
2	July 2019	S. Bovismorbificans	4
3	July 2019	S.Tm 35	3
4	July 2019	S.Tm 108	4
5	August 2019	S.Tm 44	9
6	October 2019	<i>Yersinia enterocolitica</i>	15
7	October 2019	S. Zanzibar	4
8	January 2020	S. Muenchen	9
9	April 2020	S. Muenchen	4
10	May 2020	S.Tm 9	6
11	May 2020	S.Tm 135	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 2019-20, 545 audits were conducted by Biosecurity SA officers on 497 butcher shops including supermarkets, where a component of audits addressed other retail activities regulated under the *Food Act 2001*. During the audits, 23 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.

Following consideration of review recommendations, the regulations for the committee were rescinded on 22 May 2020.

Act or Regulation	Requirement
<p><i>Safe Drinking Water Act 2011</i></p>	<p>Part 8 – Miscellaneous</p> <p>S 50 – Agreement and consultation with local government sector</p> <p>(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.</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>S 51 – Annual report by Minister</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 6 sitting days after completing a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</p> <p>S 52 – Annual reports by enforcement agencies</p> <p>(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.</p> <p>(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.</p>
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The objectives of the *Safe Drinking Water Act 2011* and *Safe Drinking Water Regulations 2012* 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*.

The *Safe Drinking Water Act 2011* 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 *Safe Drinking Water Act 2011* 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 *Safe Drinking Water Act 2011*, with assistance from the Health Protection Operations and Food Safety and Audit sections.

Registration of drinking water providers

During 2019-20, the department registered 19 new drinking water providers and five drinking water providers cancelled their registration. At 30 June 2020, there were 191 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 *Safe Drinking Water Act 2011*, 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 RMP that includes an approved monitoring program and an incident protocol. During 2019-20, 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 *Safe Drinking Water Act 2011*, 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 2019-20, the department received notification of one Priority Type 1 incident, 36 Type 1 incidents and 63 Type 2 incidents from SA Water. The total number of reported incidents was higher compared to 2018-19. The increase can largely be attributed to incidents arising as a result of unauthorised access to reservoirs which were opened for recreational access during the reporting period. Incidents arising from the detection of cyanobacteria and enteric protozoa in source water also increased due to warmer than average temperatures and periods of above average rainfall respectively. The department:

- coordinated communication and responses to all Priority Type 1 and Type 1 incidents.
- provided advice and worked closely with SA Water in identifying appropriate remedial responses to the Priority Type 1 incident associated with the Kangaroo Island bushfires and the subsequent substantial rain event. Despite the fire damage to the water treatment plant, supply of safe drinking water through the Middle River system to Kingscote was maintained at all times.
- 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 due to unauthorised recreational activities
 - 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
 - treated water storage tank contamination due to access by animals
 - short-term increase in filtered water turbidity.

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 2019-20 there were 11 drinking water incidents reported to the department by providers other than SA Water. Eight out of the 11 reported incidents were due to the detection of *Escherichia coli* in drinking water 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 overdosing of chlorine and increased colour and turbidity of filtered rainwater. In each case appropriate responses were implemented.

Approval of auditors and inspectors

Auditors and inspectors are approved under Section 15 of the *Safe Drinking Water Act 2011* 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 2019-20, the department:

- approved one Level 2 Auditor and one Level 3 Inspector
- renewed approvals for three 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 2020 there were 37 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](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/water+quality/providing+safe+drinking+water/audits+and+inspections+for+safe+drinking+water/approved+auditors+and+inspectors+under+the+safe+drinking+water+act) at

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/water+quality/providing+safe+drinking+water/audits+and+inspections+for+safe+drinking+water/approved+auditors+and+inspectors+under+the+safe+drinking+water+act>

Audits and inspections

The *Safe Drinking Water Act 2011* 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 *Safe Drinking Water Act 2011*, 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 2019-20 the department carried out a total of 28 audits and 12 inspections of drinking water supplies. The department also received copies of two audit and eight inspection reports from local government and independent auditors including a comprehensive audit report covering a number of SA Water supplies. The total

number of audits and inspections undertaken was lower than in previous years due to disruptions associated with the COVID-19 pandemic. In many cases businesses either closed or operated in a limited capacity for several months. A risk assessment has been undertaken to prioritise return of audit/inspection processes undertaken by the Water Quality Unit. Regular communication with councils will continue in regards to inspection/audit processes.

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 2019-20 including incomplete or insufficient RMPs, failure to notify a water quality incident 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 *Safe Drinking Water Act 2011*.

Quality of water and provision of results

Under Section 27 of the *Safe Drinking Water Act 2011*, 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](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/water+quality/providing+safe+drinking+water/drinking+water+quality+testing+laboratories) at <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/water+quality/providing+safe+drinking+water/drinking+water+quality+testing+laboratories>

Administration and enforcement

The *Safe Drinking Water Act 2011* incorporates enforcement provisions including the appointment of authorised officers with appropriate qualifications and experience. An Instrument of Authorisation was signed by the Minister in November 2019 giving authorised officers authority to issue expiation notices pursuant to the *Expiation of Offences Act 1996* for offences committed under the Act and Regulations.

In 2019-20, no new appointments were made within the department. At 30 June 2020 there were 13 authorised officers, all of whom are authorised to issue expiations. Authorised officers appointed by local government are provided in council annual reports (Appendix 3).

Consultation with the local government sector

Under Section 50 of the *Safe Drinking Water Act 2011*, 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 2019-20, consultation between the department and the LGA continued, to ensure that local councils are supported and adequately resourced in the ongoing administration and enforcement of the *Safe Drinking Water Act 2011*. Discussions included methods of communication available to disseminate information to councils including promotion of new and existing resources and tailoring training packages.

Training opportunities to facilitate drinking water inspections and audits were discussed with a number of councils. This included delivering on-site training sessions for several councils during the reporting period. Strategies identified by a working group formed in 2017 continued to be implemented including consultation with targeted councils on the development of a drinking water inspector/auditor forum and the provision of an additional list of water providers including pending registrations and exempt businesses to all councils on an annual basis. Discussions specific to the impacts of COVID-19 on undertaking routine drinking water inspections/audits also occurred with councils during the reporting period.

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 carers through a commitment to ensuring better care engagement in shared decision-making in South Australian health facilities.

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 \(Policy Directive\)](#). The Strategic Action Plan is due to be reviewed this year along with the Policy Directive. This will be undertaken in consultation with carers, Carers SA and other stakeholders, for release in 2020-21.

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* website provides carers with information at 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 services in service planning, designing care, measuring and evaluating health services. Further information is provided on local and national carer support services. In 2019, the website was updated with COVID-19 information to support carers and the person they care for. Linked information included COVID-19 Mental Health Support, Carers SA and the Carer Gateway.

Engagement initiatives continue to improve across the LHNs to recognise that carers have separate needs to the person they care for and assisting them in their supporting role. Carers and families are encouraged to engage with nursing and medical staff to maximise collaboration in the care of their loved ones. Consumer and Carer Advisory Groups continue to have strong carer membership providing opportunities for feedback and consultation on policy and program development and operational service improvement activities within their local health service.

Examples of SA Health engagement strategies include, but are not limited to:

- The Office of the Chief Psychiatrist (OCP), with the support of the Department for Health and Wellbeing (DHW), Safety & Quality and Carer Champions from each LHN, is leading a pilot project to implement the Mental Health Carer Experience Survey. The project engaged 24 mental health services working with children, adult and older people from all LHNs. The number of surveys completed by carers increased significantly from 2018-19 and will inform the statewide strategy for improving the experience of mental health carers when interacting with the public mental health system.
- A Carer Consultant is available within Central Adelaide Local Health Network (CALHN) and Northern Adelaide Local Health Network (NALHN) mental health services to follow up and provide support /information/advice to carers. The Carer Consultant is a person with lived experience (of caring for a person with mental health issues). The Carer Consultant plays a pivotal role between health services and consumers and is highly valued for the support and empowerment they provide to carers through information sharing, education and connection to mental health services. At CALHN a Carer Consultant brochure is available on all wards which provides detail on the role and the legal rights of carers in mental health services.
- NALHN is building networks with community organisations that provide support to carers through NDIS or in the home with practical support and equipment for in home services. Increasing staff knowledge of these services provides improved opportunity for a timely return home from a hospital admission.
- The development of an Aboriginal Consumer Reference Group for the oversight of Aboriginal Health Services in NALHN is an excellent example of evaluating services and making improvements within a co-design framework, e.g. improving the physical access by wheelchairs to services. The Aboriginal Liaison Unit at the Women's and Children's Health Network supports both staff and consumers with specific resources regarding carers and kinship within Aboriginal communities. The Aboriginal Health Unit at CALHN participated in discussions to improve access to interpreter and translation services to relieve the burden on carers/escorts on matters regarding consent, procedures and advanced care directives.

- Barossa Hills Fleurieu LHN and Yorke and Northern LHN have implemented the *Comprehensive Care of the Older Person* model of care. This model articulates a 'commitment to engage and involve carers of patients with cognitive impairment as partners in care throughout the hospital experience'. This work has involved significant staff education and training in the importance of partnering with carers for nursing and allied health professionals.

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

National Carers week is celebrated annually in October to raise awareness of the challenges faced by carers. In 2019, to celebrate and recognise the invaluable contribution of unpaid carers Facebook posts and Twitter tweets were posted throughout the week, including a carer story.

Working in collaboration with Carers SA, a number of Partnering with Carers education and staff training forums were undertaken in June 2019. Forums were held on site in Karoonda, Port Pirie and Whyalla. Digital TeleNetworking (DTN) facilities enabled staff from Crystal Brook, Maitland, Port Broughton, Riverton and Roxby Downs to participate in the education and training forums. Carer champions and a local carer representative were nominated to present and be part of the education and training program.

Public complaints

Number of public complaints reported

The information provided below is comprised of all SA Health complaints received, inclusive of LHNs and SAAS. In 2019-20, the number of SA Health complaints reported in the Safety Learning System (SLS) Consumer Feedback module was 6,963. The table below shows the number of complaints received for each category of complaint.

Complaint categories	Sub-categories	Example	Number of Complaints 2019-20
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	955
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	109
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	0
Communication	Communication quality	Inadequate, delayed or absent communication with customer	614
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	136
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	218
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard;	225

Complaint categories	Sub-categories	Example	Number of Complaints 2019-20
		not accessible to customers with disabilities	
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	103
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	0
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0
Service quality	Information	Incorrect, incomplete, out dated or inadequate information; not fit for purpose	14
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	11
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	1,219
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	238
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	606

Complaint categories	Sub-categories	Example	Number of Complaints 2019-20
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
Treatment		Coordination of treatment; diagnosis; inadequate treatment; medication	1,739
Costs		Billing practices; subsidies; information on costs	283
Administration		Administration Services; Lost Property	168
Un-coded and not available		Un-coded complaints	325
		Total	6,963

Notes: Information in this table is sourced from the SLS. SLS classifications are based on the Australian Charter of Healthcare Rights and mapped to the South Australian Health and Community Services Complaints Commissioner (HCSCC) Charter of Rights. This information has been mapped as closely as possible to report against these categories specified by the Department of the Premier and Cabinet.

Additional Metrics	Total
Number of positive feedback comments	6,406
Number of negative feedback comments	6,963
Total number of all feedback comments	14,295
% complaints resolved within policy timeframes	93.9%

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 on the Safety and Quality Reports page.

Service improvements resulting from complaints or consumer suggestions in 2019-20

SA Health encourages patients, consumers, 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 Advisor. Issues that cannot be resolved at the health care service may be forwarded to the Health and Community Services Complaints Commissioner (HCSCC).

Many service improvements have been implemented across the LHNs and SAAS in responding to consumer feedback and complaints within this period. Examples include:

- Reviewing and developing service information for consumers and carers
- Implementation of patient communication boards
- Staff, consumers and carers working together to improve patient services and practices
- Developing specific consumer and carer information sheets e.g. specific information on ambulance costs
- Educational opportunities to upskill staff
- New initiatives to convey the importance of receiving consumer feedback
- Improving communication and engagement methods to encourage consumer participation in their own care
- Improvements to food, gluten free and vegetarian options have been expanded including coffee machines in an Emergency Department to cater for consumers
- Practicable improvements to car parking, disabled car parking and/or drop off zones
- Installation of disability access ramps
- Improving the tempo of rolling information screens to allow consumers to read and absorb information
- Signage improvements
- Upgrade to infrastructure for provision of Wi-Fi to consumers and installation of a charging station for electronic devices
- Improved garden areas at residential aged care facilities.

The LHN and SAAS Annual Reports can be consulted for any further detail reported specifically for their agency.

Statewide / System-wide level

The SLS Consumer Feedback module records all consumer feedback, including complaints, compliments, advice and suggestions. In 2019-20 significant work was undertaken to review the system. Consultation was undertaken with all health care sites, and enhancements made to the SLS include:

- Establishing consistent reporting templates across all SA Health facilities
- Establishing management reports for better tracking of upcoming or overdue feedback
- Recording where consent is required, and whether it was obtained.

In 2019-20 work continued with the Statewide Consumer Feedback and Complaints Management Program Board (the Program Board) on the development of a statewide *Consumer, Carer and Community Feedback and Complaints Management Strategic Framework* (the Framework). The Program Board was established with membership from the Health Consumers Alliance SA (HCASA), HCSCC, SA Health, OCP, LHNs, SAAS and consumers.

The Framework outlines the responsibilities for SA Health to strengthen and improve safety and quality improvement through consumer, carer and community feedback and complaints management. It identifies the importance of consumer, carer and community feedback, supports SA Health to meet national, state and legislative responsibilities and demonstrates transparency and accountability to the public.

Feedback on the Framework was received from SA Health staff and a significant number of consumers and carers, including the Mental Health Commissioner, Health Performance Council and Commissioner for Children and Young People. The Program Board is in the final stages of the consultation process with implementation of the Framework due in late 2020.

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

Under the *Food Act 2001* 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 *Food Act 2001* 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 *Food Act 2001* to be able to monitor and enforce this 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	97	85*

Note: * 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 (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	6,732	4,718	3,216	1,364	110	16,140
Inspections conducted	4,959	2,421	1,129	111	0	8,620
Follow-up inspections	1,996	583	174	1	0	2,754
Inspections from complaints	514	148	41	3	0	706

Inspection Fees

The Food Regulations 2017, Part 4 Section 13 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 2019-20 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	282		344		23		19		670
*Number of audits	255	90.2%	306	88.7%	19	82.6%	14	73.7%	593

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

Council audit fees*	Number of councils
Number of councils carrying out audits	19
Number of councils charging audit fee	19

Complaints

Consumer enquiries, reports of illness and 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	122	53
Microbial contamination	71	24
Chemical contamination or residue	7	0
Alleged food poisoning	198	22
Unclean premises	130	48
Personal hygiene or food handling	231	83
Pest infestation	71	26
Refuse storage	75	52
Labelling issues	30	16
Others	141	61
Total	1,076	385

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 taken by Local Government in relation to audits of Food Safety Programs conducted under Standard 3.3.1.

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

Retailer	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Alcoholic beverages packaged	155	13	0	0	0	0	0	0
Bakery products	77	43	2	2	0	0	0	0
Bakery products, perishable fillings	215	128	11	12	3	0	0	0
Continental type delicatessen food	72	42	1	0	0	0	0	0
High risk food, perishable	653	430	18	14	7	0	2	1
Low risk packaged food	944	89	1	1	0	0	0	0
Low risk unpackaged food	131	59	2	2	0	0	0	0
Medium risk food, perishable	549	234	9	5	1	0	2	0
Raw meat & poultry	33	10	0	0	0	0	0	0
Seafood (excludes processing of bivalve mollusc)	21	9	0	0	0	0	0	0
*Other retailers – P1	14	8	1	0	1	0	0	0
*Other retailers – P2	54	10	0	0	0	0	0	0
*Other retailers – P3	99	9	2	1	1	0	0	0
*Other retailers – P4	27	4	0	0	0	0	0	0
Total**	3,044	1,088	47	37	13	0	4	1

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

**Enforcement action data is not included for one Council due to processing issues with the Council's IT system

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

Food service	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Catering offsite activity	216	113	6	5	0	0	0	0
Catering onsite	624	343	15	14	2	0	0	0
Medium risk foods perishable	774	283	11	9	1	0	5	0
Restaurants and takeaway ready to eat food - prepared in advance	4,974	3,705	343	192	211	12	35	2
Restaurants and take away food, ready to eat food - express order	2,334	1,287	53	46	19	1	0	0
Restaurants and takeaway ready to eat food - no raw preparation	867	492	16	12	7	0	0	0
*Other food service – P1	331	50	11	6	5	0	0	0
*Other food service – P2	328	104	0	0	3	0	0	0
*Other food service – P3	250	43	0	0	0	0	0	0
*Other food service – P4	86	6	0	0	0	0	0	0
Total**	10,784	6,426	455	284	248	13	40	2

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

**Enforcement action data is not included for one Council due to processing issues with the Council's IT system

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

Processor/manufacturer	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Bakery products, perishable fillings processing	422	273	24	15	7	1	2	1
Baby food processing	9	2	0	0	0	0	0	0
Beverage processing	61	19	1	0	1	0	0	0
Beverage processing small producer	24	5	0	0	0	0	0	0
Canned food processing	8	3	0	0	0	0	0	0
Canned food processing very small producer and high acid food	33	23	1	0	0	0	0	0
Chocolate processing	9	2	0	0	0	0	0	0
Chocolate processing small producer	29	5	0	0	0	0	0	0
Cereal processing & medium/low risk bakery	544	221	12	7	0	0	0	0
Confectionary processing	174	55	5	4	0	0	0	0
Cook-chill food short shelf-life processing	22	13	0	0	0	0	0	0
Cook-chill food extended shelf life processing	7	7	2	0	1	1	0	0
Cook-chill food extended shelf life processing; aseptic packaging	0	0	0	0	0	0	0	0
Cook-frozen food processing	14	6	1	1	0	0	0	0
Dairy processing (not including soft cheese)	25	9	1	1	0	0	0	0
Dairy processing - soft cheese processing	3	3	0	0	0	0	0	0
Egg processing	5	1	0	0	0	0	0	0

Table A1.9 (continued)

Processor/manufacturer	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Fruit and vegetables processing	44	22	1	1	0	0	0	0
Fruit and vegetable processing, frozen	5	3	0	0	0	0	0	0
Fruit and vegetable processing, frozen/blanch, small producer	60	32	5	5	0	0	0	0
Fruit and vegetable juice, unpasteurised processing	3	1	1	2	0	0	0	0
Fruit juice, pasteurisation processing, shelf stable processing	2	2	0	0	0	0	0	0
Fruit juice, pasteurisation processing, shelf stable processing, small producer	7	1	0	0	0	0	0	0
Infant Formula product processing	1	0	0	0	0	0	0	0
Meat processing Abattoir/Boning Room	6	2	0	0	0	0	0	0
Meat processing, fermented meat processing, small goods processing	10	2	1	1	0	0	0	0
Oils and fats processing	39	11	1	1	0	0	0	0
Peanut butter processing	2	2	0	0	0	0	0	0
Peanut butter processing, small producer	4	1	0	0	0	0	0	0
Poultry processing	2	1	0	0	0	0	0	0
Prepared not ready to eat food processing	16	14	1	0	0	0	0	0
Prepared ready to eat food processing	72	58	4	3	0	0	0	0

Table A1.9 (continued)

Processor/manufacturer	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Salt & other low risk ingredients/additives processor	2	2	0	0	0	0	0	0
Seafood processing	19	17	2	0	1	0	1	0
Seafood processing ready to eat and shelf stable	6	2	0	0	0	0	0	0
Seafood processing - mollusc processing	32	4	0	0	0	0	0	0
Snack chips processing	4	0	0	0	0	0	0	0
Spices and dried herbs processing	5	2	0	0	0	0	0	0
Spices and dried herbs processing, small producer	41	7	1	1	0	0	0	0
Sprout processing	0	0	0	0	0	0	0	0
Sushi processing	26	20	7	1	7	0	6	1
Vegetables in oil processing	18	10	0	0	0	0	0	0
*Other processor / manufacturers - P1	33	0	0	0	0	0	0	0
*Other processor / manufacturers - P2	10	2	1	0	0	0	0	0
*Other processor / manufacturers - P3	50	6	0	0	0	0	0	0
*Other processor / manufacturers - P4	8	0	0	0	0	0	0	0
Total**	1,917	873	72	43	17	2	9	2

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

**Enforcement action data is not included for one Council due to processing issues with the Council's IT system

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

Food transporter	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Bulk flour storage distributor	2	0	0	0	0	0	0	0
Bulk milk collection distributor	0	0	0	0	0	0	0	0
Dairy produce distributor	16	6	0	0	0	0	0	0
Dry goods and beverages distributor	62	17	0	0	0	0	0	0
Frozen food distributor	19	4	0	0	0	0	0	0
Fruit and vegetables distributor	16	4	1	1	1	0	1	0
Perishable, ready to eat, packaged, medium risk food distributor	27	10	0	0	0	0	0	0
Perishable, ready to eat, packaged, high risk food distributor	38	9	0	0	0	0	0	0
Processed meat distributor	4	2	0	0	0	0	0	0
Seafood distributor	8	2	0	0	0	0	0	0
Other food transporters - P1	1	1	0	0	0	0	0	0
Other food transporters - P2	2	0	0	0	0	0	0	0
Other food transporters - P3	20	2	0	0	0	0	0	0
Other food transporters - P4	59	0	0	0	0	0	0	0
Total*	274	57	1	1	1	0	1	0

Note: **Enforcement action data is not included for one Council due to processing issues with the Council's IT system

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	2	0	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
Total	2	0	0	0	0

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 this Act. This is the most serious action available that can be undertaken by local councils and the department.

Since the last reporting period one additional business has been added to the prosecution register. This information can be viewed on the *Food Act 2001* 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>

Four other successful prosecutions were undertaken in 2019-20. However as per the SA Health Prosecution Register Protocol, their listing will only be placed on the prosecution website after the Magistrates Court of South Australia remarks are received.

Appendix 2: Food outbreak investigations – 2019-20

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.

Outbreak 1 – Salmonella Typhimurium 9 – Private residence

Five extended family members from two different households were unwell with *Salmonella* Typhimurium (four with phage type 9, one was untypeable and all with MLVA 03-17-08-11-550) after a common meal. The cases were all children and they were all hospitalised. The only meal they all ate together in the seven days before illness onset included a home-made chocolate mousse made with raw eggs.

Outbreak 2 – Salmonella Saintpaul – Primary production

Forty-five cases of *Salmonella* Saintpaul were reported between November 2019 and March 2020. A higher than expected proportion of cases had consumed papaya before their illness and a case control study identified that the odds of consuming papaya in cases was 26 times that of the odds of a control (95 percent confidence intervals 2.2-296; p=0.000). Retail samples from South Australia of papaya were positive for *Salmonella* Saintpaul. Genetic analysis of *Salmonella* Saintpaul isolates from cases and the food samples (via whole genome sequencing) identified links between the cases and the food samples. Traceback of papaya was conducted and hygiene advice provided at production and distribution. EHOs in South Australia actively provided food businesses with advice on handling and preparation of tropical fruits. Social media messaging from SA Health was distributed about safe handling of fresh salad and tropical fruit.

Outbreak 3 – Salmonella Typhimurium phage type 9 – Take Away

Five cases of *Salmonella*, four further typed as *S. Typhimurium* 9 MLVA 03-15-08-11-550, one as not further typed (due to no culture growth to allow for typing), all consumed food from the same take away venue in a regional town in South Australia. Foods consumed included hamburgers, salad rolls, steak sandwich and a hot dog, with foods purchased between 18 and 29 January 2020. An EHO inspected the premises and collected food and environmental samples. Cross contamination issues were identified and an uncooked beef hamburger patty was positive for *S. Typhimurium* phage type 9 (MLVA 03-15-08-11-550). Corrective action at the food premises was taken.

Outbreak 4 – Salmonella Typhimurium phage type 9 – Restaurant

Four cases of *S. Typhimurium* MLVA 03-15-08-10-550 and one of MLVA 03-15-08-11-550 ate at the same café in February 2020. Four cases consumed burgers and one case consumed salmon and avocado. An EHO inspected the premises and a number of non-compliance issues were identified and rectified.

Outbreak 5 – Salmonella Typhimurium phage type RDNC – Restaurant

Two cases of *Salmonella* Typhimurium with an uncommon MLVA (03-17-10-13-523) were reported from the same metropolitan council area with onsets of illness in March 2020. Both cases reported eating chicken meals at the same restaurant within a week of each other. An EHO inspected the premises with several non-compliant issues identified. Corrective action was taken.

Appendix 3: Annual Reports by Enforcement Agencies under the *Safe Drinking Water Act 2011* – 2019-20

Reports commence page 92.

Adelaide Hills Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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 Pearson	Environmental Health Officer Level 2 Auditor	No

2 Audits and inspections

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

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 2019-20

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 2019-20

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 2019-20

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.
Cassie O'Connor	Team Leader Environmental Health	No
Alison Koerner	Environmental Health Officer	No
Luke McCumiskey	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

Barossa Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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 and Environmental 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
Boutique Tankers	6 December 2019	Steve Carroll

3 Fees for audits and inspections

\$123

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 2019-20

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 2019-20

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)	EHO	No
Dara Frankel BAppSc (Env Health)	EHO (emergency back up)	Loxton Waikerie Council
Chris Congdon BAppSc (Env Health)	EHO (contractor)	Tatiara
Myles Somers Certificate of competency (issued by Central Board of Health) & Associate Diploma of Health Surveying TAFE	Manager Environmental Services	No
Dane Abbott BAppSc (Env Health)	EHO (contractor)	Mitcham
Nathan Maple BAppSc (Env Health)	EHO (contractor)	Onkaparinga

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 2019-20

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 (Officer received Food Safety Auditor training June 2020)	Manager Environmental Services	Yes Wudinna/Streaky Bay/Elliston

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 2019-20

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 2019-20

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 2019-20

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 2019-20

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	EHO	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 2019-20

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	Yes
Myles Somers	Coordinator Development and 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

Copper Coast Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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

Nil

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 2019-20

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 2019-20

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 (Officer received Food Safety Auditor training June 2020)	Manager Environmental Services	Yes Wudinna/Streaky Bay/Ceduna

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 2019-20

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	EHO	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 2019-20

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 2019-20

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

Goyder Regional Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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.
Amedeo Fioravanti Associate Diploma in Environmental Health	Environmental Health Officer	City of Playford

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 2019-20

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)	Team Leader – Environmental Health & 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
Clarendon Chalets 59 Clarke Road, OB Flat	29 March 2020	Multiple exchanges with the business owner and SA Health. The business had not been registered as a SDW provider.

6 Consultation and Education

Businesses provided with information during routine food safety inspections.
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7 Other activities

Nil

City of Holdfast Bay

Safe Drinking Water Act 2011

Annual Report 2019-20

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 Hill (no qualifications)	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 2019-20

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.
Steve Ryles	Senior 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>Consulting with proprietor's on providing safe drinking water during food inspections.</p> <p>Advising proprietors on how they may become exempt from the Safe Drinking Water Act, i.e. boiling water that is used for food prep, advising guests that drinking water is rainwater and providing bottled water as an alternative.</p> <p>Referring businesses to SA Health for further advice on treatment options or for further guidance on how the Safe Drinking Water Act applies to their business</p>
--

7 Other activities

Nil

District Council of Karoonda East Murray

Safe Drinking Water Act 2011

Annual Report 2019-20

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 Safe Drinking Water Act 2011 Approved Auditor Level 2	Environmental Health Officer	Rural City of Murray Bridge & Mid Murray Council. Also provide EHO support to District Council of Karoonda East Murray & Southern Mallee 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

This report has been constructed by Mid Murray Council Environmental Health Officer based on information provided by the District Council of Karoonda East Murray.
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District Council of Kimba

Safe Drinking Water Act 2011

Annual Report 2019-20

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.
Michael Stephenson Bachelor of Applied Science – Environmental Health	Environmental Health Officer	Yes – District Council of Cleve. Appointed as a consultant in both cases.

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 2019-20

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	EHO	Yes. Full Time – job share with Robe and Kingston Councils. Been changed now 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, discussions are held with owners regarding their drinking water source.
--

7 Other activities

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

Council has implemented an Annual Rainwater Testing Program.

Late January, Council undertook rainwater samples of all the rainwater tanks. A total of ten (10) samples were taken on 30th January 2020. All samples were sent to IMVS laboratory to check for potability. There were two (2) samples that were found to have low levels of E.coli counts. Both tanks were decontaminated and re-tested. The decontamination procedure was effective as no further reading of E.coli was detected on these two rainwater tanks.

The Medical Clinic is no longer using rainwater as their drinking water source.

Light Regional Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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 Hooper BA Environmental Health 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

Education if required undertaken in the course of routine inspection under the Food Act 2001
--

7 Other activities

Nil

District Council of Lower Eyre Peninsula

Safe Drinking Water Act 2011

Annual Report 2019-20

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.

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 2019-20

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.
Ian Geoffrey Miller (Bachelor of Applied Science – 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

City of Marion

Safe Drinking Water Act 2011

Annual Report 2019-20

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 2019-20

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 Safe Drinking Water Act 2011	EHO	No
Julie Savill Bachelor of Environmental Health	EHO	Yes – Rural City of Murray Bridge

2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Lukey Contracting	4/7/2019	Julie Savill
Ankara Youth Camp	23/7/2019	Renay Cooke SA Health Tom Mckellar observed

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 tanks is provided upon request and also made available through the three Council offices.

7 Other activities

Nil

City of Mitcham

Safe Drinking Water Act 2011

Annual Report 2019-20

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 2019-20

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	No
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 2019-20

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

<ul style="list-style-type: none"> - Information on Council web-site - During routine food inspections
--

7 Other activities

Nil

District Council of Mount Remarkable

Safe Drinking Water Act 2011

Annual Report 2019-20

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 DHA Approved Auditor No AWQ014. Pursuant to Section 15(1) of the Safe Drinking Water Act 2011)	Environmental Health Officer	No

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	16th March 2020	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 EHO 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

Nil

Rural City of Murray Bridge

Safe Drinking Water Act 2011

Annual Report 2019-20

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
Caroline Thomas	Senior EHO	No
Emily Smith	EHO	No
Julie Savill	EHO	Yes – Mid Murray Council

2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Murraylands Water Delivery	13/08/2019	Julie Savill

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 checked on routine food safety inspections. Safe Drinking Water Act covered in all 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 2019-20 financial year were satisfactory.

Woodlane Water Supply:

Monthly water sampling is taken from the Woodlane reticulated water supply and submitted to SA Pathology for analysis. All results satisfactory. The water is supplied by SA Water but distributed by Council facilities.

Naracoorte Lucindale Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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.
Dane Abbott	EHO	Yes, Mitcham Council
Catie McCarthy	EHO	Yes, Mitcham Council
Christopher Congdon	EHO	Yes, Tatiara 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

Nil

7 Other activities

Nil

Northern Areas Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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 2019-20

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
McLaren Vale Lakeside Caravan Park	30 April 2020	Tricia Franks Stuart Dearden
Chapel Hill Winery	4 June 2020	Stuart Dearden 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.
--

7 Other activities

The COVID-19 pandemic has interrupted our Inspection schedule and inspections are now overdue for 3 businesses (d’Arenberg, Swell Brewing and SC Pannell Wines). We will monitor activity of the businesses and arrange inspections as appropriate. We intend to complete inspections for two other businesses in the latter part of 2020 (Coriole Vineyards and Waterman Cartage).

District Council of Orroroo Carrieton

Safe Drinking Water Act 2011

Annual Report 2019-20

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	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 2019-20

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	E.H.O	DC Mount Remarkable DC Peterborough

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 Playford

Safe Drinking Water Act 2011

Annual Report 2019-20

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.
James Story Bachelor of Applied Science (Environmental Health) Diploma in Business Quality Auditing	Manager Health & Immunisation Services	No
Amedeo Fioravanti Associate Diploma in Environmental Health	Senior Environmental Health Officer	No
Tina Simos Graduate Diploma in Environmental Health	Environmental Health Officer	No
Stephanie Manuel Graduate Diploma in Environmental Health	Environmental Health Officer	No
Kate Nankivell Bachelor of Applied Science (Environmental Health)	Environmental Health Officer	No
Ryan Sutton Bachelor in Public Health (Environmental Health)	Environmental Health Officer	No
Maria Wilson Bachelor of Applied Science (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

Dealt with a food business that was using rainwater for cleaning and handwashing purposes during the course of a food premises inspection that had not registered. Through discussion and negotiation the food business was granted an exemption from the Water Quality Team in SA Health.

City of Port Adelaide Enfield

Safe Drinking Water Act 2011

Annual Report 2019-20

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 2019-20

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.
Matthew Boyce	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 Lincoln

Safe Drinking Water Act 2011

Annual Report 2019-20

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.
Bronwyn Thompson Masters in Public Health (International Health) Bachelor of Applied Science - Environmental Health	Senior Environmental Health Officer	No
Cristo Chittilapilly Graduate Diploma in Environmental Health Practice	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

General safe water reminders including rainwater tank maintenance sent out to all homes and businesses following 2020 flood event and 2019 bushfire.

Ongoing communication with mobile food operators to ensure ongoing use of suitable and safe water for all activities involving sale of food.

Provision of resources as requested.

7 Other activities

Nil

Port Pirie Regional Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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	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 2019-20

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 (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

District Council of Robe

Safe Drinking Water Act 2011

Annual Report 2019-20

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.	EHO	Yes. Full Time – job share with Robe and Kingston Councils. Frequency of visits have changed to fortnightly.(same as 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, however due to COVID-19, facility was closed and no sampling was undertaken.

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 5th February 2020, a total of seven (7) rainwater samples were taken and sent to SA Pathology, Food and Environmental laboratory to check for potability.

All tests but one, returned with a positive *E.coli* reading of 21 organisms per 100 ml. This rainwater tank which is located at the Works Depot does not get used for drinking by staff, but want to ensure suitability for other use of that water, such as hand washing etc.

Due to COVID-19, decontamination of this tank was not carried out. A sign declaring the water unsafe for drinking has been placed above the sink. Council will be decontaminating this tank in due course.

Municipal Council of Roxby Downs

Safe Drinking Water Act 2011

Annual Report 2019-20

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 2019-20

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 2019-20

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	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

Advice regarding the care and maintenance of rainwater is provided upon request and made available through the Local Government Centres Water supplies checked on routine food inspections

7 Other activities

Nil

District Council of Streaky Bay

Safe Drinking Water Act 2011

Annual Report 2019-20

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 (Officer received Food Safety Auditor training June 2020)	Manager Environmental Services	Yes Wudinna/Ceduna/Elliston

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 2019-20

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 Safe Drinking Water Act Auditor	Environmental Health Officer	Naracoorte Lucindale Berri Barmera

2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Keith and Districts War Memorial Hospital	18 September 2019	Chris Congdon

3 Fees for audits and inspections

\$185/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 2019-20

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.
Paula Matters Auditor – Level 2 (SDWA) Food Safety Auditor Grad. Diploma of Env. Health Practice	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 Tumby Bay

Safe Drinking Water Act 2011

Annual Report 2019-20

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 2019-20

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	Acting Senior Environmental Health Officer	No
Nada Kayal -Bachelor of Science (Environmental Health) 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 2019-20

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 – Safe Drinking Water inspector	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

Wakefield Regional Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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.
Willbur Colaco (Master of Environmental Management and Graduate Diploma in Environmental Health Practices)	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

Wattle Range Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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	EHO	Yes. Full Time – but job share with Robe and Kingston Councils. Schedule has now changed to four (4) days a week in Wattle Range Council. Reduced the visits to other two Councils.

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 this year, the annual rainwater testing of all the rainwater tanks throughout the Region. A total of 35 rainwater samples were taken, including 4 re-sampling of decontaminated rainwater tanks, to determine suitability of potable rainwater.

On the 4th February 2020, 11 samples were taken and sent to IMVS laboratory. Of these samples, four (4) returned positive with *E.coli* ranging from 6 to 76 organisms per gram.

Further testing was conducted on 11th February 2020, where ten (10) more rainwater samples were taken, as well as, the re-sampling of the decontaminated rainwater tanks. Samples were sent to IMVS laboratory for analyses. There were three (3) returned positive reading of *E.coli*, readings ranging from 1 to 10 counts. All the post decontamination samples were returned negative of *E.coli* readings.

On the 18th February 2020, there were eight (8) more testing conducted on rainwater tanks as well as resampling decontaminated rainwater tanks. There were three (3) returned positive *E.coli* readings, ranging from 2 to 48 counts. The post decontamination samples were returned negative of *E.coli* counts.

A further four (4) post decontamination rainwater samples were taken on 3rd March 2020, with only one result again returning positive, with a very high reading of 1,400 *E.coli* counts.

On 12th March 2020, two (2) decontaminated rainwater samples were taken, and all returned negative for *E.coli* counts.

City of West Torrens

Safe Drinking Water Act 2011

Annual Report 2019-20

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 2019-20

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

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 2019-20

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 (Officer received Food Safety Auditor training June 2020)	Manager Environmental Services	Yes Ceduna/Streaky Bay/Elliston

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 Yankalilla

Safe Drinking Water Act 2011

Annual Report 2019-20

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
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

Member of SA Health's SDW Working Group

Yorke Peninsula Council

Safe Drinking Water Act 2011

Annual Report 2019-20

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.
Fiona Hayter	Environmental Health Officer (Started Nov 2019)	No
Craig Lange	Environmental Health Officer (left Oct 2019)	Yes (he is now employed for another council somewhere in Victoria)

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: Consultants disclosure (as at 30 June 2020)

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

Consultants	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	Various	\$ 23,427

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

Consultants	Purpose	\$ Actual payment
PWC Consulting (Australia) Pty Ltd	Review and redesign the LHN funding model, to ensure consistency with new governance arrangements following the creation of LHN boards, and changes in the nature and scope of Department responsibilities.	\$ 940,480
PWC Consulting (Australia) Pty Ltd	Preparation of the Home Hospital Business Case and implementation plan.	\$ 487,550
Deloitte Touche Tohmatsu	Development of the new WCH final business case, including delivery of model analysis, new WCH/RAH interface analysis and present recommendations.	\$ 368,389
Rebbeck Consulting	Run a series of masterclasses, and develop a toolkit to improve the speed, consistency and effectiveness of commissioning activities undertaken by the Department.	\$ 338,704
KPMG	Develop a business case outlining the preferred internal facility concept design, assumptions, costs and risks for the new SA Health Warehouse.	\$ 256,119

Consultants	Purpose	\$ Actual payment
Rebbeck Consulting	Prepare and lead a series of co-design workshops, and develop a prioritisation process document to improve the priority health status indicators of Aboriginal and Torres Strait Islanders living in South Australia as part of the closing the gap targets.	\$ 180,000
Deloitte Risk Advisory Pty Ltd	Development of a Data and Analytics Plan with Data Roadmap to define resourcing and policy for data development, access, and analytics activities, and capabilities across SA Health.	\$ 159,061
Hardes & Associates	Provide an inpatient activity projection model for future demand and supply of acute hospital services across SA Health.	\$ 148,603
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.	\$ 142,205
Peter Hibbert Family Trust	Undertake an independent review of the incident and reporting management system SLS (Safety Learning System).	\$114,150
Healthconsult Pty Ltd	Establishment of a model and tools to assess benefits realisation for Sunrise EMR and Allscripts PAS project including future direction paper.	\$ 113,650
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.	\$ 110,250
Ernst & Young	Financial analysis of proposed operating models of aged care assessment program in a hospital setting.	\$ 90,391

Consultants	Purpose	\$ Actual payment
Grosvenor Management Consulting Pty Ltd	Lead the procurement and commissioning of maternal health closing the gap services.	\$ 67,825
Stratelligence Group Pty Ltd	Develop EMR business case including workshop facilitation and advice.	\$ 61,068
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". Includes developing a Change Management Strategy that captures stakeholder concerns, points of resistance and identifies potential programs that could be piloted for commissioning.	\$ 54,824
Fragile to Agile	SA Health architectural health check, collateral assessment and discovery exercise includes provision of reports on analysis result, remediation plans and recommendations.	\$ 51,600
Ground Effects Consulting	Develop a procurement strategy for the provision of freight, courier services and logistics including a logistics optimisation strategy.	\$ 49,625
KPMG	Delivery of a report to the Communicable Disease Control Branch (CDCB) addressing requirements for dealing with contact tracing for the next phase of COVID-19 outbreak. The report includes strategies for managing workload and required actions to deliver a high functioning tracing team.	\$ 45,331
WSP Australia Pty Ltd	Port Augusta Hospital stacks feasibility study and report on site findings and proposed options.	\$ 34,560

Consultants	Purpose	\$ Actual payment
Security Consulting Group	Independent security risk assessment of Royal Adelaide Hospital Emergency Department physical space to determine and report the degree of vulnerability within the Emergency Department and its immediate precinct.	\$ 30,000
Fragile to Agile	Update business capability model.	\$ 29,600
Predictive Simulation Analytics Pty Ltd	Develop a simulation model of the South Australian Adult Mental Health Service across major metro hospital sites and three major country sites. The high-level model aims to improve understanding of the operation of current system and services including recommendations.	\$ 27,720
Oz-Train Pty Ltd	Development of program and conduct of workshops for Commissioning and Performance Division with interviews of senior management staff. The scope includes development of findings on people's future work requirements and presentation of recommendations to the leadership on strategies and ways to improve the culture and embed the required work changes.	\$ 25,100
Deloitte Consulting Pty Ltd	Provide independent expert advisory services to the Department on governance reform matters, at a strategic and executive level.	\$ 23,555
Dana Tung-Choi Shen	Review of the SA Health Traditional Healers (Ngangkari) Program.	\$ 22,800
Deloitte Risk Advisory Pty Ltd	Develop recommendations for the design and implementation of best practice data governance in SA Health.	\$ 20,000
Dana Tung-Choi Shen	Undertake an independent review of the SA Health Aboriginal Health Scholarship Program.	\$ 16,000

Consultants	Purpose	\$ Actual payment
Ageing with Pride	Engage with the older LGBTI community and service providers and provide recommendations on how the aged care sector can improve their approach to service delivery for all older LGBTI people.	\$ 15,000
Peter Norrie	Undertake an independent review of specific and clinical outcomes of care in the Outer South Mental Health Services.	\$ 12,661
SAHMRI	Undertake a review of the interfaces between the Health system and Aged care services.	\$ 11,932
Total all consultancies		\$ 4,072,180

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](#) at <http://treasury.sa.gov.au/> for total value of consultancy contracts across the SA Public Sector.

Appendix 5: Contractors disclosure (as at 30 June 2020)

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	Purpose	Value
Contractors below \$10,000 each		
All contractors below \$10,000 each - combined	Various	\$307,578
Contractors above \$10,000 each		
Ernst & Young	Procurement services for SA Health Strategic projects.	\$ 840,324
Gyre Digital Pty Ltd	Temporary labour hire.	\$ 434,800
PriceWaterhouseCoopers Pty Ltd	Fee for professional services rendered in relation to EMR Independent Project Assurance.	\$ 388,963
Logi-Tech Pty Ltd	Temporary labour hire – system implementation support.	\$ 335,756
Aurecon Australasia Pty Ltd	Country Health SA asset condition and appliance assessments.	\$ 318,410
Deloitte Risk Advisory Pty Ltd	Development of an outcome based procurement strategy and specific requirements to assist in procurement of ECPS solution.	\$ 289,718
Specialised Dispute Management Pty Ltd	Contract management assistance with the nRAH Project.	\$ 265,657
Ernst & Young	Landscaping analysis of digitally enabled out of hospital care.	\$ 245,000
Destravis Australia Pty Ltd	Development of a Strategic Infrastructure Master Plan document for SALHN.	\$ 204,348
Blue Crystal Solutions	Provision of staff to undertake Oracle system development work.	\$ 171,654

Contractors	Purpose	Value
SAFA	Management of insurance claims.	\$ 167,658
KPMG	Delivery of PMO for the new SA Health Distribution Centre Transition Project.	\$ 147,042
PriceWaterhouseCoopers Pty Ltd	Fee for professional services rendered in relation to ECPS Independent Project Assurance.	\$ 145,540
MBMPL Pty Ltd	Facilities Management advisory services.	\$ 140,352
ARUP Australia Pty Ltd	Project advisory services throughout design finalisation and construction phases of SA Health distribution centre project.	\$ 134,550
Grosvenor Management Consulting Pty Ltd	To implement recommendations one to four from the Review of the Strategic and Operational Governance of the Management of Contracts with Non-Government Organisations.	\$ 125,000
Caliba Group	Tender management for a Biomedical Engineering Supplier Panel.	\$ 111,500
Hannan Duck & Partners Pty Ltd	Cyber exercise provisional scenario development and project planning.	\$ 109,432
Community Living Options	Provision of home support services.	\$ 103,381
City of Playford	Industry posting agreement.	\$ 96,706
Chamonix IT Consulting	Implementation of HIPS-UI embedded view integration with my health record and local EMR systems.	\$ 95,000
Fragile to Agile	EA support for project management.	\$ 91,000
Executive Advisory Services Pty Ltd	eHealth Independent Observer and adviser.	\$ 89,700
Paul Tridgell Pty Ltd	Work on the coding and activity data quality project.	\$ 88,246
KPMG	Professional fee for supply chain services.	\$ 84,851

Contractors	Purpose	Value
KPMG	COVID related data analytics work packages.	\$ 84,184
University of South Australia	Mental health project – “Communities of Practice”.	\$ 79,920
F1 solutions	RMS scoping.	\$ 78,000
Titanium Solutions Aust Ltd	Project management for data migration tool initial development.	\$ 77,450
Oz-Train Pty Ltd	Support for organisational culture change strategy including rolling staff surveys and support leadership forums.	\$ 70,400
Walter Brooke & Associates Pty Ltd	SA Health Northern NBU and Older Persons Mental Health Architecture planning study.	\$ 69,250
MBMPL Pty Ltd	Provision of advice in relation to the RAH.	\$ 68,551
University of South Australia	Data capture and research on emergent mental health need.	\$ 68,000
ABFA Pty Ltd	Assisting with the financial management of the EMR project.	\$ 65,125
Doll Martin Associated Pty Ltd	Development of Business Case for Enterprise Billing.	\$ 62,721
Evermed Consulting Pty Ltd	Assistance with creation of the Clinical Advisory Committee and Clinical Specialty Groups and development of communication strategy etc.	\$ 62,631
BDO Advisory (SA) Pty Ltd	Financial and data analysis and modelling.	\$ 61,017
KPMG	Develop an activity cost model for SAAS.	\$ 57,673
Health Consumers Alliance	System advocacy meetings, presentations and feedback.	\$ 55,897
Doctors Health SA Ltd	Delivery of COVID-19 related support services to South Australian medical workforce at a time of increased demand.	\$ 50,000

Contractors	Purpose	Value
Coffey Services Australia Pty Ltd	Undertake environmental site contamination assessment.	\$ 47,860
Cognition	Provision of Employee Assistance Program (EAP) services.	\$ 47,538
Zed Consulting & Associates Pty Ltd	Post Occupancy Evaluation.	\$ 45,707
Frazer-Nash Consultancy Ltd	Temporary labour hire.	\$ 44,267
Hebtech	Temporary labour for QIP project to deliver analytics dashboards to SA Health.	\$ 44,150
Uniting Communities	Individual calls and K-10 assessments.	\$ 42,228
BDO Advisory (SA) Pty Ltd	Review of Digital Health's project management methodology framework.	\$ 40,700
Hoi Pty Ltd	Development of evaluation framework and implementation plan to evaluate SA Health Palliative Care Projects.	\$ 40,600
Chamonix IT Consulting	Proof of value pilot expansion NALHN.	\$ 40,400
Deloitte Risk Advisory Pty Ltd	COVID-19 social studio.	\$ 40,000
Sergei Bedrikovestski	Patient identification and clinical data extract.	\$ 40,000
Wiser Technology Advice	Temporary labour hire.	\$ 39,731
Peter Norrie	Review Services for Chief Psychiatrist.	\$ 36,361
Greenway Architects (SA) Pty Ltd	Architectural Services – CSSD theatre and planning study.	\$ 35,940
My Health Viewer	MyHealth viewer integration and development.	\$ 31,000
Predictive Simulation Analytics Pty Ltd	Hospital analysis during COVID-19.	\$ 30,667

Contractors	Purpose	Value
PriceWaterhouseCoopers	Undertake an internal audit of cloud services procurement.	\$ 30,173
Ernst & Young	Implementation of SA Health's Operating Room Management Information Systems (ORMIS).	\$ 30,000
HammondCare Health & Hospitals	Staff training and support for ACP pilot project.	\$ 30,000
Palliative Care SA Inc	Completion of advance care directive project.	\$ 30,000
Palliative Care SA Inc	Aboriginal resources for the website.	\$ 30,000
KPMG	Review of the current financial performance and forecast of NALHN.	\$ 29,903
PEG Consulting Pty Ltd	Policy framework and distribution system document.	\$ 29,500
Isoft Australia Pty Ltd	ORMIS implementation.	\$ 29,292
Christopher Ryan	Preparation of expert report regarding the care of various patients.	\$ 28,775
Coffey Services Australia Pty Ltd	SA Adult safeguarding unit evaluation.	\$ 27,940
Alexander & Symonds Pty Ltd	Initial engineering services for site development – George Street, Adelaide – SAHMRI 1 building.	\$ 27,611
Health Consumers Alliance	Develop the SA Health state-wide consumer feedback and complaints strategic framework.	\$ 27,500
Innodev Pty Ltd	Human Centred Design (HCD) services to assist in providing an optimal design of a COVID-19 application.	\$ 27,000
Helica Architecture Pty Ltd	SAMIS update.	\$ 26,700
Chamonix IT Consulting	Clinical analytics POC development.	\$ 25,450
Oz-Train Pty Ltd	Panel service.	\$ 25,000

Contractors	Purpose	Value
Health Informatics Society of Australia Ltd	Delivery of event.	\$ 24,500
Zed Consulting & Associates Pty Ltd	Project plan for system design and planning branch.	\$ 23,250
SurvCAD Drafting Services	Architectural Services.	\$ 23,150
The Australian Centre for Social Innovation Inc.	Mental health centre workshop co-design.	\$ 22,305
Stoplevel Pty Ltd	Externally managed disclosure service.	\$ 22,000
Cla Consulting	ICS policy review.	\$ 21,455
Zed Consulting & Associates Pty Ltd	Review of Private Facility Licencing Framework.	\$ 20,872
Ernst & Young	Support for EMR business case development.	\$ 20,300
The Checkley Group Pty Ltd	CALHN EMR activation in outpatients - pre-go live readiness check.	\$ 20,095
Matthew O'Callaghan	Meeting preparation and presentation.	\$ 20,000
Hannan Duck & Partners Pty Ltd	Assist with a review of roles, responsibilities and structure within Digital Health SA.	\$ 19,973
Architects Ink	Architectural services.	\$ 19,450
Australian Healthcare & Hospitals Association	Develop a South Australian institutional racism measuring and monitoring tool.	\$ 19,000
GP Partners Australia	COVID-19 GP Home Assessment Consultancy Services.	\$ 18,000
MBMPL Pty Ltd	Development of a performance management database for the RAH contract management team.	\$ 18,000
Protop Project Management Services Pty Ltd	Project management services.	\$ 17,945

Contractors	Purpose	Value
Democracy Co Unit Trust	Facilitation of workshops.	\$ 17,728
Chamonix IT Consulting	Project management for clinical analytics POC.	\$ 17,350
Architects Ink	SAMIS update.	\$ 17,150
ASG Group Limited	Staff augmentation solution architect.	\$ 16,750
SHINE SA Cervical Screening	Cervical screening provider course.	\$ 16,320
Community Support Inc	Domestic and social support services.	\$16,291
Cheesman Architects Pty Ltd	Glenside IRS planning study.	\$16,000
Democratic Outcomes Pty Ltd	Creation and management of single-channel vote for Nursing/Midwifery (South Australia Public Sector) Enterprise Agreement 2020.	\$15,520
Jildara Pty Ltd	Measurement of institutional racism.	\$ 15,245
BDO Advisory (SA) Pty Ltd	Cost Analysis of Mental Health Support Services Programs.	\$ 15,198
KPMG	Workforce positional analysis.	\$ 15,096
Grosvenor Management Consulting Pty Ltd	HammondCare contract design.	\$ 15,000
PriceWaterhouseCoopers Pty Ltd	Provision of a functional workforce plan for the proposed new SA Health distribution centre.	\$ 15,000
Astal	Temporary labour hire.	\$ 14,300
SysLinx	MTP Connect project services.	\$ 14,199
Pop-Up Community Care	Temporary labour hire – Custody Health.	\$ 13,852
Jane Casey	Review the journal of care and clinical records at FMC.	\$ 13,764

Contractors	Purpose	Value
Wilshire Swain Pty Ltd	Procurement and management services associated with reactivation of Wakefield Hospital.	\$ 13,500
Terry Mehan & Associates Pty Ltd	Provision of governance advice and facilitation of workshops.	\$ 13,300
ISW	Portal development.	\$ 13,125
CQR Consulting Australia Pty Ltd	Onsite security specialist.	\$ 13,000
O'Connor Marsden & Associates Pty Ltd	Provision of probity services for procurement activities.	\$ 12,870
Robyn Lambert	Evidence review.	\$ 12,780
Adelaide Procurement Pty Ltd	Procurement services.	\$ 12,000
Socially Connected Solutions	Age Friendly Customer Services rollout Project.	\$ 12,000
Susan Schultz	Review and update of databases.	\$ 11,499
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.	\$ 10,862
Celsus Trust	Project Chair.	\$ 10,800
Aktis Performance Management	Provision of position classification report.	\$ 10,780
BDO Advisory (SA) Pty Ltd	Review locum medical services.	\$ 10,400
Chamonix IT Consulting	Pilot at NALHN Healthi for Hospitals (H4H).	\$ 10,088
Australian & New Zealand College Of Anaesthetists	Administrative services for the South Australian Anaesthetic Mortality Committee.	\$ 10,000

Contractors	Purpose	Value
Caliba Group Pty Ltd	Develop business case for implementation of Oracle E-Business suite "Catalogue Management System" and the support to obtain relevant approvals.	\$ 10,000
Total all contractors		\$ 8,427,040

Data for previous years is available at:

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

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

<https://www.tenders.sa.gov.au/contract/search>.

The website also provides details of across-government contracts [here](#):

<https://www.tenders.sa.gov.au/contract/search>.

Appendix 6: Audited financial statements 2019-20

Audited Financial Statements commence page 184.

The 2019-20 financial statements reflect the first time adoption of AASB 16 Leases, AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities.



Our ref: A20/078

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

24 September 2020

Dr C McGowan
Chief Executive
Department for Health and Wellbeing
PO Box 287
Rundle Mall
ADELAIDE SA 5000

Dear Dr McGowan

**Audit of Department for Health and Wellbeing for the year to
30 June 2020**

We have completed the audit of your accounts for the year ended 30 June 2020. 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 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 need to improve
- no conflict of interest declarations and confidentiality agreements for some sampled procurements
- inadequate documentation supporting some sampled procurement processes
- no contract management plans for sampled contracts
- contractually required meetings with suppliers not held
- management of delegations system needed to improve
- improvements needed to ensure financial authorisation capacity in the payments systems align with approved delegations
- service agreements with LHNs not always signed
- invoices paid without purchase orders
- legal compliance framework not fully implemented
- insufficient review of payroll information
- management of inventory records needed to improve
- delayed recovery and payment of interstate patient transfers
- expired agreements with other jurisdictions for interstate patients transfers.

We have received responses to our letters and will follow these up in the 2020-21 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:

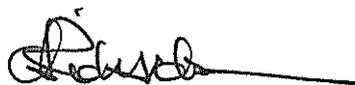
- payroll
- accounts payable
- procurement
- contract management
- cash
- general ledger
- funding to health services
- funding to non-government organisations
- interstate patient transfers
- non-current assets
- inventory management
- revenues from the Commonwealth

- insurance services
- IT general controls
- Professional development entitlements.

Particular attention was given to the impact of accounting standards applicable for the first time on the Department for Health and Wellbeing's reported results. We concluded that the financial report was prepared in accordance with the financial reporting framework in this respect

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
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

Opinion

I have audited the financial report of 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 2020.

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 2020, its financial performance and its cash flows for year then ended in accordance with relevant 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 2020
- a Statement of Financial Position as at 30 June 2020
- a Statement of Changes in Equity for the year ended 30 June 2020
- a Statement of Cash Flows for the year ended 30 June 2020
- notes, comprising significant accounting policies and other explanatory information
- a Statement of Administered Comprehensive Income for the year ended 30 June 2020
- 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 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* (including Independence Standards) have been met.

I believe that the audit evidence I have 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 relevant 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

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987*, I have audited the financial report of Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2020.

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.

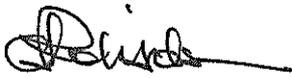
As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- 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 control
- 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.



Andrew Richardson

Auditor-General

24 September 2020

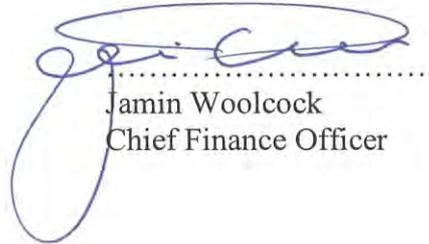
Certification of the financial statements

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 18-9-2020

THE DEPARTMENT FOR HEALTH AND WELLBEING
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2020

	Note	Consolidated		Parent	
		2020	2019	2020	2019
		\$'000	\$'000	\$'000	\$'000
Income					
Revenues from SA Government	13	4,328,640	4,203,772	4,328,640	4,203,772
Fees and charges	7	637,103	678,167	322,468	357,453
Grants and contributions	8	2,083,751	1,775,452	1,683,791	1,397,136
Interest	9	5,529	8,515	2,671	4,242
Resources received free of charge	10	63,975	50,459	31,803	24,027
Other revenues/income	12	49,899	39,723	585	1,603
Total income		7,168,897	6,756,088	6,369,958	5,988,233
Expenses					
Employee benefits expenses	2	4,247,291	4,221,026	172,088	200,495
Supplies and services	3	2,096,473	1,995,434	583,940	539,744
Depreciation and amortisation	20,21	317,461	287,485	16,585	16,545
Grants and subsidies	4	132,916	35,034	5,375,128	4,835,286
Borrowing costs	5	152,552	169,345	98	412
Payments to SA Government	13	136,944	36,113	136,944	36,113
Net loss from disposal of non-current and other assets	11	2,539	2,679	6	27
Impairment loss on receivables	15.1	2,326	7,513	(8)	9
Other expenses	6	58,995	65,333	29,565	25,139
Total expenses		7,147,497	6,819,962	6,314,346	5,653,770
Net result		21,400	(63,874)	55,612	334,463
Other Comprehensive Income					
Items that will not be reclassified to net result					
Changes in property, plant and equipment asset revaluation surplus		-	84	-	-
Items that will be reclassified subsequently to net result when specific conditions are met					
Gains or losses recognised directly in equity		14,908	(14,231)	-	-
Total other comprehensive income		14,908	(14,147)	-	-
Total comprehensive result		36,308	(78,021)	55,612	334,463

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 2020

	Note	Consolidated		Parent	
		2020	2019	2020	2019
		\$'000	\$'000	\$'000	\$'000
Current assets					
Cash and cash equivalents	14	1,069,611	839,942	769,206	633,360
Receivables	15	347,526	394,521	178,258	224,602
Other financial assets	16	113,326	109,758	-	-
Inventories	17	66,607	48,814	29,223	17,230
Contract assets	18	13,009	25,426	-	-
Other assets	19	188	188	-	-
Total current assets		1,610,098	1,418,649	976,687	875,192
Non-current assets					
Receivables	15	3,358	4,908	25	203
Other financial assets	16	4,446	6,207	-	-
Property, plant and equipment	19,20	5,938,033	5,862,307	48,783	46,010
Investment property	19,20	23,500	22,012	-	-
Intangible assets	19,21	77,657	96,596	39,054	48,754
Total non-current assets		6,046,994	5,992,030	87,862	94,967
Total assets		7,657,092	7,410,679	1,064,549	970,159
Current liabilities					
Payables	23	386,946	385,084	187,526	150,567
Financial liabilities	24	86,361	67,475	781	3,007
Employee benefits	25	652,384	591,415	23,319	24,293
Provisions	26	38,725	40,770	13,622	17,695
Contract liabilities and other liabilities	27	109,631	93,942	2,890	597
Total current liabilities		1,274,047	1,178,686	228,138	196,159
Non-current liabilities					
Payables	23	33,593	27,374	17,527	18,618
Financial liabilities	24	2,786,696	2,657,657	98	-
Employee benefits	25	849,561	838,572	34,444	42,471
Provisions	26	201,971	195,364	119,104	114,228
Contract liabilities and other liabilities	27	1,045	3,814	302	977
Total non-current liabilities		3,872,866	3,722,781	171,475	176,294
Total liabilities		5,146,913	4,901,467	399,613	372,453
Net assets		2,510,179	2,509,212	664,936	597,706
Equity					
Contributed capital		1,700,853	1,700,853	1,700,853	1,700,853
Retained earnings		226,970	239,661	(1,067,851)	(1,135,081)
Asset revaluation surplus		535,658	536,908	31,934	31,934
Other reserves		46,698	31,790	-	-
Total equity		2,510,179	2,509,212	664,936	597,706

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 2020

CONSOLIDATED

Note	Asset		Other reserves	Retained earnings	Total equity
	Contributed capital	revaluation surplus			
	\$ '000	\$ '000	\$'000	\$ '000	\$ '000
Balance at 30 June 2018	1,700,853	536,105	46,114	293,976	2,577,048
Adjustments on initial adoption of Accounting Standards	-	-	(50)	4,252	4,202
Adjusted balance at 1 July 2018	1,700,853	536,105	46,064	298,228	2,581,250
Net result for 2018-19	-	-	-	(63,874)	(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)
Total comprehensive result for 2018-19	-	84	(14,231)	(63,874)	(78,021)
Transfer between equity components	-	719	(43)	(676)	-
Balance at 30 June 2019	1,700,853	536,908	31,790	233,678	2,503,229
Error correction	-	-	-	5,983	5,983
Restated balance at 30 June 2019	1,700,853	536,908	31,790	239,661	2,509,212
Adjustments on initial adoption of Accounting Standards	-	-	-	(41,252)	(41,252)
Adjusted balance at 1 July 2019	1,700,853	536,908	31,790	198,409	2,467,960
Net result for 2019-20	-	-	-	21,400	21,400
Gain/(loss) on revaluation of other financial assets	-	-	(216)	-	(216)
Gain/(loss) on revaluation of defined benefit fund liability	-	-	15,124	-	15,124
Total comprehensive result for 2019-20	-	-	14,908	21,400	36,308
Transfer between equity components	-	(1,250)	-	1,250	-
Net assets transferred out as a result of an administrative restructure	-	-	-	5,911	5,911
Balance at 30 June 2020	1,700,853	535,658	46,698	226,970	2,510,179

THE DEPARTMENT FOR HEALTH AND WELLBEING
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2020

PARENT

Note	Contributed capital \$ '000	Asset revaluation surplus \$ '000	Other reserves \$'000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2018	1,700,853	31,163	-	(1,468,970)	263,046
Adjustments on initial adoption of Accounting Standards	-	-	-	197	197
Adjusted balance at 1 July 2018	1,700,853	31,163	-	(1,468,773)	263,243
Net result for 2018-19	-	-	-	334,463	334,463
Total comprehensive result for 2018-19	-	-	-	334,463	334,463
Transfer between equity components	-	771	-	(771)	-
Balance at 30 June 2019	1,700,853	31,934	-	(1,135,081)	597,706
Net result for 2019-20	-	-	-	55,612	55,612
Total comprehensive result for 2019-20	-	-	-	55,612	55,612
Net assets transferred out as a result of an administrative restructure	-	-	-	11,618	11,618
Balance at 30 June 2020	1,700,853	31,934	-	(1,067,851)	664,936

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 2020

	Note	Consolidated		Parent	
		2020	2019	2020	2019
		\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
Cash inflows					
Fees and charges		708,970	586,056	93,373	59,879
Grants and contributions		2,088,638	1,786,906	1,686,408	1,398,674
Interest received		5,167	7,958	2,664	3,923
Residential aged care bonds received		25,217	23,511	-	-
GST recovered from ATO		178,975	153,742	53,780	48,611
Other receipts		48,578	48,685	2,564	1,522
Receipts from SA Government		4,328,640	4,203,772	4,328,640	4,203,772
Cash generated from operations		7,384,185	6,810,630	6,167,429	5,716,381
Cash outflows					
Employee benefits payments		(4,143,920)	(4,018,344)	(171,468)	(190,673)
Payments to SA Government		(136,944)	(36,113)	(136,944)	(36,113)
Payments for supplies and services		(2,239,731)	(2,052,451)	(574,928)	(544,608)
Payments of grants and subsidies		(162,290)	(42,928)	(5,135,875)	(4,599,144)
Interest paid		(140,512)	(157,383)	(98)	(412)
Residential aged care bonds refunded		(21,771)	(19,801)	-	-
Other payments		(33,150)	(66,539)	(1,960)	(3,603)
Cash used in operations		(6,878,318)	(6,393,559)	(6,021,273)	(5,374,553)
Net cash provided by operating activities		505,867	417,071	146,156	341,828
Cash flows from investing activities					
Cash inflows					
Proceeds from sale of property, plant and equipment		378	1,149	3	501
Proceeds from sale/maturities of investments		8,207	5,099	-	-
Cash generated from investing activities		8,585	6,248	3	501
Cash outflows					
Purchase of property, plant and equipment		(182,946)	(89,780)	(7,856)	(2,003)
Purchase of intangible assets		(946)	(1,083)	-	(283)
Purchase of investments		(6,266)	(11,550)	-	-
Cash used in investing activities		(190,158)	(102,413)	(7,856)	(2,286)
Net cash provided by/(used in) investing activities		(181,573)	(96,165)	(7,853)	(1,785)
Cash flows from financing activities					
Cash inflows					
Proceeds from borrowings		-	-	3,227	4,623
Cash generated from financing activities		-	-	3,227	4,623
Cash outflows					
Repayment of borrowings		(3,007)	(3,908)	(3,007)	(3,908)
Cash transferred as a result of restructuring activities		(1,337)	-	(1,337)	-
Repayment of lease liability		(90,281)	(62,115)	(1,340)	-
Cash used in financing activities		(94,625)	(66,023)	(5,684)	(3,908)
Net cash provided by/(used in) financing activities		(94,625)	(66,023)	(2,457)	715

THE DEPARTMENT FOR HEALTH AND WELLBEING
STATEMENT OF CASH FLOWS
For the year ended 30 June 2020

	Note	Consolidated		Parent	
		2020	2019	2020	2019
		\$'000	\$'000	\$'000	\$'000
Net increase/(decrease) in cash and cash equivalents		229,669	254,883	135,846	340,758
Cash and cash equivalents at the beginning of the period		839,942	585,059	633,360	292,602
Cash and cash equivalents at the end of the period	14	1,069,611	839,942	769,206	633,360
Non-cash transactions	28				

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 2020

1. About SA Health

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);
- Barossa Hills Fleurieu Local Health Network incorporated
- Central Adelaide Local Health Network Incorporated (CALHN Inc) (includes the subsidiary AusHealth Corporate Pty Ltd (AusHealth));
- Eyre and Far North Local Health Network Incorporated;
- Flinders and Upper Local Health Network Incorporated;
- Limestone Coast Local Health Network Incorporated;
- Northern Adelaide Local Health Network Incorporated;
- Riverland Mallee Coorong Local Health Network Incorporated;
- SA Ambulance Service Inc (includes SA Ambulance Development Fund);
- Southern Adelaide Local Health Network Incorporated; and
- Women's and Children's Health Network Incorporated; and
- Yorke and Northern Local Health Network Incorporated

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* as 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 Schedules of Administered Items – refer note 39. 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.

Country Health SA Local Health Network Incorporated (CHSALHN)

Effective from 1 July 2019, there were changes to the structure of SA Health's controlled entities, that being the controlled entity known as CHSALHN was dissolved and six new controlled regional local health networks were created. All the assets, rights and liabilities of CHSALHN were vested with the respective regional area's local health network. Accordingly, the 2018-19 comparatives reflect the transactions and balances of the CHSALHN, whereas the current years transactions and balances reflect the six new controlled regional local health networks.

1.1 Objectives and activities

1.1.1 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 (the Minister). 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 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.

The Department is comprised of seven 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 2020

- Office of the Chief Executive; and
- Digital Health SA.

1.1.2 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 3, 4, 7, 15 and 23 respectively for further information.

1.2 Basis of preparation

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 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.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle 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 below or throughout the notes.

1.3 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.

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1.4 Continuity of operations

As at 30 June 2020, the Consolidated Entity had working capital of \$336.050 million (\$239.963 million). 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.

1.5 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.

1.5.1 Prior Period Adjustment

During 2019-20 SAAS reconciled certain leave arrangements between the Comprehensive Human Resources Integrated Software (CHRIS 21) with the Global Rostering Systems (GRS). This resulted in a prior period adjustment to equity of \$5.983 million. There was no impact on net result or cash flows. Reconciliations continue and may result in further adjustments.

	2019 Balance \$'000	Prior Period Adjustment \$'000	Restated 2019 Balance \$'000
Staff benefits liability	596,864	5,449	591,415
Payables	385,618	534	385,084

1.6 Changes to SA Health

Transferred Out

2019-20

- As a result of administrative arrangements outlined in the Chief Executive Agreement (28 June 2019), the Department relinquished responsibility for Health Accounting and Taxation Services, a business unit of the Department. Assets and liabilities relating to this business unit were transferred to Department of Treasury and Finance (DTF) effective 1 July 2019. Net liabilities of \$3.947 million were transferred out of the Department, consisting of payables (\$0.345 million) and employee benefits (\$3.602 million). This included the transfer of 86 employees from the Department.
- As a result of administrative arrangements outlined in the Chief Executive Agreement (2 December 2019), the Department relinquished responsibility for Oracle Debt Management and Receipting, a business unit of the Department. Assets and liabilities relating to this business unit were transferred to DTF effective 1 December 2019. Net liabilities of \$0.241 million were transferred out of the Department, consisting of payables (\$0.019 million), employee benefits (\$0.216 million) and provisions (\$0.006 million). This included the transfer of 15 employees from the Department.
- As a result of administrative arrangements outlined in the *Public Sector (Reorganisation of Public Sector Operations)* Gazettal (5 December 2019), the Department relinquished responsibility for Wellbeing SA, a business unit of the Department. Assets and liabilities relating to this business unit were transferred to Wellbeing SA effective 6 January 2020. Net liabilities of \$1.091 million were transferred out of the Department, consisting of cash (\$1.192 million), receivables (\$0.570 million), property plant and equipment (\$0.003 million), payables (\$0.277 million), employee benefits (\$2.530 million), provisions (\$0.046 million) and lease liability (\$0.003 million). This included the transfer of 81 employees from the Department.
- As a result of administrative arrangements outlined in the *Public Sector (Reorganisation of Public Sector Operations)* Gazettal (5 December 2019), the Department relinquished responsibility for Commission on Excellence and Innovation in Health, a business unit of the Department. Assets and liabilities relating to this business unit were transferred to Commission on Excellence and Innovation in Health effective 6 January 2020. Net liabilities of \$0.632 million were transferred out of the Department, consisting of cash (\$0.145 million), payables (\$0.077 million), employee benefits (\$0.691 million) and provisions (\$0.009 million). This included the transfer of 17 employees from the Department.
- Net assets transferred by the Department as a result of the administrative restructures were at the carrying amount immediately prior to the transfer. The net assets transferred were treated as a distribution to the Government as owner.

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1.7 Impact of COVID-19 pandemic on SA Health

COVID-19 has been classified as a global pandemic by the World Health Organisation. SA Health is the Control Agency in SA for human disease pursuant to the State Emergency Management Plan.

As at 30 June 2020, SA has had a total of 444 confirmed COVID cases. Noteworthy, since the 22 April, SA has only had five new cases as at 30 June 2020. Accordingly, SA has minimised transmission of the virus and maintained containment of COVID-19 infection.

As the lead agency, SA Health has:

- activated COVID-19 clinics in metro and regional SA
- increased hospital capacity through commissioning of temporary hospital and the capacity to divert activity to the private hospital system
- secured medical supplies and personal protective equipment to deliver COVID-19 services to a very high demand environment
- maximised community engagement
- managed workforce surge planning and up-skill training.

The material impacts on the Department's financial performance and financial position are outlined below:

- Financial Assistance from the Commonwealth of \$115 million via the National Partnership on COVID-19 response. This funding is for additional costs incurred by SA Health in responding to the COVID-19 outbreak, including the diagnosis and treatment of patients with or suspected of having COVID-19, and efforts to minimise the spread in the Australian community.
- Department Local Health Network staff accessing special leave with pay for up to 15 days for absences related to COVID-19 situations (\$3.734 million)
- The Department has entered into service model arrangements with two private hospitals (Wakefield Hospital and Calvary College Grove) to ensure appropriate medical care for patients, if required, during the pandemic (\$3.104 million).
- The Department entered into an Agreement for the supply of disposable, non-sterile healthcare apparel products with Detmold. This Agreement ensures SA Health has a minimum 3 year supply of medical facemasks. SA Health made an upfront payment to Detmold to assist with the purchasing of manufacturing equipment (\$2.893 million).
- The Department has purchased various plant and equipment and ICT infrastructure to assist with responding to SA Health COVID-19 matters (\$9 million). The Local Health Networks purchased various plant and equipment e.g. new ventilators and ICT infrastructure to assist with responding to SA Health COVID-19 matters (\$5.636 million);
- The Local Health Networks recorded additional net costs associated with public health activities (e.g. preparation of hospitals to respond and establishing testing clinics), purchases of personal protective equipment for staff, and non-clinical costs (e.g. additional hospital cleaning costs), establishment of a Rapid Response Nursing Service (Airport Border Nurses Program, Medi-Hotel Nursing Service program, Residential Aged Care Facility, Group Homes and APY Lands) (\$28.633 million); and
- The Local Health Networks recorded additional costs associated with the diversion of activity to the private hospital system (\$2.1 million).

Business continuity information is note 1.4, impairment information is at note 15.1 and 19.4, estimates and judgements are at notes 15.1, 23, 25.2 and 26.

1.8 Change in accounting policy

AASB 16 Leases

AASB 16 *Leases* sets out a comprehensive model for lessee accounting that addresses recognition, measurement, presentation and disclosure of leases. Lessor accounting is largely unchanged. AASB 16 replaces AASB 117 *Leases* and related Interpretations.

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The adoption of AASB 16 from 1 July 2019 resulted in adjustments to the amounts recognised from a lessee perspective in the financial statements and changes to accounting policies:

- AASB 117 required the recognition of an asset and liability in relation to only finance leases (not operating leases). AASB 16 will result in leases previously classified as an operating lease having right-of-use assets and lease liability being recognised in the Statement of Financial Position.
- AASB 117 required lessors to classify sub lease arrangements on the basis of whether substantially all the risks and rewards incidental to ownership of the underlying asset had been transferred to the sublessee. Under AASB 16 classification is 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 lessee. AASB 16 has resulted in the Consolidated Entity continuing to classify sub leases arrangements as operating leases.
- AASB 117 resulted in operating lease payments being recognised as an expense under Supplies and Services. AASB 16 largely replaces this with depreciation expense that represents the right-of-use asset and borrowing costs that represent the cost associated with financing the right-of-use asset.

The total impact on the Consolidated Entity's retained earnings as at 1 July 2019 is as follows:

	Consolidated	Parent
	\$'000	\$'000
Closing retained earnings 30 June 2019 – AASB 117	233,678	(1,135,081)
Adjustment of Regional buildings under finance lease	(43,440)	-
Assets		
Right of use assets	223,223	2,069
Liabilities		
Lease liabilities	(223,223)	(2,069)
Other liabilities (lease incentive liabilities)	2,189	-
Opening retained earnings 1 July 2019 – AASB 16	192,427	(1,135,081)

The initial measurement of right of use assets has been calculated as an amount equal to the lease liability on transition adjusted for prepaid or accrued lease payments. Lease incentive liabilities have been written off against retained earnings at transition date. The initial measurement of the lease liability was the present value of the remaining lease payments, discounted using the relevant incremental borrowing rate as at 1 July 2019. The average weighted incremental borrowing rate for this purpose was 1.54%.

The Consolidated Entity disclosed in its 2018-19 financial report total undiscounted operating lease commitments of \$247.328 million under AASB 117. The Consolidated Entity has accommodation services provided by the Department of Planning, Transport and Infrastructure (DPTI) under Memoranda of Administrative Arrangement (MoAA) issued in accordance with Government-wide accommodation policies.

These MoAA do not meet the definition of a lease set out either in AASB 16 or in the former standard AASB 117. Accordingly, the 2018-19 undiscounted operating lease commitment should have been disclosed as \$165.123 million under AASB 117.

The misclassification did not impact on the Statement of Comprehensive Income or the Statement of Financial Position in prior years. The misclassification impacted items within the supplies and services expense line. Note 29.3 applies the correct classification for both the current and comparative years. Commitments related to accommodation services provided by DPTI are included in note 29.1.2

The difference between operating lease commitments disclosed under AASB 117 at 30 June 2019, adjusted to be discounted using incremental borrowing rates used on transition to AASB 16, and the lease liabilities recognised on 1 July 2019 under AASB 16 is as follows:

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	Consolidated	Parent
	\$'000	\$'000
Total Operating Lease Commitments disclosed as of 30 June 2019 (AASB 117)	165,123	3,460
Adjustments:		
<i>Less:</i> service components included in operating lease commitments	(755)	-
<i>Less:</i> short term leases for which no lease liability is recognised	(2,459)	(1,295)
<i>Less:</i> low value asset leases for which no lease liability is recognised	(11)	(11)
<i>Add:</i> adjustments as a result of different treatment of extension options	5,841	-
Commitments for lease payments	167,739	2,154
Discounted using the incremental borrowing rate of 1.6% - 2.8%	(19,584)	(85)
Lease liability recognised in statement of financial position 1 July 2019 (AASB 16)	148,155	2,069

Accounting policy on transition

AASB 16 sets out accounting policies on transition. *Treasurer's Instructions (Accounting Policy Statements)*, required the Consolidated Entity to: apply AASB 16 retrospectively with the cumulative effect of initially applying the standard recognised at 1 July 2019 (comparatives have not been restated); apply AASB 16 to contracts that were previously identified as containing a lease under AASB 117; and not transitioned operating leases for which the lease term ends before 30 June 2020 (with the exception of vehicles leased through South Australian Financing Authority (SAFA)).

Ongoing accounting policies

As per *Treasurer's Instructions (Accounting Policy Statements)*, the Consolidated entity will not apply AASB 16 to intangible assets; has adopted a \$15,000 threshold for determining whether an underlying asset is a low value asset; will apply the short term lease recognition exemption (with the exception of vehicles leased through SAFA); will adopt a cost model and not record at fair value on initial recognition, leases that have significantly below market terms and conditions principally to enable the Consolidated Entity to further its objectives.

Significant accounting policies relating to the application of AASB 16 are disclosed under relevant notes and are referenced at note 19.9, 20 and 24.

AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities

AASB 15 *Revenue from Contracts with Customers* establishes a revenue recognition model for revenue arising from contracts with customers. It requires that revenue be recognised at an amount that reflects the consideration to which an entity expects to be entitled in exchange for transferring goods or services to a customer. AASB 15 supersedes AASB 111 *Construction Contracts*, AASB 118 *Revenue* and related Interpretations and applies to all revenue arising from contracts with customers.

AASB 1058 *Income of Not-for-Profit Entities* establishes new income recognition requirements for not-for-profit entities. Its requirements apply where the consideration to acquire an asset, including cash, is significantly less than fair value principally to enable the entity to further its objectives. AASB 1058 also contains requirements for the receipt of volunteer services. AASB 1058 supersedes the current income recognition requirements contained in AASB 1004 *Contributions*, AASB 118 *Revenue* and AASB 111 *Construction Contracts*. However, elements of AASB 1004 remain in place, primarily in relation to restructures of administrative arrangements and other contributions and distributions by owners.

The Consolidated Entity adopted AASB 15 and AASB 1058 on 1 July 2019 and where applicable applied the transitional provisions specified in the standard.

The adoption of these standards did not have an impact on the timing or recognition of the Consolidated Entity's revenues, as detailed below:

- Revenues from SA Government (60.0%) largely reflects Appropriations and continues to be recognised as income when the Consolidated entity obtains control of the funds (ie upon receipt);
- Commonwealth revenues and other grants (29.4%) continue to be recognised as service/performance obligations are satisfied, or alternatively where there are no service/performance obligations, upon receipt;
- Fees and Charges (9.0%) continue to be recognised as the service/performance obligations are satisfied;

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- Taxes, rates and fines continue to be recognised as income when the taxable event occurs
- Contributed services (resources received free of charge) continues to be recognised where they would have been purchased if they were not donated under AASB 1058 (previously AASB 1004) and contributed assets that do not have sufficiently specific performance obligations will continue to be accounted for as a donation via AASB 1058 (previously AASB 1004);
- Interest income continues to be recognised via AASB 9.

In addition, revenue earned in prior periods but not yet receivable (previously recorded as an accrual), is now recorded as a contract asset in the Statement of Financial Position and revenue received in prior periods but not yet recognised (previously recorded as unearned revenue), is now recorded as a contract liability in the Statement of Financial Position.

Concessional (peppercorn) lease arrangements will continue to be recognised at nominal amounts until such time as the AASB develops valuation guidance.

1.9 Changes in presentation of financial statements

Treasurer's Instructions (Accounting Policy Statements) issued 1 June 2020 removed the previous requirement for financial statements to be prepared using the net cost of services format. The Statement of Comprehensive Income and Statement of Cash Flows now show income before expenses, and cash receipts before cash payments. Related disclosures also reflect this changed format.

2. Employee benefits expenses

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	3,354,695	3,231,816	121,182	133,625
Targeted voluntary separation packages (refer below)	30,689	4,866	903	884
Long service leave	87,693	247,698	2,952	13,986
Annual leave	342,128	328,488	12,161	13,222
Skills and experience retention leave	16,493	15,091	745	828
Employment on-costs - superannuation*	364,271	341,713	14,861	16,591
Employment on-costs - other	6,221	7,064	5,894	6,671
Workers compensation	34,784	29,977	4,654	5,612
Board and committee fees	2,936	1,765	370	314
Other employee related expenses	7,381	12,548	8,366	8,762
Total employee benefits expenses	4,247,291	4,221,026	172,088	200,495

* The superannuation employment on-cost charge represents the Consolidated Entity's contribution to superannuation plans in respect of current services of employees. 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 \$10.969 million (\$9.975 million), comprising current service cost of \$10.500 million (\$9.456 million) and interest cost of \$0.469 million (\$0.519 million).

2.1 Key Management Personnel

Key management personnel (KMP) of the Consolidated Entity and the Department includes the Minister, the Chief Executive and nine members (twelve members) of the Executive Management team 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. 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*.

Compensation	2020	2019
	\$'000	\$'000
Salaries and other short term employee benefits	2,524	3,457
Post-employment benefits	1,006	1,361
Total	3,530	4,818

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.

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2.2 Remuneration of Boards and Committees

	2020	2019
	No. of	No. of
	Members	Members
\$0	1,007	938
\$1 - \$20,000	261	267
\$20,001 - \$40,000	57	12
\$40,001 - \$60,000	7	4
\$60,001 - \$80,000	6	4
\$80,001 - \$100,000	1	-
Total	1,339	1,225

The total remuneration received or receivable by members was \$3.046 million (\$1.628 million). 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. 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 with 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.

2.3 Remuneration of employees

	Consolidated		Parent	
	2020	2019	2020	2019
The number of employees whose remuneration received or receivable falls within the following bands:	Number	Number	Number	Number
\$151,000 - \$154,999*	n/a	198	n/a	5
\$155,000 - \$174,999	833	813	28	25
\$175,000 - \$194,999	500	470	6	7
\$195,000 - \$214,999	290	272	7	7
\$215,000 - \$234,999	178	190	4	3
\$235,000 - \$254,999	157	155	2	5
\$255,000 - \$274,999	119	115	4	5
\$275,000 - \$294,999	109	95	-	4
\$295,000 - \$314,999	111	85	4	2
\$315,000 - \$334,999	74	88	2	-
\$335,000 - \$354,999	103	94	2	-
\$355,000 - \$374,999	82	85	-	-
\$375,000 - \$394,999	89	83	2	3
\$395,000 - \$414,999	83	106	1	3
\$415,000 - \$434,999	105	79	-	-
\$435,000 - \$454,999	77	72	2	-
\$455,000 - \$474,999	78	67	2	2
\$475,000 - \$494,999	51	54	-	-
\$495,000 - \$514,999	49	46	-	-
\$515,000 - \$534,999	47	39	-	-
\$535,000 - \$554,999	31	44	-	-
\$555,000 - \$574,999	47	28	1	1
\$575,000 - \$594,999	31	22	-	-
\$595,000 - \$614,999	15	22	-	-
\$615,000 - \$634,999	24	21	-	-
\$635,000 - \$654,999	18	12	-	-
\$655,000 - \$674,999	12	11	-	-
\$675,000 - \$694,999	6	5	-	-
\$695,000 - \$714,999	11	6	-	1
\$715,000 - \$734,999	5	3	-	-
\$735,000 - \$754,999	3	5	-	-
\$755,000 - \$774,999	2	2	-	-
\$775,000 - \$794,999	2	-	-	-
\$795,000 - \$814,999	1	-	-	-
\$815,000 - \$834,999	-	1	-	-
\$835,000 - \$854,999	1	-	-	-
\$855,000 - \$874,999	-	1	-	-
\$875,000 - \$894,999	-	-	-	-
\$895,000 - \$914,999	1	-	-	-

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	Consolidated		Parent	
	2020 Number	2019 Number	2020 Number	2019 Number
The number of employees whose remuneration received or receivable falls within the following bands:				
\$915,000 - \$934,999	-	1	-	-
\$935,000 - \$954,999	-	1	-	-
\$975,000 - \$994,999	1	-	-	-
\$1,035,000 - \$1,054,999	-	1	-	-
\$1,075,000 - \$1,094,999	-	1	-	-
\$1,215,000 - \$1,234,999	-	1	-	-
\$1,235,000 - \$1,254,999	1	-	-	-
\$1,355,000 - \$1,374,999	1	-	-	-
\$1,615,000 - \$1,634,999	-	1	-	-
Total number of employees	3,348	3,395	67	73

*This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2018-19.

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.

2.4 Remuneration of employees by classification

The total remuneration received by these employees, included above:

	Consolidated				Parent			
	2020		2019		2020		2019	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	110	26,187	104	24,524	43	10,634	39	9,714
Medical (excluding Nursing)	2,609	802,496	2,512	756,512	7	2,184	8	2,558
Non-medical (i.e. administration)	99	18,061	121	21,301	15	2,572	21	3,747
Nursing	243	41,170	271	45,643	2	318	5	1,129
Operational	287	53,606	387	73,309	-	-	-	-
Total	3,348	941,520	3,395	921,289	67	15,708	73	17,148

2.5 Targeted voluntary separation packages (TVSP)

	Consolidated		Parent	
	2020 \$'000	2019 \$'000	2020 \$'000	2019 \$'000
Amount paid/payable to separated employees:				
Targeted voluntary separation packages	30,689	4,866	903	884
Leave paid/payable to separated employees	14,448	4,203	337	561
	45,137	9,069	1,240	1,445
Recovery from DTF	20,818	1,718	903	866
Net cost to the Consolidated entity	24,319	7,351	337	579

The number of employees who accepted a TVSP during the reporting period	393	97	9	8
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3. Supplies and services

	Consolidated		Parent	
	2020 \$'000	2019 \$'000	2020 \$'000	2019 \$'000
Administration	11,222	9,852	3,386	1,542
Advertising	6,616	5,553	3,078	1,537
Communication	25,459	25,069	12,511	12,047
Computing	112,756	104,295	100,637	96,057
Consultants	9,503	9,418	4,072	3,179
Contract of services	143,976	148,703	103,235	115,610
Contractors	34,370	30,549	8,427	7,922
Contractors - agency staff	83,181	87,926	25,711	18,661
Cost of goods sold	3,103	2,628	105,530	105,342
Drug supplies	278,485	264,624	9,173	12,752
Electricity, gas and fuel	48,081	49,325	198	143
Fee for service	190,033	169,502	550	-
Finance lease contingent rentals	-	2,573	-	-

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	Consolidated		Parent	
	2020	2019	2020	2019
Food supplies	35,205	32,098	98	64
Housekeeping	81,217	79,371	708	472
Insurance	44,640	50,660	42,286	49,041
Interstate patient transfers	95,731	42,930	95,718	42,886
Legal	14,571	12,756	12,260	10,544
Low value lease expense	3,447	-	3,408	-
Medical, surgical and laboratory supplies	322,362	318,614	686	64
Minor equipment	27,806	22,763	7,389	3,299
Motor vehicle expenses	12,487	19,199	181	567
Occupancy rent and rates	35,785	54,473	15,007	14,005
Patient transport	31,119	32,234	57	-
Postage	16,697	15,633	3,653	2,386
Printing and stationery	16,738	16,903	1,237	1,323
PPP operating expenses	94,943	85,775	-	-
Rental expense on operating lease	-	3,005	-	1,389
Repairs and maintenance	103,234	102,210	935	23,033
Security	44,775	39,614	1,013	466
Services from Shared Services SA	35,167	28,228	2,559	1,688
Short term lease expense	2,617	-	265	-
Training and development	48,019	49,431	3,050	3,820
Travel expenses	11,171	12,811	1,511	1,011
Other supplies and services	71,957	66,709	15,411	8,894
Total supplies and services	2,096,473	1,995,434	583,940	539,744

Due to inter-entity eliminations upon consolidation, supplies and services of \$13.503 million (\$9.082 million) between the Activities of the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

Accommodation – a part of the Consolidated Entity's accommodation is provided by DPTI under MoAA issued in accordance with Government wide accommodation policies. These arrangements do not meet the definition of a lease. In prior years expenses associated with these arrangements and accommodation operating lease expenses have been classified as occupancy rent and rates. DPTI accommodation expenses will continue to be disclosed under occupancy rent and rates and any accommodation operating lease expenses have been reclassified to rental expense on operating lease for the comparative year. Any operating lease payments are recognised on a straight line basis over the lease term.

From 1 July 2019, the Consolidated Entity recognises lease payments associated with short term leases (12 months or less) and leases for which the underlying asset is low value (less than \$15,000) as an expense on a straight line basis over the lease term. Lease commitments for short term leases is similar to short term lease expenses disclosed.

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			
	2020		2019		2020		2019	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Below \$10,000	21	88	18	71	3	23	2	11
Above \$10,000	90	9,415	82	9,347	31	4,049	41	3,168
Total	111	9,503	100	9,418	34	4,072	43	3,179

4. Grants and subsidies

	Note	Consolidated		Parent	
		2020	2019	2020	2019
		\$'000	\$'000	\$'000	\$'000
Recurrent funding to incorporated Health Services	4.1	-	-	5,080,965	4,704,496
Capital funding to incorporated Health Services	4.1	-	-	168,501	102,768
Subsidies		106,131	7,478	105,742	7,070
Funding to non-government organisations		25,330	22,262	18,544	15,799
Other		1,455	5,294	1,376	5,153
Total grants and subsidies		132,916	35,034	5,375,128	4,835,286

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4.1 Funding by the Department (Parent) to incorporated Health Services

	Recurrent		Capital	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Barossa Hills Fleurieu Local Health Network Incorporated	189,400	-	3,515	-
Eyre and Far North Local Health Network Incorporated	80,836	-	2,000	-
Flinders and Upper North Local Health Network Incorporated	113,585	-	3,159	-
Riverland Mallee Coorong Local Health Network Incorporated	109,036	-	13,654	-
Limestone Coast Local Health Network Incorporated	118,871	-	4,831	-
Yorke and Northern Local Health Network Incorporated	121,469	-	7,379	-
SA Ambulance Service Incorporated	150,911	160,438	9,563	4,292
Country Health SA Local Health Network Incorporated	-	692,089	-	14,289
Southern Adelaide Local Health Network Incorporated	1,045,341	943,767	25,828	13,964
Central Adelaide Local Health Network Incorporated	1,948,051	1,853,329	30,847	45,998
Women's and Children's Health Network Incorporated	451,355	402,453	30,464	10,721
Northern Adelaide Local Health Network Incorporated	752,110	652,420	37,261	13,504
Total funding to incorporated Health Services	5,080,965	4,704,496	168,501	102,768

The grants given are usually subject to terms and conditions set out in the contract, correspondence, or by legislation.

Due to inter-entity eliminations upon consolidation, grants and subsidies of \$5,249.466 million (\$4,807.264 million) between the Activities of the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

5. Borrowing costs

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Lease costs	152,477	168,935	23	2
Interest paid/payable	74	406	74	406
Other finance charges	1	4	1	4
Total borrowing costs	152,552	169,345	98	412

The consolidated entity does not capitalise borrowing costs. The total borrowing costs from financial liabilities not at fair value through profit and loss was \$152.552 million (\$169.345 million). Included in the lease costs is a reduction in contingent rental amounts of \$110.092 million (\$94.311 million) relating to CALHN Inc.

6. Other expenses

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Debts written off	21,369	22,201	56	30
Bank fees and charges	366	338	-	-
Donated drug vaccine expense	27,930	22,574	27,930	22,574
Net loss on revaluation of investments	196	68	-	-
Net loss on sale of investments	23	15	-	-
Royalty payments	2,587	13,028	-	-
Other*	6,524	7,109	1,579	2,535
Total other expenses	58,995	65,333	29,565	25,139

* 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 \$3.215 million (\$2.837 million). No other services were provided by the Auditor-General's Department. Also includes fees paid or payable to Galpins Accountants, Auditors and Business Consultants of \$0.219 million (\$0.220 million) for audits of the HACs and aged care and BDO for audit services for AusHealth of \$0.029 million (\$0.035).

Donated drug vaccine expense

Donated drug expense includes various anti-viral and highly specialised drugs to health providers to distribute free of charge to the South Australian community.

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7. Fees and charges

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Ambulance cover	29,471	28,244	-	-
Ambulance transport	86,286	75,298	-	-
Business services	1,540	1,549	1,540	1,549
Call Direct	976	1,092	-	-
Car parking revenue	18,514	19,728	47	51
Commissions revenue	241	201	15	19
Fines, fees and penalties	1,428	1,267	1,162	1,084
Insurance recoveries	191	180	35,786	34,976
Interstate patient transfers	49,989	77,773	49,989	77,770
Patient and client fees	288,549	296,956	-	20,659
Private practice fees	52,648	55,869	4,210	4,584
Recoveries	36,351	32,905	121,994	109,462
Residential and other aged care charges	26,861	27,903	-	-
Royalty income	4,372	19,273	-	-
Sale of goods - medical supplies	1,816	1,917	104,835	105,198
Training revenue	1,498	1,222	627	483
Other user charges and fees	36,372	36,790	2,263	1,618
Total fees and charges	637,103	678,167	322,468	357,453

Due to inter-entity eliminations upon consolidation, revenue from fees and charges of \$264.456 million (\$252.042 million) between the Activities of the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

The Consolidated Entity measures revenue based on the consideration specified in a major contract with a customer and excludes amounts collected on behalf of third parties. Revenue is recognised either at a point in time or over time, when (or as) the Consolidated Entity satisfies performance obligations by transferring the promised goods or services to its customers

All revenue from fees and charges is revenue is recognised from contracts with customers except for fines, fees and penalties, insurance recoveries and recoveries.

Consolidated

Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2020	2020	2019	2019
	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time
Ambulance cover	-	29,471	-	28,244
Ambulance transport	82,321	-	74,963	-
Business services	1,537	-	1,549	-
Call Direct	-	976	-	1,092
Car parking revenue	9,783	8,717	11,290	8,438
Commissions revenue	236	-	195	-
Interstate patient transfers	49,989	-	77,773	-
Patient and client fees	263,311	-	274,923	-
Private practice fees	52,648	-	55,869	-
Residential and other aged care charges	26,861	-	27,903	-
Royalty income	4,372	-	19,263	-
Sale of goods - medical supplies	1,798	-	1,908	-
Training revenue	1,295	-	1,017	-
Other user charges and fees	35,385	6	34,835	12
Total contracts with external customers	529,536	39,170	581,488	37,786
Ambulance transport	3,965	-	335	-
Business services	3	-	-	-
Car parking revenue	14	-	-	-
Commissions revenue	5	-	6	-
Patient and client fees	25,238	-	22,033	-
Royalty income	-	-	10	-
Sale of goods - medical supplies	18	-	9	-
Training revenue	203	-	205	-
Other user charges and fees	981	-	1,943	-
Total contracts with SA Government customers	30,427	-	24,541	-

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Total contracts with customers	559,963	39,170	606,029	37,786
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The Consolidated Entity recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 27). Similarly, if the Consolidated Entity satisfies a performance obligation before it receives the consideration, The Consolidated Entity recognises either a contract asset or a receivable, depending on whether something other than the passage of time is required before the consideration is due (refer to note 18 and 15 respectively).

The Consolidated Entity recognises revenue (contract from customers) from the following major sources:

Patient and Client Fees

Public health care is free for medicare eligible customers. Non-medicare eligible customers pay in arrears to stay overnight in a public hospital and to receive medical assessment, advice, treatment and care from a health professional. These charges may include doctors, surgeons, anaesthetist, pathology, radiology services etc Revenue from these services is recognized on a time-and-material basis as services are provided. Any amounts remaining unpaid at the end of the reporting period are treated as an accounts receivable.

Ambulance transport

Ambulance transport revenue comprises revenue earned from the provision of first aid and patient transportation that are considered non-emergency and are not covered by Medicare. Ambulance transport revenue recognition occurs under AASB 15 at the point in time that the performance obligation is discharged, which will be once the service is provided.

Private practice fees

SA Health grants SA Health employed salaried medical consultants the ability to provide billable medical services relating to the assessment, treatment and care of privately referred outpatients or private inpatients in SA Health sites. Fees derived from undertaking private practice is income derived in the hands of the specialist. The specialist appoints the Consolidated Entity as an agent in the rendering and recovery of accounts of the specialists private practice. SA Health disburses amounts collected on behalf of the specialist to the specialist via payroll (fortnightly) or accounts payable (monthly) depending on the rights of private practice scheme. Revenue from these services is recognized as its collected as per the Rights of Private Practice Agreement.

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 via activity estimates.

8. Grants and contributions

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	993	(2,200)	-	-
Commonwealth aged care subsidies	43,786	75,724	-	-
Pharmaceutical Benefits Scheme Commonwealth subsidy	206,333	186,800	-	-
Commonwealth National Health Reform Agreement	1,480,120	1,306,079	1,480,120	1,306,079
Department of Veterans' Affairs (Commonwealth)	36,840	40,027	36,840	40,027
Commonwealth Transition Care Program	25,065	24,785	25,065	24,785
Other Commonwealth sourced grants and contributions	226,580	70,794	132,555	16,808
SA Government Community Development Fund	7,000	7,000	7,000	7,000
SA Government capital contributions	(76)	-	-	-
Emergency Services Levy	1,454	1,419	-	-
Other SA Government grants and contributions	16,141	24,449	1,410	1,721
Private sector capital contributions	603	535	-	-
Other grants and contributions	38,912	40,040	801	716
Total grants and contributions	2,083,751	1,775,452	1,683,791	1,397,136

The grants received are usually subject to terms and conditions set out in the contract, correspondence, or by legislation.

Of the \$2,083.751 million (\$1,775.452 million) received during the reporting period \$1,452.977 million (\$1,415.460 million) was provided for specific purposes, including State and Commonwealth Health initiatives-Health reforms, research and other associated activities.

9. Interest

Consolidated **Parent**

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	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	4,579	6,514	2,589	3,810
Interest from SAFA on investments	13	25	-	-
Interest on financial liabilities	-	-	82	432
Interest on Special Purpose Funds	937	1,976	-	-
Total interest	5,529	8,515	2,671	4,242

10. Resources received free of charge

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Plant and equipment	193	385	-	-
Inventory	29,312	22,367	29,312	22,367
Services	34,470	27,707	2,491	1,660
Total resources received free of charge	63,975	50,459	31,803	24,027

Resources received free of charge includes property, plant and equipment and immunisation drugs recorded at their fair value. Where inventory is received free of charge, all amounts held are recognised as an asset during the period.

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 Consolidated Entity receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge, following Cabinet's approval to cease intra-government charging.

11. Net loss from disposal of non-current and other assets

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Land and buildings:				
Proceeds from disposal	143	-	-	-
Less carrying amount of assets disposed	(2,209)	(2,132)	-	-
Less other costs of disposal	(17)	-	-	-
Net loss from disposal of land and buildings	(2,083)	(2,132)	-	-
Plant and equipment:				
Proceeds from disposal	345	696	3	-
Less carrying amount of assets disposed	(708)	(1,190)	(9)	(22)
Less other costs of disposal	(93)	(48)	-	-
Net loss from disposal of plant and equipment	(456)	(542)	(6)	(22)
Non-current assets held for sale:				
Proceeds from disposal	-	505	-	505
Less carrying amount of assets disposed	-	(506)	-	(506)
Less other costs of disposal	-	(4)	-	(4)
Net loss from disposal of non-current assets held for sale	-	(5)	-	(5)
Total assets:				
Total proceeds from disposal	488	1,201	3	505
Less total carrying amount of assets disposed	(2,917)	(3,828)	(9)	(528)
Less other costs of disposal	(110)	(52)	-	(4)
Total net loss from disposal of assets	(2,539)	(2,679)	(6)	(27)

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 carrying amount of the asset from the proceeds at that time. When revalued assets are disposed, the revaluation surplus is transferred to retained earnings.

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12. Other revenues/income

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	240	267	-	-
Donations	9,438	9,726	-	2
Gain on revaluation of investment property	1,488	430	-	-
Other	38,733	29,300	585	1,601
Total other revenues/income	49,899	39,723	585	1,603

13. Revenues from SA Government

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Revenues from SA Government	39,021	83,155	39,021	83,155
Contingency funds from Department of Treasury and Finance	39,021	83,155	39,021	83,155
TVSP recovery funds from Department of Treasury and Finance	20,818	1,718	20,818	1,718
Appropriations from Consolidated Account pursuant to the <i>Appropriation Act</i>	4,241,121	4,102,164	4,241,121	4,102,164
Commonwealth capital grants received via Treasury	5,350	2,500	5,350	2,500
Commonwealth recurrent grants received via Treasury	22,330	14,235	22,330	14,235
Total revenues from SA Government	4,328,640	4,203,772	4,328,640	4,203,772

Payments to SA Government

Return of surplus cash pursuant to cash alignment policy	136,944	36,113	136,944	36,113
Total payments to SA Government	136,944	36,113	136,944	36,113

The Department is the administrative unit of the Consolidated Entity and as such receives all appropriation from DTF. Appropriations are recognised upon receipt. The Department provides recurrent and capital funding under a service level agreement to the LHNs and SAAS for the provision of services.

Transactions with the SA Government as owner are set out in Statement of Changes in Equity.

14. Cash and cash equivalents

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	501,337	335,646	473,600	309,383
Deposits with Treasurer: general operating	199,803	209,833	83,794	182,207
Deposits with Treasurer: accrual appropriation excess funds	211,812	141,770	211,812	141,770
Deposits with Treasurer: special purpose funds	156,659	152,693	-	-
Total cash	1,069,611	839,942	769,206	633,360

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

Although the Consolidated Entity controls the money reported above in the Accrual Appropriation Excess Funds Account, its use must be approved by the Treasurer. The Consolidated Entity earns interest on the special purpose funds account.

15. Receivables

	Note	Consolidated		Parent	
		2020	2019	2020	2019
		\$'000	\$'000	\$'000	\$'000
Current					
Patient/client fees: compensable		11,792	12,852	-	1,748
Patient/client fees: aged care		4,660	3,203	-	-
Patient/client fees: other		49,694	62,649	-	-
Debtors		73,841	57,493	3,102	1,507
Less: allowance for impairment loss on receivables	15.1	(36,944)	(34,618)	(63)	(71)
Interstate patient transfers		137,704	175,448	137,704	175,448
Prepayments		29,271	40,358	15,860	27,597
Loans	15.2	-	-	178	3,224
Dividends		19	19	-	-
Interest		172	522	-	67

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	Consolidated		Parent	
Grants	4	45	-	-
Sundry receivables and accrued revenue	54,292	57,619	911	134
GST input tax recoverable	23,020	18,931	20,566	14,948
Total current receivables	347,525	394,521	178,258	224,602
Non-Current				
Debtors	1,814	1,827	7	4
Prepayments	1,544	1,600	-	-
Loans	15.2	-	18	199
GST input tax recoverable	-	1,481	-	-
Total non-current receivables	3,358	4,908	25	203
Total receivables	350,883	399,429	178,283	224,805

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 loss on 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 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 the latest data available and the national efficient pricing rates from each year accrued. Prior year receivables are based on actual cross-border activity data. The current year receivable is based on the average of the actual data outcomes for 2016-17 to 2018-19.

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.

15.1 Impairment of receivables

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

Movement in the allowance for impairment loss on receivables:

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	34,618	27,105	71	62
Increase/(Decrease) in allowance recognised in profit or loss	2,326	7,513	(8)	9
Carrying amount at the end of the period	36,944	34,618	63	71

Impairment losses relate to receivables arising from contracts with customers that are external to SA Government. Refer to note 34 for details regarding credit risk and the methodology for determining impairment.

15.2 Reconciliation of loans receivable by the Parent and related movements

	Health Services		Back-to-Back	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July	3,423	8,046	3,007	6,915
Principal repayments	(3,227)	(4,623)	(3,007)	(3,908)
Balance at 30 June	196	3,423	-	3,007

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As at 30 June 2020 the Department has financed two Health Services with loans of \$0.196 million (\$0.416 million) for aged care housing and nil (\$3.007 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.

Due to inter-entity eliminations upon consolidation, loans receivables of \$0.196 million (\$3.423 million) between the Activities of the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

16. Other financial assets

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Current				
Term deposits	103,060	102,994	-	-
Other investments FVPL	10,266	6,764	-	-
Total current financial assets	113,326	109,758	-	-
Non-current				
Joint venture	2,670	2,678	-	-
Term deposits	80	1,618	-	-
Other investments FVOCI	1,248	1,460	-	-
Other investments FVPL	448	451	-	-
Total non-current financial assets	4,446	6,207	-	-
Total financial assets	117,772	115,965	-	-

The Consolidated Entity measures term deposits at amortised cost, listed equities and other investments are measured as fair value represented by market value. This includes shares in other corporations, floating rate notes, listed securities, managed funds not present in consolidation. The Consolidated Entity holds term deposits of \$103.140 million (\$104.612 million) of which \$60.467 million relates to aged care refundable deposits within Regional SA LHNs.

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. Refer to note 37 for further information on interests in other entities.

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 Cornerstone Housing Ltd, formerly Lutheran Community Housing Support Unit Inc.

There is no impairment on other financial assets. Refer to note 34 for information on risk management not present in consolidation.

17. Inventories

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Drug supplies	26,159	22,169	7,227	7,753
Medical, surgical and laboratory supplies	2,792	2,505	-	-
Food and hotel supplies	636	617	-	-
Engineering supplies	21	32	-	-
SA Health Distribution Centre and bulk warehouses	21,975	9,459	21,975	9,459
Inventory imprest stock	13,234	13,161	-	-
Other	1,790	871	21	18
Total current inventories - held for distribution	66,607	48,814	29,223	17,230

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.

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18. Contract assets

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Contract assets	13,009	25,426	-	-
Total contract assets	13,009	25,426	-	-

Contract assets primarily relate to the Consolidated Entity's rights to consideration for work completed but not yet billable at the reporting date. The Consolidated Entity has recognised revenue for pathology services and ambulance services provided but not yet processed through the billing system. Payments for pathology and ambulance services are not due from the customer until the services are correctly coded and therefore a contract asset is recognised over the period in which pathology and ambulance services are performed to represent the Consolidated Entity's right to consideration for the services transferred to date. Any amounts previously recognised as a contract asset are transferred to receivables when the rights become unconditional (ie at the point at which it is invoiced to the customer).

There were no impairment losses recognised on contract assets in the reporting period.

19. Property, plant and equipment, investment property and intangible assets

19.1 Acquisition and recognition

Property, plant and equipment owned are initially recorded on a cost basis, and subsequently measured at fair value. 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 owned property, plant and equipment with a 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.

19.2 Depreciation and amortisation

The residual values, useful lives, depreciation and amortisation methods of all major assets held by the Consolidated Entity are reviewed and adjusted if appropriate 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.

Depreciation and amortisation is calculated on a straight line basis.

Property, plant and equipment and intangible assets depreciation and amortisation are calculated over the estimated useful life as follows:

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	10 – 200
Right of use buildings	Lease term
Accommodation and Leasehold improvements	Lease term
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
Right of use plant and equipment	Lease term
Intangibles	5 – 30

19.3 Revaluation

All non-current tangible assets are subsequently measured at fair value after allowing for accumulated depreciation (written down current cost).

Revaluation of non-current assets or a group of assets is only performed when the owned 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.

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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.

19.4 Impairment

The Consolidated Entity holds its property, plant and equipment and intangible assets for their service potential (value in use). 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, fair value is assessed each year.

There were no indications of impairment of property, plant and equipment or intangibles as at 30 June 2020.

19.5 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.

19.6 Valuation of land and buildings

Leased land and buildings previously classified as operating leases have been included in the Statement of Financial Position for the first time in 2019-20.

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.

Fair value of unrestricted land was determined 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.

For land classified as restricted in use, fair value was determined using an adjustment to factors to reflect the restriction.

Fair value of specific land and buildings was determined using depreciated replacement cost 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; their size, condition, and location. The valuation was based on a combination of internal records, specialised knowledge and acquisitions/transfer costs.

19.7 Plant and equipment

Leased plant and equipment previously classified as operating leases have been included on the Statement of Financial Position for the first time in 2019-20.

The Consolidated Entity's plant and equipment assets with a fair value greater than \$1 million or had an estimated useful life of greater than three years 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. The value of other plant and equipment is deemed to approximate fair value. These assets are classified as Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

19.8 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 2020. 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 Dalgleish St, Thebarton was performed by a Certified Practising Valuer from Knight Frank Valuations, as at March 2020. 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.

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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 \$2.060 million (\$2.270 million).

19.9 Right-of-use assets

Right-of-use assets (including concessional arrangements) are recorded at cost and there were no indications for impairment. Additions to right of use assets during 2019-20 were \$17.101 million.

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20. Reconciliation of property, plant and equipment and investment property

The following tables show the movement:

Consolidated

2019-20

	Land and buildings:		Plant and equipment:					Investment property \$'000	Total \$'000		
	Land \$'000	Buildings \$'000	Right-of-use buildings \$'000	Capital works in progress land and buildings \$'000	Accommodation and Leaschold improvements \$'000	Medical/surgical/dental/biomedical \$'000	Other plant and equipment \$'000			Right-of-use plant and equipment \$'000	Capital works in progress plant and equipment \$'000
Carrying amount at the beginning of the period	344,347	2,354,312	2,748,242	49,380	55,083	184,503	42,502	252,932	10,495	22,012	6,063,808
Additions	-	507	10,902	136,286	23	15,760	512	6,199	27,166	-	197,355
Assets received free of charge	-	-	-	-	-	193	-	-	-	-	193
Disposals	(41)	(2,169)	(118)	-	-	(531)	(166)	(196)	(11)	-	(3,232)
Donated assets disposal	-	-	-	-	-	-	-	-	-	-	-
Transfers between asset classes	-	46,408	-	(47,949)	1,913	16,561	849	-	(17,782)	-	-
Other movements	-	-	(466)	-	-	-	-	-	(63)	-	(529)
Subtotal:	344,306	2,399,058	2,758,560	137,717	57,019	216,486	43,697	258,935	19,805	22,012	6,257,595
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(138,321)	(69,546)	-	(4,838)	(52,646)	(16,393)	(15,806)	-	-	(297,550)
Revaluation increment / (decrement)**	-	-	-	-	-	-	-	-	-	1,488	1,488
Subtotal:	-	(138,321)	(69,546)	-	(4,838)	(52,646)	(16,393)	(15,806)	-	1,488	(296,062)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	-	-
Impairment (losses) / reversals	-	-	-	-	-	-	-	-	-	-	-
Subtotal:	-	-	-	-	-	-	-	-	-	-	-
Carrying amount at the end of the period*	344,306	2,260,737	2,689,014	137,717	52,181	163,840	27,304	243,129	19,805	23,500	5,961,533
Gross carrying amount											
Gross carrying amount	344,306	2,528,450	2,842,288	137,717	82,622	426,153	132,634	274,196	19,805	23,500	6,811,671
Accumulated depreciation / amortisation	-	(267,713)	(153,274)	-	(30,441)	(262,313)	(105,330)	(31,067)	-	-	(850,138)
Carrying amount at the end of the period	344,306	2,260,737	2,689,014	137,717	52,181	163,840	27,304	243,129	19,805	23,500	5,961,533

*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 \$4.609 million (classified as level 2,) investments valued at \$23.500 million (classified as level 2,) and capital works in progress (not classified). Refer to note 1.8 for details about the lease liability for right-of-use assets.

**Revaluations increment includes gains recognised directly in equity of \$0.550 million – refer to the Statement of changes in equity and gains on revaluation of investment property of \$0.938 million – refer to note 12.

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Consolidated
2018-19

	Land and buildings:			Plant and equipment:					Total \$'000		
	Land \$'000	Buildings \$'000	Buildings under PPP \$'000	Capital works in land and buildings \$'000	Accommo- dation and 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	
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	6,063,683
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)
Subtotal:	344,347	2,565,490	2,572,442	49,380	39,772	234,702	59,931	250,661	10,495	21,582	6,148,802
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(138,414)	(45,863)	-	(4,223)	(50,199)	(17,429)	(8,868)	-	-	(264,996)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	430	430
Subtotal:	-	(138,414)	(45,863)	-	(4,223)	(50,199)	(17,429)	(8,868)	-	430	(264,566)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	-	84	-	-	-	-	-	-	-	-	84
Impairment (losses) / reversals	-	-	-	-	-	-	-	-	-	-	-
Subtotal:	-	84	-	-	-	-	-	-	-	-	84
Carrying amount at the end of the period*	344,347	2,427,160	2,526,579	49,380	35,549	184,503	42,502	241,793	10,495	22,012	5,884,320

Gross carrying amount

Gross carrying amount	344,347	2,578,115	2,610,602	49,380	61,894	437,387	147,346	258,061	10,495	22,012	6,519,639
Accumulated depreciation / amortisation	-	(150,955)	(84,023)	-	(26,345)	(252,884)	(104,844)	(16,268)	-	-	(635,319)
Carrying amount at the end of the period	344,347	2,427,160	2,526,579	49,380	35,549	184,503	42,502	241,793	10,495	22,012	5,884,320

* 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 mil.

**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).

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Parent 2019-20	Land and buildings:		Plant and equipment:						Total \$'000		
	Land \$'000	Buildings \$'000	Right of use buildings \$'000	Capital works in land and buildings \$'000	Accommo- dation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right of use plant and equipment \$'000		Capital works in progress plant and equipment \$'000	Investment property \$'000
Carrying amount at the beginning of the period	35,480	2,601	1,690	14	1,910	164	5,830	376	11	-	48,076
Additions	-	-	-	5,499	-	54	-	174	2,067	-	7,794
Assets received free of charge	-	-	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(9)	(92)	-	-	(101)
Acquisition / (disposal) through administrative restructuring	-	-	-	-	-	(172)	-	-	-	-	(172)
Transfers between asset classes	-	-	-	-	-	11	-	-	(11)	-	-
Other movements	-	-	71	-	-	-	-	-	-	-	71
Subtotal:	35,480	2,601	1,761	5,513	1,910	57	5,821	458	2,067	-	55,668
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(763)	(1,137)	-	(668)	(3)	(4,106)	(208)	-	-	(6,885)
Subtotal:	-	(763)	(1,137)	-	(668)	(3)	(4,106)	(208)	-	-	(6,885)
Carrying amount at the end of the period	35,480	1,838	624	5,513	1,242	54	1,715	250	2,067	-	48,783
Gross carrying amount											
Gross carrying amount	35,480	3,330	1,761	5,513	5,306	54	36,194	434	2,067	-	90,339
Accumulated depreciation / amortisation	-	(1,692)	(1,137)	-	(4,064)	-	(34,479)	(184)	-	-	(41,556)
Carrying amount at the end of the period	35,480	1,838	624	5,513	1,242	54	1,715	250	2,067	-	48,783

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). Refer to note 24 for details about the lease liability for right-of-use assets.

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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	Accommo- dation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical equipment \$'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)	-	-
Subtotal:	35,480	3,364	-	14	2,578	191	10,307	-	11	-	51,945
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(763)	-	-	(668)	(27)	(4,477)	-	-	-	(5,935)
Subtotal:	-	(763)	-	-	(668)	(27)	(4,477)	-	-	-	(5,935)
Carrying amount at the end of the period	35,480	2,601	-	14	1,910	164	5,830	-	11	-	46,010
Gross carrying amount											
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)
Carrying amount at the end of the period	35,480	2,601	-	14	1,910	164	5,830	-	11	-	46,010

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).

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21. Reconciliation of intangible assets

The following table shows the movement:
Consolidated

	2019-20			2018-19			
	Computer software \$'000	Bed licences \$'000	Capital works in progress intangibles \$'000	Computer software \$'000	Bed licences \$'000	Capital works in progress intangibles \$'000	Total \$'000
Carrying amount at the beginning of the period	95,105	700	792	112,967	700	3,939	117,606
Additions	15	-	931	81	-	1,002	1,083
Disposals	-	-	-	-	-	-	-
Amortisation	(19,911)	-	-	(22,489)	-	-	(22,489)
Transfers between asset classes	25	-	25	4,546	-	(4,149)	397
Other movements	-	-	-	-	-	-	-
Carrying amount at the end of the period	75,234	700	1,723	95,105	700	792	96,597
Gross carrying amount							
Gross carrying amount	213,318	700	1,723	216,501	700	792	217,993
Accumulated amortisation	(138,084)	-	-	(121,396)	-	-	(121,396)
Carrying amount at the end of the period	75,234	700	1,723	95,105	700	792	96,597
Parent							
Carrying amount at the beginning of the period	48,754	-	-	59,029	-	52	59,081
Additions	-	-	-	66	-	217	283
Amortisation	(9,700)	-	-	(10,610)	-	-	(10,610)
Transfers between asset classes	-	-	-	269	-	(269)	-
Carrying amount at the end of the period	39,054	-	-	48,754	-	-	48,754
Gross carrying amount							
Gross carrying amount	132,305	-	-	132,305	-	-	132,305
Accumulated amortisation	(93,251)	-	-	(83,551)	-	-	(83,551)
Carrying amount at the end of the period	39,054	-	-	48,754	-	-	48,754

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.

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22. Fair value measurement

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.

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 owned 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 19 and 22.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

22.1 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 2020

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements (Note 20)						
Land	36,600	307,706	344,306	35,480	-	35,480
Buildings and improvements	4,609	2,256,128	2,260,737	-	1,838	1,838
Leasehold improvements	-	52,181	52,181	-	1,242	1,242
Plant and equipment	-	191,144	191,144	-	1,769	1,769
Investment property	23,500	-	23,500	-	-	-
Total recurring fair value measurements	64,709	2,807,159	2,871,868	35,480	4,849	40,329

Fair value measurements at 30 June 2019

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements (Note 20)						
Land	36,600	307,747	344,347	35,480	-	35,480
Buildings and improvements	5,117	2,422,043	2,427,160	-	2,601	2,601
Leasehold improvements	-	35,549	35,549	-	1,910	1,910
Plant and equipment	-	227,006	227,006	-	5,994	5,994
Investment property	22,012	-	22,012	-	-	-
Total recurring fair value measurements	63,729	2,992,345	3,056,074	35,480	10,505	45,985

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 2020 and 2019, the Consolidated Entity had no valuations categorised into Level 1. Land assets of the Parent entity and SAAS have been classified as Level 2, as there were unobservable inputs, and one building asset for SAAS have been classified as Level 2.

22.2 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.

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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.

23. Payables

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Current				
Creditors and accrued expenses	202,519	228,101	57,437	43,353
Paid Parental Leave Scheme	904	473	33	8
Health Service workers compensation	-	-	8,226	8,124
Interstate patient transfers	118,911	96,133	118,911	96,133
Employment on-costs*	57,323	51,578	2,854	2,878
Other payables	7,289	8,799	65	71
Total current payables	386,946	385,084	187,526	150,567
Non-current				
Creditors and accrued expenses	-	624	-	-
Health Service workers compensation	-	-	14,691	15,241
Employment on-costs*	33,424	26,568	2,836	3,377
Other payables	169	182	-	-
Total non-current payables	33,593	27,374	17,527	18,618
Total payables	420,539	412,458	205,053	169,185

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 \$22.917 million (\$23.365 million). Refer to note 1.1.2 for further information.

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave has increased from the 2019 rate (41%) to 42% for the Department and (29%) to 38% for the LHNs and SAAS, and the average factor for the calculation of employer superannuation on-costs has remained at 9.8%. These rates are used in the employment on-cost calculation. The net financial effect of the above changes in the current financial year is an increase in the employee benefits expenses and the employment on-cost liability of \$8.743 million (Parent increase of \$0.048 million). The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

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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 the latest data available and the national efficient pricing rates from each year accrued. Prior year payables are based on actual cross-border activity data. The current year payables are based on the average of the actual data outcomes for 2016-17 to 2018-19.

24. Financial liabilities

	Note	Consolidated		Parent	
		2020	2019	2020	2019
Current		\$'000	\$'000	\$'000	\$'000
Borrowings from SA Government		-	3,007	-	3,007
Lease liabilities		86,361	64,468	781	-
Total current financial liabilities		86,361	67,475	781	3,007
Non-current					
Borrowings from SA Government		-	-	-	-
Lease liabilities		2,786,696	2,657,657	98	-
Total non-current financial liabilities		2,786,696	2,657,657	98	-
Total financial liabilities		2,873,057	2,725,132	879	3,007

The Consolidated Entity measures financial liabilities including borrowings/debt at amortised cost. Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or Treasury's incremental borrowing rate. There were not defaults or breaches on any of the above liabilities throughout the year. For 2019-20 the lease liabilities reflect only finance leases recognised in accordance with AASB 117. The movement in borrowings for SA Government of \$3.007 million arises from changes in financing cash outflows.

Refer to note 34 for information on risk management.

24.1 Leasing activities

The Consolidated Entity has a number of lease agreements including concessional. Lease terms vary in length from 2 to 99 years. Major lease activities include the use of:

- Properties – Non-DPTI provided office accommodation, community health offices, medical centres, health clinics, SA Pathology collection centres, primary health, dental clinics and staff accommodation are generally leased from the private sector. Most property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Health Facilities
 - Royal Adelaide Hospital (RAH) lease commenced in June 2011, achieved commercial acceptance in June 2017, and is for 35 years. The SA Health Partnership Consortium trading as Celsus entered into an arrangement 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. The arrangement is referred to as a Public Private Partnership (PPP). At the conclusion of the contract in 2046, the Consolidated Entity will take full 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.
 - Mt Gambier Hospital lease commenced in June 1997 and is for 25 years with an option to renew for 10 years. After 35 years the land and buildings revert to the Consolidated Entity. 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.
 - Health Facilities – leases include Adelaide Hills General Practice (Summit Health).

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- Port Augusta Hospital lease commenced in June 1997 and is for 25 years with an option to renew for 10 years. 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.
- Motor vehicles – 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 (usually 3 years) or a specified number of kilometres, whichever occurs first.
- Plant and equipment – leases for material handling equipment is cancellable and renewable every 2 years.

The Consolidated Entity has committed to a lease arrangement that has commenced from 1 July 2020 and which has been included in the lease liability maturity analysis.

The Consolidated entity has not entered into any sub-lease arrangements outside of the Consolidated Entity/SA Health.

Refer note 20 for details about the right of use assets (including depreciation) and note 5 for financing costs associated with these leasing activities.

24.2 Concessional lease arrangements

The Consolidated Entity has concessional lease arrangements as lessee, within the SA Health economic entity, with other government entities (eg local councils, universities and the Commonwealth government), and with not-for-profit entities.

Right of use asset	Nature of arrangements	Details
Land	Terms are up to 30 years Payment is nominal	Concessional land arrangements include land used for a country hospital carparking (overflow), hardstand storage and parklands frontage
Buildings and improvements	Terms are up to 38 years Payment is nominal	Concessional building arrangements include the use of premises for dental services, pathology collection, Breastscreen services, community health services, GP Plus arrangements, Drug and Alcohol Services clinics, Child/Family/Women's/Mental Health services and volunteer ambulance stations

24.3 Maturity analysis

A maturity analysis of lease liabilities based on undiscounted gross cash flows is reported in the table below:

	Consolidated		Parent	
	2020	2019	2020	2019
Lease Liabilities	\$'000	\$'000	\$'000	\$'000
1 to 3 years	970,978	913,047	2,032	-
3 to 5 years	624,704	596,208	-	-
5 to 10 years	1,499,594	1,438,070	-	-
More than 10 years	3,940,064	4,167,765	-	-
Total lease liabilities (undiscounted)	7,035,340	7,115,090	2,032	-

25. Employee benefits

	Consolidated		Parent	
	2020	2019	2020	2019
Current	\$'000	\$'000	\$'000	\$'000
Accrued salaries and wages	140,754	96,609	3,952	3,218
Annual leave	388,439	362,200	13,237	13,973
Long service leave	75,404	75,974	3,119	3,921
Fringe benefits tax	2,024	2,156	2,024	2,156
Skills and experience retention leave	28,124	26,707	952	1,012
Superannuation - defined benefit scheme	17,053	27,320	-	-
Other	586	449	35	13
Total current employee benefits	652,384	591,415	23,319	24,293

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Non-current				
Long service leave	829,332	819,179	34,444	42,471
Superannuation - defined benefit scheme	20,229	19,393	-	-
Total non-current employee benefits	849,561	838,572	34,444	42,471
<hr/>				
Total employee benefits	1,501,945	1,429,987	57,763	66,764

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.

25.1 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.

The actuarial assessment performed by DTF decreased the salary inflation from 2019 (2.2%) to 2.00% 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 \$0.769 million (Parent \$0.026 million), skills and experience retention leave liability of \$0.055 million (Parent \$0.002 million), payables (employee on-costs) of \$0.083 million (Parent \$0.004million) and employee benefits expense of \$0.907 million (Parent \$0.032 million).

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.

25.2 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 DTF 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 across government.

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 2019 rate (1.25%) to 0.75%. 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 actuarial assessment performed by DTF decreased the salary inflation rate from 2019 (4%) to 2.5% for long service leave liability, resulting in a decrease in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is a decrease in the long service leave liability of \$14.105 million (Parent \$2.824 million), Payables (employee on-costs) of \$0.668 million (Parent \$0.234 million) and employee benefits expense of \$14.773 million (Parent \$3.058 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.

25.3 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.

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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

	2020	2019
	\$'000	\$'000
Reconciliation of the present value of the defined benefit obligation:		
Opening balance of defined benefit obligation	323,648	284,259
Current service cost	10,500	9,456
Interest cost	3,801	6,758
Contributions by scheme participants	5,302	5,707
Actuarial (gains)/losses	(20,069)	27,837
Benefits paid	(23,434)	(9,152)
Taxes, premiums and expenses paid	(1,677)	(1,838)
Transfers in	238	621
Closing balance of defined benefit obligation	298,309	323,648

Reconciliation of fair value of scheme assets:

	2020	2019
	\$'000	\$'000
Opening balance of scheme assets	276,935	256,461
Interest Income	3,332	6,239
Actual return on scheme assets less Interest Income	(4,945)	13,465
Contributions from the employer	5,276	5,432
Contributions by scheme participants	5,302	5,707
Benefits paid	(23,434)	(9,152)
Taxes, premiums and expenses paid	(1,677)	(1,838)
Transfers in	238	621
Closing balance of scheme assets	261,027	276,935

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	298,309	323,648
Fair value of scheme assets	(261,027)	(276,935)
Net liability arising from defined benefit obligations	37,282	46,713

Included in the Statement of Financial Position:

Current provision for employee benefits - defined benefit obligations	17,053	27,320
Non-current provision for employee benefits - defined benefit obligations	20,229	19,393
Closing balance of defined benefit obligation	37,282	46,713

	% invested by asset class			
	Consolidated		Parent	
	2020	2019	2020	2019
	%	%	%	%
Australian equity	27	27	-	-
International equity	33	24	-	-
Fixed income	13	19	-	-
Property	11	12	-	-
Alternatives/other	6	16	-	-
Cash	10	2	-	-
Total	100	100	-	-

The percentage invested in each asset class as at 30 June 2019 is adjusted to be comparable to 30 June 2020. 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 loss of \$1.613 million (gain of \$19.704 million). Employer contributions of \$5.186 million are expected to be paid to the scheme for the year ending 30 June 2021. Expected employer contributions reflect the current 9.5% of salary contributions.

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	Consolidated		Parent	
	2020	2019	2020	2019
Principal actuarial assumptions used (and expressed as weighted averages):	% pa	% pa	% pa	% pa
Discount rate (defined benefit cost)	1.3	2.6	-	-
Expected rate of salary increase (defined benefit cost)	4.0	4.0	-	-
Discount rate (defined benefit obligation)	0.8	1.3	-	-
Expected rate of salary increase (defined benefit obligation)	2.5	4.0	-	-

	2020	2019
	\$'000	\$'000
Movement in net defined benefit liability		
Net defined benefit liability at start of year	46,713	27,798
Defined benefit cost	10,969	9,975
Remeasurements	(15,124)	14,372
Employer contributions	(5,276)	(5,432)
Net defined liability at year end	37,282	46,713

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 gain of \$16.509 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 2020 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	0.8%	0.3%	1.3%	0.8%	0.8%
Salary increase rate	2.5%	2.5%	2.5%	2.0%	3.0%
Defined benefit obligation (\$'000)	298,309	308,453	288,862	290,081	307,040

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.

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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.

Maturity profile of defined benefit obligation

The weighted average duration of the defined benefit obligation as at 30 June 2020 is eight years.

26. Provisions

	Note	Consolidated		Parent	
		2020	2019	2020	2019
		\$'000	\$'000	\$'000	\$'000
Current					
Insurance	26.2	13,167	17,215	13,167	17,215
Workers compensation	26.1	25,558	23,555	455	480
Total current provisions		38,725	40,770	13,622	17,695
Non-current					
Insurance	26.2	118,499	113,655	118,499	113,655
Workers compensation	26.1	83,472	81,709	605	573
Total non-current provisions		201,971	195,364	119,104	114,228
Total provisions		240,696	236,134	132,726	131,923

26.1 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 \$22.917 million (\$23.365 million). Refer to note 23. 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 2020 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.

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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 2020 the Consolidated Entity recognised a workers compensation non-statutory provision of \$8.498 million (Parent: \$0.049 million).

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	105,264	108,522	1,053	1,027
Increase in provisions recognised	10,900	23,921	168	80
Reductions resulting from re-measurement or settlement without cost	(2,052)	(6,296)	-	-
Reductions arising from payments/other sacrifices of future economic benefits	(5,082)	(20,883)	(161)	(54)
Carrying amount at the end of the period	109,030	105,264	1,060	1,053

26.2 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, remained at 1.4%.

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
2019-20	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at 1 July	127,809	109	1,672	1,280	130,870
Increase to provision due to new claims	14,877	15	91	1,252	16,235
Reduction due to payments	(12,773)	(151)	(245)	(328)	(13,497)
Net revision of estimates	(494)	140	(333)	(1,255)	(1,942)
Carrying amount at the end of the period	129,419	113	1,185	949	131,666

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27. Contract liabilities and other liabilities

	Consolidated		Parent	
	2020	2019	2020	2019
Current	\$'000	\$'000	\$'000	\$'000
Unearned revenue	20,499	13,019	2,174	-
Contract liabilities	3,641	2,642	-	-
Ambulance Cover Membership	1	-	-	-
Residential aged care bonds	80,695	76,222	-	-
Accommodation and lease incentive*	715	756	715	596
Other	4,080	1,303	1	1
Total current contract liabilities and other liabilities	109,631	93,942	2,890	597
Non-current				
Unearned revenue	-	607	-	-
Accommodation and lease incentive*	302	2,382	302	977
Other	743	825	-	-
Total non-current contract liabilities and other liabilities	1,045	3,814	302	977
Total contract liabilities and other liabilities	110,676	97,756	3,192	1,574

*Accommodation incentives relate to arrangements with DPTI via an MoAA. Lease incentive liabilities on transition to AASB 16 were written off against retained earnings.

Revenue relating to maintenance services for call direct and ambulance cover is recognised over time although the customer pays up front in full for these services. A contract liability is recognised for revenue relating to ambulance cover at the time of the initial sales transaction and is released over the service period. All performance obligations from these existing contracts (deferred service income) will be satisfied during the next reporting period and accordingly all amounts will be recognised as revenue.

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.

28. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	1,069,611	839,942	769,206	633,360
Cash as per Statement of Financial Position	1,069,611	839,942	769,206	633,360
Balance as per Statement of Cash Flows	1,069,611	839,942	769,206	633,360

Reconciliation of net cash provided by operating activities to net results:

Net cash provided by operating activities	505,867	417,071	146,156	341,828
Add/less non-cash items				
Asset donated free of charge	-	-	-	-
Capitalised interest expense on finance lease	(12,040)	(11,962)	-	-
Depreciation and amortisation expense of non-current assets	(317,461)	(287,485)	(16,585)	(16,545)
Gain/(loss) on sale or disposal of non-current assets	(2,539)	(2,679)	(6)	(27)
Gain/(loss) on valuation of defined benefits	(15,124)	14,372	-	-
Increments/(decrements) on revaluation of non-current assets	1,488	430	-	-
Interest credited directly to investments	712	767	-	-
Net effect of the adoption of new Accounting Standard	41,252	(4,202)	-	(197)
Non-current assets derecognised	-	(32)	-	-
Resources received free of charge	193	385	-	-
Revaluation of investments	3,963	184	-	-
Transfer of Lot14 Carpark Lease to Renewal SA	(7,124)	-	-	-

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Prior year error – SAAS	(5,983)	-	-	-
Administrative restructure	(5,911)	-	-	-
Movement in assets and liabilities				
Increase/(decrease) in contract assets	(12,417)	25,426	-	-
Increase/(decrease) in receivables	(48,546)	85,123	(42,952)	52,429
Increase/(decrease) in inventories	17,793	819	11,993	1,177
Increase/(decrease) in other current assets	402	162	-	-
(Increase)/decrease in employee benefits	(94,097)	(227,413)	(3,607)	(11,108)
(Increase)/decrease in payables and provisions	(16,105)	(66,817)	(37,769)	(33,575)
(Increase)/decrease in other liabilities	(12,923)	(8,023)	(1,618)	481
Net result	21,400	(63,874)	55,612	334,463

Total cash outflows for leases is \$236.716 million (\$223.406 million).

29. Unrecognised contractual commitments

Commitments include operating, capital and outsourcing arrangements arising from contractual or statutory sources, and are disclosed at their nominal value.

29.1 Capital and Expenditure Commitments

29.1.1 Capital commitments

	Consolidated		Parent	
	2020 \$'000	2019 \$'000	2020 \$'000	2019 \$'000
Within one year	12,191	3,305	4,123	-
Total capital commitments	12,191	3,305	4,123	-

The Consolidated Entity's capital commitments are for plant and equipment ordered but not received and capital works.

29.1.2 Expenditure commitments

	Consolidated		Parent	
	2020 \$'000	2019 \$'000	2020 \$'000	2019 \$'000
Within one year	359,586	243,799	108,095	38,493
Later than one year but not longer than five years	569,689	575,986	30,655	41,500
Later than five years	2,371,363	2,535,866	11,420	18,929
Total other expenditure commitments	3,300,638	3,355,651	150,170	98,922
Less contingent rentals	(1,164,994)	(1,178,834)	-	-
Net other expenditure commitments	2,135,644	2,176,817	150,170	98,922

The Consolidated Entity's expenditure commitments are for agreements for goods and services ordered but not received and administrative arrangements with DPTI for accommodation.

Included in other expenditure commitments above is \$2,783.444 million (\$2,879.821 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 2020 has not been quantified.

29.2 Operating lease revenue commitments

	Consolidated		Parent	
	2020 \$'000	2019 \$'000	2020 \$'000	2019 \$'000
Future minimum rentals receivable under non-cancellable operating lease is as follows:				
Within one year	494	569	-	-
Later than one year but not longer than five years	81	568	-	-
Later than five years	-	-	-	-
Total operating lease revenue commitments	575	1,137	-	-

The operating lease revenue commitments relates to property owned by the Consolidated Entity and leased to external parties.

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29.3 Operating lease expenditure commitments

	Consolidated		Parent	
	2020 \$'000	2019 \$'000	2020 \$'000	2019 \$'000
Within one year	-	26,931	-	2,691
Later than one year but not longer than five years	-	61,502	-	769
Later than five years	-	76,690	-	-
Total operating lease commitments	-	165,123	-	3,460
Representing:				
Cancellable operating leases	-	10,757	-	-
Non-cancellable operating leases	-	154,366	-	3,460
Total operating lease commitments	-	165,123	-	3,460

Operating lease expenditure commitments are provided for comparative purposes only as AASB 16 does not distinguish between operating and finance leases for the lessee. The comparative amount does not include commitments for administrative arrangements with DPTI for accommodation. This has been reclassified and included under expenditure commitments.

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.

29.4 Finance lease liabilities commitments

29.4.1 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:

	2020		2019	
	Minimum lease payments	Present value of lease payments	Minimum lease payments	Present value of lease payments
	\$'000	\$'000	\$'000	\$'000
Within one year	-	-	9,084	4,618
Later than one year but not longer than five years	-	-	23,289	11,010
Later than five years	-	-	7,199	3,898
Total minimum lease payments	-	-	39,572	19,526
Less future finance lease charges and contingent rentals	-	-	(20,046)	-
Total finance lease commitments - excluding RAH	-	-	19,526	19,526

Finance lease liabilities commitments (excluding Royal Adelaide Hospital (RAH)) are provided for comparative purposes only.

Included in finance lease commitments above is nil (\$0.988 million) which is the GST component.

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.

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29.4.2 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:

	2020		2019	
	Minimum lease payments	Present value of lease payments	Minimum lease payments	Present value of lease payments
	\$'000	\$'000	\$'000	\$'000
Within one year	308,125	285,759	309,683	288,706
Later than one year but not longer than five years	1,217,706	885,867	1,228,111	896,358
Later than five years	5,975,657	1,482,630	6,273,375	1,517,535
Total minimum lease payments	7,501,488	2,654,256	7,811,169	2,702,599
Less future finance lease charges and contingent rentals	(4,847,232)	-	(5,108,570)	-
Total finance lease commitments - RAH	2,654,256	2,654,256	2,702,599	2,702,599

Finance lease liabilities commitments for Royal Adelaide Hospital (RAH) are provided for comparative purposes only.

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.

30. Trust funds

The consolidated entity holds money in trust 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. As the Consolidated Entity only performs a custodial role in respect of trust monies, they are excluded from the financial statements as the Consolidated Entity cannot use these funds to achieve its objectives.

	Consolidated		Parent	
	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000
Carry amount at the beginning of period	454	428	-	-
Client trust receipts	1,701	936	-	-
Client trust payments	1,528	910	-	-
Carrying amount at the end of the period	627	454	-	-

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.

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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 current Enterprise Bargaining agreement for SA Ambulance paramedics has a preserved date of 31 December 2018 for the effective date of any subsequent Agreement to apply. The Agreement negotiations have commenced and any increase will be back dated to the first full pay period after 31 December 2018.

31.3 Guarantees

The Consolidated Entity has made no guarantees.

32. Events after balance date

Prior to 30 June, members of the Australian Nurses and Midwifery Federation supported a new public sector Nursing and Midwifery (SA Public Sector) Enterprise Agreement (EA), and accordingly an application for a new EA was submitted to the South Australian Employment Tribunal (SAET) (also prior to 30 June). The SAET approved the application on 16 July 2020. Amongst other matters, the new EA provides for a 2% increase in salary and wages (and certain allowances) from 1 January 2020. The financial statements have been adjusted for this event as the condition that has triggered the liability existed at or before 30 June.

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 in effect..

- *AASB 1059 Service Concession Arrangements: Grantors* applies from 1 July 2020 - The Consolidated Entity has assessed the Royal Adelaide Hospital, Port Augusta Hospital and Mount Gambier public private partnership arrangements under the new standard and formed the view that these arrangements are not service concession arrangements as the Consolidated Entity (the Grantor) provides the public service and not the operator. Accordingly this standard will not have an impact on the Consolidated Entity's financial statements.
- Amending Standards AASB 2018-6 and AASB 2018-7 will apply from 1 July 2020 and AASB 2014-10, AASB 2015-10, AASB 2017-5 will apply from 1 July 2022. Although applicable to the Consolidated Entity, these amending standards are not expected to have an impact on the Consolidated Entity's financial statements. SA Health will update its policies, procedures and work instructions, where required, to reflect changes to the definition of a business, definition of materiality, and the additional clarification of requirements for a sale or contribution of assets between an investor and its associate or joint venture.

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 23 and 24 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 14, 15, 16 and 34.2 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.

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.

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Category of financial asset and financial liability*	Notes	Consolidated		Parent	
		2020 Carrying amount/ Fair value \$'000	2019 Carrying amount/ Fair value \$'000	2020 Carrying amount/ Fair value \$'000	2019 Carrying amount/ Fair value \$'000
Financial assets					
Cash and equivalent					
Cash and cash equivalents	14, 28	1,069,611	839,942	769,206	633,360
Amortised Cost					
Receivables ⁽¹⁾⁽²⁾	15	295,269	360,429	141,824	182,253
Other financial assets	16	105,810	107,741	-	-
Fair value through statement of comprehensive income					
Other financial assets	16	1,248	1,460	-	-
Fair value through profit and loss					
Other financial assets	16	10,714	6,764	-	-
Total financial assets		1,482,652	1,316,336	911,030	815,613
Financial liabilities					
Financial liabilities at amortised cost					
Payables ⁽¹⁾	23	325,928	331,003	197,141	162,304
Borrowings	24	-	3,007	-	3,007
Lease liabilities	24, 29	2,873,057	2,722,125	879	-
Other financial liabilities	27	90,177	81,488	1,018	1,574
Total financial liabilities		3,289,162	3,137,623	199,038	166,885

For 2018-19 the lease liabilities reflect only finance leases recognised in accordance with AASB 117.

- (1) Receivable and payable amounts disclosed 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.
- (2) Receivable amount disclosed excludes prepayments as they are not financial

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. From 1 July 2020, loss allowances for contract assets are measured at an amount equal to an expected credit loss method using a 12 month method.

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:

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CONSOLIDATED	30 June 2020			30 June 2019		
	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
Days past due						
Current	0.1 – 21.1%	39,261	7,832	0.1 – 25.3%	54,754	6,350
<30 days	0.1 – 24.2%	16,664	1,200	0.1 – 28.8%	16,102	987
31-60 days	0.4 – 43.1%	8,879	1,523	0.3 – 48.1%	9,295	1,061
61-90 days	0.7 – 55.1%	7,138	1,653	0.6 – 59.6%	6,434	1,369
91-120 days	1.0 – 61.6%	5,430	1,670	1.9 – 65.7%	7,423	1,365
121-180 days	1.7 – 66.5%	5,387	1,690	1.9 – 74.7%	7,541	1,842
181-360 days	2.6 – 72.1%	21,252	11,711	2.0 – 94.0%	20,495	11,560
361-540 days	4.6 – 92.9%	6,396	4,079	22.0 – 100.0%	7,468	5,180
>540 days	5.3 – 100.00%	9,219	5,614	25.7 – 100.0%	7,908	4,634
Total		119,626	36,972		137,420	34,348

PARENT	30 June 2020			30 June 2019		
	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
Days past due						
Current	0.1%	1,634	1	0.1%	516	-
<30 days	0.1%	297	-	0.1%	90	-
31-60 days	0.4%	171	1	0.3%	12	-
61-90 days	0.8%	98	1	0.6%	4	-
91-120 days	2.5%	6	-	1.9%	-	-
121-180 days	2.6%	12	-	1.9%	5	-
181-360 days	2.7%	35	1	2.0%	48	1
361-540 days	22.7%	5	1	22.0%	10	2
>540 days	27.8%	205	57	27.0%	249	67
Total		2,463	62		934	70

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35. Budget performance

The budget performance table compares the Department's outcomes against budget information presented to Parliament in the original budget financial statements (2019-20 Budget Paper 4). The budget amounts have not been adjusted to reflect revised budgets or administrative restructures. The budget process is not subject to audit.

Consolidated	Original Budget 2020 \$'000	Actual 2020 \$'000	Variance \$'000
Statement of Comprehensive Income			
Income			
Revenues from SA Government	4,191,198	4,328,640	(137,442)
Fees and charges	703,900	637,103	66,797
Grants and contributions	1,949,762	2,083,751	(133,989)
Interest	5,482	5,529	(47)
Resources received free of charge	22,445	63,975	(41,530)
Other revenues/income	20,715	49,876	(29,161)
Total Income	6,893,502	7,168,874	(275,372)
Expenses			
Staff benefits expenses	4,006,929	4,247,291	240,362
Supplies and services	2,046,867	2,096,473	49,606
Depreciation and amortisation	286,464	317,461	30,997
Grants and subsidies	35,070	132,916	97,846
Borrowing costs	159,924	152,552	(7,372)
Payments to SA Government	-	136,944	136,944
Impairment loss on receivables	8,293	2,326	(5,967)
Net loss from disposal of non-current assets and other assets	541	2,539	1,998
Other expenses	56,071	58,995	2,924
Total Expenses	(a) 6,600,159	7,147,497	547,338
Net result	293,343	21,377	271,966
Other Comprehensive Income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment asset revaluation surplus	-	-	-
Items that will be reclassified subsequently to net result when specific conditions are met			
Gains/(losses) recognised directly in equity	-	14,908	14,908
Total Other Comprehensive Income	-	14,908	14,908
Total Comprehensive Result	293,343	36,285	(257,058)

(a) The unfavourable variance of \$547.338 million in total expenses compared with the original budget is mainly due to the increased cost of providing hospital services and the COVID-19 response. 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: increased funded operational expenses \$189 million, National Partnership Agreement funding for Private Hospital Viability payments \$69 million, Interstate patient revaluations \$59 million, Shared Services SA expenses \$34.5 million, VSP's \$29 million and additional expenditure for Pharmaceutical Benefits Scheme of \$14 million.

Investing expenditure summary	Original Budget 2020 \$'000	Actual 2020 \$'000	Variance \$'000
Total new projects	36,458	32,013	4,445
Total existing projects	196,732	102,158	94,574
Total annual programs	52,926	46,960	5,966
Total investing expenditure	(b) 286,116	181,131	104,985

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- (b) The favourable variance of \$104.985 million between original budget and actual amounts for investing expenditure mainly relates to reprofiling of projects into future years spend (spend patterns) of \$113.352 million due to delays in completing projects or changes in the delivery approach. Total \$2.411 million relates to reclassifications from investing to capital operating which did not comply with the SA Health Capitalisation Policy. The remaining variance of \$8.933 million relates to additional investing expenditure spent to support the South Australian Response to the COVID-19 pandemic - \$4.589 million on additional hospital equipment and \$4.344m on Repat Health Precinct for potential further accommodation and care capacity.

New Projects

- The favourable variance of \$4.445 million between original budget and actuals is mainly relates to reprofiling of projects into future years and underspend which partially offset with additional expenditure on COVID-19.
- Enterprise Cancer Prescribing System has reprofile their \$9.512 million 2019-20 budget to 2022-23 during February Budget process therefore revised budget is now nil.
- Repat Reactivation underspent their budget by \$9.200 million against original budget of \$26.075 million. Significant construction works will commence in 2020-21.
- \$4.5 million investing expenditure on New Women's and Children's Hospital project which the budget was released in October 2019
- Additional \$8.933 million investing expenditure spent in response to COVID-19 pandemic.

Existing Projects

The favourable variance of \$94.057 million between original budget and actuals is mainly relates to reprofiling of projects into future years and underspend.

Specific projects that have contributed to the variance include: The Queen Elizabeth Hospital Redevelopment Stage 3 of \$56.276 million, SA Pathology consolidation into Frome Road of \$13.473 million and SA Health Supply Distribution Centre of \$6.659 million.

Annual Projects

The favourable variance of \$5.966 million between original budget and actuals is mainly relates to underspend where few projects have been impacted by COVID-19 pandemic.

- SAAS have underspent \$3.476 million in their annual program as their vehicle replacement and medical equipment were not able to be delivered by 30 June 2020 due to COVID-19 crisis.
- Hospital Minor Works underspent \$1.664 million in their investing expenditure but it offsets with overspent in its operating expenditure (project related)..

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 13), and incurred significant expenditure with the Department of Planning, Transport and Infrastructure (DPTI) for capital works of \$97.633 million (\$31.407 million) occupancy rent and rates of \$16.222 million (\$14.552 million) and property repairs and maintenance of \$38.513 million (\$31.046 million) (note 3). As at 30 June the outstanding balance payable to DPTI was \$31.657 million (\$14.725 million) (note 23) and the value of unrecognised contractual expenditure commitments for accommodation with DPTI was \$74.773 million (\$68.910 million).

Refer to notes 3, 4, 7, 15 and 23 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.

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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

CALHN Inc 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.

Regional 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 Regional 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 be 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 Regional SA Local Health Network.

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 as at the reporting period and subsequently adjusted when the final audited financial statements are available.

Based on the audited financial statements as at 30 June 2019, Flinders Fertility incurred a loss and the draft financial statements as at the year ended 30 June 2020 project a profit. The loss as at 30 June 2019 and projected profit for 30 June 2020 have not been distributed to the beneficiaries.

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The following table summarises the financial information of Flinders Fertility based on currently available information:

	2020	2019
Percentage ownership interest	50 %	50 %
	\$'000	\$'000
Current assets	1,696	1,516
Current liabilities	(1,814)	(1,569)
Non-current assets	2,730	3,068
Non-current liabilities	(6,260)	(6,768)
Net assets	(3,648)	(3,753)
Share of beneficial entitlement	2,601	2,601
Carrying amount of interest in joint venture	2,601	2,601
Expenses	(5,059)	(5,277)
Revenue	5,164	4,264
Profit/(loss) and total comprehensive income	105	(1,013)
Entity's share of profit/(loss) and total comprehensive income (50%)	52	(506)

Structured entities

CALHN Inc 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.

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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
Barossa Hills Fleurieu Local Health Network - Audit and Risk Committee	1	Powell, D (Chair) (appointed 12/03/2020)
Barossa Hills Fleurieu Local Health Network - Country Health Gift Fund Health Advisory Council Inc	-	Blacker P (Chair), Evans L, Fuller J, Gregurke K, Healy R, Johnston J (resigned 01/08/2019), Mackay M, Mearthur A.
Barossa Hills Fleurieu Local Health Network - Governing Board	1	Blackwell P, Brown J (former Chair) (resigned 01/02/2020), Curran J (appointed 01/02/2020), Gaston C (Chair), Sexton R, Ullianich J (resigned 01/02/2020), Zadow R (resigned 20/03/2020).
Central Adelaide Local Health Network - Acute Medicine and Mental Health Partnership Working Group (ceased 10/2019)	25	Sutton P
Central Adelaide Local Health Network - AusHealth Corporate Pty Ltd	1	Baccanti M, Flynn P, Gruevski Z (resigned 23/06/2020), Hinton A and Johansen G
Central Adelaide Local Health Network - Best Practice Spotlight Organisation Steering Committee	26	Chester M, Williams N
Central Adelaide Local Health Network - Clinical Ethics Committee (commenced 20/05/2020)	10	Brown A Prof (Chair), Digance A, Lambert A and Merlin T Prof
Central Adelaide Local Health Network - Community Mental Health Redesign Project Management Committee	24	Bickley B, Corena M, Meegan J and Vega L
Central Adelaide Local Health Network - Complex Behaviour Committee	39	Chester M
Central Adelaide Local Health Network - Comprehensive Care Priority Care Committee	44	Bickley B and Marshall J
Central Adelaide Local Health Network - Consumer Carer Advisory Group	5	Barbara A, Bickley B (appointed 14/01/2020), Burns T, Eckermann C (appointed 09/07/2019), Horgan J (appointed 09/07/2019), Law D, Lucas G, Meegan J (appointed 09/07/2019), Reid L (appointed 09/07/2019), Smith J (appointed 09/07/2019) and Verrall A (Chair)
Central Adelaide Local Health Network - Executive Quality Governance Committee	60	Fyfe D

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Board/committee name:	Government employee members	Other members
Central Adelaide Local Health Network - Governing Board (commenced 01/07/2019)	-	Beilby J Prof, Cockram A Dr, Dwyer J Prof, James N (resigned 03/04/2020), Morey K, Reid M, Spencer R (Chair) and Yuile J (appointed 29/05/2020)
Central Adelaide Local Health Network - Governing Council (ceased 30/09/2019)	1	Deegan V, Eckert M, Ellery B, Fyfe D, Hubczenko N, Ielasi J, and Kellie A
Central Adelaide Local Health Network - Hampstead Rehabilitation Centre Hydrotherapy Committee	5	Heydrich S (resigned 31/12/2019)
Central Adelaide Local Health Network - Human Research Ethics Committee	11	Air T, Bonython J, Crabb A, Crockett J (appointed 04/12/2019), Cullen J, Dale L, Digance A, Fisher A, Greenberg Z, Hackett J, Iankov I (appointed 25/07/2019), Lee J Dr, L Lu (appointed 21/08/2019), Matmer J (resigned 05/07/2019), Need A Prof, Newsham, P (appointed 29/12/2019), Parry C, Partridge G, Phillips C (appointed 03/12/2019), Raschella F, Ruediger C and Slater H
Central Adelaide Local Health Network - Inpatient Rehabilitation Services Model of Care Workgroup (Commenced 16/07/2019)	23	Bickley B
Central Adelaide Local Health Network - Pelvic Mesh Specialists Group	11	Blieschke K, Millhouse A (resigned 01/02/2020), Overton J, Short K
Central Adelaide Local Health Network - Priority Care Committee: Managing Deterioration	30	Price J and Raschella F
Central Adelaide Local Health Network - Priority Care Committee: Medication Safety	22	Raschella F
Central Adelaide Local Health Network - SA Brain Injury Rehabilitation Service Consumer Advisory Group	3	Canavan D (Chair) (resigned 12/12/2019), Dunn K (appointed 12/12/2019), Miller L, Francese L, Morgan T (Chair) and Regan-Coe F
Central Adelaide Local Health Network - SA Dental Services Consumer Advisory Panel	-	Ali H, Beddall P (resigned 01/08/2019), Brown M, Costa D, Ireland K (appointed 29/01/2020), Kerekes E, Matiasz S Dr, McMahon J, Millier P, Sutherland R (appointed 10/02/2020) Whiteway L (appointed 29/01/2020) and Zerna J
Central Adelaide Local Health Network - SA Pathology Clinical Safety Working Group	16	Christenson C
Central Adelaide Local Health Network - Statewide Clinical Support Services Risk Management & Audit Committee	3	Christley S Dr and Davies T (Chair)
Central Adelaide Local Health Network - The Queen Elizabeth	18	Chester M and Heydrich S

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Government employee members		Other members
Board/committee name: Hospital Meal Management		
Central Adelaide Local Health Network - Youth Cancer Advisory Group	2	Armstrong N, Binns T, Edwards S (appointed 16/10/2019), Fowler N, Hammerling S (appointed 16/10/2019), Ieremia T (appointed 16/10/2019), Merton T (appointed 16/10/2019), Mitra D, Pexon T (appointed 16/10/2019), Smith O (appointed 04/12/2019) and Spangenberg C (appointed 16/10/2019)
Department for Health and Wellbeing - Centre for Disability Health Project Board	-	Horne S, Forward J, Kroon T, Koch M, Woon S, Hoculi J, Pugh L, Prowse L, Stagg D, Crowther F, Prof Crotty M, Luks M Dr, Burton C, Kruger S
Department for Health and Wellbeing - Comprehensive Care of Older Persons Project Board	9	Clark S
Department for Health and Wellbeing - Consumer Feedback and Complaints Management Program Board	-	Venning J, Overton J, Willis A, Grant D Dr, Brunton M, Cadzow M, Corona M, Lockett, Owen V, Vukasinovic D, Farrugia, S, McErlan, Driscoll K, Keating C, Byfield S, Huber L, Ranieri P
Department for Health and Wellbeing - Controlled Substances Advisory Council	12	Banner L, Gillett-Ferguson J, Johns, R, 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	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	9	Solomon S (chair)
Department for Health and Wellbeing - End of Life Care Strategy Program Board (Concluded February 2020)	2	Brown M, Dickson M, Moy C Dr, Smith J, Swentham K, Tieman J Dr, and Walker H
Department for Health and Wellbeing - Health Performance Council	-	Callaghan R, Duckett S, Fraser-Barbour E Greenhill J, Jackson Pulver L, Patetsos M, Roder D, Rowse B, and Tully S (chair)
Department for Health and Wellbeing - Hepatitis C Action Plan Implementation Group (HAPI-C)	10	Hickey T, Landers D, and Oudith E
Department for Health and Wellbeing - Human Research Ethics Committee	8	Bradley C, Braunacker-Mayer A Prof (Chair), Buckley E, Carter D, Elliott J, Gibson T, Glavacich R, Grant J, Hewitt A, Holton C, Jones M, Kennedy R, McIlwaine J, Needs K, Roder D, Rundle N, and Stephens J
Department for Health and Wellbeing - Lived Experience Reference Group (Endorsed 16 January 2020)	2	Braund S, Burtinik L, Galpin L, Manson P, Camilleri C, Hunt D, English L, Hofhuis C, Madrid J, Khateeb J, Hassani A, Hunter T
Department for Health and Wellbeing - Maternal and Perinatal	11	Brown A Dr, Goold J Dr, and McKendrick L

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Board/committee name:	Government employee members	Other members
Mortality - Perinatal Mortality Subcommittee	-	Brayley J Sutton S, Hofhuis C, Meegan J
Department for Health and Wellbeing - NDIS Psychosocial Disability Transition Task Force	7	Marshall J, Bevan A, Waters M, Byrne S Dr, Griffiths C Dr, Jenkin P, King L, Morgan D Dr, Amato C, Stone H, Agius P, Schuts S Dr
Department for Health and Wellbeing - Palliative Care Clinical Network Steering Committee (Endorsed 11 December 2019)	2	Camilleri C Dr, Coyne T Dr, Paterson T Dr, Richards B A/Prof, Simpson T and Smith J
Department for Health and Wellbeing - Prescribed Psychiatric Treatment Panel	1	Dunsford C (Chair), Marshall V and Stubs, Dr T
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, Lehman, J 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, Bail T, Blackwell P, Chester M, Fyfe D, Hoites 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	24	Beckoff M Dr, Boumelha P E/Prof, Chen M, Craig J Prof, and McManis S
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council Accreditation Committee	14	Boumelha P E/Prof. (chair), Kuruppu P Dr and Need P Dr
Department for Health and Wellbeing - South Australian Medicines Advisory Committee	18	Kardachi G, Lee D, Stocks N Prof and Thynne 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, Milazzo A, Skene C, Van Kessel A, and Whittington S

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Board/committee name:	Government employee members	Other members
Department for Health and Wellbeing - Statewide Paediatric Surgical Services Project Board	11	Bedford V and Glastonbury S
Department for Health and Wellbeing - Statewide Patient Flow Committee	15	Page A
Department for Health and Wellbeing - Transvaginal Mesh Consumer and Community Advisory Group	-	Brunton, M, Dejenai, Y, Erichsdotter, B, Kerrins, E, Miekan, K (chair), Shimmin, E and Short, K
Department for Health and Wellbeing - Viral Hepatitis Model of Care Reference Group	24	Beecher I, Lallard J, Landers, D, Larkin M, Oliver-Landry E Dr, Oudih E, Paterson K, Warneke-Arnold D, Williams E and Wurm C Dr
Eyre and Far North Local Health Network - Audit and Risk Management Committee	-	Van der Wel O
Eyre and Far North Local Health Network - Governing Board	-	Smith M (Chair), Dunchue L, Green B, Miller T (resigned 28/12/2019), Mills P, Siviour J, Sweet C.
Flinders and Upper North Local Health Network - Board	-	Brady G, Francis B (Chair), Graham S, Lynch J, Malone G, Reid K, Whitefield M
Flinders and Upper North Local Health Network - Consumer and Community Engagement Committee	-	Misan G (appointed 1/7/2019), Plew S (Chair) (appointed 1/7/2019), Screen A (appointed 1/7/2019), Shute J (appointed 1/7/2019), Walters C (appointed 1/7/2019)
Flinders and Upper North Local Health Network - Risk Management and Audit Committee	-	Van der Wel O (Chair) (appointed 1/10/2019)
Limestone Coast Local Health Network - Governing Board	2	King G (Chair), Brown, G, Cook L, Irving J, Johnson A
Northern Adelaide Local Health Network - Consumer Advisory Council	3	White A (Chair), Mosso J , Whatley G, Green L, Clark Reynolds N, Patching A, Lowden H, Davies I, Putsey P
Northern Adelaide Local Health Network - Governing Board	-	Blight R (Chair), Burgess A, Roesler C, Patetosos M, Forwood M, South L, Lampard F, Moore R
Northern Adelaide Local Health Network - Governing Council	1	Hains S (Chair), Durrant M, Isemonger J, Lampard F, Smith J, Wilson B, Moffatt N, Vinci G, Frost M
Northern Adelaide Local Health Network - Northern Adelaide Local Health Network and Department of Health and Wellbeing Aboriginal Consumer Reference Group	-	Wanganeen K (Chair), Stengle A, Forbes A, Graham C, Thyer C, Wanganeen E, Chisholm K, Webb L, Sinclair N, Tonkin B, Weetra R
Northern Adelaide Local Health Network - Risk Management & Audit Committee to the Board	-	Connor G (Chair), Patetosos M, Forwood M, Moore R

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Board/committee name:	Government employee members	Other members
Riverland Mallee Coorong Local Health Network - Governing Board	-	Joyner P (Chair), Ashworth E, Goldsmith C, Mohor S, Ottaway M, Toogood F.
Riverland Mallee Coorong Local Health Network - Risk and Audit Committee	-	Brass P (Chair) (appointed 2/12/19)
SA Ambulance Service Inc - Adverse Events Committee	3	Beilby J Professor, Cadzow M (appointed 2 August 2019), Davies G, Hibbert P, Whiteway L (appointed 2 August 2019).
SA Ambulance Service Inc - Consumer and Community Advisory Committee	3	Bain C (appointed 5 March 2020), Bowering N (appointed 5 March 2020), Bunjaku M, Charlesworth M (resigned 7 March 2020), Chester M (appointed 5 March 2020), Denny B (resigned 7 May 2020), Edwards H (appointed 5 March 2020), Kirk P (appointed 5 March 2020), Lawrence D (Co-Chair) (appointed 5 March 2020), McDonald B (appointed 5 March 2020), Menai J (appointed 5 March 2020), Mercer K (appointed 5 March 2020), Martini J (appointed 5 March 2020), Squirrel D, Vega L (appointed 5 March 2020).
SA Ambulance Service Inc - Risk Management and Audit Committee	1	Beilby J Professor, Sneddon Y (Chair), Thompson K (appointed 1 July 2019).
Southern Adelaide Local Health Network - Clinical Council	44	Dame T, Tellis N (ceased 22/6/2020), Voss D, Duong M (appointed 12/02/2020)
Southern Adelaide Local Health Network - Communicating for Patient Safety Committee (formerly the Southern Adelaide Local Health Network Clinical Handover Steering Committee)	41	Dame T, Tellis N (ceased 22/06/2020)
Southern Adelaide Local Health Network - DASSA Clinical Executive Committee	9	Moore P
Southern Adelaide Local Health Network - DASSA Community Advisory Council	5	Braund S, Cauchi R, Davis J, Daw H, Les D, McLean J, Moore P, Nimmo E, O'Brien J, Percy S, Petracco C, Tran K, Whiteway L, Retz A (appointed 25/09/2019), Byron A (appointed 27/05/2020), Newrick K (appointed 27/05/2020), Randle M (appointed 25/09/2019), Cornish M (appointed 25/09/2019), Cramp T (appointed 27/05/2020), McHendrie T, Agius N (Chair).
Southern Adelaide Local Health Network - DASSA Executive Group	9	O'Brien J
Southern Adelaide Local Health Network - Drugs and Therapeutics Committee	36	Barrington D, Moen D (ceased 17/12/2019)
Southern Adelaide Local Health Network - End of Life Steering Committee	19	Fazzalari R (ceased 31/12/2020), Vialls K
Southern Adelaide Local Health Network - Falls Prevention	37	Cohen M

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Board/committee name:	Government employee members	Other members
Management Committee	-	
Southern Adelaide Local Health Network - Governing Board	-	Baggoley C (appointed 01/07/2019), Butcher M (Chair) (appointed 01/07/2019), Hickey V (appointed 01/07/2019), Mackean T (appointed 01/07/2019), Mitchell J (appointed 01/07/2019), Noble J (appointed 01/07/2019), Richter J (appointed 01/07/2019)
Southern Adelaide Local Health Network - Mental Health Consumer and Carer Advisory Group (formerly Consumer Administration Liaison Meeting)	19	Aldahn V, Buer S, Corena M, Hofhuus C, King P, Braund S, Clarke W, Harrison J, Hopkins R
Southern Adelaide Local Health Network - Older Persons Lived Experience Group Mental Health Services (formerly Southern Adelaide Local Health Network Older Persons Mental Health Services Consumer and Carer Advisory Group)	3	Andrew G (ceased 01/07/2019), Clark W (Chair), Heinrichs B, James S, Schettlers J
Southern Adelaide Local Health Network - Partnering with Consumer Advisory Group	19	Bail R, Christensen C, Dame T, Davies S, Hoiles J, King P (Chair), Klinge N, Pascoe P, Voss D, Roberts D, Duke J, Rickett D (ceased 31/12/2019), Oudih E, Langford D, Rankine J, Reece S, Mannion J (ceased 31/12/2019)
Southern Adelaide Local Health Network - Southern Adelaide Clinical Human Research Ethics Committee	19	Arnold G, Barr C, Berg M, Breaden K (ceased 31/12/2019), Du H, Dykes L, Hackett J, Haines C, Holtham R, Kemp C, Lange B, Lister C, Lower K, McEvoy M, Miliotis B, Mudd A (appointed 23/07/2019), Nguyen A, Sharma S, Souzeau E, Spencer M, Trethewey C, Voss D, Werr L, Westwood T, Yip L, Zhou Y, Jenki L (Deputy Chair), Trethewey Y
Women's and Children's Health Network - Advisory Council Incorporated	2	Buckerfield M, Cadzow M, McDougall E, Wallace M (Chair), Wigg N Dr (All resigned and board ceased 30/06/2019)
Women's and Children's Health Network - Audit and Risk Committee	-	Connor G (Chair), Daw S, Haslam R
Women's and Children's Health Network - Clinical Governance Committee	-	Cadzow M, Christley S, Daw S, Glover K, Griffin L
Women's and Children's Health Network - Consumer and Community Engagement Committee	-	Birch J (Chair) (appointed 28/08/2019), Gray R (appointed 28/08/2019), Griffin L (appointed 28/08/2019), Hurrell E (appointed 05/02/2020), Miller S (appointed 28/08/2019), Sands S (appointed 28/08/2019)
Women's and Children's Health Network - Governing Board	-	Bastian J, Birch J (Chair), Christley S, Daw S, Glover K, Haslam R, Miller S, Wilson B (appointed 01/07/2019)
Yorke and Northern Local Health Network - Audit and Risk	-	Traeger E (appointed 17/12/2019)

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Committee Yorke and Northern Local Health Network - Governing Board	-	Badenoch J, Bouilly V (Chair) (resigned 11/12/2019), Coulthard G (appointed 11/11/2019), Malcolm E, Mohor S (resigned 01/11/2019), Voumard J (chair from 11/12/2019), Warnken Y

Refer to note 2.2 for remuneration of board and committee members

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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:

- The Minister'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:

- Medical Centres - represents fees and charges collected on behalf of doctors that work in Regional SA 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; 2019-20 Budget Paper 4 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.

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40.5 Schedules of administered items

	Special Acts		HMRF		Private Practice		Other		Total	
	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Schedule of Administered Expenses and Income										
Administered income										
Revenues from SA Government	609	592	-	-	-	-	-	-	609	592
Grants and contributions	-	-	-	-	-	-	-	-	-	-
Revenues from fees and charges	-	-	-	110,465	95,188	110,465	4,221	98,887	98,887	114,686
Interest revenues	-	-	-	-	-	-	3	3	3	3
Other revenues	-	-	929	4,674	-	-	35	59	964	4,733
Total Administered income	609	592	929	4,674	95,188	110,465	4,283	100,463	100,463	120,014
Administered expenses										
Employee benefits expenses	607	591	-	-	-	-	172	324	779	915
Supplies and services	2	1	-	-	50	942	92	150	150	1,035
Grants and subsidies	-	-	4,255	4,230	-	-	-	4,255	4,255	4,230
Depreciation expense	-	-	-	-	-	-	3	3	3	3
Other expenses	-	-	-	-	97,669	108,195	3,429	3,712	101,098	111,907
Total Administered expenses	609	592	4,255	4,230	97,719	109,137	3,702	4,131	106,285	118,090
Net result	-	-	(3,326)	444	(2,531)	1,328	152	(5,822)	(5,822)	1,924

Schedule of Administered Assets and Liabilities

Administered current assets										
Cash and cash equivalents	(41)	(45)	8,232	10,540	8,552	10,815	1,223	18,139	18,139	22,533
Receivables	41	52	-	1,018	5,738	6,465	83	5,862	5,862	7,536
Total Administered current assets	-	7	8,232	11,558	14,290	17,280	1,224	24,001	24,001	30,069
Administered non-current assets										
Property, plant and equipment	-	-	-	-	-	-	51	49	51	49
Total Administered non-current assets	-	-	-	-	-	-	51	49	51	49
Total Administered assets	-	7	8,232	11,558	14,290	17,280	1,273	24,052	24,052	30,118
Administered current liabilities										
Payables	-	-	-	-	4,802	5,250	932	5,972	5,972	6,189
Employee benefits	-	-	-	-	-	-	25	25	25	54
Clearing and systems accounts	-	-	-	-	(8)	-	-	(8)	(8)	-
Other current provisions/liabilities	-	-	-	-	(35)	(21)	59	20	24	(1)
Total Administered liabilities	-	7	-	-	4,759	5,229	1,006	6,013	6,013	6,242
Net Administered assets/equity	-	-	8,232	11,558	9,531	12,051	267	18,039	18,039	23,876

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Schedule of Administered Cash Flows

	Total 2020	Total 2019
	\$'000	\$'000
Cash flows from operating activities		
Cash inflows		
Grants and contributions	620	592
Receipts from SA Government	100,530	116,525
Fees and charges	3	3
Interest revenues	964	4,734
Total Cash inflows	102,117	121,854
Cash outflows		
Employee benefits payments	808	854
Grants and subsidies	4,255	4,230
Supplies and services	367	1,101
Other payments	101,081	112,857
Total Cash outflows	106,511	119,042
Net cash inflows/cash outflows from operating activities	(4,394)	2,812
Net increase/(decrease) in cash held	(4,394)	2,812
Cash at the beginning of the reporting period	22,533	19,721
Cash at the end of the reporting period	18,139	22,533

