

**OFFICIAL**

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing



**Government  
of South Australia**

**DEPARTMENT FOR HEALTH AND  
WELLBEING**

**2021-22 Annual Report**

**DEPARTMENT FOR HEALTH AND WELLBEING**

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2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

To:

The Hon Chris Picton MP

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*, 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 Robyn Lawrence

Chief Executive

Date 27. 9. 22

Signature 

## **From the Chief Executive**



I am pleased to present the 2021-22 Annual Report for the Department for Health and Wellbeing (DHW), South Australia.

This year has been a challenging one for the South Australian health system as we continue to manage the ongoing impact of COVID-19 across the state. The dedication and commitment from all SA Health staff to continue to be responsive, flexible and work collaboratively helped to minimise the health impact and maintain an effective health protection response to the virus across our community.

While the system over the last 12 months has remained under substantial pressure, we have managed a significant pandemic response in both our acute hospital settings and in the community where a range of services are still being provided. The public health response has been enormous and has seen the establishment of new areas of work that we have never before needed to implement: the excellent quarantine and isolation program supported by Medi-hotels; mass testing sites, mass vaccination clinics, a growing virtual care service and COVID-19 Care Clinics.

We are in a transition phase, moving from the emergency response to living with COVID-19 and establishing a new way of working that reflects the innovation and rapid solutions that have been the hallmark of the SA response since early 2020.

The South Australian Government's election commitments and our focus to strengthen the positive partnerships we have forged allow us to take on some core structural challenges to how our public health system functions.

One of our key priority areas is addressing delayed transfer of care, or hospital ramping, and on managing demand across the entire healthcare community, not just relying on our public hospital Emergency Department front door. The increased funding provisions for expanded ambulance services, more doctors, nurses and paramedics, more beds, and significant upgrades of hospitals to enable additional bed capacity across the state.

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I am optimistic that the ongoing strategic priorities within the *SA Health and Wellbeing Strategy 2020-2025* will continue to improve healthcare delivery across the state with a focus on; collaborative efforts across the system in keeping people healthy, prevention, promotion and early intervention, as well as expanding service capacity in community and virtual settings to enable people to receive care as close to home as possible.

As I start my journey as the Chief Executive for DHW, I want to acknowledge the extensive efforts from all staff within the Department who have been involved in the ongoing response to the pandemic, and to recognise the hard work that everyone has done to keep delivering and progressing the immediate and long-term strategies that sustain the South Australian public health system now and into the future.



Dr Robyn Lawrence  
Chief Executive  
Department for Health and Wellbeing

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## Overview: about the agency

### Our strategic focus

<p><b>Our Purpose</b></p>	<p>The Department for Health and Wellbeing (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 DHW, through the Chief Executive, is responsible to the Minister for Health and Wellbeing (the Minister). The department provides expert health, public health and wellbeing advice, supporting the Minister and Chief Executive in exercising their powers and functions.</p>
<p><b>Our Vision</b></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 SA Health and Wellbeing Strategy 2020-2025 and informs the principle rationale for determining, planning, and developing new improvement activities, initiatives and projects:</p> <ul style="list-style-type: none"> <li>• Together – working in partnership to develop patient-centred solutions and service improvements</li> <li>• Trusted – providing safe, reliable, and high-quality treatment and care</li> <li>• Targeted – addressing priority health needs and disparities with the right evidence, motivation, and interventions</li> <li>• Tailored – meeting the diverse and complex needs of individuals</li> <li>• Timely – optimising health and wellness outcomes by delivering timely and appropriate health care.</li> </ul>
<p><b>Our Values</b></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. Further, to supporting these values, SA Health upholds Care and Kindness values that underpin how we treat each other and our patients, and work together to provide services.</p>

<p><b>Our functions, objectives and deliverables</b></p>	<p>The DHW 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. The DHW is the 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 DHW’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"> <li>• Supporting and advising the Minister and government on strategic policies and directions</li> <li>• Coordinating Parliamentary and Cabinet briefing processes</li> <li>• Statutory reporting requirements</li> <li>• Intergovernmental relations</li> <li>• Participating in, and supporting the Minister to participate in, national reforms via national councils and committees</li> <li>• Regulatory and licencing functions.</li> </ul> <p>As the system leader for the delivery of health services, the department will:</p> <ul style="list-style-type: none"> <li>• Develop the vision, direction and long-term planning strategy to sustain the health system</li> <li>• Provide strategic leadership, planning and direction for health care services in SA</li> <li>• Guide, inform and fulfil the planning and commissioning cycle including             <ul style="list-style-type: none"> <li>○ Making recommendations for the allocation of funding from the health portfolio budget to health service providers</li> <li>○ Enter into Service Agreements with health service providers outlining budget, activity and performance measures</li> <li>○ Monitor performance and take remedial action when performance does not meet expected standards</li> <li>○ Demonstrate strong financial management and accountability that prioritises investment in high value, evidence informed service responses and system sustainability at a local level</li> </ul> </li> <li>• Arrange for the provision of health services by contracted health entities</li> </ul>
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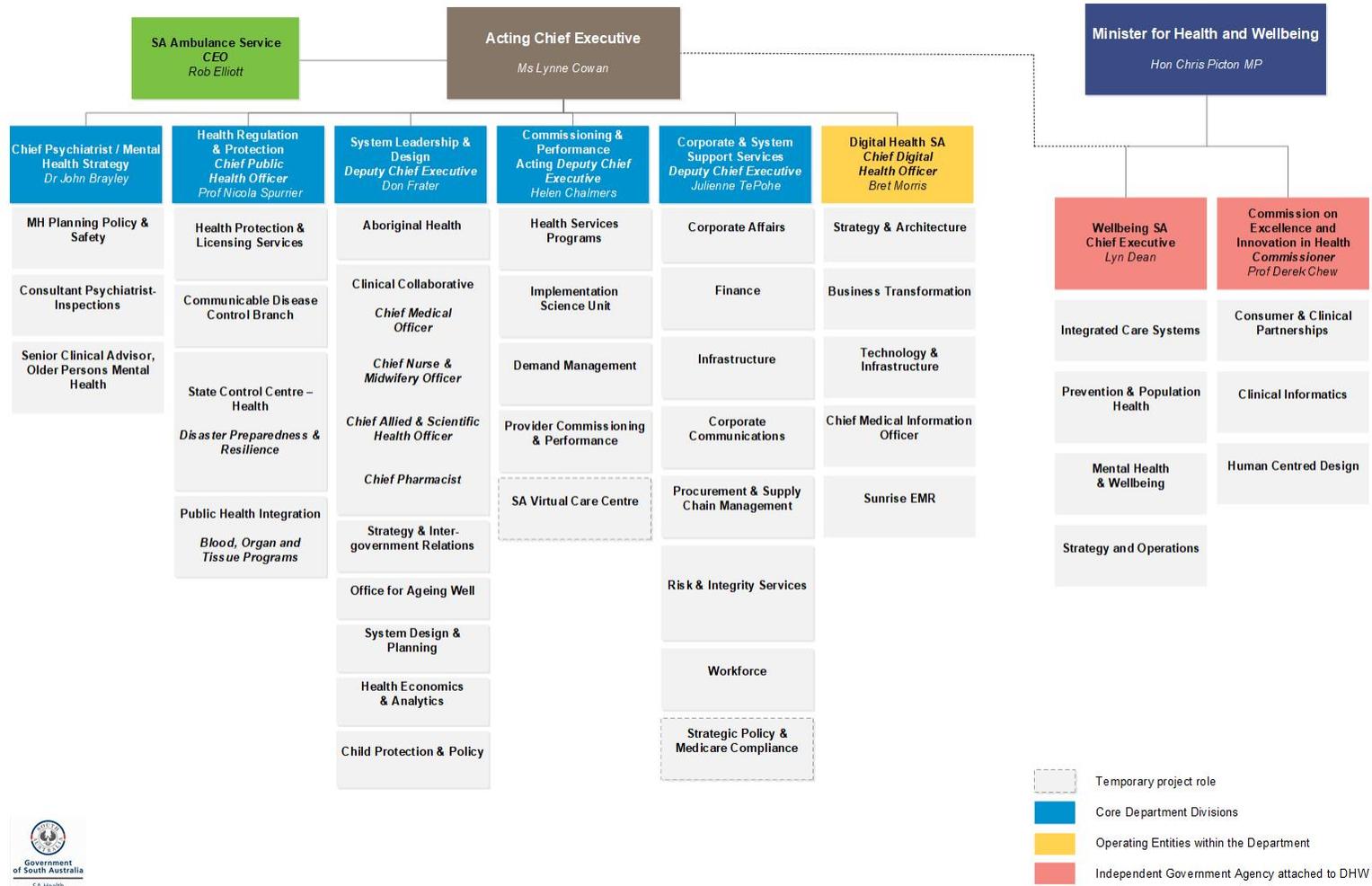
	<ul style="list-style-type: none"><li>• <b>Oversee, monitor and promote improvements in the safety and quality of health services</b></li><li>• <b>Prioritise and set system-wide interventions including regulations, policy directives, guidelines, funding, performance and programs</b></li><li>• <b>Support, promote and lead the delivery of relevant system-wide strategies, policies, plans, and innovation</b></li><li>• <b>Build system-wide collaboration and interagency stakeholder networks</b></li><li>• <b>Foster a leadership culture that supports accountability, transparency, collaboration and encourages innovation.</b></li></ul>
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Our organisational structure

Department for Health and Wellbeing Organisational Chart

30 June 2022



## **Changes to the agency**

During 2021-22 there were no changes to agency's structure and objectives as a result of internal reviews or machinery of government changes.

Structures and functions were established/revised to support the department's commitment to minimising the impact of COVID-19 on the South Australian community.

## **Our Minister**



Hon Chris Picton MP 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 (as at 30 June 2022)**

- Lynne Cowan is the Acting 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 South Australia.
- Don Frater is the Deputy Chief Executive, System Leadership and Design.
- Helen Chalmers is the Acting 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*
- *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*
- *Termination of Pregnancy Act 2021*
- *Tobacco and E-Cigarette Products Act 1997*
- *Transplantation and Anatomy Act 1983*

Pertinent updates to legislation during 2021-22 include:

- The *Termination of Pregnancy Act 2021* and associated *Termination of Pregnancy Regulations 2022* were gazetted 23 June 2022 and came into effect on 7 July 2022. This legislation recognises that abortion is a health issue - and not part of the criminal law. The *Termination of Pregnancy Act 2021* will modernise termination of pregnancy law and practice and improve the efficiency of health service provision and access, particularly in regional, rural and remote areas.
- The *Health Practitioner Regulation National Law (South Australia) (Telepharmacy) Amendment Act 2021* was passed in October 2021 and came

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into operation on 4 November 2021. The Act makes permanent and clarifies the legal provisions for the authorising of telepharmacy in South Australia

- From the 24 May 2022 amendments to the *Public Health Act 2011* have been enacted that have enabled the Major Emergency Declaration to be lifted while ensuring important public health measures are retained. Under the amendments to the *Public Health Act 2011* existing requirements will continue to apply. These requirements are essential to protect the South Australian community and ensure the health system's resources can manage COVID-19 cases.

**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
- 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 South Australia)
- 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
- 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
- Wellbeing SA
- Women's and Children's Health Network
- Veterans' Health Advisory Council
- Yorke and Northern Local Health Network

## The agency's performance

### Performance at a glance

The Government has committed to delivering significant investment of more than \$2.4 billion into the health system to improve responsiveness and access to healthcare across South Australia.

As of 30 June 2022 election commitment reporting for the 72 health commitments had not yet commenced, however high-level summary of the Government commitments can be found in the agency contribution to whole of Government objectives on page 18.

The Chief Executive Performance framework reports a selection of strategies, priorities and organisation indicators for DHW. The below key performance indicator (KPI) table demonstrates recent comparisons.

**Table 1 : CE KPI Comparison 2021-22 to 2020-21**

No.	KPI Indicator	Target	YTD 2021-22	FY 2020-21
1	Transfer of Care <= 30 Minutes (Ambulance Ramping)	>=90%	42.9	57.4
2(a)	ED Seen on Time - Resuscitation	>=100%	100%	100%
2(b)	ED Seen on Time - Emergency	>=80%	52.0%	63.2%
3	Elective Surgery Overdues	<=300	5,878	1,158
4	Consumer Experience - Overall Quality***	>=85%	88.5%	86.3%
5	Potentially Preventable Admissions	<=8%	7.2%	7.3%
6	Hospital Acquired Complication Rate	<=2%	3.3%	2.9%
7	SAB <sup>^</sup> infection rate	<=1	0.7	0.8
8	Hospital Standardised Mortality Ratio	Inlier	Outlier	Outlier
9	Average Cost per NWAU	<=NEP		
10	Executive Tenure within SA Health**	>=3 years	4.1	3.5

<sup>^</sup>Staphylococcus Aureus Bacteraemia

\*\*Computation: Number of Years of Service (at executive classification) divided by Number of Exec

\*\*\*Metrics Reported Quarterly

### Agency response to COVID-19

#### *COVID-19 Surveillance, Contact Tracing and Outbreak Management*

Public health forms a pivotal role in SA Health's system-wide strategy for COVID-19 management. The Communicable Disease Control Branch COVID Operations (CDCB) leads the surveillance, contact tracing and outbreak management for COVID-19 in South Australia. Prior to the international and state border re-openings, CDCB successfully implemented an elimination strategy to protect the public from COVID-19 as other arms of health prepared for living with COVID-19. Following border re-openings in November 2021, response measures focused on protecting vulnerable communities and settings, whilst living with COVID-19 in the community.

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This included the provision of public health advice, development of outbreak plans and policy as well as deployment of staff to support localised outbreak response.

Advancements in IT systems allowed an efficient and timely response. The system moved from paper based to total automation including SMS messaging to cases and close contacts and electronic surveys for case completion. These developments provided for rapid information sharing including communication of isolation requirements and identification of high-risk facilities and settings, and the collection of important epidemiological data.

More than 595,000 cases were identified during the 2021-22 financial year, and were analysed, investigated and provided with public health advice. At least 2,134 outbreaks were defined in a range of communities, high risk and critical settings during this period. During the elimination and slow the spread phases, CDCB COVID Operations identified and managed 32,584 contacts, 96 per cent of these were close contacts and four per cent were secondary contacts.

On 24 May 2022, the declaration of a major emergency under the *Emergency Management Act 2004* was revoked and amendments were made to the *South Australian Public Health Act 2011* to ensure important public health measures are maintained to protect the public.

*State Control Centre – Health (SCC-H)*

SA Health continued its role as Control Agency for the COVID pandemic, in accordance with the requirements of the declared state of emergency under the *Emergency Management Act 2004* (SA).

Between 1 July and 22 November 2021, the SCC-H provided critical services in the elimination phase of the COVID-19 response, including (but not limited to): a cross border exemptions function, the SA COVID-19 Information Line, adaptive and responsive logistics and operations support, leadership of planning and exercises, as well as a team stationed at Adelaide Airport assisting with the management of arrivals.

Between South Australian borders reopening on 23 November 2021 and 30 June 2022, the SCC-H supported efforts to reduce the impact of COVID-19 within the community:

- Facilitated the transfer of more than 10,000 people within the Adelaide Metropolitan area, as well as the movement of 1,744 people on charter flights to and from the regions, for the purpose of quarantining and providing urgent medical treatment to positive COVID-19 cases.
- Deployed Health Rapid Response Teams (including outposted Forward Commanders) to remote Aboriginal Communities and high-risk facilities, to guide and support the local response to COVID-19 and minimise transmission within vulnerable cohorts.
- Sent more than 1,500,000 text messages and processed more than 1,300,000 survey responses from the public.
- Developed a close contact booking system with Department of Premier and Cabinet and SAFECOM which enabled public distribution of more than 1,300,000 RAT kits for registered close contacts.

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- Handled more than 555,000 calls from the public to the SA COVID-19 Information Line.
- Processed more than 1,800 requests for critical workers in essential sectors who were otherwise subject to quarantine requirements.

The SCC-H was officially decommissioned on 30 June 2022, following the end of the declared state of emergency in South Australia.

### *COVID-19 Testing*

During the reporting period, the COVID-19 Testing work stream was responsible for ensuring that individuals experiencing COVID-19 symptoms, close contacts of positive cases and other high-risk individuals, had access to fast and efficient COVID-19 testing. Testing was the critical measure for monitoring the level of COVID-19 in the South Australian community, with the data collected by testing being used to inform the broader public health response to the pandemic.

In addition to collecting and analysing the data, the work stream acted as an interface between SA Health, private pathology providers and SA Pathology to oversee and coordinate the State's response to COVID-19 testing related issues.

The ban on Rapid Antigen Tests (RATs) was lifted in late December 2021, to respond to a surge in case numbers due to the emergence of the Omicron variant and the reopening of the South Australian borders.

Between 1 July 2021 and 30 June 2022, SA Pathology undertook 3,552,869 COVID-19 PCR swabs.

### *COVID-19 Quarantine*

The Quarantine and Isolation Program implemented effective and efficient quarantine and isolation strategies and programs to support the COVID-19 response, comprised of three interrelated components – Medi-Hotels, Alternative Quarantine Facilities, and Community (home-based) Quarantine.

COVID-19 Quarantine South Australia managed the Medi-Hotel Program which provided supervised and supported COVID-19 accommodation to more than 15,000 international and domestic travellers, COVID-19 positive cases and close contacts during their mandatory quarantine or isolation period.

Alternative quarantine facilities were also established in partnership with key support agencies in the Adelaide metropolitan area and played a key role in managing individuals who required specialist clinical and/or additional wrap-around supports. These facilities included the Drug and Alcohol Services SA (DASSA) Glenside Health Service Quarantine Facility, Wiltja Alternative Home Quarantine Facility, Women's and Children's Hospital Eden Hills Facility and the Puti (Park 23) Isolation Hub.

Regional outbreaks of COVID-19 across South Australia also necessitated rapidly adaptable and flexible mechanisms to provide quarantine and isolation support to regional communities. The Ceduna (Emu Farm) and the Port Augusta (Press Road) Accommodation Centres, established in January 2022, were highly successful in

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delivering culturally safe care and contributing to reduced COVID-19 transmission in vulnerable Aboriginal communities and the rough sleeping cohort.

Between December 2021 and 30 June 2022, the Community COVID-19 Response Team (CRCT) supported COVID-19 positive cases through appropriately triaged, community-based care, providing clinical monitoring to COVID-19 positive cases at home, and where required, escalation to medical assessment and the GP Assessment Team (GPAT) or community-based services such as COVID-19 Care Centres or Virtual Care Service

*COVID-19 Vaccinations*

The national COVID-19 Vaccination Program commenced in late February 2021. The vaccines have been delivered by both the Commonwealth, via private providers and Primary Health Care services, and by jurisdictions' Health Departments. South Australia reached the milestone of 90 percent vaccination (with two doses) of those aged 12 and over in January 2022, when the focus shifted to delivering boosters, including the 'winter booster' and primary doses to those aged 5–11.

Measures to administer vaccines to eligible South Australians have included:

- Wayville – opening at the Showgrounds on the 29 April 2021, Wayville was the state's largest vaccination hub, delivering more than 420,000 doses from 1 July 2021 to 30 June 2022 before closing on 14 July 2022.
- Remote/regional services – between 1 July 2021 and 30 June 2022, the six regional LHNs delivered more than 490,000 doses through state clinics and hospitals with the support of the DHW in organising mobile and pop-up vaccination clinics in a range of locations in regional towns
- Vulnerable South Australians – SA Health worked with DHS to administer COVID-19 vaccines to people living with disability through the Highgate Clinic and the Women's and Children's Hospital. High rates of vaccination in LHN-run RACFs are thanks to the work of SA Health staff in these facilities.
- Aboriginal and Torres Strait Islander peoples – the Department was involved in the rollout for Aboriginal and Torres Strait Islander peoples by working with the Royal Flying Doctor Service to administer vaccines on the APY Lands, LHNs delivered vaccines to regional ACCHOs and worked with local communities, and Wellbeing SA held a number of community events, offering funding to communities and incentive vouchers to help vaccine uptake.
- Culturally and linguistically diverse (CALD) communities – Wellbeing SA held several education sessions with community leaders to address hesitancy and increase uptake of the vaccine. They also attended many community events, sometimes with mobile vaccination units.
- Schools program – to increase vaccination rates in 5-11 year olds and their families, SA Health in collaboration with the Department of Education organised for pop-up vaccination clinics to attend 40 primary schools.

In response to the Omicron surge in December 2021/January 2022 the DHW mobilised a booster clinic at Mile End to ensure as many eligible people as possible

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could receive vaccinations. On May 8 2022, a multi-media marketing campaign was launched to encourage more people to come forward and receive their booster.

In June 2022, eligibility for the fourth, or 'winter booster', dose was extended to everyone aged over 30 years old, leading to a short spike in vaccination numbers. Despite a trend of falling demand, (due largely to high rates of vaccination), state-run vaccination clinics have been maintained in all LHNs to complement the efforts of primary care providers and ensure equity of access to all South Australians.

Between 1 July 2021 and 30 June 2022, a total of 3,680,792 doses of COVID-19 vaccines were administered in South Australia. 49 percent of these were administered by primary care providers (Aboriginal Community Controlled Health Organisations, GPs and pharmacies).

*COVID-19 Acute Sector*

COVID-19 acute hospital admissions presented a challenge for South Australia's health system during the 2021-22 year and in response the system introduced a range of measures to create hospital bed capacity, increase hospital avoidance and maximise care in the community.

During the November 2021 surge COVID-19 related hospital admissions across the state peaked at more than 300 daily, dropping to just under 100 patients during March 2022 before increasing again at the start of June 2022 ahead of another surge.

As community case numbers increased, so did the number of the SA Health workforce furloughed because of isolation and close contact requirements, peaking at approximately 1,200 furloughed at any one time during this reporting period. To offset workforce shortages and manage workforce fatigue and morale, casual employment pools were made available to LHNs and third year nursing students were supported in assistant in nursing roles.

Strategic and operational management of COVID-19 across South Australia's acute services was enabled by system-wide cooperation, coordination and governance and partnering with organisations in the primary care, Aboriginal health, disability, aged care and private hospital sectors.

Key features of the acute system response to COVID-19 included:

- The purchase and operationalisation of additional bed capacity to cater for increased demand related to COVID-19 and to assist in maintaining system access and flow;
- The establishment of three COVID Care Centres in each metropolitan local health network for the face-to-face assessment and treatment for COVID-19 positive patients;
- The establishment of the state-wide Virtual Care Service to help ambulance crews, regional clinicians and aged care staff support patients requiring urgent but not hospital, via video link;

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- Enhancing the Child and Adolescent Virtual Urgent Care Service (CAVUCS), which provides children and young people aged between 6 months and 17 years with non-life-threatening conditions expert advice from qualified emergency doctors and nurses, virtually;
- Accelerated discharge pathways from hospital to Residential Aged Care Facilities and supported accommodation for people eligible for the National Disability Insurance Scheme.
- Moving to virtual appointments for outpatient services where clinically appropriate.
- The implementation of several directions to temporarily restrict certain types of elective surgery in public hospitals and agreements with private hospital operators to assist in maintaining public patient elective surgery access and public hospital bed capacity; and
- Temporary visitor number reductions across metropolitan and regional hospitals to minimise the risk of transmission.

The emergence of the Omicron Variant of Concern in November 2021 and the subsequent sub-variants BA.4 and BA.5 in June 2022, resulted in significant increases in demand across the acute sector.

In response to the COVID-19 surges the Acute Sector undertook several actions to ensure access to the sector was maintained, including:

- Acute Sector COVID-19 Governance: The strategic and operational management of COVID-19 across the Acute Sector was supported by an Acute System Governance structure, which enabled systemwide coordination of demand and capacity.
- Acute Sector COVID-19 enabler sub-streams: To support the operational management of COVID-19, state-wide specific workstreams were established, such as Intensive Care Unit, Renal, Mental Health, Elective Surgery. These workstreams supported the specific needs of these highly specialised groups in relation to COVID-19.
- COVID-19 Personal Protective Equipment (PPE) and Critical Pharmaceutical Supplies Governance Committee: System-wide monitoring and oversight of Personal Protective Equipment (PPE) and Critical Pharmaceutical Supplies to identify and manage gaps and risks to the supply chain.

System-wide support to the Acute Sector to manage COVID-19 sought to:

- Manage Visitor and Concierge Services to minimise the risk of COVID-19 transmission within hospitals when community case numbers were high through temporary visitor reductions across metropolitan and regional LHNs (Local Health Networks), with concierge services used to increase compliance with mask wearing and hand hygiene by visitors.

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- Purchase additional bed capacity to increase system capacity to support hospitals respond to increase in demand related to COVID-19 and assist in maintaining system-wide flow through:
  - the purchase and operationalisation of an additional 535 beds in the reporting period;
  - improved regional patient repatriation back to regional hospitals; and
  - accelerated discharge pathways to Residential Aged Care Facilities and supported accommodation for people eligible for the National Disability Insurance Scheme
- Establish the state-wide Virtual Care Service which helps ambulance crews, regional clinicians and aged care staff support patients requiring urgent but not hospital care, via video link.
- Enhance the Child and Adolescent Virtual Urgent Care Service (CAVUCS), which provides children and young people aged between 6 months and 17 years with non-life-threatening conditions expert advice from qualified emergency doctors and nurses, virtually.
- Facilitate face-to-face assessment and treatment for COVID-19 positive patients through three COVID Care Centres (CCC) in the metropolitan region in each of CALHN (Central Adelaide Local Health Network), SALHN (Southern Adelaide Local Health Network) and NALHN (Northern Adelaide Local Health Network).

In response to significant capacity demands across the Acute Sector various Elective Surgery restrictions were implemented during this reporting period. These include:

- SA entered seven-day lockdown on 20 July 2021, non-urgent elective surgery was suspended, to create the required hospital capacity to respond to the surge in COVID-19 hospital admissions.
- 2022 - Emergency Management Direction to cease non-urgent Elective Surgery at public and private hospitals across South Australia from 4 January 2022 until the 28 February 2022.
- A COVID-19 Private Hospital Funding Agreement was activated on 1 January 2022 and was in place until 28 February 2022. It enabled the provision of viability payments in exchange for access to private operator's beds, staff and equipment. The partnership arrangement with the private sector supported the public acute sector to deliver elective surgery services and maintain bed capacity during the surge in COVID-19 demand.
- In response to the June 2022 Omicron BA.4 and BA.5 variant surges the SA Health Chief Executive introduced Elective Surgery Directions No. 4 and No. 5 to restrict non-urgent overnight adult elective surgery across South Australian public hospitals from 20 July 2022 until 26 August 2022, to assist the Acute Sector to manage the surge in COVID-19 hospitalisations.

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COVID-19 impacted the delivery of Outpatient Services, particularly during periods of surge as workforce was deployed to support other Acute Sector services and social distancing required services to switch to virtual models. This innovative way of working continued and is now a preferred option for many patients.

**Agency contribution to whole of Government objectives**

**Agency's contribution**

Current Government's Health Key Commitments

- Reduce ramping through significant investment in SA Ambulance infrastructure and workforce
- Workforce strategy to overcome our workforce challenges in order to maintain and sustain a workforce including recruitment of specialist and country doctors, and more nurses in line with the nurse/patient ratio.
- Improve demand management with a substantial increase to hospital bed capacity through upgrades and expansion of existing infrastructure and the creation of new facilities within metro and country areas

Previous Government's Health Key Commitments

- Improvements and greater mental health assistance for South Australians were created through the implementation of the Mental Health Services plan
- Improving access to health care services with the continued redevelopment of The Queen Elizabeth Hospital
- Creating a state-of-the-art facility to give South Australian families access to the most advanced hospital care, technology and medical research for many years to come with a new Women's and Children's Hospital
- Supporting community health with opening and the continued expansion of services at the Repat Health Precinct

### Agency specific objectives and performance

The agency specific objectives align with the four goals and corresponding objectives as detailed in the South Australian Health and Wellbeing Strategy 2020-2025. The departmental indicators represent the departments' key strategy commitments as the system leader that have been aligned to the relevant goal objective/s. The performance column summarised the high-level status of each of the department commitments.

Agency objectives	Indicators	Performance
<b>GOAL 1</b>	<b>TRUSTED: Regain community trust in the health system</b>	
Improve community trust and experience of the health system.	Community uptake of SA Health recommended COVID-19 vaccinations	As a result of community engagement by SA Health of 30 June 2022 93.9 per cent of the 12+ community were vaccinated with two vaccination doses against COVID-19 and 73.2 per cent of the eligible population (5+) were doubled vaccinated.
	Confidence in the Health Care System	Provides insight into the community's perception of health care is South Australia. As of 30 June 2022 the majority of respondents were very confident or somewhat confident that they would receive quality and safe medical care (82.6 per cent), receive the most effective medication (90.9 per cent), receive the best medical technology (89.1 per cent), and be able to afford their care (80.2 per cent). The target for these metrics is 80 per cent with SA Health achieving four out of four variables tested. The system aim is to continue to improve those outcomes exceeding target.
	<i>Moving forward:</i>	Current Governments investment in the health system to increase frontline workforce and improve and expand infrastructure to ensure community trust and experience continues to be fostered and maintained.
<b>GOAL 2</b>	<b>TARGETED: Create Services and programs guided by evidence relating to population need, disease prevalence, service gaps, emerging challenges and variation in experience and outcomes at individual, family and community level</b>	

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<p>Reduce the incidence of preventable illness, injury and disability.</p>	<p>Mental Health Services Plan 2019-2024</p>	<p>COVID-19 continues to have an impact on the implementation of the Plan, with the majority of program sub-projects forecast to be completed by 2025. Key achievements in 2021-22 include: Implementation of the Urgent Mental Health Care Centre. The youth model of care was drafted, with consultation occurring in the second half of 2022 The NGO Redesign Project has resulted in four new draft service models to be reviewed The Towards Zero Suicide intranet page was completed and work on a pilot for training in Restorative just culture has commenced.</p>
	<p>Aboriginal Health Care Framework</p>	<p>As of the 30 June 2022 the framework was being updated to reflect system changes. The framework will guide the access to and delivery of services to this cohort.</p>
<p>Improve the management of acute and chronic conditions and injuries.</p>	<p>COVID-19 in the community</p>	<p>From December 2021 DHW supported the management of COVID-19 positive cases in the community, providing clinical monitoring at home, and where required, escalation to medical assessment in community-based services such as COVID-19 Care Centres or Virtual Care Service. This approach assisted in reducing the burden on the public hospital system.</p>
	<p><i>Moving forward:</i></p>	<p>The current government have committed \$174m investment in SA Ambulance assets and infrastructure to manage the demand and improve system wide responsiveness. There is also a commensurate commitment to grow the paramedics and ambulance officer workforce by more than 350.</p>
<p>Improve the management of recovery, rehabilitation and the end of life care.</p>	<p>Voluntary Assisted Dying</p>	<p>The introduction of a safe, accessible voluntary assisted dying scheme will give eligible South Australians with a terminal illness choice at the end of life and ensure the integrity of the safeguards embedded in the Voluntary Assisted Dying Act 2021. The governance board has been established and draft policy is out for</p>

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		consultation. The law will become operational in early 2023.
	Repat Precinct	The Repat Precinct continues to be revitalised with continued planning in surgical facilities, dementia care, and eating disorder services. In 2021-22 the spinal cord and brain injury rehabilitation hub opened.
<b>GOAL 3</b>	<b>TAILORED: Embed a participatory approach to health services and program design and delivery</b>	
Improve individual and community capability in managing their health and wellbeing.	Strengthen the consumer voice	The Government have committed to enhance the Mental Health Voice in health care. A service agreement has been developed and gone out for consultation. There is also a commitment to re-establish an Independent Patient Voice. An agreement with a preferred supplier is currently being prepared.
Improve health workforce capability to embrace participatory approach to health care.	SA Health Workforce Strategy	SA Health Workforce Strategy 2022 has been drafted. Phase 1 of the draft Strategy regarding reviewing and prioritising critical strategic issues is largely complete and Phase 2, focused on critical shortages, has commenced.
	Grow frontline staff	The Government has committed to expanding frontline workforce across multiple disciplines, including 100 more doctors, 350 more paramedics and ambulance officers and 300 more nurses. Recruitment planning and execution is underway and, in some instances, will be dependent on infrastructure delivery.
<b>GOAL 4</b>	<b>TIMELY: Everyone working in South Australia's health system recognises that time is valuable for all members of the community and seeks to minimise waiting in all interactions</b>	
Improve patient experience with the health system by positioning ourselves to be able to adopt cost effective emerging technologies and	Digitalisation of COVID-19	Technology was adapted and implemented to full automate and assist the public with online bookings for PCR testing and vaccinations for COVID-19. The latest updates for testing waiting times were made available to the public to assist with improving patient experience.
	Digital Health Strategy	SA Health has a comprehensive digital health strategy to enable patients to connect with clinicians via a variety of channels. In 2021-22 Digital Health delivered the following initiatives to support this strategy:

<p>contemporary practice.</p>		<p><b>Toms Court Virtual Monitoring</b> Virtual monitoring of patients in Covid-19 positive Medi-Hotel reduced ambulance transfers and ensured medical records were up-to-date.</p> <p><b>Patient Viewer</b> Successfully piloted a mobile patient record viewer which enabled real time notification of test results to inform clinical decision making irrespective where the clinician was located.</p> <p><b>Secure Messaging Pilot</b> Electronic discharge summaries were piloted and enabled the secure sharing of discharge summaries from acute care into primary and aged care.</p> <p><b>Workforce Safety Pilot</b> A digital solution allowed for remote workforce safety monitoring and emergency services escalation protecting our workforce.</p> <p><b>Electronic Medical Record (EMR)</b> EMR was activated to complete the South Adelaide Local Health Network rollout.</p>
<p>Improve the value and equity of health outcomes of the population by reducing inefficiencies and</p>	<p>Strategic Clinical Services Plan</p>	<p>The Strategic Clinical Services Plan 2021-2031 was developed to assist with planning the way forward and demonstrate how SA Health will address population need, ensure quality and safety within the health care system, rebalance the system and build capacity and capability for the future.</p>
<p>commissioning for health needs.</p>	<p>Additional specialist nurses</p>	<p>2021-22 saw the commencement of the negotiation of grant agreements with Non-government Organisations to recruit eight nurses in the priority areas of Epilepsy, Arthritis, and Parkinson’s Disease. Commenced the process to recruit three additional nurses in the areas of Lung Cancer, one in Respiratory and 10 for palliative care across our public health system. This is a total of 22 additional nurses in specialist areas.</p>
	<p>New grant agreements to expand services for</p>	<p>Commenced the negotiation of grant agreements with the following three non-government organisations to increase</p>

	vulnerable population	services and access for those population groups requiring support: <ul style="list-style-type: none"> <li>• SIDs For Kids</li> <li>• Heart Kids SA</li> <li>• Motor Neuron Disease (MND) SA</li> </ul>
	Consumer and community engagement	Negotiations commenced for a grant agreement with a non-government peak body to develop an Independent Patient Voice Committee to engage consumers and the community on public health policy. The focus will be on the engagement of vulnerable population groups.

**Corporate performance summary**

*Media and Communications*

In 2021/22 the Media and Communications branch responded to more than 1,000 media enquiries; participated in more than 200 interviews and more than 100 press conferences; and drafted more than 200 proactive media releases. In addition, the branch issued a daily Covid-19 update to the media and via social media every day of the year, and more than 160 Covid-19 stakeholder updates.

The branch also developed and implemented 12 marketing campaigns to promote public health safety messaging, communicated the details of more than 100 Covid-19 directions to the community and issued more than 50 Covid-19 updates to the CALD community.

SA Health’s social media presence also increased dramatically in 21/22, with Facebook followers increasing by 33 per cent to 421,084 followers by June 2022, with growth also in Instagram, Twitter and LinkedIn followers.

The SA Health website use increased significantly, with 13.9 million users (56 per cent increase) and 72.2 million page views (114 per cent increase).

*Procurement and Supply Chain*

Procurement and Supply Chain have sourced and contracted more than \$4.3 billion of goods and services in the last financial year, according to records in the Procurement Contract Management System (PCMS).

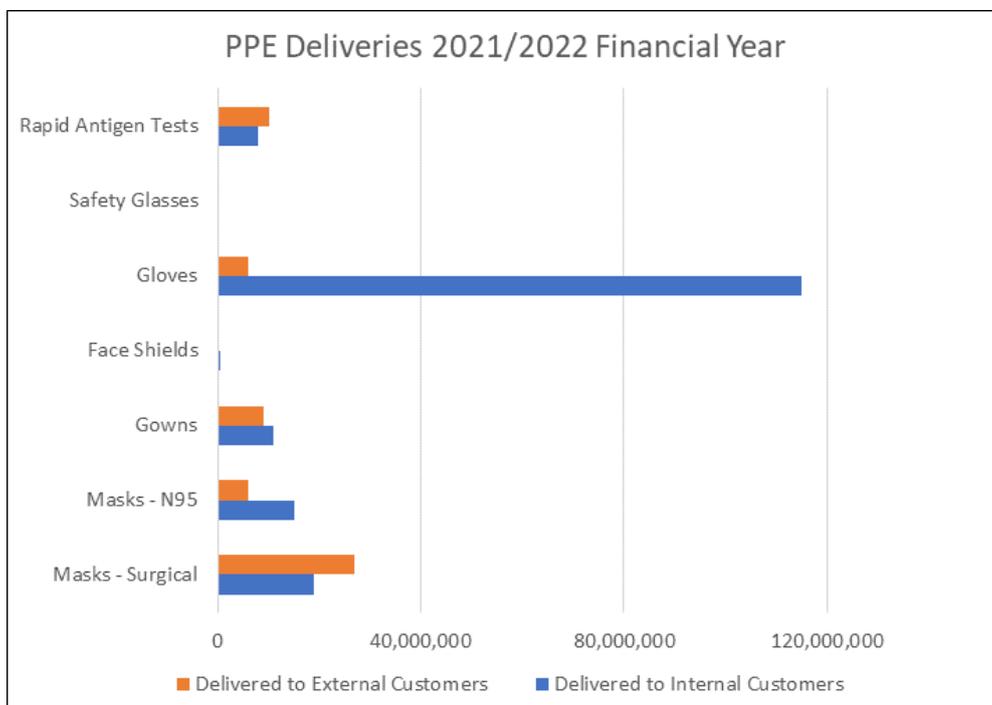
During the pandemic, a brand-new state-of-the-art Distribution Centre was opened, with increased picking capability and product lines to cater to SA Health’s rapidly evolving needs. The Distribution Centre has increased efficiency and speed, utilising a Dematic automation auto-storage retrieval system which sees 28 high-speed robots replace the previously manual system. This has allowed the team to pick faster at a rate of up to 500 lines per hour per station and enabled the rollout of equipment across all SA Health medical facilities.

This system allows PPE to be packed ‘Direct to Imprest’ which means consumables are centralised at the Distribution Centre and delivered directly to where they are

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needed in the order they are required to be picked on the receiving end. This has reduced double handling, duplication of tasks, minimised picking errors and gave larger scope to assist customers more quickly with a faster turnaround. The new modern larger Distribution Centre incorporating increased automation paved the way for SA Health to expand the direct to Imprest model.

The PSCM Customer service and distribution centre expanded operations to service all of South Australia, not only SA Health. PSCM sourced and delivered more than 180 million PPE items. Health Service Support teams across 24 different locations enabled our frontline workers to be protected. This PSCM service expanded to include the wider community when PPE requirements for the entire state were assigned to SA Health. The team supplied masks, face shields and gloves to the CFS, community workers, not-for-profit companies, schools and all aged care facilities across the state to protect the vulnerable.



PSCM mobilised a workforce to create Home Quarantine Kits. Between 3 January and 10 February alone, more than 6,500 kits were distributed to the community and acute facilities. A vaccine logistics team was tasked with setting up and supplying all the vaccine centres across South Australia, with more than 2.5 million vaccine doses transferred to SA Health sites between March 2021 and August 2022.

Supply chain risk assessments conducted by the team improved our risk profile, and Category Managers were able to observe global emerging patterns to predict where PSCM would need to be positioned to best supply essential consumables. Predicting that the need for Rapid Antigen Tests (RATs) would increase exponentially, PSCM sourced 26 million RATs to date and has delivered more than 15 million to the community. This enabled mandatory pre-work testing requirements for medical staff, workplaces and education providers, to occur without any shortage in supply. The

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supply of RATs also allowed critical industries, including food producers through the Department of Primary Industries and Regions (PIRSA), to remain operational.

*Corporate Affairs – Correspondence*

The Corporate Correspondence Team is responsible for the timely allocation, coordination and oversight of correspondence received by the Minister or Chief Executive (CE), from members of the public, non-government organisations, other government agencies or members of parliament / legislative councils. In addition, Corporate Correspondence Team manage the mail for the Department of Health and Wellbeing and attached offices and in 2021-22 coordinated the procurement and distribution of Rapid Antigen Tests for the Department for Health and Wellbeing and attached offices.

Between 1 July 2021 – 30 June 2022 Corporate Correspondence Team:

- allocated a total of 7,600 CE and Ministerial correspondence, an increase of 42 per cent from the previous financial year.
- finalised 6,696 pieces of correspondence (combination of self-generated, CE and ministerial correspondence), 25 per cent increase from 2020-2021.
- posted over 80,935 mail items and
- Coordinated the availability of 50,174 Rapid Antigen Tests for surveillance testing within DHW.

**Employment opportunity programs**

<b>Program name</b>	<b>Performance</b>
Aboriginal Employment Register	12 people listed on the Aboriginal Employment Register were employed

**Agency performance management and development systems**

<b>Performance management and development system</b>	<b>Performance</b>
Department for Health and Wellbeing Performance Review and Development (PRD) process	Two designated PRD cycles are 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. COVID-19 continued to impact participation rates in 2021-22 as workforce resources were redirected to COVID specific activities. As at 30 June 2021, 58.58 percent of PRDs were completed. The Performance Review and Development Policy was reviewed consistent with Premier’s Direction and Commissioner for Public Sector Employment Guideline and released in June 2022.

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

<b>Program name</b>	<b>Performance</b>
<p>COVID-19 Medi-hotel Worker Respirator Fit-testing Program</p>	<p>Particulate filter respirator (PFR) fit-testing programs continue to ensure health care workers and contractors working in high-risk clinical environments, including Covid-19 Medi Hotels, Quarantine Pathway and pandemic response staff are fit tested to appropriate masks within SA Health</p> <p>A total of 2,179 Medi-hotel staff and contractors have been fit-tested to a respirator, with some fit-tested to more than one respirator</p>
<p>Seasonal Influenza Program</p>	<p>A free Seasonal Influenza (flu) vaccination is available to all SA Health workers. The 2022 SA Health Flu Vaccination Program commenced from April 2022 at various sites and hospitals.</p> <p>As at 30 June 2022, 64 percent of staff had received a flu vaccination. The program will continue to operate into the latter half of 2022.</p>
<p>Respectful Behaviour (including bullying and harassment) Policy</p>	<p>The Respectful Behaviours and Bullying and Harassment policies have been updated and combined into the new “Respectful Behaviour (including management of bullying and harassment)” Policy and an associated guideline which outlines the escalation procedure, released on 23 May 2022.</p> <p>The Bullying and Harassment eLearning training package has been updated to align with the updated Respectful Behaviours Policy, now titled “Respectful Behaviours: creating safe and supportive workplaces”.</p> <p>An eLearning training program targeted at managers has been developed by Statewide Clinical Support Services and is now being adapted for use across SA Health and will be made available to all LHNs/Health Services. This training is titled “Respectful Behaviour: Preventing and Managing Disrespectful Behaviour in the Workplace for Managers”.</p>
<p>Staff Wellbeing</p>	<p>The mental health and wellbeing of our staff has remained an organisational priority throughout 2021-22, and is fundamental to achieving our goals, as well as benefiting our lives outside of work</p> <p>There are a number of initiatives and programs already underway across SA Health in Local Health Networks and Health Services, as well as a new Training and Skills package that has been tendered for to specifically support Nurses and Midwives. Work is underway to develop a system-wide approach to address staff wellbeing universally.</p>

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<b>Program name</b>	<b>Performance</b>
SA Health Employee Assistance Program (EAP)	<p>The Employee Assistance Program (EAP) plays an important role in SA Health ongoing commitment to being a mentally healthy workplace, EAP services enable all staff and their immediate family members to access free counselling services.</p> <p>EAP continues to be made available by telehealth or phone counselling during 2021-22. EAP utilisation data indicates the SA Health utilisation rate ranging from 0.33 to 5.61 percent.</p>
Nursing Security (Challenging Behaviours)	<p>The SA Health Challenging Behaviour Strategic Framework and associated documents were released on 16 November 2020. The Framework provides consistent high-level broad direction, principles and objectives to enable LHNs, Health Services, SAAS and DHW to work autonomously to prevent and respond to challenging behaviours. A variety of measures have been put in place by the Local Health Networks and SA Ambulance Service, including establishing Challenging Behaviour Committees to actively monitor the implementation of the Framework and to work through strategies to improve safety, security and better respond to complex behaviours.</p> <p>The Department for Health and Wellbeing, together with the Local Health Networks and SA Ambulance Service, regularly assess security arrangements for those sites where there is a high risk of a security incident. A number of security upgrades are being planned or undertaken within areas impacted by redevelopment works. Four metropolitan Local Health Networks have commenced a project, coordinated by the Department, to facilitate the implementation of the legislative requirements.</p> <p>The Department has established a consultative working group with the ANMF and other employee associations to review the SA Health Challenging Behaviour Strategic Framework against the 10-Point Plan to End Violence and Aggression to jointly propose a 10-point action plan.</p>

<b>Workplace injury claims</b>	2021-22	2020-21	%Change (+ / -)
Total new workplace injury claims	9	8	+12.5 %
Fatalities	0	0	0.0 %
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	2.43	5.11	-52.4%

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

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<b>Work health and safety regulations</b>	2021-22	2020-21	% Change (+ / -)
Number of notifiable incidents ( <i>Work Health and Safety Act 2012, Part 3</i> )	1	2	-50.0%
Number of provisional improvements, improvement and prohibition notices ( <i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i> )	0	0	0.0%

<b>Return to work costs**</b>	2021-22	2020-21	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$516,341	\$547,898	-5.8%
Income support payments – gross (\$)	\$160,102	\$263,324	-39.2%

*\*\*before third party recovery*

Data for previous years is available at:

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

**Executive employment in the agency**

<b>Executive classification</b>	<b>Number of executives</b>
SAES 1 Level	45
SAES 2 Level	12

Data for previous years is available at:

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

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

**Financial performance**

**Financial performance at a glance**

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2021-2022 are attached to this report.

<b>Statement of Comprehensive Income</b>	<b>2021-22 Budget \$000s</b>	<b>2021-22 Actual \$000s</b>	<b>Variation \$000s</b>	<b>2020-21 Actual \$000s</b>
Total Income	6,908,459	7,328,505	420,046	6,728,042
Total Expenses	7,329,031	7,631,814	(302,783)	6,621,051
<b>Net Result</b>	<b>(420,572)</b>	<b>(303,309)</b>	<b>117,263</b>	<b>106,991</b>
<b>Total Comprehensive Result</b>	<b>(420,572)</b>	<b>(303,309)</b>	<b>117,263</b>	<b>106,991</b>

<b>Statement of Financial Position</b>	<b>2021-22 Budget \$000s</b>	<b>2021-22 Actual \$000s</b>	<b>Variation \$000s</b>	<b>2020-21 Actual \$000s</b>
Current assets		840,686		1,146,714
Non-current assets		90,501		94,303
<b>Total assets</b>		<b>931,187</b>		<b>1,214,017</b>
Current liabilities		274,971		269,438
Non-current liabilities		187,598		199,652
<b>Total liabilities</b>		<b>462,569</b>		<b>469,090</b>
<b>Net assets</b>		<b>468,681</b>		<b>771,927</b>
<b>Equity</b>		<b>468,681</b>		<b>771,927</b>

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**Financial overview**

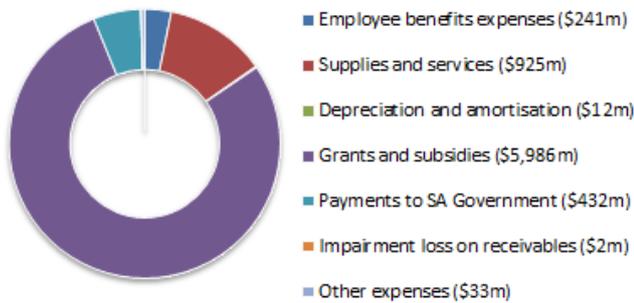
The Department for Health and Wellbeing (DHW) in 2021-22 has continued to perform its role and function as the health system leader. DHW is responsible for setting the strategic direction for the health system and providing system leadership for the delivery of health services.

The following table and charts provide a brief summary of the overall financial performance of DHW. Audited financial statements for 2021-22 are attached to this report.

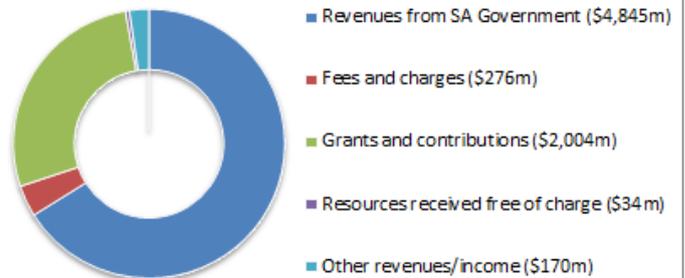
**Departmental three-year financial summary**

Three-year financial summary (\$000)	2021-22	%	2020-21	%	2019-20	%
		↑↓		↑↓		↑↓
Total income	7 328 505	↑ 8.9%	6 728 042	↑ 5.6%	6 369 958	↑ 6.4%
Total expenses	7 631 814	↑ 15.3%	6 621 051	↑ 4.9%	6 314 346	↑ 11.7%
Net result	( 303 309)	↓ -383.5%	106 991	↑ 92.4%	55 612	↓ -83.4%
Net cash provided by operating activities	( 268 507)	↓ -1368.7%	21 164	↓ -85.5%	146 156	↓ -57.2%
Total assets	931 187	↓ -25.0%	1 241 017	↑ 16.6%	1 064 549	↑ 9.7%
Total liabilities	462 569	↓ -1.4%	469 090	↑ 17.4%	399 613	↑ 7.3%
Net assets	468 618	↓ -39.3%	771 927	↑ 16.1%	664 936	↑ 11.2%

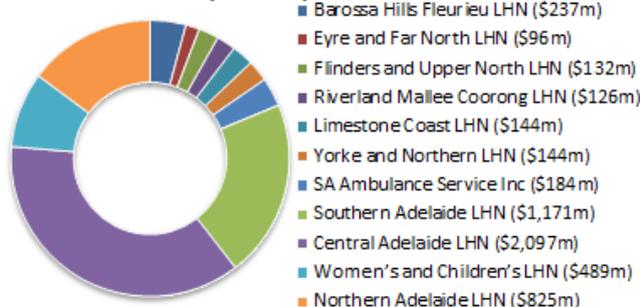
**Expenses by category 2021-22**



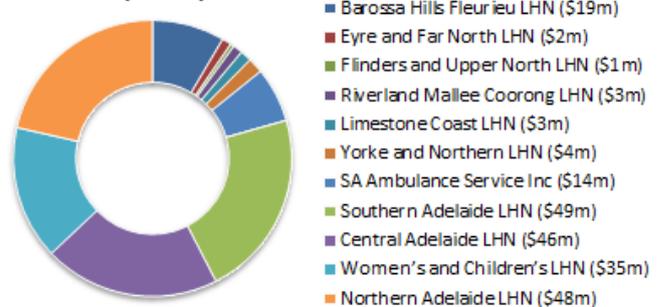
**Income by category 2021-22**



**Operational funding to incorporated health services 2021-22 (\$5,645m)**



**Capital funding to incorporated health services 2021-22 (\$224m)**



**Consultants disclosure – refer to Appendix 4**

**Contractors disclosure – refer to Appendix 5**

Data for previous years is available at: [Department for Health and Wellbeing - Dataset - data.sa.gov.au](#)

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

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

## Risk management

### Risk and audit at a glance

The Chief Executive has appointed an independent Audit and Risk Committee (Committee) with responsibility for advising the department on its structures, systems and processes designed to identify, prevent and respond to actual and potential risks, including how the department meets its compliance requirements.

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

The Committee regularly receives reports from the Risk and Integrity Services branch, and supplementary reports from other areas in the department.

### 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

*NB: 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*:

Nil

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><b><i>Ageing and Adult Safeguarding Act 1995</i></b></p>	<p>Part 2 - Office for Ageing Well  <b>11 – Annual Report</b></p> <p>(1) The Director must, on or before 31 October in each year, report to the Minister on the operations of the Office for Ageing Well during the preceding financial year.</p> <p>(2) The Minister must, within 6 sitting days after receiving a report from the Director, have copies of the report laid before both Houses of Parliament.</p> <p>Part 3 - Adult Safeguarding Unit  <b>17- Annual Report</b></p> <p>(1) The Director must, on or before 31 October in each year, report to the Minister on the operations of the Adult Safeguarding Unit during the preceding financial year.</p> <p>(2) The Minister must, within 6 sitting days after receiving a report under this section, 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 of the Office for Ageing Well under section 11.</p>

Office for Ageing Well, established under the *Ageing and Adult Safeguarding Act 1995*, is in the Department for Health and Wellbeing. Under this Act, the Office for Ageing Well’s objectives include:

- supporting South Australians of all ages to age well, unencumbered by stigma and discrimination.
- achieving proper integration of older persons within the community,
- ensuring that the skills and experience of older people are not lost to the community through social alienation.
- creating social structures in which older people can realise their full potential as individuals and as members of the community.
- creating a social ethos in which older people are accorded the dignity, appreciation and respect that properly belong to them.

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- ensuring the multicultural nature of the community is reflected in the planning and implementation of programs and services relevant to older people; and
- achieving a proper understanding within the community of the problems affecting older people and 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, Office for Ageing Well led the development of policies and delivered a range of programs and projects during 2021-22, in partnership with a diverse range of stakeholders and in line with the priorities of the South Australian Government's health and wellbeing agenda and shaped directly by the voices of older South Australians.

To achieve the Act's objectives, Office for Ageing Well is comprised of the following business units and programs:

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

In 2021-2022, following a selected tender process, the South Australian Law Reform Institute (SALRI) commenced an independent review of the *Ageing and Adult Safeguarding Act 1995*, as required under section 53 of the Act to be conducted and reported on before 1 October 2022.

A state-wide public consultation was held between 16 May and 30 June 2022, with the final report due to the Minister by 30 September 2022.

### **Adult Safeguarding Unit**

The Adult Safeguarding Unit (ASU) commenced operation on 1 October 2019. Key functions include:

- raising community awareness of prevention strategies to safeguard the rights of adults who may be at risk of abuse.
- providing confidential information and advice to callers concerned about themselves or someone who may be vulnerable to abuse.
- responding to reports of suspected or actual abuse of adults who may be vulnerable to abuse.
- providing support to safeguard the rights of adults experiencing abuse, tailored to their needs, wishes and circumstances.

### **Community Awareness and Prevention**

In 2021-22, ASU delivered 36 presentations to diverse stakeholders and community groups, including older people and people with a disability, and people from culturally

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and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander peoples. These engagements were focussed on raising community awareness of prevention strategies that may assist to safeguard the rights of older adults and adults living with a disability.

Reporting and responding to abuse or mistreatment

In 2021-2022, the ASU continued its strong focus on promoting and safeguarding the rights of older adults and adults living with disability by responding to reports of actual or suspected abuse and working with the adult and their supports to implement safeguarding actions, tailored to their needs, wishes and circumstances. When assessing reports of abuse, the ASU obtains as much information as possible to determine the appropriate next steps, which under the legislation must be to: refer the matter to a more appropriate agency for response; investigate the situation further; or close the matter for no further action. In most situations, a person's consent is required before any further action can be taken.

Reporting abuse to the ASU is voluntary. The ASU has a dedicated phone line for the public to seek information, advice and support about adult safeguarding or to make reports of suspected abuse or mistreatment of older people or adults living with disability.

Of the 2,269 phone calls received in 2021-22:

- 1,114 resulted in a formal report to ASU and the remaining 1,155 calls were for information and advice only. Of the 1,114 calls that became reports: 247 (22.2 per cent) are currently in the assessment phase; 74 (6.6 per cent) were recommended for investigation; eight (0.7 per cent) did not fall within remit but were recommended for a duty of care response; four (0.4 per cent) were referred to another agency; and the remaining 781 (70.1 per cent) were recommended for no further action following an assessment of the situation.
- Following assessment, there were a number of reasons why no further action was recommended, including: the situation was being appropriately managed by other parties already involved with supporting the adult and no additional input from the ASU was required; there was no abuse or mistreatment identified; the ASU provided support/advice to a service provider or other person to implement safeguards for the person and no further ASU input was required; a more appropriate statutory response was implemented by the ASU; or no further assistance was required or consented to by the person themselves.
- There were 579 calls (25.5 per cent) related to suspected abuse of adults living with disability, of which 318 (54.9 per cent) resulted in a report to ASU; 1,464 calls (64.5 per cent) related to concerns of abuse of older people, with 796 (54.4 per cent) of those calls resulting in a report to ASU; and in the remaining 226 (10.0 per cent) calls, insufficient information was provided to determine if the call related to abuse of a person living with disability or older people.

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- In relation to older adults, the most frequent calls were received from adult sons and daughters and other family members (26.8 per cent), followed by service providers (25.8 per cent). The most common types of abuse reported were psychological / emotional (45.4 per cent), financial or exploitation (38.6 per cent), neglect (21.4 per cent) and physical (16.8 per cent). Adult sons (27.2 per cent) and daughters (19.0 per cent) of older people were most often reported as the person of concern.
- In relation to adults with a disability, the most frequent calls were received from service providers (59.9 per cent), followed by family members (7.1 per cent). The most prevalent types of abuse reported were psychological / emotional (36.1 per cent), financial or exploitation (28.8 per cent) and neglect (25.2 per cent). The mother (15.5 per cent) and service providers (10.7 per cent) were most often reported as the person of concern.

There were a considerable number of informal referrals made by the ASU to a broad range of agencies during and following an assessment. Where a person did not/was not able to consent to ASU's involvement, and where there were specific concerns warranting further action, the ASU acted without consent to ensure the person's safety. This included where: a person's life or physical safety was at immediate risk; there was an allegation that a serious criminal offence had been, or was likely to be, committed against the person; the person had impaired decision-making capacity in respect of a decision to consent to an action; or, after reasonable enquiries, the ASU was unable to contact the person.

Where safeguarding was undertaken, the ASU played an important role in supporting the adult to act in line with their wishes and circumstances. Examples of safeguarding actions included: moving to safer, alternate accommodation; applying for an Intervention Order or making a report to South Australia Police; completing or changing legal documents such as an Enduring Power of Attorney or Advance Care Directive; changing banking details; engaging formal support services (including in home supports funded through NDIS or My Aged Care); engaging informal supports; and directly addressing concerns with the person undertaking the abuse while attempting to ensure the preservation of important relationships. ASU practitioners also provided safeguarding information and advice and coordinated multi-agency responses where a range of services were involved.

### **Ageing Policy Unit**

*South Australia's Plan for Ageing Well 2020-2025* (the Plan) was released on 1 July 2020, following significant statewide consultation in 2018-19 and 2019-20 by Office for Ageing Well with a diverse range of older South Australians and other stakeholders.

The Plan outlines a vision and sets out strategic priorities for ageing well for all South Australians. Action is focussed on the areas of Home and community; Meaningful connections; and Navigating change.

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In 2021-22, the Ageing Policy Unit directly funded, managed or collaborated on 48 projects, in partnership with a broad range of stakeholders from government, non-government and community sectors, including:

- Partnered with COTA SA's Rainbow Hub Advisory group to co-design and test a LGBTI+ Compassionate Communities model to support older LGBTI+ people at or approaching the end of their life.
- Partnered with the Office of the Public Advocate to provide tools and educational workshops for people appointed as Substitute Decision Makers under an Advance Care Directives to understand their role and responsibilities.
- Partnered with the Cities of Victor Harbour, Alexandrina and Yankalilla and Cities of Charles Sturt, West Torrens and Pt Adelaide/Enfield to deliver a sustainable community peer-led model to increase the completion of Advance Care Directives.
- Partnered with The Australian Centre for Social Innovation (TACSI) to undertake a state-wide consultation to inform the new *Strategy to Safeguard the Rights of Older South Australians 2022-2027* (Strategy), to be launched in the second half of 2022.
- Launched the first state-wide Elder Abuse Prevention *Tackling Ageism* public awareness campaign, which ran from 15 June until 27 July via digital and social media, metropolitan and regional radio, press, WeekendPlus – the Seniors Card digital magazine, and Shopper Media. The campaign aimed to raise community awareness that ageism takes away older people's rights and can lead to abuse or mistreatment.
- Commissioned URPS to undertake benchmarking data collection, to test the *Ageing Well Measuring Success Framework*, developed through a co-design process with older people and other stakeholders. Measures included community survey, ABS data and project partner self-assessment.

### **Aged Care Strategy Unit**

The Aged Care Strategy Unit administers the Aged Care Assessment Programme (ACAP) in South Australia on behalf of the Commonwealth Government. The ACAP comprehensively assesses the needs of older people to enable access to Commonwealth Government funded aged care services.

Despite the challenges of COVID-19, South Australian ACAP performed well against required timeliness and quality indicators in 2021-22. South Australia actioned 99.5 per cent of all referrals within three calendar days, exceeding the National Key Performance Indicator target. South Australia endeavoured to maintain timely performance in the completion of assessments across all settings, with the average number of days currently at 30.1 days, compared to 26.5 days nationally in 2021-22. The ACAP operations have been impacted by COVID-19, however, as of 30 June 2022, Aged Care Assessment Teams actioned 25,824 referrals and completed 17,042 assessments across South Australia.

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The Aged Care Strategy Unit also progressed a range of strategic projects in 2021-22:

- Chaired the Specialised Aged Care Reform Program Steering Committee to progress the program of work associated with developing and implementing a streamlined and layered model of care for people with dementia and enduring mental illness. The Aged Care Strategy Unit worked closely with the Commonwealth on the implementation of the Specialised Dementia Care Units and the development of a National Dementia Plan.
- Completed the SA Health CCTV Pilot. The 12-month Pilot was an Australian first to explore the acceptability and viability of using audio visual surveillance technology in two residential care facilities operated by SA Health. The pilot was undertaken at Mount Pleasant Aged Care and at Northgate House, with recording devices installed in all common areas and bedrooms of consenting residents. The pilot trialled the use of Artificial Intelligence to detect pre-programmed adverse events, sending an alert to an independent monitoring centre, which then contacted the site. It was jointly funded by the Commonwealth and the South Australian Government to test the acceptability and feasibility of using this type of technology in aged care, including its impact on the safety and quality of care of residents. The pilot was completed in March 2022 and independently evaluated by PricewaterhouseCoopers, with the Evaluation Report to be released in 2022-23.

### **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 South Australia 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. There are around 400,000 registered Seniors Card members in South Australia.

Benefits of the Seniors Card program are communicated to members in a variety of ways, including the Seniors Card Discount Directory, direct marketing (post and email), and promotion through partners, social media, WeekendPlus, a fortnightly digital magazine for Seniors Card members and the new Seniors Card website. In 2021-22, subscription to email communication increased by 25 percent to 125,000. Of the approximately 20,000 new Seniors Card applications received in 2021-22, more than 90 per cent were made online.

### **Community Grants Program**

The South Australian Government, through Office for Ageing Well, provided \$600,000 in Ageing Community Grants in 2021-22 to support community organisations and local government projects.

These grants support South Australians to live and age well and promote opportunities for older South Australians to be involved and active in their communities, contributing to the strategic priorities of the State Plan.

In 2021-22, the following grant programs ran concurrently through an open tender process aimed at community organisations and local government across

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metropolitan and regional South Australia. Projects commenced on 1 June 2022 and will run for 12 months:

- **Grants for Seniors** awarded funding to 24 recipients totalling \$150,302. Funding supports purchase of equipment and delivery of cultural, educational and sporting activities and programs for older people.
- **Positive Ageing Fellowship Grants** awarded funding to five projects totalling \$197,650. Funding is focussed on capability building projects that support older South Australians to age well. A targeted grant of \$50,000 was also provided to The Australian Centre for Social Innovation to deliver ongoing coaching, mentoring and support to grant recipients over the 12-month funding period to support sustainability.
- **Age Friendly SA Grants** awarded funding to five projects totalling \$200,000. Funding is focussed on supporting local government areas to meet the key priorities of the Age Friendly SA Strategy: Home, Community & environment; Making a contribution; Making it easier to get around; Intergenerational connectedness; and Age friendly services.

Project funding was provided for:

- 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.
- initiatives to kick-start age friendly innovation projects to support opportunities for older people to connect to local places and community activities.

<b>Act or Regulation</b>	<b>Requirement</b>
<p><b><i>Retirement Villages Act 2016</i></b></p> <p><b><i>Retirement Villages Regulations 2017</i></b></p>	<p><b>Part 2</b></p> <p><b>11 Annual Report</b></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 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

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resolve disputes between residents and operators. The RV Unit investigates and assesses complaints and allegations of breaches of the *Retirement Villages Act 2016* (the Act) and Regulations, underpinned by support and education rather than punitive approaches to enforcement.

In 2021-22, legislative requirements under the 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.

In 2021-22, the RV Unit:

- responded to 582 cases relating to retirement village issues.
- conducted 31 meetings related to resident cases.
- delivered three presentations and information sessions to residents and interested groups.
- delivered monthly “retirement village information” sessions at the Catalyst Foundation.
- undertook two mediations.
- provided advice and recommendations to the Minister for Health and Wellbeing.

The majority of queries in 2021-22 related to the formation and operation of committees and their rules and procedures. Requests for advice in relation to how villages should respond to and implement COVID-19 Directions were high in 2021, tapering off in 2022. Exit entitlements and concerns over exit fees remained high, as did seeking advice and assistance relating to maintenance and repairs in the village and seeking updates on the progress of the 2021 review of the Act.

### **Growth**

As of 30 June 2022, 529 retirement villages were registered across the state. There are 18,920 residences provided in retirement villages in South Australia. It is estimated that the number of people living in retirement villages totalled approximately 26,488.

Most retirement villages offer independent living units only. A small section of the sector (40 villages) provides serviced apartment accommodation, which caters to residents requiring additional assistance or support, including the provision of meals, some cleaning, laundry and extra services.

Information about registered retirement villages in South Australia is available on Data SA at <https://data.sa.gov.au/data/dataset/retirement-villages-register>

In 2021-22 there were two new villages registered and five villages voluntarily terminated. Under the Act, it is a requirement for all retirement village schemes to be registered within 28 days of the first resident taking up occupation.

The new registered villages in 2021-22 were:

- Vista Apartments, 17 apartments at West Lakes.
- Aura by Livewell Communities, 61 apartments in Findon.

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Voluntary termination of a retirement village can only occur with Ministerial approval. The five villages terminated in 2021-22 were:

- Henley Beach: Administrative termination, site registered in error. No retirement village residents, solely provides rental accommodation.
- Woodville: Village consisting of 67 serviced apartments. The site was sold to another provider and is to be used for another purpose.
- Glen Osmond: Site comprising of five units adjacent to residential care facility. Units to be demolished and expansion of the residential care facility.
- Brighton: Site comprising of 36 serviced apartments. Site used by NDIS provider and converted to operator under NDIS scheme.
- Kadina: Site comprising 18 units converted to Torrens and community title. Titles transferred to existing residents.

**Exemptions from operation under the Act**

Under the *Retirement Villages Act 1987*, there were a number of villages with exemptions, which have continued under the associated provisions of the *Retirement Villages Act 2016*. The following exemptions are currently active:

- Four under s18: With client consent, no need to hold premium in Trust (*Retirement Villages Act 1987*).
- Eleven under s26(1): Ingoing contribution does not have to be held in trust, max deposit \$10,000 (*Retirement Villages Act 2016*).
- Forty-five 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*).
- 114 under s22(c), 33(6), 34(8), 40(4): Can have consolidated meetings, financial reports & interim financial reports (*Retirement Villages Act 2016*).
- Nineteen under s31(3): Operator exempt from assuming responsibility for depreciation (*Retirement Villages Act 2016*).
- Three 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*).

**Compliance Activity**

Compliance activity in 2021-22 continued to focus on s33 and s34 of the Act, the provisions that were introduced to improve transparency of resident finances at annual meetings. The documentation was checked against the requirements of the legislation and feedback provided to operators. Pleasingly, most financial reporting provisions were complied with. There were minor non-compliances identified in 25

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cases and two instances of moderate non-compliance. In each case, education was provided to the operator and ongoing monitoring will occur.

Disclosure documents were sought from 15 operators, covering 30 contracts executed in the past 18 months. This audit of disclosure statements highlighted that there remains a level of misunderstanding in the sector as to the standard required in the Act and Regulations. Further consideration of disclosure documents to inform future amendments to the Act is required.

**Review of the *Retirement Villages 2016 Act***

The current Act commenced on 1 January 2018, with a requirement to be reviewed three years after its commencement. In line with this requirement, a review of the Act was undertaken in 2021 by independent consultant, PEG Consulting.

The consultants' report with recommendations was received by Office for Ageing Well on 30 September 2021 and was tabled in both Houses of Parliament on 18 November 2021.

The report makes 60 recommendations, which have been grouped into the categories of: legislative change; policy changes that could be implemented by the Registrar; changes to Better Practice Guidelines; and issues that may require legislative change but require further information.

Several recommendations require further investigation, including consultation with other government departments and testing with the sector. Further information is being sought to better understand the impacts and develop a position on the recommendations.

**Retirement Village Residents Advocacy Program**

Since 2014, 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 74 percent of contacts made this way. Seventy-five per cent were calls from metropolitan areas, and 18 per cent were from rural and remote areas, with the balance remaining anonymous.

ARAS assisted 177 individuals in 2021-22, a decrease of 33 per cent from 2020-21. This included general information about rights and advocacy services, as well as advocacy assistance. Advocates assisted with two South Australian Civil and Administrative Tribunal hearings.

ARAS delivered six face-to-face information sessions within retirement villages for residents and staff, presented 2 two information sessions via radio, and incorporated information about the Retirement Village Residents Advocacy Program generally in other information sessions.

Act or Regulation	Requirement
<p><b>Food Act 2001</b></p>	<p>Part 9 – Administration            Division 2 – Functions of enforcement agencies            S 93 - Reports by enforcement agencies            (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            (1) The Minister must take reasonable steps to consult with the Local Government Association (LGA) from time to time in relation to the administration and enforcement of this Act.            (2) If the Minister and the LGA enter into an agreement with respect to the exercise of functions under this Act by councils, then the Minister must prepare a report on the matter and cause copies of the report to be laid before both Houses of Parliament.            (3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.            (4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.            (5) The annual report of the Minister under this Act must include a specific report on -            (a) the outcome of any consultation undertaken under subsection (1) or (4); and            (b) the operation of any agreement referred to in subsection (2).</p> <p>S 109 - Annual report            (1) The Minister must, on or before 30 September in each year, prepare a report on the operation of this Act for the financial year ending on the preceding 30 June.            (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.            The objectives of the <i>Food Act 2001</i> (the Act) are defined in Section 3 of the Act as:</p>

Act or Regulation	Requirement
	<p>a. Ensuring that food for sale is safe and suitable for human consumption.</p> <p>b. Preventing misleading conduct in connection with the sale of food.</p> <p>c. Providing for the application of the Food Standards Code.</p> <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>

The objectives of the *Food Act 2001* (the Act) and *Food Regulations 2017* are to:

- ensure food for sale is both safe and suitable for human consumption.
- prevent misleading conduct in connection with the sale of food.
- ensure the Food Standards Code (the Code) can be applied to food businesses in South Australia.

To meet the objectives of the Act, the Act requires the Department for Health and Wellbeing (the Department) to:

- undertake measures to ensure the effective administration and enforcement of this Act.
- approve laboratories and analysts to carry out analyses under the Act.
- approve food safety auditors to carry out audits and monitor compliance of audited facilities.
- maintain a list of approved food safety auditors.
- receive food safety audit report results.
- appoint authorised officers for the Department.
- prepare an annual report to be submitted to both Houses of Parliament.

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The Department administers the Act with assistance from local government and Biosecurity SA, a division of the Department of Primary Industries and Regions South Australia (PIRSA). Activities undertaken by local government under the Act are detailed in Appendix 1, activities undertaken by Biosecurity SA are detailed in this report. Within the Department, the Food Safety and Regulation Branch is responsible for day-to-day administration of the Act with assistance from the Health Protection Operations Section of Health Protection and Licensing Services.

## **1. Activities of the Food Safety and Regulation Branch**

### **Monitoring Compliance with the *Food Act 2001***

The Food Safety and Regulation Branch (FSRB) (formerly Food and Controlled Drugs Branch [FCDB]) of the Department carries out functions under the Act to ensure the supply of safe and suitable foods to the South Australian community. This includes investigating foodborne illness incidents, ensuring compliance with compositional and labelling requirements of the Code, assisting businesses to manage food recalls (and mandating recalls where necessary), risk assessing notifications of contaminants in food, managing the food safety audit system across the state, and responding to food safety complaints and general enquiries. Further detail on those activities is presented below.

### **Food sampling 2021-22**

The FSRB conducts sampling of various foods that are of public health concern as part of local or national food safety surveys or to confirm compliance with the compositional and labelling requirements of the Code. A key performance indicator was established to analyse 800 food samples per year. For the 2021-22 financial year, a total of 630 food samples were collected as part of food compliance investigations. This number is somewhat lower than the target due to the impacts of COVID-19 on Department resources and laboratory capacity.

### **Investigation of food safety issues 2021-22**

Food safety related issues come to the attention of the FSRB from a variety of sources including food surveys, complaints from members of the public, reports from the food industry, the Australian Competition and Consumer Commission (ACCC), Environmental Health Officers (EHOs) in local government, other regulatory agencies, or notification of illness from the Communicable Disease Control Branch (CDCB).

During 2021-22 after notification from CDCB, the FSRB collaborated with local councils and/or PIRSA to investigate seven foodborne illness outbreaks. Details 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 objectives of these investigations are to remove any risk to public health, establish the cause of the outbreak, ensure food businesses implement short-term and long-term corrective actions and to determine if an offence has been committed against the Act.

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

**Notifiable contaminants**

The *South Australian Public Health (Notifiable Contaminants) Regulations 2020* came into force on 19 July 2020, and require specified microorganisms to be reported to FSRB by the analysing laboratory service (or business where the laboratory is interstate) when they are found in food and water samples. Food and water samples include all raw, partly processed (work in progress) and ready-to-eat foods, bottled water and ice, and may also include live plants and animals.

Notifiable contaminants include pathogens like *Salmonella*, *Campylobacter* and *Listeria monocytogenes* which cause foodborne illness, and indicator (non-pathogenic) organisms like *Listeria* species and *E. coli*. Indicator organisms do not cause illness but can be used by the business to indicate there may be suitable conditions for pathogenic bacteria to grow, therefore businesses can undertake preventative actions. Further information about pathogenic and indicator organisms can be found in the Compendium of Microbiological Criteria for Food.

The collection of this data aims to support the Australian Foodborne Illness Reduction Strategy 2018-2021+, and to enable national and international profiles of microorganisms of public health significance and their possible sources to be established. It has also allowed SA Health to establish contacts with South Australian businesses and created an opportunity to encourage partnerships for the betterment of public health.

When notifications are received, SA Health conducts a risk assessment to determine what, if any, actions are required. During the reporting period a total of 581 notifiable contaminants were notified to SA Health as summarised in Table 1. In many instances action was not required as there was no risk to public health, for example where notifications were of indicator (non-pathogenic) organisms, when products were not available for sale to the public or when products should be cooked by the consumer to destroy foodborne pathogens. Four notifications resulted in product recalls.

**Table 1: Summary of notifiable contaminant notifications in 2021-22**

<b>Product type</b>	<b>No. of notifications</b>	<b>No. of notifications where action was required</b>
Raw meat and poultry products	358	0
All other foods	223	4
<b>Total</b>	<b>581</b>	<b>4</b>

*Listeria monocytogenes* is a micro-organism of specific concern to public health as it poses risk of severe illness to vulnerable persons if ingested. In the reporting period there were 17 notifications of *Listeria monocytogenes*, all of which were investigated. Table 2 provides a summary of the investigation outcomes.

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The *Listeria monocytogenes* isolates were submitted for Whole Genome Sequencing and analysed against the national database. These food isolates have not been linked to any human cases to date.

**Table 2: Summary of investigation outcomes for *Listeria monocytogenes* notifications in 2021-22**

Outcome Type	No. of outcome occurrences
Notifications leading to recalls*	4
Product met the criteria of Standard 1.6.1 (did not support the growth of <i>Listeria monocytogenes</i> )	0
Trial products or work in progress	0
Product subject to test and hold procedures and not released for sale	6
Product was not ready-to eat and required cooking by the consumer	7
Referred to the jurisdiction the product was made in**	0
<b>Total</b>	<b>17</b>

Notes:

\*Three notifications were linked to one recall

\*\*Notifications are referred to the state/territory jurisdiction where products are made as they are the enforcement agency responsible for investigation and monitoring compliance with the Code.

### Food recalls

Standard 3.2.2 of the Code requires food businesses that engage in the wholesale supply, manufacture or importation of food, to have a system in place to ensure the recall of unsafe food. All food recalls are coordinated nationally by FSANZ, with the food business undertaking the recall being responsible for carrying out the recall as soon as an issue is identified. 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 and usually involves advertisements on social media to inform consumers of the recall. The FSRB informs local councils of all recalls affecting South Australia and requests that they check food businesses in their area are complying with the recall.

FSANZ was the coordinator for 77 food recalls nationally during the 2021-22 financial year as summarised in Table 3. In total, SA was affected by 42 recalls meaning recalled product was distributed in the state.

**Table 3: Summary of recalls conducted in 2021-22**

Type of Recall	Reason for Recall	Recalls affecting SA

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Consumer	71	Undeclared allergens	38	Foreign matter	5	SA & other jurisdictions	39
Trade	3	Microbiological contamination	22	Labelling	3	National	21
Consumer & Trade	3	Chemical contamination	1	Other	5	SA only	2
<b>TOTAL</b>	<b>77</b>	Biotoxin contamination	3	<b>TOTAL</b>	<b>77</b>	SA not affected	36

### Enforcement actions

The FSRB is responsible for monitoring compliance with Chapters 1 and 2 of the Code for South Australian based food businesses, and is also involved in investigating matters of non-compliance with Chapters 3 and 4 found during audits, surveys, complaints, and investigations of illness. SA Health's Public Health Services Enforcement Framework provides authorised officers with guidance about the way enforcement activities are to be undertaken.

Local government is responsible for conducting routine food business inspections to monitor compliance with Chapter 3 of the Code and for investigating complaints made against businesses within their jurisdiction. Statistics about local government activities under the Act are provided in Appendix 1.

Where the FSRB identifies non-compliance in a food business, 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 4 provides a summary of the enforcement activities undertaken by the FSRB.

In November 2021 the FSRB undertook a significant amount of enforcement activity, issuing Emergency Orders to 31 oyster growers in the Coffin Bay region. The Emergency Orders were issued in response to a large multi-jurisdictional outbreak of *Vibrio parahaemolyticus* that was linked to Coffin Bay Oysters (see Table 10 and Appendix 2). The Emergency Orders directed oyster growers to prohibit the harvest and sale of oysters from Coffin Bay and recall potentially affected oysters from the marketplace.

**Table 4: Enforcement activities undertaken in 2021-22**

Warning letters	Expiations issued	Improvement notices	Emergency orders	Prosecutions
3	0	0	31	0

## Activities and enquiries

Table 5 details the number and type of enquiries, complaints, referrals and incident management requests actioned by FSRB in the 2021-22 financial year.

**Table 5: Activity requests in 2021-22**

<b>Category</b>	<b>Number</b>
<i>Complaints</i>	376
Alleged food poisoning	48
Allergens	23
Food contamination	85
Labelling	109
Alleged non-compliance with Food Standard 3.2.2	91
Alleged non-compliance with Food Standard 3.2.3	20
<i>Enquiries</i>	228
General food matters	153
New business information	46
Requests for resources	29
<i>Incident Management</i>	316
Investigations	15
Recalls Enquiries	7
Referrals from CDCB	294
<b>TOTAL</b>	<b>920</b>

## Approval of laboratories and analysts

The Department is responsible for approval of laboratories and analysts to undertake analyses under Sections 63 and 67 of the Act in line with established competency criteria.

On 30 June 2022, there were nine approved laboratories and 53 approved analysts. The department maintains a list of approved laboratories and analysts on the [SA Health website](#).

## Food safety management

Food safety programs have been mandated nationally for businesses providing food to vulnerable populations in hospitals, aged care facilities, childcare centres, and via delivered meals organisations like Meals on Wheels.

National Food Safety Standard 3.3.1 (audited mandatory food safety programs for food services to vulnerable persons) became enforceable in South Australia in October 2008. The Department has continued to liaise with industry, local government and food safety auditors to develop monitoring and review systems, to ensure effective management of the audit process in SA food businesses to whom this standard applies.

In 2021–22, 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 delivered meals organisations including Meals on Wheels SA. These facilities are audited at the frequency determined by the performance of individual sites, in line with the priority classification for these businesses. Additionally, the Department conducts food safety audits of specific food processing sectors (e.g., bivalve molluscs, ready-to-eat meats and egg processors) under Food Safety Standards 4.2.1, 4.2.2, 4.2.3 and 4.2.5., where these food businesses undertake activities that are regulated under the Act. Food audit statistics are provided below.

**Table 6: Food audit statistics 2021-22**

<b>Risk classification</b>	<b>Number of businesses</b>	<b>Routine audits</b>
Public hospitals	73	80
Not-for-profit delivered meals organisations	41	43
Aged care/childcare audited in regional areas / DHS	6	2
Standard 4.2.1 – bivalve molluscs	10	9
Standard 4.2.2 & 4.2.3 – RTE meat	1	1
Standard 4.2.5 – egg processor	1	1

## Food Safety Auditor training

The annual SA Health Auditor Forum was held 12 November 2021 and was facilitated by approved food safety auditors from the Department 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. One training session was held in the 2021-22 reporting period.

## **Food Safety Auditor approvals**

The Department is responsible for approval of food safety auditors under Section 73, 83 and 84 of the Act in line with established competency criteria.

In 2021-22, the Department approved/re-approved 36 food safety auditors.

At 30 June 2022, there were 63 approved food safety auditors including Department staff and local government authorised officers. The Department maintains a list of approved auditors on the [SA Health Website](#).

## **2. Foodborne disease investigations in SA 2021-22**

Epidemiological investigations into foodborne disease outbreaks within South Australia (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. SA Pathology conducts microbiological testing and molecular typing of isolates from humans, food and environmental samples. Local government EHOs and the SA Health Food Safety and Regulation Branch provide food technology and environmental investigation expertise and perform environmental and food premises investigations. PIRSA staff assist with trace back investigations and implement control measures with primary producers where appropriate.

CDCB staff conduct interviews with cases to obtain food histories when clusters of suspected foodborne disease are detected. This information is used to identify frequently consumed food items and can sometimes lead to further investigations. When further investigations are required, it is often in the form of analytical studies that aim to demonstrate a statistical association between illness and the consumption of a particular food item, eating at a particular premises, or an environmental exposure. When a food and/or premise are suspected on epidemiological grounds, laboratory evidence (e.g., microbiological testing of food and environmental samples) can support the observed epidemiological associations.

Often, the specific food vehicle or source of an outbreak is difficult to identify. An implicated food item may no longer be available or suitable for microbiological testing, making it impossible to provide laboratory evidence for the source of an outbreak. Cases may also have difficulty in remembering foods consumed or premises visited if an appreciable time has passed between the exposure and the interview.

During the period of 1 July 2021 to 30 June 2022, SA Health investigated seven 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 three associated with restaurants, and one each associated with a bakery, a take-away venue, primary produce, and an aged care facility. These outbreaks are summarised in Table 7 and detailed in Appendix 2.

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This summary does not include outbreaks that were suspected to be person-to-person transmission, animal-to-person transmission, or from an environmental source (including swimming pools). All investigation data are subject to change, as this is the nature of clusters and outbreaks.

**Table 7: Summary of foodborne disease investigations in SA in 2021-22**

N	Month and Year	Organism	Setting	No. ill	No. laboratory confirmed	Evidence
1	Sep 2021	<i>Vibrio parahaemolyticus</i>	Primary production	268*	268*	D, M
2	Oct 2021	<i>Campylobacter</i>	Aged care facility	3	3	D
3	Nov 2021	<i>Salmonella</i> Typhimurium MLVA 03-13-10-08-523	Bakery	5	5	D
4	Nov 2021	<i>Salmonella</i> Typhimurium MLVA 03-15-08-11-550	Restaurant	7	7	D
5	Dec 2021	<i>Salmonella</i> Typhimurium MLVA 03-09-07-13-523	Takeaway	3	3	D
6	Dec 2021	<i>Salmonella</i> Typhimurium MLVA 03-14-10-11-523	Restaurant	6	6	D
7	Mar 2022	<i>Salmonella</i> Enteritidis phage type 4b	Restaurant	3	3	D

Notes:

\*=Includes cases resident in all jurisdictions across Australia

No. = Number

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

M = Microbiological evidence of pathogen in food vehicle

MLVA= Multi-locus variable number tandem repeat analysis

### Cluster Investigations

In addition to the previously mentioned outbreaks, nine clusters of potential foodborne illness for which no common source could be identified, were also investigated between 1 July 2021 and 30 June 2022. 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.

There were eight clusters of *Salmonella* and one cluster of Shiga toxin producing *E. coli* investigated. All clusters were general increases in specific infections in the community without a common source identified and only descriptive evidence was available for each investigation. A summary of clusters investigated is provided in Table 8.

**Table 8: Summary of cluster investigations in SA, 1 July 2021 to 30 June 2022**

No.	Month and Year	Organism	Number ill
1	Nov 2021	<i>Salmonella</i> Saintpaul	9
2	Dec 2021	<i>Salmonella</i> Typhimurium MLVA 03-14-16-10-523	5
3	Dec 2021	<i>Salmonella</i> Typhimurium MLVA 05-23-09-12-457	4
4	Mar 2022	<i>Salmonella</i> Hvittingfoss	7
5	Mar 2022	<i>Salmonella</i> subspecies 1 ser 16:lv:-	4
6	May 2022	<i>Salmonella</i> Typhimurium MLVA 03-15-12-10-523	4
7	Jun 2022	Shiga toxin producing <i>E. coli</i> serogroup O157	10
8	Jun 2022	<i>Salmonella</i> Typhimurium MLVA 03-26-13-09-523	4
9	Jun 2022	<i>Salmonella</i> Saintpaul	4

Note:

MLVA= multi-locus variable tandem repeat analysis.

### 3. Activities of the Health Protection Operations Section

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

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

HPO staff authorised under the Act are qualified EHOs with extensive regulatory experience in rural, remote and Aboriginal communities. Food safety functions undertaken by HPO include:

- Monitoring and enforcement of compliance with Food Safety Standards through 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.
- Conducting food safety audits of businesses providing food to vulnerable populations.
- Responding to complaints about food businesses and investigating food poisoning and disease outbreaks.
- Monitoring and taking action to ensure recalled food is efficiently removed from sale.
- Processing food business notifications for new businesses or change to business details.

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- Providing food safety advice and delivering educational programs and resources to food businesses, schools and communities.

Statistics about food businesses and surveillance activities are provided below:

**Table 9: Authorised officers**

Environmental health qualifications	Full-time
6	6

**Table 10: Food business and surveillance activity**

Area of operation	~ 837,000 km <sup>2</sup> (≈ 85% of geographic area of SA)
Number of businesses	103
Routine inspections conducted	99
Follow-up inspections conducted	2
Food safety audits conducted	3
Complaint inspections conducted	0

**Table 11: Enforcement actions**

Business type	Improvement notices	Expiations	Prohibition order
Caterer	2	0	0
Hotel/Pub/Tavern	1	0	0
Roadhouse/service station	0	0	0
Supermarket	0	0	0
Aged Care Facility	0	0	0
<b>Total</b>	<b>3</b>	<b>0</b>	<b>0</b>

**4. Biosecurity SA activities under the *Food Act 2001***

Biosecurity SA is a division of PIRSA and administers the Primary Produce (Food Safety Schemes) (Meat Industry) Regulations 2017 (the Regulations). The Regulations require butcher shops to hold accreditation and comply with relevant food safety standards. Under the Memorandum of Understanding (MoU) between SA Health and PIRSA, both agencies share risk management principles that minimise regulatory burden and duplication. Several Biosecurity SA officers have been appointed authorised officers under the Act. To avoid duplication, butcher shops that sell food other than meat and conduct activities regulated under the Act are assessed for compliance with the Act by PIRSA officers during their audits.

During 2021-22, 992 audits were conducted by Biosecurity SA officers on 462 butcher shops including supermarkets, where a component of audits assessed other retail activities regulated under the Act. During the audits, 59 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.

<b>Act or Regulation</b>	<b>Requirement</b>
<b>Safe Drinking Water Act 2001</b>	<p>Part 8 – Miscellaneous</p> <p>S 50 – Agreement and consultation with local government sector</p> <ol style="list-style-type: none"> <li>(1) The Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of this Act.</li> <li>(2) If the Minister and the LGA enter into an agreement with respect to the exercise of functions under this Act by councils, then the Minister must prepare a report on the matter and cause copies of the report to be laid before both Houses of Parliament.</li> <li>(3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.</li> <li>(4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.</li> <li>(5) The annual report of the Minister under this Act must include a specific report on-             <ol style="list-style-type: none"> <li>(a) the outcome of any consultation undertaken under subsection (1) or (4); and</li> <li>(b) the operation of any agreement referred to in subsection (2).</li> </ol> </li> </ol> <p>S 51 – Annual report by Minister</p> <ol style="list-style-type: none"> <li>(1) The Minister must, on or before 30 September in each year, prepare a report on the operation of this Act for the financial year ending on the preceding 30 June.</li> <li>(2) The Minister must, within 6 sitting days after completing a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</li> </ol> <p>S 52 – Annual reports by enforcement agencies</p> <ol style="list-style-type: none"> <li>(1) An enforcement agency (other than the Minister) must, on or before 30 September in each year, furnish to the Minister a report on the activities of the enforcement agency under this Act during the financial year ending on the preceding 30 June.</li> <li>(2) The Minister must, within 6 sitting days after receiving a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</li> </ol>

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

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

The Act requires:

- registration of drinking water providers.
- development and implementation of Risk Management Plans (RMPs) for individual drinking water supplies including approved monitoring programs and incident protocols.
- audit or inspection of drinking water supplies.
- reporting of incidents to the department.
- provision of water quality results to the public on request.

The Department administers the Act with assistance from local government. Activities undertaken by local government are outlined in council reports in Appendix 3. Within the Department, the Water Quality Unit is responsible for day-to-day administration of the Act with assistance from the Health Protection Operations and Food Safety and Audit Sections of Health Protection and Licensing Services.

### **Registration of drinking water providers**

During 2021-22, the Department registered 11 new drinking water providers while five drinking water providers cancelled their registration. On 30 June 2022, there were 180 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 85 water supplies while the Department for Education's single registration includes 61 schools and preschools.

As required under Section 11 of the Act, the Department maintains a list of registered drinking water providers on the SA Health website. Councils are advised of drinking water providers within their area as a minimum on an annual basis.

### **Risk management plans**

All drinking water providers must have a Risk Management Plan (RMP) that includes an approved monitoring program and an incident protocol. During 2021-22, the department reviewed RMPs for new drinking water providers and provided assistance as required. Advice was also provided on the review and amendment of RMPs for existing providers where sought or required to rectify non-compliance identified as part of a drinking water inspection or audit.

## Water quality incidents

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

### Incidents reported by SA Water

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

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

During 2021-22, the Department received notification from SA Water of 50 Type 1 incidents and 86 Type 2 incidents. The total number of reported incidents (136 incidents) was higher than 2020-21 (103 incidents) largely due to an increase in Type 2 incidents. There were no Priority Type 1 incidents during 2021-22.

The Department coordinated communication and responses for all Type 1 incidents and liaised with SA Water to ensure remedial actions or responses were implemented in a timely manner.

A treatment plant failure at Gerard required substantial refurbishment and upgrading of operational monitoring. While this is being undertaken the community is being supplied with carted drinking water through the existing distribution system.

High rainfall events led to an increase in the detections of enteric protozoa (*Cryptosporidium* and *Giardia*) in drinking water catchments and source waters. There were five Type 1 incidents involving detection of enteric protozoa at the inlets to drinking water treatment plants (two samples) or in treated product water (three samples). However, the protozoa detected in the treated water samples were not human infectious. Protozoa were not detected in follow up samples. No faults were detected from the continuous monitoring of treatment plant performance during the periods when the protozoa were detected.

There was an increase in the detections of elevated cyanobacteria concentrations in drinking water reservoirs, but these were managed appropriately to prevent risks to drinking water quality.

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One third of Type 1 incidents were due to unauthorised recreational activities at drinking water reservoirs. The number of recreational use incidents was slightly lower than in 2020-21. The incidents did not have a measurable impact on drinking water quality.

Other Type 1 incidents included:

- elevated concentrations of disinfection by-products in drinking water.
- exceedances of health-related chemical guideline values.
- minor overdosing of treatment plant chemicals.
- cross connections between drinking water and domestic rainwater tanks
- short term interruptions= / to disinfection.
- potential drinking water contamination following a mains break in close proximity to a sewer main overflow.

There was a small increase in the number of Type 2 incidents due to detections of *E.coli* in drinking water samples in 2021-22. These were isolated low-level detections, with follow up samples clear of *E.coli*. Overall compliance of *E.coli* monitoring remained very high.

All water quality incidents were notified by SA Water in a timely manner. Appropriate remedial actions and responses were implemented following incidents to ensure the protection of public health was always maintained. Other than Gerard no incidents required public notification during the reporting period.

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

In 2021-22 there were 13 drinking water incidents reported to the Department by providers other than SA Water.

There were four incidents of disinfection failure in drinking water supplies. In one case involving a surface water supply the drinking water provider notified customers not to drink the water while repairs were undertaken. The same provider also notified customers not to drink the water following a failure of their membrane filtration plant. The Department has worked with the provider to improve their on-line monitoring and alarm systems to reduce the time taken to detect faults.

Five incidents were due to the detection of *E.coli* in drinking water supplies sourced from rainwater tanks. Remedial action included immediate tank inspections, cleaning, chlorination, pipework flushing and follow-up testing for *E.coli*. All follow-up samples were free from *E.coli*.

Other incidents included a short period of chlorine overdosing and a cross-connection between untreated and desalinated groundwater. In each case appropriate responses were implemented.

### **Approval of auditors and inspectors**

Auditors and inspectors are approved under Section 15 of the Act in line with established competency criteria. Approval as either a Level 1 or 2 Auditor or Level 3 Inspector is based on technical skills and experience. The types of drinking water

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supply that can be audited or inspected by an individual are defined in approval conditions. In 2021-22, the Department:

- approved eight Level 2 Auditors and one Inspector
- reapproved one Level 2 Auditor following expiry of the existing approval
- provided access to online drinking water quality training for local government employees
- provided support for local government auditors and inspectors.

At 30 June 2022, there were 38 approved auditors and inspectors including independent auditors, department staff, local government employees and officers from Dairysafe. The department maintains a list of approved auditors and inspectors on the [SA Health website](#).

### **Audits and inspections**

The Act requires that all drinking water providers are subject to an audit or inspection every year or every two years as described in a schedule published in the Government Gazette. Reports of all audits and inspections are required to be submitted to the Department within 21 days of the audit or inspection being undertaken. Under Section 20(4) of the Act, the drinking water provider is responsible for ensuring the audit or inspection is carried out in accordance with the published schedule.

The Water Quality Unit oversees the audit and inspection program and where possible, coordinates drinking water audit and inspections with the activities of the Health Protection Operation and Food Safety and Audit Sections to avoid duplication and cost to providers. Audits and inspections are also performed by local government and independent auditors. Dairysafe undertakes inspections of independent drinking water supplies used by dairy processors as part of existing food safety audit activities.

During 2021-22 the Department carried out a total of 34 audits and 23 inspections of drinking water supplies. The Department also received copies of three audit and seven inspection reports from local government and independent auditors including a comprehensive audit report of SA Water. The total number of audits and inspections undertaken was similar to last year, however, lower than in previous years because of disruptions associated with Covid-19. Drinking water supplies are categorised on the basis of potential risk based on factors including the type of water supply (e.g. surface water, bore water or rainwater), level of treatment, size of supply and vulnerability of users. Audits and inspections were prioritised with visits to drinking water providers rated as high risk (rating 1) completed during the reporting period (Table 1).

**Table 1: Audits and inspections based on risk ratings**

<b>Risk Rating</b>	<b>Gazetted Schedule</b>	<b>Categories of Drinking Water Providers</b>	<b>Number of providers</b>	<b>Audit and inspections</b>
<b>1</b>	Yearly audit	SA Water, Regulated Care, Childcare and Preschool	28	27
	2 yearly audit	Small surface water supplies	4	3
<b>2</b>	Yearly inspection	Dairies	1	0
	2 yearly audit	Mining camps	12	4
	2 yearly inspection	Schools Food premises Food and accommodation premises Primary producers Small bore and rainwater supplies	71	18
<b>3</b>	Yearly audit	Regulated care with additional treatment of mains water	12	3
	2 yearly inspection	Water Carters On supply of mains water with additional treatment Emergency supplies	52	12
<b>Total</b>			<b>180</b>	<b>67</b>

In a number of cases, audits and inspections led to advice being given to drinking water providers about potential improvements to the management of their drinking water supplies. Non-compliances identified in 2021-22 included 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.

In one case a caution was issued to a drinking water provider due to a repeated failure to undertake required water quality monitoring.

In a second case a non-compliance with a health-related chemical guideline value led to a drinking water provider choosing to de-register as a provider pursuant to the Act and to classify their supply as a non-drinking water supply.

The department provided advice and issued requirements for improvements to documentation and operational practices in response to the remaining non-compliances. Follow-up processes including changes in inspection/audit frequencies were implemented by the Department as required to ensure compliance with the

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requirements of the Act. The Department maintains a database of non-compliances reported as an outcome of audit and inspection of drinking water providers.

**Quality of water and provision of results**

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

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

**Approval of laboratories**

No laboratories were approved during the reporting period. Approved water quality testing laboratories are listed on the SA Health website.

**Administration and enforcement**

The Act incorporates enforcement provisions including the appointment of authorised officers with appropriate qualifications and experience. 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 2021-22, four new appointments were made within the department. At 30 June 2022 there were 15 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 Act, the Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of the Act. During 2021-22, consultation with the LGA on the Act was once again put on hold due to prioritisation of activities associated with Covid-19. The Department continued to support local councils in the administration and enforcement of the Act, undertaking routine drinking water audits and inspections and providing assistance with complex water quality issues. Training opportunities for a number of councils to facilitate drinking water audits and inspections have been arranged in the coming months.

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

The SA Health Consumer, Carer and Community Engagement Strategic Framework 2021-2025 was released in March 2021 and reinforces our commitment to partnering with consumers, carers and the community in their own care as well as in planning, co-design, governance, measurement and evaluation of our health services.

The SA Health Consumer, Carer and Community Feedback and Complaints Management Strategic Framework 2021-2024, Guide and Resources were also released in March 2021. The Framework ensures mechanisms are in place to:

- actively manage carer feedback and complaints.
- better respond to carer feedback and concerns.
- identify and rectify system issues.
- develop and improve services for carers.

Consumer, carer and community engagement is an essential function and governance undertaken by the Local Health Networks (LHN). As part of the LHN Service Agreement and National Safety and Quality Health Standards, the LHNs are required to provide an overview on “Partnering with Carers” and compliance with the Carers Recognition Act 2005, in their annual Safety and Quality Account Report.

In 2021/2022, the statewide implementation of the national Mental Health Carer Experience Survey (CES) continued with LHNs gathering carer experience. In total, more than 450 carers completed the survey in mental health care sites across the state. The survey provides an insight into the carers’ experience with the mental health service. In general, responses indicated mental health services have an opportunity to improve in providing relevant information to carers to accomplish their role, while carers report that services are doing well showing respect and valuing the individual needs of carers.

Local Health Networks are developing action plans based on the results of the survey and will focus on service improvements across their networks from the carer experience surveys, within this period, before the next collection of data.

Examples of service improvements will be reported in their individual annual reports.

## Public complaints

### Number of public complaints reported

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2021-22</b>
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	1080
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	139
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	959
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	165
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	299
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	124
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	67
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

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<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2021-22</b>
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	20
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	1523
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	178
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	341
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
		<b>Total</b>	<b>4909</b>

<b>Additional Metrics</b>	<b>Total</b>
Number of positive feedback comments	6,252
Number of negative feedback comments	8,462
Total number of feedback comments*	15,821
% of complaints resolved within policy timeframes	80.82%

All consumer feedback including complaints, compliments, advice and suggestions are recorded in the SA Health Safety Learning System (SLS) Consumer Feedback module.

SLS classifications are based on the Australian Charter of Healthcare Rights, mapped to the South Australian Health and Community Services Complaints Commissioner (HCSCC) Charter of Rights. The information and complaint categories have been mapped as closely as possible to the report against these categories specified by Department of Premier and Cabinet.

Data for previous years is available at:

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

**Service improvements**

SA Health encourages patients, consumers, families, carers and the community to provide feedback. We want to hear what is good, what is bad and what we can do to make the health care services better. Feedback drives safety and quality improvement in our health care services.

In March 2021, the SA Health Consumer, Carer and Community Feedback and Complaints Management Strategic Framework, Guide and Resources were released. The framework enables consumers, carers and the community to contribute to improving health care services through open communication and shared learning.

The Your feedback is important information sheet provides information to consumers on the complaints management process, and list of contacts for each health care service.

An information sheet on writing a letter or email of complaints to your health service provider is also available.

As part of the annual Service Level Agreements with the Local Health Networks (LHNs), Safety and Quality Account reports are to be submitted to the Department for Health and Wellbeing. LHNs provide an overview of their complaints management system including:

- performance in relation to feedback from patients, carers, families and the community about their experience and outcome of care
- aggregate and trend analysis of all complaints
- timeliness of acknowledgement and resolution of consumer feedback
- how information from analysis of consumer feedback informs improvements in safety and quality systems
- effectiveness and accessibility of patients, carers, families and member of the community to provide feedback
- demonstrating consistency with best practice principles.

LHNs and SA Ambulance Service (SAAS) have implemented many service improvements across their network from consumer feedback and complaints within this period. Examples of service improvements will be reported in their individual annual reports.

**Compliance Statement**

Department for Health and Wellbeing is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Yes
Department for Health and Wellbeing has communicated the content of PC 039 and the agency’s related complaints policies and procedures to employees.	Yes

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

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

Data in the tables below was provided by 68 councils in SA.

### Authorised officers

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

**Table A2.1: Authorised officers' details**

No. of authorised officers working in local government*	Full-time	Part-time
	94	90

*Note: \*at 30 June 2022. Numbers may be duplicated where EHOs are employed in more than one council.*

### 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 2021-22 local government food safety auditors continued to conduct food safety audits of aged care facilities, childcare centres, private hospitals and other facilities captured by Standard 3.3.1 at a frequency determined by the performance of individual sites, in line with the priority classification for these businesses.

**Table A2.2: Local government audits of businesses captured by Std 3.3.1**

	Type of facility				Total
	Aged care facilities	Childcare centres	Private hospitals	Others	
<b>No. of businesses captured</b>	259	363	19	12	653
<b>No. of audits</b>	229	346	15	10	600
<b>Percentage of businesses audited*</b>	88%	95%	79%	83%	92%

*Note: \*Some facilities may be audited more than once in a financial year, hence the actual percentage of businesses audited may be slightly lower than indicated in the table. Audits of some facilities in the reporting period were delayed due to COVID-19 restrictions.*

The following is a summary of councils' policies regarding imposing audit fees.

**Table A2.3: Number of councils charging audit fees**

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

### Inspections

To gain a better understanding of how inspections are organised and undertaken by local government, it is necessary to establish the number and risk profile of food businesses across SA. 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 for example, poor compliance results in more frequent inspections. Table A2.4 details the number of food businesses across SA councils per their food safety risk category, and the number and type of inspections conducted by local government.

During this financial year, councils reported all inspection data as priority risk classifications P1, P2, P3 or P4.

**Table A2.4: Food business risk classification**

	Food safety risk classification				Total
	P1	P2	P3	P4	
<b>No. of businesses</b>	6,977	4,802	3,744	1,561	17,084
<b>No. of routine inspections</b>	4,953	2,745	1,226	129	9,053
<b>No. of follow-up inspections</b>	1,984	473	142	1	2,600
<b>No. of inspections from complaints</b>	444	171	41	3	659

It is important to note that local council EHO resources, particularly in metropolitan Adelaide, were significantly impacted in the 2021-22 financial year as they were assisting SA Health in undertaking compliance and monitoring activities for COVID-19 under the *Public Health Act 2011*. Some businesses were also closed temporarily or permanently during and after COVID-19 lockdowns, which may have impacted the number of inspections conducted.

### Inspection Fees

The *Food Regulations 2017*, Part 4 Section 13 makes provision for enforcement agencies to impose an inspection fee. The following is a summary of councils' policies regarding imposing an inspection fee.

**Table A2.5: Number of councils charging inspection fees**

<b>Council inspection fee policy</b>	<b>Number of councils</b>
Charging fees	38
Not charging fees	26

### Complaints

Reports of illness, non-compliant businesses, non-compliant food and general enquiries from consumers provides an important source of information on food safety. In addition, receiving complaints allows the public to interact with qualified EHOs and provides opportunities for them to promote food safety. All complaints are logged and risk classified to ensure that the most serious cases are dealt with as a priority. Table A2.6 lists the number of complaints/reports received by local government per type and whether the complaint was found to be valid or justified when investigated by an authorised officer.

**Table A2.6: Breakdown of activities by category**

<b>Complaint type</b>	<b>No. of complaints received</b>	<b>No. of complaints justified</b>
Foreign matter in food	87	38
Microbial contamination	75	23
Chemical contamination or residue	4	3
Alleged food poisoning	231	20
Unclean premises	153	76
Personal hygiene or food handling	224	95
Pest infestation	71	34
Refuse storage	58	32
Labelling issues	26	9
Others	133	57
<b>Total</b>	<b>1062</b>	<b>387</b>

### Enforcement Actions

The Act 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.

## Appendix 2: Food outbreak investigations – 2021-22

### 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.

In the 2021-22 financial year the SA Health conducted seven outbreak investigations as detailed below.

#### **Outbreak No 1: *Vibrio parahaemolyticus* – Primary production - multi-jurisdictional outbreak investigation (MJOI)**

In September 2021, an increase in locally acquired *V. parahaemolyticus* was identified in South Australia (SA), with an investigation initiated. *V. parahaemolyticus* is notifiable in SA, Western Australia (WA), Tasmania (TAS) and the Northern Territory (NT), with laboratories providing ad hoc reporting to health departments in other jurisdictions when increases are noted. In October, cases were also reported in WA and Victoria. Cases increased in several jurisdictions and affected more jurisdictions in November when an MJOI was triggered. Cases included *V. parahaemolyticus* reported from faecal specimens collected between 7 September 2021 and 18 February 2022. A total of 268 cases were identified, including 143 that were further typed as multi-locus sequence type (ST) 417, 70 as ST 50 and 55 not able to be further typed. Cases were reported from residents in every jurisdiction; with most in SA (76 cases, 28 per cent), followed by Victoria (69 cases, 26 per cent), Queensland (59 cases, 22 per cent), WA (33 cases, 12 per cent), New South Wales (26 cases, 10 per cent), Australian Capital Territory (3 cases, 1 per cent), TAS (1 case, 0.4 per cent) and NT (1 case, 0.4 per cent). A total of 206 cases were able to be interviewed and 199 (97 per cent) reported consumption of oysters, 189 of which reported eating raw oysters (95 per cent).

Traceback was conducted by Environmental Health Officers (EHOs) and SA Health food regulators to determine the origin of oysters consumed by cases, with 173 oyster exposures traced back to South Australian oysters. Oyster samples were collected from retail, case households, brokers and as part of the South Australian Shellfish Quality Assurance Program (SASQAP). *V. parahaemolyticus* ST 417 was isolated from 14 oyster samples, all from the same growing region in SA. Implicated oyster bays were closed on 16 November 2021, and SA growers implemented a *Vibrio* control program including ensuring infrastructure was available for adequate post-harvest temperature control and improved traceability of oysters. A recall of Coffin Bay oysters occurred on 19 November 2021 via Emergency Orders under the *Food Act 2001*. Media alerts were distributed in several jurisdictions and a Public Health Alert issued in SA to doctors to encourage testing for *V. parahaemolyticus* for people reporting gastroenteritis after consumption of seafood. Case reports peaked in mid-November and declined in late November after the recall. SA Health worked with the Department of Primary Industry and Regions South Australia (PIRSA)

officers to implement a clearance program for the affected growing area. PIRSA continues to monitor compliance with the Vibrio control programs.

**Outbreak No. 2: *Campylobacter* – Aged care facility**

Three cases of *Campylobacter* that were polymerase chain reaction (PCR) positive only (with no growth on culture) were reported in residents at the same aged care facility, with onsets on 3 October 2021 and 4 October 2021. There were 70 residents at the facility and no staff reported illness. All cases ate from the facility menu with no specialised diets and no meals consumed that were from outside of the facility. Cases did not have contact with any animals at the facility. An EHO inspected the facility, and no issues were identified other than turnover of kitchen staff at the time prior to onset of illness amongst cases.

**Outbreak No 3: *Salmonella* Typhimurium MLVA 03-13-10-08-523 - Bakery**

An increase in *Salmonella* Typhimurium (STm) with multi-locus variable number tandem repeat analysis (MLVA) 03-13-10-08-523 was identified, with a high proportion of cases in the same metropolitan region. Five cases consumed food from a common local bakery on 23 October 2021 and 24 October 2021. A variety of foods were eaten by cases at the bakery, including several sweet items that contained custard. No cases were hospitalised. An EHO inspected the bakery and minor issues were identified and rectified. Through the notifiable contaminants data collected by Food Standards Surveillance section at SA Health, it was noted that unpasteurised egg pulp in September 2021 and October 2021 detected STm 03-13-10-08-523 from the same egg producer that was identified as the brand of eggs used at the bakery. Cross contamination from eggs was the likely source.

**Outbreak No 4: *Salmonella* Typhimurium MLVA 03-15-08-11-523– Restaurant**

An increase in STm MLVA 03-15-08-11-550 was identified, with seven cases reporting consumption of food from a common restaurant between 3 November 2021 and 10 November 2021. A variety of foods were eaten by cases at the restaurant, including cold rolls, spring rolls, hot pot, fried rice, and several other dishes including chicken, pork, quail and prawns. Three cases were hospitalised. An EHO inspected the restaurant where cleaning and pest control issues were identified and then rectified.

**Outbreak No 5: *Salmonella* Typhimurium MLVA 03-09-07-13-523– Take-away**

An increase in STm MLVA 03-09-07-13-523 was identified, with three cases reporting consumption of food from a common take-away venue in November 2021. All three cases consumed teriyaki chicken sushi. One case was hospitalised. An EHO inspected the venue and identified issues with cleaning and sanitising and hand washing practices. Traceback of the chicken supply at the venue identified a link to an interstate producer that had reported the same MLVA in recent product sampling.

**Outbreak No 6: *Salmonella* Typhimurium MLVA 03-14-10-11-523 – Restaurant**

An increase in STm MLVA 03-14-10-11-523 notifications was identified in December 2021. Four cases were linked to a common restaurant venue, with foods consumed between 26 November 2021 and 1 December 2021, including a food handler at the venue. A range of foods were consumed by cases that ate at the venue. An EHO identified issues with sanitising, handwashing and cross contamination in the venue. Two other cases were linked to a different common venue, both eating on 4 December 2021, and both consumed salt and pepper squid with aioli. Aioli was made inhouse with raw eggs. An EHO inspected the premises and issues were identified with cleaning and sanitising. The same egg supplier was identified in both restaurant venues.

**Outbreak No 7: *Salmonella* Enteritidis phage type 4b – Restaurant**

Three cases of locally acquired *Salmonella* Enteritidis phage type 4b were reported within a week. All cases had their onsets on 6 March 2022, and all ate at a common restaurant in Adelaide on 4 March 2022. Cases were not known to each other and did not eat together. All cases ate sashimi at the restaurant and two recalled eating aioli. A variety of other fish dishes were consumed by cases. Investigations at the restaurant identified that aioli was a commercially bought product not made onsite, but eggs were used for desserts. Swabs and food samples taken from the restaurant did not detect *Salmonella*. Traceback of egg suppliers to the restaurant occurred and an investigation undertaken at one commercial South Australian free range egg farm. Environmental samples from the farm did not detect *S. Enteritidis*. The source of infection for the outbreak was unknown.

## **Appendix 3: Annual Reports by Enforcement Agencies under the *Safe Drinking Water act 2011 – 2021-22***

### **Adelaide Hills Council**

#### **Safe Drinking Water Act Annual Report 2021-2022**

#### **Activities under the Act**

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

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
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##### **4 Enforcement activities**

Nil
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##### **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 Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
David Cowell	EHO	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
A & S Garland Water Cartage	7 July 2021	David Cowell

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

One Section 92 Notice revoked
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#### 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

Consultation and education with A & S Garland Water Cartage to comply with Notice.
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#### 7 Other activities

Nil
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# City of Adelaide

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Alexandrina Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Luke Masters	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
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# Barossa Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
Nil		

#### 3 Fees for audits and inspections

\$125
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

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

**6 Consultation and Education**

Nil
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**7 Other activities**

Nil
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# District Council of Barunga West

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Shauna Hale	EHO	Yes – Playford City 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Berri Barmera Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sandy Boyd Bach. HSC Major Human Health and the Environment	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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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## District Council of Ceduna

### Safe Drinking Water Act Annual Report 2021-2022

#### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Denvir Moses	Manager Environmental Services	DC Streaky Bay/Wudinna DC

##### 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
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##### 4 Enforcement activities

Nil
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##### 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
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##### 7 Other activities

Nil
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# City of Charles Sturt

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 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

1 x aged care facility advised to contact SA Health regarding registering as Safe Drinking Water provider as they are now dosing the drinking water throughout the facility with low levels of chlorine in response to repeated detections of <i>Legionella</i> .
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# Clare & Gilbert Valleys Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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## District Council of Cleve

### Safe Drinking Water Act Annual Report 2021-2022

#### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Harc Wordsworth	Environmental Health Officer	Yes, DC Kimba & DC Franklin Harbour

##### 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
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##### 4 Enforcement activities

Nil
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##### 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
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##### 7 Other activities

Nil
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# District Council of Coober Pedy

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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 Envh Flinders University.  Not currently delegated under the Act with The District Council of Coober Pedy	Environmental Health Officer	Yes, Light Regional 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
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#### 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

As required in the course of routine Food premises inspections.
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#### 7 Other activities

Nil
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# Coorong District Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Emily Smith Diploma of Applied Science (Environmental Health) Hobart TAFE	Environmental Health Officer	Yes Rural City of Murray Bridge City of Kingston District Council of Southern Mallee
June Saruwaka Chartered Institute of EH (UK)	Environmental Health Officer	Yes Rural City of Murray Bridge City of Kingston District Council of Southern Mallee
Chris Trenouth Grad Dip in EH Practice	Environmental Health Officer	Yes Rural City of Murray Bridge City of Kingston District Council of Southern Mallee

#### 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
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

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

**6 Consultation and Education**

Nil
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**7 Other activities**

Nil
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# Copper Coast Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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	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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# 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 Annual Report 2021-2022

#### Activities under the Act

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

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
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##### 4 Enforcement activities

Nil
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##### 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
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##### 7 Other activities

Nil
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## District Council of Elliston

### Safe Drinking Water Act Annual Report 2021-2022

#### Activities under the Act

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

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
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##### 4 Enforcement activities

Nil
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##### 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
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##### 7 Other activities

<p>Council installed a reverse osmosis plant at Port Kenny bore and on 22 March 2022 received confirmation from SA Health of the registration and approval of a risk management plan under the Safe Drinking Water Act 2011.</p> <p>Then on 17 June 2022 ESCOSA approved an application to vary Council's water retail licence pursuant to Par 4 of the Water Industry Act 2012 to provide drinking water services to residential and non-residential customers at Port Kenny.</p>
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# Flinders Ranges Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sophie Limoux BHlthSc(ENVH) Flinders	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Port Pirie Regional Council
Brian Sickles BAppSc(ENVH) Flinders	Environmental Health Officer	Port Pirie Regional Council District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of 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
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#### 4 Enforcement activities

Nil
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#### 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 Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Harc Wordsworth	EHO	Yes – DC Cleve and DC Kimba

#### 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Town of Gawler

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 7 Other activities

Nil
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# Regional Council of Goyder

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# District Council of Grant

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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 provides businesses with information during routine food safety inspections and over the counter enquiries.
---

#### 7 Other activities

Nil
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# City of Holdfast Bay

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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 Community Safety	No
Marissa Michail Level 4 High Risk Auditor	Team Leader Environmental Health	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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
-----

# Kangaroo Island Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Angela Sorger	Environmental Health Officer & Food Safety Auditor	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

<p>Mercure Lodge were issued with an email requesting they take two options:</p> <ol style="list-style-type: none"> <li>1. Apply for an exemption from the Safe Drinking Water Act. This means that all water used for food preparation or drinking purposes must either be boiled or packaged.</li> <li>2. Extensively review and reinstate the premises RMP and carry out required monitoring, testing and recording.</li> </ol>
--

#### 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
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#### 7 Other activities

Nil
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# District Council of Karoonda East Murray

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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## District Council of Kimba

### Safe Drinking Water Act Annual Report 2021-2022

#### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Harc Wordsworth	EHO	Yes. DC of Cleve & DC Franklin Harbour

##### 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
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##### 4 Enforcement activities

Nil
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##### 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 Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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

<p>Council owns several buildings where rainwater is used for drinking. Water tests are undertaken annually from these sources.</p> <p>Council undertook water tests for <i>E. coli</i> from 9 rainwater tanks. Water samples were collected on the 15<sup>th</sup> and 29<sup>th</sup> of March 2022 and sent to SA Pathology laboratory. 2 samples exceeded the recommended limits and the affected rain water tanks were decontaminated. Council resolved that one of the water tanks at the Council depot (near the dog pound) not be used for drinking purposes and a warning sign has been placed near the tank.</p>
--

# Light Regional Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
David Hooper No auditing qualifications	Environmental Health Officer	Yes, District Council of Coober Pedy

#### 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
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#### 4 Enforcement activities

Nil
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#### 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 provided in the course of routine food premises inspections
---

#### 7 Other activities

Nil
-----

# District Council of Lower Eyre Peninsula

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 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

Provided advice to a few businesses / sports clubs that are using rainwater. Provided them information on SDWA and directed them to use boiled rainwater.
---

#### 7 Other activities

Nil
-----

# Loxton Waikerie District Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Peter Dobson (Ass Dip Health Surveying)	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
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#### 4 Enforcement activities

Nil
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#### 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 Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
-----

# Mid Murray Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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 of Environmental Health	EHO	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

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
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# City of Mitcham

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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 Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Tony Pearson	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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

A meeting was held in conjunction with SA Health at the Meadows Memorial Hall with SA Health and Hall Committee representatives to undertake an Audit and discuss the condition of the Audit Plan. Negotiations are still continuing around the Hall Committee's administration of the plan.
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# City of Mount Gambier

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nicole Dodds	Environmental Health Officer	No
Tom Szewczyk	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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# District Council of Mount Remarkable

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sophie Limoux BHlthSc(ENVH) Flinders	Environmental Health Officer	District Council of Orroroo Carrieton District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council
Brian Sickles BAppSc(ENVH) Flinders	Environmental Health Officer	Port Pirie Regional Council District Council of Orroroo Carrieton District Council of Peterborough 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Rural City of Murray Bridge

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Emily Smith	EHO	Yes – SMDC, CDC, KDC
Christopher Trenouth	EHO	Yes – SMDC, CDC, KDC
June Saruwaka	EHO	Yes – SMDC, CDC, KDC
Jeremy Byrnes	Team Leader – Regulation	

#### 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
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#### 4 Enforcement activities

Nil
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#### 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 provided during routine food safety inspections.
--

#### 7 Other activities

Nil
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# Naracoorte Lucindale Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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, Unley 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Northern Areas Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Alan Thomson	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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# City of Onkaparinga

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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) & Exemplar Global certified and SA Health-approved Food Safety Auditor Approved auditor – Level 2 pursuant to s15(1) of the Safe Drinking Act 2011 Officer authorised pursuant to the Safe Drinking Water Act 2011	Environmental Health Officer	No
Tricia Franks BSc, Graduate Diploma in Environmental Health Practice & Exemplar Global certified and SA Health-approved Food Safety Auditor Approved auditor – Level 2 pursuant to s15(1) of the Safe Drinking Act 2011 Officer authorised pursuant to the Safe Drinking Water Act 2011	Environmental Health Officer	No
Nicole Moore Bachelor of Environmental Health Approved inspector – Level 3 pursuant to s15(1) of the Safe Drinking Act 2011 Officer authorised pursuant to the Safe Drinking Water Act 2011	Team Leader Community Health	No
Jodi-Anne Smith Bachelor of Environmental Health Approved inspector – Level 3 pursuant to s15(1) of the Safe Drinking Act 2011	Environmental Health Officer	No

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Officer authorised pursuant to the Safe Drinking Water Act 2011		
Craig Nicks Nathan Maple Brooke Walsh Deanna Hayes-Phillips Lisa Stead Officers authorised pursuant to the Safe Drinking Water Act 2011	Environmental Health Officers	No

**2 Audits and inspections**

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Our Place @ Willunga Hill	23 Aug 2021	Stuart Dearden
Coriole Vineyards	29 Oct 2021	Jodi-Anne Smith
Swell Brewing Co	26 May 2022	Jodi-Anne Smith
McLaren Vale Lakeside Caravan Park	2 Jun 2022	Tricia Franks

**3 Fees for audits and inspections**

Nil
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**4 Enforcement activities**

We have adjusted the scheduled inspection frequency (of a chronically non-compliant business) to once every 6 months for the time-being.
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**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**

We continue to make checks on status of businesses in the area that are not serviced by reticulated fresh water supply (i.e. as we undertake our food safety inspections for example).
--

**7 Other activities**

We continue to keep a database of all businesses relevant to the Act – including businesses that are exempt from registration.
--

# District Council of Orroroo Carrieton

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sophie Limoux BHLthSc(ENVH) Flinders	Environmental Health Officer	District Council of Mount Remarkable District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council
Brian Sickles BAppSc(ENVH) Flinders	Environmental Health Officer	Port Pirie Regional Council District Council of Mount Remarkable District Council of Peterborough 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
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#### 4 Enforcement activities

Nil
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#### 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
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# District Council of Peterborough

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sophie Limoux BHlthSc(ENVH) Flinders	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton Flinders Ranges Council Port Pirie Regional Council
Brian Sickles BAppSc(ENVH) Flinders	Environmental Health Officer	Port Pirie Regional Council District Council of Mount Remarkable District Council of Orroroo Carrieton 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# City of Playford

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# City of Port Adelaide Enfield

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Port Augusta City Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Isireli Koyamaibole	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
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#### 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
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# Port Lincoln City Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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 Public Health (International Health) Bachelor of Applied Science - Environmental Health	Senior Environmental Health Officer	No
Brittany Hesse 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Port Pirie Regional Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Brian Sickles BAppSc(ENVH) Flinders	Environmental Health Officer	Flinders Ranges Council District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Northern Areas 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Renmark Paringa Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Rebecca Burton Bachelor of Applied Science (Environmental Health)	EHO from 11.01.22	No
Dara Frankel Bachelor of Applied Science (Environmental Health)	EHO 1.07.21 – 10.01.22	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
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#### 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
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#### 7 Other activities

Nil
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# District Council of Robe

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details
Ana Catarina Santos Bachelor of Applied Science – majoring in Environmental Health – Swinburne University	Environmental Health Officer	Yes. Full Time – job share with Robe and Kingston Councils. Fortnightly visits (from October 2021, services to Kingston District Council have ceased)

#### 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, to assist the facility with their license requirements as a registered drinking water provider under the Safe Drinking Water Act. No *E.coli* was detected in the drinking water supply.

There are numbers of Council owned buildings such as the Works Depot, Council owned caravan park, RSL hall, 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 13 April 2022, a total of five (5) 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 2 organisms per 100 mL This facility will be replacing their tap, as it has been damaged. A signage continues to be on the tap at the works Depot workshop, as water quality is not safe for drinking. Council provides drinking water to the Depot.

The three (3) rainwater tanks at the Council owned caravan park were emptied, hence no sampling was taken from that site.

# Municipal Council of Roxby Downs

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 7 Other activities

Nil
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# City of Salisbury

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Southern Mallee District Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Emily Smith	EHO	Yes – RCMB, CDC, KDC
Christopher Trenouth	EHO	Yes – RCMB, CDC, KDC
June Saruwaka	EHO	Yes – RCMB, CDC, KDC

#### 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# District Council of Streaky Bay

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
DJ Moses	Manager Environmental Services	Wudinna DC/DC 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Tatiara District Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# City of Tea Tree Gully

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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## District Council Tumby Bay

### Safe Drinking Water Act Annual Report 2021-2022

#### Activities under the Act

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

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
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##### 4 Enforcement activities

Nil
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##### 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
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##### 7 Other activities

Nil
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# City of Unley

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
Nada Kayal Bachelor of Environmental Management (Uni SA) Graduate Diploma in Environmental Practice (Flinders University) Diploma of Quality Auditing	Environmental Health Officer	No
Thomas Shaw Bachelor of Health Science Flinders University Graduate Diploma in Environmental 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
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#### 4 Enforcement activities

Nil
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**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
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**7 Other activities**

Nil
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# City of Victor Harbor

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Wakefield Regional Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Keith Butterwick	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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Wattle Range Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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. Work four (4) days a week in Wattle Range Council – but Kingston has since engaged Murray City Council from 1 October 21.

#### 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
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#### 4 Enforcement activities

Nil
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#### 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.
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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 park in Beachport, halls, transfer stations – Millicent and Penola and sporting 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 32 rainwater samples were taken, including eight (8) re-sampling of decontaminated rainwater tanks, to determine suitability of potable rainwater.

On 4th April 2022, 12 samples were taken and sent to IMVS laboratory. Of these samples, three (3) returned positive with *E.coli* ranging from 20 to 76 organisms per 100 ml.

Further testing was conducted on 7 April 2022, where fourteen (14) more rainwater samples and on 31 May 2022 of five (5) post decontaminated rainwater samples were taken, and these were sent to IMVS laboratory for analyses. There was one (1) post decontaminated sample that returned another positive reading of *E.coli*, a reading of 33 organisms per 100 ml. This tank will again be decontaminated and re-tested.

# City of West Torrens

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# The Corporation of the City of Whyalla

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nathan Gale Post Grad Environmental Health Practice	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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# Wudinna District Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Denvir Moses	Manager Environmental Services	DC Ceduna/DC Streaky Bay

#### 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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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# District Council of Yankalilla

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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
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#### 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
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#### 7 Other activities

Nil
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# Yorke Peninsula Council

## Safe Drinking Water Act Annual Report 2021-2022

### Activities under the Act

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

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	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
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#### 4 Enforcement activities

Nil
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#### 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
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#### 7 Other activities

Nil
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## Appendix 4: Consultants disclosure (as at 30 June 2022)

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

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

Consultancies	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	Various	\$14,600

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

Consultancies	Purpose	\$ Actual payment
PricewaterhouseCoopers Consulting (Australia) Pty Ltd	Provide expert advice in the development of the final business case for a new central laboratory for SA Pathology. Includes a site option feasibility study and a detailed strategic analysis of drivers, service need or opportunities and recommendations that informs investment, policy and regulatory decisions.	\$323,029
KPMG	Provide expert advice to design, document and cost an implementation and test plan that provides a practical, detailed, and achievable set of steps to test Continuity of Care protocols for Aboriginal children and mothers of Aboriginal babies and associated systems in preparedness for the full state-wide implementation in the 23/24 financial year.	\$314,157
Frances Thorn	Undertake an independent review of the Health Care Act 2008, focussing on Government reform. Includes analysing and distilling information and feedback, drafting a report and providing recommendations to the Minister.	\$173,340

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Ernst & Young	Undertake an independent and expert SA Health Supply Chain Risk Assessment of current suppliers of clinical and other goods and to identify and recommend strategies to mitigate future risk.	\$168,960
Hardes & Associates	Provide expert advice in relation to the inpatient activity projection model for future demand and supply of acute hospital services across SA Health.	\$146,000
KSJ Consulting Service Pty Ltd	Independent and expert review and evaluation of Aboriginal workforce framework 2017-2022 to understand the overall Framework outcome and assess effectiveness to increase and sustain the SA Health Aboriginal workforce. Includes summary report and recommendations for the new Framework and alignment to National Plans.	\$108,900
PricewaterhouseCoopers Consulting (Australia) Pty Ltd	Deliver a contemporary risk-based evaluation framework and supporting tools for the SA Health CCTV Pilot Project. Includes completion of evaluation reports and recommendations regarding the viability of transparent audio-visual monitoring and surveillance.	\$99,282
Naatsihwp Consultancy	Independent and expert review of the Aboriginal Health Practitioner profession and evaluate the existing Clinical Government and Scope of Practice and the Aboriginal Health Practitioner profession structure. Includes recommendations for implementation of a workforce plan.	\$64,162

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
The University of Adelaide	Independent and expert review of the operation of the <i>Mental Health Act 2009</i> and its regulations. Includes recommendations on best practice and appropriate legislative changes with a view to replacing or reforming the act if required to better meet the objectives of the Act.	\$45,000
David McGrath Consulting	Provide an independent assessment of the progress against the reform agenda articulated in the Government response to the Oakden Report. Includes the provision of recommendations for improvement or refinement of projects implemented to date.	\$41,760
The University of Adelaide	Independent and expert review of the <i>Ageing and Adult Safeguarding Act 1995</i> .	\$38,000
Hewlett-Packard Australia Pty Ltd	Undertake an independent investigation of the WCH network and review the network performance from the endpoint devices at the WCH site. Includes the provision of recommendations that will improve and optimise the performance of access to network services from the desktop fleet devices at the WCH site.	\$30,475
Tata Consultancy Services Ltd	Provide expert advice in relation to the development of Azure Cloud Platform Landing Zone. Includes recommendations for best practice in relation to Cloud governance.	\$24,000
	Total	\$1,591,664

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

Data for previous years is available at: [insert hyperlink to specific data.sa page](#) and ensure data sources are referenced.

See also the [Consolidated Financial Report of the Department of Treasury and Finance](#) for total value of consultancy contracts across the South Australian Public Sector.

## Appendix 5: Contractors disclosure (as at 30 June 2022)

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

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

Contractors	Purpose	\$ Actual payment
All contractors below \$10,000 each - combined	Various	\$124,965

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

Contractors	Purpose	\$ Actual payment
Ernst & Young	Home quarantine application support and project management	\$1,080,900
Chamonix IT Consulting	Project manager for data analytics foundation project	\$772,938
Hannan & Partners Pty Ltd	SPLUNK Security and Information Management (SIEM) program implementation project	\$671,748
Arcblue Consulting (Aus) Pty Ltd	Procurement support	\$592,476
KPMG Financial Advisory Services (Australia) Pty Ltd	Audit on Private Hospital Funding (PHFA) required under the National Partnership Agreement (NPA) on COVID-19 response	\$580,663
Dialog Information Technology	COVID-19 vaccine management support	\$486,650
MTX Australia Pty Ltd	Technical developer for SA Health COVID community care	\$400,633
Chamonix IT Consulting	Health Viewer program – provision of IT Managers	\$389,631
Hannan & Partners Pty Ltd	Medi hotel support	\$380,624
DXC Technology Australia Pty Ltd	Exchange Online	\$350,985

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
PricewaterhouseCoopers Legal	Fee for professional services rendered in relation to ECPS Independent Project Assurance	\$349,221
ZED Management Consulting	COVID system-wide planning and develop COVID-19 response strategy	\$347,025
PricewaterhouseCoopers Consulting (Australia) Pty Ltd	SA Pathology New Central Laboratory Project - phase 2 and market call	\$341,282
ISDefence Pty Ltd	Support for governance and technology risk	\$329,381
Deloitte Risk Advisory Pty Ltd	Implement the Department's Approved Internal Audit Plan for FY 2021 to 2022	\$313,624
SecureWare Pty Ltd	Splunk Professional Services Software Development Block	\$299,000
Transforming Solutions	Project management disability vulnerable cohort advisory group lead for COVID-19 vaccination rollout	\$297,150
Arup Australia Pty Ltd	SA Health Distribution Centre operational readiness support	\$287,515
Accenture Australia Pty Ltd	COVID-19 vaccine management support	\$266,281
Expose Data Pty Ltd	OACIS replacement program and Clinical Reporting Repository Replacement project	\$259,525
Ernst & Young	FMC imprest review and change management	\$250,000
Ernst & Young	Orthopaedics pricing refresh	\$238,975
Blue Crystal Solutions	Technical developer	\$233,157

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Operational Systems Pty Ltd	Technical Developers in the Innovation Team for Salesforce and CS Enhancement and Maintenance	\$230,400
Simplus Australia	Maintenance and support of salesforce instances	\$221,986
KPMG Financial Advisory Services (Australia) Pty Ltd	Finalising and implementation assistance for KPMG Strategic Industrial Relations Unit	\$213,492
The University of Adelaide	Develop modelling and report on COVID-19 cases, hospital admissions, ward and ICU occupancy, and deaths for South Australia	\$210,030
Dialog Information Technology	Engagement of enterprise architect to align digital investments to the strategic outcomes that SA Health is trying to achieve including the Digital Health Strategy	\$207,755
SAHMRI	Creation of new COVID-19 Analytics Unit	\$200,000
Wipro Technologies Australia Pty Ltd	Provision of 'Enterprise Procurement Support System (EPSS) Replacement Project'	\$195,699
Escient Pty Ltd	SALHN solution architect	\$193,050
DXC Technology Australia Pty Ltd	Provision of a DXC Security Technical Specialist	\$181,078
Ernst & Young	COVID-19 Systems Landscape Review	\$176,822
Lucid Consulting Engineers (SA) Pty Ltd	SA Health medi-hotel audits	\$176,415
South Australian Government Financing Authority	2021-22 Claims Management Fee	\$174,422

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## 2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Opex Nominees Pty Ltd	Standing order for Isabel Tsakiri and Davinia Ashworth	\$165,420
KPMG Financial Advisory Services (Australia) Pty Ltd	Supply management backfill secondment	\$164,039
Dialog Information Technology	PMO refresh tranches	\$157,230
Harrison McMillan Pty Ltd	Project support for SAAS ePCR project	\$156,434
South Australian Aboriginal Education and Training Consultative Council	Review of Aboriginal Child and Youth Resilience	\$150,000
Australian Red Cross Society	Telephone outreach services for people directed into home quarantine or isolation.	\$147,900
Wiltshire Swain Pty Ltd	Submit service and fee proposals for the planning and full design documentation of helipad upgrades at a number of regional SA Health sites	\$146,348
Johnstaff Advisory Pty Ltd	New Barossa HHS clinical services and facility planning	\$145,860
Ernst & Young	Project management for optimisation of Pathology COVID- 19 testing sites	\$143,067
Chamonix IT Consulting	Splunk deployment project	\$136,976
PricewaterhouseCoopers Consulting (Australia) Pty Ltd	Development of PSCM Strategic Business Plan	\$135,000
Commission on Excellence and Innovation in Health	Aboriginal Health data collaborative pilot and development work	\$135,000
Wipro Technologies Australia Pty Ltd	Supply of Oracle eBusiness Specialist resource	\$134,840

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## 2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Syslinx Pty Ltd	Home care COVID-19 program support	\$134,740
ZED Management Consulting	Assessment of COVID-19 management planning	\$131,486
Dialog Information Technology	Solution architect for Internal Initiatives Program	\$129,141
Diubaldo Consultants	SA Health distribution centre safety assurance review	\$122,466
All Occasions Group	Seed Funding for NMEA 2022 Awards	\$120,000
Promadis Pty Ltd	Data analysis, design, preparation and attendance at various project meetings	\$118,575
Chamonix IT Consulting	SAAS medical records viewing proof of concept	\$115,000
Caliba Group Pty Ltd	Project management of Wipro for discovery stage of EPSS and CMS project	\$109,720
NTT Australia Pty Ltd	Exchange Online	\$108,723
Taryn Schubert Communications	Develop the Communications and Engagement Strategy	\$108,000
KPMG Financial Advisory Services (Australia) Pty Ltd	Professional services rendered - establish and/or support the establishment of the mass vaccination clinic at Jubilee	\$101,986
Wipro Technologies Australia Pty Ltd	OBIEE analyst	\$101,731
Cheesman Architects Pty Ltd	FMH planning study	\$101,187
Bell Rock Engineering Pty Ltd	Support to COVID Vaccine Program project	\$100,176
Dialog Information Technology	Technical deployment of the Commonwealth's CVMS solutions	\$99,894

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Dialog Information Technology	Connected Health Care Program	\$99,750
Chamonix IT Consulting	Enterprise Master Patient Index Remediation including business case report, resources and lessons learned	\$98,125
Opex Nominees Pty Ltd	Establishment of a PMO	\$97,150
Duck Pond Solutions	Provision of strategic advisory services in relation to the Build Phase of Workforce planning & analytics for Digital Health SA	\$96,220
Flinders University	Development of planning and evaluation frameworks for Comprehensive Palliative Care in Aged Care pilot projects	\$95,961
Caligo Health Pty Ltd	Funding Sustainability model for SA Health EMR	\$95,000
Department for Infrastructure and Transport	SAAS Pt Augusta site assessment	\$94,819
G88 Consulting	Project to support the activities of the Planning for Vulnerable Groups workstream in relation to COVID-19 preparedness activities and response planning in residential aged care facilities	\$93,946
Hender Consulting	Ground readiness support facilitating the rollout program of the COVID-19 vaccine program in South Australia	\$93,109
Opex Nominees Pty Ltd	Management all demand planning duties including estimating future product demand, analysing inventory flow and development forecast model	\$92,565
ISD Cyber	Engagement of Supplier - Digital Health SA - Security Consultant	\$92,438

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## 2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Oz-Train Pty Ltd	Staff debriefing services	\$92,000
Carmichael Digital Pty Ltd	CME Project	\$91,000
All Occasions Group	SA Health - Supplier Conference 2022 to be held 3 Nov 2022 (All Occasions Group) - to agreed quotation and Customer Order	\$90,672
Escient Pty Ltd	Business analyst and project manager for COVID-19 Positive Management Project	\$89,960
Chamonix IT Consulting	Initiatives oversight	\$89,838
Chamonix IT Consulting	Health Viewer NALHN developer (Angular) and tester	\$88,750
ZED Management Consulting	COVID System-Wide Planning	\$87,015
Gyre Digital Pty Ltd	Temporary labour hire	\$86,000
DWS Advanced Business Solutions	Digital Health Project - Project manager	\$85,050
Objective Corporation Limited	Objective consulting services program - 40 days	\$81,900
Escient Pty Ltd	Continuation of planning activities and development of the regional business case for Sunrise EMR	\$79,580
Escient Pty Ltd	COVID-19 Project Lead	\$78,260
ZED Management Consulting	Aboriginal health planning support	\$77,888
E-Learning Creations Pty Ltd	Development of PSCM training and learning modules	\$77,700
Ventia Australia Pty Ltd	FMC PopUp Renal Dialysis Plan	\$76,071
KPMG Financial Advisory Services (Australia) Pty Ltd	Provide comparative costs for mass vaccination clinics and review costs associated with the entire COVID-19 vaccination program	\$73,950

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## 2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Chamonix IT Consulting	Voluntary Assisted Death Activities solution - proof of concept	\$73,500
Executive Advisory Services Pty Ltd	eHealth Independent Observer and Advisor role to DHW and WBSA	\$72,450
PricewaterhouseCoopers Consulting (Australia) Pty Ltd	Standing order for PwC for: Oliver Sargent, Lara Spence, Angus McArthur, Calum Douglass	\$72,000
Flinders University	Comprehensive palliative care in aged care evaluation	\$69,448
DWS Advanced Business Solutions	SAVAX Enhancements and customisation project	\$68,700
Department of the Premier and Cabinet - Infrastructure SA	ISA assurance health check on the new Women's and Children's Hospital	\$67,348
Wipro Technologies Australia Pty Ltd	Supply of Oracle senior resources for SANDI project	\$66,900
PricewaterhouseCoopers Consulting (Australia) Pty Ltd	PwC to review the recently delivered Secure Messaging Program	\$65,000
Chamonix IT Consulting	Implementation planning study for Service Registration Assistant	\$64,663
Chamonix IT Consulting	Solution architect for data integration on Clinical Data Analytic Platform	\$63,625
Chamonix IT Consulting	Virtual Care: Capability Mapping enterprise architect	\$62,563
Onno Van Der Wel	Review of 2019/2020 Patient Costing results, 2021/2022 budget model results and any investigations as required	\$61,960
Objective Corporation Limited	Objective upgrade	\$61,700

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Duck Pond Solutions	Provision of support to Digital Health SA to deliver Small Fast Teams focused on key themes coming out of the 2021 I Work for SA Survey	\$61,682
The University of Adelaide	COVID-19 Vaccination Program - Future Analysis by Professor Helen Marshall	\$60,375
Deloitte Risk Advisory Pty Ltd	Internal Audit of the Cyber Security Capability Assessment	\$60,262
ZED Management Consulting	COVID-19 Vaccination Lessons Learned	\$58,530
Lucid Consulting Engineers (SA) Pty Ltd	Development of strategic asset management plan	\$55,145
DWS Advanced Business Solutions	Supporting DHW to make critical amendments to the SharePoint database to increase efficiency, security and ability for data to be extracted.	\$55,000
ZED Management Consulting	COVID-19 Vaccination Data and Reporting	\$53,000
RSL Care SA Inc	Employment of the Veterans Health Advisory Council Executive Officer	\$52,962
Escient Pty Ltd	COVID-19 salesforce project manager	\$52,569
Flinders University	Mandatory voluntary assisted dying training for medical practitioners	\$52,273
Dialog Information Technology	Engagement of a Cloud Architect	\$51,480
Chamonix IT Consulting	COVID-19 systems review and solutions architect	\$51,400
Escient Pty Ltd	Digital Business Partner	\$51,300

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
KPMG Financial Advisory Services (Australia) Pty Ltd	Additional supply chain support from KPMG to manage the distribution and tracking of COVID-19 vaccinations across the state.	\$51,003
Chamonix IT Consulting	COVID-19 response Care team	\$50,560
Duck Pond Solutions	Supporting the Client Account Management Team transition to a Digital Business Partnering model	\$50,020
PricewaterhouseCoopers Consulting (Australia) Pty Ltd	PSCM structure reset and task alignment project final report	\$50,000
Doctors Health SA Ltd	Delivery of COVID-19 related support services to South Australian medical workforce at a time of increased demand	\$50,000
Hannan & Partners Pty Ltd	Provision of SOCIA support	\$49,850
Dialog Information Technology	Program Backlog Manager in Digital Health	\$49,759
Rider Levett Bucknall SA Pty Ltd	Cost management services	\$49,344
Department for Infrastructure and Transport	Repat Site/Campus Planning	\$49,320
Wiser Technology Advice	SA Health Corporate Affairs - Objective System Review	\$49,294
Greenway Architects (SA) Pty Ltd	Adelaide Sexual Health Clinic	\$48,505
ZED Management Consulting	Aboriginal Health Care Framework and Implementation Plan	\$47,530
Arcblue Consulting (Aus) Pty Ltd	Project management of Framework Project	\$47,146

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Helica Architecture Pty Ltd	SAMIS drawing and data update	\$47,113
Ernst & Young	Project support for standing up new Exemption Portal	\$46,968
RixStewart Pty Ltd	Review current patient minding model including costs to inform break guard costs and impact.	\$45,918
ISDefence Pty Ltd	Cyber security onsite support for Splunk Project	\$45,500
Strategic Solutions Co	Completion of review of governance of statewide children's policy, legislation, strategy and planning	\$45,300
Ground Effects Consulting	Provide support and guidance to Project leaders, provide active assistance to Stream 2 (Capacity Uplift) and establish PMO tracking for the five key steams	\$45,000
Atos Australia	SAVAX CO Penetration testing	\$45,000
KPMG Financial Advisory Services (Australia) Pty Ltd	National Dental Reform - including the facilitation of at least 2 working group workshops and the summarisation of data and information provided by, and based on discussions with, the Reform Working Group. KPMG will not provide advice or recommendations on preferred options.	\$43,590
Amplify Procurement Pty Ltd	Resources to review medical staffing procurement strategy	\$43,460
Walter Brooke & Associates Pty Ltd	BreastScreen SA administration & assessment tenancy - relocation plan	\$43,400
Chamonix IT Consulting	COVID-19 vaccine management support	\$42,500

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
ZED Management Consulting	Development of COVID-19 primary health care plan	\$42,500
Dialog Information Technology	COVID-19 vaccine Management system	\$41,698
O'Connor Marsden & Associates Pty Ltd	Probity services	\$41,673
KPMG Financial Advisory Services (Australia) Pty Ltd	Secondment of personnel to support program management and process mapping activities for the SA Health COVID-19 response	\$41,410
BDO Advisory (SA) Pty Ltd	Review of business functions for Office of Chief Psychiatrist	\$41,371
Lauren Cortis	Lead Pharmacist for the VAD implementation team	\$41,164
ISDefence Pty Ltd	Engagement of Security Consultant - Digital Health SA	\$40,313
KPMG Financial Advisory Services (Australia) Pty Ltd	Provision of a supply chain expert to manage the distribution and tracking of COVID-19 vaccinations across the state. Backfilling an ASO8 position	\$40,307
Ground Effects Consulting	Provide support and guidance to Project leaders, and lead the Beyond 2021 project	\$40,000
The Australian Centre for Social Innovation Inc	Statewide Conversation to inform the Strategy to Safeguard the Rights of Older South Australians 2022-2027	\$40,000
Sonia Allan	Development of access principles, support service model and business rules for the Donor Conception Register	\$39,600
Aktis Performance Management	Review, develop, finalise and classify RD	\$39,164

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
The Australian Centre for Social Innovation Inc	Health Services programs - Commissioning and Performance	\$39,050
The Australian Centre for Social Innovation Inc	Models of Care navigation - grief and bereavement services	\$39,050
ASG Group Limited	Net developer for contact tracing database project	\$38,269
ZED Management Consulting	Support to finalise business plan for Commissioning and Performance division	\$38,269
Arup Australia Pty Ltd	Specialist technical project advisory services for the SA Pathology New Central Laboratory Project	\$37,960
Specialised Dispute Management Pty Ltd	Contract management consulting - legal - nRAH project	\$36,664
Iwirri Aboriginal Corporation	Assistance in tracking the spread in community and identifying risk	\$36,300
Oz-Train Pty Ltd	Support to staff	\$35,750
ASG Group Limited	COVID-19 PCR Testing and Results Project	\$35,588
Department for Infrastructure and Transport	SFHS Renal Dialysis Site Options	\$35,400
BDO Advisory (SA) Pty Ltd	Probity services	\$35,166
ZED Management Consulting	Support the implementation of the SA Health Policy Framework within SA Health	\$35,108
ASG Group Limited	EMR program administration	\$35,000
Resolve Health Advisory Pty Ltd	Urology and emergency surgery demand and capacity analysis	\$35,000
Resolve Health Advisory Pty Ltd	A technical piece of work to model capacity and demand for elective surgery in South Australia	\$35,000

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Department for Infrastructure and Transport	Repat CARE Service Design	\$35,000
BHF Group Pty Ltd	COVID-19 Vaccination Program Rapid Response Team - Support the recruitment of human resources for the ramp up of vaccination clinics	\$35,000
KPMG Financial Advisory Services (Australia) Pty Ltd	KPMG to provide costing services from 18 May 2022	\$34,500
Destravis Australia Pty Ltd	CSSD planning study for Kangaroo Island Health Service	\$34,160
Expose Data Pty Ltd	OACIS replacement program and Data and Analytics Platform (DAP) project	\$33,819
KPMG Financial Advisory Services (Australia) Pty Ltd	Delegations of Authority Framework Review	\$33,695
Powerhealth Solutions	Provide consultant support with the rollover and costing; includes lock 20/21 GL setups and costing datasets; GL extractions for all LHNs; extraction of centrally prepared activity data; create GL, GL setups and costing datasets for all LHNs; assist with load of activity data into PPM; assist with update to costing datasets; process GL, costing dataset and audit reports and review with respective LHN analyst	\$33,566
Hannan & Partners Pty Ltd	Development of a SPLUNK roadmap that aligns to SA Health strategy	\$33,546
Dialog Information Technology	Testing activities for COVID Technology program	\$33,440

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
KPMG Financial Advisory Services (Australia) Pty Ltd	Initial Transformation Management Engagement	\$31,174
BDO Advisory (SA) Pty Ltd	Digital Health financial analysis	\$30,297
ZED Management Consulting	Analysis of TGA Recall Systems and Processes	\$29,550
Deloitte Risk Advisory Pty Ltd	Internal Audit of Root Cause Analysis - Direct to Imprest Inventory Management	\$29,540
ZED Management Consulting	Project support to COVID Compliance Case Management System	\$29,500
PEG Consulting Pty Ltd	HRP Data and information gathering and meeting attendance	\$29,425
Dialog Information Technology	Delivery of PMO forum and workshop	\$28,500
Sensum SA Pty Ltd	Kangaroo Island Health Service - Modern Methods of Construction	\$28,213
RixStewart Pty Ltd	Review and audit hotel services	\$27,940
Shane Adams	Cloud Architect	\$27,720
Blue Crystal Solutions	Oracle Target State Architecture Report (SA Pathology) Project	\$27,000
Taryn Schubert Communications	Communication action plans and engagement strategies for the Voluntary Assisted Dying Pathway implementation	\$27,000
PEG Consulting Pty Ltd	Support review of Retirement Villages Act 2016	\$26,200

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
The Trustee for Jaksa Family Discretionary Trading Trust	Commercial consultancy services provided including procurement or commercial advice, negotiation services, drafting of schedules, considering and advising on contractual issues and drafting	\$25,228
Chamonix IT Consulting	Solutions Architect for COVID-19 information management	\$24,200
Stand Out Report	Discussion paper to support consultation on surveillance technologies in aged care	\$24,000
ZED Management Consulting	Assistance to development of stakeholder engagement framework for the Health Regulation and Protection Division	\$23,525
Zero Suicide Institute of Australia	Towards zero suicides initiative	\$23,450
KPMG Financial Advisory Services (Australia) Pty Ltd	A simplified and improved spreadsheet for the COVID-19 vaccination supply program and the inclusion of Power BI framework to compare events to various demographic areas into the spreadsheet.	\$23,446
Tetra Tech International Development Pty Ltd	Support to deliver high level operating model and roadmap	\$22,727
BDO Advisory (SA) Pty Ltd	Workshop facilitation for SA Digital Health and review of work processes and update	\$22,660
Chamonix IT Consulting	Commonwealth Booking Platform decommissioning	\$22,575
Wiltshire Swain Pty Ltd	Planning study for the expansion of Hampstead Dialysis Services and relocation of the Home Dialysis Training Centre	\$21,700
Specialised Dispute Management Pty Ltd	Contract management consulting - legal PSCM	\$21,666

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Comunet Pty Ltd	Assistance in Exchange Online migration	\$21,578
KPMG Financial Advisory Services (Australia) Pty Ltd	Business Continuity Plan Update	\$20,571
Cheesman Architects Pty Ltd	TQEH Cramond Clinic planning	\$20,120
Dialog Information Technology	Strategic Human Centered Design Support	\$20,000
Expose Data Pty Ltd	Premium IT support for the OACIS Replacement Project	\$20,000
Expose Data Pty Ltd	CRR support services for the OACIS Replacement project	\$20,000
ALTFIVE	Strategic Framework Expertise of Infrastructure Projects	\$19,968
HealthEngine Ltd	South Australia Health (SAH) Transition Approach	\$19,930
Robert Bird Group Pty Ltd	Leigh Creek HC planning study and technical advisory	\$19,860
Lived Experience Leadership & Advocacy	Design, facilitation and reporting of co-design sessions for NGO redesign project	\$19,800
Cybercx Pty Ltd	SA Health Heart AI security review	\$19,780
ZED Management Consulting	Establishment of 10 Aboriginal Project Officer roles for the Local Health Networks under Closing the Gap.	\$19,116
FBE Pty Ltd	Provision of Biomedical Engineer to SABME	\$18,483
Stoplevel Pty Ltd	Monthly service fee for externally managed disclosure service	\$18,333
Chamonix IT Consulting	Communicable Disease Control Branch salesforce development	\$18,113

**OFFICIAL**

## 2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Department for Infrastructure and Transport	Gawler ED Planning	\$18,000
Resolve Health Advisory Pty Ltd	Analysis of demand and capacity to support and draft documents to the SA Health Inpatient Integrated Plan (Decant Plan)	\$17,500
Kathy Mott & Associates	Improve the health and wellbeing of Aboriginal people by improving how the health system performs in relation to the continuity of care for mothers of Aboriginal babies and for Aboriginal children 0 – 4 years of age. Includes draft protocols that can be used by a care coordinator as a checklist and system protocols to identify what the system needs to do. (No recommendations will be provided and the draft protocols will be edited by Aboriginal Health ready for broader circulation)	\$17,380
Ernst & Young	Project manager for SALHN intelligent automation project	\$17,242
David McGrath Consulting	Unmet Needs project	\$16,560
Elevation Design Pty Ltd	Repat Site/Campus Planning	\$16,166
Fragile to Agile	NALHN PAS assessment	\$15,749
BDO Advisory (SA) Pty Ltd	Fee for retirement of Customer Service review project	\$15,000
Council on the Ageing SA Inc	Voluntary Assisted Death Activities - understanding the feasibility of the redesigned Advance Care Directive form	\$15,000
Nijan Consulting	Preparation of position classification Reports	\$14,680
Peter Norrie	Safety and quality review of JVK	\$14,469

**OFFICIAL**

## 2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
CAM Management Solutions	Development of a Portfolio Report	\$14,250
The Australian Centre for Social Innovation Inc	Design and delivery of Safeguarding Advisory Group and Ageing Well Community Network workshops	\$14,188
MBMpl Pty Ltd	New supply arrangement for stationery	\$14,000
RGH Pharmacy Consulting Services Pty Ltd	Emergency Clinical Pharmacy Support for COVID-19 Primary Care	\$13,479
Powerhealth Solutions	Provide activity based costing (ABF)/casemix analysis	\$13,473
The University of Adelaide	Mathematical and statistical analysis of the Synthetic datasets	\$12,934
Lived Experience Australia Ltd	Provision of Carer Survey Results report	\$12,000
Think Human Pty Ltd	End user testing of the revised Advance Care Directive Form	\$11,980
Human Psychology	Staff Employee Assistance Program	\$11,700
OCCO Services Pty Ltd	Nurses EBA advice	\$10,500
Rare Insight	Elective surgery policy work project support	\$10,500
ABFA Pty Ltd	Financial management and future business case for EMR	\$10,375
Paul Tridgell Pty Ltd	Data load of QV database	\$10,125
RixStewart Pty Ltd	Review of the Statewide Linen Services Contract	\$10,012
Australian & New Zealand College of Anaesthetists	Administrative services for the South Australian Anaesthetic Mortality Committee	\$10,000
	<b>Total</b>	<b>\$23,386,719</b>

2021-22 ANNUAL REPORT for the Department for Health and Wellbeing

Data for previous years is available at:

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

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

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

**Appendix 6: Audited financial statements 2021-22**



Our ref: A22/078

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Dr R Lawrence  
Chief Executive  
Department for Health and Wellbeing  
Office of the Chief Executive  
Citi Centre Building  
11 Hindmarsh Square  
ADELAIDE SA 5000  
email: HealthCE@sa.gov.au

Dear Dr Lawrence

## **Audit of the Department for Health and Wellbeing for the year to 30 June 2022**

We have completed the audit of your accounts for the year ended 30 June 2022. 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 report for the Department for Health and Wellbeing and the consolidated entity, 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 report.

### **2 Audit management letters**

During the year, we sent your agency 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*.

We have received responses to our letters and will follow these up in the 2022-23 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.

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**

23 September 2022

enc

# INDEPENDENT AUDITOR'S REPORT



Government of South Australia

Auditor-General's Department

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200 Victoria Square  
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## To the Chief Executive Department for Health and Wellbeing

### Opinion

I have audited the financial report of the Department for Health and Wellbeing and the consolidated entity comprising the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2022.

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 2022, their financial performance and their cash flows for the year then ended in accordance with the 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 2022
- a Statement of Financial Position as at 30 June 2022
- a Statement of Changes in Equity for the year ended 30 June 2022
- a Statement of Cash Flows for the year ended 30 June 2022
- notes, comprising material accounting policies and other explanatory information
- a Certificate from the Chief Executive and the Chief Finance Officer.

### Basis for opinion

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

In preparing the financial report, the Chief Executive is responsible for assessing the entity's and consolidated entity's ability to continue as a going concern, taking into account any policy or funding decisions the government has made which affect the continued existence of the entity. The Chief Executive is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

### **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 the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2022.

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 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
- conclude on the appropriateness of the Chief Executive's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- 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**

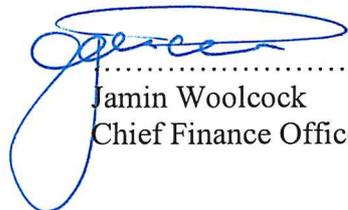
23 September 2022

## 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.

  
.....  
Dr Robyn Lawrence  
Chief Executive

  
.....  
Jamin Woolcock  
Chief Finance Officer

Date 19 - 7 - 2022  
.....

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2022**

	Note	Consolidated		Parent	
		2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
<b>Income</b>					
Revenues from SA Government	2	4,845,446	4,553,938	4,845,446	4,553,938
Fees and charges	3	738,227	771,242	275,956	293,514
Grants and contributions	4	2,447,899	2,115,132	2,003,715	1,683,610
Interest	5	372	1,135	4	329
Resources received free of charge	6	76,994	78,277	33,665	38,802
Net gain from disposal of non-current and other assets	13	340	1,767	-	2,023
Other revenues/income	7	37,737	29,949	169,719	155,826
<b>Total income</b>		<b>8,147,015</b>	<b>7,551,440</b>	<b>7,328,505</b>	<b>6,728,042</b>
<b>Expenses</b>					
Employee benefits expenses	8	4,677,395	4,394,298	241,155	194,511
Supplies and services	9	2,754,644	2,332,034	925,034	744,644
Depreciation and amortisation	20,21	311,381	307,964	12,174	11,285
Grants and subsidies	10	118,523	115,985	5,985,935	5,628,102
Borrowing costs	11	130,412	121,297	434	111
Payments to SA Government	2	431,854	-	431,854	-
Impairment loss on receivables and contract assets	15.1,18	11,389	5,752	2,419	290
Other expenses	12	63,062	74,274	32,809	42,108
<b>Total expenses</b>		<b>8,498,660</b>	<b>7,351,604</b>	<b>7,631,814</b>	<b>6,621,051</b>
<b>Net result</b>		<b>(351,645)</b>	<b>199,836</b>	<b>(303,309)</b>	<b>106,991</b>
<b>Other Comprehensive Income</b>					
<b>Items that will not be reclassified to net result</b>					
Changes in property, plant and equipment asset revaluation surplus	20	-	(7,431)	-	-
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>					
Gains or losses recognised directly in equity		26,936	47,060	-	-
<b>Total other comprehensive income</b>		<b>26,936</b>	<b>39,629</b>	<b>-</b>	<b>-</b>
<b>Total comprehensive result</b>		<b>(324,709)</b>	<b>239,465</b>	<b>(303,309)</b>	<b>106,991</b>

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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2022**

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000
<b>Current assets</b>					
Cash and cash equivalents	14	825,410	1,172,207	515,078	791,294
Receivables	15	437,120	454,039	238,888	271,334
Other financial assets	16	108,051	112,685	-	-
Inventories	17	125,924	120,561	86,720	84,086
Contract assets	18	13,432	24,037	-	-
Other assets		18	23	-	-
<b>Total current assets</b>		<b>1,509,955</b>	<b>1,883,552</b>	<b>840,686</b>	<b>1,146,714</b>
<b>Non-current assets</b>					
Receivables	15	35,424	10,408	23	15
Other financial assets	16	3,979	4,239	-	-
Property, plant and equipment	19,20	5,875,072	5,912,873	57,785	58,067
Investment property	19,20	25,750	23,500	-	-
Intangible assets	19,21	53,524	66,704	32,693	36,221
<b>Total non-current assets</b>		<b>5,993,749</b>	<b>6,017,724</b>	<b>90,501</b>	<b>94,303</b>
<b>Total assets</b>		<b>7,503,704</b>	<b>7,901,276</b>	<b>931,187</b>	<b>1,241,017</b>
<b>Current liabilities</b>					
Payables	23	501,446	425,291	223,508	224,012
Financial liabilities	24	87,942	86,785	1,105	253
Employee benefits	25	648,579	653,415	25,255	26,305
Provisions	26	55,998	46,014	21,695	16,757
Contract liabilities and other liabilities	27	122,668	114,719	3,408	2,111
<b>Total current liabilities</b>		<b>1,416,633</b>	<b>1,326,224</b>	<b>274,971</b>	<b>269,438</b>
<b>Non-current liabilities</b>					
Payables	23	30,642	33,434	23,636	19,780
Financial liabilities	24	2,671,938	2,739,082	18,940	19,770
Employee benefits	25	701,383	804,082	32,722	34,457
Provisions	26	253,158	244,852	112,198	125,549
Contract liabilities and other liabilities	27	102	96	102	96
<b>Total non-current liabilities</b>		<b>3,657,223</b>	<b>3,821,546</b>	<b>187,598</b>	<b>199,652</b>
<b>Total liabilities</b>		<b>5,073,856</b>	<b>5,147,770</b>	<b>462,569</b>	<b>469,090</b>
<b>Net assets</b>		<b>2,429,848</b>	<b>2,753,506</b>	<b>468,618</b>	<b>771,927</b>
<b>Equity</b>					
Contributed capital		1,700,853	1,700,853	1,700,853	1,700,853
Retained earnings		81,536	432,138	(1,264,169)	(960,860)
Asset revaluation surplus		526,765	526,757	31,934	31,934
Other reserves		120,694	93,758	-	-
<b>Total equity</b>		<b>2,429,848</b>	<b>2,753,506</b>	<b>468,618</b>	<b>771,927</b>

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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CHANGES IN EQUITY**  
**For the year ended 30 June 2022**

**CONSOLIDATED**

	Note	Asset		Other reserves	Retained earnings	Total equity
		Contributed capital	revaluation surplus			
		\$ '000	\$ '000	\$'000	\$ '000	\$ '000
<b>Balance at 30 June 2020</b>		<b>1,700,853</b>	<b>535,658</b>	<b>46,698</b>	<b>226,970</b>	<b>2,510,179</b>
Prior period adjustment		-	-	-	3,862	3,862
<b>Net result for 2020-21</b>		-	-	-	<b>199,836</b>	<b>199,836</b>
Gain/(loss) on revaluation of land and buildings	20	-	(7,431)	-	-	(7,431)
Gain/(loss) on revaluation of other financial assets		-	-	316	-	316
Gain/(loss) on revaluation of defined benefit fund liability	25.3	-	-	46,744	-	46,744
<b>Total comprehensive result for 2020-21</b>		-	<b>(7,431)</b>	<b>47,060</b>	<b>199,836</b>	<b>239,465</b>
Transfer between equity components		-	(1,470)	-	1,470	-
<b>Balance at 30 June 2021</b>		<b>1,700,853</b>	<b>526,757</b>	<b>93,758</b>	<b>432,138</b>	<b>2,753,506</b>
<b>Net result for 2021-22</b>		-	-	-	<b>(351,645)</b>	<b>(351,645)</b>
Gain/(loss) on revaluation of other financial assets		-	-	(262)	-	(262)
Gain/(loss) on revaluation of defined benefit fund liability	25.3	-	-	27,198	-	27,198
<b>Total comprehensive result for 2021-22</b>		-	-	<b>26,936</b>	<b>(351,645)</b>	<b>(324,709)</b>
Transfer between equity components		-	8	-	(8)	-
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	1,051	1,051
<b>Balance at 30 June 2022</b>		<b>1,700,853</b>	<b>526,765</b>	<b>120,694</b>	<b>81,536</b>	<b>2,429,848</b>

**PARENT**

	Note	Asset		Other reserves	Retained earnings	Total equity
		Contributed capital	revaluation surplus			
		\$ '000	\$ '000	\$'000	\$ '000	\$ '000
<b>Balance at 30 June 2020</b>		<b>1,700,853</b>	<b>31,934</b>	-	<b>(1,067,851)</b>	<b>664,936</b>
<b>Net result for 2020-21</b>		-	-	-	<b>106,991</b>	<b>106,991</b>
<b>Total comprehensive result for 2020-21</b>		-	-	-	<b>106,991</b>	<b>106,991</b>
<b>Balance at 30 June 2021</b>		<b>1,700,853</b>	<b>31,934</b>	-	<b>(960,860)</b>	<b>771,927</b>
<b>Net result for 2021-22</b>		-	-	-	<b>(303,309)</b>	<b>(303,309)</b>
<b>Total comprehensive result for 2021-22</b>		-	-	-	<b>(303,309)</b>	<b>(303,309)</b>
<b>Balance at 30 June 2022</b>		<b>1,700,853</b>	<b>31,934</b>	-	<b>(1,264,169)</b>	<b>468,618</b>

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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2022**

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000
<b>Cash flows from operating activities</b>					
<b>Cash inflows</b>					
Receipts from SA Government		4,845,446	4,553,938	4,845,446	4,553,938
Fees and charges		771,385	671,771	152,511	74,193
Grants and contributions		2,452,430	2,129,318	2,008,487	1,687,470
Interest received		226	922	4	329
Residential aged care bonds received		30,569	25,642	-	-
GST recovered from ATO		238,305	214,045	99,477	82,419
Other receipts		37,054	28,612	2,427	1,561
<b>Cash generated from operations</b>		<b>8,375,415</b>	<b>7,624,248</b>	<b>7,108,352</b>	<b>6,399,910</b>
<b>Cash outflows</b>					
Employee benefits payments		(4,733,093)	(4,346,458)	(245,591)	(190,640)
Payments for supplies and services		(2,888,119)	(2,503,550)	(999,436)	(807,408)
Payments of grants and subsidies		(157,700)	(160,597)	(5,694,597)	(5,375,642)
Interest paid		(121,359)	(110,605)	(434)	(111)
Residential aged care bonds refunded		(27,197)	(22,040)	-	-
Other payments		(32,986)	(41,498)	(4,947)	(4,945)
Payments to SA Government		(431,854)	-	(431,854)	-
<b>Cash used in operations</b>		<b>(8,392,308)</b>	<b>(7,184,748)</b>	<b>(7,376,859)</b>	<b>(6,378,746)</b>
<b>Net cash provided by operating activities</b>		<b>(16,893)</b>	<b>439,500</b>	<b>(268,507)</b>	<b>21,164</b>
<b>Cash flows from investing activities</b>					
<b>Cash inflows</b>					
Proceeds from sale of property, plant and equipment		640	13,401	-	12,341
Proceeds from sale/maturities of investments		13,330	12,425	-	-
<b>Cash generated from investing activities</b>		<b>13,970</b>	<b>25,826</b>	<b>-</b>	<b>12,341</b>
<b>Cash outflows</b>					
Purchase of property, plant and equipment		(237,386)	(258,228)	(2,437)	(7,674)
Purchase of intangible assets		(5,815)	(4,032)	(5,014)	(3,216)
Purchase of investments		(9,410)	(10,785)	-	-
<b>Cash used in investing activities</b>		<b>(252,611)</b>	<b>(273,045)</b>	<b>(7,451)</b>	<b>(10,890)</b>
<b>Net cash provided by/(used in) investing activities</b>		<b>(238,641)</b>	<b>(247,219)</b>	<b>(7,451)</b>	<b>1,451</b>
<b>Cash flows from financing activities</b>					
<b>Cash inflows</b>					
Proceeds from borrowings		-	-	17	179
<b>Cash generated from financing activities</b>		<b>-</b>	<b>-</b>	<b>17</b>	<b>179</b>
<b>Cash outflows</b>					
Repayment of lease liabilities		(91,263)	(89,685)	(275)	(706)
<b>Cash used in financing activities</b>		<b>(91,263)</b>	<b>(89,685)</b>	<b>(275)</b>	<b>(706)</b>
<b>Net cash provided by/(used in) financing activities</b>		<b>(91,263)</b>	<b>(89,685)</b>	<b>(258)</b>	<b>(527)</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2022**

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>(346,797)</b>	<b>102,596</b>	<b>(276,216)</b>	<b>22,088</b>
Cash and cash equivalents at the beginning of the period		1,172,207	1,069,611	791,294	769,206
<b>Cash and cash equivalents at the end of the period</b>	14	<b>825,410</b>	<b>1,172,207</b>	<b>515,078</b>	<b>791,294</b>
Non-cash transactions	28				

The accompanying notes form part of these financial statements.

## **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 (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;
- Women's and Children's Health Network Incorporated; and
- Yorke and Northern Local Health Network Incorporated;

with transactions occurring between these entities.

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 interests in other entities is at note 37.

### *Administered items*

The Consolidated Entity 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 Consolidated Entity transactions.

### **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.

The Department is responsible for the overall management and strategic direction of the South Australian health system. The local health networks are responsible for the provision of health services in accordance with the *Health Care Act 2008* and performance agreements.

## **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 providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on wellbeing, illness prevention, early intervention and quality care.

The Department (i.e. Parent Entity) assists the Minister and supports the delivery of public health services, formulates health policy, 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.

The Department is comprised of five core divisions and one operating entity:

- Health Regulation and Protection;
- System Leadership and Design;
- Commissioning and Performance;
- Corporate and System Support Services;
- Office of the Chief Psychiatrist / Mental Health;
- Digital Health SA (Operating entity).

### **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 Improvement 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 the notes accompanying the Statements).

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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*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 country 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, 9, 10, 15.2 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 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.

**1.4 Continuity of operations**

As at 30 June the Consolidated Entity had working capital of \$93.322 million (\$557.328 million). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of the Consolidated Entity, via the Department of Treasury and Finance (DTF), to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annual *State Budget Papers* which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by Agency.

**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 include Branch Reserves, Country Capital Reserves, Defined Benefit Fund Remeasurement and Investment Revaluation Reserve.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

**1.6 Changes to SA Health**

**2021-22**

As a result of administrative arrangements outlined in the Chief Executive Agreement (4 April 2022), the Metropolitan Referral Unit was transitioned from the Southern Adelaide Local Health Network to Wellbeing SA, effective 26 March 2022. Net liabilities of \$1.051 million were transferred out of the Consolidated Entity, consisting of payables (\$0.060 million) and staff benefits (\$0.991 million). This included the transfer of 32 employees.

Net liabilities transferred by the Consolidated Entity as a result of the administrative restructure were at the carrying amount immediately prior to transfer, and treated as a distribution to the SA Government as owner.

**2020-21**

There were no transfers during this period.

**1.7 Impact of COVID-19 pandemic on SA Health**

As lead agency, SA Health is responsible for coordinating the COVID-19 pandemic response in South Australia to minimise the risk to the people of South Australia and keep the community safe, in line with existing government responsibilities for the health system. This response included the coordination of testing, contact tracing, hotel quarantine, vaccination program, ensuring public and private hospital system capacity and public education.

Specific transactions related to the COVID-19 pandemic are evident throughout this financial report. Expenses incurred by the Department of \$321.673 million (\$199.298 million) were partially offset by income of \$273.700 million (\$100.346 million).

The material impact on the Department's financial performance includes Commonwealth financial assistance via the National Partnership on COVID-19 Response of \$255.803 million (\$63.216 million), and significant expenses:

- Employee benefits expenses of \$66.303 million (\$25.288 million)
- Supplies and services of \$247.873 million (\$151.142 million), including:
  - Hotel quarantine - accommodation costs of \$71.822 million (\$60.329 million)
  - Contractors and agency staff of \$35.000 million (\$13.102 million)
  - Security of \$24.269 million (\$35.014 million)
- Grants and subsidies of \$3.890 million (\$20.532 million)

In addition to the Department's costs, the COVID-19 pandemic continues to have an impact on the operations of the LHNs and SAAS. This includes an increase in costs associated with COVID capacity and preparation, increased demand for personal protective equipment and increased staffing costs (including agency) to ensure that demand can be managed across South Australia and that necessary compliance measures are followed. Net COVID-19 specific costs for the LHNs and SAAS was \$367.599 million (\$135.377 million).

**1.8 Change in accounting policy**

The Consolidated Entity did not change any of its accounting policies during the year.

**2. Revenues from SA Government**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
<b>Revenues from SA Government</b>				
Contingency funding provided by DTF	3,682	-	3,682	-
Recovery from DTF for TVSPs	2,577	7,604	2,577	7,604
Appropriations from Consolidated Account pursuant to the <i>Appropriation Act</i>	4,780,265	4,520,532	4,780,265	4,520,532
Commonwealth capital grants received via DTF	22,780	14,350	22,780	14,350
Commonwealth recurrent grants received via DTF	36,142	11,452	36,142	11,452
<b>Total revenues from SA Government</b>	<b>4,845,446</b>	<b>4,553,938</b>	<b>4,845,446</b>	<b>4,553,938</b>
<b>Payments to SA Government</b>				
Return of surplus cash pursuant to cash alignment policy	431,854	-	431,854	-
<b>Total payments to SA Government</b>	<b>431,854</b>	<b>-</b>	<b>431,854</b>	<b>-</b>

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.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

**3. Fees and charges**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Ambulance cover	31,179	31,013	-	-
Ambulance transport	91,040	93,905	-	-
Business services	1,797	1,415	1,797	1,415
Call Direct	773	922	-	-
Car parking revenue	9,586	10,368	35	46
Commissions revenue	401	147	264	13
Fines, fees and penalties	1,802	1,349	1,615	1,211
Interstate patient transfers	82,323	112,601	82,319	112,601
Patient and client fees	337,943	331,218	-	-
Private practice fees	43,453	43,049	4,308	3,475
Fees for health services	43,457	41,095	3,916	3,401
Quarantine - hotel user charges	15,833	36,360	15,833	36,360
Residential and other aged care charges	27,166	26,541	-	-
Royalty income	679	1,219	-	-
Sale of goods - medical supplies	11,160	4,310	163,249	132,120
Training revenue	2,849	2,564	1,704	1,728
Other user charges and fees	36,786	33,166	916	1,144
<b>Total fees and charges</b>	<b>738,227</b>	<b>771,242</b>	<b>275,956</b>	<b>293,514</b>

Due to inter-entity eliminations upon consolidation, revenue from fees and charges of \$158.542 million (\$133.122 million) between 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 major contracts with customers 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 recognised from contracts with customers except for fines, fees and penalties.

Consolidated Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2022	2022	2021	2021
	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	-	31,179	-	31,013
Ambulance transport	87,033	-	90,615	-
Business services	1,779	-	1,407	-
Call Direct	-	773	-	922
Car parking revenue	9,483	103	10,293	75
Commissions revenue	149	-	143	-
Interstate patient transfers	82,323	-	112,601	-
Patient and client fees	311,824	-	299,097	-
Private practice fees	43,458	-	43,049	-
Fees for health services	36,767	-	37,762	-
Quarantine - hotel user charges	15,833	-	36,360	-
Residential and other aged care charges	27,166	-	26,541	-
Royalty income	679	-	1,219	-
Sale of goods - medical supplies	9,975	-	3,993	-
Training revenue	2,684	-	2,476	-
Other user charges and fees	34,830	8	31,549	10
<b>Total contracts with external customers</b>	<b>663,983</b>	<b>32,063</b>	<b>697,105</b>	<b>32,020</b>
Ambulance transport	4,009	-	3,290	-
Business services	18	-	8	-
Commissions revenue	252	-	4	-
Patient and client fees	26,119	-	32,121	-
Fees for health services	6,690	-	3,333	-
Sale of goods - medical supplies	1,185	-	317	-
Training revenue	165	-	88	-
Other user charges and fees	1,948	-	1,607	-
<b>Total contracts with SA Government customers</b>	<b>40,386</b>	<b>-</b>	<b>40,768</b>	<b>-</b>
<b>Total contracts with customers</b>	<b>704,369</b>	<b>32,063</b>	<b>737,873</b>	<b>32,020</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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, anaesthetists, pathology, radiology services etc. Revenue from these services is recognised 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 *Revenue from Contracts with Customers* 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 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 specialist's 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 recognised as it is 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.

**4. Grants and contributions**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Commonwealth aged care subsidies	45,958	43,987	-	-
Pharmaceutical Benefits Scheme Commonwealth subsidy	229,012	226,927	-	-
Commonwealth National Health Reform Agreement	1,646,071	1,478,411	1,646,071	1,478,411
Department of Veterans' Affairs (Commonwealth)	50,079	40,626	50,079	40,626
Commonwealth Transition Care Program	24,748	25,670	24,748	25,670
Commonwealth National Partnership on COVID-19 Response	255,803	63,216	255,803	63,216
Other Commonwealth grants and contributions	128,343	123,377	17,379	17,096
SA Government Community Development Fund	7,000	7,000	7,000	7,000
SA Government capital contributions	18	168	-	-
Emergency Services Levy	1,527	1,490	-	-
Other SA Government grants and contributions	14,844	66,438	1,898	50,827
Private sector capital contributions	1,073	728	-	-
Private sector grants and contributions	43,423	37,094	737	764
<b>Total grants and contributions</b>	<b>2,447,899</b>	<b>2,115,132</b>	<b>2,003,715</b>	<b>1,683,610</b>

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

Of the \$2,447.899 million (\$2,115.132 million) received during the reporting period \$2,171.353 million (\$1,604.532 million) was provided for specific purposes, including State and Commonwealth Health Initiatives-Health reforms, research and other associated activities.

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**5. Interest**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	370	1,067	4	327
Interest from SAFA on investments	2	2	-	-
Interest on financial liabilities	-	-	-	2
Interest on Special Purpose Funds	-	66	-	-
<b>Total interest</b>	<b>372</b>	<b>1,135</b>	<b>4</b>	<b>329</b>

**6. Resources received free of charge**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Land and buildings	-	155	-	4,573
Plant and equipment	205	70	-	-
Inventory	30,302	29,771	30,302	29,771
Services	46,471	45,829	3,363	3,097
Other	16	2,452	-	1,361
<b>Total resources received free of charge</b>	<b>76,994</b>	<b>78,277</b>	<b>33,665</b>	<b>38,802</b>

Property, plant and equipment is recorded at fair value. Inventory includes immunisation drugs received from the Commonwealth recorded at their fair value. Where inventory is received free of charge, all amounts held are recognised as an asset during the period. COVID-19 vaccines are not recognised in the inventory balance (refer note 17 for further information).

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 valued at \$35.852 million (\$35.469 million) (Parent \$2.940 million (\$2.685 million)) and ICT services from Department of Premier and Cabinet valued at \$10.619 million (\$10.359 million) (Parent \$0.423 million (\$0.412 million)), following Cabinet's approval to cease intra-government charging.

Although not recognised, the Consolidated Entity receives volunteer services from numerous volunteers who provide patient and staff support services to individuals using hospital and ambulance services. The services include but are not limited to: childcare, respite care, transport, therapeutic activities, patient liaison, gift shop, kiosk and café support.

**7. Other revenues/income**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	587	275	-	-
Donations	8,244	9,596	53	-
Gain on revaluation of investment property	2,250	-	-	-
Health recoveries	-	-	129,186	118,150
Insurance recoveries	159	340	38,070	36,918
Other	26,497	19,738	2,410	758
<b>Total other revenues/income</b>	<b>37,737</b>	<b>29,949</b>	<b>169,719</b>	<b>155,826</b>

**8. Employee benefits expenses**

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000
Salaries and wages		3,794,091	3,518,808	175,998	137,222
Targeted voluntary separation packages	8.5	7,617	9,000	1,801	2,562
Long service leave		(32,827)	35,102	1,491	2,476
Annual leave		384,708	347,660	16,913	13,638
Skills and experience retention leave		18,016	16,603	936	796
Employment on-costs - superannuation*		411,671	369,849	21,691	16,809
Employment on-costs - other		8,790	7,316	8,331	6,960
Workers compensation		75,077	80,427	6,043	5,452
Board and committee fees		3,189	2,743	381	311
Other employee related expenses		7,063	6,790	7,570	8,285
<b>Total employee benefits expenses</b>		<b>4,677,395</b>	<b>4,394,298</b>	<b>241,155</b>	<b>194,511</b>

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\* 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 \$7.905 million (\$9.250 million), comprising current service cost of \$8.020 million (\$9.024 million) and interest revenue of \$0.115 million (interest cost \$0.226 million).

The decrease in long service leave expense is primarily due to an increase in the bond yields, from 1.25% - 1.50% to 3.50% - 3.75%, which are used in the actuarial assessment of long service leave liability to discount future cash flows, resulting in a decrease in the liability. Refer to note 25.2 for further information.

**8.1 Key Management Personnel**

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

<b>Compensation</b>	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Salaries and other short term employee benefits	3,827	2,806
Post-employment benefits	1,413	1,248
<b>Total</b>	<b>5,240</b>	<b>4,054</b>

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

**8.2 Remuneration of Boards and Committees (Consolidated Entity)**

	<b>2022</b>	<b>2021</b>
	<b>No. of</b>	<b>No. of</b>
	<b>Members</b>	<b>Members</b>
\$0	1,434	1,423
\$1 - \$20,000	222	257
\$20,001 - \$40,000	51	52
\$40,001 - \$60,000	20	10
\$60,001 - \$80,000	3	3
\$80,001 - \$100,000	2	1
<b>Total</b>	<b>1,732</b>	<b>1,746</b>

The total remuneration received or receivable by members was \$3.364 million (\$2.878 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 related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

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

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**8.3 Remuneration of employees**

	Consolidated		Parent	
	2022 Number	2021 Number	2022 Number	2021 Number
The number of employees whose remuneration received or receivable falls within the following bands:				
\$154,001 - \$157,000*	n/a	144	n/a	5
\$157,001 - \$177,000	960	893	46	32
\$177,001 - \$197,000	657	601	22	14
\$197,001 - \$217,000	423	292	17	10
\$217,001 - \$237,000	231	187	7	4
\$237,001 - \$257,000	200	153	5	3
\$257,001 - \$277,000	150	124	4	5
\$277,001 - \$297,000	139	109	8	3
\$297,001 - \$317,000	105	124	3	3
\$317,001 - \$337,000	94	86	1	3
\$337,001 - \$357,000	88	92	5	2
\$357,001 - \$377,000	98	91	-	2
\$377,001 - \$397,000	69	92	2	-
\$397,001 - \$417,000	86	77	-	1
\$417,001 - \$437,000	64	108	2	-
\$437,001 - \$457,000	80	65	1	1
\$457,001 - \$477,000	86	81	-	1
\$477,001 - \$497,000	80	61	1	1
\$497,001 - \$517,000	74	51	2	-
\$517,001 - \$537,000	54	46	-	-
\$537,001 - \$557,000	39	35	-	-
\$557,001 - \$577,000	47	56	-	1
\$577,001 - \$597,000	37	39	1	1
\$597,001 - \$617,000	46	30	1	-
\$617,001 - \$637,000	29	13	-	-
\$637,001 - \$657,000	22	23	-	-
\$657,001 - \$677,000	20	11	-	-
\$677,001 - \$697,000	18	9	-	-
\$697,001 - \$717,000	9	8	-	-
\$717,001 - \$737,000	11	5	-	-
\$737,001 - \$757,000	9	7	-	-
\$757,001 - \$777,000	12	2	-	-
\$777,001 - \$797,000	7	5	-	-
\$797,001 - \$817,000	1	3	-	-
\$817,001 - \$837,000	3	1	-	-
\$857,001 - \$877,000	4	1	-	-
\$917,001 - \$937,000	1	-	-	-
\$957,001 - \$977,000	1	-	-	-
\$1,057,001 - \$1,077,000	1	-	1	-
\$1,137,001 - \$1,157,000	-	1	-	-
\$1,277,001 - \$1,297,000	1	-	-	-
\$1,397,001 - \$1,417,000	-	1	-	-
\$1,477,001 - \$1,497,000	1	-	-	-
<b>Total number of employees</b>	<b>4,057</b>	<b>3,727</b>	<b>129</b>	<b>92</b>

\* This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2021.

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 related fringe benefits tax paid.

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**8.4 Remuneration of employees by classification**

The total remuneration received by these employees, included above:

	Consolidated				Parent			
	2022		2021		2022		2021	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	132	34,061	122	29,719	55	15,571	45	11,522
Medical (excluding Nursing)	3,050	963,336	2,823	865,260	15	4,336	8	2,460
Non-medical (i.e. administration)	155	27,759	111	20,481	37	6,386	28	5,033
Nursing	446	77,751	393	67,018	22	3,949	11	1,795
Operational	274	51,250	278	51,137	-	-	-	-
<b>Total</b>	<b>4,057</b>	<b>1,154,157</b>	<b>3,727</b>	<b>1,033,615</b>	<b>129</b>	<b>30,242</b>	<b>92</b>	<b>20,810</b>

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

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated employees:				
Targeted voluntary separation packages	7,664	8,908	1,801	2,562
Leave paid/payable to separated employees	4,501	4,253	1,203	1,148
	<b>12,165</b>	<b>13,161</b>	<b>3,004</b>	<b>3,710</b>
Recovery from DTF	2,577	7,604	-	2,573
<b>Net cost to the entity</b>	<b>9,588</b>	<b>5,557</b>	<b>3,004</b>	<b>1,137</b>
The number of employees who received a TVSP during the reporting period	<b>150</b>	<b>93</b>	<b>44</b>	<b>27</b>
Number of TVSPs resulting from the Workforce Rejuvenation Scheme	<b>118</b>	<b>-</b>	<b>44</b>	<b>-</b>

**9. Supplies and services**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Administration	7,719	11,038	1,429	1,499
Advertising	11,691	8,248	7,872	4,466
Communication	37,010	32,368	12,444	11,210
Computing	145,708	129,732	127,647	113,897
Consultants	6,760	6,029	1,592	2,480
Contract of services	166,905	139,448	111,743	104,547
Contractors	53,837	36,606	23,386	18,364
Contractors - agency staff	156,207	94,799	65,304	36,582
Cost of goods sold	49,404	16,841	219,976	144,302
Drug supplies	296,951	291,677	4,463	4,670
Electricity, gas and fuel	41,515	42,323	281	367
Fee for service	260,085	201,333	-	-
Food supplies	41,117	37,001	379	363
Hotel quarantine - accommodation costs	71,840	60,341	71,822	60,328
Housekeeping	113,115	87,647	16,506	3,072
Insurance	37,281	60,720	34,257	56,659
Interstate patient transfers	64,560	60,037	64,533	59,981
Legal	13,274	14,351	10,500	11,880
Low value lease expense	9,831	6,604	9,730	6,308
Medical, surgical and laboratory supplies	471,214	385,927	28,908	8,917
Minor equipment	50,216	36,037	8,630	5,616
Motor vehicle expenses	14,661	12,209	939	413
Occupancy rent and rates	44,563	40,950	16,084	19,790
Patient transport	35,750	31,145	3,170	307
Postage	27,768	18,596	9,519	3,461
Printing and stationery	18,534	17,230	1,879	1,559
Public Private Partnership operating expenses	81,236	98,108	-	-
Repairs and maintenance	125,887	109,266	2,240	1,603
Security	97,370	88,391	24,798	35,550
Services from Shared Services SA	35,757	35,907	3,047	2,704
Short term lease expense	3,768	2,524	1,093	328
Training and development	48,232	37,156	3,319	2,834
Travel expenses	12,323	7,133	1,264	861
Other supplies and services	102,555	74,312	36,280	19,726
<b>Total supplies and services</b>	<b>2,754,644</b>	<b>2,332,034</b>	<b>925,034</b>	<b>744,644</b>

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Due to inter-entity eliminations upon consolidation, supplies and services of \$20.539 million (\$18.875 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

The Consolidated Entity's accommodation is provided by Department for Infrastructure and Transport (DIT) under MoAA issued in accordance with Government wide accommodation policies. These arrangements do not meet the definition of a lease and accordingly are expensed (disclosed within Occupancy rent and rates).

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.

Cost of goods sold and medical, surgical and laboratory supplies includes rapid antigen tests (RATs) and personal protective equipment (PPE) distributed to the South Australian community and used by the Consolidated Entity.

**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			
	2022		2021		2022		2021	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Below \$10,000	31	163	21	121	3	15	5	34
Above \$10,000	81	6,597	61	5,908	13	1,577	23	2,446
<b>Total</b>	<b>112</b>	<b>6,760</b>	<b>82</b>	<b>6,029</b>	<b>16</b>	<b>1,592</b>	<b>28</b>	<b>2,480</b>

**10. Grants and subsidies**

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000
Recurrent grants		-	342	-	-
Operational funding to incorporated Health Services	10.1	-	-	5,645,401	5,277,306
Capital funding to incorporated Health Services	10.1	-	-	225,892	239,027
Subsidies		88,968	74,267	88,717	74,119
Funding to non-government organisations		28,178	40,027	24,656	36,352
Other		1,377	1,349	1,269	1,298
<b>Total grants and subsidies</b>		<b>118,523</b>	<b>115,985</b>	<b>5,985,935</b>	<b>5,628,102</b>

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

	Operational		Capital Projects	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Barossa Hills Fleurieu Local Health Network Incorporated	236,788	219,301	19,048	17,069
Eyre and Far North Local Health Network Incorporated	96,264	84,261	2,443	2,368
Flinders and Upper North Local Health Network Incorporated	131,875	123,892	955	2,061
Riverland Mallee Coorong Local Health Network Incorporated	126,237	117,993	2,544	9,131
Limestone Coast Local Health Network Incorporated	143,784	133,199	2,980	4,282
Yorke and Northern Local Health Network Incorporated	144,197	131,799	4,036	6,670
SA Ambulance Service Inc	184,387	177,586	14,490	16,427
Southern Adelaide Local Health Network Incorporated	1,170,962	1,098,345	49,448	59,363
Central Adelaide Local Health Network Incorporated	2,096,775	1,943,387	46,193	27,043
Women's and Children's Health Network Incorporated	489,008	465,414	35,371	37,312
Northern Adelaide Local Health Network Incorporated	825,124	782,129	48,384	57,301
<b>Total funding to incorporated Health Services</b>	<b>5,645,401</b>	<b>5,277,306</b>	<b>225,892</b>	<b>239,027</b>

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 \$5,871.293 million (\$5,516.333 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

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**11. Borrowing costs**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Interest expense on lease liabilities	130,412	121,297	434	111
<b>Total borrowing costs</b>	<b>130,412</b>	<b>121,297</b>	<b>434</b>	<b>111</b>

The Consolidated Entity does not capitalise borrowing costs. Included in the lease costs is a reduction in contingent rental amounts of \$105.537 million (\$135.240 million) relating to Central Adelaide Local Health Network. Refer to note 24 for more information on financial liabilities.

**12. Other expenses**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Debts written off	23,630	28,520	430	103
Bank fees and charges	516	440	77	67
Donated assets expense	28	4,550	28	8,656
Donated drug vaccine expense	28,006	28,955	28,006	28,955
Impairment expense	700	-	-	-
Net loss on revaluation of investments	891	-	-	-
Net loss on sale of investments	98	-	-	-
Royalty payments	-	3,046	-	-
Service recoveries paid to other SA Government entities	3,862	3,525	3,862	3,525
Other*	5,331	5,238	406	802
<b>Total other expenses</b>	<b>63,062</b>	<b>74,274</b>	<b>32,809</b>	<b>42,108</b>

\* Includes audit fees paid/payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act 1987* of \$2.673 million (\$2.538 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 \$0.216 million (\$0.200 million) for audits of the Health Advisory Council's (HACs) and aged care and BDO for audit services for AusHealth of \$0.036 million (\$0.030 million).

\* Also includes write-down of SA Health Distribution Centre and bulk warehouses inventories of \$0.573 million (\$0.318 million). Refer to note 17 for more information on inventories.

**Donated assets expense**

Donated assets expense includes distribution of excess inventory for aid purposes, 2020-21 expense includes Oakden crown land donated to the Department for Environment and Water.

**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. COVID-19 vaccines are not recognised in the donated drug vaccine expense (refer note 17 for further information).

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**13. Net gain/(loss) from disposal of non-current and other assets**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
<b>Land and buildings:</b>				
Proceeds from disposal	-	12,305	-	12,300
Less carrying amount of assets disposed	(108)	(10,315)	-	(10,282)
<b>Net gain/(loss) from disposal of land and buildings</b>	<b>(108)</b>	<b>1,990</b>	<b>-</b>	<b>2,018</b>
<b>Plant and equipment:</b>				
Proceeds from disposal	710	1,080	-	-
Less carrying amount of assets disposed	(192)	(1,296)	-	(13)
Less other costs of disposal	(70)	(25)	-	-
<b>Net loss from disposal of plant and equipment</b>	<b>448</b>	<b>(241)</b>	<b>-</b>	<b>(13)</b>
<b>Non-current assets held for sale:</b>				
Proceeds from disposal	-	41	-	41
Less carrying amount of assets disposed	-	(23)	-	(23)
<b>Net gain/(loss) from disposal of non-current assets held for sale</b>	<b>-</b>	<b>18</b>	<b>-</b>	<b>18</b>
<b>Total assets:</b>				
Total proceeds from disposal	710	13,426	-	12,341
Less total carrying amount of assets disposed	(300)	(11,634)	-	(10,318)
Less other costs of disposal	(70)	(25)	-	-
<b>Total net gain/(loss) from disposal of non-current and other assets</b>	<b>340</b>	<b>1,767</b>	<b>-</b>	<b>2,023</b>

Gains or losses on disposal are recognised at the date control of the asset is passed from the Consolidated Entity and are determined after deducting the carrying amount of the asset from the proceeds at that time. When revalued assets are disposed, the revaluation surplus is transferred to retained earnings.

**14. Cash and cash equivalents**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	43,183	31,831	5,987	5,145
Deposits with Treasurer: general operating	297,066	701,693	198,990	518,044
Deposits with Treasurer: accrual appropriation excess funds	310,101	268,105	310,101	268,105
Deposits with Treasurer: special purpose funds	175,060	170,578	-	-
<b>Total cash</b>	<b>825,410</b>	<b>1,172,207</b>	<b>515,078</b>	<b>791,294</b>

Cash is measured at nominal amounts. The Government has a policy to align agency cash balances with the appropriation and expenditure authority.

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.

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15. Receivables

	Note	Consolidated		Parent	
		2022	2021	2022	2021
Current		\$'000	\$'000	\$'000	\$'000
Patient/client fees: compensable		13,880	16,380	-	-
Patient/client fees: aged care		4,083	3,436	-	-
Patient/client fees: other		59,437	54,671	-	-
Debtors		114,719	89,541	24,041	22,949
Less: allowance for impairment loss on receivables	15.1	(50,243)	(35,667)	(2,772)	(353)
Interstate patient transfers		168,197	203,006	168,197	203,006
Prepayments		41,756	33,652	22,485	18,795
Loans	15.2	-	-	-	17
Dividends		40	13	-	-
Interest		155	111	-	-
Grants		109	40	-	-
Sundry receivables and accrued revenue		55,240	59,655	863	578
GST input tax recoverable		29,747	29,201	26,074	26,342
<b>Total current receivables</b>		<b>437,120</b>	<b>454,039</b>	<b>238,888</b>	<b>271,334</b>
<b>Non-Current</b>					
Debtors		3,631	3,051	23	15
Prepayments		1,432	1,488	-	-
Superannuation - defined benefit scheme		30,361	5,869	-	-
<b>Total non-current receivables</b>		<b>35,424</b>	<b>10,408</b>	<b>23</b>	<b>15</b>
<b>Total receivables</b>		<b>472,544</b>	<b>464,447</b>	<b>238,911</b>	<b>271,349</b>

Receivables arise in the normal course of selling goods and services to other agencies and to the public. The Consolidated Entity's trading terms for receivables are generally 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement. Receivables, prepayments and accrued revenues are non-interest bearing. Receivables are held with the objective of collecting the contractual cash flows and they are measured at amortised cost.

Other than as recognised in the allowance for impairment 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. The current year receivable is based on the average of the actual data outcomes for 2016-17 to 2021-22.

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 *Financial Instruments* and measured lifetime expected credit losses on all trade receivables using an allowance matrix as a practical expedient to measure the impairment provision.

Movement in the allowance for impairment loss on receivables:

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	<b>35,667</b>	<b>35,586</b>	<b>353</b>	<b>63</b>
Increase/(Decrease) in allowance recognised in profit or loss	14,576	81	2,419	290
<b>Carrying amount at the end of the period</b>	<b>50,243</b>	<b>35,667</b>	<b>2,772</b>	<b>353</b>

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.

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**15.2 Reconciliation of loans receivable by the Parent and related movements**

	<b>Health Services</b>	
	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Balance at 1 July	17	196
Principal repayments	(17)	(179)
<b>Balance at 30 June</b>	<b>-</b>	<b>17</b>

**16. Other financial assets**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2022</b>	<b>2021</b>	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Current</b>				
Term deposits	103,115	105,390	-	-
Other investments FVPL	4,936	7,295	-	-
<b>Total current financial assets</b>	<b>108,051</b>	<b>112,685</b>	<b>-</b>	<b>-</b>
<b>Non-current</b>				
Joint venture	2,671	2,671	-	-
Other investments FVOCI	1,308	1,568	-	-
<b>Total non-current financial assets</b>	<b>3,979</b>	<b>4,239</b>	<b>-</b>	<b>-</b>
<b>Total financial assets</b>	<b>112,030</b>	<b>116,924</b>	<b>-</b>	<b>-</b>

The Consolidated Entity measures term deposits at amortised cost, listed equities and other investments are measured at fair value represented by market value. This includes shares in other corporations, floating rate notes, listed securities, managed funds not present in consolidation. Included in term deposits is \$65.995 million (\$65.446 million) related to aged care refundable deposits held by 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.

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

**17. Inventories**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2022</b>	<b>2021</b>	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Drug supplies	25,795	23,277	8,306	6,766
Medical, surgical and laboratory supplies	4,063	3,373	-	-
Food and hotel supplies	753	699	-	-
Engineering supplies	20	19	-	-
SA Health Distribution Centre and bulk warehouses	78,174	77,277	78,174	77,277
Inventory imprest stock	15,429	14,739	-	-
Other	1,690	1,177	240	43
<b>Total current inventories - held for distribution</b>	<b>125,924</b>	<b>120,561</b>	<b>86,720</b>	<b>84,086</b>

Inventories are held for distribution at no or nominal consideration and are measured at the lower of average weighted cost and replacement cost.

The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised as an expense in the period the write-down or loss occurred. Any write-down reversals are also recognised as an expense reduction.

As part of the Consolidated Entity's responsibility for coordinating the COVID-19 pandemic response in South Australia, the Department purchases and distributes RATs and PPE for use by the Consolidated Entity and the South Australian Community.

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Included in the Distribution Centre and bulk warehouses inventories at reporting date is \$14.716 million of RATs and \$50.024 million of PPE. There are RATs which were received free of charge from the Commonwealth Government which have not been valued.

**COVID-19 Vaccines**

In accordance with the Australian COVID-19 Vaccination Policy, the Commonwealth Government is responsible for purchasing and safely transporting the vaccine doses to storage and administration sites within each state. Once the doses are delivered to these state storage and administration sites, the state is responsible for the physical safety and appropriate storage and handling of those doses. Due to strict confidentiality agreements with the vaccine suppliers, the Commonwealth Government has not disclosed the cost of the vaccine doses, and accordingly the Department cannot reliably value the doses on hand and associated medical supplies for administration of vaccines.

**18. Contract assets**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Contract assets	17,276	31,068	-	-
Less: allowance for impairment loss on contract assets	3,844	7,031	-	-
<b>Total contract assets</b>	<b>13,432</b>	<b>24,037</b>	-	-

Contract assets primarily relate to the Consolidated Entity's rights 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 for the services transferred to date. Any amounts previously recognised as a contract asset are transferred to receivables when the rights become unconditional (i.e. at the point at which it is invoiced to the customer).

There was a decrease in allowance for impairment loss on contract assets of \$3.187 million (\$5.671 million increase) during 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	2 – 99
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	2 – 3
Intangibles	5 – 30

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### **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 \$1.500 million and the estimated useful life exceeds three years. Revaluations are undertaken on a regular cycle. Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair value. If at any time management considers that the carrying amount of an asset greater than \$1.500 million materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place.

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.

In response to the Royal Commission into Aged Care Quality and Safety, the Australian Government will discontinue bed licences from 1 July 2024. As a result, the Consolidated Entity has impaired 30 residential bed licences, previously recorded at total cost of \$0.700 million, to a value of nil at 30 June 2022. Their value in use cannot be reliably measured and there is not expected to be any compensation upon discontinuation.

There were no indications of impairment for property, plant and equipment, investment properties as at 30 June 2022.

### **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 and recognition criteria, 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 Land and buildings**

An independent valuation of land and buildings owned by the Consolidated Entity 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, within the regular valuation cycle. Consistent with *Treasurer's Instructions*, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer, the timing and process of which will be considered in the 2022-23 financial year.

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 by applying an adjustment to reflect the restriction.

Fair value of buildings and other land was determined using depreciated replacement cost due to there not being an active market. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature and 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**

The Consolidated Entity's plant and equipment assets with a fair value greater than \$1.500 million or had an estimated useful life of greater than three years were revalued using fair value methodology, as at 1 June 2018, based on independent valuations performed by Certified Practising Valuers from Jones Lang Lasalle (SA) Pty Ltd and Australian Valuation Solutions Pty Ltd. The value of all other plant and equipment has not been revalued, this is in accordance with APS 116.D, the carrying value of these items is deemed to approximate fair value.

### **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.

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An independent valuation was performed on the investment property at Unit 1, 27 Kermode Street North Adelaide by certified practicing valuers for AssetVal, a business of Marsh Pty Ltd, as at 30 June 2022. Fair value has been determined by the capitalised income approach, whereby an appropriate yield is applied to the property's income based on sales analysis of comparable properties.

The valuation of investment property located at Dalgleish St, Thebarton was performed by a Certified Practicing 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 into account zoning and restricted use.

*Amounts recognised in profit or loss*

The Consolidated Entity recognised rental income from investment properties during the period of \$1.284 million (\$1.412 million).

**19.9 Leased property, plant and equipment**

Right-of-use assets (including concessional arrangements) leased by the Consolidated Entity are measured at cost and there were no indications for impairment. Short-term leases of 12 months or less and low value leases, where the underlying asset value is less than \$15,000 are not recognised as right-of-use assets. The associated lease payments are recognised as an expense and disclosed in note 9.

The Consolidated Entity has a number of lease agreements including concessional. Major lease activities include the use of:

- Properties – non-DIT 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.
- Distribution Centre (Parent) – lease commenced in April 2021 and is for 15 years with two options to renew for five years.
- 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 was 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 rent is set out as part of the new lease agreement.
  - Port Augusta Hospital lease commenced in June 1997 and was for 25 years with an option to renew for 10 years. The Consolidated Entity is committed to the lease extension however values are still under negotiation.
- 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 are cancellable and renewable every 2 years.

The Consolidated entity has entered into two sub-lease arrangements outside of the Consolidated Entity/SA Health.

The lease liabilities related to the right-of-use assets and the maturity analysis are disclosed in note 24. Expenses related to right-of-use assets include depreciation and interest expense are disclosed at note 20 and 11. Cash flows related to right-of-use assets are disclosed at note 28.

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

The following tables show the movement:

**Consolidated**

**2021-22**

	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 Leasehold 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				
<b>Carrying amount at the beginning of the period</b>	<b>326,334</b>	<b>2,200,130</b>	<b>2,646,242</b>	<b>243,892</b>	<b>56,836</b>	<b>151,340</b>	<b>29,291</b>	<b>233,382</b>	<b>25,426</b>	<b>23,500</b>	<b>5,936,373</b>		
Additions	253	20	6,176	189,484	-	14,936	1,064	6,701	33,380	-	<b>252,014</b>		
Assets received free of charge	-	-	-	-	-	92	-	-	-	-	<b>92</b>		
Disposals	-	-	-	-	(108)	(40)	(152)	(50)	-	-	<b>(350)</b>		
Transfers between asset classes	-	222,246	-	(232,368)	5,586	14,572	15,526	-	(26,226)	-	<b>(664)</b>		
Remeasurement	-	-	3,529	-	-	-	-	-	-	-	<b>3,529</b>		
<b>Subtotal:</b>	<b>326,587</b>	<b>2,422,396</b>	<b>2,655,947</b>	<b>201,008</b>	<b>62,314</b>	<b>180,900</b>	<b>45,729</b>	<b>240,033</b>	<b>32,580</b>	<b>23,500</b>	<b>6,190,994</b>		
<b>Gains/(losses) for the period recognised in net result:</b>													
Depreciation and amortisation	-	(138,412)	(68,633)	-	(4,561)	(54,000)	(11,620)	(15,196)	-	-	<b>(292,422)</b>		
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	2,250	<b>2,250</b>		
<b>Subtotal:</b>	<b>-</b>	<b>(138,412)</b>	<b>(68,633)</b>	<b>-</b>	<b>(4,561)</b>	<b>(54,000)</b>	<b>(11,620)</b>	<b>(15,196)</b>	<b>-</b>	<b>2,250</b>	<b>(290,172)</b>		
<b>Carrying amount at the end of the period</b>	<b>326,587</b>	<b>2,283,984</b>	<b>2,587,314</b>	<b>201,008</b>	<b>57,753</b>	<b>126,900</b>	<b>34,109</b>	<b>224,837</b>	<b>32,580</b>	<b>25,750</b>	<b>5,900,822</b>		
<b>Gross carrying amount</b>													
Gross carrying amount	326,587	2,820,550	2,872,071	201,008	97,389	473,411	150,355	277,137	32,580	25,750	<b>7,276,838</b>		
Accumulated depreciation / amortisation	-	(536,566)	(284,757)	-	(39,636)	(346,511)	(116,246)	(52,300)	-	-	<b>(1,376,016)</b>		
<b>Carrying amount at the end of the period</b>	<b>326,587</b>	<b>2,283,984</b>	<b>2,587,314</b>	<b>201,008</b>	<b>57,753</b>	<b>126,900</b>	<b>34,109</b>	<b>224,837</b>	<b>32,580</b>	<b>25,750</b>	<b>5,900,822</b>		

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2020-21

	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	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			
<b>Carrying amount at the beginning of the period</b>	<b>344,306</b>	<b>2,260,737</b>	<b>2,689,014</b>	<b>137,717</b>	<b>52,181</b>	<b>163,840</b>	<b>27,304</b>	<b>243,129</b>	<b>19,805</b>	<b>23,500</b>	<b>5,961,533</b>	
Additions	1,256	643	24,678	195,650	114	32,201	1,030	6,271	26,818	-	288,661	
Assets received free of charge	77	78	-	-	-	71	-	-	-	-	226	
Disposals	(10,282)	-	(35)	(23)	(10)	(844)	(450)	(239)	-	-	(11,883)	
Donated assets disposal	(4,550)	-	-	-	-	-	-	-	-	-	(4,550)	
Transfers between asset classes	-	78,384	-	(89,452)	9,452	8,490	12,693	-	(21,197)	-	(1,630)	
Reclassified to held for sale	(23)	-	-	-	-	-	-	-	-	-	(23)	
Remeasurement	-	-	1,459	-	-	-	-	-	-	-	1,459	
<b>Subtotal:</b>	<b>330,784</b>	<b>2,339,842</b>	<b>2,715,116</b>	<b>243,892</b>	<b>61,737</b>	<b>203,758</b>	<b>40,577</b>	<b>249,161</b>	<b>25,426</b>	<b>23,500</b>	<b>6,233,793</b>	
<b>Gains/(losses) for the period recognised in net result:</b>												
Depreciation and amortisation	-	(136,728)	(68,874)	-	(4,901)	(52,418)	(11,286)	(15,779)	-	-	(289,986)	
<b>Subtotal:</b>	<b>-</b>	<b>(136,728)</b>	<b>(68,874)</b>	<b>-</b>	<b>(4,901)</b>	<b>(52,418)</b>	<b>(11,286)</b>	<b>(15,779)</b>	<b>-</b>	<b>-</b>	<b>(289,986)</b>	
<b>Gains/(losses) for the period recognised in other comprehensive income:</b>												
Impairment (losses) / reversals	(4,450)	(2,984)	-	-	-	-	-	-	-	-	(7,434)	
<b>Subtotal:</b>	<b>(4,450)</b>	<b>(2,984)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(7,434)</b>	
<b>Carrying amount at the end of the period</b>	<b>326,334</b>	<b>2,200,130</b>	<b>2,646,242</b>	<b>243,892</b>	<b>56,836</b>	<b>151,340</b>	<b>29,291</b>	<b>233,382</b>	<b>25,426</b>	<b>23,500</b>	<b>5,936,373</b>	
<b>Gross carrying amount</b>												
Gross carrying amount	326,334	2,602,101	2,864,899	243,892	91,965	450,627	138,174	276,287	25,426	23,500	7,043,205	
Accumulated depreciation / amortisation	-	(401,971)	(218,657)	-	(35,129)	(299,287)	(108,883)	(42,905)	-	-	(1,106,832)	
<b>Carrying amount at the end of the period</b>	<b>326,334</b>	<b>2,200,130</b>	<b>2,646,242</b>	<b>243,892</b>	<b>56,836</b>	<b>151,340</b>	<b>29,291</b>	<b>233,382</b>	<b>25,426</b>	<b>23,500</b>	<b>5,936,373</b>	

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**Parent**  
**2021-22**

	<b>Land and buildings:</b>			<b>Plant and equipment:</b>							<b>Total</b> <b>\$'000</b>
	<b>Land</b> <b>\$'000</b>	<b>Buildings</b> <b>\$'000</b>	<b>Right-of-use</b> <b>buildings</b> <b>\$'000</b>	<b>Capital</b> <b>works in</b> <b>progress</b> <b>land and</b> <b>buildings</b> <b>\$'000</b>	<b>Accommo</b> <b>dation and</b> <b>Leasehold</b> <b>improve-</b> <b>ments</b> <b>\$'000</b>	<b>Medical/</b> <b>surgical/</b> <b>dental/</b> <b>biomedical</b> <b>\$'000</b>	<b>Other</b> <b>plant and</b> <b>equipment</b> <b>\$'000</b>	<b>Right-of-</b> <b>use plant</b> <b>and</b> <b>equipment</b> <b>\$'000</b>	<b>Capital</b> <b>works in</b> <b>progress</b> <b>plant and</b> <b>equipment</b> <b>\$'000</b>	<b>Investment</b> <b>property</b> <b>\$'000</b>	
<b>Carrying amount at the beginning of the period</b>	<b>25,198</b>	<b>1,712</b>	<b>19,384</b>	<b>7,525</b>	<b>783</b>	<b>181</b>	<b>2,315</b>	<b>200</b>	<b>769</b>	<b>-</b>	<b>58,067</b>
Additions	-	-	-	2,190	-	-	-	146	863	-	3,199
Disposals	-	-	-	-	-	-	-	(6)	-	-	(6)
Transfers between asset classes	-	-	-	(7,658)	5,129	-	3,215	-	(686)	-	-
Remeasurement	-	-	157	-	-	-	-	-	-	-	157
<b>Subtotal:</b>	<b>25,198</b>	<b>1,712</b>	<b>19,541</b>	<b>2,057</b>	<b>5,912</b>	<b>181</b>	<b>5,530</b>	<b>340</b>	<b>946</b>	<b>-</b>	<b>61,417</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(126)	(1,327)	-	(468)	(40)	(1,540)	(131)	-	-	(3,632)
<b>Subtotal:</b>	<b>-</b>	<b>(126)</b>	<b>(1,327)</b>	<b>-</b>	<b>(468)</b>	<b>(40)</b>	<b>(1,540)</b>	<b>(131)</b>	<b>-</b>	<b>-</b>	<b>(3,632)</b>
<b>Carrying amount at the end of the period</b>	<b>25,198</b>	<b>1,586</b>	<b>18,214</b>	<b>2,057</b>	<b>5,444</b>	<b>141</b>	<b>3,990</b>	<b>209</b>	<b>946</b>	<b>-</b>	<b>57,785</b>
<b>Gross carrying amount</b>											
Gross carrying amount	25,198	3,530	19,870	2,057	10,562	199	38,128	438	946	-	100,928
Accumulated depreciation / amortisation	-	(1,944)	(1,656)	-	(5,118)	(58)	(34,138)	(229)	-	-	(43,143)
<b>Carrying amount at the end of the period</b>	<b>25,198</b>	<b>1,586</b>	<b>18,214</b>	<b>2,057</b>	<b>5,444</b>	<b>141</b>	<b>3,990</b>	<b>209</b>	<b>946</b>	<b>-</b>	<b>57,785</b>

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**Parent**

**2020-21**

	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 Leasehold 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			
<b>Carrying amount at the beginning of the period</b>	<b>35,480</b>	<b>1,838</b>	<b>624</b>	<b>5,513</b>	<b>1,242</b>	<b>54</b>	<b>1,715</b>	<b>250</b>	<b>2,067</b>	-	<b>48,783</b>	
Additions	-	-	19,713	5,938	113	199	403	152	1,057	-	<b>27,575</b>	
Assets received free of charge	4,573	-	-	-	-	-	-	-	-	-	<b>4,573</b>	
Disposals	(10,282)	-	-	-	-	-	(13)	(15)	-	-	<b>(10,310)</b>	
Donated assets disposal	(4,550)	-	-	(3,912)	-	(34)	-	-	(147)	-	<b>(8,643)</b>	
Transfers between asset classes	-	-	-	(14)	14	(20)	1,361	-	(2,208)	-	<b>(867)</b>	
Reclassified to held for sale	(23)	-	-	-	-	-	-	-	-	-	<b>(23)</b>	
<b>Subtotal:</b>	<b>25,198</b>	<b>1,838</b>	<b>20,337</b>	<b>7,525</b>	<b>1,369</b>	<b>199</b>	<b>3,466</b>	<b>387</b>	<b>769</b>	-	<b>61,088</b>	
<b>Gains/(losses) for the period recognised in net result:</b>												
Depreciation and amortisation	-	(126)	(953)	-	(586)	(18)	(1,151)	(187)	-	-	<b>(3,021)</b>	
<b>Subtotal:</b>	<b>-</b>	<b>(126)</b>	<b>(953)</b>	<b>-</b>	<b>(586)</b>	<b>(18)</b>	<b>(1,151)</b>	<b>(187)</b>	<b>-</b>	<b>-</b>	<b>(3,021)</b>	
<b>Carrying amount at the end of the period</b>	<b>25,198</b>	<b>1,712</b>	<b>19,384</b>	<b>7,525</b>	<b>783</b>	<b>181</b>	<b>2,315</b>	<b>200</b>	<b>769</b>	-	<b>58,067</b>	
<b>Gross carrying amount</b>												
Gross carrying amount	25,198	3,530	19,713	7,525	5,433	199	34,913	454	769	-	<b>97,734</b>	
Accumulated depreciation / amortisation	-	(1,818)	(329)	-	(4,650)	(18)	(32,598)	(254)	-	-	<b>(39,667)</b>	
<b>Carrying amount at the end of the period</b>	<b>25,198</b>	<b>1,712</b>	<b>19,384</b>	<b>7,525</b>	<b>783</b>	<b>181</b>	<b>2,315</b>	<b>200</b>	<b>769</b>	-	<b>58,067</b>	

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## 21. Reconciliation of intangible assets

The following table shows the movement:

	2021-22				2020-21			
	Computer software \$'000	Bed licences \$'000	Capital works in progress intangibles \$'000	Total \$'000	Computer software \$'000	Bed licences \$'000	Capital works in progress intangibles \$'000	Total \$'000
<b>Consolidated</b>								
<b>Carrying amount at the beginning of the period</b>	<b>58,213</b>	<b>700</b>	<b>7,791</b>	<b>66,704</b>	<b>75,233</b>	<b>700</b>	<b>1,726</b>	<b>77,659</b>
Additions	-	-	5,815	<b>5,815</b>	35	-	3,997	<b>4,032</b>
Assets received free of charge	-	-	-	-	-	-	1,361	<b>1,361</b>
Amortisation	(18,959)	-	-	<b>(18,959)</b>	(17,978)	-	-	<b>(17,978)</b>
Impairment (losses) / reversals	-	(700)	-	<b>(700)</b>	-	-	-	-
Transfers between asset classes	7,689	-	(7,025)	<b>664</b>	923	-	707	<b>1,630</b>
<b>Carrying amount at the end of the period</b>	<b>46,943</b>	<b>-</b>	<b>6,581</b>	<b>53,524</b>	<b>58,213</b>	<b>700</b>	<b>7,791</b>	<b>66,704</b>
<b>Gross carrying amount</b>								
Gross carrying amount	219,476	-	6,581	<b>226,057</b>	211,785	700	7,791	<b>220,276</b>
Accumulated amortisation	(172,533)	-	-	<b>(172,533)</b>	(153,572)	-	-	<b>(153,572)</b>
<b>Carrying amount at the end of the period</b>	<b>46,943</b>	<b>-</b>	<b>6,581</b>	<b>53,524</b>	<b>58,213</b>	<b>700</b>	<b>7,791</b>	<b>66,704</b>
<b>Parent</b>								
<b>Carrying amount at the beginning of the period</b>	<b>30,790</b>	<b>-</b>	<b>5,431</b>	<b>36,221</b>	<b>39,054</b>	<b>-</b>	<b>-</b>	<b>39,054</b>
Additions	-	-	5,014	<b>5,014</b>	-	-	3,216	<b>3,216</b>
Assets received free of charge	-	-	-	-	-	-	1,361	<b>1,361</b>
Donated assets disposal	-	-	-	-	(13)	-	-	<b>(13)</b>
Amortisation	(8,542)	-	-	<b>(8,542)</b>	(8,264)	-	-	<b>(8,264)</b>
Transfers between asset classes	4,488	-	(4,488)	-	13	-	854	<b>867</b>
<b>Carrying amount at the end of the period</b>	<b>26,736</b>	<b>-</b>	<b>5,957</b>	<b>32,693</b>	<b>30,790</b>	<b>-</b>	<b>5,431</b>	<b>36,221</b>
<b>Gross carrying amount</b>								
Gross carrying amount	134,300	-	5,957	<b>140,257</b>	129,812	-	5,431	<b>135,243</b>
Accumulated amortisation	(107,564)	-	-	<b>(107,564)</b>	(99,022)	-	-	<b>(99,022)</b>
<b>Carrying amount at the end of the period</b>	<b>26,736</b>	<b>-</b>	<b>5,957</b>	<b>32,693</b>	<b>30,790</b>	<b>-</b>	<b>5,431</b>	<b>36,221</b>

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 licenses, 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 \$1.500 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 2022**

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Recurring fair value measurements</b>						
Land	27,468	299,119	326,587	25,198	-	25,198
Buildings and improvements	4,322	2,279,662	2,283,984	-	1,586	1,586
Leasehold improvements	-	57,753	57,753	-	5,444	5,444
Plant and equipment	-	161,009	161,009	-	4,131	4,131
Investment property	25,750	-	25,750	-	-	-
<b>Total</b>	<b>57,540</b>	<b>2,797,543</b>	<b>2,855,083</b>	<b>25,198</b>	<b>11,161</b>	<b>36,359</b>

**Fair value measurements at 30 June 2021**

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Recurring fair value measurements</b>						
Land	27,468	298,866	326,334	25,198	-	25,198
Buildings and improvements	4,438	2,195,692	2,200,130	-	1,712	1,712
Leasehold improvements	-	56,836	56,836	-	783	783
Plant and equipment	-	180,631	180,631	-	2,496	2,496
Investment property	23,500	-	23,500	-	-	-
<b>Total</b>	<b>55,406</b>	<b>2,732,025</b>	<b>2,787,431</b>	<b>25,198</b>	<b>4,991</b>	<b>30,189</b>

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.

**22.2 Valuation techniques and inputs**

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 observable inputs, and one building asset for SAAS have been classified as level 2.

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 *Fair Value Measurement*. 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	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Creditors and accrued expenses	309,743	207,299	94,937	64,756
Paid Parental Leave Scheme	996	852	31	18
Health Service workers compensation	-	-	11,161	8,979
Interstate patient transfers	110,909	144,454	110,909	144,454
Employment on-costs*	69,874	64,478	6,349	5,750
Other payables	9,924	8,208	121	55
<b>Total current payables</b>	<b>501,446</b>	<b>425,291</b>	<b>223,508</b>	<b>224,012</b>
<b>Non-current</b>				
Health Service workers compensation	-	-	20,834	16,891
Employment on-costs*	30,569	33,384	2,802	2,889
Other payables	73	50	-	-
<b>Total non-current payables</b>	<b>30,642</b>	<b>33,434</b>	<b>23,636</b>	<b>19,780</b>
<b>Total payables</b>	<b>532,088</b>	<b>458,725</b>	<b>247,144</b>	<b>243,792</b>

Payables are measured at nominal amounts. Creditors and accruals are raised for all amounts owed and unpaid. Sundry creditors are normally settled within 30 days from the date the invoice is first received. Employee on-costs are settled when the respective employee benefits that they relate to are discharged. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

\* Employment on-costs include payroll tax, Return to Work SA levies and superannuation contributions and are settled when the respective employee benefits that they relate to is discharged. 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. Also included is FBT payable to the ATO.

Inter-entity transactions between the Department and Health Services workers compensation (redemption and lump sum) payables amount to \$31.995 million (\$25.870 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 is unchanged at 42% for the Department and 38% for the LHNs and SAAS, the average factor for the calculation of employer superannuation on-costs has increased from the 2021 rate (10.1%) to 10.6% to reflect the increase in super guarantee. These rates are used in the employment on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the employment on-cost liability and employee benefits expenses of \$3.872 million (Parent increase of \$0.180 million). The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

Refer to note 34 for information on risk management.

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**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 2021-22.

**24. Financial liabilities**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Lease liabilities	87,942	86,785	1,105	253
<b>Total current financial liabilities</b>	<b>87,942</b>	<b>86,785</b>	<b>1,105</b>	<b>253</b>
<b>Non-current</b>				
Lease liabilities	2,671,938	2,739,082	18,940	19,770
<b>Total non-current financial liabilities</b>	<b>2,671,938</b>	<b>2,739,082</b>	<b>18,940</b>	<b>19,770</b>
<b>Total financial liabilities</b>	<b>2,759,880</b>	<b>2,825,867</b>	<b>20,045</b>	<b>20,023</b>

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 DTF's incremental borrowing rate. There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 11 for information on borrowing costs, notes 19 and 20 for information on right-of-use assets (including depreciation), and note 34 for information on risk management.

**24.1 Concessional lease arrangements for right-of-use assets**

The Consolidated Entity has concessional lease arrangements for right-of-use assets, as lessee, 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
Buildings and improvements	Terms are up to 94 years Payment is nominal	Concessional building arrangements include the use of premises for dental services, pathology collection, breast screen services, community health services, GP Plus arrangements, Drug and Alcohol Services clinics, Child/Family/Women's/Mental Health services and volunteer ambulance stations

**24.2 Maturity analysis**

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

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
<b>Lease Liabilities</b>				
1 to 3 years	949,185	960,961	4,503	3,593
3 to 5 years	625,834	627,705	3,093	2,984
5 to 10 years	1,473,676	1,488,757	8,523	8,228
More than 10 years	3,384,239	3,653,416	7,197	8,928
<b>Total lease liabilities (undiscounted)</b>	<b>6,432,934</b>	<b>6,730,839</b>	<b>23,316</b>	<b>23,733</b>

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**25. Employee benefits**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2022</b>	<b>2021</b>	<b>2022</b>	<b>2021</b>
<b>Current</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Accrued salaries and wages	96,713	137,211	1,957	5,230
Annual leave	457,554	415,403	19,064	16,909
Long service leave	62,352	70,962	2,896	3,029
Skills and experience retention leave	31,460	29,311	1,342	1,137
Other	500	528	(4)	-
<b>Total current employee benefits</b>	<b>648,579</b>	<b>653,415</b>	<b>25,255</b>	<b>26,305</b>
<b>Non-current</b>				
Long service leave	701,383	804,082	32,722	34,457
<b>Total non-current employee benefits</b>	<b>701,383</b>	<b>804,082</b>	<b>32,722</b>	<b>34,457</b>
<b>Total employee benefits</b>	<b>1,349,962</b>	<b>1,457,497</b>	<b>57,977</b>	<b>60,762</b>

Employee benefits accrue as a result of services provided up to the reporting date that remain unpaid. Non-current employee benefits are measured at present value and current 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.

As a result of the actuarial assessment performed by DTF, the salary inflation rate has decreased from the 2021 rate (2.00%) to 1.50% for annual leave and skills and experience retention leave liability. As a result, there is a decrease in the employee staff benefits liability and employee benefits expenses of \$2.516 million (Parent decrease of \$0.107 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 increased from (1.25%) to 3.50% for the Department and (1.50%) to 3.75% for LHNs and SAAS. This increase in the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability. The actuarial assessment performed by DTF left the salary inflation rate at 2.50% for long service leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

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 \$142.415 million (Parent \$5.536 million), payables (employment on-costs) of \$5.777 million (Parent \$0.256 million) and employee benefits expense of \$148.192 million (Parent \$5.792 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.

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The expected payment to settle the obligation has been determined using national government bond market yields with terms and conditions that match, as closely as possible, to estimated cash outflows.

Actuarial gains and losses are recognised in other comprehensive income in the Statement of Comprehensive Income, in the period in which they occur. The superannuation expense comprising interest cost and other costs of the defined benefit plan is measured in accordance with AASB 119 and is recognised as and when contributions fall due.

The South Australian Superannuation Board was appointed Trustee of the Scheme effective 1 July 2006. The Scheme was closed to new members as at 30 June 2008. For those staff who are not members of the Scheme, SAAS pays contributions in accordance with the relevant award or contract of employment to other nominated Superannuation funds in compliance with the superannuation guarantee legislation. Contributions are charged as expenditure as they are made. Members are not required to make contributions to these funds.

The defined benefit liability has been recognised in the Statement of Financial Position in accordance with AASB 119 and is held in SAAS.

**Defined benefit superannuation scheme**

**Reconciliation of the present value of the defined benefit obligation:**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Carrying amount at the beginning of the period	297,072	298,309
Current service cost	8,020	9,024
Interest cost	3,801	2,144
Contributions by scheme participants	2,974	3,208
Actuarial (gains)/losses	(29,615)	1,958
Benefits paid	(15,303)	(16,452)
Taxes, premiums and expenses paid	(1,239)	(1,358)
Transfers in	143	239
<b>Carrying amount at the end of the period</b>	<b>265,853</b>	<b>297,072</b>

**Reconciliation of fair value of scheme assets:**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Carrying amount at the beginning of the period	302,941	261,027
Interest Income	3,916	1,918
Actual return on scheme assets less Interest Income	(2,417)	48,702
Contributions from the employer	5,199	5,657
Contributions by scheme participants	2,974	3,208
Benefits paid	(15,303)	(16,452)
Taxes, premiums and expenses paid	(1,239)	(1,358)
Transfers in	143	239
<b>Carrying amount at the end of the period</b>	<b>296,214</b>	<b>302,941</b>

**The amount included in the Statement of Financial Position arising from Consolidated Entity's obligations in respect of its defined benefit scheme is as follows:**

Present value of defined benefit obligations	265,853	297,072
Fair value of scheme assets	(296,214)	(302,941)
<b>Net liability arising from defined benefit obligations</b>	<b>(30,361)</b>	<b>(5,869)</b>

**Included in the Statement of Financial Position:**

Non-current receivable – superannuation – defined benefit scheme	30,061	5,869
<b>Closing balance of defined benefit obligation</b>	<b>30,061</b>	<b>5,869</b>

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	% invested by asset class	
	2022	2021
	%	%
Australian equity	27	27
International equity	28	30
Fixed income	10	6
Property	11	10
Diversified Strategies Income	8	8
Diversified Strategies Growth	9	9
Alternatives/other	5	5
Cash	2	5
<b>Total</b>	<b>100</b>	<b>100</b>

The percentage invested in each asset class as at 30 June 2021 is adjusted to be comparable to 30 June 2022.

In accordance with the revised AASB 119 the percentage invested in each asset class as at 30 June 2022 is adjusted to be comparable to 30 June 2021. This adjustment is made to align with the new approach where Diversified Strategies Growth and Diversified Strategies Income are identified as separate asset classes.

The actual return on scheme assets was \$1.49 million (\$50.62 million), a gain of \$27.198 million resulting from investment returns being significantly higher than previously assumed. Employer contributions of \$4.952 million are expected to be paid to the scheme for the year ending 30 June 2022. Expected employer contributions reflect the current 9.5% of salary contributions.

	2022	2021
	% pa	% pa
<b>Principal actuarial assumptions used (and expressed as weighted averages):</b>		
Discount rate (defined benefit cost)	1.4	0.8
Expected rate of salary increase (defined benefit cost)	2.5	2.5
Discount rate (defined benefit obligation)	3.6	1.4
Expected rate of salary increase (defined benefit obligation)	2.5	2.5

	2022	2021
	\$'000	\$'000
<b>Movement in net defined benefit liability</b>		
Carrying amount at the beginning of the period	(5,869)	37,282
Defined benefit cost	7,905	9,250
Remeasurements	(27,198)	(46,744)
Employer contributions	(5,199)	(5,657)
<b>Carrying amount at the end of the period</b>	<b>(30,361)</b>	<b>(5,869)</b>

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 \$28.945 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 2022 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

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	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	3.6%	3.1%	4.1%	3.6%	3.6%
Salary increase rate	2.5%	2.5%	2.5%	2.0%	3.0%
Defined benefit obligation (\$'000)	265,853	270,808	262,375	262,963	269,986

Description of the regulatory framework

The scheme operates in accordance with its Trust Deed. The scheme is considered to be an exempt public sector scheme.

Description of other entities' responsibilities for the governance of the Scheme

The scheme's trustee is responsible for the governance of the scheme. The trustee has a legal obligation to act solely in the best interests of scheme beneficiaries. The trustee has the following roles:

- administration of the scheme and payment to the beneficiaries from scheme assets when required in accordance with the scheme rules;
- management and investment of the scheme assets; and
- compliance with superannuation law and other applicable regulations.

Description of risks

There are a number of risks to which the scheme exposes the employer. The more significant risks relating to the defined benefits are:

Investment risk

The risk that investment returns will be lower than assumed and the employer will need to increase contributions to offset this shortfall.

Salary growth risk

The risk that wages or salaries (on which future benefit amounts will be based) will rise more rapidly than assumed, increasing defined benefit amounts and thereby requiring additional employer contributions.

Legislative risk

The risk that legislative changes could be made which increase the cost of providing the defined benefits.

The scheme assets are invested in the Funds SA Balanced Investment option. The assets are diversified within this investment option and therefore the Scheme has no significant concentration of investment risk.

Funding arrangements

The financing objective adopted at the 30 June 2021 actuarial investigation of the scheme, in a report dated 20 April 2021, 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 2021, then
  - 9.50% of salary for all defined benefit members after 1 July 2021, plus
  - Any additional employer contributions agreed between the employer and a member.
- Accumulation members:
  - 9.50% of ordinary time earnings from 1 July 2020 to 30 June 2021, increasing in line with future Superannuation Guarantee rates from 1 July 2021; 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 2022 is eight years.

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## 26. Provisions

	Note	Consolidated		Parent	
		2022	2021	2022	2021
Current		\$'000	\$'000	\$'000	\$'000
Insurance	26.2	21,055	16,189	21,055	16,189
Workers compensation	26.1	34,943	29,825	640	568
<b>Total current provisions</b>		<b>55,998</b>	<b>46,014</b>	<b>21,695</b>	<b>16,757</b>
<b>Non-current</b>					
Insurance	26.2	111,068	124,802	111,068	124,802
Workers compensation	26.1	142,090	120,050	1,130	747
<b>Total non-current provisions</b>		<b>253,158</b>	<b>244,852</b>	<b>112,198</b>	<b>125,549</b>
<b>Total provisions</b>		<b>309,156</b>	<b>290,866</b>	<b>133,893</b>	<b>142,306</b>

### 26.1 Workers Compensation

*Reconciliation of workers compensation (statutory and additional compensation):*

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	<b>149,875</b>	<b>109,030</b>	<b>1,315</b>	<b>1,060</b>
Increase in provisions recognised	34,893	48,601	651	255
Reductions arising from payments/other sacrifices of future economic benefits	(7,735)	(7,756)	(196)	-
<b>Carrying amount at the end of the period</b>	<b>177,033</b>	<b>149,875</b>	<b>1,770</b>	<b>1,315</b>

The Department is an exempt employer under the *Return to Work Act 2014*. Under a scheme arrangement, the Consolidated Entity is responsible for the management of workers rehabilitation and compensation and is directly responsible for meeting the cost of workers compensation claims and the implementation and funding of preventive programs.

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes). The workers compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2022 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

The additional compensation scheme provides continuing benefits to workers who have suffered eligible work-related injuries and whose entitlements have ceased under the statutory workers compensation scheme. Eligible injuries are nonserious injuries sustained in circumstances which involved, or appeared to involve, the commission of a criminal offence, or which arose from a dangerous situation

There is a significant degree of uncertainty associated with estimating future claim and expense payments and also around the timing of future payments due to the variety of factors involved. The liability is impacted by agency claim experience relative to other agencies, average claim sizes and other economic and actuarial assumptions. In addition to these uncertainties, the additional compensation scheme is impacted by the limited claims history and the evolving nature of the interpretation of, and evidence required to meeting, eligibility criteria. Given these uncertainties, the actual cost of additional compensation claims may differ materially from the estimate.

Measurement of the workers compensation provision as at 30 June 2022 includes the impacts of the decision of the Full Court of the Supreme Court of South Australia in *Return to Work Corporation of South Australia vs Summerfield* (Summerfield decision). The Summerfield decision increased the liabilities of the Return to Work Scheme (the Scheme) and the workers compensation provision across government.

Legislation to reform the *Return to Work Act 2014* was proclaimed in July 2022, with the reforms expected to reduce the overall liability of the Scheme. The impacts of these reforms on the workers compensation provision will be considered when measuring the provision as at 30 June 2023.

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**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) 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). SAFA 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, increased to 3.7% (1.6%).

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:

	<b>Medical malpractice</b>	<b>Professional indemnity (Other)</b>	<b>Public liability</b>	<b>Property</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>2021-22</b>					
Carrying amount at the beginning of the period	137,193	107	1,412	2,279	140,991
Increase to provision due to new claims	10,893	-	228	3,491	14,612
Reduction due to payments	(10,878)	(4)	(52)	(785)	(11,719)
Net revision of estimates	(10,307)	-	107	(1,561)	(11,761)
<b>Carrying amount at the end of the period</b>	<b>126,901</b>	<b>103</b>	<b>1,695</b>	<b>3,424</b>	<b>132,123</b>

**27. Contract liabilities and other liabilities**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2022</b>	<b>2021</b>	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Current</b>				
Unclaimed monies	130	58	2	-
Unearned revenue	3,475	3,017	907	1,036
Contract liabilities	30,936	26,263	2,470	799
Residential aged care bonds	86,897	83,285	-	-
Accommodation and lease incentive*	24	276	24	276
Other	1,206	1,820	5	-
<b>Total current contract liabilities and other liabilities</b>	<b>122,668</b>	<b>114,719</b>	<b>3,408</b>	<b>2,111</b>
<b>Non-current</b>				
Accommodation and lease incentive*	102	96	102	96
<b>Total non-current contract liabilities and other liabilities</b>	<b>102</b>	<b>96</b>	<b>102</b>	<b>96</b>
<b>Total contract liabilities and other liabilities</b>	<b>122,770</b>	<b>114,815</b>	<b>3,510</b>	<b>2,207</b>

\*Accommodation incentives relate to arrangements with DIT for office accommodation. These arrangements are not leases and accordingly the accommodation incentives are not financial liabilities. The benefit of incentives is spread over the accommodation term so that each year reported accommodation expenses reflect the economic substance of the arrangement and related benefits provided.

Contract liabilities are recognised for revenue relating to home care packages, training programs, drug and alcohol abuse support, SA Dental services co-payment, grant funded projects/programs and other health programs received in advance and is realised as agreed milestones/service obligations have been achieved. 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. 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. 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.

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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	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	825,410	1,172,207	515,078	791,294
<b>Cash as per Statement of Financial Position</b>	<b>825,410</b>	<b>1,172,207</b>	<b>515,078</b>	<b>791,294</b>
<b>Balance as per Statement of Cash Flows</b>	<b>825,410</b>	<b>1,172,207</b>	<b>515,078</b>	<b>791,294</b>

### Reconciliation of net cash provided to net result:

Net cash provided by (used in) operating activities	(16,893)	439,500	(268,507)	21,164
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### Add/less non-cash items

Asset donated free of charge	-	(4,550)	-	(8,656)
Capitalised interest expense on finance lease	(9,053)	(10,692)	-	-
Depreciation and amortisation expense of non-current assets	(311,381)	(307,964)	(12,174)	(11,285)
Gain/(loss) on sale or disposal of non-current assets	340	1,767	-	2,023
Gain/(loss) on valuation of defined benefits	(27,198)	(46,744)	-	-
Impairment of non-current assets	(700)	-	-	-
Increments/(decrements) on revaluation of non-current assets	2,250	-	-	-
Interest credited directly to investments	102	274	-	-
Resources received free of charge	221	2,677	-	5,934
Revaluation of investments	(661)	203	-	-
Prior year error – SAAS	-	(3,862)	-	-
Administrative Restructure	(1,051)	-	-	-

### Movement in assets and liabilities

Increase/(decrease) in contract assets	(10,605)	12,386	-	-
Increase/(decrease) in receivables	8,097	111,445	(32,421)	93,245
Increase/(decrease) in inventories	5,363	53,954	2,634	54,863
Increase/(decrease) in other current assets	(5)	4	-	-
(Increase)/decrease in employee benefits	107,538	42,742	2,785	(2,999)
(Increase)/decrease in payables and provisions	(90,054)	(87,165)	5,677	(48,283)
(Increase)/decrease in other liabilities	(7,955)	(4,139)	(1,303)	985
<b>Net result</b>	<b>(351,645)</b>	<b>199,836</b>	<b>(303,309)</b>	<b>106,991</b>

Total cash outflows for leases is \$226.222 million (\$209.417 million) for the consolidated entity, and \$8.601 million (\$7.454 million) for the Department.

## 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	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Within one year	21,920	5,885	4,019	619
<b>Total capital commitments</b>	<b>21,920</b>	<b>5,885</b>	<b>4,019</b>	<b>619</b>

The Consolidated Entity's capital commitments are for plant and equipment ordered but not received and capital works. Capital commitments for major infrastructure works are recognised in the DIT financial statements.

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**29.1.2 Expenditure commitments**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Within one year	493,622	375,260	169,371	113,231
Later than one year but not longer than five years	618,817	575,231	32,641	33,878
Later than five years	2,175,664	2,272,344	-	3,394
<b>Total expenditure commitments</b>	<b>3,288,103</b>	<b>3,222,835</b>	<b>202,012</b>	<b>150,503</b>
Less contingent rentals	(1,131,528)	(1,149,239)	-	-
<b>Net expenditure commitments</b>	<b>2,156,575</b>	<b>2,073,596</b>	<b>202,012</b>	<b>150,503</b>

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

Included in expenditure commitments above is \$2,605.205 million (\$2,685.075 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 2022 has not been quantified.

**29.2 Expected rental income from lessor arrangements**

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Within one year	82	82	-	-
<b>Total expected rental income from lessor arrangements</b>	<b>82</b>	<b>82</b>	<b>-</b>	<b>-</b>

Refer note 19.9 for information about property the Consolidated Entity leases out to external parties. The table above sets out a maturity analysis of operating lease payments receivable, showing undiscounted lease payments to be received after the reporting date. These amounts are not recognised as assets.

**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 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	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
<b>Carry amount at the beginning of period</b>	<b>640</b>	<b>655</b>	-	-
Client trust receipts	1,342	1,645	-	-
Client trust payments	1,254	1,660	-	-
<b>Carrying amount at the end of the period</b>	<b>728</b>	<b>640</b>	<b>-</b>	<b>-</b>

**31. Contingent assets and liabilities**

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value.

**31.1 Contingent assets**

The new RAH project is being delivered under a public-private partnership agreement with Celsus. The new RAH PPP agreement contains a number of indexation elements which relate to adjustments to certain service payments i.e. interest rate and refinancing service payment adjustments. Where the indexation element is closely related to a lease contract, such as the interest rate payment adjustment, it is not required to be separately accounted for as a derivative. The change in interest rate is accounted for as a contingent rental and expensed in the period incurred.

Like the interest rate service payment adjustment, the refinancing element is an embedded derivative. However, the economic characteristics and risks of this embedded derivative are not closely related to the lease contract and are required to be accounted for separately in the financial statements. The refinancing element could be considered akin to a purchase option in that the Hospital benefits from a portion of gains without exposure to any of the losses. The valuation of this derivative would be derived via the present value of the estimated future cash flows over the life of the project based on observable interest yield curves, basis spread, credit spreads and option pricing models, as appropriate, adjusted for Celsus's credit risk, (i.e. forward curve of credit risk margin).

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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 terms of offer for a new SAAS Enterprise Agreement (EA) were presented on 31 May 2022, contingent on the finalisation of formal terms of the EA, acceptance by a majority of eligible staff who vote through the ballot process and requisite approval by the South Australian Employment Tribunal (SAET) pursuant to the *Fair Work Act 1994*. In accordance with the terms of the new EA eligible staff are entitled to salary increases of 2.5% per annum, back dated to the first full pay period after 31 December 2018. The financial impact of backpay cannot be reliably measured at this stage.

### **31.3 Guarantees**

The Consolidated Entity has made no guarantees.

## **32. Events after balance date**

On 22 July 2022, members of the Ambulance Employees Association (AEA) supported the terms for a new Enterprise Agreement. On 9 August 2022, the SAET approved the SA Ambulance Service Enterprise Agreement 2022, which came into force on and from that date and has a nominal life extending until 31 December 2024. Also refer to note 31.2.

On 2 August 2022, the Minister announced the appointment of Dr Robyn Lawrence as the new Chief Executive of the Consolidated Entity and the Department. Dr Lawrence commenced in the role on 12 September 2022. Ms Lynne Cowan continued in the role of Acting Chief Executive up to this date.

## **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.

Amending standard AASB 2020-1 *Amendments to Australian Accounting Standards - Classification of Liabilities as Current or Non-Current* will apply from 1 July 2023. The Consolidated Entity continues to assess liabilities, such as long service leave, and whether or not the Consolidated Entity has a substantive right to defer settlement. Where applicable these liabilities will be classified as current. Application of this standard is not expected to have a material impact.

## **34. Financial instruments/financial risk management**

### **34.1 Financial risk management**

Risk management is managed by the Department's Risk and Assurance Services section. 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 – 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 1, 4, 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 15, 16 and 34.2 for further information.

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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, maturity analysis 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.

	Notes	Consolidated		Parent	
		2022 Carrying amount/ Fair value \$'000	2021 Carrying amount/ Fair value \$'000	2022 Carrying amount/ Fair value \$'000	2021 Carrying amount/ Fair value \$'000
<b>Category of financial asset and financial liability</b>					
<b>Financial assets</b>					
Cash and equivalent					
Cash and cash equivalents	14, 28	825,410	1,172,207	515,078	791,294
Amortised Cost					
Receivables <sup>(1)(2)</sup>	15	395,921	397,158	190,323	226,194
Other financial assets	16	105,786	108,061	-	-
Fair value through statement of comprehensive income					
Other financial assets	16	1,308	1,568	-	-
Fair value through profit and loss					
Other financial assets	16	4,936	7,295	-	-
<b>Total financial assets</b>		<b>1,333,361</b>	<b>1,686,289</b>	<b>705,401</b>	<b>1,017,488</b>
<b>Financial liabilities</b>					
Financial liabilities at amortised cost					
Payables <sup>(1)</sup>	23	427,815	357,196	237,215	234,410
Lease liabilities	24, 29	2,759,880	2,825,864	20,045	20,023
Other financial liabilities	27	88,359	85,534	133	372
<b>Total financial liabilities</b>		<b>3,276,054</b>	<b>3,268,594</b>	<b>257,393</b>	<b>254,805</b>

(1) Receivable and payable amounts disclosed exclude amounts relating to statutory receivables and payables. This includes Commonwealth State and Local Government taxes and fees and charges. This is in addition to employee related receivables and payables such as payroll tax, fringe benefits tax etc. In government, certain rights to receive or pay cash may not be contractual and therefore in these situations, the disclosure requirements of AASB 7 *Financial Instruments: Disclosures* 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 assets.

**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. Loss allowances for contract assets are measured at an amount equal to an expected credit loss method using a 12 month method. For the Department, no impairment losses were recognised in relation to contract assets during the year. For the Consolidated Entity, impairment losses were recognised in relation to contract assets during the year (refer to note 18).

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The Consolidated Entity uses an allowance matrix to measure the expected credit loss of receivables from non-government debtors. The expected credit loss 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. Subsequent recoveries of amounts previously written off are credited against the same line item.

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 expected credit loss, receivables are grouped based on shared risk characteristics and the days past due. When estimating expected credit loss, the Consolidated Entity considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Consolidated Entity's historical experience and informed credit assessment, including forward-looking information.

The assessment of the correlation between historical observed default rates, forecast economic conditions and expected credit loss is a significant estimate. 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 expected credit loss for non-government debtors:

CONSOLIDATED	30 June 2022			30 June 2021		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
<b>Days past due</b>						
Current	0.1 – 24.6%	49,230	8,049	0.1 – 100.0%	52,984	6,216
<30 days	0.2 – 27.7%	23,481	2,464	0.2 – 26.1%	20,698	1,195
31-60 days	0.4 – 48.1%	12,115	1,854	0.4 – 45.2%	10,033	1,124
61-90 days	0.6 – 62.2%	10,385	2,443	0.6 – 57.3%	7,745	1,366
91-120 days	0.9 – 69.0%	7,869	2,144	0.9 – 63.3%	7,893	1,486
121-180 days	1.6 – 74.5%	9,606	2,126	1.5 – 67.7%	7,655	1,468
181-360 days	2.8 – 100.0%	26,933	14,942	2.5 – 100.0%	22,235	10,664
361-540 days	4.8 – 100.0%	11,426	6,372	4.6 – 100.0%	6,646	4,818
>540 days	5.5 – 100.0%	13,599	9,849	5.3 – 100.0%	10,188	7,330
<b>Total</b>		<b>164,644</b>	<b>50,243</b>		<b>146,077</b>	<b>35,667</b>

PARENT	30 June 2022			30 June 2021		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
<b>Days past due</b>						
Current	0.2%	1,385	3	0.1%	7,426	7
<30 days	0.4%	2,102	8	0.2%	2,906	5
31-60 days	1.0%	293	3	0.5%	1,736	9
61-90 days	1.7%	1,384	23	0.9%	2,190	21
91-120 days	2.9%	1,041	30	2.1%	2,087	45
121-180 days	4.1%	1,721	71	3.2%	2,086	66
181-360 days	10.8%	5,050	548	4.4%	3,200	140
361-540 days	31.3%	5,027	1,572	24.4%	143	35
>540 days	36.4%	1,414	514	29.5%	86	25
<b>Total</b>		<b>19,417</b>	<b>2,772</b>		<b>21,860</b>	<b>353</b>

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**35. Budget performance**

The budget performance table compares the Consolidated Entity's outcomes against budget information presented to Parliament in the original budget financial statements (2021-22 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.

<b>Consolidated</b>	<b>Original Budget 2022 \$'000</b>	<b>Actual 2022 \$'000</b>	<b>Variance \$'000</b>
<b>Statement of Comprehensive Income</b>			
<b>Income</b>			
Revenues from SA Government	5,452,546	4,845,446	(607,100)
Fees and charges	768,597	738,227	(30,370)
Grants and contributions	2,114,934	2,447,899	332,965
Interest	3,182	372	(2,810)
Resources received free of charge	76,266	76,994	728
Net gain from disposal of non-current and other assets	568	340	(228)
Other revenues/income	28,282	37,737	9,455
<b>Total Income</b>	<b>(a) 8,444,375</b>	<b>8,147,015</b>	<b>(297,360)</b>
<b>Expenses</b>			
Staff benefits expenses	4,373,757	4,677,395	(303,638)
Supplies and services	2,402,531	2,754,644	(352,113)
Depreciation and amortisation	306,148	311,381	(5,233)
Grants and subsidies	100,482	118,523	(18,041)
Borrowing costs	103,236	130,412	(27,176)
Payments to SA Government	-	431,854	(431,854)
Impairment loss on receivables	5,075	11,389	(6,314)
Other expenses	54,708	63,062	(8,354)
<b>Total Expenses</b>	<b>(c) 7,345,937</b>	<b>8,498,660</b>	<b>(1,152,723)</b>
<b>Net result</b>	<b>1,098,438</b>	<b>(351,645)</b>	<b>(1,450,083)</b>
<b>Other Comprehensive Income</b>			
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>			
Gains/(losses) recognised directly in equity	-	26,936	26,936
<b>Total Other Comprehensive Income</b>	<b>-</b>	<b>26,936</b>	<b>26,936</b>
<b>Total Comprehensive Result</b>	<b>1,098,438</b>	<b>(324,709)</b>	<b>(1,423,147)</b>

The unfavourable variance when compared to the original budget is mainly due to:

- (a) Income: State Government revenue for financing arrangements, offset by increased funding for the COVID-19 response including the COVID-19 Vaccination program;
- (b) Payments associated with the State Government Cash Alignment Policy, not included in original budget; and
- (c) Expenses: incurred across a large range of areas and hence are not separately disclosed in this note and relate to the increased costs of providing hospital services including:
  - The roll out of the COVID-19 Vaccination programs; and
  - Increased expenses for the COVID-19 response, refer to note 1.7 for more information.

<b>Investing expenditure summary</b>	<b>Original Budget 2022 \$'000</b>	<b>Actual 2022 \$'000</b>	<b>Variance \$'000</b>
Total new projects	27,457	3,650	23,807
Total existing projects	268,360	181,880	86,480
Total annual programs	55,330	58,519	(3,189)
Total Leases	10,023	12,877	(2,854)
<b>Total investing expenditure</b>	<b>(d) 361,170</b>	<b>256,926</b>	<b>104,244</b>

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- (d) The favourable variance of \$104.244 million between original budget and actual amounts for investing expenditure mainly relates to reprofiling of projects into future years spend (spend patterns) due to delays in completing projects or changes in the delivery approach.

**New Projects**

The favourable variance of \$23.807 million between original budget and actuals mainly relates to reprofiling of projects into future years and underspend. Specific projects that have contributed to the variance include: Psychiatric Intensive Care Beds, New Older Persons Mental Health Facility, Crisis Stabilisation Centre - Northern Suburbs and Residential Aged Care Enterprise System.

**Existing Projects**

The favourable variance of \$86.480 million between original budget and actuals 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, Country Health SA Sustainment and Compliance, New Women's and Children's Hospital, Modbury Hospital - Upgrades and Additional Services, Electronic Medical Records System, Repatriation Health Precinct Reactivation.

### **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 2), and incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for capital works of \$151.191 million (\$162.497 million) occupancy rent and rates of \$14.704 million (\$16.871 million) and property repairs and maintenance of \$13.670 million (\$22.147 million) (note 9). As at 30 June the Consolidated Entity also incurred payables to DIT (note 23) and unrecognised contractual expenditure commitments for accommodation with DIT of \$58.406 million (\$66.021 million) (note 29).

Refer to notes 3, 9, 10, 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.

### **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 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 LHNs have effective control over, and a 100% interest in, the net assets of the Health Advisory Councils (HACs). The HACs were established as a consequence of the *Health Care Act 2008* being enacted and certain assets, rights and liabilities of the former Hospitals and Incorporated Health Centres were vested in them with the remainder being vested in the respective LHN.

By proclamation dated 26 June 2008, the following assets, rights and liabilities were vested in the 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 Gift Fund Health Advisory Council Inc.

The HACs have no powers to direct or make decisions with respect to the management and administration of LHNs.

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**Joint arrangements**

**The Consolidated Entity participates in the following joint operations:**

<b>Name of arrangement</b>	<b>Nature of the arrangement</b>	<b>Principal activity</b>	<b>Location</b>	<b>Interest</b>
Adelaide Health Innovation Partnership	Incorporated entity formed from the founders – South Australian Health and Medical Research Institute, Central Adelaide Local Health Network and university of Adelaide.	Advocates for change, innovation and improvements in health service delivery, medical research, education and patient care.	Adelaide SA	33.3%
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%
South Australian Immunogenomics Cancer Institute	Agreement between The University of Adelaide and Central Adelaide Local Health Network.	Established as an independently – governed Institute that operates as a discrete academic unit within the University of Adelaide’s Faculty of Health and Medical Sciences, supported by an alliance with CALHN	Adelaide SA	50%

**The Consolidated Entity participates in the following joint venture:**

<b>Name of arrangement</b>	<b>Nature of the arrangement</b>	<b>Principal activity</b>	<b>Location</b>	<b>Interest</b>
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 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.

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

	<b>2022</b>	<b>2021</b>
Percentage ownership interest	50 %	50 %
	<b>\$’000</b>	<b>\$’000</b>
Current assets	1,996	2,316
Current liabilities	(1,703)	(2,001)
Non-current assets	2,357	2,499
Non-current liabilities	(5,459)	(5,890)
<b>Net assets</b>	<b>(2,809)</b>	<b>(3,076)</b>
Share of beneficial entitlement	2,601	2,601
<b>Carrying amount of interest in joint venture</b>	<b>2,601</b>	<b>2,601</b>
Expenses	(6,510)	(6,116)
Revenue	6,777	6,690
<b>Profit/(loss) and total comprehensive income</b>	<b>267</b>	<b>574</b>
<b>Entity's share of profit/(loss) and total comprehensive income (50%)</b>	<b>134</b>	<b>287</b>

**Structured entities**

CALHN 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:

<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Department for Health and Wellbeing - Controlled Substances Advisory Council	11	Ng D, Reynolds C Dr, Reeve M Dr, Smith J, White J Prof, Johns R
Department for Health and Wellbeing - Electronic Medical Record (EMR) Project Board	13	Solomon S (chair)
Department for Health and Wellbeing - Health Performance Council	4	Tyson D Dr, Searle J Prof, Martin K, Hensher M Assoc Prof, Al-Khafaji M, Duckett S (Chair), Lehmann T, Watson D Dr
Department for Health and Wellbeing - Hepatitis C Action Plan Implementation Group (HAPI-C)	10	Landers D, Oudih E (resigned 1/1/22), Paterson K, Williams E, Wright S, Rafique M, Hutt T, Holly C, Bartlett S, Morrison K, Riessen J, Rostami S (resigned 1/1/22), Tran D (appointed 25/4/22), Zander B (appointed 30/6/22), Safi S (appointed 24/2/22), Safi A (appointed 24/2/22)
Department for Health and Wellbeing - Human Research Ethics Committee	10	Hewitt A (resigned 1/10/21), Bradley C (resigned 1/10/21), Roder D (resigned 1/12/21), Rositano S Dr (resigned 1/11/21), Carter D (resigned 1/3/22), Buckley E (resigned 1/9/21), Stephens J (resigned 1/3/22), Elliott J A/Prof, Grant J (resigned 1/10/21), McIlwaine J (resigned 1/6/22), Needs K (resigned 1/10/21), Jones M, Rundle N (resigned 1/10/21), Goodsite M Prof (resigned 1/6/22), Braunacker-Mayer Prof (Chair), Najar R, Ross-Taylor S, Gibson T (resigned 1/6/22)
Department for Health and Wellbeing - Lived Experience Advisory Group	4	Lockett A (resigned 18/10/21), Hofhuis C, O'Loughlin E, Khateeb H, Burtnik L (resigned 18/10/21), English L (Co-chair), Ahmed U (resigned 18/10/21)
Department for Health and Wellbeing - Mental Health and Emergency Services MOU	4	Khateeb H, English L
Department for Health and Wellbeing - Mental Health Leadership Group	2	English L
Department for Health and Wellbeing - NDIS Psychosocial Disability Transition Task Force	18	Hofhuis C, Lee D, Callahan D, Strapp E, Harris G, Naughtin G, Meegan J, Cuthbert J, Burtnik L, Leggett M, Corcoran M, Creedon P, Sutton S, Arlidge S, Spencer V, Nowak Z, Nielsen H
Department for Health and Wellbeing - NDIS Subgroup	-	Meegan J
Department for Health and Wellbeing - Palliative Care Services Plan Project Board	14	Holden D Dr, Miltz D, Mussared J, Rosa R, Shute R Dr, Schutz S Dr
Department for Health and Wellbeing - Prescribed Psychiatric Treatment Panel	2	Camilleri C Dr, Coyne T Dr, Paterson T Dr, Richards B A/Prof, Simpson T, Smith J
Department for Health and Wellbeing - Elective Surgery and Colonoscopy Collaborative	23	Whiteway L
Department for Health and Wellbeing – Psychotropic Drugs Committee	15	Hume C, Suppiah V, Brown J
Department for Health and Wellbeing - Risk Management and Audit Committee	-	Dunsford C (resigned 10/12/21), Marshall V Prof (resigned 16/2/22), Stubbs T Dr, Deegan V, Phillips P Prof (appointed 4/4/22), Evans J (Chair) (appointed 13/12/21)
Department for Health and Wellbeing - COVID-19 Mental Health Response Oversight Committee	1	Prowse L, McKinnon M, Keller N, Nowak H, Ambler R, Burness S, Pascoe T, Harris R, Hofhuis C, Harris G, McGregor T, Kennedy J, Croser-Barlow C
Department for Health and Wellbeing - Community Pharmacy NIP Access Advisory Group	6	Halstead P, Johns R, Panayiaris N, Kilmartin J Dr, Smith J

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Department for Health and Wellbeing - SA Health Facilities and Models of Private Midwifery Care Working Group	14	Pollock R
Department for Health and Wellbeing - Voluntary Assisted Dying Implementation Taskforce	10	Moy C Dr, Barkla C, Coombe F, Hunt R Dr, Jachmann N, Okninski M Dr, Richards B A/Prof, Simpson T, Smith M, Stone H, Wanganeen R (all appointed 15/12/21)
Department for Health and Wellbeing - Human Rights and Coercion Reduction Committee	5	Harris G, Simpson T, Guaqueta C, Williams J, Jureidini J, Lockett A, English L (all appointed 1/7/21)
Department for Health and Wellbeing - Mental Health Services Plan Implementation Steering Committee	12	Coulls J, Camilleri C Dr, Braund S, Oudih E, Burgess A, English L
Department for Health and Wellbeing - Safety Learning System (SLS) Communities of Practice	19	Bickley B (appointed 22/10/21), Barrington D (appointed 22/10/21) (resigned 10/6/22)
Department for Health and Wellbeing - SA Sexual Health Services Review Project Advisory Group	24	Oliver-Landry E Dr, Miliotis N, Morrison K (all appointed 1/3/22)
Department for Health and Wellbeing - South Australia Health Outpatient Redesign Steering Committee	21	Whiteway L
Department for Health and Wellbeing - South Australian Formulary Committee	16	Whiteway L, Moss J
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, Kuruppu P Dr, Miller-Frost L M, McManis S
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council Accreditation Committee	9	Boumelha P E/Prof. (chair), Kuruppu P Dr, Need P Dr, Hillen J Dr, Ooi E Dr, Murphy R
Department for Health and Wellbeing - South Australian Medicines Advisory Committee	20	Kardachi G, Stocks N Prof, Wiley J, Whiteway L
Department for Health and Wellbeing - Statewide Gender Diversity Model of Care Project	13	Russo J, Cannell Z, Roy S (appointed 14/9/21), Young E (appointed 14/9/21) (resigned 9/12/21)
Department for Health and Wellbeing - STI and HIV Subcommittee	8	Miliotis N (Chair), Morrison K, Betts S, Carroll C, Gollin M, Leane K, Williams E, Oudih E (resigned 1/1/22), Rafique M (appointed 20/4/22), Rutland A, Bartlett S, Hutt T, Tsephe A, Shrubsole C (appointed 20/4/22)
Department for Health and Wellbeing - Strategic Mental Health Quality Improvement	11	Keys D, Camilleri C Dr, Brown J, Hofhuis C
Department for Health and Wellbeing - Towards Zero Suicide Project Committee	9	Kuys J
Department for Health and Wellbeing - Trauma Informed Practice Working Group	2	Hofhuis C
Department for Health and Wellbeing - Viral Hepatitis Model of Care Reference Group	41	Larkin M, Oliver-Landry E Dr, Oudih E, Paterson K (resigned 1/1/22), Warneke-Arnold D, Williams E, Wurm C Dr (resigned 1/1/22), Carroll C (appointed 1/1/22), Rafique M (appointed 1/1/22), Riessen J (appointed 1/1/22), Sebey B (appointed 1/1/22), Vnuk J (appointed 1/1/22)
Barossa Hills Fleurieu Local Health Network Country Health Gift Fund Health Advisory Council Inc	-	Fuller J, Mackay M, McArthur A.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Barossa Hills Fleurieu Local Health Network Governing Board	-	Blackwell P, Cantley K (resigned 30/06/2022), Curran J, Hazel J (appointed 14/02/2022), Fuller J, Gaston C (Chair), Russell G, Sexton R (resigned 31/03/2022)
Barossa Hills Fleurieu Risk Management and Audit Committee	-	Powell, D (Chair)
Central Adelaide Local Health Network - AusHealth Corporate Pty Ltd	2	Bechta-Metti K, Johansen G, Livesey S Dr, Reid M ( Appointed 21/03/2022)
Central Adelaide Local Health Network - Allied Health Directorate Clinical Governance Committee	17	Heydrich S (Appointed 12/04/2022), Verrall A (Resigned 12/10/2021)
Central Adelaide Local Health Network - BreastScreen SA State Quality Committee	6	Eaton M Dr, Kerrins E and Roder D Prof
Central Adelaide Local Health Network - Care and Management of Aboriginal Remains Task Force	9	Wanganeen F
Central Adelaide Local Health Network Clinical Ethics Committee	16	Carter D Dr, Digance A, Lambert A, Stevens K ( Appointed 20/07/2021, Resigned 02/11/2021 ) and Merlin T Prof
Central Adelaide Local Health Network Consumer Carer Advisory Group	2	Bickley B, Burns T, Earl-Bandaralage L, Horgan J , Law D, Lucas G, Lukeman S, Meegan J, Smith J, Vega L
Central Adelaide Local Health Network Critical Care & Perioperative Program Intensive Care Services Quality and Governance Committee	-	Bruce K, How C and Yeend K
Central Adelaide Local Health Network Executive Quality Governance Committee	30	Fyfe D, Bruce K
Central Adelaide Local Health Network Geriatric Safety and Quality Committee	37	Curry M
Central Adelaide Local Health Network Governing Board	-	Beilby J Prof, Cockram A Dr, Dwyer J Prof, Morey K (Resigned 30/09/2021) , Reid M, Spencer R (Chair), Yuile J and Wanganeen G (Appointed 14/02/2022)
Central Adelaide Local Health Network Governing Board Clinical Governance Committee	-	Fyfe D (Appointed 23/02/2022)
Central Adelaide Local Health Network Governing Board Consumer and Community Engagement Committee	-	Fyfe D (Appointed 21/07/2021) and McWhinnie S (Appointed 21/07/2021)
Central Adelaide Local Health Network Governing Board Finance and Investment Committee	-	Cantley K
Central Adelaide Local Health Network Human Research Ethics Committee	12	Air T, Bonython J, Crabb A, Crockett J, Cullen J, Dale L, Digance A, Fisher A, , Greenberg Z, Hackett J, L Lu, Need A A/Prof, Newsham P, Parry C, Partridge G, Phillips C, Raschella F, Ruediger C and Slater H
Central Adelaide Local Health Network Integrated Care Clinical Governance Committee	-	Beaumont J and Wing M (Appointed 16/08/2021)
Central Adelaide Local Health Network Pelvic Mesh Specialists Group	10	Blieschke, K and Short K
Central and Northern Adelaide Renal and Transplantation Service - Quality and Safety Governance Committee	11	Baxter A and Christy L (Appointed 11/11/2021)

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Central Adelaide Local Health Network - Critical Care and Periop Safety and Quality Leadership Consumer Representative	-	Yeend K
Central Adelaide Local Health Network - General Medicine Safety and Quality Committee	28	Cardinali R
Central Adelaide Local Health Network - Heart and Lung Safety and Quality Committee	19	McWhinnie S
Central Adelaide Local Health Network - Learning from Dying Committee	21	Anderson R
Central Adelaide Local Health Network - Priority Care Committee: Communicating for Safety	48	Curry M and Raschella F
Central Adelaide Local Health Network - Priority Care Committee: Comprehensive Care	57	Anderson R, Bickley B, Coates P (Appointed), Curry M, Klemm G (Resigned) and Messing L
Central Adelaide Local Health Network - Priority Care Committee: Managing Deterioration	26	Bampton J (Appointed 12/01/2022), Bickley B (Appointed 12/01/2022), Price J (Resigned 10/11/2021) and Raschella F
Central Adelaide Local Health Network - Priority Care Committee: Patient Blood Management	-	Venhoek J
Central Adelaide Local Health Network - Priority Care Committee: Standard 2 Consumer Partnering	-	Anderson R (Appointed 21/02/2022), Curry M (Appointed 31/01/2022), Klemm G (21/02/2022) and McMahon J (Appointed 21/02/2022)
Central Adelaide Local Health Network - Renal Community of Practice Steering Committee	22	Lester R and Weber D
Central Adelaide Local Health Network - SA Brain Injury Rehabilitation Service Consumer Advisory Group	3	Dunn K (Resigned 09/12/2021), Miller L (Resigned 09/12/2021), Francese L, Morgan T (Chair), Bollella D (Resigned 14/04/2022) and Crawford S (Resigned 14/04/2022)
Central Adelaide Local Health Network - SA Dental Services Consumer Advisory Panel	4	Ali H (Resigned 08/04/2022), Brown M (Resigned 11/08/2021), Costa D Dr, Ireland K, Kerekes E, Matiasz S Dr, McMahon J (Resigned 08/12/2021), Millier P, Sutherland R, Whiteway L, Zerna J and Saunders C (Appointed 16/03/2022)
Central Adelaide Local Health Network - Statewide Clinical Support Services Committee	6	Beilby J Prof, Cockram A Dr, Haslam R, Smith M and Spencer R (Chair)
Central Adelaide Local Health Network - Statewide Clinical Support Services Risk Management & Audit Committee	7	Christley S Dr and Davies T (Chair)
Central Adelaide Local Health Network - Stroke Community of Practice Strategic Executive Committee	31	Chamberlain S and McGrath A
Central Adelaide Local Health Network - Youth Cancer Advisory Group	1	Armstrong N (Resigned), Binns T, Edwards S, Fowler N (Resigned), Hammerling S (Resigned), Ieremia T (Resigned), Merton T (Resigned), Mitra D, Smith O (Resigned), Spangenberg C (Resigned), Tyson H and Zappia D (Resigned)
Eyre and Far North Local Health Network Governing Board	-	Smith M (Chair), Dunchue L, Mills D Dr, Siviour J, Sweet C, Thyer C (appointed 01/07/2021), Smith T (appointed 01/07/2021), Green B (resigned 30/06/2021)
Eyre and Far North Local Health Network Audit and Risk Management Committee	-	Van Der Wel O (Chair), Sweet C, Smith T

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Eyre and Far North Local Health Network Clinical Governance Committee	-	Mills D Dr (Chair), Siviour J, Blacker P
Eyre and Far North Local Health Network Finance and Performance Committee	-	Dunchue L (Chair), Sweet C
Flinders and Upper North Local Health Network Governing Board	-	Whitfield M (Chair), Brady G, Cogan S (appointed 14/02/2022), Graham S, Lynch J, Malone G, Reid K
Flinders and Upper North Local Health Network Risk Management and Audit Committee	-	van der Wel O (Chair)
Flinders and Upper North Local Health Network Consumer and Community Engagement Committee	5	Misan G, Plew S (proxy), Screen A, Shute J, Walters C
Flinders and Upper North Local Health Clinical Governance Committee	6	Screen A (appointed 01/09/2021), Plew S (appointed 01/09/2021)
Limestone Coast Local Health Network Governing Board	-	King G (Chair), Birtwistle-Smith A (appointed 01/07/2021), Brown G, Cook L, Irving J, Johnson A, Saies A
Limestone Coast Local Health Network Audit and Risk Management Committee	-	Kortum D
Northern Adelaide Local Health Network Governing Board	1	Blight R (Chair), Burgess A, Forwood M, Lampard F, Patetsos M, Roesler C
Northern Adelaide Local Health Network Clinical Governance Committee	-	Patetsos M (Chair), Dennis C, Roesler C, Burgess A
Northern Adelaide Local Health Network Consumer Advisory Board	-	White A (Chair), Dahal K, Mossop J, Putsey P, Spargo J
Northern Adelaide Local Health Network Consumer Community	5	Baker K, Bonato K, Cately P, Chester M, Coleman L, Dahal K, Damgaard H, Dimitropoulos T, Foong J, Gadd R, Grinter M, Hassan R, Irvine S, MacFarlan C, Maiorana B, Mossop J, Putsey P, Radic S, Raina M, Rowa J, Simpson T, Spargo J, Streiber N, Swietek W, Wegener M, White A, Whittle S. (All appointed 12/08/2021)
Northern Adelaide Local Health Network Risk Management & Audit Committee	-	Patetsos M (Chair), Connor G, Forwood M
Northern Adelaide Local Health Network and Department for Health and Wellbeing Aboriginal Consumer Reference Group	-	Wanganeen K (Chair), Stengle A, Wanganeen E, Chisholm K, Sinclair N, Weetra R, Varcoe E, Lamont J, O'Brien M, Turner B
Riverland Mallee Coorong Local Health Network Governing Board	-	Joyner P (Chair), Ashworth E, Goldsmith C, Mohor S (resigned 09/02/2022), Ottaway M, Toogood F.
Riverland Mallee Coorong Local Health Network Risk and Audit Committee	-	Brass P (Chair)
SA Ambulance Service - Assurance and Risk Committee	-	Thompson K (Chair), Beilby J, Deally Y
SA Ambulance Service - Adverse Events Committee	3	Whiteway L, Hibbert P, Davies G, Cadzow M
SA Ambulance Service - Consumer and Community Advisory Committee	2	Kirk P (Co-Chair), Squirrell D, Bunjaku M, Mercer K, Vega L, McDonald B, Chester M, Saunders C, Whiteway L, Pietsch A, Burgess A, Bock A, Marshall J, Earle-Bandaralage L,
SA Ambulance Service - Finance Committee	-	Ashley I, Murray R
SA Ambulance Service - Service Delivery Committee	-	Meegan J, Braund S
SA Ambulance Service - Clinical Approvals Committee	-	Beilby J (Chair), Squirrell D, Hibbert P, Cusack M, Thompson N

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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
SA Ambulance Service - NSQHS Steering Committee	-	Kirk P
Southern Adelaide Local Health Network Governing Board	-	Butcher M (Chair), Hickey V, Mackean T, Mitchell J, Noble J, Richter J, Sherbon A (appointed 01/07/2021), Sweeney T (appointed 01/07/2021, ceased 06/05/2022)
Southern Adelaide Local Health Network - DASSA Clinical Executive Committee	12	Braund S (ceased 19/11/2021), Newrick K
Southern Adelaide Local Health Network - DASSA Community Advisory Council	3	Braund S (Chair) (ceased 06/12/2021), Bealing D (appointed 01/12/2021), Cornish M, Halls A (appointed 27/07/2021), Holly C (appointed 27/07/2021), Mclean J, Moore P (ceased 30/11/2021), Newrick K, Nimmo E, O'Brien J, Petracco C, Randle M, Sherif M (appointed 27/07/2021), Taylor T (appointed 09/08/2021, ceased 12/10/2021), Vega L (appointed 27/07/2021), Whiteway L
Southern Adelaide Local Health Network - DASSA Drug and Therapeutics Committee (Sub Committee of the DASSA Clinical Executive Committee)	10	Randle M
Southern Adelaide Local Health Network - DASSA Executive Group	12	O'Brien J
Southern Adelaide Local Health Network - Mental Health Consumer and Carer Advisory Group	9	Braund S, Buer S (ceased 28/03/2022), Clarke W, Corena M, Harrison J, Hofhuis C, Hopkins R, King P
Southern Adelaide Local Health Network - Partnering with Consumer Advisory Group	11	King P (Co Chair), Ball R, Dame T, Duke J, Hofhius C, Hoiles J, Holtham R, Klinge N, Oudih E, Pascoe P, Rankine J, Roberts D, Voss D
Southern Adelaide Local Health Network - Southern Adelaide Clinical Human Research Ethics Committee	26	Arnold G, Cahalan P, Dykes L, Haines C (ceased 18/12/2021), Holtham R (ceased 04/05/2022), Ingleson V, Jenki L (Deputy Chair) (ceased 01/02/2022), Lange B (Deputy Chair), Lister C, Lower K, McEvoy M, Miliotis B, Mudd A, Nguyen A (ceased 25/01/2022), Phillips C (appointed 12/06/2022), Sharma S, Shephard S, Souzeau E, Spencer M, Thomas J (appointed 12/05/2022), Treloar H, Trethewey C, Trethewey Y, Van Lueven J, Velayudham P, Watt B (appointed 16/12/2021), Were L, Westwood T (ceased 16/02/2022), Yip L, Zhou Y
Southern Adelaide Local Health Network Asset and Infrastructure Planning Sub-Committee	-	Butcher M (Chair), Mitchell J, Richter J, Sherbon A (appointed 01/07/2021)
Southern Adelaide Local Health Network Audit and Risk Sub Committee (Sub Committee of the Governing Board)	-	Hickey V (Chair), Forman A, Noble J, Stevens R
Southern Adelaide Local Health Network Clinical Council	48	Dame T, Duong M, Voss D
Southern Adelaide Local Health Network Clinical Governance (Sub-Committee of the Governing Board)	-	Richter J (Chair), Baggoley C, Eckert M, Mackean T, Voss D (ceased 30/06/2022)
Southern Adelaide Local Health Network Communicating for Patient Safety Committee	40	Dame T
Southern Adelaide Local Health Network Community Engagement (Sub-Committee of the Governing Board)	-	Mitchell J (Chair), Butcher M, King P, Mackean T, Sweeney T (ceased 06/05/2022), Voss D
Southern Adelaide Local Health Network Comprehensive Care Committee	37	Marion C (ceased 01/11/2021), Saunders-Lance, S (appointed 01/03/2022)
Southern Adelaide Local Health Network Drugs and Therapeutics Committee	31	Barrington D (ceased 10/06/2022)

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Southern Adelaide Local Health Network End of Life Steering Committee	15	Barrington D, Phelan C
Southern Adelaide Local Health Network Falls Prevention Management Committee	41	Cohen M, Hall W (ceased 16/05/2022)
Southern Adelaide Local Health Network Marion Lived Experience Group Mental Health Services	4	Hofhuis C (Chair), Brooke B, English L, Police D
Southern Adelaide Local Health Network Mental Health Services Noarlunga Lived Experience Group	3	Buer S (Chair), Cairns E (ceased 01/10/2021), Elliott C (ceased 01/10/2021), Healy S, Hopkins R, Hutchison S, Johns S, Penberthy V (ceased 01/10/2021), Smith K
Southern Adelaide Local Health Network New Technology and Clinical Practice Innovation Committee	10	Holty C (appointed 23/08/2021, ceased 02/06/2022), Kaambwa B, King P
Southern Adelaide Local Health Network Older Persons Lived Experience Group Mental Health Services	7	Clark W (Chair), Aust R, Eckert N, Habner R, Lillecrapp D, Schettters J
Southern Adelaide Local Health Network Veterans Lived Experience Group Mental Health Services	3	Frampton R (Chair) (ceased 01/03/2022), Daley G, Damare M (appointed 01/10/2021), Hall R, Lawson B (ceased 01/07/2021), Melling W (ceased 01/08/2021), O'Malley J (appointed 01/03/2022), Renshaw D, Royals N, Schofield M, Tregea J (appointed 01/10/2021)
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 Group	-	Daw S (Chair), Cadzow M, Christley S, Glover K, Griffin L
Women's and Children's Health Network - Consumer and Community Engagement Committee	-	Birch J (Chair), Gray R, Griffin L, Hurrell E, Miller S, Sands S
Women's and Children's Health Network Governing Board	-	Birch J (Chair), Bastian J, Christley S, Daw S, Glover K, Haslam R, Miller S, Wilson B
Yorke and Northern Local Health Network Governing Board	1	Voumard J (chair), Badenoch J, Banham, D (appointed 01/07/2021), Malcolm E, O'Connor J
Yorke and Northern Local Health Network Audit and Risk Committee	-	Traeger E

Refer to note 8.2 for remuneration of board and committee members

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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### **39. Schedules of administered items**

#### **39.1 Basis of preparation**

The basis of preparation for the schedule of administered items is the same as the basis outlined in note 1.

#### **39.2 Categories of administered items**

*Special Acts* (Parent) administered items include the following:

- Minister for Health and Wellbeing's salary and allowances and revenues from SA Government received/receivable for these expenses; and
- Health and Community Services Complaints Commissioner's remuneration and revenues from SA Government received/receivable for these expenses.

*Health and Medical Research Fund (HMRF)* (Parent) 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:

- SA Medical Boards;
- Medical Centres - represents fees and charges collected on behalf of doctors that work in Regional LHN owned Medical Centres;
- Research;
- Nurses education;
- Fund raising; and
- Strata Corp.

The Consolidated Entity cannot use these administered funds for the achievement of its objectives.

#### **39.3 Administered items - budgetary reporting**

Budget information for Special Acts and HMRF is presented to Parliament; 2021-22 Budget Paper 4 includes a statement of comprehensive income for administered items for the Department. The budget process is not subject to audit.

#### **39.4 Administered contingent assets and liabilities**

The Consolidated Entity has no administered contingent assets and liabilities.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2022

39.5 Schedules of administered items

Consolidated	Special Acts		HMRF		Private Practice		Other		Total	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
<u>Schedule of Administered Expenses and Income</u>	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b><u>Administered income</u></b>										
Revenues from SA Government	615	605	-	-	-	-	-	-	615	605
Revenues from fees and charges	-	-	-	-	88,711	88,328	4,023	4,637	92,734	92,965
Interest revenues	-	-	-	-	-	-	-	2	-	2
Other revenues	-	-	-	3,046	-	-	49	75	49	3,121
<b>Total Administered income</b>	<b>615</b>	<b>605</b>	<b>-</b>	<b>3,046</b>	<b>88,711</b>	<b>88,328</b>	<b>4,072</b>	<b>4,714</b>	<b>93,398</b>	<b>96,693</b>
<b><u>Administered expenses</u></b>										
Employee benefits expenses	615	605	-	-	-	-	121	160	736	765
Supplies and services	-	-	-	-	-	351	312	190	312	541
Grants and subsidies	-	-	-	1,000	-	-	-	-	-	1,000
Depreciation expense	-	-	-	-	-	-	3	3	3	3
Other expenses	-	-	-	-	89,144	86,382	3,656	4,162	92,800	90,544
<b>Total Administered expenses</b>	<b>615</b>	<b>605</b>	<b>-</b>	<b>1,000</b>	<b>89,144</b>	<b>86,733</b>	<b>4,092</b>	<b>4,515</b>	<b>93,851</b>	<b>92,853</b>
<b>Net result</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,046</b>	<b>(433)</b>	<b>1,595</b>	<b>(20)</b>	<b>199</b>	<b>(453)</b>	<b>3,840</b>
<b><u>Schedule of Administered Assets and Liabilities</u></b>										
<b><u>Administered current assets</u></b>										
Cash and cash equivalents	(90)	(47)	10,278	10,278	10,629	10,416	1,587	1,256	22,404	21,903
Receivables	90	47	-	-	6,914	6,755	142	47	7,146	6,849
<b>Total Administered current assets</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>10,278</b>	<b>17,543</b>	<b>17,171</b>	<b>1,729</b>	<b>1,303</b>	<b>29,550</b>	<b>28,752</b>
<b><u>Administered non-current assets</u></b>										
Property, plant and equipment	-	-	-	-	-	-	27	29	27	29
<b>Total Administered non-current assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>27</b>	<b>29</b>	<b>27</b>	<b>29</b>
<b>Total Administered assets</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>10,278</b>	<b>17,543</b>	<b>17,171</b>	<b>1,756</b>	<b>1,332</b>	<b>29,577</b>	<b>28,781</b>
<b><u>Administered current liabilities</u></b>										
Payables	-	-	-	-	7,073	5,860	1,126	1,083	8,199	6,943
Employee benefits	-	-	-	-	-	-	27	25	27	25
Other current provisions/liabilities	-	-	-	-	20	22	-	-	20	22
<b>Total Administered current liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,093</b>	<b>5,882</b>	<b>1,153</b>	<b>1,108</b>	<b>8,246</b>	<b>6,990</b>
<b>Total Administered liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,093</b>	<b>5,882</b>	<b>1,153</b>	<b>1,108</b>	<b>8,246</b>	<b>6,990</b>
<b>Net Administered assets/equity</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>10,278</b>	<b>10,450</b>	<b>11,289</b>	<b>603</b>	<b>224</b>	<b>21,331</b>	<b>21,791</b>

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**Schedule of Administered Cash Flows**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b><u>Cash flows from operating activities</u></b>		
<b>Cash inflows</b>		
Receipts from SA Government	572	564
Fees and charges	90,815	91,998
Interest revenues	-	2
Other revenues	49	3,121
<b>Total Cash inflows</b>	<b>91,436</b>	<b>95,685</b>
<b>Cash outflows</b>		
Employee benefits payments	734	794
Grants and subsidies	-	1,000
Supplies and services	312	535
Other payments	89,889	89,639
<b>Total Cash outflows</b>	<b>90,935</b>	<b>91,968</b>
<b>Net cash provided by operating activities</b>	<b>501</b>	<b>3,717</b>
<b>Net increase/(decrease) in cash held</b>	<b>501</b>	<b>3,717</b>
Cash at the beginning of the reporting period	21,903	18,186
<b>Cash at the end of the reporting period</b>	<b>22,404</b>	<b>21,903</b>