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**Government  
of South Australia**

# **Department for Health and Wellbeing 2020-21 Annual Report**

Department for Health and Wellbeing  
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2020-21 ANNUAL REPORT for the Department for Health and Wellbeing

To:

Hon Stephen Wade MLC  
Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of *the Public Sector Act 2009*, *the Public Sector Regulations 2010*, *the Public Finance and Audit Act 1987* and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

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

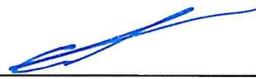
Submitted on behalf of the Department for Health and Wellbeing by:

Dr Christopher McGowan  
Chief Executive

Date

29/9/21

Signature

  
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## From the Chief Executive

I am pleased to present the 2020-21 Annual Report for the Department for Health and Wellbeing (the department), South Australia.

The department, as system leader, is responsible for developing the vision, direction and long-term strategies to support delivery of high quality, public health services for all South Australians.



Throughout this year we have continued to face ongoing challenges which have emerged as a result of the COVID-19 pandemic. I am proud of how the health system has adapted and responded to address these challenges. This has involved significant mobilisation of staff from across the department, Local Health Networks and from the public sector workforce more broadly, to focus our public health response on the ongoing management of COVID-19 and rollout of the vaccine. Over the last 12 months, we have achieved exceptional outcomes from our management of the pandemic and as a result, have had very low rates of community transmission across the state, contributing a strong level of community safety.

Whilst our response to COVID-19 has been the major priority for 2020-21, we are now experiencing unprecedented demands on our health system. These demands are consistent with what is being experienced in other jurisdictions and it is the role of the department as system leader to continue to build our future health system capabilities. The *SA Health and Wellbeing Strategy 2020-2025* released in March 2020 continues to guide our investment in the right approaches, people, skills and opportunities. To support the future health and wellbeing of South Australians, the department will continue to promote collaborative work practices across the system to further enhance and build a flexible, sustainable, targeted, safe, high-quality, and value-based health system for our community.

Over the next 12 months, we will continue to embed strategies which drive investment, commissioning and funding decisions, and build the capabilities of an adaptable and agile workforce. We will ensure the consumer voice is heard and use our learnings to continue to drive innovation in service delivery, the use of technology, infrastructure and system improvements, to position our system to achieve our vision of *South Australians experience the best health and wellbeing in Australia*.

  
Dr Christopher McGowan

**Chief Executive**

Department for Health and Wellbeing

<b>Contents Overview: about the agency .....</b>	<b>6</b>
Our strategic focus .....	6
Our organisational structure .....	9
Changes to the agency .....	10
Our Minister .....	10
Our Executive team.....	10
Legislation administered by the agency .....	11
Other related agencies (within the Minister’s area/s of responsibility) .....	13
Other related agencies (within the Minister’s area/s of responsibility) - continued	14
<b>The agency’s performance.....</b>	<b>15</b>
Performance at a glance.....	15
Agency response to COVID-19 .....	17
Agency contribution to whole of Government objectives .....	19
Agency specific objectives and performance .....	21
Corporate performance summary.....	39
Employment opportunity programs.....	40
Agency performance management and development systems .....	41
Work health, safety and return to work programs .....	41
Executive employment in the agency.....	46
<b>Financial performance .....</b>	<b>47</b>
Financial performance at a glance .....	47
Consultants disclosure – <i>refer to Appendix 4</i> .....	47
Contractors disclosure – <i>refer to Appendix 5</i> .....	47
<b>Risk management.....</b>	<b>48</b>
Risk and audit at a glance.....	48
Fraud detected in the agency .....	48
Strategies implemented to control and prevent fraud .....	48
Public interest disclosure .....	48
<b>Reporting required under any other act or regulation .....</b>	<b>49</b>
Reporting required under the <i>Carers’ Recognition Act 2005</i> .....	79

<b>Public complaints</b> .....	<b>81</b>
Number of public complaints reported.....	81
Additional Metrics.....	83
Service Improvements .....	83
Compliance Statement.....	85
<b>Appendix 1: Local government activities under the <i>Food Act 2001</i></b> .....	<b>86</b>
<b>Appendix 2: Food outbreak investigations – 2020-21</b> .....	<b>97</b>
<b>Appendix 3: Annual Reports by Enforcement Agencies under the <i>Safe Drinking Water Act 2011 – 2020-21</i></b> .....	<b>99</b>
<b>Appendix 4: Consultants disclosure (as at 30 June 2021)</b> .....	<b>176</b>
<b>Appendix 5: Contractors disclosure (as at 30 June 2021)</b> .....	<b>180</b>
<b>Appendix 6: Audited financial statements 2020-21</b> .....	<b>195</b>

## Overview: about the agency

### Our strategic focus

<p><b>Our Purpose</b></p>	<p>The Department for Health and Wellbeing (the department, DHW) is responsible for providing system leadership and developing the vision, direction and long-term strategies that will sustain the South Australian public health system, now and in the future.</p> <p>Through the Chief Executive, the department 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. These themes form the foundation for the deliverable actions identified in the SA Health and Wellbeing Strategy 2020-2025 and inform 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>

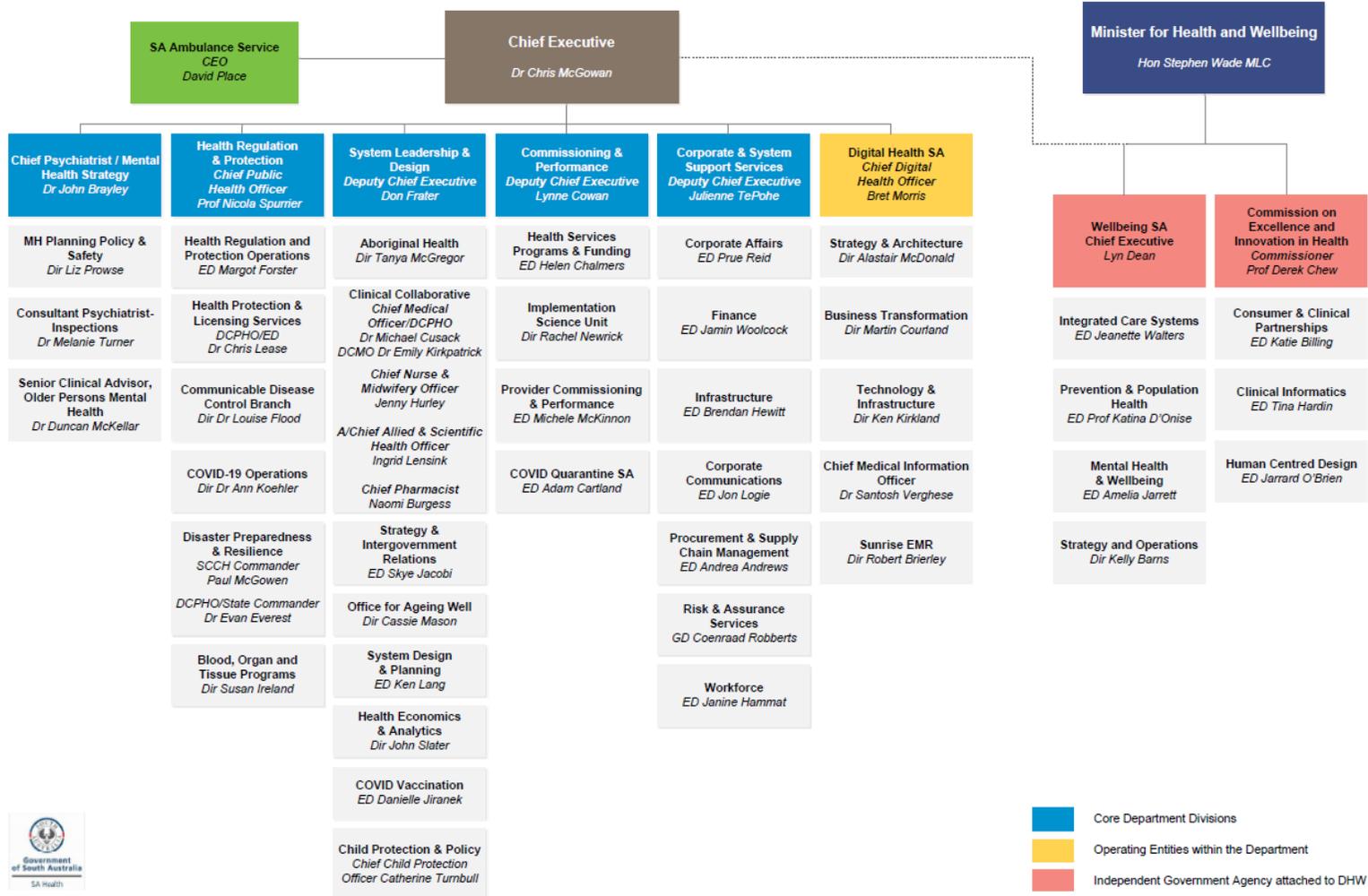
<p><b>Our Values</b></p>	<p>The South Australian Public Sector values articulate our commitment to each other, consumers and the community. These are Service, Professionalism, Trust, Respect, Collaboration and Engagement, Honesty and Integrity, Courage and Tenacity and Sustainability. Further, to support 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 department supports the delivery of public health services, formulates health and wellbeing policies and programs, facilitates public and consumer consultation on health issues, and monitors the performance of South Australia’s health system by providing timely advice, research, and administrative support. As part of supporting the delivery of public health services, the department is responsible for:</p> <ul style="list-style-type: none"> <li>• COVID-19 management, including public communications, compliance monitoring, contact tracing, COVID-19 safe planning, outbreak investigations, surveillance, quarantine and medi-hotels, and testing</li> <li>• COVID-19 vaccination rollout, providing all South Australians access to safe and effective vaccines to protect the South Australian community</li> </ul> <p>The department is the health system leader, in the context of the department’s relationship with the Local Health Networks (LHNs) and SA Ambulance Service (SAAS). The department aims 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 through 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> </ul>

	<ul style="list-style-type: none"><li>• Provide strategic leadership, planning and direction for health care services in South Australia</li><li>• Ensure strong alignment with the purpose activation toolkit, released by the Department of the Premier and Cabinet linking into strategic priority areas that intersect with specific health services including:<ul style="list-style-type: none"><li>○ Economic growth - e.g. Infrastructure, workforce capability</li><li>○ Thriving SA - e.g. Vulnerable families, mental health and wellbeing, Aboriginal people and ageing well</li><li>○ Easy to do business with – e.g. Enabled by agility, technology and collaboration</li></ul></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><li>• Oversee, monitor and promote improvements in the safety and quality of health services</li><li>• Prioritise and set system-wide interventions including regulations, policy directives, guidelines, funding, performance and programs</li><li>• Support, promote and lead the delivery of relevant system-wide strategies, policies, plans, and innovation</li><li>• Build system-wide collaboration and interagency stakeholder networks</li><li>• Foster a leadership culture that supports accountability, transparency, collaboration and encourages innovation.</li></ul>
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# Our organisational structure

Department for Health and Wellbeing Organisational Chart

30 June 2021



- Core Department Divisions
- Operating Entities within the Department
- Independent Government Agency attached to DHW

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## **Changes to the agency**

During 2020-21 there were no changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

Structures and functions have been developed to support the department's commitment to minimising the impact of COVID-19 on the South Australian community.

## **Our Minister**

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

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



## **Our Executive team**

- Dr Christopher McGowan is the Chief Executive.
- Professor Nicola Spurrier is the Chief Public Health Officer.
- Dr John Brayley is the Chief Psychiatrist, responsible for functions relating to the administration of the *Mental Health Act 2009* and the standard of mental health care in South Australia.
- Don Frater is the Deputy Chief Executive, System Leadership and Design.
- Lynne Cowan is the Deputy Chief Executive, Commissioning and Performance.
- Julienne 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*

*Tobacco and E-Cigarette Products Act 1997*

*Transplantation and Anatomy Act 1983*

Pertinent updates to legislation during 2020-21 include:

- The South Australian Parliament passed the *Health Care (Governance) Amendment Act 2021* on 8 June 2021 to come into effect in August 2021. The amendments aim to deliver improved governance, ensuring clear statutory roles, responsibilities and accountabilities across the State's health system.
- Consultation on proposed amendments to the *Gene Technology Act 2001* closed on 19 April 2021. The Act currently mirrors the Commonwealth Gene Technology Act to ensure national consistency and the proposed change will improve processes in South Australia for future changes in relation to the Act.
- Public consultation was undertaken on the Advanced Care Directives (Review) Amendment Bill 2021. The Bill will inform amendments to the *Advance Care Directives Act 2013* which aims to better support South Australians in planning ahead for their future healthcare.
- On 24 June 2021, the Voluntary Assisted Dying Bill 2021 was passed by the South Australian Parliament. Regulations to support the safe implementation of the legislation are now in development and will enable the introduction of a safe, accessible scheme to give South Australians with a terminal illness choice at the end of life.
- Following significant consultation with key stakeholders, the Health Practitioner Regulation National Law (South Australia) (Telepharmacy) Amendment Bill 2020 was introduced in the Legislative Council on 15 October 2020. The Bill will make permanent and clarify the legal provisions for the authorising of telepharmacy in South Australia.
- Under the *South Australian Public Health Act 2011*, the No Jab No Play amendments came into effect on 7 August 2020, prohibiting enrolment and provision of early childhood services unless the child meets the immunisation requirements.

#### COVID-19

- The Statutes Amendment (COVID-19 Permanent Measures) Bill 2021 making ongoing changes to various pieces of legislation, including the *Public Health Act 2011*, was introduced into Parliament in June 2021 and is currently awaiting assent. Changes to the Act include providing the Chief Public Health Officer and authorised officers with additional powers to respond quickly and effectively in order to control the spread of infectious diseases, such as COVID-19.
- The *COVID-19 Emergency Response Act 2020* is a time-limited Act extended until 17 September 2021 to provide additional measures to support the Government's response to the COVID-19 pandemic and includes various temporary amendments to the *Public Health Act 2011*.
- Adverse event following immunisation was declared by the Minister to be a notifiable condition pursuant to Section 63(2) of the *Public Health Act 2011* by notice in the South Australian Government Gazette on 15 April 2021.

**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  
Office for Ageing Well  
Pharmacy Regulation Authority of South Australia  
Riverland Mallee Coorong Local Health Network  
SA Ambulance Service  
SA Ambulance Service Volunteers' Health Advisory Council  
SA Medical Education and Training Health Advisory Council  
South Australian Public Health Council  
Southern Adelaide Local Health Network  
Wellbeing SA  
Women's and Children's Health Network  
Veterans' Health Advisory Council  
Yorke and Northern Local Health Network

**Other related agencies (within the Minister's area/s of responsibility) - continued**

The *Health Care (Governance) Amendment Act 2021* will come into effect to amend the *Health Care Act 2008* on 23 August 2021.

The 2021 Amendment Act provides for the formal dissolution of the below metropolitan LHN governing councils, which have not operated since 1 July 2019 due to the establishment of the LHN governing boards.

- Central Adelaide Local Health Network Health Advisory Council (Governing Council)
- Northern Adelaide Local Health Network Health Advisory Council (Governing Council)
- Southern Adelaide Local Health Network Health Advisory Council (Governing Council)
- Women's and Children's Health Network Health Advisory Council (Governing Council).

## The agency's performance

### Performance at a glance

As at the end of June 2021, 77 percent of the department's election commitments\* were reported as completed.

**Table 1: Election commitment progress ratings at end June 2021**

Progress rating	June 2021
Critical	0
At Risk	0
Delayed	4
On track	12
Completed	53

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

**Table 2: CE KPI Comparison 2020-21 to 2019-20**

No	KPI Indicator	Target	YTD 2020-21	FY 2019-20
1	Transfer of care <= 30 minutes (ambulance ramping)	>=90%	54.1%	63.8%
2 (a)	ED seen on time – Resuscitation	>=100%	100.0%	100.0%
2 (b)	ED seen on time – Emergency	>=80%	63.2%	67.5%
3	Elective surgery overdue	<=300	1,194	2,131
4	Consumer experience: overall quality***	>=85%	88.8%	89.3%
5	Potentially preventable admissions	<=8%	7.6%	8.2%
6	Hospital acquired complication rate	<=2.0%	2.9%	3.0%
7	SAB^ infection rate	<= 1	0.9	1.3
8	Hospital standardised mortality ratio***	Inlier	Outlier	Inlier
9	Average cost per NWAU*	<=NEP	113.7%	114.2%
10	Executive tenure within SA Health **	>= 3 years	3.6 years	3.1 years

Notes:

^SAB infection = Staphylococcus aureus bloodstream infections

\*Average Cost per National Weighted Activity Unit (NWAU) represents the 2019-20 December YTD costing for all LHNs, except Regional LHNs whose costing was not able to be completed and signed off prior to publication. Funding Models team unable to provide more up to date data at time of publication.

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

\*\*\*Metrics reported quarterly

Four KPIs have shown a deterioration in performance against the same time last year. Increased demand for service and the impact of COVID-19 have adversely influenced performance of the *Transfer of care <= 30 minutes* and *Emergency Department seen on time* metrics. *Elective surgery overdue*s show a substantially improved position against same time last year. *Consumer experience* and *SAB infection rate* KPIs have consistently achieved targets since 2018-19.

### *Productivity Commission*

Health and Medical Research (HMR) is an integral component of South Australia's healthcare system. It is also one of the largest components in the broader Research and Development sector. The South Australian Productivity Commission (SAPC) was asked to identify where improvements could be made to the structure, governance and operation of publicly funded HMR to better support sustained growth in the sector. The SAPC Inquiry reported in November 2020 setting out its recommendations across five key themes:

- Regulatory reform
- Workforce
- Access to data
- Commercialisation and translation
- Enabling system architecture.

The recommendations were broadly supported by Government as a starting point for reform and capacity building in the sector and SA Health will be the lead agency in a number of these areas. Whilst SA Health provides important enablers, the HMR sector is complex and to be successful will require a whole of government approach together with purposeful relationships between partners such as universities, research institutes and individual innovators.

There is a focus in the report on systems and processes within SA Health to streamline research ethics and governance approvals. Together with reform of the regulatory environment and support for better access to patient data the recommendations strongly align and build upon existing activity within the department. The report also makes recommendations that call for greater transparency of outcomes and performance, which will form the basis for more deliberate actions and investment to build the sector. There is a significant focus on the use of data within research and the department has supported the Commission on Excellence and Innovation in Health to develop a Data and Analytics Plan 2020–2023.

The Government response to the Inquiry also called for the development of a South Australian Health and Medical Research Strategy to be developed by July 2022 which will provide an opportunity to provide a system level perspective and define a vision for the sector in South Australia.

## Agency response to COVID-19

SA Health continued to fulfil its role as Control Agency for human epidemics as outlined in the South Australian *Emergency Management Act 2004*.

Between 1 July 2020 and 30 June 2021 there were 696 confirmed cases of COVID-19 with zero COVID-19 related deaths in South Australia.

The State Control Centre Health (SCCH) remained operational throughout 2020-21 seven days a week 7am – 10pm. SCCH includes representatives from key State Government agencies, particularly emergency services, to support a statewide response. SCCH also attended airports and medi-hotels to manage the repatriation of international arrivals into the medi-hotel system across seven regular in-bound flights a week, and numerous ad hoc commercial flights.

In addition to this, the SCCH has supported many key major events to ensure they are COVID safe.

### *Quarantine*

With support from key internal and external partners, Medi-Hotel Operations managed the State's nationally commended supervised hotel quarantine program. The Program includes six medi-hotels located in Adelaide's Central Business District, including Australia's first dedicated COVID-positive facility, Toms Court.

Supplementary alternative quarantine arrangements support seasonal workers (Riverland region); special interest groups (such as international tennis stars for 'A Day at the Drive' tennis tournament, and USA and Japanese astronauts and space technicians for their joint exercise and rocket launch); with planning underway to accommodate international students next financial year (metropolitan Adelaide).

The Medi-Hotel Program is underpinned by a model of care operationalised by SA Health's Rapid Response Nursing and Midwifery Service. The Program operates with a collaborative 'one-team' continuous improvement approach, to quickly and effectively implement change as the COVID pandemic evolves – to identify and ensure containment of COVID-19 within the quarantine environment. External partners include but are not limited to the participating hotels, SA Police, the Australian Defence Force, MSS Security, the Department for Trade and Investment and the Department of Primary Industries and Regions.

The Program is subject to expansive assurance processes, and strict surveillance testing is undertaken and mandated by the *Emergency Management (Supervised Quarantine) (COVID-19) Direction 2021*.

Between 1 July 2020 and 30 June 2021, the Program supported:

- 23,323 International Travellers
- 1,560 Domestic Travellers
- 406 Local Travellers
- 807 Seasonal Workers.

### *Infection Control Service*

A dedicated infection prevention and control service was established to support and guide the statewide multi-disciplinary infection control response. Initially assembled from a small number of highly experienced infection control nurses, this unit is currently in the process of rapid expansion, onboarding and upskilling additional staff. Further statewide capacity is being built by developing a new rapid training program for COVID-19 surge infection control link nurses.

### *Contact tracing*

Contact tracing capability is supported by approximately 100 trained staff with the capacity to scale up during outbreak situations. This workforce is broken down into four key units, including COVID Surveillance and Investigation Services, Infection Control Service, Medical Unit and Operations Support. In addition, over 160 public sector staff have undertaken contact tracing training, with around 100 of these mobilised staff returning on a monthly basis for continuity training.

### *IT systems*

A customised Salesforce platform was procured in 2020 to support and enhance contact tracing capability, with further specialised development to provide comprehensive back up and audit functionality and integrate with the COVID Operations Contact Management Application. *High-Risk Outbreak Response Planning*

Extensive work was undertaken to support the development of outbreak response plans for high-risk environments, including Aboriginal populations, commercial maritime vessels, hospitals, prisons and aged care facilities. Further work is underway for homeless persons, meatworks, schools and international students.

### *COVID-19 vaccinations*

The COVID-19 vaccination program commenced in February 2021 with the establishment of vaccination clinics in the State's major metropolitan hospitals and most regional State hospitals. Since this time, the vaccination program has extended to include four large scale vaccination sites in metropolitan Adelaide (Elizabeth, Women's and Children's, Noarlunga and Wayville) as well as more than 30 clinics across regional South Australia.

The program has worked closely with a range of stakeholders including identified vulnerable groups, other government agencies, emergency services and LHNs who have delivered the program. Consistent with the Commonwealth implementation framework, the vaccination program supports the delivery of COVID-19 vaccine to eligible South Australians who request it and will be delivered in a safe and timely manner.

**Agency contribution to whole of Government objectives**

<b>Key objective</b>	<b>Agency's contribution</b>
<p><b>More jobs</b></p> <p>Rural Health Workforce</p>	<p>The State Government provided an investment of \$20 million over four years, from 2018-19 to 2021-22, to develop and implement a Rural Health Workforce Strategy. The election commitment to 'recruit, train and develop health professionals and skilled volunteers needed to deliver services in rural areas' has seen more than \$16 million spent on initiatives to support doctors, nurses, midwives, paramedics, Aboriginal health workers and allied and scientific health professionals working in rural South Australia, including the delivery of the:</p> <ul style="list-style-type: none"> <li>• SA Rural Medical Workforce Plan 2019–24</li> <li>• Rural SA Ambulance Workforce Plan 2020–25</li> <li>• SA Rural Nursing and Midwifery Workforce Plan 2021–26</li> <li>• SA Rural Allied and Scientific Health Plan 2021-26.</li> </ul> <p>The Rural Aboriginal Health Workforce Plan is currently under development with consultation scheduled to commence in August 2021.</p>
<p><b>Lower costs</b></p> <p>Financial Monitoring</p>	<p>As system leader, the department provided high-level system direction and ongoing performance monitoring and management during 2020-21 to LHNs and SAAS. Regular monitoring of financial management and performance was conducted.</p> <p>Assessment of activity volumes and complexity was undertaken to review the cost to deliver services against the National Efficient Price (NEP), to determine system efficiency. A key commissioning principle is to allocate activity and funding in line with the NEP which is determined on an annual basis by the Independent Hospital Pricing Authority.</p> <p>The department introduced a budget management workstream plan to ensure a continued focus on the development and implementation of solutions for cost effective delivery across South Australian public hospitals.</p>

Key Objective	Agency's contribution
<p><b>Better Services</b></p> <p>Reactivating the Repatriation General Hospital (the Repat) as a health precinct</p> <p>Reducing the elective surgery backlog</p> <p>Providing better health services in our regions</p> <p>Support to those in distress as a result of bushfires and COVID-19</p>	<p>The Repat Master Plan project continued through the implementation phase and a staged delivery process in 2020-21. This included:</p> <ul style="list-style-type: none"> <li>• Refurbishment of a 26-bed Care Transition service</li> <li>• Development of a Veteran Wellbeing Centre and refurbishment of the SPF Hall</li> <li>• A 70-bed specialised Dementia Care facility in partnership with HammondCare</li> <li>• A 48-bed Specialist Brain and Spinal Cord Rehabilitation, and Town Square and community space development.</li> </ul> <p>On 11 June 2021, the Minister announced a further investment of \$20 million for elective surgery and colonoscopy procedures in the 2021-22 State Budget. Funding is specifically targeted towards those surgeries and procedures where the greatest impact on wait times will be achieved.</p> <p>The department developed a regional services workstream plan to develop and implement a clear roadmap to support the ongoing delivery of sustainable health services in regional South Australia.</p> <p>The South Australian Government responded to the mental health impact of COVID-19 with a \$15 million plan, which has been allocated across a range of mental health initiatives and drug and alcohol services in response to the pandemic.</p> <p>An additional \$5 million was invested over two years in response to the bushfire crisis through the increase of mental health clinical services to impacted areas, in particular, Kangaroo Island and the Adelaide Hills.</p>

## **Agency specific objectives and performance**

The department is committed to delivering services that produce positive outcomes to the health and wellbeing of all South Australians by:

1. Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning that collaborates with other government agencies whenever possible.
2. Managing growth and aligning services to population demand and addressing inequities in patient outcomes.
3. Improving the quality and safety of health care through evidence and research.
4. Utilise technology and information solutions that provide alternate options for patients to deliver better patient outcomes.
5. Improving mental health care.
6. Reducing and better managing health conditions and promoting Aboriginal community health and wellbeing.
7. Focussing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing.

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

<b>Agency objective 1.</b>	<b>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning that collaborates with other government agencies whenever possible.</b>
<b>Indicators</b>	<b>Performance</b>
Reform SA Health Governance	<p>The <i>Health Care (Governance) Amendment Act 2021</i> was passed by the South Australian Parliament on 8 June 2021. Page 12 of this Annual Report provides further information about the Act.</p>
SA Pathology Sustainability Project	<p>SA Pathology delivered on its second-year cost reduction target of \$11 million, resulting in a total of \$18.3 million across 2019-20 and 2020-21 through re-modelling business delivery models and establishing sound commercial practices.</p> <p>Service level improvements for time critical diagnostics continued to meet and exceed national targets with statewide performance increasing to 92 percent.</p> <p>SA Pathology continued to lead the pathology COVID response for South Australia and demonstrated a vastly improved performance with a clear commitment to quality care, innovation and sustainability.</p>
Independent Commissioner Against Corruption (ICAC) Commissioner's Report Troubling Ambiguity: Governance in SA Health	<p>The government response to the ICAC Commissioner's Report Troubling Ambiguity: Governance in SA Health was overseen by a multi-agency Taskforce, chaired by the Chief Executive of the Department of the Premier and Cabinet.</p> <p>The SA Health Integrity Program was comprised of three related workstreams supporting the development of integrity improvement initiatives. Although impacted by the COVID-19 pandemic in early 2020, work recommenced from mid-2020 with activities under the cultural and practice reform workstreams completed in late 2020. Activities under the industrial reform workstream were completed in early 2021 with program closure activities underway in July 2021.</p> <p>The deliverables under the SA Health Integrity Program have been significant, although there is strong recognition that the work delivered through the Program will require embedding into business as usual. Specific deliverables, such as the development of the Cultural Evolution Pathway and the implementation of new policy and compliance frameworks across the system will be key to ensuring a continued focus on integrity in SA Health.</p>

<p><b>Agency objective 1.</b> <i>(continued)</i></p>	<p><b>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning that collaborates with other government agencies whenever possible.</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Upgrade Hospital Infrastructure</p>	<p><i>New Women’s and Children’s Hospital (nWCH)</i> Work on preparing a full business case and completing early design work for the nWCH continued through 2020-21 enabling further consideration by Government and approval of the project scope and budget in June 2021. Project delivery is targeting completion in 2026.</p> <p><i>Women’s and Children’s Hospital (WCH)</i> The new Special Care Baby Unit became operational in August 2020 with the Neonatal Intensive Care Unit upgrade commencing clinical services in August 2021. A new 12-bed Child and Adolescent Mental Health Service became operational in March 2021 and the Paediatric Emergency Department (ED) was upgraded with full operation commencing in May 2021. Six of the eight existing operating theatres have now been upgraded with the remaining zones to be progressively completed by March 2022.</p> <p><i>The Queen Elizabeth Hospital (TQEH)</i> Sustainment works to upgrade the existing engineering infrastructure and readiness of the site for future construction works is scheduled for completion in early September 2021. Site preparation works commenced in June 2021 to prepare for the construction of a new clinical services building in late 2021 delivering a new ED, medical imaging, operating theatres, central sterile services, general rehabilitation wards and associated functions. Concept, design development and documentation of the new clinical services building continued with full design documents to be completed late 2021. The construction tender process (Registration of Interest) also commenced.</p>

<p><b>Agency objective 1.</b> <i>(continued)</i></p>	<p><b>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning that collaborates with other government agencies whenever possible.</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Upgrade Hospital Infrastructure</p>	<p><i>Modbury Hospital</i></p> <p>Works to Level 1 West and North Surgical Units were completed on 30 March 2021 and commenced providing clinical services on 28 April 2021.</p> <p>The four-bed High Dependency Unit commenced providing clinical services on 31 March 2021.</p> <p>Works to the new outpatient department building were completed on 30 March 2021. The main entry, kiosk and accessible car park opened to the public on 31 March 2021 and outpatient clinical services commenced 19 April 2021.</p> <p>Palliative Care Unit and Short Stay General Medical Unit works are forecast for completion in January 2022.</p>
	<p><i>Flinders Medical Centre</i></p> <p>Design works and construction commenced on the expansion of the ED with delivery of the enabling phases and the paediatric ED stage completed. Remaining stages are scheduled for completion in August 2021.</p>
	<p><i>Repat Health Precinct</i></p> <p>Works to reactivate the Repat as a health precinct continued with the delivery of the Neuro-Behavioural Unit and Specialist Advanced Dementia Unit in July / August 2020 and completion of the transition care wards in March 2021. The new Veteran's Wellbeing Centre became operational in June 2021.</p> <p>Construction works on the new town square, brain and spinal rehabilitation buildings will continue to late 2021.</p>
	<p><i>Murray Bridge Soldiers' Memorial Hospital</i></p> <p>All stages of a \$7 million upgrade of the ED were completed and became operational in January 2021.</p>
	<p><i>Mt Barker Soldier's Memorial Hospital</i></p> <p>Design works continued on the expansion of the ED with construction works planned to commence in October 2021.</p>

<p><b>Agency objective 1.</b> <i>(continued)</i></p>	<p><b>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning that collaborates with other government agencies whenever possible.</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Upgrade Hospital Infrastructure</p>	<p><i>Lyell McEwin Hospital</i></p> <p>Enabling works to support the new building construction were completed in December 2020. Part of these works included a shared temporary corridor to allow emergency services and community access into the existing ED during construction of the new ED.</p> <p>New building construction is ongoing with the concrete floor slabs and columns being completed. Completion of the new building is anticipated to occur in March 2022. Internal refurbishment of parts of the existing ED will then follow on with full project completion anticipated for the end of 2022.</p> <hr/> <p><i>Country Hospital Capital Works / Regional Asset Sustainment Program</i></p> <p>A program of works (with a total budget of \$150 million) is being implemented to address the backlog of asset sustainment works associated with country hospital and aged care facilities across all regional LHNs with 2020-21 being the third year of a 10-year program.</p> <p>SA Health is working with the Department for Infrastructure and Transport to promote the engagement of regional construction and trade enterprises to deliver these critical sustainment works where possible.</p> <hr/> <p><i>Strathalbyn and District Health Service</i></p> <p>Construction works commenced on the 36-bed residential aged care extension including new kitchen and laundry facilities.</p> <p>Construction of the new 12-bed Memory Support Unit was completed in June 2021 with the remaining components scheduled for completion December 2021.</p>

<p><b>Agency objective 1.</b> <i>(continued)</i></p>	<p><b>Providing leadership in reforming our health system, public health services, health and medical research, policy development and planning that collaborates with other government agencies whenever possible.</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Upgrade Hospital Infrastructure</p>	<p><i>SA Health Distribution Centre</i></p> <p>Development of a new distribution centre continued with the core building structure completed and the internal equipment fit-out underway. Full project completion and transition of warehousing functions to the new facilities will occur by late 2021.</p> <hr/> <p><i>Development of a new SA Pathology Laboratory</i></p> <p>Price Waterhouse Cooper has been engaged to develop the full business case to consider dual options for consolidating:</p> <ul style="list-style-type: none"> <li>• SA Pathology alone into a purpose-built facility; or</li> <li>• SA Pathology with Forensic Science SA and SAPOL Forensic Services into a combined facility.</li> </ul> <p>Sites for co-location have been explored and a preferred site identified.</p> <p>Further work is underway to detail the costs associated with co-location on the preferred site compared to alternate site options. The outcome will enable government to make an informed decision on the financial viability of:</p> <ul style="list-style-type: none"> <li>• Preferred location versus alternate options</li> <li>• Co-location of all three parties.</li> </ul>



<p><b>Agency objective 2.</b> <i>(continued)</i></p>	<p><b>Managing growth and aligning services to population demand and addressing inequities in patient outcomes.</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Reducing the elective surgery backlog</p>	<p>Restrictions on elective procedures across public and private hospitals early in the COVID-19 pandemic, whilst necessary to preserve stocks of Personal Protective Equipment and prepare the health sector for the impact of COVID-19, created pressure on the provision of timely access to care.</p> <p>As at 30 June 2021, there were 19,249 patients ready for care on an elective surgery waiting list, including 1,194 patients (six percent) who were overdue for their procedure. This is a 44 percent improvement from the 30 June 2020 position of 2,131 overdue patients, and a reduction of 57 percent from the COVID high of 2,781 on 30 May 2020.</p> <p>The department continues to pursue initiatives to reduce overdue procedures including:</p> <p><i>Direction under Health Care Act 2008</i></p> <p>A Direction issued by the Chief Executive on 14 May 2020, under the <i>Health Care Act 2008</i>, mandates that increased elective surgery activity in the public system must be comprised of each hospital's overdue elective surgery waiting list. Once the overdue waiting list is extinguished (within a given specialty) a 'Treat in Turn' rate of at least 60 percent must be maintained in the relevant specialty thereafter.</p> <p><i>LHN initiatives</i></p> <p>In March 2021, the department established a new elective surgery workstream to ensure people receive surgery within clinically defined time frames.</p> <p>The department worked with LHNs to progress work on a number of initiatives to address overdue elective surgery patients, focusing on a combination of internal efficiencies as well as utilising private providers.</p> <p><i>SA Health Patient Services Panel (PSP)</i></p> <p>The PSP provides a framework for LHNs to partner with approved private providers to access a range of health services. The PSP continued to facilitate access to private bed capacity and the delivery of elective surgery procedures.</p> <p>As at 30 June 2021, 2,851 referred elective surgery patients had been treated in 2020-21.</p>

<p><b>Agency objective 2.</b> <i>(continued)</i></p>	<p><b>Managing growth and aligning services to population demand and addressing inequities in patient outcomes.</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Palliative care outreach services</p>	<p>From 2018-19 to 2021-22, \$16 million has been invested to expand palliative care in the community. In 2020-21 this was delivered through:</p> <ul style="list-style-type: none"> <li>• Expanded access to after hours and weekend specialist palliative care services in metropolitan Adelaide</li> <li>• Increased access to specialist palliative care (from 19 to over 50 locations) across regional South Australia telehealth services</li> <li>• Increased partnerships with the non-government sector through the Palliative Care 2020 Grants Program focussing on needs rounds in aged care, supporting volunteers in the community, improving medication management, developing the Aboriginal and Torres Strait Islander workforce, encouraging courageous conversations with culturally and linguistically diverse communities and building literacy in grief and bereavement</li> <li>• More medical, nursing and allied health palliative care support to children and their families.</li> </ul>
<p>Raise the participation rate of South Australians in Advance Care Directives (ACDs)</p>	<p>The State Government is committed to increasing the uptake of ACDs by increasing resources, raising awareness, and delivering education programs.</p> <p>Following a review of the <i>Advance Care Directives Act 2013</i>, an Oversight Group is now guiding the implementation of the Government's response to simplify the process of ACDs for the community.</p> <p>In 2020-21, the department led the development of draft legislation to amend the ACD Act, commenced the redesign of the ACD Form and Kit, and continued to promote new ways of completing ACDs in partnership with local councils and residential aged care facilities.</p>

<b>Agency objective 3.</b>	<b>Improving the quality and safety of health care through evidence and research.</b>
<b>Indicators</b>	<b>Performance</b>
Reduce the abuse of prescription drugs through real-time prescription monitoring (RTPM)	<p>In the 2018-19 State Budget, \$7.5 million was committed over three years to support a RTPM solution for Schedule 8 medicines in South Australia.</p> <p>ScriptCheckSA was released in March 2021 to meet the Government’s election commitment and is supported by training and resources for prescribers and pharmacists and community / patient education.</p> <p>Following a formal evaluation of the implementation process, it is intended to transition to mandatory use of ScriptCheckSA within the next 12 months.</p> <p>South Australia is the second jurisdiction, following the release of Victoria’s SafeScript, to deliver a RTPM system to prescribers and pharmacists.</p>

<b>Agency Objective 4.</b>	<b>Utilise technology and information solutions that provide alternate options for patients to deliver better patient outcomes.</b>
<b>Indicators</b>	<b>Performance</b>
Sunrise Electronic Medical Records System	<p>Work to implement the Sunrise electronic medical record (EMR) continued at Southern Adelaide LHN (SALHN) and commenced at WCHN.</p> <p>Flinders Medical Centre implemented the first two stages of the EMR including the Patient Administration System (Sunrise PAS) across outpatient and inpatient areas. Work continues to finalise the clinical implementation of Sunrise EMR across inpatient areas in July 2021, completing SALHN's implementation.</p> <p>The WCHN commenced site preparation activities and staff training for Stage 1 implementation of Sunrise PAS across outpatient areas, due to be completed in September 2021.</p> <p>Additional key projects completed include:</p> <ul style="list-style-type: none"> <li>• Allscripts Patient Flow application upgrade across all sites currently using the application</li> <li>• Sunrise Records Manager module successfully replaced with the new Sunrise Document Manager and Sunrise Record Tracking solution for managing and tracking patient records at the Mt Gambier and Districts Health Service (MGDHS) and the Royal Adelaide Hospital (RAH)</li> <li>• Surgical Suite Notes released utilising new Aware Note functionality</li> <li>• Inpatient Status Board piloted at the RAH</li> <li>• Inter-Hospital Summary Report released as part of the new Inter-Hospital Transfer process</li> <li>• New infusion therapy functionality released</li> <li>• Stage 1 Anaesthesia Information Management System interface released at MGDHS</li> <li>• Tap on – Tap off pilot at TQEH.</li> </ul> <p>Additional system improvements were deployed into the EMR in response to improvement requests made by clinical and administrative staff.</p>

<p><b>Agency Objective 4.</b> <i>(continued)</i></p>	<p><b>Utilise technology and information solutions that provide alternate options for patients to deliver better patient outcomes.</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Expand technology platforms to enhance service delivery</p>	<p>Improvements in the management of hospital demand and supporting access to care by removing the requirement to enter a healthcare environment has protected vulnerable groups. Examples of achievements in response to COVID-19 included:</p> <ul style="list-style-type: none"> <li>• Outpatient services delivered with support from Medicare Benefits Schedule billing items and HealthDirect</li> <li>• Delivering health services by telehealth</li> <li>• Digital prescriptions and electronic pathology requests</li> <li>• Expansion of the Virtual Mental Health Support Network</li> <li>• Utilised Sunrise EMR and PAS to support COVID-19 requirements across the department and metropolitan LHNs including the support of COVAX clinics and LHN staff training.</li> </ul>
<p>Quality Information and Performance Hub (QIP Hub)</p>	<p>The QIP Hub supports our workforce with increased access to transparent data regarding clinical outcomes and system performance. This enables greater opportunities for data utilisation to propel innovation into our practice and delivery.</p> <p>Achievements include the release of real time dashboards with operational data - an Inpatient Activity Analysis dashboard, a Challenging Behaviours dashboard and an entire suite of COVID dashboards.</p>

<b>Agency Objective 5.</b>	<b>Improving mental health care.</b>
<b>Indicators</b>	<b>Performance</b>
Suicide prevention	<p>The community and population component of suicide prevention responsibility was transferred into Wellbeing SA during 2020-21, with commensurate staffing resources.</p> <p>The Office of the Chief Psychiatrist within the department maintains approaches to suicide prevention in clinical care. This includes Towards Zero Suicide in care initiated under the Mental Health Services Plan 2020 – 2025. Towards Zero is an internationally recognised approach to improving care and outcomes for people presenting with self-harm and suicidal thoughts. The approach has broad outcomes for services, staff and the people receiving care.</p>
Mental Health Services Plan (the Plan) 2020 – 2025	<p>The Plan supports more efficient access to personalised care, earlier intervention and crisis prevention and has a strong human rights approach. It includes the Toward Zero program, alternative models for people experiencing mental distress, and is based on a nationally agreed planning framework.</p> <p>The Urgent Mental Health Care Centre is an integral part of the reformed crisis response outlined in the Plan. The Centre supports a better experience for people in psychological distress and aims to improve outcomes. The Centre was opened in the Adelaide CBD on 1 March 2021.</p> <p>The crisis response part of the Plan includes Crisis Stabilisation Units with the first being planned for the northern suburbs. Crisis Stabilisation Units support early intervention in a more welcoming and home-like environment with a high ratio of staff with a lived experience of mental health issues.</p> <p>The Non-Government Organisation (NGO) Redesign project aims to deliver redesign for SA Health contracted NGO services, align accessible and equitable services with the needs of people with mental health issues, and maximise public value, particularly in the context of the National Disability Insurance Scheme (NDIS). New NGO service models will be identified, developed using a co-design partnership approach.</p>

<p><b>Agency Objective 5.</b> <i>(continued)</i></p>	<p><b>Improving mental health care.</b></p>
<p><b>Indicators</b></p>	<p><b>Performance</b></p>
<p>Establish a paediatric eating disorder service</p>	<p>SA Health continues to progress with the establishment of a dedicated statewide paediatric eating disorder service, focusing on outpatient services for people under 18.</p> <p>A model of care and associated governance structure has been approved, with SALHN and WCHN collaborating to deliver an integrated service with statewide reach. More detailed planning of services and implementation is well underway, with appointments to clinical positions expected in the coming months.</p>
<p>Expand support for people living with Borderline Personality Disorder</p>	<p>SA Health is facilitating three groups, two common factors short groups (adult and youth), one Brief Schema Therapy group and one Dialectical Behaviour Therapy group. The latter two are conducted by videoconference for regional consumers.</p> <p>Training and research activities are continuing and demonstrating positive results for therapeutic and capacity building services</p>

<b>Agency objective 6.</b>	<b>Reducing and better managing health conditions and promoting Aboriginal community health and wellbeing.</b>
<b>Indicators</b>	<b>Performance</b>
Development of SA Health's Aboriginal Health Care Framework (Framework)	<p>A five-year Framework is being finalised. It synthesises the most recent available data with the results of previous comprehensive consultation with Aboriginal communities, partners and our staff to guide local service responses across the life course.</p> <p>The Framework seeks to provide an effective benchmark to measure contributions towards closing the gap on health disparity between Aboriginal and non-Aboriginal people in South Australia across the life course.</p>
Development of the South Australian Aboriginal Sexually Transmissible Infections (STI) and Blood Borne Virus (BBV) Action Plan 2020-2024	<p>The Action Plan was finalised and endorsed by the Minister in 2020-21.</p> <p>The purpose of the Action Plan, developed by an Aboriginal-led steering committee is to outline strategies and actions to reduce disparities between Aboriginal and non-Indigenous South Australians with respect to the transmission of, and morbidity and mortality caused by STI and BBV and to reduce the clinical and social impact of these infections.</p>
Development of the SA Syphilis Outbreak Response Plan	<p>The aims of this Plan, which was finalised and endorsed by the Minister in 2020-21, are to control the outbreak of infectious syphilis among Aboriginal and Torres Strait Islander populations in South Australia, focusing on eradicating congenital syphilis.</p>



<p><b>Agency Objective 7.</b> <i>(continued)</i></p>	<p><b>Focussing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing.</b></p>
<p><b>Indicator</b></p>	<p><b>Performance</b></p>
<p>Elective Surgery and Colonoscopy Collaborative</p>	<p>In 2020-21, the department developed an elective surgery and colonoscopy workstream plan to develop and implement solutions for improved management and performance of elective surgery and colonoscopy procedures across South Australian public hospitals. The workstream is driven by an Elective Surgery and Colonoscopy Collaborative comprising key stakeholders from across the department and LHNs.</p> <p>As at 30 June 2021, there were 19,249 patients ready for care on an elective surgery waiting list, including 1,194 patients (six percent) who were overdue for their procedure. This is a 44 percent improvement from the 30 June 2020 position of 2,131 overdue patients, and a reduction of 57 percent from the COVID high of 2,781 on 30 May 2020.</p> <p>As at 30 June 2021 statewide, a total of 1,407 new patients were ready for care on a public hospital colonoscopy waiting list including 409 (29 percent) overdue new colonoscopy patients. This is a decrease of 748 (35 percent) overdue patients since 30 June 2020.</p>
<p>Reduce statewide smoking prevalence</p>	<p>The State Government’s commitment to high levels of quit smoking advertising has contributed to a general downtrend in South Australian smoking rates (20.7 percent in 2010 compared to 10.6 percent in 2020).</p> <p>The two campaigns delivered in South Australia in 2020-21 focussed on encouraging smokers to quit their own way.</p> <p>The ‘Quit your way in May’ initiative in May 2021 further added to the campaign’s ability to drive large numbers of smokers to engage in quitting attempts. This resulted in almost 1,200 registrants and more than 9,000 people visiting the event’s website.</p> <p>The Aboriginal-focused campaign had over 3,500 website users on average each month and over 17,000 visits to the campaign website.</p>

<p><b>Agency Objective 7.</b> <i>(continued)</i></p>	<p><b>Focussing on health promotion, illness prevention and early intervention to sustain good community health and wellbeing.</b></p>
<p><b>Indicator</b></p>	<p><b>Performance</b></p>
<p>Introduce a system of Youth Treatment Orders for children under the age of 18, confirmed as suffering from dependence on or at risk of harm from alcohol related or other drug use</p>	<p>The department works across Government to respond to drug dependency in young people. This Program provides the option of Court ordered treatment for children and young people experiencing drug dependency.</p> <p>An Interagency Working Group provided advice to the Government on a draft Model of Care to guide the implementation of the legislation. Community consultation on the draft Model of Care underpinning the program was completed in early 2021. The Government is considering findings from the consultation.</p>
<p>Accessible advice and self-assessment tool for individuals concerned about their alcohol and other drug use</p>	<p>The Know Your Options website directs the public and health professionals to alcohol and other drug assessment, treatment and support services across South Australia. The site also provides advice on minimising the risk of harm associated with alcohol and other drug use.</p> <p>In 2020-21, there were 23,073 website sessions across 16,122 users, an increase of 22 percent and 23 percent respectively compared to the previous reporting period.</p> <p>Know Your Options has been expanded to include eASSIST, the World Health Organisation endorsed assessment tool enabling the public to assess their own risk relating to the use of alcohol and other drugs, or clinicians to work through the questionnaire with a client.</p>
<p>Pharmaceutical Benefits Scheme (PBS) - Subsidised Take Home Naloxone Pilot (the Pilot)</p>	<p>The Pilot commenced 1 December 2019 with an initial completion date of 28 February 2021. The completion date has been extended while independent evaluation is completed and submitted to the Commonwealth for consideration in September 2021.</p> <p>Through the Pilot, vouchers for free naloxone are provided to people at risk of experiencing or witnessing adverse effects of opioids. The vouchers are offered via hospital and community pharmacies, primary care settings, alcohol and other drug services and Clean Needle Programs. People may also present to participating pharmacies for no cost naloxone without a voucher and receive brief advice alongside naloxone client handouts.</p> <p>In 2020-21, 2,109 individuals accessed naloxone through one of 250 Pilot registered community pharmacies in South Australia.</p>

## Corporate performance summary

Corporate initiatives for the department in 2020-21 include:

- *Legislative compliance*

On 14 May 2021 the department finalised an across-Health master agreement for law firm Health Legal Pty Ltd to provide certain enhanced Legislative Compliance Services.

Health portfolio entities (including LHNs and SAAS) may enter individual supply contracts for a range of services to assist compliance activities and accreditation activities for National Safety and Quality Health Service Standards. The services include legislative obligations registers, aged care quality standards registers, register updates, legislative alerts, and case law updates.

The master agreement operates for up to six years (comprising of an initial three-year term, with three further one-year extension options).

- *SA Health Policy Governance Framework*

The department released a new SA Health Policy Governance Framework (the Framework) in February 2021 providing a contemporary approach to developing and implementing policies across SA Health. The new Framework makes it easier for staff to understand and fulfil their obligations and supports the more effective operation of our public health system.

The new Framework is a key component of the SA Health Integrity Program, established to guide our governance and culture improvements.

- *Windows 10 and office 365 upgrade*

To enable the department to operate in a modern, agile and secure ICT environment, a Windows 10 and office 365 upgrade program commenced in June 2021 with completion scheduled for 30 July 2021.

## Employment opportunity programs

Program name	Performance
Aboriginal Employment Register	Twelve positions were recruited from the Aboriginal Employment Register, which included four trainees in addition to one ASO3, two ASO5, two ASO6, two ASO7 and one ASO8 position.
SA Study Assistance Program for Nurses and Midwives	With 212 successful recipients in 2020-21, this program supports SA Health nurses and midwives to ensure quality care delivery to patients/clients and to complete post-graduate studies.
SA Health Leading Clinicians Program	<p>This program assists health professionals in clinical leadership roles to develop their leadership capability and improve patient-centred care. In 2020, the program was interrupted due to COVID-19 with 80 clinicians (69 participants and 11 facilitators) completing the program in a virtual environment. A further 83 clinicians (71 participants and 12 facilitators) commenced the program in 2021.</p> <p>Program evaluations continue to demonstrate high levels of satisfaction and valuable contributions to SA Health's strategies and plans.</p>
Partner with the Universities, VET sector and health sites regarding clinical placements across all health professions, teaching, education standards, training and research	<p>Expansion of the Clinical Placement Management System continued in 2020-21 mainly in the areas of Cert III and IV courses.</p> <p>Bookings were ~ 2.7 million clinical placement hours (covering the majority of health professions) made online in ~ 1000 health care facilities. Data was impacted by COVID-19 lockdowns in 2020-21, resulting in booking cancellations and rescheduling and students being moved to other locations.</p> <p>System logins and Sunrise accounts were provided to around 7,750 students (10 percent increase) noting the recent go-live of Flinders Medical Centre in SALHN.</p>
Leadership and Development of the Allied Health and Scientific Professions within SA Health	The Allied Health Professional Reimbursement Program continued, with funding support provided to 769 Allied and Scientific Health professionals in 2020-21.

### Agency performance management and development systems

Performance management and development system	Performance
<p>Department for Health and Wellbeing Performance Review and Development (PRD) process</p>	<p>Two designated PRD cycles 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.</p> <p>COVID-19 impacted participation rates in 2020-21 as workforce resources were redirected to COVID specific activities. As at 30 June 2021, 11 percent of PRDs were completed.</p> <p>Business units in the second cycle were provided the opportunity to finalise and update PRD discussions until 30 June 2021 to encourage increased participation rates.</p>

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

Program name	Performance
<p>COVID-19 Medi-hotel Worker Respirator Fit-testing Program</p>	<p>In July 2020 a fit-testing program commenced for health care workers, staff and contractors working in Medi-hotels, the Adelaide Airport, the Rapid Response Teams, Communicable Disease Control Branch, Infection Control Service and SA Police to ensure correctly fitted respirators are worn and to facilitate the safe transition of the Detmold D95 respirators for when they are received for clinical use.</p> <p>From 6 April 2021, respirator fit-testing was provided by the department to bus drivers, bus marshals and security guards transporting international arrivals from Adelaide Airport to Medi-hotels.</p> <p>A total of 640 Medi-hotel staff and contractors have been fit-tested to a respirator, with some fit-tested to more than one respirator.</p>
<p>Bullying and Harassment Policy</p>	<p>In response to the ICAC report '<i>Troubling Ambiguity: Governance in SA Health</i>' the <i>Cultural Evolution Pathway</i> was released on 9 September 2020.</p> <p>Recognising the impact on our staff, a specific <i>Prevention and Management of Workplace Bullying and Harassment Policy</i> is under development to supplement guidance on respectful behaviour in the workplace. An online Bullying and Harassment eLearning module has been developed to support the release of the policy.</p>

<b>Program name</b> <i>(continued)</i>	<b>Performance</b>
Challenging Behaviours	<p>The SA Health Challenging Behaviour Strategic Framework, Incident Dashboard, revised policy and guideline and associated resource tools were released via a CE Update on 17 November 2020.</p> <p>The launch included a two-part communications strategy. Part one was the launch of the Strategic Framework, incident dashboard and revised resources. Part two involved internal communications raising staff awareness about specific themes and spotlighting topics to be rolled out over five quarters throughout 2021-22 across SA Health.</p>
Seasonal Influenza Program	<p>A free Seasonal Influenza (flu) vaccination is available to all SA Health workers. The vaccine for the 2021 Influenza Immunisation Program is FluQuadri™ provided by contractor Sanofi Pasteur.</p> <p>The 2021 SA Health Flu Vaccination Program commenced from 1 April 2021 at various sites and hospitals. Flu Vaccination clinics for Medi-hotel staff commenced on 3 May 2021. The timing of the 2021 flu vaccination program was aligned to meet the COVID-19 vaccination rollout requirements.</p> <p>As at 30 June 2021, 55.22 percent of staff had received a flu vaccination. The program will continue to operate into the latter half of 2021.</p>
SA Health Employee Assistance Program (EAP)	<p>An EAP tender was released to market on 26 October 2020 in preparation for the existing contract expiry on 30 June 2021.</p> <p>On 19 June 2021, the Minister approved Financial Authorisation (TI8) to establish a panel of five providers to supply EAP services to SA Health for a contract term of three years with the option for two additional 12-month extensions commencing 1 July 2021.</p> <p>The EAP continues to be made available by telehealth or phone counselling during the COVID-19 pandemic. EAP utilisation data indicates the SA Health utilisation rate ranging from 0.2 to 3.65 percent.</p>

<b>Program name</b> <i>(continued)</i>	<b>Performance</b>
<p>'Gayle's Law'</p>	<p>The revised <i>Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment Act 2017</i> was passed by Parliament on 7 November 2019 to provide better protection for health practitioners working in remote areas of South Australia.</p> <p>When the law (more commonly referred to as 'Gayle's Law') was written, it included a requirement that the implementation be reviewed within 12 months. An independent review was undertaken by Flinders University.</p> <p>An online staff survey opened on 19 March 2021 encouraging SA Health staff participation in the review.</p> <p>The review report was received in May 2021 and made a total of 18 recommendations and identified a number of issues including the financial cost to health service providers of implementing Gayle's Law and opportunities to extend the scope of Gayle's Law beyond out of hours and unscheduled callouts in remote areas of South Australia.</p> <p>The review report also proposes a number of legislative amendments. SA Health will undertake comprehensive consultation with key stakeholders regarding the proposed amendments during 2021-22.</p>
<p>Fatigue Management</p>	<p>In response to recommendations from the Workplace Fatigue and Bullying in South Australian Hospital and Health Services Parliamentary Committee, the Safety Learning System (SLS) Wakefulness and Fatigue question set within the SLS worker module was made mandatory effective 9 June 2021. This change is to assist in identifying whether fatigue is a contributory factor in work related incidents.</p> <p>SafeWork SA completed an audit campaign derived from the Parliamentary Committee on Occupational Safety, Rehabilitation and Compensation, Parliamentary Inquiry into Workplace Fatigue and Bullying in 12 South Australian Hospitals and Health Services. The department is working with LHNs and SAAS to identify key actions, particularly from a whole of system perspective.</p>

<b>Program name</b> <i>(continued)</i>	<b>Performance</b>
Manual Tasks Risk Management System - Training	<p>The department coordinates the Manual Tasks Local Facilitator (MTLF) Training System across SA Health.</p> <p>There are 1158 MTLFs throughout SA Health providing training, induction and support to their colleagues to reinforce safe work practices. Despite disruptions to the 2020-21 training program due to COVID-19 social distancing requirements and the repurposing of the training facilities at the RAH, 129 new facilitators completed the two-day practical training and 323 current facilitators attended refresher sessions. The SAAS Manual Tasks program commenced during May 2021 for 16 regional trainers responsible for volunteer training.</p> <p>Ergonomic consultancy and risk assessment continue to be provided for hazardous manual tasks, plant and equipment.</p>
Psychological Health	<p>The department launched a revised version of SA Health’s Psychological Health Strategy via CE Update on 13 January 2021. The Strategy aligns with the Office of the Commissioner for Public Sector Employment’s Mentally Healthy Workplaces Framework which is based on an integrated approach to ensuring a strong, confident, resilient and agile workforce.</p> <p>On 2 February 2021, the Chief Executive and Deputy Chief Executives signed a Statement of Commitment to become a mentally healthy workplace. The department’s Statement of Commitment highlights seven action statements to assist in building a culture of care within the department.</p> <p>On 11 March 2021, the department launched the Peers Offering Peer Support (POPS) program to further support improved mental health and wellbeing of staff. The POPS program is an evidence-based strategy to support staff experiencing stress at work and help create a psychologically healthy workplace. While not trained clinicians, peer support officers are trained to offer support and accurate information about additional support options to their colleagues and peers.</p> <p>The department continues to work with LHNs and SAAS to coordinate a network of POPS coordinators across SA Health.</p>

<b>Workplace injury claims</b>	2020-21	2019-20	% Change (+ / -)
Total new workplace injury claims	10	21	-52.4%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	5.93	7.58	-21.8%

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

<b>Work health and safety regulations</b>	2020-21	2019-20	% Change (+ / -)
Number of notifiable incidents ( <i>Work Health and Safety Act 2012, Part 3</i> )	2	4	-50.0%
Number of provisional improvement, improvement and prohibition notices ( <i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i> )	0	1	-100.0%

<b>Return to work costs**</b>	2020-21	2019-20	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$582,682	\$508,524	+14.6%
Income support payments – gross (\$)	\$271,722	\$126,341	+115.1%

\*\*before third-party recovery

Data for previous years is available at:

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

**Executive employment in the agency**

Executive classification	Number of executives
Executive Level F	1
SAES 1 Level	37
SAES 2 Level	13

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.

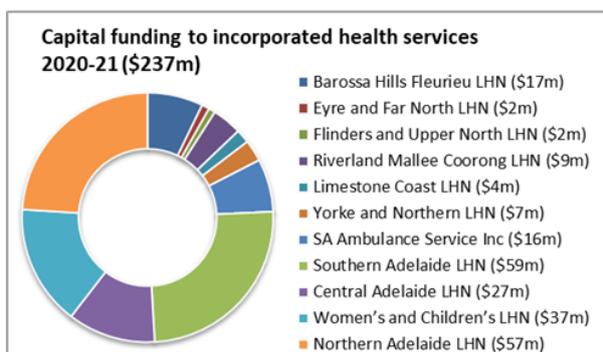
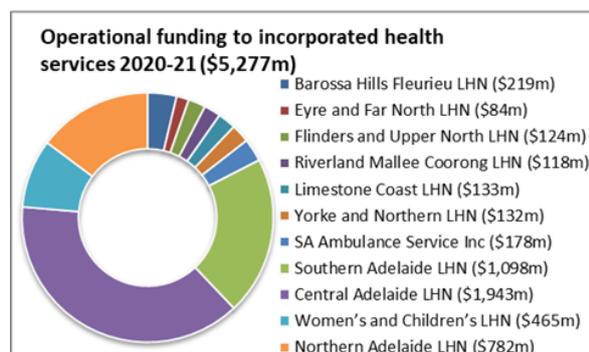
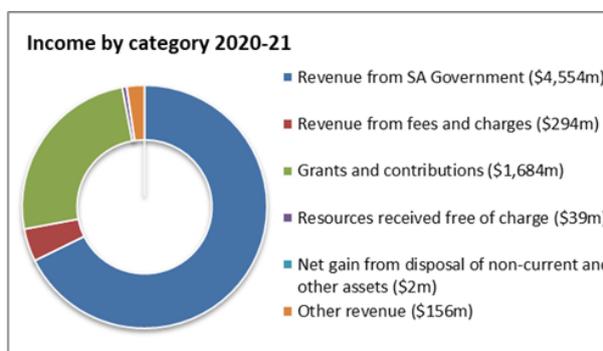
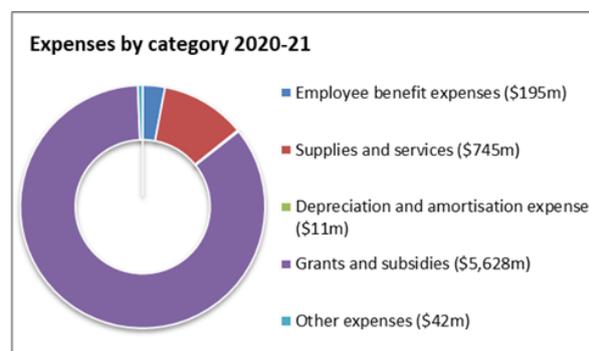
## Financial performance

### Financial performance at a glance

In 2020-21 the department continued to perform its role and function as the health system leader. The department 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 the department. Audited financial statements for 2020-21 are attached to this report at Appendix 6.

Departmental three-year financial summary						
Three-year financial summary (\$'000)		2020-21	%	2019-20	%	2018-19
			↑↓		↑↓	
Total income		6 728 042	↑ 5.6%	6 369 958	↑ 6.4%	5 988 233
Total expenses		6 621 051	↑ 4.9%	6 314 346	↑ 11.7%	5 653 770
Net result		106 991	↑ 92.4%	55 612	↓ -83.4%	334 463
Net cash provided by operating activities		21 164	↓ -85.5%	146 156	↓ -57.2%	341 828
Total assets		1 241 017	↑ 16.6%	1 064 549	↑ 9.7%	970 159
Total liabilities		469 090	↑ 17.4%	399 613	↑ 7.3%	372 453
Net assets		771 927	↑ 16.1%	664 936	↑ 11.2%	597 706



Consultants disclosure – *refer to Appendix 4*

Contractors disclosure – *refer to Appendix 5*

## Risk management

### Risk and audit at a glance

The Chief Executive has appointed an Audit and Risk Committee (Committee) with the responsibility of advising the department on its systems, processes and structures designed to identify, prevent and respond to real and potential risks, and 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 it being the system leader for the South Australian Public Health System.

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

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

- supporting South Australians of all ages to age well, unencumbered by stigma and discrimination; and
- achieving proper integration of older persons within the community thus ensuring that the skills and experience of older people are not lost to the community through social alienation; and
- creating social structures in which older people are able to realise their full potential as individuals and as members of the community; and

- creating a social ethos in which older people are accorded the dignity, appreciation and respect that properly belong to them; and
- ensuring that 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 listens to the voices of older South Australians as it leads the development of policies and delivers programs and projects in partnership with a diverse range of stakeholders, in line with the priorities of the South Australian Government's ageing well agenda, through the:

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

### **Adult Safeguarding Unit**

Following its establishment on 1 October 2019, the Adult Safeguarding Unit (ASU) had an initial mandate for its first three years of operation to respond to reports of suspected or actual abuse of people 65 and over, and 50 and over for Aboriginal and Torres Strait Islander people. Following a recommendation of the South Australian Government's Safeguarding Taskforce, established to identify service gaps for people living with a disability, the ASU expanded to also respond to reports relating to people living with a disability on 1 October 2020, two years ahead of schedule. In 2022, the ASU's legislative remit will expand again to include all vulnerable adults who may be experiencing abuse.

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

The ASU is responsible for raising community awareness of strategies that may assist to safeguard the rights of at-risk South Australians. In 2020-21, the ASU met with 46 diverse stakeholders, including community members with lived experience, people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander People.

Reporting abuse to the ASU is voluntary and is made via the South Australian Abuse Prevention Phone Line (Phone Line). The Phone Line commenced in 2015 to provide an advice and referral service. From 1 October 2019, the Phone Line also became the portal for making a report to the ASU. Since the commencement of the ASU in 1 October 2019 and up to 30 June 2021, the Phone Line has taken more than 2,618 calls.

In 2020-21, the Phone Line received 1,887 calls. Of those calls, 965 resulted in a report to the ASU and the remaining 922 calls were for information and advice only. Of the 965 calls that became reports, 170 (17.6 percent) are still in assessment, 514 (53.3 percent) were recommended for investigation, 1 (0.1 percent) was referred under s25, and the remaining 280 (29.0 percent) were recommended for no further action.

The most common reasons for no further action were: 143 (14.8 percent) were considered to be appropriately managed/safeguarded; 29 (3.0 percent) following assessment, no abuse was identified; 28 (2.9 percent) following assessment, the details provided within initial report were incorrect and no longer fit the remit; and 21 (2.2 percent) consent was not provided by the person for initial contact.

Of relevance is the considerable informal referrals made to a broad range of agencies following an investigation and the development of a safeguarding plan. Additionally, where a person does not consent to the ASU's involvement, where there are specific concerns warranting action, the ASU is able to rely on exception to consent provisions to ensure a person's safety.

Since the ASU's expansion in scope on 1 October 2020, up to 30 June 2021, the Phone Line received 1,550 phone calls from concerned members of the community. Of those 1,550 phone calls: 391 calls (25.2 percent) related to suspected abuse of adults living with a disability, of which 238 (60 percent) resulted in a report to the ASU; 996 calls (64.3 percent) related to concerns of elder abuse with 540 (54 percent) of those calls resulting in a report to the ASU; and in the remaining 163 calls, insufficient information was provided to determine if the call related to elder abuse or abuse of a person living with a disability.

In the period 1 October 2020 to 30 June 2021, data from the Phone Line consistently indicates that the most frequent callers in the age stream are service providers (28.1 percent) followed by adult sons and daughters and other family members (27.4 percent). The most common types of abuse are psychological/emotional (43.7 percent), financial or exploitation (42.5 percent), neglect (20.6 percent), and physical (17.3 percent). Adult sons (28.1 percent) and daughters (17.9 percent) of older people are most often reported as the alleged abuser. In the disability stream, most common callers are service providers (56.8 percent), followed by family members (not sons or daughters) (7.7 percent) and SA Police (4.4 percent). The most prevalent types of abuse are psychological/emotional (35.6 percent), financial or exploitation (30.4 percent), and neglect (27.6 percent). The mother (12.8 percent) and father (10.5 percent) are the most common alleged abusers for adults living with disability.

Significant consultation has occurred in relation to the establishment and development of the ASU. The ASU worked closely with external evaluation agency, Tetra Tech (formerly known as Coffey), to evaluate the ASU's first year of operations.

Importantly, the evaluation found the ASU to be effectively discharging its legislative requirements. Consultation and evaluation will be ongoing to assist with the continuous improvement of the ASU and expansion of its scope in 2022.

*Please note, data is correct as of 5 July 2021 however may change as status of report changes.*

### **Ageing Policy Unit**

*South Australia's Plan for Ageing Well 2020-2025* (the Plan) was released by the Minister for Health and Wellbeing 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 the South Australian Government's and community's vision and priorities for ageing well for all South Australians over the next five years.

In 2020-21, the South Australian Government, through Office for Ageing Well, commenced implementation of the Plan's strategic priorities: Home and community; Meaningful connections; and Navigating change. Office for Ageing Well directly funded, managed or collaborated on 18 ageing strategic projects, in partnership with a broad range of stakeholders from government, non-government and community sectors, including:

- The inaugural Office for Ageing Well Tackling Ageism Award, introduced as a new initiative under the Plan, recognising an individual, community group or organisation that understands the pervasive nature of ageism and is taking action to challenge it.
- Re-imagining Volunteering project, with ACH Group and Flinders University, focusing on older people and volunteering in South Australia, particularly in light of COVID-19, to identify ways to break down some of the associated barriers.
- Citizen Science, Health and Wellbeing project, a quantitative and qualitative study by UniSA to understand the links between citizen science and health and wellbeing (final year of a two-year project).
- Two pilot projects with Community Centres SA:
  - The Loneliness Warriors Pilot facilitates conversations and awareness about the existence and dangers of loneliness and social isolation on wellbeing, focusing on recruiting, training and rolling out 'loneliness warriors' in the local community.
  - The Abuse Prevention Hubs project builds the Adult Safeguarding Unit's capacity to deliver adult abuse prevention education for Community Centres SA staff and volunteers. The project is developing a co-designed adult safeguarding training program tailored to the needs of community organisations and will be piloted in two metropolitan Adelaide council areas over two years.

- Two projects utilising COTA SA's The Plug-in methodology to explore the concepts of meaningful connections and navigating change amongst older people living in regional South Australia:
  - Navigating Change in the Regions project explores the barriers and enablers of individual and community resilience in the face of changes such as climate change, bushfires, COVID-19 and economic challenges.
  - The Meaningful Connections project explores what keeps individuals and communities connected and what gets in the way.

A comprehensive evaluation framework is being developed to assist Office for Ageing Well to assess the impact of activities under the Plan.

The annual Stop Elder Abuse campaign ran from 10 May – 20 June 2021 via digital and social media, metropolitan and regional radio, press, *WeekendPlus* – the Seniors Card digital magazine, and TV screens in pharmacies and GP clinics. The key message was that 'Older people have rights', with the SA Abuse Prevention Phone Line number 1800 372 310 and web URL [www.sahealth.sa.gov.au/stopelderabuse](http://www.sahealth.sa.gov.au/stopelderabuse) continuing as the twin calls to action.

### **Aged Care Strategy Unit**

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

Despite the challenges of COVID-19, South Australian Aged Care Assessment Program performed well against required timeliness and quality indicators in 2020-21. South Australia actioned 99.6 percent of all referrals within three calendar days, exceeding the National Key Performance Indicator target. South Australia also maintained timely performance in the completion of assessments across all settings, with the average number of days currently at 21 days, compared to 20.3 days nationally in 2020-21. As at 30 June 2021, Aged Care Assessment Teams actioned 27,186 referrals and completed 16,968 assessments across South Australia.

In addition to managing the operations of the Aged Care Assessment Program in South Australia, the Aged Care Strategy Unit also has responsibility for progressing a range of strategic projects, including:

- Coordinating the Specialised Aged Care Reform Program across the Department for Health and Wellbeing. This reform program was developed to progress the streamed and layered model of care for people with dementia and enduring mental illness. Significant achievements in 2020-21 have included the opening of the Repat Health Precinct Neuro-Behavioural Unit for the care of people with the most extreme behavioural and psychological symptoms of dementia, and the creation of the Older Person's Mental Health Leadership Group, which will have ongoing oversight of older person's mental health models of care and continuous improvement.

- Implementing the SA Health CCTV Pilot as an Australian first to explore the acceptability and viability of using audiovisual surveillance technology in two residential care facilities operated by SA Health. In March 2021, the pilot commenced at Mount Pleasant Aged Care and at Northgate House with recording devices in all common areas and bedrooms of residents who consented to participate in the pilot. Using Artificial Intelligence, adverse events are detected and alerts are sent to nursing staff at the sites. This pilot is jointly funded by the Commonwealth and the South Australian Government and aims to improve care outcomes for residents by providing greater visibility of adverse incidents enabling staff to respond effectively and to continuously improve care. The pilot will run for 12 months and will be independently evaluated.

### 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.

In 2020-21, the total number of Seniors Card members increased to 420,000 and subscriptions to *WeekendPlus*, the fortnightly digital seniors' magazine, increased by 25 percent to 100,000. Of the approximately 20,000 new Seniors Card applications received in 2020-21, over 90 percent were made online.

### Community Grants Program

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

In 2020-21, the Office for Ageing Well ran the Grants for Seniors, Positive Ageing Fellowship Grants and Age Friendly SA Grants rounds concurrently through an open process aimed at local government and community organisations across metropolitan and regional South Australia.

In 2020-21:

- Grants for Seniors supported 25 projects at a total cost of \$149,804.
- Positive Ageing Fellowship Grants supported five projects, totalling \$200,000.
- A targeted grant of \$50,000 was provided to The Australian Centre for Social Innovation to deliver ongoing coaching, mentoring and support to Positive Ageing Fellowship Grants recipients over the 12-month funding period to support sustainability.
- Age Friendly SA Grants supported seven projects at a total cost of \$200,000.

Outcomes achieved during the 2020-21 financial year include:

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

Act or Regulation	Requirement
<p><i>Retirement Villages Act 2016</i></p> <p><i>Retirement Villages Regulations 2017</i></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 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 adversarial approaches to enforcement.

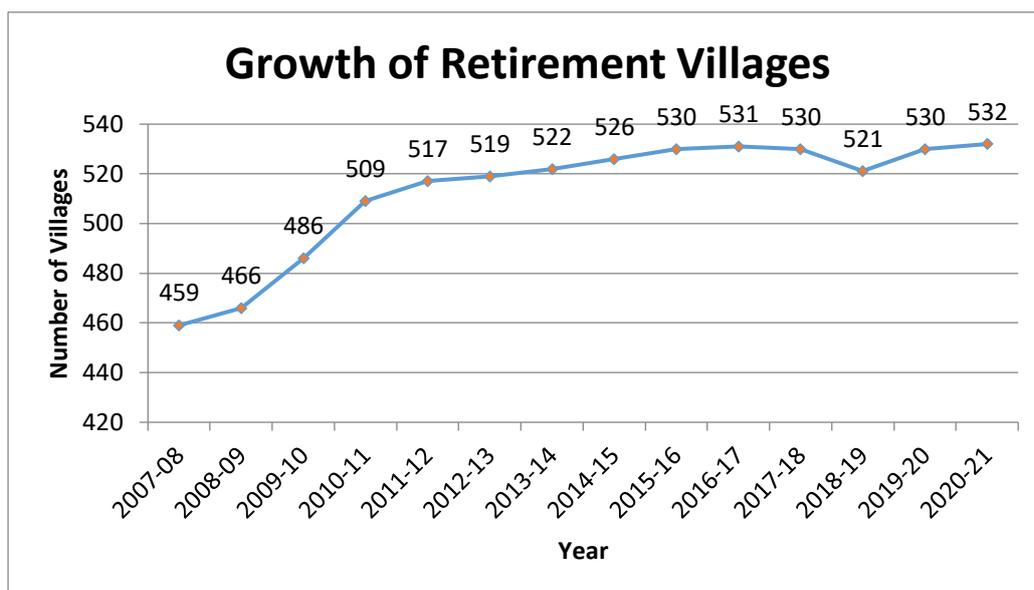
In 2020-21, legislative requirements under the Act were managed by the RV Unit, including one ASO7 Chief Retirement Villages Officer, one ASO6 Senior Information, Advice & Conciliation Officer, one ASO5 Senior Retirement Villages Officer and one ASO4 Retirement Villages Officer.

In 2020-21, the RV Unit:

- responded to 690 cases relating to retirement village issues
- conducted 54 meetings related to resident cases
- delivered four 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.

Most queries in 2020-21 related to communication, exit entitlements/fees, committees and their operation, the implementation of COVID-19 restrictions and the 2021 review of the Act.

**Growth**



As at 30 June 2021, 532 retirement villages were registered across the State. Information about registered retirement villages in South Australia is available on Data SA at <https://data.sa.gov.au/data/dataset/retirement-villages-register>

There were four new villages registered in 2020-21, two villages were voluntarily terminated and one village was partially terminated. The new villages are located in Renmark, Adelaide City, Modbury and Flagstaff Hill. 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 are:

- Spence on Light, 16 apartments in Light Square.
- Encore Apartments, 77 Apartments in Modbury.
- Murray Lodge, six villas in Renmark.
- Living Choice, Flagstaff Hill.

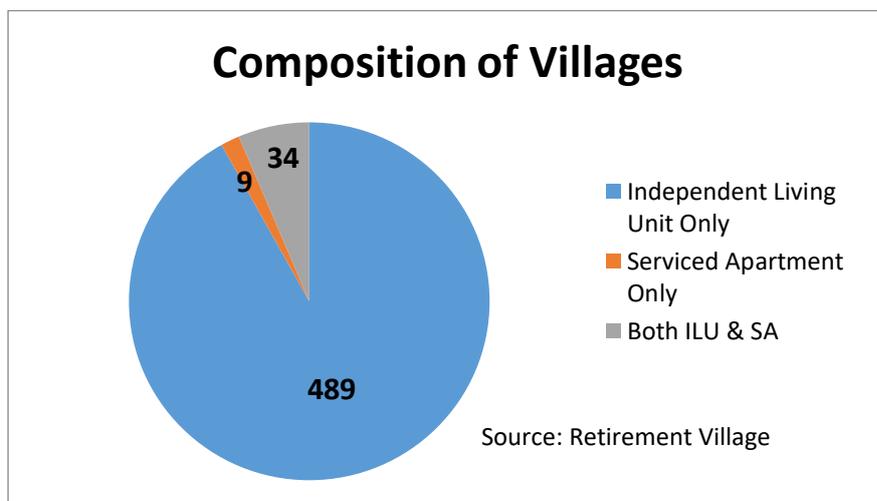
Voluntary termination of a retirement village, including the partial termination of a village, can only occur with Ministerial approval. There were two villages terminated and one partial termination in 2020-21:

- Booleroo Centre: The portion of the village terminated during the year consisted of four independent living units identified as no longer being used for the purposes of a retirement village scheme. There were no outstanding funds owing to past residents and the site is now being used for rental accommodation.
- Kapunda: Site comprising of four units of a planned 15 sought termination when no units had been occupied after a number of years. The site will convert to community title and sell to the open market.

- Stansbury: Village consisting of four villas attached to a residential aged care facility that had closed.

In 2020-21, there were 18,879 residences in retirement villages in South Australia. Calculations based on past census data showed that 60 percent of all residences (11,327) housed one person only, while the remaining 40 percent (7,552) of residences had dual occupancy. It is estimated that the number of people living in retirement villages totalled approximately 26,452.

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



Under the *Retirement Villages Act 1987*, there were 193 villages with exemptions, which have continued under the associated provisions of the Act:

- Four under s 18: With client consent, no need to hold premium in Trust (*Retirement Villages Act 1987*).
- 11 under s 26(1): Ingoing contribution does not have to be held in trust, max deposit \$10,000 (*Retirement Villages Act 2016*).
- 45 under s 22(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*).
- 111 under s 22(c), 33(6), 34(8), 40(4): Can have consolidated meetings, financial reports & interim financial reports (*Retirement Villages Act 2016*).
- 19 under s 31(3): Operator exempt from assuming responsibility for depreciation (*Retirement Villages Act 2016*).
- Two under s 57(1): Operator able to rent to persons not eligible under the Act (*Retirement Villages Act 2016*).
- One under s 33: Operator is not required to hold annual meeting, while only one person in occupation (*Retirement Villages Act 2016*).

## Compliance Activity

Commencing in 2019-20, a compliance audit was undertaken reviewing compliance with sections 33 and 34 of the Act in relation to residents' annual meetings.

2020-21 focused on new legislative provisions introduced to improve transparency of resident finances at annual meetings, as well as resident protections. This has included ensuring certificates of title are properly endorsed to protect residents' interests in the village and financial transparency at annual meetings. In 2019-20, 15 percent of operators were selected and in 2020-21, 19 percent of operators were randomly selected. Selected operators were required to present documentation relating to their 2020 annual meeting of residents. The documentation was checked against the requirements of the legislation and feedback provided to the operators. Pleasingly, the majority of provisions were complied with. There were minor non-compliances identified in 27 cases and one instance of moderate non-compliance. In each case, education has been provided to the operator and ongoing monitoring will occur.

## Review of the Act

In line with the legislative requirement to review the Act three years after its commencement, a review of the Act commenced in January 2021.

The Review of the *Retirement Villages Act 2016* (SA) Discussion Paper was released for public consultation on the YourSAy website on 29 January 2021, concluding on 16 April 2021. The consultation was publicised on the SA Health website, in the media and via a direct mail campaign to key stakeholders.

There were 262 submissions received. This was reduced to 187 responses once duplicates and nil responses online were removed: 94 written submissions (74 percent residents, four percent operators and 21 percent others); and 93 online submissions (75 percent residents, 11 percent operators and 14 percent others).

A consultants' report with recommendations will be produced by the end of 2021.

## 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 77 percent of calls from metropolitan areas, 11 percent from rural areas with the balance remaining anonymous.
- ARAS received 262 new requests for assistance in 2020-21, an increase of 14 percent from 2019-20. This included requests for general information about rights and advocacy services as well as relating to advocacy assistance. Advocates assisted with seven South Australian Civil and Administrative Tribunal hearings.

- ARAS delivered eight face-to-face information sessions within retirement villages for residents and staff of the village, emailed the Retirement Village online presentation (YouTube link) to one retirement village, and incorporated information about the Retirement Village Residents Advocacy Program generally in other information sessions.

<b>Act or Regulation</b>	<b>Requirement</b>
<p><i>Food Act 2001</i></p>	<p>Part 9 – Administration</p> <p>Division 2 – Functions of enforcement agencies</p> <p>S 93 - Reports by enforcement agencies</p> <p>(1) The head of an enforcement agency (other than the relevant authority) is to report to the relevant authority, at such intervals as the relevant authority requires, on the performance of functions under this Act by persons employed or engaged by the agency.</p> <p>Division 4 – Agreement and consultation with local government sector on administration and enforcement of Act</p> <p>S 96 – Agreement and consultation with local government sector</p> <p>(1) The Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of this Act.</p> <p>(2) If the Minister and the LGA enter into an agreement with respect to the exercise of functions under this Act by councils, then the Minister must prepare a report on the matter and cause copies of the report to be laid before both Houses of Parliament.</p> <p>(3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.</p> <p>(4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.</p> <p>(5) The annual report of the Minister under this Act must include a specific report on -</p> <p>(a) the outcome of any consultation undertaken under subsection (1) or (4); and</p> <p>(b) the operation of any agreement referred to in subsection (2).</p>

Act or Regulation	Requirement
<p><i>Food Act 2001</i> (continued)</p>	<p>Part 11 - Miscellaneous</p> <p>S 109 - Annual report</p> <p>(1) The Minister must, on or before 30 September in each year, prepare a report on the operation of this Act for the financial year ending on the preceding 30 June.</p> <p>(2) The Minister must, within 6 sitting days after completing a report under this section, cause copies of the report to be laid before both Houses of Parliament.</p> <p>The objectives of the <i>Food Act 2001</i> (the Act) are defined in Section 3 of the Act as:</p> <ul style="list-style-type: none"> <li>a. Ensuring that food for sale is safe and suitable for human consumption.</li> <li>b. Preventing misleading conduct in connection with the sale of food.</li> <li>c. Providing for the application of the Food Standards Code.</li> </ul> <p>The Act closely follows the content and structure of national model food provisions, which provide for the consistent administration and enforcement of food legislation in Australia. This uniform approach to national food legislation was formalised by the Inter-Governmental Food Regulation Agreement 2002. Under the Agreement all states and territories have adopted the Australia New Zealand Food Standards Code (the Code) through their Food Acts. While the Act contains important legal and administrative issues, such as defining offences and penalties, the Code details the specific requirements with which food businesses must comply.</p>

## 1. Activities of the Health Protection Operations Branch

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

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

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

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

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

**Table 1: Authorised Officers**

Authorised Officers	Environmental health qualifications	Full-time
	6	6

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

Area of operation	~ 837,000 km <sup>2</sup> (≈ 85% of geographic area of the state)
Number of businesses	120
Routine inspections conducted	112
Follow-up inspections conducted	5
Food Safety Audits conducted	8
Complaint inspections conducted	0

**Table 3: Enforcement actions**

Business type	Prohibition order	Improvement notices	Expiations
Supermarket	0	0	0
Aged Care Facility	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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

The Food and Controlled Drugs Branch (FCDB) conduct sampling of various foods that are of public health concern or confirm compliance with the compositional and labelling requirements of the Code. A key performance indicator has been established to analyse 800 food samples per year. For 2020-21, a total of 314 food samples were collected as part of food compliance investigations. This number is significantly lower than previous years as a result of the impacts of COVID-19.

### Investigation of food safety issues 2020-21

Food safety related issues come to the attention of FCDB from a variety of sources including through routine food surveys, complaints from members of the public, reports from the food industry itself, the Australian Competition and Consumer Commission, EHOs in local government, other regulatory agencies, or notification of illness from the Communicable Disease Control Branch (CDCB). During 2020-21, a number of significant issues were investigated, summarised below:

- The FCDB collaborated with local councils and the Department of Primary Industries and Regions (PIRSA), where required, on a total of four foodborne illness investigations after notification from CDCB. 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 primary objective of these investigations is to remove any risk to public health, establish the cause of the outbreak, and ensure food businesses implement short-term and long-term corrective actions and determine if an offence has been committed against the Act.

## Post investigation review

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

## Notifiable contaminants

The *South Australian Public Health (Notifiable Contaminants) Regulations 2020* (the Regulations) came into force on 19 July 2020, and require specified microorganisms to be reported to FCDB 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 including bottled water and ice and may also include live plants and animals.

The prescribed notifiable contaminants consist of pathogens such as *Salmonella*, *Campylobacter*, *Listeria monocytogenes* which cause foodborne illness. They also include indicator organisms such as non-pathogenic *Listeria* species and *E. coli*. These do not cause illness but can be used by the business to indicate that there may be suitable conditions in their environment for the growth of pathogenic bacteria and to take appropriate corrective 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, in addition to enabling national and international profiles of the microorganisms of public health significance and their possible sources to be established.

The collection of this information has assisted SA Health in establishing 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 451 notifiable contaminants were notified to SA Health with notifications classified by product type into raw meat and poultry products and all other foods.

A total of 280 notifications were received for raw meat and poultry. As there are no limits for pathogens found in raw meat and poultry in the Code no action was required. The data confirms that raw meat and poultry can contain *Salmonella* and *Campylobacter*. This supports public messaging that raw meat and poultry should be cooked prior to consumption.

A total of 171 notifications were received for all other foods. Risk assessments of 168 of these notifications determined that action was not required because there was no risk to public health. For example notifications of indicator organisms (non-pathogenic), in products not available for sale to the public, products that met the specifications in Standard 1.6.1 of the Code (ready-to-eat foods that do not support the growth of *Listeria monocytogenes*), and products to be cooked by the consumer which destroys foodborne pathogens.

Three notifications resulted in two businesses recalling multiple product lines.

*Listeria monocytogenes* is a micro-organism of specific concern to public health. In the reporting period there were 22 *Listeria monocytogenes* notifications, all of which were investigated. Table 4 provides a summary of the investigation outcomes.

Eight isolates have been whole genome sequenced and included on a national database for *Listeria monocytogenes*. These food isolates have not been linked to any human cases to date.

**Table 4: Summary of investigation outcomes for *Listeria monocytogenes* notifications in 2020-21**

Outcome Type	No. of outcome occurrences
Notifications leading to recalls	3
Product meeting the specifications of Standard 1.6.1 to not support the growth of <i>Listeria monocytogenes</i>	9*
Trial products or work in progress	3
Subject to test and hold procedures and not released for sale	2
Foods that are not ready-to eat and require cooking by the consumer	3
Referred to the jurisdiction the product was made in	2
<b>Total</b>	<b>22</b>

Notes:

\*Four of these notifications related to two products of the same batch.

### Food recalls

Food recalls conducted by all food businesses are nationally coordinated by Food Standards Australia New Zealand (FSANZ). A food business undertaking a recall is responsible for ensuring that the recall is carried out as soon as an issue is identified. Standard 3.2.2 of the Code requires 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. There are two levels of recall, a trade level and a consumer level recall. A trade level recall is conducted when the food has not been available for direct purchase by the public, such as food sold to wholesalers and caterers. A consumer level recall is conducted when the food has been available for retail sale. This usually includes advertisements in newspapers or on social media platforms to inform consumers of the recall. The FCDB informs local councils state-wide of the recall and requests that they check food businesses in their local council area to ensure they are complying with the recall.

FSANZ acted as coordinator for 83 food recalls nationally during 2020-21 (Table 5). This consisted of seven trade level recalls, where a company has only provided products to distribution centres, wholesalers and food services. As the product was not released in retail stores and could easily be retrieved, a consumer level recall was not required.

In another two instances, combined trade and consumer level recalls were conducted as there was a possibility that a small amount of product may have been available directly to consumers. Seventy-four consumer level recalls were conducted, where it was necessary to recover product from retail outlets and/or consumers. In total, South Australia was affected by 45 recalls where recalled product had been distributed in the state.

**Table 5: Summary of recalls conducted in 2020-21**

Type of Recall		Reason for Recall				Recalls affecting SA	
Consumer	74	Undeclared allergens	38	Foreign matter	10	National	17
Trade	7	Microbiological contamination	19	Labelling	3	SA & other jurisdictions	43
Consumer & Trade	2	Chemical contamination	7	Other	5	SA only	2
<b>TOTAL</b>	<b>83</b>	Biotxin contamination	1	<b>TOTAL</b>	<b>83</b>	SA not affected	38

**Enforcement actions**

FCDB is responsible for monitoring food industry compliance with Chapters 1 and 2 of the Code and is involved with investigating compliance matters associated with Chapters 3 and 4 found during audits, surveys, complaints and investigation 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 verify compliance with Chapter 3 of the Code (see Appendix 1).

Where the FCDB 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 6 provides a summary of the enforcement activities undertaken by FCDB.

**Table 6: Enforcement activities undertaken in 2020-21**

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

## Activities undertaken

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

**Table 7: Nature of activities in 2020-21**

<b>Category</b>	<b>Number</b>
<i>Complaints</i>	
Alleged food poisoning	39
Allergens	15
Food contamination	81
Labelling	119
Alleged non-compliance with Food Standard 3.2.2	119
Alleged non-compliance with Food Standard 3.2.3	26
<i>Enquiries</i>	
General food matters	231
New business information	40
Requests for resources	20
<i>Incident Management</i>	
Investigations	11
Recalls	12
Referrals from CDCB	279
<b>TOTAL</b>	<b>992</b>

## 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 such as Meals on Wheels.

National Food Safety Standard 3.3.1 (audited mandatory food safety programs for food services to vulnerable persons) became enforceable in 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 2020–21, the department continued to conduct food safety audits of public hospitals, Department of Human Services (DHS) businesses such as Disability Services and not-for-profit social care and delivered meals organisations including

Royal District Nursing Services (RDNS) SA and Meals on Wheels SA. These facilities are audited at the frequency determined by the performance of individual sites, in line with the priority classification for these businesses. Food audit statistics are provided below.

**Table 8: Food audit statistics 2020-21**

<b>Risk classification</b>	<b>Number of businesses</b>	<b>Routine audits</b>
Public hospitals	72	75
Not-for-profit delivered meals organisations	40	46
Aged care/childcare audited in regional areas/DHS/RDNS	9	9

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

The annual SA Health Auditor Forum was unable to be conducted in 2020-21 due to COVID-19 restrictions, however ongoing communication with Department for Health and Wellbeing Approved Auditors aimed to improve consistency of interpretation and professional development for the auditor workforce. The department continues to facilitate the Lead Auditor in Food Safety Management Systems training sessions. Two training sessions were held in 2020-21 reporting period.

**3. Foodborne disease investigations in South Australia 2020-21**

Epidemiological investigations into foodborne disease outbreaks within South Australia are coordinated by the Disease Surveillance and Investigation Section and OzFoodNet staff who are based within CDCB. 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 FCDB provide food technology and environmental investigation expertise, in addition to performing environmental and food premises investigations. Biosecurity SA 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 may 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 premise, 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.

The specific food vehicle or source of an outbreak is often 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 remembering foods consumed or premises visited if an appreciable time has passed between the exposure and the interview.

### Outbreak Investigations

During 2020-21, SA Health investigated four outbreaks of gastrointestinal illness (Table 9) that were known or suspected to be foodborne and for which a common source was identified. The settings for the outbreaks were varied and included two associated with primary production and one each associated with a restaurant and a bakery. Further details about outbreaks investigated during 2020-21 and their exposure settings are found in Appendix 2.

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).

**Table 9: Summary of foodborne disease investigations in South Australia 2020-21**

N	Month and Year	Organism	Setting	No. ill	No. laboratory confirmed	Evidence
1	Jan 2021	<i>Campylobacter</i>	Restaurant	6	3	D
2	Mar 2021	<i>Vibrio Parahaemolyticus</i>	Primary Production	21*	21*	D
3	Apr 2021	S.Tm MLVA 03-14-10-08-523	Bakery	7	7	D
4	May 2021	S.Tm MLVA 03-11-09/10-08-523	Primary Production	9	9	D

Notes:

\* = Includes cases resident in South Australia, Victoria and Western Australia

No. = Number

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

S.Tm – *Salmonella* Typhimurium

MLVA= Multi-locus variable number tandem repeat analysis

In 2020-21, there was one multijurisdictional outbreak investigation (MJOI) that included South Australian cases, but was led by another jurisdiction. This MJOI commenced in January 2019 and *Salmonella Saintpaul* included 17 confirmed South Australian cases of the same genetic strain. Nationally there were 580 cases (to 27 May 2021) with the same genetic strain, the majority of which were residents of New South Wales and Queensland. Foods eaten at more than expected levels as determined by binomial analysis on cases nationally ( $P < 0.05$ ) included spring onions, cabbage, parsley, pre-made pasta salad and pre-made potato salad. *S. Saintpaul* was identified in a pre-made coleslaw and spring onion raw ingredient in New South Wales. All on farm testing for fresh produce suppliers did not detect *S. Saintpaul*. In South Australia, retail samples of ready to eat salads were tested and no *Salmonella* was detected.

## Cluster Investigations

In addition to the previously mentioned outbreaks, four clusters of potential foodborne illness for which no common source could be identified, were also investigated in 2020-21. A summary of clusters investigated are listed in Table 10.

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 two clusters of Salmonella and two clusters of Shiga toxin producing E. coli investigated. Hypothesis generating interviews were conducted with most cases. All clusters were general increases in specific infections in the community without a common source identified and only descriptive evidence was available for all the investigations

**Table 10: Summary of cluster investigations in South Australia 2020-21**

Number	Month and Year	Organism	Number ill
1	August 2020	<i>Shiga toxin producing E. coli – multiple serogroups</i>	8
2	September 2020	<i>Salmonella Chailey</i>	7
3	November 2020	<i>Shiga toxin producing E. coli serogroup O26</i>	8
4	November 2020	<i>Salmonella Typhimurium</i> MLVA 03-15-08-11-550	7

Notes:

MLVA= multi-locus variable tandem repeat analysis.

S.Tm – *Salmonella* Typhimurium

## 4. Department of Primary Industries and Regions (PIRSA) activities under the Food Act 2001

Biosecurity is a division of PIRSA and administers the *Primary Produce (Food Safety Schemes) (Meat Industry) Regulations 2017*. 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. In practice, to avoid duplication, butcher shops that sell food other than meat and conduct activities regulated under the *Food Act 2001* are inspected by PIRSA officers. A number of PIRSA officers have been appointed authorised officers under the *Food Act 2001*.

During 2020-21, 965 audits were conducted by Biosecurity officers on 546 butcher shops including supermarkets, where a component of audits addressed other retail activities regulated under the *Food Act 2001*. During the audits, 51 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>
<p><i>Safe Drinking Water Act 2001</i></p>	<p>Part 8 – Miscellaneous</p> <p>S 50 – Agreement and consultation with local government sector</p> <p>(1) The Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of this Act.</p> <p>(2) If the Minister and the LGA enter into an agreement with respect to the exercise of functions under this Act by councils, then the Minister must prepare a report on the matter and cause copies of the report to be laid before both Houses of Parliament.</p> <p>(3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.</p> <p>(4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.</p> <p>(5) The annual report of the Minister under this Act must include a specific report on-</p> <p>(a) the outcome of any consultation undertaken under subsection (1) or (4); and</p> <p>(b) the operation of any agreement referred to in subsection (2).</p> <p>S 51 – Annual report by Minister</p> <p>(1) The Minister must, on or before 30 September in each year, prepare a report on the operation of this Act for the financial year ending on the preceding 30 June.</p> <p>(2) The Minister must, within 6 sitting days after completing a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</p> <p>S 52 – Annual reports by enforcement agencies</p> <p>(1) An enforcement agency (other than the Minister) must, on or before 30 September in each year, furnish to the Minister a report on the activities of the enforcement agency under this</p>

Act or Regulation	Requirement
	<p>Act during the financial year ending on the preceding 30 June.</p> <p>(2) The Minister must, within 6 sitting days after receiving a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</p>

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

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

The Act requires:

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

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

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

During 2020-21, the department registered five new drinking water providers and nine drinking water providers cancelled their registration. At 30 June 2021, there were 179 drinking water providers registered with the department. Some providers include multiple drinking water supplies under one registration. SA Water has a dual registration which includes a total of 87 water supplies while the department for Education’s single registration includes 61 schools and preschools.

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

**Risk management plans**

All drinking water providers must have a RMP that includes an approved monitoring program and an incident protocol. During 2020-21, 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 2020-21, the department received notification of one Priority Type 1 incident, 44 Type 1 incidents and 62 Type 2 incidents from SA Water. The total number of reported incidents was similar to 2019-20.

The Priority Type 1 incident was due to elevated levels of a potentially toxic cyanobacterium at the inlet to the Wirrina Cove Water Treatment Plant. Increased treatment and dosing of the reservoir with copper sulfate minimised the risk to public health.

There was an increase in incidents arising from unauthorised access to reservoirs which were visited by a growing number of people in 2020-2021. Incidents associated with contamination of drinking water storage tanks also increased. A flushing program initiated to improve aesthetic quality of drinking water and remove corrosion products from ageing sections of distribution networks resulted in a number of temporary chemical exceedances that were resolved as part of the program. An audit of properties supplied by the Virginia Pipeline Scheme detected a number of cross-connections between drinking water and recycled water pipework

within property boundaries. There was no evidence that recycled water had entered the public drinking water supply.

There was a reduction in the number of incidents caused by detection of cyanobacteria and enteric protozoa in source waters in 2020-21 compared to 2019-20. Cooler summer temperatures and lower winter rainfall may have contributed to the reduction. Incidents associated with water filtration and disinfection and customer complaints about dirty water were also reduced. The department:

- Coordinated communication and responses to all Priority Type 1 and Type 1 incidents
- Liaised with SA Water during Priority Type 1 and Type 1 incidents to ensure remedial actions or responses were implemented in a timely manner including:
  - elevated concentrations of cyanobacteria in source water
  - potential contamination of reservoirs due to unauthorised recreational access
  - detection of potentially human infectious *Cryptosporidium* in source waters
  - detection of *E.coli* in a drinking water storage
  - drinking water storage tank contamination due to access by animals
  - potential contamination of a drinking water storage tank due to a security breach
  - elevated levels of disinfection by products
  - exceedances of chemical guideline values
  - drinking water contamination due to addition of an incorrectly labelled treatment chemical
  - cross connection between drinking water and recycled water supplies.

Water quality incidents were notified by SA Water within prescribed time limits. Implementation of appropriate remedial actions ensured that protection of public health was maintained at all times. No public notifications were required for these incidents.

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

In 2020-21 there were 13 drinking water incidents reported to the department by providers other than SA Water. Nine of the incidents were due to the detection of *E.coli* in drinking water supplies. The department provided advice on chlorination of water tanks and flushing of pipework followed by resampling of the water supply where required. One drinking water provider replaced use of a piped drinking water supply with packaged water in response to repeated *E.coli* detections. The provider is working toward use of an alternative drinking water source.

Other incidents were caused by inadequate disinfection, overdosing of chlorine, chemical exceedance and elevated conductivity of treated water. In each case appropriate responses were implemented.

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

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

The types of drinking water supply that can be audited or inspected by an individual are defined in approval conditions. In 2020-21, the department:

- approved one Level 1 Auditor and one Level 2 Auditor
- reapproved one Level 2 Auditor following expiry of existing approvals
- provided access to online drinking water quality training for local government employees
- provided support for local government auditors and inspectors.

At 30 June 2021 there were 33 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 2020-21 the department carried out 31 audits and 18 inspections of drinking water supplies. The department also received copies of two audit and 13 inspection reports from local government and independent auditors including a comprehensive audit report covering a number of SA Water supplies. The total number of audits and inspections undertaken was lower than in previous years due to disruptions associated with Covid-19. A risk assessment was undertaken to prioritise audits/inspections undertaken by the Water Quality Unit, with visits to drinking water providers rated as 'high risk' completed during the reporting period.

The department maintains a database of non-compliances reported as an outcome of audit and inspection of drinking water providers. A range of non-compliances were noted in 2020-21 including incomplete or insufficient RMPs, failure to notify a water quality incident and lack of detail or absence of documentation relating to maintenance activities and water quality monitoring. None of the non-compliances resulted in a drinking water supply being declared unsafe. The department continues to provide advice and recommendations on improvements to documentation, operational practices and water treatment options for these providers. Follow-up processes or changes in inspection/audit frequency are implemented by the department as required to ensure compliance with the requirements of the Act.

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

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

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

### **Approval of laboratories**

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

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/water+quality/providing+safe+drinking+water/drinking+water+quality+testing+laboratories>

### **Administration and enforcement**

The Act incorporates enforcement provisions including the appointment of authorised officers with appropriate qualifications and experience. The Minister signed an Instrument of Authorisation 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 2020-21, no new appointments were made within the department. There were 11 authorised officers as at 30 June 2020, all of whom are authorised to issue expiations. Authorised officers appointed by local government are provided in council annual reports (Appendix 2).

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

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

During 2020-21, consultation with the LGA on the Act was deferred due to prioritisation of activities associated with Covid-19. The department continued to support local councils in the administration and enforcement of the Act, including discussions about the impacts of Covid-19 on undertaking routine drinking water

audits and inspections. The Water Quality Unit also assisted councils with complex water quality issues.

Following a water quality complaint, the Water Quality Unit visited a property with council representatives to assess the suitability of a shallow bore as a source of drinking water.

Training opportunities to facilitate drinking water audits and inspections were discussed with a number of councils for implementation in the coming months.

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

SA Health continues to recognise the importance of carers through a commitment to ensuring better engagement in shared decision-making in South Australian hospitals.

The [SA Health Consumer, Carer and Community Engagement Strategic Framework 2021-2025](#) released in March 2021, 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 Partnering with Carers Strategic Action Plan 2017-2020](#) was underpinned by the *Carers Recognition Act 2005* and the *South Australian Carers Charter*. The Strategic Action Plan oversees the state coordination and monitoring of the whole of health strategy which supports the implementation of the [SA Health Partnering with Carers Policy Directive](#).

The [Partnering with Carers Strategic Action Plan Overview Report](#) outlines our achievements in relation to our key priorities including:

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

Consumer, carer and community feedback and complaints provide an opportunity to observe the quality of our healthcare from their perspective. This helps us to improve the quality of services and identify safety and quality related problems within healthcare organisations.

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 and
- develop and improve services for carers.

Consumer, carer and community engagement is an essential function and governance undertaken by the LHN. As part of the LHN Service Agreement and National Safety and Quality Health Standards, LHNs are required to provide an overview on 'Partnering with Carers' and compliance with the *Carers Recognition Act 2005*, in the Safety and Quality Account Report 2021-22.

The Carers – Partnering with you website continues to provide information for Carers at [www.sahealth.sa.gov.au/carers](http://www.sahealth.sa.gov.au/carers). Information available on the website includes the policy directive, strategic action plan, overview report, information on how to provide carer feedback and list of local health care service contacts, how to engage with the LHNs, knowing your rights, practical guide for working with carers of people with a mental illness, support information for Carers SA and Carer Gateway.

Following the National Carers Survey in October 2020, SA Health wrote to all LHN Chief Executive Officers and provided the National Carer Survey results. LHNs were invited to meet with Mr David Militz, Chief Executive Officer, Carers SA to discuss the survey findings and future opportunities to support carers throughout their health care services. A number of LHNs have already met with Carers SA, and collaborations have been established. SA Health continues to collaborate with Carers SA.

COVID-19 delayed implementation of the Mental Health Carer Experience Survey (CES) project which was put on hold from March to August 2020. In September 2020, the reports on pilot outcomes were sent to the LHNs to develop their action plans, based on the data collected. The data was gathered from a total of 200 carers who had contact with 31 mental health teams across nine LHNs and provided feedback about their experiences when interacting with SA Health mental health services.

Meanwhile, the Office of the Chief Psychiatrist, with the support of the nominated Carer Champions from each LHN, developed a framework and a toolkit to inform the second stage of the project, which will see CES implemented within all the public mental health services across South Australia.

In October 2020, the Office of the Chief Psychiatrist produced a set the videos 'Mental Health Carers Have a Lot to Say' to celebrate Mental Health Week and Carers week. The Chief Psychiatrist, the Chief Executive Officers of Carers SA and Lived Experience Australia, Carer Consultants, and Carer Representatives participated in the production of the videos, which encouraged mental health staff to offer the survey and carers to complete it. The videos will continue to be used to promote the statewide implementation of CES in 2021.

## Public complaints

### Number of public complaints reported

The information provided below is comprised of all SA Health complaints received, inclusive of LHNs and SAAS. LHNs and SAAS may also report their local public complaints within their own 2020-21 annual report.

In 2020-21, the number of SA Health complaints reported in the Safety Learning System (SLS) Consumer Feedback module was 8,328. The table below shows the number of complaints received for each category.

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2020-21</b>
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	1,143
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	103
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	910
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	220
Service delivery	Systems / technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	351
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	205
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	153

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2020-21</b>
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	0
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0
Service quality	Information	Incorrect, incomplete, out dated or inadequate information; not fit for purpose	7
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	21
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	1,595
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	234
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	437
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
Treatment		Coordination of treatment; diagnosis; inadequate treatment; medication	2,014
Costs		Billing practices; subsidies; information on costs	282
Administration		Administration services; lost property	202
Un-coded and not available		Un-coded complaints	451
		<b>Total</b>	<b>8,328</b>

<b>Additional Metrics</b>	<b>Total</b>
Number of positive feedback comments	6,732
Number of negative feedback comments	9,023
Total number of feedback comments	16,833
% complaints resolved within policy timeframes	92.83%

All consumer feedback including complaints, compliments, advice and suggestions are recorded in the SA Health 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 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 the 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.

Consumer resources include:

- Framework overview outlines our vision, mission, goals and principles for consumer, carer and community feedback
- Your feedback is important information sheet which outlines the process for consumer feedback and provides local health care service contact details
- When you share your feedback and experience is an infographic which outlines the elements of consumer feedback management
- How to write a letter of complaint to your health service provider.

Guide and resources include:

- Staff information complaints handling
- Staff information on compliments, suggestions and advice
- Complaint management process flowchart
- Severity Assessment Measure (SAM) - all complaints vary in complexity and severity. The Severity Assessment Measure (SAM) is a numerical score applied to a complaint, based on the severity of the event that triggered the complaint. Severity can be measured as either extreme, major, moderate or minor and outlines key stakeholders/actions taken by relevant staff to manage the complaint.
- SA Health and national complaint categories and sub-categories
- Charter of rights aligned to complaint categories
- Goals measurement analysis
- Complaint management self-assessment guide.

As part of the annual Service Level Agreements with LHNs, Safety and Quality Account reports are to be submitted to the department. LHN's 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 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**

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

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

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

Data in the tables below was provided by 68 councils in South Australia.

### Authorised Officers

All EHOs must be authorised under Division 3, Section 94 of the *Food Act 2001* to be able to monitor and enforce this Act. EHOs must have the necessary skills and knowledge to effectively perform their food related responsibilities to gain authorisation.

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

Authorised Officers	Full-time	Part-time
Currently working in local government	99	78*

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

### Inspections

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

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

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

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

Inspections	Food safety risk classification					Total
	P1	P2	P3	P4	Not risk classified	
Number of businesses	6,922	4800	3633	1496	58	16909
Inspections conducted	4,867	2,766	1,251	71	10	8965
Follow-up inspections	2,235	633	157	1	12	3038
Inspections from complaints	524	190	24	0	0	738

### Inspection Fees

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

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

Council inspection fees	Number of councils
Charging fees	39
Not charging fees	25

### 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 2020-21 local government food safety auditors have continued to conduct food safety audits of aged care, child care and private hospitals at a frequency determined by the performance of individual sites, in line with the priority classification for these businesses.

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

	<b>Aged care</b>	<b>Child care</b>	<b>Private hospitals</b>	<b>Others</b>	<b>Total</b>
Number of captured businesses	289	381	21	22	713
*Number of audits	247	344	20	20	631
Percentage of audits conducted	85%	90%	95%	91%	88%

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

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

<b>Council audit fees*</b>	<b>Number of councils</b>
Number of councils carrying out audits	18
Number of councils charging audit fee	18

## **Complaints**

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

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

Type	Complaints/reports	Verified
Foreign matter in food	102	53
Microbial contamination	46	22
Chemical contamination or residue	10	3
Alleged food poisoning	197	23
Unclean premises	143	74
Personal hygiene or food handling	233	88
Pest infestation	74	34
Refuse storage	52	22
Labelling issues	29	11
Others	104	43
<b>Total</b>	<b>990</b>	<b>373</b>

### Enforcement Actions

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

Tables A1.7 to A1.10 address enforcement actions relating to inspections conducted in food industry sectors defined in the Food Business Risk Classification. Written warnings make up the largest single action applied, progressing to improvement notices and expiations as food businesses fail to respond or issues became more serious. Table A1.11 contains enforcement actions taken by Local Government in relation to audits of Food Safety Programs conducted under Standard 3.3.1.

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

<b>Retailer</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Alcoholic beverages packaged	164	6	0	0	0	0	0	0
Bakery products	94	57	4	3	2	0	2	0
Bakery products, perishable fillings	181	120	8	10	3	0	0	0
Continental type delicatessen food	61	35	4	3	2	0	0	0
High risk food, perishable	665	454	31	21	13	0	0	0
Low risk packaged food	935	42	3	3	0	0	0	0
Low risk unpackaged food	104	46	3	3	0	0	0	0
Medium risk food, perishable	603	224	11	11	1	0	0	0
Raw meat & poultry	25	10	0	0	0	0	0	0
Seafood (excludes processing of bivalve mollusc)	26	24	1	1	0	0	0	0
*Other retailers – P1	9	10	3	2	1	0	0	0
*Other retailers – P2	25	19	0	2	0	0	0	0
*Other retailers – P3	12	6	0	0	0	0	0	0
*Other retailers – P4	2	0	0	0	0	0	0	0
<b>Total**</b>	<b>2,906</b>	<b>1053</b>	<b>68</b>	<b>59</b>	<b>22</b>	<b>0</b>	<b>2</b>	<b>0</b>

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

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

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

Food service	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Catering offsite activity	205	114	5	4	0	1	0	0
Catering onsite	560	269	17	16	2	0	0	0
Medium risk foods perishable	845	308	10	10	1	0	0	0
Restaurants and takeaway ready to eat food - prepared in advance	482 1	365 4	387	238	186	16	57	3
Restaurants and take away food, ready to eat food - express order	229 6	128 5	85	62	34	2	15	0
Restaurants and takeaway ready to eat food - no raw preparation	822	472	18	15	4	0	1	0
*Other food service – P1	67	29	3	3	0	0	0	0
*Other food service – P2	129	56	0	0	0	0	0	0
*Other food service – P3	221	32	0	0	0	0	0	0
*Other food service – P4	101	1	0	0	0	0	0	0
<b>Total**</b>	<b>10,067</b>	<b>6,220</b>	<b>525</b>	<b>348</b>	<b>227</b>	<b>19</b>	<b>73</b>	<b>3</b>

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

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

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

<b>Processor/manufacture</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Bakery products, perishable fillings processing	399	292	22	15	10	0	0	0
Baby food processing	3	1	0	0	0	0	0	0
Beverage processing	70	20	1	1	0	0	0	0
Beverage processing small producer	26	8	0	0	0	0	0	0
Canned food processing	7	7	0	0	0	0	0	0
Canned food processing very small producer and high acid food	44	14	1	1	0	0	0	0
Chocolate processing	7	6	0	0	0	0	0	0
Chocolate processing small producer	35	12	0	0	0	0	0	0
Cereal processing & medium/low risk bakery	641	248	10	8	3	0	0	0
Confectionary processing	185	58	4	4	0	0	0	0
Cook-chill food short shelf-life processing	19	11	3	2	1	0	0	0
Cook-chill food extended shelf life processing	12	3	0	0	0	0	0	0
Cook-chill food extended shelf life processing; aseptic packaging	2	0	0	0	0	0	0	0
Cook-frozen food processing	17	8	1	0	0	1	1	0
Dairy processing (not including soft cheese)	28	16	1	1	0	0	0	0
Dairy processing - soft cheese processing	4	2	0	0	0	0	0	0
Egg processing	4	1	0	0	0	0	0	0

Table A1.9 (continued)

Processor/manufacture	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Fruit and vegetables processing	38	19	4	4	0	0	0	0
Fruit and vegetable processing, frozen	6	4	0	0	0	0	0	0
Fruit and vegetable processing, frozen/blanch, small producer	63	15	1	1	0	0	0	0
Fruit and vegetable juice, unpasteurised processing	7	4	2	1	1	0	0	0
Fruit juice, pasteurisation processing, shelf stable processing	1	0	0	0	0	0	0	0
Fruit juice, pasteurisation processing, shelf stable processing, small producer	6	2	0	0	0	0	0	0
Infant Formula product processing	1	0	0	0	0	0	0	0
Meat processing Abattoir/Boning Room	10	4	0	0	0	0	0	0
Meat processing, fermented meat processing, small goods processing	12	3	1	1	0	0	0	0
Oils and fats processing	36	6	1	1	0	0	0	0
Peanut butter processing	2	2	0	0	0	0	0	0
Peanut butter processing, small producer	4	2	0	0	0	0	0	0
Poultry processing	1	1	0	0	0	0	0	0
Prepared not ready to eat food processing	19	11	0	0	0	0	0	0
Prepared ready to eat food processing	91	60	6	2	4	0	0	0

**Table A1.9 (continued)**

<b>Processor/manufacturer</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Salt & other low risk ingredients/additives processor	2	1	0	0	0	0	0	0
Seafood processing	17	10	1	0	0	0	1	0
Seafood processing ready to eat and shelf stable	8	5	1	1	0	0	0	0
Seafood processing - mollusc processing	31	6	0	0	0	0	0	0
Snack chips processing	4	1	0	0	0	0	0	0
Spices and dried herbs processing	17	4	0	0	0	0	0	0
Spices and dried herbs processing, small producer	33	12	0	0	0	0	0	0
Sprout processing	2	0	0	0	0	0	0	0
Sushi processing	24	21	4	1	4	1	4	0
Vegetables in oil processing	23	12	1	1	0	0	0	0
*Other processor / manufacturers - P1	8	5	0	0	0	0	0	0
*Other processor / manufacturers - P2	18	15	0	0	0	0	0	0
*Other processor / manufacturers - P3	24	22	2	2	0	0	0	0
*Other processor / manufacturers - P4	1	0	0	0	0	0	0	0
<b>Total**</b>	<b>201 2</b>	<b>954</b>	<b>67</b>	<b>47</b>	<b>23</b>	<b>2</b>	<b>6</b>	<b>0</b>

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

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

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

Food transporter	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Bulk flour storage distributor	3	1	0	0	0	0	0	0
Bulk milk collection distributor	1	1	1	0	1	0	0	0
Dairy produce distributor	14	3	0	0	0	0	0	0
Dry goods and beverages distributor	63	6	0	0	0	0	0	0
Frozen food distributor	20	4	0	0	0	0	0	0
Fruit and vegetables distributor	15	5	0	0	0	0	0	0
Perishable, ready to eat, packaged, medium risk food distributor	30	10	0	0	0	0	0	0
Perishable, ready to eat, packaged, high risk food distributor	34	19	1	0	2	0	0	0
Processed meat distributor	4	0	0	0	0	0	0	0
Seafood distributor	8	5	0	0	0	0	0	0
Other food transporters - P1	0	0	0	0	0	0	0	0
Other food transporters - P2	0	0	0	0	0	0	0	0
Other food transporters - P3	14	0	0	0	0	0	0	0
Other food transporters - P4	1	0	0	0	0	0	0	0
<b>Total*</b>	<b>207</b>	<b>54</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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

Reason for enforcement activity	Written warnings	Improvement notices	Prohibition orders	Expiations	Prosecutions
FSP not prepared, implemented, maintained and monitored	1	1	0	0	0
FSP not audited at the frequency determined by the auditor	0	1	0	0	0
FSP not revised so as to comply with the Regulations	0	0	0	0	0
FSP audit report not retained by business for four years	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Prosecution register

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

Since the last reporting period six additional businesses have been added to the prosecution register. This information can be viewed on the *Food Act 2001* Prosecutions Register on the SA Health website:

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/food+legislation/food+prosecution+register>

## Appendix 2: Food outbreak investigations – 2020-21

### Outbreak Investigations

An outbreak is defined as an event where two or more people experience a similar illness after eating a common meal or food and epidemiological and/or microbiological evidence indicates the meal or food as the source of the illness.

#### *Outbreak No. 1: Campylobacter - Restaurant*

An outbreak investigation was conducted in January 2021 after reports of illness in a group that had a lunch function at a restaurant in late December 2020. There were three cases of Campylobacter (two further typed as *C. jejuni*) and three people with diarrhoea in the following week. A cohort study was conducted and 28 of 32 attendees replied (response rate 88 percent). The cohort study did not identify any single food item with a significant association with illness, as most people ate some of every food on the set menu. The set menu included a chicken liver parfait. EHOs inspected the restaurant and noted that the cook temperature for the parfait was insufficient. The business was advised to take corrective actions.

#### *Outbreak No 2: Vibrio Parahaemolyticus – Primary production*

An investigation into an increased number of locally acquired cases of *Vibrio parahaemolyticus* was initiated in South Australia in March 2021. Cases were also identified in other jurisdictions, with a total of 21 cases reported in the outbreak with onsets between 1 February and 30 April 2021, including eight cases in South Australia, 12 cases in Victoria and one case in Western Australia. Nineteen cases (90 percent) reported eating oysters in their incubation period, including 16 cases that ate oysters uncooked. Oysters were consumed at a variety of commercial restaurants and purchased for consumption at home. Trace back identified a common source of oysters in a South Australian growing region. Retail samples of oysters were collected in South Australia and no *V. Parahaemolyticus* was identified. A common sequence type (ST 36) was identified for four South Australian cases and 11 of the Victorian cases that were able to undergo whole genome sequencing, and phylogenetic analysis on the isolates found they were highly related and suggestive of a common source. SA Health distributed information regarding safe seafood handling via social media and a communication letter was distributed to South Australian food businesses including growers, processors, transporters, brokers and retail on controlling the risks in oysters and the importance of traceability.

#### *Outbreak No 3: Salmonella Typhimurium MLVA 03-14-10-08-523 – Bakery*

An increase in *Salmonella Typhimurium* MLVA 03-14-10-08-523 was identified, with the majority of cases in the same metropolitan local government area. In total, 16 cases were reported in the area between 1 April 2021 and 31 May 2021. Of these, seven cases consumed food and beverages from the same local bakery, including one case that was potentially a secondary infection within a household. A variety of foods (including pies, soup, cakes and coffee) were consumed by cases from the bakery in the first two weeks of April. Six cases that ate at the bakery were

hospitalised. An EHO inspected the bakery and identified issues around egg handling, cleaning and sanitation, and skills and knowledge of food handlers. Recommendations for improvements and follow up inspections occurred. Cross contamination from eggs was the likely source.

*Outbreak No 4: Salmonella Typhimurium MLVA 03-11-09/10-08-523 – Primary produce*

Nine cases of Salmonella Typhimurium MLVA 03-11-09/10-08-523 were notified between 1 April 2021 and 31 May 2021. Seven cases were able to be contacted for interview and six reported eating eggs in their incubation period. Five cases recalled eating the same egg brand, including three consuming eggs at home and two ate egg dishes at different restaurants that trace back was able to identify as the same brand and from a common egg producer. Egg dishes consumed were various types of potentially undercooked eggs including poached and runny fried eggs. EHOs inspected the commercial restaurant venues where eggs were consumed and an audit of the egg farm was undertaken.

**Appendix 3: Annual Reports by Enforcement Agencies  
under the *Safe Drinking Water Act 2011 – 2020-21***

Reports commence next page.

# Adelaide Hills Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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
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# Adelaide Plains Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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 Approved Inspector of the Safe Drinking Water Act 2011	Economic Development Officer	No

#### 2. Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Thommo's Drinking Water	16/03/2021	David Cowell
A & S Garland Water Cartage	11/06/2021	David Cowell

#### 3. Fees for audits and inspections

Nil
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#### 4. Enforcement activities

Section 38 Notice - A & S Garland Water Cartage – Issued 16/06/2021 - No risk management plan
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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 Adelaide

## Safe Drinking Water Act Annual Report 2020-2021

### 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

Nil
-----

# Alexandrina Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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.
Cassie O'Connor	Team Leader Environmental Health	No
Luke Masters	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
Finniss General Store	January 2021	Have passed onto to SA Health to clarify water source, appears details on SA Health records are not current/incorrect.  Have followed up with the business under the Food Act.

**6. Consultation and Education**

Nil
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**7. Other activities**

Nil
-----

# Barossa Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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

\$123

#### 4. Enforcement activities

Nil

5. Drinking water related complaints

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

6. Consultation and Education

Nil
-----

7. Other activities

Nil
-----

# Barunga West Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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 – accredited Food Auditor	Environmental Health Officer	Yes – Copper Coast Council

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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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# Berri Barmera Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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 BAppSc (Env Health)	EHO	No
Dara Frankel BAppSc (Env Health)	EHO (emergency back up)	Loxton Waikerie
Chris Congdon BAppSc (Env Health)	EHO (contractor)	Tatiara
Dane Abbott BAppSc (Env Health)	EHO (contractor)	Naracoorte Lucindale
Nathan Maple BAppSc (Env Health)	EHO (contractor)	Onkaparinga

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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 Ceduna

## Safe Drinking Water Act Annual Report 2020-2021

### 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	Yes District Councils of Wudinna/Streaky Bay/Elliston

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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 Charles Sturt

## Safe Drinking Water Act Annual Report 2020-2021

### 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

Nil
-----

# Clare & Gilbert Valleys Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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
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# District Council of Cleve

## Safe Drinking Water Act Annual Report 2020-2021

### 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

Nil
-----

# District Council of Coober Pedy

## Safe Drinking Water Act Annual Report 2020-2021

### 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 Environmental Health Flinders University 2005.	Environmental Health Officer	Yes, full time position with 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

Yes, education and consultation as required in the course of routine Food Premises Inspections
--

#### 7. Other activities

Nil
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# Coorong District Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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.
Myles Somers Environmental Health Officer	Coordinator Development and Environmental Services	No

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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
-----

# Copper Coast Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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 2020-2021**

**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
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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 Elliston

## Safe Drinking Water Act Annual Report 2020-2021

### 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	District Councils of Ceduna/ 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
-----

#### 7. Other activities

Nil
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# Flinders Ranges Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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	EHO	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
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# District Council of Franklin Harbour

## Safe Drinking Water Act Annual Report 2020-2021

### 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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# Town of Gawler

## Safe Drinking Water Act Annual Report 2020-2021

### 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.
Melinda Coleshill	EHO – food safety auditor, not appointed under the Safe Drinking Water Act	No
Deirdre Reiman	EHO - food safety auditor, not appointed under the Safe Drinking Water Act	Yes – Light Regional & Adelaide Plains Councils
Jack Darzanos	EHO – Team Leader. Not an 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
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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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# Regional Council of Goyder

## Safe Drinking Water Act Annual Report 2020-2021

### 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 2020-2021

### 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
Clarendon Chalets 59 Clarke Road, OB Flat	Original complaint in March 2020	The process of resolving the matter carried over to this reporting period.

#### 6. Consultation and Education

Businesses provided with information during routine food safety inspections.
--

#### 7. Other activities

Nil
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# City of Holdfast Bay

## Safe Drinking Water Act Annual Report 2020-2021

### 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

#### 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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# Kangaroo Island Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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.
Steve Ryles	Environmental Health Officer/Senior Building Surveyor	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 Karoonda East Murray

## Safe Drinking Water Act Annual Report 2020-2021

### 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
Julie Savill Bachelor of Environmental Health Authorised officer under the Safe Drinking Water Act 2011 Approved Auditor Level 2	Environmental Health Officer	Mid Murray Council

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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

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

## Safe Drinking Water Act Annual Report 2020-2021

### 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 Dip. Health Surveying	Environmental Health Officer	Yes, DC Cleve

#### 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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# Kingston District Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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. Been changed now to fortnightly in Kingston District Council

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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
Cape Jaffa Anchorage Essential Services Pty Ltd	15 June 2021	Concerns were raised from a resident living in Cape Jaffa, regarding the frequent interruptions to their drinking water supplies – experiencing common shutdowns of the system due to power failures. Council has referred this matter to SA Health and EPA to investigate. EPA has identified other compliance and infrastructure issues. SA Health will also make

		ESCOSA aware of issues identified in their investigation.
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6. Consultation and Education

During the routine inspections of food businesses, discussions are held with owners regarding their drinking water source.

7. Other activities

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

Council has implemented an Annual Rainwater Testing Program.

Late February, Council undertook rainwater samples of all the rainwater tanks. A total of nine (9) samples were taken on 24th February 2021. All samples were sent to IMVS laboratory to check for potability. There were three (3) samples that were found to have low levels of E.coli counts. These tanks were decontaminated and re-tested. The decontamination procedure was effective as no further reading of E.coli was detected on these three rainwater tanks.

# Light Regional Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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

Education as required is undertaken in the course of normal Food Premises inspections
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#### 7. Other activities

Nil
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# District Council of Lower Eyre Peninsula

## Safe Drinking Water Act Annual Report 2020-2021

### 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.
Emma McDonald	Manager Environmental Services	Yes. Employed by the District Council of Tumby Bay and undertakes contract work for DCLEP as required.

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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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# Loxton Waikerie District Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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 Queensland Institute of Technology	Environmental Health Officer	No
Ian Geoffrey Miller (Bachelor of Applied Science – Environmental Health)	Environmental Health Officer	Yes

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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 2020-2021

### 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
David Sboro -Bachelor of Science (Environmental Health) Flinders University -Diploma of Quality Auditing	Acting 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)	Graduate 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
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# City of Marion

## Safe Drinking Water Act Annual Report 2020-2021

### 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 2020-2021

### 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.
Tom McKellar Graduate Diploma in Environmental Health Practice Authorised Officer under the Safe Drinking Water Act 2011	EHO	No
Julie Savill Bachelor of Environmental Health	EHO	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

Advice regarding the care and maintenance of rainwater tanks is provided upon request and also made available through the three Council offices.
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**7. Other activities**

Nil
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# City of Mitcham

## Safe Drinking Water Act Annual Report 2020-2021

### 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
-----

# Mount Barker District Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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.
Jamie Tann Bachelor applied Science (Environmental Health) (University of Western Sydney) RABQSA Level 4 High Risk Auditor	Manager, Health & Public Safety	No
Tony Pearson Diploma of Applied Science (Environmental Health) RABQSA Level 4 High Risk Auditor	Environmental Health Officer	No
Nicole Greenleaf Bachelor of Health Science Nutrition/ Graduate Diploma Environmental Health Practice (Flinders University)	Environmental Health Officer	No
Alex Hodge Bachelor of (Environmental Health) (Flinders University)	Environmental Health Officer	No
Hannah Johansen Bachelor of (Environmental Health) (Flinders University) RABQSA Level 4 High Risk Auditor	Environmental Health Officer	No
Lily Do Graduate Diploma Environmental Health Practice (Flinders University)	Environmental Health Officer	No

**2. Audits and inspections**

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

**3. Fees for audits and inspections**

Nil
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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 Mount Gambier

## Safe Drinking Water Act Annual Report 2020-2021

### 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

During inspections and on Council's Public Health web page
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#### 7. Other activities

Nil
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# District Council of Mount Remarkable

## Safe Drinking Water Act Annual Report 2020-2021

### 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	Environmental Health Officer	DC Peterborough DC Orroroo Carrieton Port Pirie Regional Council Flinders Ranges Council

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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
-----

# Rural City of Murray Bridge

## Safe Drinking Water Act Annual Report 2020-2021

### 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 (resource sharing)
Caroline Thomas	Senior EHO	Yes – SMDC (resource sharing)
Jeremy Byrnes	Team Leader - Regulation	No

#### 2. Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
El Shaddai Camping Centre	14 July 2020	Julie Savill

#### 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

Advice provided to food businesses on inspections if necessary.
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#### 7. Other activities

Nil
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# Naracoorte Lucindale Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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	No
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 2020-2021

### 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 Authorised Officer Environmental Health	Manager Regulatory Services	No

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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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# City of Onkaparinga

## Safe Drinking Water Act Annual Report 2020-2021

### 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) & SA Health-approved Food Safety Auditor	Environmental Health Officer	No
Tricia Franks BSc, Graduate Diploma in Environmental Health Practice & SA Health-approved Food Safety Auditor	Environmental Health Officer	No
Nicole Moore Bachelor of Environmental Health	Team Leader Community Health	No
Jodi-Anne Smith Bachelor of Environmental Health	Environmental Health Officer	No

#### 2. Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Swell Taphouse and Brewery	Scheduled inspection: 22/07/2020	Tricia Franks
D'Arenberg Pty Ltd	Scheduled inspection: 22/07/2020; follow-up inspection: 20/10/2020	Tricia Franks
McLaren Vale Lakeside Caravan Park	Follow-up inspections: 31/7/2020, 22/9/2020	Tricia Franks
SC Pannell	Scheduled inspection: 1/10/2020	Stuart Dearden
Chapel Hill Winery and Resort	Follow-up inspection: 22/10/2020	Stuart Dearden

#### 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
Southbound Mega Gym	Complaint passed on by SA Health on 14/8/2020	Site visit. Complaint regarding failure to filter rainwater was not justified. Business is exempt from registration.
B&B, backpackers' accommodation	20/10/2020	Joint site visit with SA Health and detailed follow-up of unapproved developments associated with drinking water supply to the public; contaminated surface water supply to dwellings has been replaced with rainwater and mains water supplies OR affected outlets are clearly sign posted to warn against ingestion. Premises exempt from registration.

6. Consultation and Education

Ongoing ad hoc education of affected businesses

7. Other activities

Waterman Cartage advised us that the water cartage truck is now garaged in Yankalilla: we advised SA Health and Yankalilla and removed the business from our register.  
Our council keeps a register of businesses that are exempt from registration.

# District Council of Orroroo Carrieton

## Safe Drinking Water Act Annual Report 2020-2021

### 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	Port Pirie Regional Council Flinders Ranges Council District Council of Mount Remarkable 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
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#### 7. Other activities

Nil
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# District Council of Peterborough

## Safe Drinking Water Act Annual Report 2020-2021

### 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	Environmental Health Officer	DC Mount Remarkable DC Orroroo Carrieton Port Pirie Regional Council Flinders Ranges Council

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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 2020-2021

### 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.
James Story Bachelor of Applied Science (Environmental Health) Diploma in Business Quality Auditing	Manager Health & Immunisation Services	No
Amedeo Fioravanti Associate Diploma in Environmental Health	Senior Environmental Health Officer	Yes – Private Contractor to Regional Council of Goyder
Tina Simos Graduate Diploma in Environmental Health	Environmental Health Officer	No
Kate Nankivell Bachelor of Applied Science (Environmental Health)	Environmental Health Officer	No
Ryan Sutton Bachelor in Public Health (Environmental Health)	Environmental Health Officer	No
Maria Wilson Bachelor of Applied Science (Environmental Health)	Environmental Health Officer	No
Johanna Chudleigh Graduate Diploma in Environmental Health	Environmental Health Officer	No

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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

# City of Port Adelaide Enfield

## Safe Drinking Water Act Annual Report 2020-2021

### 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 2020-2021

### 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
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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 Lincoln

## Safe Drinking Water Act Annual Report 2020-2021

### 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	Senior Environmental Health Officer	No
Cristo Chittilapilly	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 2020-2021

### 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

#### 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 2020-2021

### 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.
Dara Frankel Bachelor of Applied Science (Environmental Health)	Environmental Health Officer	No

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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 Robe

## Safe Drinking Water Act Annual Report 2020-2021

### 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 (same as Kingston District Council)

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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 Act and its requirements.
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**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. Re-testing was conducted, as a positive reading (1 organism) was detected for E.coli on the sample taken from the non- drinking water tap. After tap was sanitised, a second sample was taken, and result was found negative.

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.

In March 2021, a total of eight (8) 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 3 organisms per 100 mL. This rainwater tank which is located at the Works Depot maintenance shed does not get used for drinking by staff. Signage has been placed, that water is not suitable for drinking, but it continues to be tested, to monitor the quality of the water.

# Municipal Council of Roxby Downs

## Safe Drinking Water Act Annual Report 2020-2021

### 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
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# City of Salisbury

## Safe Drinking Water Act Annual Report 2020-2021

### 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
-----

# Southern Mallee District Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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	Environmental Health Officer	Yes – Rural City of Murray Bridge
Caroline Thomas	Environmental Health Officer	Yes – Rural City of Murray Bridge

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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

Water supply checked when on food inspections.
--

#### 7. Other activities

Nil
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# District Council of Streaky Bay

## Safe Drinking Water Act Annual Report 2020-2021

### 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	District Councils of Ceduna/Elliston/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
-----

#### 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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# Tatiara District Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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

\$187.96 / hr
---------------

#### 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 2020-2021

### 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 2020-2021

### 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
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#### 7. Other activities

Nil
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# City of Victor Harbor

## Safe Drinking Water Act Annual Report 2020-2021

### 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
-----

#### 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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# Wakefield Regional Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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.
Willbur Colaco (Master of Environmental Management and Graduate Diploma in Environmental Health Practices)	Environmental Health Officer	No

#### 2. Audits and inspections

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

#### 3. Fees for audits and inspections

Nil
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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 2020-2021

### 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. & attend the other two Councils on a fortnightly basis.

#### 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
Starky's Fibreglass Repairs (water carter)	30 November 2020	Concern was raised from a resident who had to fill the rainwater tank and used Starky's Fibreglass Repairs (which is the only water carter in the Region) and had problems with the water quality – had a foul smell and taste. SA Health was notified, and water sampling was conducted to test for

		suitability. Results showed no E.coli contamination.
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6. Consultation and Education

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

7. Other activities

Council has many owned buildings throughout the Region, such as all the Works Depots in various towns – Penola, Millicent, Beachport and Kalangadoo, caravan 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 37 rainwater samples were taken, including 5 re-sampling of decontaminated rainwater tanks, to determine suitability of potable rainwater.

On 18th March 2021, 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 23rd March 2021, where ten (10) more rainwater samples were taken, were sent to IMVS laboratory for analyses. There were two (2) returned positive reading of E.coli, readings ranging from 23 to 170 organisms per 100 ml

On 8th April 2021, five (5) post decontamination rainwater samples were taken and were returned with negative of E.coli readings.

# City of West Torrens

## Safe Drinking Water Act Annual Report 2020-2021

### 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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# Whyalla City Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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	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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# Wudinna District Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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	Yes (District Councils of Ceduna/Elliston/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 Yankalilla

## Safe Drinking Water Act Annual Report 2020-2021

### 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
JA & JL Solly Water Cartage	28/04/2021	Kim Vivian
Rob Solly Truck Hire	28/04/2021	Kim Vivian

#### 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

Member of SA Health's SDW Working Group
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# Yorke Peninsula Council

## Safe Drinking Water Act Annual Report 2020-2021

### 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 (Started Nov 2019)	(Contracted at Barunga West Jan-June 2021 for Wastewater)
Allan Cotton	Environmental Health Officer	Retired July 2021

#### 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 2021)

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

Consultancies	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	Various	\$33,900

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

Consultancies	Purpose	\$ Actual payment
Deloitte Touche Thomatsu	Expert advice and development of the nWCH final business case. Includes Procurement delivery model analysis and recommendations in relation to the new WCH/RAH interface analysis.	\$765,253
Tata Consultancy Service 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.	\$176,000
Ernst & Young	Expert advice and organisational cultural development. Includes drafting of high level professional Cultural Narrative and embedment plan/strategy documents.	\$150,750
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
Ernst & Young	Undertake an independent supply chain risk review of current suppliers of clinical and other goods. Identify and recommend strategies to mitigate future risk.	\$145,000
KPMG	Independent assessment of COVID cost capture for public hospitals. Includes gap analysis, the provision of reports and recommendations.	\$139,651

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Deloitte Touche Thomatsu	Provide expert advice in relation to the development of Digital Strategic Framework, Scoping Statements and Digital Road Map.	\$132,975
Pricewaterhousecoopers Consulting (Australia) Pty Ltd	Expert advice and development of final business case for a new central laboratory for SA Pathology. Includes site option feasibility study, strategic analysis of service need or opportunity and recommendations informs investment, policy, and regulatory decisions.	\$123,300
Ernst & Young	Undertake independent OACIS usage review at CALHN and SALHN and provide recommendations on improvements required to Sunrises functionality or additional change management effort to improve adoption.	\$121,237
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
KPMG	Expert advice and development of a business case outlining the preferred internal facility concept design, assumptions, costs, and risks for the new SA Health Warehouse.	\$79,643
SAHMRI	Undertake an independent review of the interfaces between the Health system and Aged care services.	\$67,728
Deloitte Touche Thomatsu	Provide advice and undertake an independent review of the new Women's and Children's Hospital (nWCH) Back of House requirements. Includes recommendations regarding the requirements for the Back of House Schedule of Accommodation.	\$46,575

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Healthcare Equipment Planning Australia Pty Ltd	Specialised review into the capability of the Royal Adelaide Hospital Central Sterilisation Services Department (CSSD) to undertake the re-processing of the reusable medical devices for the Women's and Children's Hospital. Includes the provision of reports and recommendations on the suitability of the co-location of the CSSDs.	\$34,120
David McGrath Consulting	Independent post occupancy review into the Tarnanthi Forensic MH ward. Includes recommendations for further improvements in the delivery of care to Tarnanthi clients, the overall use of forensic mental health beds and other general recommendations.	\$33,250
Flinders University	Conduct an independent review of the <i>Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment Act 2017</i> and the <i>Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) (No 2) Variation Regulation 2019</i> , more commonly known as Gayle's Law. Includes the provision of a draft and final report.	\$32,200
David McGrath Consulting	Undertake an independent Gateway Review of the Forensic Court Diversion and Assessment Service. Includes the identification of any opportunities to refine and improve funding and staff model and the provision of other general recommendations.	\$31,500
Powerhealth Solutions	Undertake an independent review of the PowerPerformance Manager (PPM) system costing update processes undertaken by LHNs and the department and the processes regarding data integrity. Includes the provision of reports and recommendations for improvements in the costing process and for improved reconciliation and validation processes.	\$28,665

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Deloitte Risk Advisory Pty Ltd	Provide independent security advice for the tender evaluation process of the delivery of an Intelligent Automation System (IAS) to SALHN.	\$24,960
Ernst & Young	Undertake an independent review of the Digital Health COVID testing process from a clinical, process and technology perspective. Includes recommendations for process improvements.	\$21,660
Healthcare Equipment Planning Australia Pty Ltd	Specialised review the capability of the Royal Adelaide Hospital Central Sterilisation Services Department (CSSD) to undertake the re-processing of the reusable medical devices for the Women's and Children's Hospital. Includes the provision of reports and recommendations on the suitability of the co-location of the CSSDs.	\$18,200
Tata Consultancy Service Ltd	Expert advice in relation to the Storage Chapter of the Book of Digital Health. Includes recommendations on the future state storage strategy for SA Health.	\$17,000
GHD Pty Ltd	Independent security gap analysis at Gepps Cross Distribution Centre. Includes identification of any gaps between the SAPOL risk assessment report and the security overlay and recommends options to treat the risks/gaps identified.	\$10,800
	<b>Total</b>	<b>\$2,479,649</b>

Data for previous years is available at:

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

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 2021)

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

Contractors	Purpose	\$ Actual payment
All contractors below \$10,000 each - combined	Various	\$277,183

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

Contractors	Purpose	\$ Actual payment
KPMG	Audit on private hospital financial viability payments	\$810,669
Simplus Australia Pty Ltd	Maintenance and support of salesforce instances	\$767,451
Deloitte Consulting Pty Limited	Development of outcome-based procurement strategy and specific requirements to assist in procurement of ECPS solution.	\$542,451
Zed Management Consulting	Assessment of COVID-19 management planning	\$537,296
Gyre Digital Pty Ltd	Temporary labour hire	\$494,000
KPMG	Develop a Digital Health Strategy in response to the EPAS independent review completed in November 2019	\$438,683
Ernst & Young	Support to SA Interim Vaccine Management solution	\$389,520
Ernst & Young	Design, Build and Deploy a State-Wide solution to digitise the data collection of all community testing in SA	\$380,515
Deloitte Touche Tohmatsu	COVID-19 Contingency Planning Support Services and risk management plan	\$331,405
Expose Data Pty Ltd	Clinical data analytics discovery project	\$320,020

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Ernst & Young	Home quarantine application support and project management	\$292,377
Oz-Train Pty Ltd	CDCB reform to change management, culture, stakeholder management and workforce consultancy services	\$280,950
Ernst & Young	Support to CDCB COVID operations implementing framework for business management and dashboards	\$278,760
Specialised Dispute Management Pty Ltd	Contract management consulting - legal - nRAH project	\$260,814
Pricewaterhousecoopers Legal	Fee for professional services rendered in relation to ECPS Independent Project Assurance	\$255,468
Arcblue Consulting (AUS) Pty Ltd	Procurement support	\$245,021
Pricewaterhousecoopers Consulting (Australia) Pty Ltd	Resources to support on the ground COVID readiness program	\$234,094
Adelaide Hills Division of General Practice Inc	Support to SA Health secure messaging project	\$220,000
Blue Crystal Solutions	Technical developer	\$212,070
Fragile to Agile	NALHN PAS assessment	\$209,719
Chamonix IT Consulting	Sunrise EMR and My Health Record integration	\$194,000
KPMG	Secondment for incident management response, COVID-19 workforce, home quarantine and exemption process	\$186,612
Rixstewart Pty Ltd	Support review and update of RAH services specification for the reviewable services	\$184,346
Innodev Pty Ltd	COVID-19 vaccination management project enterprise architect	\$181,300
Ernst & Young	Professional Procurement Services for SA Health Strategic Projects 2019-2020	\$179,900

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
South Australian Government Financing Authority	2020-21 Claims Management Fee	\$172,268
Transforming Solutions	Project management disability vulnerable cohort advisory group lead for COVID-19 vaccination rollout	\$170,100
Taryn Schubert Communications	Manage Public Information function in State Command Centre - Health for the SA Government COVID-19 Pandemic Response	\$163,125
Innodev Pty Ltd	Human Centred Design (HCD) services to assist in providing an optimal design of a COVID-19 application.	\$150,640
Aurecon Australasia Pty Ltd	Protective Security Plan for COVID-19 medi-hotels, remote testing stations and Adelaide Airport Arrivals & Transfers	\$144,565
Ernst & Young	Project manager for SALHN intelligent automation project	\$143,012
Ernst & Young	Delivery of a series of cultural reform initiatives including a Cultural Evolution Plan	\$138,409
Zed Management Consulting	Support to implement RACF Emergency Plan	\$135,449
KPMG	Support to procurement related project	\$128,700
Caliba Group Pty Ltd	Pharmacy tender price refresh and new supplier tender	\$126,100
Jildara Pty Ltd	Measurement of institutional racism	\$125,990
Chamonix IT Consulting	Project manager for data analytics foundation project	\$120,975
Zed Management Consulting	Executive project support for the implementation of the COVID-19 Vaccination Program	\$120,873

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Australian Red Cross	Telephone outreach services for people directed into home quarantine or isolation.	\$120,000
Chamonix IT Consulting	COVID home quarantine application solution architect	\$118,738
Ernst & Young	Preparation and provision of reports and policies	\$116,490
Arup Australia Pty Ltd	SA Health Distribution Centre operational readiness support	\$115,980
CQR Consulting Australia Pty Ltd	Onsite security specialist 4 days per week (30 Hours) based on initial 12-week requirement to address backlog as result of COVID-19	\$115,900
Zed Management Consulting	Essential services risk management support	\$113,610
KPMG	Support to workforce planning related to COVID-19	\$112,483
ASG Group Limited	Staff augmentation solution architects	\$110,400
Hannan Duck & Partners Pty Ltd	Medi hotel support	\$110,235
Zed Management Consulting	Development of the Women's, Children and Youth Health Plan and the Clinical Services Plan	\$109,448
Russell & Yelland Architects	YNLHN integrated site development plan	\$109,149
Dialog Information Technology	Technical deployment of the Commonwealth's CVMS solutions	\$107,240
G88 Consulting	Project to support the activities of the Congregate Living Work Group in relation to preparedness and rapid response to COVID-19 outbreaks in residential aged care facilities	\$105,690
Escient Pty Ltd	Agile coaching and proof of concept delivery	\$105,300

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Destravis Australia Pty Ltd	LPSC for Kangaroo Island health service infrastructure master plan	\$104,399
Pricewaterhousecoopers Consulting (Australia) Pty Ltd	Aged Care Market Research Report	\$104,115
Deloitte Risk Advisory Pty Ltd	Implement the Department's Approved Internal Audit Plan for FY 2021 to 2022	\$103,925
Caliba Group Pty Ltd	Project management of Wipro for discovery stage of EPSS and CMS project	\$103,400
Zed Management Consulting	Evaluation of palliative care projects	\$99,978
Executive Advisory Services Pty Ltd	eHealth Independent Observer and adviser	\$99,300
Hannan Duck & Partners Pty Ltd	Assist with a review of roles, responsibilities, and structure within Digital Health SA	\$98,492
ASG Group Limited	EMR program administration	\$96,250
Chamonix IT Consulting	Partnership hub project management	\$90,000
University of South Australia	Data capture and research on emergent mental health need	\$87,980
PEG Consulting Pty Ltd	Data and information gathering	\$84,689
BDO Advisory (SA) Pty Ltd	Probity services	\$83,716
Helica Architecture Pty Ltd	SAMIS plan and data preparation	\$82,690
Destravis Australia Pty Ltd	Mount Gambier Hospital ambulatory care planning study	\$82,173
Australian Strategic Services	Aged Care Strategy project engagement	\$81,426
Zed Management Consulting	Essential services risk management support	\$80,679

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Pricewaterhousecoopers Legal	Internal audit on cyber incident recovery planning review	\$80,221
ASG Group Limited	Project management for Electronic Medical Record Program	\$76,500
Chamonix IT Consulting	COVID-19 agile POC initiation	\$76,050
Ernst & Young	Project Management of fast-tracked delivery of State-Wide digital attendance tracking solution (QR Code Reader); and Project Support to handover KPI tracker & deliverables & support Outbreak Management Review	\$75,926
Hannan Duck & Partners Pty Ltd	Establish and implement a consolidated business support	\$75,000
Operational Systems P/L	Testing compliance for Quarantine Pathway and medi-hotel workers via Everbridge Mobile Application Platform	\$73,225
Dialog Information Technology	DHSA Project Management Methodology Framework (PMMF) review and proposed response	\$72,600
Hodgkison	RMCLHN CSSD upgrade planning study	\$71,580
KPMG	Assistance to PSCM procurement projects	\$68,000
Hannan Duck & Partners Pty Ltd	Confirm accuracy and completeness of security staffing database and respond to security related incidents in a timely manner	\$65,867
Helipoint Design Group Pty Ltd	Audit of the regional and metropolitan LHN helipads	\$65,477
Fragile to Agile	EA support for project management	\$65,275
Pricewaterhousecoopers Legal	Internal audit on Medicare billing project	\$62,306
Arinex Pty Ltd	Event management for Nursing & Midwifery Excellence Awards	\$60,000

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Hannan & Partners Pty Ltd	Support for Splunk extension implementation project	\$60,000
O'Connor Marsden & Associates Pty Ltd	Probity services	\$59,964
Caliba Group Pty Ltd	Tender services for Oracle EPSS & CMS	\$58,500
Destravis Australia Pty Ltd	Mount Barker master plan	\$58,493
Zed Management Consulting	Development of state-wide gender diversity model of care project	\$58,358
Wipro Technology Australia Pty Ltd	Supply of Oracle eBusiness Specialist resource	\$55,800
Mbmppl Pty Ltd	RAH PPP administration team support	\$55,347
Titanium Solutions Aust Ltd	Titanium Data Migration Solution development and testing	\$54,825
Ernst & Young	Assist the RAH Public Private Partnership (PPP) contract administration team through the provision of commercial and financial services	\$53,750
Claire McKendrick Pty Ltd	Provision of current state aged care governance services - Aged Care Strategy Project	\$52,725
Promadis Pty Ltd	Meeting design, preparation, and attendance	\$51,975
Escient Pty Ltd	COVID salesforce project manager	\$51,675
Promanage Australia Pty Ltd	Project management for warehouse fit out	\$50,000
Rixstewart Pty Ltd	Review and advice relating to the food services options for the nWCH project	\$49,659
KPMG	Data analytics work packages - COVID related	\$48,924

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Johnstaff Advisory Pty Ltd	Clinical service planning to build NWCH	\$48,150
Deloitte Touche Tohmatsu	Project management activities and analysis support to the COVID-19 'Incident Coordination Workstream	\$47,320
Teltra Tech	Support to deliver high level operating model and roadmap	\$47,319
Hender Consulting	Ground readiness support facilitating the rollout program of the COVID-19 vaccine program in South Australia	\$46,399
Zed Management Consulting	Development of state-wide gender dysphoria model of care project	\$46,188
Scantek Solutions Pty Ltd	SA Government contact tracing solutions trial for trialling system functionality and establishing contact tracing enhancements	\$46,050
Allscripts	Clinical performance management upgrade	\$45,836
Hannan & Partners Pty Ltd	Splunk! proposal review	\$45,540
Wiltshire Swain Pty Ltd	Preparation of site development plan	\$45,242
Wiltshire Swain Pty Ltd	Concept designs for the redevelopment of SA Pharmacy's Sterile Production Facilities at Flinders Medical Centre	\$45,120
JTWO Solutions Pty Ltd	Development of the strategy and templates for CRS pathways	\$44,899
DPTI	Clinical service planning to build NWCH	\$44,175
KPMG	Develop the operating expense financial model for the new Women's and Children's Hospital	\$43,627
Natural Logic Australia Pty Ltd	Policy review of setback distances for on-site wastewater systems to watercourses, drinking water, bores, and groundwater	\$41,350

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Alexandrina Council	Enviro health audit	\$41,064
KPMG	Support COVID cost capture for public hospitals	\$40,775
Think Human Pty Ltd	Adult Safeguarding Unit Key Audience Engagement Project	\$40,150
Zed Management Consulting	Support the implementation of the SA Health Policy Framework within SA Health	\$39,665
Cognition	Staff Employee Assistance Program	\$39,573
BDO Advisory (SA) Pty Ltd	Financial modelling for IPRSS and ERO	\$39,518
ICCNET	Facilitate tracking and monitoring of oxygen saturation of medi-hotel patients	\$39,311
Infrastructure SA	ISA assurance health check on new women's and children hospital	\$39,080
ABFA Pty Ltd	Financial management and future business case for EMR	\$38,250
Emily Kirkpatrick	COVID-19 GP liaison services	\$37,668
Ernst & Young	Support the implementation of Robotic Process Automation infrastructure technology and support frameworks to enable a growing program	\$37,500
Ernst & Young	Manage exec summary drafting of Case & Outbreak Management Plan, finalise Proof of Concept Cluster Management Dashboard & associated documentation, support creation of exec briefings/showcases, and redesign daily Exec Outbreak update.	\$37,401
BDO Advisory (SA) Pty Ltd	Support and implement the Service management Chapter Book of Digital Health under the guidance of SA Health	\$37,000
Rider Levett Bucknall SA Pty Ltd	SAHMRI II DHW integrated office fitout cost management services	\$36,788

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Hannan Duck & Partners Pty Ltd	Cyber security health sector exercise	\$35,245
KPMG	Delivery of FY21 reconciliation support and PPE analysis	\$35,000
Deloitte Touche Tohmatsu	Develop an implementation plan which documents the key activities, governance, analysis, and assessment required to progress the interface opportunities between nRAH and the nWCH	\$34,500
DPTI	Modbury hospital upgrade	\$34,369
Cheesman Architects Pty Ltd	Lyell McEwin Hospital vertical expansion feasibility report	\$33,975
Chamonix IT Consulting	Communicable Disease Control Branch salesforce development	\$33,775
Tektology Pty Ltd	Delivery final report on the proposed Future State Design for the Safety & Quality Unit, incorporating an assessment against a strawman for Clinical Governance for the department	\$33,750
Matthew O'Callaghan	Workplace relations advice including meeting preparation, presentations, and preparation of papers	\$33,250
KPMG	Delivery of PMO for the new SA Health Distribution Centre Transition Project	\$32,610
F1 Solutions	RMS scoping	\$31,490
Hannan Duck & Partners Pty Ltd	Undertake the acceptance testing for CCTV pilot project	\$30,986
Caliba Group Pty Ltd	Develop business case for implementation of Oracle E-Business suite "Catalogue Management System" and the support to obtain relevant approvals	\$30,000
Expose Data Pty Ltd	POC Data & Analytics project support	\$30,000

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Pricewaterhousecoopers Legal	Completion of a maturity assessment to measure the current maturity level of PSCM	\$30,000
SAHMRI	Develop a co-designed ageing well policy-relevant strategic research agenda.	\$30,000
Androniki Dantalis	Review and update of policies and guidelines within the Legal and Governance Policy Domain	\$29,400
BDO Advisory (SA) Pty Ltd	Writing of the SA Health Rights of Private Practice Policy Directive and Guideline	\$29,366
Greenway Architects	CSSD theatre and planning study	\$29,010
Spotless	SAMIS plan and data preparation	\$28,150
Architects Ink	SAMIS plan and data preparation	\$28,111
Logi-Tech Pty Ltd	Support to Digital Health strategy - Book of Digital Health	\$28,000
Hannan Duck & Partners Pty Ltd	Digital Health SA One Team Initiative	\$27,760
Health Policy Analysis Pty Ltd	Data and analytics services	\$27,500
Bell Rock Engineering Pty Ltd	COVID vaccination program	\$27,000
PEG Consulting Pty Ltd	Support review of <i>Retirement Villages Act 2016</i>	\$26,600
Diubaldo Consultants	Facilitate an Industry Roundtable workshop and report	\$25,880
Business Health Consulting Services	Centralised Costs project and COVID-19 cost template project support	\$25,650
KPMG	Investigate the option for the development of an exemption's management app based on the Microsoft Power Platform (Power App) technology	\$24,748

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
CQR Consulting Australia Pty Ltd	Splunk! proposal review	\$24,360
Lucid Insights Pty Ltd	Power BI Training and dashboard development	\$24,200
Chamonix IT Consulting	App development and releases operating model	\$24,150
Stoplevel Pty Ltd	Monthly service fee for externally managed disclosure service	\$23,833
Zed Management Consulting	Consolidation of CRS sub-strategies into overall Digital Health Strategy "book". eRFA-4594	\$23,775
Peter Norrie	UMHCC project management	\$23,294
BDO Advisory (SA) Pty Ltd	Review of Digital Health's project management methodology framework	\$23,110
Russell & Yelland Architects	Whyalla Emergency Department feasibility study	\$23,060
KPMG	Engagement for marketing materials for economic stimulus proposals	\$22,202
DPTI	Lyell McEwin Hospital stage 2 emergency department expansion project	\$22,000
Cheesman Architects Pty Ltd	TQEH NGB palliative care unit planning study	\$21,000
Coffey International Development Pty Ltd	SA adult safeguarding unit evaluation	\$20,955
Objective Corporation Limited	Development of Objective ECM, workflows, IT infrastructure health check	\$20,400
Robert Bird Group Pty Ltd	Leigh Creek HC planning study and technical advisory	\$20,369
Emergis Solutions Australasia Pty Ltd	MyHealth viewer integration and development	\$20,046
KPMG	Review of SA Health's current funding principles and model	\$20,000

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Tektology Pty Ltd	Delivery of report on Future State Design for the NGO Performance Management Team	\$20,000
Think Human Pty Ltd	Age inclusive toolkit project	\$20,000
Hannan Duck & Partners Pty Ltd	Provision of project support services to assist in optimising the AI technology for the CCTV Pilot	\$19,994
Duck Pond Solutions	Development of a marketing and communications plan through workshops with key staff members	\$19,855
Zed Management Consulting	HPLS - COVID Management Planning Activities	\$19,807
Aktis Performance Management	Review, develop, finalise, and classify RD	\$19,223
CLA Consulting	Review gifts and benefits policy	\$18,920
M Malherbe	Salary and wages recharge for staff transferred from COAG to SCCH	\$18,447
Lucid Consulting Engineers (SA) Pty Ltd	Development of strategic asset management plan	\$17,400
Cheesman Architects Pty Ltd	Glenside IRS planning study	\$17,120
Mark Leggett	Service provided for SA Mental Health COVID-19 response and virtual support network	\$17,050
Wiser Technology Advice	To assist with identification of effectively presenting & publishing SAH Policies & guidelines; identify a process for mapping policies and guidelines within domains	\$15,800
Corporate Scorecard Pty Ltd	Procurement advanced financial and performance assessment	\$15,699
KPMG	Copywriting services	\$15,567
Cathryn Gibson	Review of <i>Retirement Villages Act 2016</i> discussion paper	\$15,375

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Peter Norrie	External review of VR	\$15,307
Rider Levett Bucknall SA Pty Ltd	Barossa Hospital planning study	\$15,130
Aged Care Industry Association	Peak body project expertise to collate and identify guidelines and resources which help RACF providers to develop and adopt Workforce Management Plans related to <i>Emergency Management (COVID-19) Direction 2020</i>	\$15,000
Ernst & Young	Digital health COVID testing process review	\$14,930
The Adelaide University	Analysis of contact tracing data	\$13,902
Arcblue Consulting (AUS) Pty Ltd	Probity advice for closing the gap	\$13,894
Byrne Kelley Pty Ltd	HPC disability report preparation	\$13,860
Powerhealth Solutions	Analysis of Activity Based Costing/Casemix	\$13,260
Australian Medico-Legal Group	Review of claims and/or complaints and the provision of legal advice	\$12,900
Onno Van Der Wel	Review of 2019/2020 Patient Costing results and any investigations as required	\$12,815
BDO Advisory (SA) Pty Ltd	COVID-19 vaccination management system tender	\$12,392
The Australian Centre for Social Innovation Inc	Workshop preparation and facilitation	\$12,375
Zed Management Consulting	Development of project plan around identified key work-stream following ICAC report	\$12,065
Peter Norrie	Review Services for Chief Psychiatrist	\$11,314
Chamonix IT Consulting	AIR integration	\$11,250

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Taryn Schubert Communications	Advance Care Directive form redesign	\$11,250
ATAM Asset Management	SAMIS plan and data preparation	\$10,685
Grosvenor Management Consulting Pty Ltd	HammondCare contract design	\$10,500
BDO Advisory (SA) Pty Ltd	Probity advisory services for the GP Shared Care and Hospice Programs procurement processes.	\$10,243
Australian & New Zealand College of Anaesthetists	Administrative services for the South Australian Anaesthetic Mortality Committee	\$10,000
Christopher Ryan	Preparation of reports regarding patient care	\$10,000
Flinders University	Australian research council linkage project	\$10,000
SAHMRI	'One Breath at a Time' project management	\$10,000
The Australian Centre for Social Innovation Inc	Statewide Conversation to inform the Strategy to Safeguard the Rights of Older South Australians 2022-2027	\$10,000
University of South Australia	Formative assessment and map the Compassionate Communities	\$10,000
	<b>Total</b>	<b>\$18,363,893</b>

Data for previous years is available at:

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

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

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

## **Appendix 6: Audited financial statements 2020-21**

Audited Financial Statements commence next page.



Our ref: A21/078

24 September 2021

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Dr C McGowan  
Chief Executive  
Department for Health and Wellbeing  
Citi Centre Building  
11 Hindmarsh Square  
ADELAIDE SA 5000

Dear Dr McGowan

## **Audit of Department for Health and Wellbeing for the year to 30 June 2021**

We have completed the audit of your accounts for the year ended 30 June 2021. Two key outcomes from the audit are the:

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

### **1 Independent Auditor's Report**

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

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

### **2 Audit management letters**

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

Significant matters related to:

- procurement and contract management practices need to improve

- no conflict of interest declarations for some sampled procurements
- inadequate documentation supporting some sampled procurement processes
- post-sourcing review of large procurements not completed for some sampled procurement processes
- no contract management plans for sampled contracts
- contractually required meetings with suppliers not held
- improvements needed to ensure financial authorisations in the payments systems align with approved delegations
- compliance framework not fully implemented
- management of inventory records needs to improve
- delayed recovery and payment of interstate patient debtors
- expired agreements with other jurisdictions for interstate patient debtors
- opportunities to improve professional development leave and reimbursement processes
- inadequate procurement processes and no contract with an external warehouse provider
- areas where IT general controls could be improved.

We have received responses to our letters and will follow these up in the 2021-22 audit.

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

### **What the audit covered**

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

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

- payroll
- accounts payable
- procurement
- contract management
- cash
- general ledger
- funding to health services
- funding to non-government organisations

- interstate patient transfers
- non-current assets
- inventory management
- revenues from the Commonwealth Government
- insurance services
- IT general controls
- professional development entitlements.

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

Yours sincerely

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

Andrew Richardson  
**Auditor-General**

enc



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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 2021.

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 2021, their financial performance and their cash flows for year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2021
- a Statement of Financial Position as at 30 June 2021
- a Statement of Changes in Equity for the year ended 30 June 2021
- a Statement of Cash Flows for the year ended 30 June 2021
- notes, comprising significant accounting policies and other explanatory information
- a Certificate from the Chief Executive and the Chief Finance Officer.

### Basis for opinion

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

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

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

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

In preparing the financial report, the Chief Executive is responsible for assessing the 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* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2021.

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

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Department for Health and Wellbeing's and its controlled entities' internal control

- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive
- 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**

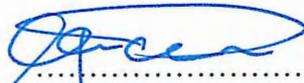
24 September 2021

## 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.

  
.....  
Chris McGowan  
Chief Executive

  
.....  
Jamin Woolcock  
Chief Finance Officer

Date 17.9.2021

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2021**

	Note	Consolidated		Parent	
		2021	2020	2021	2020
		\$'000	\$'000	\$'000	\$'000
<b>Income</b>					
Revenues from SA Government	2	4,553,938	4,328,640	4,553,938	4,328,640
Fees and charges	3	771,242	636,912	293,514	166,917
Grants and contributions	4	2,115,132	2,083,751	1,683,610	1,683,791
Interest	5	1,135	5,529	329	2,671
Resources received free of charge	6	78,277	63,975	38,802	31,803
Net gain from disposal of non-current and other assets	13	1,767	-	2,023	-
Other revenues/income	7	29,949	50,090	155,826	156,136
<b>Total income</b>		<b>7,551,440</b>	<b>7,168,897</b>	<b>6,728,042</b>	<b>6,369,958</b>
<b>Expenses</b>					
Employee benefits expenses	8	4,394,298	4,247,291	194,511	172,088
Supplies and services	9	2,332,034	2,096,473	744,644	583,940
Depreciation and amortisation	20,21	307,964	317,461	11,285	16,585
Grants and subsidies	10	115,985	132,916	5,628,102	5,375,128
Borrowing costs	11	121,297	152,552	111	98
Payments to SA Government	2	-	136,944	-	136,944
Net loss from disposal of non-current and other assets	13	-	2,539	-	6
Impairment loss on receivables and contract assets	15.1,18	5,752	2,326	290	(8)
Other expenses	12	74,274	58,995	42,108	29,565
<b>Total expenses</b>		<b>7,351,604</b>	<b>7,147,497</b>	<b>6,621,051</b>	<b>6,314,346</b>
<b>Net result</b>		<b>199,836</b>	<b>21,400</b>	<b>106,991</b>	<b>55,612</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		(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		47,060	14,908	-	-
<b>Total other comprehensive income</b>		<b>39,629</b>	<b>14,908</b>	<b>-</b>	<b>-</b>
<b>Total comprehensive result</b>		<b>239,465</b>	<b>36,308</b>	<b>106,991</b>	<b>55,612</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 2021**

	Note	Consolidated		Parent	
		2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
<b>Current assets</b>					
Cash and cash equivalents	14	1,172,207	1,069,611	791,294	769,206
Receivables	15	454,039	348,884	271,334	178,258
Other financial assets	16	112,685	113,326	-	-
Inventories	17	120,561	66,607	84,086	29,223
Contract assets	18	24,037	11,651	-	-
Other assets	23	23	19	-	-
<b>Total current assets</b>		<b>1,883,552</b>	<b>1,610,098</b>	<b>1,146,714</b>	<b>976,687</b>
<b>Non-current assets</b>					
Receivables	15	10,408	3,358	15	25
Other financial assets	16	4,239	4,446	-	-
Property, plant and equipment	19,20	5,912,873	5,938,033	58,067	48,783
Investment property	19,20	23,500	23,500	-	-
Intangible assets	19,21	66,704	77,657	36,221	39,054
<b>Total non-current assets</b>		<b>6,017,724</b>	<b>6,046,994</b>	<b>94,303</b>	<b>87,862</b>
<b>Total assets</b>		<b>7,901,276</b>	<b>7,657,092</b>	<b>1,241,017</b>	<b>1,064,549</b>
<b>Current liabilities</b>					
Payables	23	423,264	386,643	222,002	187,526
Financial liabilities	24	86,785	86,361	253	781
Employee benefits	25	655,442	649,294	28,315	23,319
Provisions	26	46,014	38,725	16,757	13,622
Contract liabilities and other liabilities	27	114,719	109,631	2,111	2,890
<b>Total current liabilities</b>		<b>1,326,224</b>	<b>1,270,654</b>	<b>269,438</b>	<b>228,138</b>
<b>Non-current liabilities</b>					
Payables	23	33,434	33,575	19,780	17,527
Financial liabilities	24	2,739,082	2,786,696	19,770	98
Employee benefits	25	804,082	849,110	34,457	34,444
Provisions	26	244,852	201,971	125,549	119,104
Contract liabilities and other liabilities	27	96	1,045	96	302
<b>Total non-current liabilities</b>		<b>3,821,546</b>	<b>3,872,397</b>	<b>199,652</b>	<b>171,475</b>
<b>Total liabilities</b>		<b>5,147,770</b>	<b>5,143,051</b>	<b>469,090</b>	<b>399,613</b>
<b>Net assets</b>		<b>2,753,506</b>	<b>2,514,041</b>	<b>771,927</b>	<b>664,936</b>
<b>Equity</b>					
Contributed capital		1,700,853	1,700,853	1,700,853	1,700,853
Retained earnings		432,138	230,832	(960,860)	(1,067,851)
Asset revaluation surplus		526,757	535,658	31,934	31,934
Other reserves		93,758	46,698	-	-
<b>Total equity</b>		<b>2,753,506</b>	<b>2,514,041</b>	<b>771,927</b>	<b>664,936</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 2021**

**CONSOLIDATED**

Note	Asset		Other reserves \$'000	Retained earnings \$'000	Total equity \$'000
	Contributed capital \$'000	revaluation surplus \$'000			
<b>Balance at 30 June 2019</b>	<b>1,700,853</b>	<b>536,908</b>	<b>31,790</b>	<b>239,661</b>	<b>2,509,212</b>
Adjustments on initial adoption of Accounting Standards	-	-	-	(41,252)	(41,252)
<b>Adjusted balance at 1 July 2019</b>	<b>1,700,853</b>	<b>536,908</b>	<b>31,790</b>	<b>198,409</b>	<b>2,467,960</b>
<b>Net result for 2019-20</b>	-	-	-	<b>21,400</b>	<b>21,400</b>
Gain/(loss) on revaluation of other financial assets	-	-	(216)	-	(216)
Gain/(loss) on revaluation of defined benefit fund liability	-	-	15,124	-	15,124
<b>Total comprehensive result for 2019-20</b>	-	-	<b>14,908</b>	<b>21,400</b>	<b>36,308</b>
Transfer between equity components	-	(1,250)	-	1,250	-
Net assets transferred out as a result of an administrative restructure	-	-	-	5,911	5,911
<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>Restated balance at 30 June 2020</b>	<b>1,700,853</b>	<b>536,908</b>	<b>46,698</b>	<b>230,832</b>	<b>2,514,041</b>
<b>Net result for 2020-21</b>	-	-	-	<b>199,836</b>	<b>199,836</b>
Gain/(loss) on revaluation of land and buildings	-	(7,431)	-	-	(7,431)
Gain/(loss) on revaluation of other financial assets	-	-	316	-	316
Gain/(loss) on revaluation of defined benefit fund liability	-	-	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>

**PARENT**

Note	Asset		Other reserves \$'000	Retained earnings \$'000	Total equity \$'000
	Contributed capital \$'000	revaluation surplus \$'000			
<b>Balance at 30 June 2019</b>	<b>1,700,853</b>	<b>31,934</b>	-	<b>(1,135,081)</b>	<b>597,706</b>
<b>Net result for 2019-20</b>	-	-	-	<b>55,612</b>	<b>55,612</b>
<b>Total comprehensive result for 2019-20</b>	-	-	-	<b>55,612</b>	<b>55,612</b>
Net assets transferred out as a result of an administrative restructure	-	-	-	11,618	11,618
<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>

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 2021**

	Note	Consolidated		Parent	
		2021	2020	2021	2020
		\$'000	\$'000	\$'000	\$'000
<b>Cash flows from operating activities</b>					
<b>Cash inflows</b>					
Receipts from SA Government		4,553,938	4,328,640	4,553,938	4,328,640
Fees and charges		671,771	708,970	74,193	95,547
Grants and contributions		2,129,318	2,088,638	1,687,470	1,686,408
Interest received		922	5,167	329	2,664
Residential aged care bonds received		25,642	25,217	-	-
GST recovered from ATO		214,045	178,975	82,419	53,780
Other receipts		28,612	48,578	1,561	390
<b>Cash generated from operations</b>		<b>7,624,248</b>	<b>7,384,185</b>	<b>6,399,910</b>	<b>6,167,429</b>
<b>Cash outflows</b>					
Employee benefits payments		(4,346,458)	(4,143,920)	(190,640)	(171,468)
Payments for supplies and services		(2,503,550)	(2,239,731)	(807,408)	(574,928)
Payments of grants and subsidies		(160,597)	(162,290)	(5,375,642)	(5,135,875)
Interest paid		(110,605)	(140,512)	(111)	(98)
Residential aged care bonds refunded		(22,040)	(21,771)	-	-
Other payments		(41,498)	(33,150)	(4,945)	(1,960)
Payments to SA Government		-	(136,944)	-	(136,944)
<b>Cash used in operations</b>		<b>(7,184,748)</b>	<b>(6,878,318)</b>	<b>(6,378,746)</b>	<b>(6,021,273)</b>
<b>Net cash provided by operating activities</b>		<b>439,500</b>	<b>505,867</b>	<b>21,164</b>	<b>146,156</b>
<b>Cash flows from investing activities</b>					
<b>Cash inflows</b>					
Proceeds from sale of property, plant and equipment		13,401	378	12,341	3
Proceeds from sale/maturities of investments		12,425	8,207	-	-
<b>Cash generated from investing activities</b>		<b>25,826</b>	<b>8,585</b>	<b>12,341</b>	<b>3</b>
<b>Cash outflows</b>					
Purchase of property, plant and equipment		(258,228)	(182,946)	(7,674)	(7,856)
Purchase of intangible assets		(4,032)	(946)	(3,216)	-
Purchase of investments		(10,785)	(6,266)	-	-
<b>Cash used in investing activities</b>		<b>(273,045)</b>	<b>(190,158)</b>	<b>(10,890)</b>	<b>(7,856)</b>
<b>Net cash provided by/(used in) investing activities</b>		<b>(247,219)</b>	<b>(181,573)</b>	<b>1,451</b>	<b>(7,853)</b>
<b>Cash flows from financing activities</b>					
<b>Cash inflows</b>					
Proceeds from borrowings		-	-	179	3,227
<b>Cash generated from financing activities</b>		<b>-</b>	<b>-</b>	<b>179</b>	<b>3,227</b>
<b>Cash outflows</b>					
Repayment of borrowings		-	(3,007)	-	(3,007)
Cash transferred as a result of restructuring activities		-	(1,337)	-	(1,337)
Repayment of lease liabilities		(89,685)	(90,281)	(706)	(1,340)
<b>Cash used in financing activities</b>		<b>(89,685)</b>	<b>(94,625)</b>	<b>(706)</b>	<b>(5,684)</b>
<b>Net cash provided by/(used in) financing activities</b>		<b>(89,685)</b>	<b>(94,625)</b>	<b>(527)</b>	<b>(2,457)</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2021**

	Note	Consolidated		Parent	
		2021	2020	2021	2020
		\$'000	\$'000	\$'000	\$'000
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>102,596</b>	<b>229,669</b>	<b>22,088</b>	<b>135,846</b>
Cash and cash equivalents at the beginning of the period		1,069,611	839,942	769,206	633,360
<b>Cash and cash equivalents at the end of the period</b>	14	<b>1,172,207</b>	<b>1,069,611</b>	<b>791,294</b>	<b>769,206</b>
Non-cash transactions	28				

The accompanying notes form part of these financial statements.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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## **1. About SA Health**

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

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

- The Department for Health and Wellbeing (Parent);
- Barossa Hills Fleurieu Local Health Network incorporated;
- Central Adelaide Local Health Network Incorporated (CALHN Inc) (includes the subsidiary AusHealth Corporate Pty Ltd (AusHealth));
- Eyre and Far North Local Health Network Incorporated;
- Flinders and Upper Local Health Network Incorporated;
- Limestone Coast Local Health Network Incorporated;
- Northern Adelaide Local Health Network Incorporated;
- Riverland Mallee Coorong Local Health Network Incorporated;
- SA Ambulance Service Inc (includes SA Ambulance Development Fund);
- Southern Adelaide Local Health Network Incorporated;
- 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.

### **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.

#### *Administered items*

The Department has administered activities and resources. Transactions and balances relating to administered resources are presented separately and are disclosed in the Schedules of Administered Items – refer note 39. Except as otherwise disclosed administered items are accounted for on the same basis and using the same accounting policies as for the Department and Consolidated Entity transactions.

### **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).

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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**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 also the notes accompanying the Statements).

*Health Services*

The provision of hospital-based tertiary care and other acute services as well as rehabilitation, mental health and other community health services within the metropolitan and country areas, the provision of grants to non-government organisations for the provision of health services, and responsibility for Aboriginal controlled primary health services in Ceduna, Port Augusta and surrounding 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 2021, the Consolidated Entity had working capital of \$557.328 million (\$339.444 million). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of the Consolidated Entity to enable it to perform its functions.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

**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.

**1.5.1 Prior Period Adjustment**

During 2020-21 SAAS reconciled certain leave arrangements between the Comprehensive Human Resources Integrated Software (CHRIS 21) with the Global Rostering Systems (GRS). This resulted in a prior period adjustment to equity of \$3.862 million. There was no impact on net result or cash flows.

	<b>2020 Balance \$'000</b>	<b>Prior Period Adjustment \$'000</b>	<b>Restated 2020 Balance \$'000</b>
<b>Current</b>			
Staff benefits liability	652,384	3,090	649,294
Payables	386,946	303	386,643
<b>Non-Current</b>			
Staff benefits liability	849,561	451	849,110
Payables	33,593	18	33,575

**1.6 Changes to SA Health**

2020-21

There were no transfers during this period.

2019-20

**Transferred Out**

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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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

The Commonwealth and States have committed to working together to respond to the outbreak of COVID-19 and minimise the risk to the people of South Australia and keep the community safe, in line with existing government responsibilities for the health system.

The Commonwealth has provided financial assistance of \$66.638 million (\$115 million) via the National Partnership on COVID-19 response. Noting an addendum to the agreement has been finalised for the vaccine program.

As lead agency, SA Health is responsible for coordinating the pandemic response in the State. This response includes the coordination of contact tracing, testing clinics, hotel quarantine, vaccination program, ensuring public and private hospital system capacity and public education.

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

- Salary, wages and agency costs specifically related to COVID-19 of \$32.989 million (\$3.210 million)
- Security of \$35.014 million (\$0.355 million)
- Border force, airport screening and quarantine of \$61.030 million (\$2.252 million), offset by \$36.361 million (\$Nil) fees and charges associated with returned travellers
- Housekeeping of \$12.435 million (\$0.016 million)
- Advertising and communication of \$7.534 million (\$2.550 million)
- Hospital and office lease costs of \$6.844 million (\$3.703 million)
- Personal protective equipment of \$6.024 million (\$1.374 million)
- ICT and equipment costs of \$5.073 million (\$4.486 million)
- COVID-19 support grants of \$2.793 million (\$1.038 million)
- Service contractors of \$9.774 million (\$0.522 million)
- Contractors – contract management of \$4.737 million (\$0.537 million)
- Other of \$16.533 million (\$8.885 million)

In addition to the Departments costs, the COVID-19 pandemic continues to have an impact on the LHN's operations. This includes an increase in costs associated with COVID capacity and preparation, the readiness of COVID-19 testing clinics, establishment of vaccine clinics, increased demand for personal protective equipment, increased staffing costs (including agency) to ensure necessary compliance measures are followed. Net COVID-19 specific costs for the LHNs was \$136.455 million (\$40.176 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	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
<b>Revenues from SA Government</b>				
Contingency funding provided by DTF	-	39,021	-	39,021
Recovery from DTF for TVSPs	7,604	20,818	7,604	20,818
Appropriations from Consolidated Account pursuant to the <i>Appropriation Act</i>	4,520,532	4,241,121	4,520,532	4,241,121
Commonwealth capital grants received via DTF	14,350	5,350	14,350	5,350
Commonwealth recurrent grants received via DTF	11,452	22,330	11,452	22,330
<b>Total revenues from SA Government</b>	<b>4,553,938</b>	<b>4,328,640</b>	<b>4,553,938</b>	<b>4,328,640</b>

**Payments to SA Government**

Return of surplus cash pursuant to cash alignment policy	-	136,944	-	136,944
<b>Total payments to SA Government</b>	<b>-</b>	<b>136,944</b>	<b>-</b>	<b>136,944</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 2021

**3. Fees and charges**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Ambulance cover	31,013	29,471	-	-
Ambulance transport	93,905	86,286	-	-
Business services	1,415	1,540	1,415	1,540
Call Direct	922	976	-	-
Car parking revenue	10,368	18,514	46	47
Commissions revenue	147	241	13	15
Fines, fees and penalties	1,349	1,428	1,211	1,162
Interstate patient transfers	112,601	49,989	112,601	49,989
Patient and client fees	331,218	288,549	-	-
Private practice fees	43,049	52,648	3,475	4,210
Fees for health services	41,095	38,064	3,401	2,229
Quarantine - hotel user charges	36,360	0	36,360	-
Residential and other aged care charges	26,541	26,861	-	-
Royalty income	1,219	4,372	-	-
Sale of goods - medical supplies	1,757	1,816	129,567	104,835
Training revenue	2,564	1,498	1,728	627
Other user charges and fees	35,719	34,659	3,697	2,263
<b>Total fees and charges</b>	<b>771,242</b>	<b>636,912</b>	<b>293,514</b>	<b>166,917</b>

Due to inter-entity eliminations upon consolidation, revenue from fees and charges of \$133.122 million (\$109.096 million) between the Activities of the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

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

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

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

Consolidated

Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2021 Goods/Services transferred at a point in time	2021 Goods/Services transferred over a period of time	2020 Goods/Services transferred at a point in time	2020 Goods/Services transferred over a period of time
Ambulance cover	-	31,013	-	29,471
Ambulance transport	90,615	-	82,321	-
Business services	1,407	-	1,537	-
Call Direct	-	922	-	976
Car parking revenue	10,293	75	9,783	8,717
Commissions revenue	143	-	236	-
Interstate patient transfers	112,601	-	49,989	-
Patient and client fees	299,097	-	263,311	-
Private practice fees	43,049	-	52,648	-
Fees for health services	37,762	-	35,577	-
Quarantine - hotel user charges	36,360	-	-	-
Residential and other aged care charges	26,541	-	26,861	-
Royalty income	1,219	-	4,372	-
Sale of goods - medical supplies	1,732	-	1,798	-
Training revenue	2,476	-	1,295	-
Other user charges and fees	33,810	10	33,899	6
<b>Total contracts with external customers</b>	<b>697,105</b>	<b>32,020</b>	<b>563,627</b>	<b>39,170</b>
Ambulance transport	3,290	-	3,965	-
Business services	8	-	3	-
Car parking revenue	-	-	14	-
Commissions revenue	4	-	5	-
Patient and client fees	32,121	-	25,238	-
Fees for health services	3,333	-	2,487	-
Sale of goods - medical supplies	25	-	18	-
Training revenue	88	-	203	-
Other user charges and fees	1,899	-	754	-
<b>Total contracts with SA Government customers</b>	<b>40,768</b>	<b>-</b>	<b>32,687</b>	<b>-</b>
<b>Total contracts with customers</b>	<b>737,873</b>	<b>32,020</b>	<b>596,314</b>	<b>39,170</b>

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

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

*Patient and Client Fees*

Public health care is free for Medicare eligible customers. Non-Medicare eligible customers pay in arrears to stay overnight in a public hospital and to receive medical assessment, advice, treatment and care from a health professional. These charges may include doctors, surgeons, anaesthetist, pathology, radiology services etc. Revenue from these services is 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 at the point in time that the performance obligation is discharged, which will be once the service is provided.

*Private practice fees*

SA Health grants SA Health employed salaried medical consultants the ability to provide billable medical services relating to the assessment, treatment and care of privately referred outpatients or private inpatients in SA Health sites. Fees derived from undertaking private practice is income derived in the hands of the specialist. The specialist appoints the Consolidated Entity as an agent in the rendering and recovery of accounts of the 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.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

*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	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	-	993	-	-
Commonwealth aged care subsidies	43,987	43,786	-	-
Pharmaceutical Benefits Scheme Commonwealth subsidy	226,927	206,333	-	-
Commonwealth National Health Reform Agreement	1,478,411	1,480,120	1,478,411	1,480,120
Department of Veterans' Affairs (Commonwealth)	40,626	36,840	40,626	36,840
Commonwealth Transition Care Program	25,670	25,065	25,670	25,065
Other Commonwealth grants and contributions	186,593	226,580	80,312	132,555
SA Government Community Development Fund	7,000	7,000	7,000	7,000
SA Government capital contributions	168	(76)	-	-
Emergency Services Levy	1,490	1,454	-	-
Other SA Government grants and contributions	66,438	16,141	50,827	1,410
Private sector capital contributions	728	603	-	-
Private sector grants and contributions	37,094	38,912	764	801
<b>Total grants and contributions</b>	<b>2,115,132</b>	<b>2,083,751</b>	<b>1,683,610</b>	<b>1,683,791</b>

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

Of the \$2,115.132 million (\$2,083.751 million) received during the reporting period \$1,604.532 million (\$1,452.977 million) was provided for specific purposes, including State and Commonwealth Health Initiatives-Health reforms, research and other associated activities.

**5. Interest**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	1,067	4,579	327	2,589
Interest from SAFA on investments	2	13	-	-
Interest on financial liabilities	-	-	2	82
Interest on Special Purpose Funds	66	937	-	-
<b>Total interest</b>	<b>1,135</b>	<b>5,529</b>	<b>329</b>	<b>2,671</b>

**6. Resources received free of charge**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Land and buildings	155	-	4,573	-
Plant and equipment	70	193	-	-
Inventory	29,771	29,312	29,771	29,312
Services	45,829	34,470	3,097	2,491
Other	2,452	-	1,361	-
<b>Total resources received free of charge</b>	<b>78,277</b>	<b>63,975</b>	<b>38,802</b>	<b>31,803</b>

Property, plant and equipment is recorded at fair value. During the 2020-21 financial year the Department received donated land from NALHN in relation to Oakden crown land valued at \$4.550 million (\$ Nil) and SALHN in relation to a compulsory land acquisition of Daws Road at the Repatriation General Hospital valued at \$0.023 million (\$ Nil).

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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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 \$35.469 million (Parent \$2.685) million (\$34.470 million (Parent \$2.491 million)) and ICT services from DPC valued at \$10.359 million (Parent \$0.412 million) (\$ Nil), 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	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	275	240	-	-
Donations	9,596	9,444	-	-
Gain on revaluation of investment property	-	1,488	-	-
Health recoveries	-	-	118,150	119,765
Insurance recoveries	340	191	36,918	35,786
Other	19,738	38,727	758	585
<b>Total other revenues/income</b>	<b>29,949</b>	<b>50,090</b>	<b>155,826</b>	<b>156,136</b>

**8. Employee benefits expenses**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	3,518,808	3,354,695	137,222	121,182
Targeted voluntary separation packages (refer below)	9,000	30,689	2,562	903
Long service leave	35,102	87,693	2,476	2,952
Annual leave	347,660	342,128	13,638	12,161
Skills and experience retention leave	16,603	16,493	796	745
Employment on-costs - superannuation*	369,849	364,271	16,809	14,861
Employment on-costs - other	7,316	6,221	6,960	5,894
Workers compensation	80,427	34,784	5,452	4,654
Board and committee fees	2,743	2,936	311	370
Other employee related expenses	6,790	7,381	8,285	8,366
<b>Total employee benefits expenses</b>	<b>4,394,298</b>	<b>4,247,291</b>	<b>194,511</b>	<b>172,088</b>

\* 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 \$9.250 million (\$10.969 million), comprising current service cost of \$9.024 million (\$10.500 million) and interest cost of \$0.226 million (\$0.469 million).

**8.1 Key Management Personnel**

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

	2021	2020
	\$'000	\$'000
<b>Compensation</b>		
Salaries and other short term employee benefits	2,806	2,524
Post-employment benefits	1,248	1,006
<b>Total</b>	<b>4,054</b>	<b>3,530</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.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

**8.2 Remuneration of Boards and Committees**

	<b>2021</b>	<b>2020</b>
	<b>No. of</b>	<b>No. of</b>
	<b>Members</b>	<b>Members</b>
\$0	1,423	1,007
\$1 - \$20,000	257	261
\$20,001 - \$40,000	52	57
\$40,001 - \$60,000	10	7
\$60,001 - \$80,000	3	6
\$80,001 - \$100,000	1	1
<b>Total</b>	<b>1,746</b>	<b>1,339</b>

The total remuneration received or receivable by members was \$2.878 million (\$3.046 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.

**8.3 Remuneration of employees**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2021</b>	<b>2020</b>	<b>2021</b>	<b>2020</b>
The number of employees whose remuneration received or receivable falls within the following bands:	<b>Number</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>
\$154,678 - \$175,000	963	854	35	30
\$175,001 - \$195,000	631	500	16	6
\$195,001 - \$215,000	310	290	10	7
\$215,001 - \$235,000	189	178	4	4
\$235,001 - \$255,000	161	157	3	2
\$255,001 - \$275,000	132	119	5	4
\$275,001 - \$295,000	104	109	1	-
\$295,001 - \$315,000	119	111	5	4
\$315,001 - \$335,000	95	74	3	2
\$335,001 - \$355,000	93	103	2	2
\$355,001 - \$375,000	92	82	2	-
\$375,001 - \$395,000	92	89	-	2
\$395,001 - \$415,000	78	83	1	1
\$415,001 - \$435,000	104	105	-	-
\$435,001 - \$455,000	68	77	1	2
\$455,001 - \$475,000	79	78	1	2
\$475,001 - \$495,000	66	51	1	-
\$495,001 - \$515,000	47	49	-	-
\$515,001 - \$535,000	45	47	-	-
\$535,001 - \$555,000	42	31	-	-
\$555,001 - \$575,000	54	47	1	1
\$575,001 - \$595,000	41	31	1	-
\$595,001 - \$615,000	28	15	-	-
\$615,001 - \$635,000	15	24	-	-
\$635,001 - \$655,000	25	18	-	-
\$655,001 - \$675,000	10	12	-	-
\$675,001 - \$695,000	10	6	-	-
\$695,001 - \$715,000	6	11	-	-
\$715,001 - \$735,000	7	5	-	-
\$735,001 - \$755,000	6	3	-	-
\$755,001 - \$775,000	3	2	-	-
\$775,001 - \$795,000	5	2	-	-
\$795,001 - \$815,000	3	1	-	-
\$835,001 - \$855,000	1	-	-	-
\$855,001 - \$875,000	1	1	-	-
\$895,001 - \$915,000	-	1	-	-
\$975,001 - \$995,000	-	1	-	-
\$1,135,001 - \$1,155,000	1	-	-	-

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

	Consolidated		Parent	
	2021	2020	2021	2020
The number of employees whose remuneration received or receivable falls within the following bands:	Number	Number	Number	Number
\$1,235,001 - \$1,255,000	-	1	-	-
\$1,355,001 - \$1,375,000	-	1	-	-
\$1,395,001 - \$1,415,000	1	-	-	-
<b>Total number of employees</b>	<b>3,727</b>	<b>3,369</b>	<b>92</b>	<b>69</b>

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.

**8.4 Remuneration of employees by classification**

The total remuneration received by these employees, included above:

	Consolidated				Parent			
	2021		2020		2021		2020	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	122	29,719	110	26,187	45	11,522	43	10,634
Medical (excluding Nursing)	2,823	865,260	2,619	804,044	8	2,460	7	2,184
Non-medical (i.e. administration)	111	20,481	102	18,526	28	5,033	16	2,727
Nursing	393	67,018	251	42,409	11	1,795	3	472
Operational	278	51,137	287	53,606	-	-	-	-
<b>Total</b>	<b>3,727</b>	<b>1,033,615</b>	<b>3,369</b>	<b>944,772</b>	<b>92</b>	<b>20,810</b>	<b>69</b>	<b>16,017</b>

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

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated employees:				
Targeted voluntary separation packages	8,908	30,689	2,562	903
Leave paid/payable to separated employees	4,253	14,448	1,148	337
	<b>13,161</b>	<b>45,137</b>	<b>3,710</b>	<b>1,240</b>
Recovery from DTF	7,604	20,818	2,573	903
<b>Net cost to the Consolidated entity</b>	<b>5,557</b>	<b>24,319</b>	<b>1,137</b>	<b>337</b>

The number of employees who received a TVSP during the reporting period	<b>93</b>	<b>393</b>	<b>27</b>	<b>9</b>
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THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

9. Supplies and services

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Administration	11,038	11,222	1,499	3,386
Advertising	8,248	6,616	4,466	3,078
Communication	32,368	25,459	11,210	12,511
Computing	129,732	112,756	113,897	100,637
Consultants	6,029	9,503	2,480	4,072
Contract of services	139,448	139,237	104,547	103,235
Contractors	36,606	34,370	18,364	8,427
Contractors - agency staff	94,799	83,181	36,582	25,711
Cost of goods sold	16,841	3,103	144,302	105,530
Drug supplies	291,677	278,485	4,670	9,173
Electricity, gas and fuel	42,323	48,081	367	198
Fee for service	201,333	194,772	-	550
Food supplies	37,001	35,205	363	98
Hotel quarantine - accommodation costs	60,341	2,085	60,328	2,085
Housekeeping	87,647	81,217	3,072	708
Insurance	60,720	44,640	56,659	42,286
Interstate patient transfers	60,037	95,731	59,981	95,718
Legal	14,351	14,571	11,880	12,260
Low value lease expense	6,604	3,447	6,308	3,408
Medical, surgical and laboratory supplies	385,927	322,362	8,917	686
Minor equipment	36,037	27,806	5,616	7,389
Motor vehicle expenses	12,209	12,487	413	181
Occupancy rent and rates	40,950	35,785	19,790	15,007
Patient transport	31,145	31,119	307	57
Postage	18,596	16,697	3,461	3,653
Printing and stationery	17,230	16,738	1,559	1,237
Public Private Partnership operating expenses	98,108	94,943	-	-
Repairs and maintenance	109,266	103,234	1,603	935
Security	88,391	44,775	35,550	1,013
Services from Shared Services SA	35,907	35,167	2,704	2,559
Short term lease expense	2,524	2,617	328	265
Training and development	37,156	48,019	2,834	3,050
Travel expenses	7,133	11,171	861	1,511
Other supplies and services	74,312	69,872	19,726	13,326
<b>Total supplies and services</b>	<b>2,332,034</b>	<b>2,096,473</b>	<b>744,644</b>	<b>583,940</b>

Due to inter-entity eliminations upon consolidation, supplies and services of \$18.875 million (\$13.503 million) between the Activities of the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

Accommodation – a part of the Consolidated Entity's accommodation is provided by 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.

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			
	2021		2020		2021		2020	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Below \$10,000	21	121	21	88	5	34	3	23
Above \$10,000	61	5,908	90	9,415	23	2,446	31	4,049
<b>Total</b>	<b>82</b>	<b>6,029</b>	<b>111</b>	<b>9,503</b>	<b>28</b>	<b>2,480</b>	<b>34</b>	<b>4,072</b>

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

**10. Grants and subsidies**

	Note	Consolidated		Parent	
		2021	2020	2021	2020
		\$'000	\$'000	\$'000	\$'000
Recurrent grants		342	-	-	-
Operational funding to incorporated Health Services	10.1	-	-	5,277,306	5,081,425
Capital funding to incorporated Health Services	10.1	-	-	239,027	168,041
Subsidies		74,267	106,131	74,119	105,742
Funding to non-government organisations		40,027	25,330	36,352	18,544
Other		1,349	1,455	1,298	1,376
<b>Total grants and subsidies</b>		<b>115,985</b>	<b>132,916</b>	<b>5,628,102</b>	<b>5,375,128</b>

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

	Operational		Capital Projects	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Barossa Hills Fleurieu Local Health Network Incorporated	219,301	189,400	17,069	3,515
Eyre and Far North Local Health Network Incorporated	84,261	80,836	2,368	2,000
Flinders and Upper North Local Health Network Incorporated	123,892	113,585	2,061	3,159
Riverland Mallee Coorong Local Health Network Incorporated	117,993	109,036	9,131	13,654
Limestone Coast Local Health Network Incorporated	133,199	118,871	4,282	4,831
Yorke and Northern Local Health Network Incorporated	131,799	121,549	6,670	7,298
SA Ambulance Service Incorporated	177,586	150,911	16,427	9,563
Southern Adelaide Local Health Network Incorporated	1,098,345	1,045,341	59,363	25,828
Central Adelaide Local Health Network Incorporated	1,943,387	1,950,257	27,043	30,847
Women's and Children's Health Network Incorporated	465,414	451,735	37,312	30,085
Northern Adelaide Local Health Network Incorporated	782,129	749,904	57,301	37,261
<b>Total funding to incorporated Health Services</b>	<b>5,277,306</b>	<b>5,081,425</b>	<b>239,027</b>	<b>168,041</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 \$5,516.333 million (\$5,249.466 million) between the Activities of the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

**11. Borrowing costs**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Interest expense on lease liabilities	121,297	152,477	111	23
Interest paid/payable on liabilities measured at amortised cost	-	74	-	74
Other finance charges	-	1	-	1
<b>Total borrowing costs</b>	<b>121,297</b>	<b>152,552</b>	<b>111</b>	<b>98</b>

The Consolidated Entity does not capitalise borrowing costs. Included in the lease costs is a reduction in contingent rental amounts of \$135.240 million (\$110.092 million) relating to Central Adelaide Local Health Network.

**12. Other expenses**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Debts written off	28,520	21,369	103	56
Bank fees and charges	373	366	-	-
Donated assets expense	4,550	-	8,656	-
Donated drug vaccine expense	28,955	27,930	28,955	27,930
Net loss on revaluation of investments	-	196	-	-
Net loss on sale of investments	-	23	-	-
Royalty payments	3,046	2,587	-	-
Other*	8,830	6,524	4,394	1,579
<b>Total other expenses</b>	<b>74,274</b>	<b>58,995</b>	<b>42,108</b>	<b>29,565</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 \$2.538 million (\$3.215 million). No other services were provided by the Auditor-General's Department. Also

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

includes fees paid or payable to Galpins Accountants, Auditors and Business Consultants of \$0.200 million (\$0.219 million) for audits of the HACs and aged care and BDO for audit services for AusHealth of \$0.030 million (\$0.029 million).

**Donated assets expense**

Donated assets expense of the Department includes land donated to the Department of Environment and Water of \$4.550 million (\$ Nil) in relation to Oakden crown land; solar PV cells to the value of \$3.912 million (\$ Nil) donated to NALHN (\$1.552 million); CALHN (\$0.690 million); and SALHN (\$1.670 million) and a variety of other plant and equipment donated to LHNs of \$0.194 million (\$ Nil).

**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).

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

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
<b>Land and buildings:</b>				
Proceeds from disposal	12,305	143	12,300	-
Less carrying amount of assets disposed	(10,315)	(2,209)	(10,282)	-
Less other costs of disposal	-	(17)	-	-
<b>Net gain/(loss) from disposal of land and buildings</b>	<b>1,990</b>	<b>(2,083)</b>	<b>2,018</b>	<b>-</b>
<b>Plant and equipment:</b>				
Proceeds from disposal	1,080	345	-	3
Less carrying amount of assets disposed	(1,296)	(708)	(13)	(9)
Less other costs of disposal	(25)	(93)	-	-
<b>Net loss from disposal of plant and equipment</b>	<b>(241)</b>	<b>(456)</b>	<b>(13)</b>	<b>(6)</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>18</b>	<b>-</b>	<b>18</b>	<b>-</b>
<b>Total assets:</b>				
Total proceeds from disposal	13,426	488	12,341	3
Less total carrying amount of assets disposed	(11,634)	(2,917)	(10,318)	(9)
Less other costs of disposal	(25)	(110)	-	-
<b>Total net gain/(loss) from disposal of assets</b>	<b>1,767</b>	<b>(2,539)</b>	<b>2,023</b>	<b>(6)</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.

The net gain on disposal for the Department includes a gain of \$2.018 million (\$ Nil) on the sale of Oakden surplus land owned by the Department to the Urban Renewal Authority and a gain of \$0.018 million (\$ Nil) on the sale of land to DIT in relation to a compulsory land acquisition of Daws Road at the Repatriation General Hospital.

**14. Cash and cash equivalents**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	31,831	501,337	5,145	473,600
Deposits with Treasurer: general operating	701,693	199,803	518,044	83,794
Deposits with Treasurer: accrual appropriation excess funds	268,105	211,812	268,105	211,812
Deposits with Treasurer: special purpose funds	170,578	156,659	-	-
<b>Total cash</b>	<b>1,172,207</b>	<b>1,069,611</b>	<b>791,294</b>	<b>769,206</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.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

15. Receivables

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Patient/client fees: compensable	16,380	11,792	-	-
Patient/client fees: aged care	3,436	4,660	-	-
Patient/client fees: other	54,671	49,694	-	-
Debtors	89,541	73,842	22,949	3,102
Less: allowance for impairment loss on receivables	(35,667)	(35,586)	(353)	(63)
Interstate patient transfers	203,006	137,704	203,006	137,704
Prepayments	33,652	29,271	18,795	15,860
Loans	-	-	17	178
Dividends	13	19	-	-
Interest	111	172	-	-
Grants	40	4	-	-
Sundry receivables and accrued revenue	59,655	54,292	578	911
GST input tax recoverable	29,201	23,020	26,342	20,566
<b>Total current receivables</b>	<b>454,039</b>	<b>348,884</b>	<b>271,334</b>	<b>178,258</b>
<b>Non-Current</b>				
Debtors	3,051	1,814	15	7
Prepayments	1,488	1,544	-	-
Loans	-	-	-	18
Superannuation - defined benefit scheme	5,869	-	-	-
<b>Total non-current receivables</b>	<b>10,408</b>	<b>3,358</b>	<b>15</b>	<b>25</b>
<b>Total receivables</b>	<b>464,447</b>	<b>352,242</b>	<b>271,349</b>	<b>178,283</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 2019-20.

Receivables between state and territory governments are expected to have an insignificant, and therefore immaterial, level of credit risk exposure, accordingly the Department has not measured or recognised an allowance for impairment loss on this receivable.

**15.1 Impairment of receivables**

The Consolidated Entity has adopted the simplified impairment approach under AASB 9 and measured lifetime expected credit losses on all trade receivables using an allowance matrix as a practical expedient to measure the impairment provision

Movement in the allowance for impairment loss on receivables:

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	<b>35,586</b>	<b>34,619</b>	<b>63</b>	<b>71</b>
Increase/(Decrease) in allowance recognised in profit or loss	81	967	290	(8)
<b>Carrying amount at the end of the period</b>	<b>35,667</b>	<b>35,586</b>	<b>353</b>	<b>63</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.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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

	Health Services		Back-to-Back	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July	196	3,423	-	3,007
Principal repayments	(179)	(3,227)	-	(3,007)
<b>Balance at 30 June</b>	<b>17</b>	<b>196</b>	<b>-</b>	<b>-</b>

As at 30 June 2021 the Department has financed two Health Services with loans of \$0.017 million (\$0.196 million) for aged care housing. The loan for aged care housing at Bordertown has reached maturity during the year.

Due to inter-entity eliminations upon consolidation, loans receivables of \$0.017 million (\$0.196 million) between the Activities of the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

**16. Other financial assets**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Term deposits	105,390	103,060	-	-
Other investments FVPL	7,295	10,266	-	-
<b>Total current financial assets</b>	<b>112,685</b>	<b>113,326</b>	<b>-</b>	<b>-</b>
<b>Non-current</b>				
Term deposits	-	80	-	-
Joint venture	2,671	2,670	-	-
Other investments FVOCI	1,568	1,248	-	-
Other investments FVPL	-	448	-	-
<b>Total non-current financial assets</b>	<b>4,239</b>	<b>4,446</b>	<b>-</b>	<b>-</b>
<b>Total financial assets</b>	<b>116,924</b>	<b>117,772</b>	<b>-</b>	<b>-</b>

The Consolidated Entity measures term deposits at amortised cost, listed equities and other investments are measured as fair value represented by market value. This includes shares in other corporations, floating rate notes, listed securities, managed funds not present in consolidation. The Consolidated Entity holds term deposits of \$105.390 million (\$103.140 million) of which \$65.446 million relates to aged care refundable deposits within Regional SA LHNs.

The joint venture represents the Consolidated Entity's share of beneficial entitlement of Flinders Reproductive Medicine Pty Ltd as trustee for Flinders Charitable Trust, trading as Flinders Fertility and equity interest in property at Cleve.

According to the terms of the joint venture, profit earned during the financial year is to be distributed to the beneficiaries, resulting in immaterial net assets being held by the trust. However, it has previously been agreed that rather than paying out these distributions, they be retained in Flinders Fertility as a liability to the beneficiaries to facilitate growth within the business. Therefore, the Consolidated Entity recognises their ownership interest of the distribution as a financial asset. Refer to note 37 for further information on interests in other entities.

The Consolidated Entity has a 12.28% equity interest in property at Whyte Street, Cleve in the State of South Australia by way of a mortgage on certificate of title volume 5902 folio 901. The registered proprietor of the property is the Cornerstone Housing Ltd, formerly Lutheran Community Housing Support Unit Inc.

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

**17. Inventories**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Drug supplies	23,277	26,159	6,766	7,227
Medical, surgical and laboratory supplies	3,373	2,792	-	-
Food and hotel supplies	699	636	-	-
Engineering supplies	19	21	-	-
SA Health Distribution Centre and bulk warehouses	77,277	21,975	77,277	21,975
Inventory imprest stock	14,739	13,234	-	-
Other	1,177	1,790	43	21
<b>Total current inventories - held for distribution</b>	<b>120,561</b>	<b>66,607</b>	<b>84,086</b>	<b>29,223</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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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.

**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 as at 30 June 2021.

**18. Contract assets**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Contract assets	31,068	13,009	-	-
Less: allowance for impairment loss on contract assets	7,031	1,358	-	-
<b>Total contract assets</b>	<b>24,037</b>	<b>11,651</b>	-	-

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

There was an impairment loss of \$7.031 million (\$1.358 million) for contract assets in the reporting period. Refer to note 15.1 for further information.

**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.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

---

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

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	10 – 200
Right of use buildings	Lease term
Accommodation and Leasehold improvements	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	2 – 25
• Computing equipment	3 – 5
• Vehicles	2 – 25
• Other plant and equipment	3 – 50
Right of use plant and equipment	Lease term
Intangibles	5 – 30

### 19.3 Revaluation

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

Revaluation of non-current assets or a group of assets is only performed when the owned asset's fair value at the time of acquisition is greater than \$1 million and the estimated useful life exceeds three years. 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 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.

There were no indications of impairment for property, plant and equipment or intangibles held by the Consolidated Entity as at 30 June 2021.

### 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.

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.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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**19.7 Plant and equipment**

The Consolidated Entity's plant and equipment assets with a fair value greater than \$1 million or had an estimated useful life of greater than three years were revalued using fair value methodology, as at 1 June 2018, based on independent valuations performed by a Certified Practising Valuer from Jones Lang Lasalle (SA) Pty Ltd. The value of all other plant and equipment has not been revalued, this is in accordance with APS 116D, the carrying value of these items is deemed to approximate fair value. These assets are classified as Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

**19.8 Investment property**

Subsequent to initial recognition at cost, investment properties are revalued to fair value with changes in the fair value recognised as income or expense in the period that they arise. The properties are not depreciated and are not tested for impairment.

An independent valuation was performed on the investment property at Unit 1, 27 Kermode Street North Adelaide, by AssetVal (JLT) Pty Ltd, as at 30 June 2020. Fair value has been determined by the income approach, where the net income is capitalised at an appropriate yield with recent experience in the local market and equivalent properties. There is no change in the fair value as a result of fair value measurement as at 30 June 2021.

The valuation of investment property located at Dalgleish St, Thebarton was performed by a Certified Practising Valuer from Knight Frank Valuations, as at March 2020. The valuer arrived at a fair value based on recent market transactions for similar properties in the area taking into account zoning and restricted use.

Where there is a recent market transaction for similar properties, the valuations are based on the amounts for which the properties could be exchanged between willing parties in an arm's length transaction, based on current prices in the active market for similar properties. These investment properties have been categorised as Level 2.

*Amounts recognised in profit or loss*

The Consolidated Entity recognised rental income from investment property during the period of \$1.412 million (\$2.060 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. Additions to right-of-use assets during 2020-21 were \$30.951 million (\$17.101 million). 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. Lease terms vary in length from 2 to 99 years. 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.
- Health Facilities
  - Royal Adelaide Hospital (RAH) lease commenced in June 2011, achieved commercial acceptance in June 2017, and is for 35 years. The SA Health Partnership Consortium trading as Celsus entered into an arrangement to finance, design, build, operate and maintain the new RAH. Under the arrangement, Celsus will maintain and provide non-medical support services including facilities management by Spotless and information and communication technology (ICT) support and maintenance by DXC Technology for the duration of the contract. The arrangement is referred to as a Public Private Partnership (PPP). At the conclusion of the contract in 2046, the Consolidated Entity will take full ownership of the RAH. Celsus have an obligation to deliver the RAH in a condition fit for its intended purpose and fully maintained in accordance with the agreed asset management plan.
  - Mt Gambier Hospital lease commenced in June 1997 and is for 25 years with an option to renew for 10 years. After 35 years the land and buildings revert to the Consolidated Entity. The base rental for the 25 year term increases according to CPI each quarter. For the 10 year renewal the rental is set out as part of the new lease agreement.
  - Port Augusta Hospital lease commenced in June 1997 and is for 25 years with an option to renew for 10 years. The base rental for the 25 year term increases according to CPI each quarter. For the 10 year renewal the rental is determined according to a different method related to a valuation of the property and its replacement cost.
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. The leases are non-cancellable and the vehicles are leased for a specified time period (usually 3 years) or a specified number of kilometres, whichever occurs first.
- Plant and equipment – leases for material handling equipment is cancellable and renewable every 2 years.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

---

The Consolidated Entity has committed to lease arrangements that commence from 1 July 2021, which are included in the lease liability analysis.

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.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

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

The following tables show the movement:

Consolidated

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			
Carrying amount at the beginning of the period	344,306	2,260,737	2,689,014	137,717	52,181	163,840	27,304	243,129	19,805	23,500	5,961,533	
Additions	1,256	643	24,678	195,651	114	32,201	1,030	6,271	26,818	-	288,662	
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	-	(89,453)	9,452	8,490	12,693	-	(21,197)	-	(1,631)	
Reclassified to held for sale	(23)	-	-	-	-	-	-	-	-	-	(23)	
Other movements	-	-	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>	

\*All property, plant and equipment are classified in the level 3 fair value hierarchy except for land valued at \$27.468 million, buildings valued at \$4.438 million (classified as level 2, ) investments valued at \$23.500 million (classified as level 2, ) and capital works in progress (not classified). Refer to note 24 for details about the lease liability for right-of-use assets.

Consolidated

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

2019-20	Land and buildings:				Plant and equipment:						
	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	Investment property \$'000	Total \$'000
Carrying amount at the beginning of the period	344,347	2,354,312	2,748,242	49,380	55,083	184,503	42,502	252,932	10,495	22,012	6,063,808
Additions	-	507	10,902	136,286	23	15,760	512	6,199	27,166	-	197,355
Assets received free of charge	-	-	-	-	-	193	-	-	-	-	193
Disposals	(41)	(2,169)	(118)	-	-	(531)	(166)	(196)	(11)	-	(3,232)
Donated assets disposal	-	-	-	-	-	-	-	-	-	-	-
Transfers between asset classes	-	46,408	-	(47,949)	1,913	16,561	849	-	(17,782)	-	-
Other movements	-	-	(466)	-	-	-	-	-	(63)	-	(529)
<b>Subtotal:</b>	<b>344,306</b>	<b>2,399,058</b>	<b>2,758,560</b>	<b>137,717</b>	<b>57,019</b>	<b>216,486</b>	<b>43,697</b>	<b>258,935</b>	<b>19,805</b>	<b>22,012</b>	<b>6,257,595</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(138,321)	(69,546)	-	(4,838)	(52,646)	(16,393)	(15,806)	-	-	(297,550)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	1,488	1,488
<b>Subtotal:</b>	<b>-</b>	<b>(138,321)</b>	<b>(69,546)</b>	<b>-</b>	<b>(4,838)</b>	<b>(52,646)</b>	<b>(16,393)</b>	<b>(15,806)</b>	<b>-</b>	<b>1,488</b>	<b>(296,062)</b>
<b>Gains/(losses) for the period recognised in other comprehensive income:</b>											
Impairment (losses) / reversals	-	-	-	-	-	-	-	-	-	-	-
<b>Subtotal:</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Carrying amount at the end 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>
<b>Gross carrying amount</b>											
Gross carrying amount	344,306	2,528,450	2,842,288	137,717	82,622	426,153	132,634	274,196	19,805	23,500	6,811,671
Accumulated depreciation / amortisation	-	(267,713)	(153,274)	-	(30,441)	(262,313)	(105,330)	(31,067)	-	-	(850,138)
<b>Carrying amount at the end 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>

\*All property, plant and equipment are classified in the level 3 fair value hierarchy except for land valued at \$37.750 million, buildings valued at \$4.609 million (classified as level 2, ) investments valued at \$23.500 million (classified as level 2, ) and capital works in progress (not classified). Refer to note 24 for details about the lease liability for right-of-use assets.

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

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

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			
Carrying amount at the beginning of the period	35,480	1,838	624	5,513	1,242	54	1,715	250	2,067	-	48,783	
Additions	-	-	19,713	5,938	113	199	403	152	1,057	-	27,575	
Assets received free of charge	4,573	-	-	-	-	-	-	-	-	-	4,573	
Disposals	(10,282)	-	-	-	-	-	(13)	(15)	-	-	(10,310)	
Donated assets disposal	(4,550)	-	-	(3,912)	-	(34)	-	-	(147)	-	(8,643)	
Transfers between asset classes	-	-	-	(14)	14	(20)	1,361	-	(2,208)	-	(867)	
Reclassified to held for sale	(23)	-	-	-	-	-	-	-	-	-	(23)	
Other movements	-	-	-	-	-	-	-	-	-	-	-	
<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>-</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)	-	-	(3,021)	
<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>-</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	-	97,734	
Accumulated depreciation / amortisation	-	(1,818)	(329)	-	(4,650)	(18)	(32,598)	(254)	-	-	(39,667)	
<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>-</b>	<b>58,067</b>	

All property, plant and equipment are classified in the level 3 fair value hierarchy except for land (classified as level 2) and capital works in progress (not classified). Refer to note 24 for details about the lease liability for right-of-use assets.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

Parent

2019-20

	Land and buildings:			Plant and equipment:							
	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	Investment property \$'000	Total \$'000
Carrying amount at the beginning of the period	35,480	2,601	1,690	14	1,910	164	5,830	376	11	-	48,076
Additions	-	-	-	5,499	-	54	-	174	2,067	-	7,794
Assets received free of charge	-	-	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(9)	(92)	-	-	(101)
Acquisition / (disposal) through administrative restructuring	-	-	-	-	-	(172)	-	-	-	-	(172)
Transfers between asset classes	-	-	-	-	-	11	-	-	(11)	-	-
Other movements	-	-	71	-	-	-	-	-	-	-	71
<b>Subtotal:</b>	<b>35,480</b>	<b>2,601</b>	<b>1,761</b>	<b>5,513</b>	<b>1,910</b>	<b>57</b>	<b>5,821</b>	<b>458</b>	<b>2,067</b>	<b>-</b>	<b>55,668</b>
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(763)	(1,137)	-	(668)	(3)	(4,106)	(208)	-	-	(6,885)
<b>Subtotal:</b>	<b>-</b>	<b>(763)</b>	<b>(1,137)</b>	<b>-</b>	<b>(668)</b>	<b>(3)</b>	<b>(4,106)</b>	<b>(208)</b>	<b>-</b>	<b>-</b>	<b>(6,885)</b>
<b>Carrying amount at the end 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>-</b>	<b>48,783</b>
<b>Gross carrying amount</b>											
Gross carrying amount	35,480	3,530	1,761	5,513	5,306	54	36,194	434	2,067	-	90,339
Accumulated depreciation / amortisation	-	(1,692)	(1,137)	-	(4,064)	-	(34,479)	(184)	-	-	(41,556)
<b>Carrying amount at the end 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>-</b>	<b>48,783</b>

All property, plant and equipment are classified in the level 3 fair value hierarchy except for land (classified as level 2) and capital works in progress (not classified). Refer to note 24 for details about the lease liability for right-of-use assets.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

**21. Reconciliation of intangible assets**

The following table shows the movement:  
Consolidated

	2020-21				2019-20			
	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>Carrying amount at the beginning of the period</b>	75,233	700	1,726	77,659	95,105	700	792	96,597
Additions	35	-	3,997	4,032	15	-	931	946
Assets received free of charge	-	-	1,361	1,361	-	-	-	-
Disposals	-	-	-	-	-	-	-	-
Amortisation	(17,978)	-	-	(17,978)	(19,911)	-	-	(19,911)
Transfers between asset classes	923	-	707	1,630	25	-	-	25
Other movements	-	-	-	-	-	-	-	-
<b>Carrying amount at the end of the period</b>	<b>58,213</b>	<b>700</b>	<b>7,791</b>	<b>66,704</b>	<b>75,234</b>	<b>700</b>	<b>1,723</b>	<b>77,657</b>
<b>Gross carrying amount</b>								
Gross carrying amount	211,785	700	7,791	220,276	213,318	700	1,723	215,741
Accumulated amortisation	(153,572)	-	-	(153,572)	(138,084)	-	-	(138,084)
<b>Carrying amount at the end of the period</b>	<b>58,213</b>	<b>700</b>	<b>7,791</b>	<b>66,704</b>	<b>75,234</b>	<b>700</b>	<b>1,723</b>	<b>77,657</b>
<b>Parent</b>								
<b>Carrying amount at the beginning of the period</b>	39,054	-	-	39,054	48,754	-	-	48,754
Additions	-	-	3,216	3,216	-	-	-	-
Assets received free of charge	-	-	1,361	1,361	-	-	-	-
Donated assets disposal	(13)	-	-	(13)	-	-	-	-
Amortisation	(8,264)	-	-	(8,264)	(9,700)	-	-	(9,700)
Transfers between asset classes	13	-	854	867	-	-	-	-
<b>Carrying amount at the end 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>
<b>Gross carrying amount</b>								
Gross carrying amount	129,812	-	5,431	135,243	132,305	-	-	132,305
Accumulated amortisation	(99,022)	-	-	(99,022)	(93,251)	-	-	(93,251)
<b>Carrying amount at the end 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>

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.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

**22. Fair value measurement**

The Consolidated Entity classifies fair value measurement using the following fair value hierarchy that reflects the significance of the inputs used in making the measurements, based on the data and assumptions used in the most recent revaluation:

- Level 1 – traded in active markets, and is based on unadjusted quoted prices in active markets for identical assets or liabilities that the entity can access at measurement date.
- Level 2 – not traded in an active market, and are derived from inputs (inputs other than quoted prices included within Level 1) that are observable for the asset, either directly or indirectly.
- Level 3 – not traded in an active market, and are derived from unobservable inputs.

The Consolidated Entity's current use is the highest and best use of the asset unless other factors suggest an alternative use. As the Consolidated Entity did not identify any factors to suggest an alternative use, fair value measurement was based on current use.

The carrying amount of owned non-financial assets with a fair value at the time of acquisition that was less than \$1 million or an estimated useful life that was less than three years is deemed to approximate fair value.

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

**22.1 Fair value hierarchy**

The fair value of non-financial assets must be estimated for recognition and measurement or for disclosure purposes. The Consolidated Entity categorises non-financial assets measured at fair value into the hierarchy based on the level of inputs used in measurement as follows:

**Fair value measurements at 30 June 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 recurring fair value measurements</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>

**Fair value measurements at 30 June 2020**

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Recurring fair value measurements</b>						
Land	37,750	306,556	344,306	35,480	-	35,480
Buildings and improvements	4,609	2,256,128	2,260,737	-	1,838	1,838
Leasehold improvements	-	52,181	52,181	-	1,242	1,242
Plant and equipment	-	191,144	191,144	-	1,769	1,769
Investment property	23,500	-	23,500	-	-	-
<b>Total recurring fair value measurements</b>	<b>65,859</b>	<b>2,806,009</b>	<b>2,871,868</b>	<b>35,480</b>	<b>4,849</b>	<b>40,329</b>

Non-recurring fair value measurement is applicable to land and buildings held for sale. Refer to note 19.

The Consolidated Entity's policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period.

During 2021 and 2020, the Consolidated Entity had no valuations categorised into Level 1. Land assets of the Parent entity and SAAS have been classified as Level 2, as there were unobservable inputs, and one building asset for SAAS have been classified as Level 2.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

**22.2 Valuation techniques and inputs**

Land fair values were derived by using the market approach, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor. To the extent that land has had any restrictions on use and been adjusted with a discount factor these assets are classified as Level 3. All other land has been classified as Level 2.

Due to the predominantly specialised nature of health service assets, the majority of building and plant and equipment valuations have been undertaken using a cost approach (depreciated replacement cost), an accepted valuation methodology under AASB 13. The extent of unobservable inputs and professional judgement required in valuing these assets is significant, and as such they are deemed to have been valued using Level 3 valuation inputs.

Unobservable inputs used to arrive at final valuation figures included:

- Estimated remaining useful life, which is an economic estimate and by definition, is subject to economic influences;
- Cost rate, which is the estimated cost to replace an asset with the same service potential as the asset undergoing valuation (allowing for over-capacity), and based on a combination of internal records including: refurbishment and upgrade costs, historical construction costs, functional utility users, industry construction guides, specialised knowledge and estimated acquisition/transfer costs;
- Characteristics of the asset, including condition, location, any restrictions on sale or use and the need for ongoing provision of Government services;
- Effective life, being the expected life of the asset assuming general maintenance is undertaken to enable functionality but no upgrades are incorporated which extend the technical life or functional capacity of the asset; and
- Depreciation methodology, noting that AASB 13 dictates that regardless of the depreciation methodology adopted, the exit price should remain unchanged.

Investment property has been valued using the income approach, based on capitalised net income at an appropriate yield, and is classified as Level 2.

**23. Payables**

	Consolidated		Parent	
	2021	2020	2021	2020
<b>Current</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Creditors and accrued expenses	207,299	202,519	64,756	57,437
Paid Parental Leave Scheme	852	904	18	33
Health Service workers compensation	-	-	8,979	8,226
Interstate patient transfers	144,454	118,911	144,454	118,911
Employment on-costs*	62,451	57,020	3,740	2,854
Other payables	8,208	7,289	55	65
<b>Total current payables</b>	<b>423,264</b>	<b>386,643</b>	<b>222,002</b>	<b>187,526</b>
<b>Non-current</b>				
Health Service workers compensation	-	-	16,891	14,691
Employment on-costs*	33,384	33,406	2,889	2,836
Other payables	50	169	-	-
<b>Total non-current payables</b>	<b>33,434</b>	<b>33,575</b>	<b>19,780</b>	<b>17,527</b>
<b>Total payables</b>	<b>456,698</b>	<b>420,218</b>	<b>241,782</b>	<b>205,053</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.

Inter-entity transactions between the Department and Health Services workers compensation (redemption and lump sum) payables amount to \$25.870 million (\$22.917 million). Refer to note 1.1.2 for further information.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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 2020 rate (9.8%) to 10.1% 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 \$2.321 million (Parent increase of \$0.105 million). The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

The Paid Parental Leave Scheme payable represents amounts which the Consolidated Entity has received from the Commonwealth Government to forward onto eligible employees via the Consolidated Entity's standard payroll processes. That is, the Consolidated Entity is acting as a conduit through which the payment to eligible employees is made on behalf of the Family Assistance Office.

Refer to note 34 for information on risk management.

**Interstate patient transfers**

Under the National Health Reform Agreement - When a resident of one state/territory receives hospital treatment in another state/territory, the 'resident state/territory' compensates the treating or 'provider state/territory' for the cost of that care via a 'cross-border' payment. Contributions by the resident state/territory are made to the provider state/territory through the National Health Funding Pool account via activity estimates. Consistent with past years, the amounts disclosed are current estimates and may change. The Department is continuing to refine its calculations of receivables and payables, which are based on the cross-border activity from 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 2019-20.

**24. Financial liabilities**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Lease liabilities	86,785	86,361	253	781
<b>Total current financial liabilities</b>	<b>86,785</b>	<b>86,361</b>	<b>253</b>	<b>781</b>
<b>Non-current</b>				
Lease liabilities	2,739,082	2,786,696	19,770	98
<b>Total non-current financial liabilities</b>	<b>2,739,082</b>	<b>2,786,696</b>	<b>19,770</b>	<b>98</b>
<b>Total financial liabilities</b>	<b>2,825,867</b>	<b>2,873,057</b>	<b>20,023</b>	<b>879</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 Treasury's incremental borrowing rate. There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 34 for information on risk management.

Refer note 20 for details about the right-of-use assets (including depreciation) and note 11 for financing costs associated with these leasing activities.

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

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

Right-of-use asset	Nature of arrangements	Details
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, Breastscreen services, community health services, GP Plus arrangements, Drug and Alcohol Services clinics, Child/Family/Women's/Mental Health services and volunteer ambulance stations

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

**24.2 Maturity analysis**

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

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
<b>Lease Liabilities</b>				
1 to 3 years	960,961	970,978	2,360	2,032
3 to 5 years	627,705	624,704	2,270	-
5 to 10 years	1,488,757	1,499,594	6,922	-
More than 10 years	3,653,416	3,940,064	8,471	-
<b>Total lease liabilities (undiscounted)</b>	<b>6,730,839</b>	<b>7,035,340</b>	<b>20,023</b>	<b>2,032</b>

**25. Employee benefits**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Accrued salaries and wages	137,211	140,754	5,230	3,952
Annual leave	415,403	385,572	16,909	13,237
Long service leave	70,962	75,362	3,029	3,119
Fringe benefits tax	2,027	2,024	2,010	2,024
Skills and experience retention leave	29,311	27,943	1,137	952
Superannuation - defined benefit scheme	-	17,053	-	-
Other	528	586	-	35
<b>Total current employee benefits</b>	<b>655,442</b>	<b>649,294</b>	<b>28,315</b>	<b>23,319</b>
<b>Non-current</b>				
Long service leave	804,082	828,881	34,457	34,444
Superannuation - defined benefit scheme	-	20,229	-	-
<b>Total non-current employee benefits</b>	<b>804,082</b>	<b>849,110</b>	<b>34,457</b>	<b>34,444</b>
<b>Total employee benefits</b>	<b>1,459,524</b>	<b>1,498,404</b>	<b>62,772</b>	<b>57,763</b>

Employee benefits accrue as a result of services provided up to the reporting date that remain unpaid. Long-term employee benefits are measured at present value and short-term employee benefits are measured at nominal amounts.

**25.1 Salaries and wages, annual leave, skills and experience retention leave and sick leave**

The liability for salary and wages is measured as the amount unpaid at the reporting date at remuneration rates current at the reporting date.

The annual leave liability and the skills and experience retention leave liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid.

The actuarial assessment performed by DTF left the salary inflation rate at 2.0% for annual leave and skills and experience retention leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

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 2020 (0.75%) to 1.25% for the Department and to 1.50% 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 2.5% for long service leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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 \$60.028 million (Parent \$3.989 million), payables (employment on-costs) of \$2.330 million (Parent \$0.176 million) and employee benefits expense of \$62.358 million (Parent \$4.165 million). The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

**25.3 Superannuation funds**

A number of SAAS employees are members of the SA Ambulance Service Superannuation Scheme (the "Scheme"). These employees are eligible to receive a benefit from the Scheme. A benefit is payable on retirement, death, disablement or leaving SAAS, in accordance with the Scheme's trust deed and rules. The Scheme provides lump sum benefits based on a combination of defined benefits which depend on years of service and final salary and accumulation benefits which depend on the accumulation of member and employer contributions adjusted for appropriate earnings and expenses. The liability for this Scheme has been determined via an actuarial valuation by Mercer Investment Nominees Limited using the projected unit credit method.

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

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

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

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

**Defined benefit superannuation scheme**

<b>Reconciliation of the present value of the defined benefit obligation:</b>	<b>2021</b>	<b>2020</b>
	<b>\$'000</b>	<b>\$'000</b>
Opening balance of defined benefit obligation	298,309	323,648
Current service cost	9,024	10,500
Interest cost	2,144	3,801
Contributions by scheme participants	3,208	5,302
Actuarial (gains)/losses	1,958	(20,069)
Benefits paid	(16,452)	(23,434)
Taxes, premiums and expenses paid	(1,358)	(1,677)
Transfers in	239	238
<b>Closing balance of defined benefit obligation</b>	<b>297,072</b>	<b>298,309</b>

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

	<b>2021</b>	<b>2020</b>
	<b>\$'000</b>	<b>\$'000</b>
Opening balance of scheme assets	261,027	276,935
Interest Income	1,918	3,332
Actual return on scheme assets less Interest Income	48,702	(4,945)
Contributions from the employer	5,657	5,276
Contributions by scheme participants	3,208	5,302
Benefits paid	(16,452)	(23,434)
Taxes, premiums and expenses paid	(1,358)	(1,677)
Transfers in	239	238
<b>Closing balance of scheme assets</b>	<b>302,941</b>	<b>261,027</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	297,072	298,309
Fair value of scheme assets	(302,941)	(261,027)
<b>Net liability arising from defined benefit obligations</b>	<b>(5,869)</b>	<b>37,282</b>

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

Superannuation - defined benefit scheme	(5,869)	-
Current provision for employee benefits - defined benefit obligations	-	17,053
Non-current provision for employee benefits - defined benefit obligations	-	20,229
<b>Closing balance of defined benefit obligation</b>	<b>(5,869)</b>	<b>37,282</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

	% invested by asset class			
	Consolidated		Parent	
	2021	2020	2021	2020
	%	%	%	%
Australian equity	32	27	-	-
International equity	34	33	-	-
Fixed income	11	13	-	-
Property	10	11	-	-
Alternatives/other	8	6	-	-
Cash	5	10	-	-
<b>Total</b>	<b>100</b>	<b>100</b>	<b>-</b>	<b>-</b>

The percentage invested in each asset class as at 30 June 2020 is adjusted to be comparable to 30 June 2021. This adjustment is made to align with the new approach where it is assumed that the diversified strategies growth B is 50% Australian equities and 50% International equities, and diversified strategies income is Alternatives/Other.

In accordance with the revised AASB 119 the discount rate assumption is used to determine interest income and the expected return on assets assumption is no longer used. The actual return on scheme assets was a gain of \$50.620 million (loss of \$1.613 million). 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 12.00% of salary contributions.

	Consolidated		Parent	
	2021	2020	2021	2020
	% pa	% pa	% pa	% pa
<b>Principal actuarial assumptions used (and expressed as weighted averages):</b>				
Discount rate (defined benefit cost)	0.8	1.3	-	-
Expected rate of salary increase (defined benefit cost)	2.5	4.0	-	-
Discount rate (defined benefit obligation)	1.4	0.8	-	-
Expected rate of salary increase (defined benefit obligation)	2.5	2.5	-	-

	2021	2020
	\$'000	\$'000
<b>Movement in net defined benefit liability</b>		
Net defined benefit liability at start of year	37,282	46,713
Defined benefit cost	9,250	10,969
Remeasurements	(46,744)	(15,124)
Employer contributions	(5,657)	(5,276)
<b>Net defined liability at year end</b>	<b>(5,869)</b>	<b>37,282</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 \$10.454 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 2021 under several scenarios is presented below.

Scenarios A and B relate to discount rate sensitivity. Scenarios C and D relate to salary increase rate sensitivity.

Scenario A: 0.5% p.a. lower discount rate assumption

Scenario B: 0.5% p.a. higher discount rate assumption

Scenario C: 0.5% p.a. lower salary increase rate assumption

Scenario D: 0.5% p.a. higher salary increase rate assumption

	Base Case	Scenario A	Scenario B	Scenario C	Scenario D
		-0.5% pa discount rate	+0.5% pa discount rate	-0.5% pa salary increase rate	+0.5% pa salary increase rate
Discount Rate	1.4%	0.9%	1.9%	1.4%	1.4%
Salary increase rate	2.5%	2.5%	2.5%	2.0%	3.0%
Defined benefit obligation (\$'000)	297,072	305,719	289,035	290,061	304,521

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

---

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 2021 is eight years.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

**26. Provisions**

	Note	Consolidated		Parent	
		2021	2020	2021	2020
Current		\$'000	\$'000	\$'000	\$'000
Insurance	26.2	16,189	13,167	16,189	13,167
Workers compensation	26.1	29,825	25,558	568	455
<b>Total current provisions</b>		<b>46,014</b>	<b>38,725</b>	<b>16,757</b>	<b>13,622</b>
<b>Non-current</b>					
Insurance	26.2	124,802	118,499	124,802	118,499
Workers compensation	26.1	120,050	83,472	747	605
<b>Total non-current provisions</b>		<b>244,852</b>	<b>201,971</b>	<b>125,549</b>	<b>119,104</b>
<b>Total provisions</b>		<b>290,866</b>	<b>240,696</b>	<b>142,306</b>	<b>132,726</b>

*Reconciliation of workers compensation (statutory and non-statutory)*

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	<b>109,030</b>	<b>105,264</b>	<b>1,060</b>	<b>1,053</b>
Increase in provisions recognised	48,601	10,900	255	168
Reductions resulting from re-measurement or settlement without cost	-	(2,052)	-	-
Reductions arising from payments/other sacrifices of future economic benefits	(7,756)	(5,082)	-	(161)
<b>Carrying amount at the end of the period</b>	<b>149,875</b>	<b>109,030</b>	<b>1,315</b>	<b>1,060</b>

**26.1 Workers Compensation**

*Workers compensation*

The Department as a self-insurer is responsible for the payment of workers compensation claimed and the implementation and funding of preventative programs.

A liability has been reported to reflect unsettled workers compensation claims. The workers compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2021 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The liability was calculated in accordance with AASB 137 as the present value of the expenditures expected to be required to settle obligations incurred as at 30 June. No risk margin is included in this estimate.

There is a significant degree of uncertainty associated with estimating future claims and expense payments. The liability is impacted by agency claim experience relative to other agencies, average claims sizes and other economic and actuarial assumptions.

*Additional compensation for certain work-related injuries or illnesses (additional compensation)*

The Consolidated Entity has recognised an additional compensation provision from 30 June 2018.

The additional compensation provision 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 non-serious injuries sustained in circumstances which involved, or appeared to involve, the commission of a criminal offence, or which arose from a dangerous situation.

The additional compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2021 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The liability was calculated in accordance with AASB 137 as the present value of the expenditures expected to be required to settle obligations incurred as at 30 June. The liability comprises an estimate for known claims and an estimate of incurred but not reported applications. No risk margin is included in the estimate.

There is a significant degree of uncertainty associated with this estimate. In addition, to the general uncertainties associated with estimating future claim and expense payments, the additional compensation provision is impacted by the limited claims history and the evolving nature of the interpretation of, and evidence required to meet, eligibility criteria. Given these uncertainties, the actual cost of additional compensation claims may differ materially from the estimate. Assumptions used will continue to be refined to reflect emerging experience.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

**26.2 Insurance**

The Department is responsible for the management of the Consolidated Entity's insurance program. The Department is a participant in the State Government's insurance program. The Department pays a premium to SA Government Financing Authority (SAFA), SAICORP Division for professional indemnity insurance (including medical malpractice), public liability and property insurance, and is responsible for the management claim for amounts up to an agreed amount (the deductible). SAICORP provides the balance of funding for claims in excess of the deductible. For professional indemnity (including medical malpractice) claims after 1 July 1994 and general public liability and property claims after 1 July 1999 the deductible per claim is \$1 million. For claims incurred prior to these dates the deductible per claim is \$50,000.

Professional indemnity and general public liability claims arising from the LHNs and SAAS's operations are managed as part of the State Government Insurance Program. The LHNs and SAAS pay an annual premium to the Department. These transactions are eliminated on consolidation in accordance with the requirements of AASB 10.

The determination of the medical malpractice professional indemnity insurance provision was carried out through an actuarial assessment in accordance with AASB 1023 *General Insurance Contracts*, conducted by Brett & Watson Pty Ltd. Current and non-current liabilities of the Department are determined by taking into account prudential margins, inflation, taxes, claims incurred but not reported and current claim values. The discount rate, which is used to discount expected future payments to the valuation date, increased to 1.6% (1.1%).

The provision for claims for professional indemnity (other), general public liability and property insurance is a management assessment.

*Reconciliation of insurance*

The following table shows the movement of insurance during the period for the Consolidated Entity and Parent:

	Medical malpractice	Professional indemnity (Other)	Public liability	Property	Total
2020-21	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at 1 July	129,419	113	1,185	949	131,666
Increase to provision due to new claims	15,645	10	52	1,908	17,615
Reduction due to payments	(18,305)	(28)	(594)	(434)	(19,361)
Net revision of estimates	10,434	12	769	(144)	11,071
<b>Carrying amount at the end of the period</b>	<b>137,193</b>	<b>107</b>	<b>1,412</b>	<b>2,279</b>	<b>140,991</b>

**27. Contract liabilities and other liabilities**

	Consolidated		Parent	
	2021	2020	2021	2020
Current	\$'000	\$'000	\$'000	\$'000
Unclaimed monies	58	-	-	-
Unearned revenue	3,017	1,597	1,036	-
Contract liabilities	26,263	22,520	799	2,174
Ambulance Cover Membership	-	1	-	-
Residential aged care bonds	83,285	80,695	-	-
Accommodation and lease incentive*	276	715	276	715
Other	1,820	4,103	-	1
<b>Total current contract liabilities and other liabilities</b>	<b>114,719</b>	<b>109,631</b>	<b>2,111</b>	<b>2,890</b>
<b>Non-current</b>				
Accommodation and lease incentive*	96	302	96	302
Other	-	743	-	-
<b>Total non-current contract liabilities and other liabilities</b>	<b>96</b>	<b>1,045</b>	<b>96</b>	<b>302</b>
<b>Total contract liabilities and other liabilities</b>	<b>114,815</b>	<b>110,676</b>	<b>2,207</b>	<b>3,192</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 this/these 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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

obligations from these existing contracts (deferred service income) will be satisfied during the next reporting period and accordingly all amounts will be recognised as revenue.

Residential Aged Care Bonds are accommodation bonds, refundable accommodation contributions and refundable accommodation deposits. These are non-interest bearing deposits made by aged care facility residents to the Consolidated Entity upon their admission to residential accommodation. The liability for accommodation is carried at the amount that would be payable on exit of the resident. This is the amount received on entry of the resident less applicable deductions for fees and retentions pursuant to the *Aged Care Act 1997*. Residential Aged Care Bonds are classified as current liabilities as the Consolidated Entity does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting date. The obligation to settle could occur at any time. Once a refunding event occurs the other liability becomes interest bearing. The interest rate applied is the prevailing interest rate at the time as prescribed by the Commonwealth Department of Health.

**28. Cash flow reconciliation**

**Reconciliation of cash and cash equivalents at the end of the reporting period**

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	1,172,207	1,069,611	791,294	769,206
<b>Cash as per Statement of Financial Position</b>	<b>1,172,207</b>	<b>1,069,611</b>	<b>791,294</b>	<b>769,206</b>
<b>Balance as per Statement of Cash Flows</b>	<b>1,172,207</b>	<b>1,069,611</b>	<b>791,294</b>	<b>769,206</b>

**Reconciliation of net cash provided by operating activities to net cost of providing services:**

Net cash provided by (used in) operating activities	439,500	505,867	21,164	146,156
<b>Add/less non-cash items</b>				
Asset donated free of charge	(4,550)	-	(8,656)	-
Capitalised interest expense on finance lease	(10,692)	(12,040)	-	-
Depreciation and amortisation expense of non-current assets	(307,964)	(317,461)	(11,285)	(16,585)
Gain/(loss) on sale or disposal of non-current assets	1,767	(2,539)	2,023	(6)
Gain/(loss) on valuation of defined benefits	(46,744)	(15,124)	-	-
Increments/(decrements) on revaluation of non-current assets	-	1,488	-	-
Interest credited directly to investments	274	712	-	-
Net effect of the adoption of new Accounting Standard	-	41,252	-	-
Resources received free of charge	2,677	193	5,934	-
Revaluation of investments	203	3,963	-	-
Transfer of Lot14 Carpark Lease to Renewal SA	-	(7,124)	-	-
Prior year error – SAAS	(3,862)	(5,983)	-	-
Administrative restructure	-	(5,911)	-	-

**Movement in assets and liabilities**

Increase/(decrease) in contract assets	12,386	(12,417)	-	-
Increase/(decrease) in receivables	111,445	(48,546)	93,245	(42,952)
Increase/(decrease) in inventories	53,954	17,793	54,863	11,993
Increase/(decrease) in other current assets	4	402	-	-
(Increase)/decrease in employee benefits	42,742	(94,097)	(5,009)	(3,607)
(Increase)/decrease in payables and provisions	(87,165)	(16,105)	(46,273)	(37,769)
(Increase)/decrease in other liabilities	(4,139)	(12,923)	985	(1,618)
<b>Net result</b>	<b>199,836</b>	<b>21,400</b>	<b>106,991</b>	<b>55,612</b>

Total cash outflows for leases is \$209.417 million (\$236.716 million) for the consolidated entity, and \$7.454 million (\$5.013 million) for the Department.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

**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	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Within one year	5,885	12,191	619	4,123
<b>Total capital commitments</b>	<b>5,885</b>	<b>12,191</b>	<b>619</b>	<b>4,123</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 Department for Infrastructure and Transport financial statements.

**29.1.2 Expenditure commitments**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Within one year	375,419	359,586	113,390	108,161
Later than one year but not longer than five years	575,712	569,689	34,359	30,696
Later than five years	2,272,344	2,371,363	3,394	11,420
<b>Total other expenditure commitments</b>	<b>3,223,475</b>	<b>3,300,638</b>	<b>151,143</b>	<b>150,277</b>
Less contingent rentals	(1,149,239)	(1,164,994)	-	-
<b>Net other expenditure commitments</b>	<b>2,074,236</b>	<b>2,135,644</b>	<b>151,143</b>	<b>150,277</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 other expenditure commitments above is \$2,685.075 million (\$2,783.444 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 2021 has not been quantified.

**29.2 Expected rental income from lessor arrangements**

	Consolidated		Parent	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Within one year	82	494	-	-
Later than one year but not longer than five years	-	81	-	-
Later than five years	-	-	-	-
<b>Total expected rental income from lessor arrangements</b>	<b>82</b>	<b>575</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	
	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000
Carry amount at the beginning of period	655	476	-	-
Client trust receipts	1,645	1,718	-	-
Client trust payments	1,660	1,539	-	-
<b>Carrying amount at the end of the period</b>	<b>640</b>	<b>655</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).

The estimated value of the contingent asset is unable to be fully determined because of the following uncertain future events that will have an impact on Celsus's credit margin:

- Celsus's credit risk profiling and the number of times Celsus will refinance during the term of the PPP arrangement;
- The type of finance Celsus sources e.g. short term debt from the banking market vs longer term debt potentially sourced via a private placement;
- Uncertainty around the margin negotiated and whether it will be higher or lower than those assumed margins in the financial modelling;
- Whether the State Government will make a capital contribution during the first or any refinancing points; and
- The lodgement and resolution of any claims under the PPP agreement.

#### 31.2 Contingent liabilities

On 1 August 2017, Hansen Yuncken Pty Ltd and CBP Contractors Pty Ltd (formerly known as Leighton Contractors Pty Ltd) filed legal proceedings in the Federal Court of Australia against Celsus Pty Ltd (formerly known as SA Health Partnership Nominees Pty Ltd), independent certifier Donald Cant Watts Corke Pty Ltd and the Crown in right of the State of South Australia for alleged breaches of contract in relation to the construction of the new RAH. In December 2017 the respondents to the builder's Federal Court proceedings successfully obtained a stay of the proceedings pending the outcome of an arbitration process. At the time of this report, the arbitration process was still in progress. It is not possible to estimate the dollar effect of this claim or whether it will be successful.

The current Enterprise Bargaining agreement for SA Ambulance paramedics has a preserved date of 30 November 2018 for the effective date of any subsequent Agreement to apply. The Agreement negotiations have commenced and any increase will be back dated to 30 November 2018.

#### 31.3 Guarantees

The Consolidated Entity has made no guarantees.

### 32. Events after balance date

Mount Gambier Private Hospital Incorporated (MGPH) entered into a Voluntary Administration process on 16th of July 2021, managed by Meertens Chartered Accounts. Circular to creditors and notice of meeting was received on 20th July 2021, with the first meeting of creditors held on Wednesday 28th of July 2021. Outstanding invoices from the Limestone Coast Local Health Network to MGPH relating to the period up to 15th of July 2021 totalled \$885,851.86, consisting of May charges of \$350,978.04, June charges of \$361,867.33 and charges for 1st to 15th of July of \$173,006.49. Effective from 16th of July, services will be charged to the appointed administrator, with the first invoice for the charges relating to the period 16th to 31st of July being for \$184,540.26. All amounts listed are inclusive of GST. The second creditor meeting was held on Monday 9th of August 2021, with the creditors resolving that the MGPH execute a proposed Deed of Association Arrangement (DOAA). The Mount Gambier Private Hospital Board have advised they intend to cease trading as an entity on 20th of August 2021.

### 33. Impact of Standards not yet implemented

The Consolidated Entity has assessed the impact of the new and amended Australian Accounting Standards and Interpretations not yet implemented and changes to the Accounting Policy Statements issued by the Treasurer. There are no Accounting Policy Statements that are not yet in effect.

- Amending Standards AASB 2014-10/AASB 2015-10/AASB 2017-5/2020-3 and AASB 2021-2 will apply from 1 July 2022 and 1 July 2023 respectively. Although applicable to the Consolidated Entity, these amending standards are not expected to have an impact on the Consolidated Entity's general purpose financial statements. SA Health will update its policies, procedures and work instructions, where required, to reflect the additional clarification requirements.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

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- 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 eg LSL and whether or not the Consolidated Entity has a substantive right to defer settlement. Where applicable these liabilities will be classified as current.

### 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 Principles and Guidelines*.

The Consolidated Entity's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held.

##### Liquidity risk

The Consolidated Entity is funded principally from appropriation by the SA Government. The Consolidated Entity works with DTF to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows.

Refer to notes 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.

##### Market risk

The Consolidated Entity does not engage in high risk hedging for its financial assets. Exposure to interest rate risk may arise through interest bearing liabilities, including borrowings. The Consolidated Entity's interest bearing liabilities are managed through SAFA and any movement in interest rates are monitored on a daily basis. There is no exposure to foreign currency or other price risks. There have been no changes in risk exposure since the last reporting period.

#### 34.2 Categorisation of financial instruments

Details of the significant accounting policies and methods adopted including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in the respective financial asset/financial liability note.

The carrying amounts of each of the following categories of financial assets and liabilities: financial assets measured at amortised cost; financial assets measured at fair value through profit or loss; financial assets measured at fair value through other comprehensive income; and financial liabilities measured at amortised cost are detailed below. All of the resulting fair value estimates are included in Level 2 as all significant inputs required are observable.

A financial asset is measured at amortised cost if:

- it is held within a business model whose objective is to hold assets to collect contractual cash flows; and
- its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest only on the principal amount outstanding.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

Category of financial asset and financial liability*	Notes	Consolidated		Parent	
		2021 Carrying amount/ Fair value \$'000	2020 Carrying amount/ Fair value \$'000	2021 Carrying amount/ Fair value \$'000	2020 Carrying amount/ Fair value \$'000
<b>Financial assets</b>					
Cash and equivalent					
Cash and cash equivalents	14, 28	1,172,207	1,069,611	791,294	769,206
Amortised Cost					
Receivables <sup>(1)(2)</sup>	15	397,158	295,269	226,194	141,847
Other financial assets	16	108,061	105,810	-	-
Fair value through statement of comprehensive income					
Other financial assets	16	1,568	1,248	-	-
Fair value through profit and loss					
Other financial assets	16	7,295	10,714	-	-
<b>Total financial assets</b>		<b>1,686,289</b>	<b>1,482,652</b>	<b>1,017,488</b>	<b>911,053</b>
<b>Financial liabilities</b>					
Financial liabilities at amortised cost					
Payables <sup>(1)</sup>	23	357,196	325,928	234,410	198,527
Lease liabilities	24, 29	2,825,864	2,873,057	20,023	879
Other financial liabilities	27	85,534	86,558	372	1,018
<b>Total financial liabilities</b>		<b>3,268,594</b>	<b>3,285,543</b>	<b>254,805</b>	<b>200,424</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 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).

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 risks characteristics and the days past due. When estimated 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:

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

CONSOLIDATED	30 June 2021			30 June 2020		
	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 – 100.0%	52,984	6,216	0.1 – 21.1%	32,816	6,474
<30 days	0.2 – 26.1%	20,698	1,195	0.2 – 24.2%	16,664	1,200
31-60 days	0.4 – 45.2%	10,033	1,124	0.5 – 43.1%	8,879	1,523
61-90 days	0.6 – 57.3%	7,745	1,366	0.7 – 55.1%	7,138	1,653
91-120 days	0.9 – 63.3%	7,893	1,486	1.0 – 61.6%	5,430	1,670
121-180 days	1.5 – 67.7%	7,655	1,468	1.7 – 66.5%	5,230	1,662
181-360 days	2.5 – 100.0%	22,235	10,664	2.6 – 72.1%	21,252	11,711
361-540 days	4.6 – 100.0%	6,646	4,818	4.6 – 92.9%	6,396	4,079
>540 days	5.3 – 100.0%	10,188	7,330	5.3 – 100.0%	8,855	5,614
<b>Total</b>		<b>146,077</b>	<b>35,667</b>		<b>112,660</b>	<b>35,586</b>

PARENT	30 June 2021			30 June 2020		
	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%	7,426	7	0.1%	1,634	1
<30 days	0.2%	2,906	5	0.1%	297	-
31-60 days	0.5%	1,736	9	0.4%	171	1
61-90 days	0.9%	2,190	21	0.8%	98	1
91-120 days	2.1%	2,087	45	2.5%	6	-
121-180 days	3.2%	2,086	66	2.6%	12	-
181-360 days	4.4%	3,200	140	2.7%	35	1
361-540 days	24.4%	143	35	22.7%	5	1
>540 days	29.5%	86	25	27.8%	205	57
<b>Total</b>		<b>21,860</b>	<b>353</b>		<b>2,463</b>	<b>62</b>

THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2021

### 35. Budget performance

The budget performance table compares the departments outcomes against budget information presented to Parliament in the original budget financial statements (2020-21 Budget Paper 4). The budget amounts have not been adjusted to reflect revised budgets or administrative restructures. The budget process is not subject to audit.

#### Consolidated

	Original Budget 2021 \$'000	Actual 2021 \$'000	Variance \$'000
<b>Statement of Comprehensive Income</b>			
<b>Income</b>			
Revenues from SA Government	5,539,686	4,553,938	985,748
Fees and charges	754,511	771,242	(16,731)
Grants and contributions	2,051,256	2,115,132	(63,876)
Interest	5,482	1,135	4,347
Net gain from disposal of non-current assets and other assets	554	-	554
Resources received free of charge	74,268	78,277	(4,009)
Net gain/(loss) from disposal of non-current and other assets	-	1,767	(1,767)
Other revenues/income	27,600	29,949	(2,349)
<b>Total Income</b>	<b>8,453,357</b>	<b>7,551,440</b>	<b>901,917</b>
<b>Expenses</b>			
Staff benefits expenses	4,237,640	4,394,298	156,658
Supplies and services	2,315,938	2,332,034	16,096
Depreciation and amortisation	305,686	307,964	2,278
Grants and subsidies	116,700	115,985	(715)
Borrowing costs	128,514	121,297	(7,217)
Impairment loss on receivables	8,402	5,752	(2,650)
Other expenses	51,921	74,274	22,353
<b>Total Expenses</b>	<b>7,164,801</b>	<b>7,351,604</b>	<b>186,803</b>
<b>Net result</b>	<b>1,288,556</b>	<b>199,836</b>	<b>1,088,720</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	-	(7,431)	(7,431)
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>			
Gains/(losses) recognised directly in equity	-	47,060	47,060
<b>Total Other Comprehensive Income</b>	<b>-</b>	<b>39,629</b>	<b>39,629</b>
<b>Total Comprehensive Result</b>	<b>(a) 1,288,556</b>	<b>239,465</b>	<b>(1,049,091)</b>

(a) The variance between the actual and budgeted net financial result is \$1,088.720 million. This result is mainly due to:

\$901.917 million unfavourable variance in income mainly due to:

- An adjustment to State Government revenue related to financing arrangements of \$1 billion;

\$186.803 million unfavourable variance in expenditure. These variances have been incurred across a large range of areas and hence are not separately disclosed in this note due to the quantum and breadth of areas involved, and relate to the increased costs of providing hospital services including;

- The roll out of the COVID-19 Vaccination program; and
- Increased funding for COVID-19 response.

	Original Budget 2021 \$'000	Actual 2021 \$'000	Variance \$'000
<b>Investing expenditure summary</b>			
Total new projects	35,105	29,367	5,738
Total existing projects	261,516	167,866	93,650
Total annual programs	62,526	64,509	(1,983)
Total Leases	19,241	30,951	(11,710)
<b>Total investing expenditure</b>	<b>(b) 378,388</b>	<b>292,693</b>	<b>85,695</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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- (b) The favourable variance of \$85.695 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 \$5.738 million between original budget and actuals is mainly relates to underspend in:

- New Women's and Children Hospital capital has an underspend of \$6.600m due to the delayed in completion of the concept design for the main works; offsets by
- Additional COVID-19 Equipment being purchased across SA Health to assist with the COVID-19 responses.

**Existing Projects**

The favourable variance of \$93.650 million between original budget and actuals is mainly relates to reprofiling of projects into future years and underspend.

Specific projects that have contributed to the variance include: Electronic Medical Records System of \$38.200 million; Repatriation Health Precinct Reactivation of \$16.700 million; Lyell McEwin Hospital Emergency Department Expansion of \$11.400 million; Country Health SA Sustainment and Compliance of \$9.500 million; Strathalbyn Aged Care of \$7.800 million and Enterprise Cancer Prescribing System of \$3.800 million, The Queen Elizabeth Hospital Redevelopment Stage 3 of \$2.517 million; SA Pathology consolidation into Frome Rd of \$2.450 million and Upgrade to existing Women's and Children's Hospital of \$2.000 million.

**Leases**

The unfavourable variance of \$11.710 million between original budget and actuals mainly relates to the Gepps Cross Distribution Centre not included in the original budget offset by the Lyell McEwin car park lease.

**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 of Infrastructure and Transport (DIT) for capital works of \$162.497 million (\$97.633 million) occupancy rent and rates of \$16.871 million (\$16.222 million) and property repairs and maintenance of \$22.147 million (\$38.513 million) (note 9). As at 30 June the outstanding balance payable to DIT was \$31.283 million (\$31.657 million) (note 23) and the value of unrecognised contractual expenditure commitments for accommodation with DIT was \$66.021 million (\$74.773 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 Inc has a 100% interest (1,150,000 shares) in AusHealth. AusHealth is a national provider of on-site health and safety services delivered by qualified and experienced professional staff to businesses throughout Australia. AusHealth also manages patient payment solutions for Australian hospitals and commercialises hospital research into leading edge medical technologies and treatment.

Regional LHNs has effective control over, and a 100% interest in, the net assets of the HACs. The HACs were established as a consequence of the *Health Care Act 2008* being enacted and certain assets, rights and liabilities of the former Hospitals and Incorporated Health Centres were vested in them with the remainder being vested in Regional SA Local Health Network Incorporated.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

By proclamation dated 26 June 2008, the following assets, rights and liabilities were vested in the Incorporated HACs:

- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land;
- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land dedicated under any legislation dealing with Crown land; and
- all funds and personal property held on trust and bank accounts and investments that are solely constituted by the proceeds of fundraising except for all gift funds, and other funds or personal property constituting gifts or deductible contributions under the *Income Tax Assessment Act 1997* (Commonwealth).

The above assets, rights and liabilities of the former Hospitals whose HAC elected not to be incorporated were vested in the Country Health SA Board Health Advisory Council Inc. A proclamation on 27 June 2019 advised from 1 July 2019 Country Health SA Board Health Advisory Council Inc will be renamed to Country Health Gift Fund Health Advisory Council Inc.

The HACs have no powers to direct or make decisions with respect to the management and administration of Regional SA Local Health Network.

**Joint arrangements**

**The Consolidated Entity participates in the following joint operations:**

Name of arrangement	Nature of the arrangement	Principal activity	Location	Interest
Centre for Cancer Biology Alliance	Agreement between the University of South Australia and Central Adelaide Local Health Network Incorporated	Undertake health and medical research in South Australia as an integrated clinical, educational and research activity, with a focus on cancer research.	Adelaide SA	50%

**The Consolidated Entity participates in the following joint venture:**

Name of arrangement	Nature of the arrangement	Principal activity	Location	Interest
Flinders Reproductive Medicine Pty Ltd (as Trustee for Flinders Charitable Trust, trading as Flinders Fertility)	Agreement between Flinders Reproductive Medicine Pty Ltd and Southern Adelaide Local Health Network Incorporated	Provision of equitable and accessible fertility treatment.	Adelaide SA	50%

Flinders Fertility is structured as a private trust which is not a reporting entity and is not publicly listed. The Consolidated Entity and Flinders University each have a 50% beneficial entitlement to the net assets of the trust. Accordingly, the interest is classified as a joint venture with the investment measured using the equity accounting method.

The Consolidated Entity's share in the equity of the Flinders Fertility is calculated based on the draft financial statements provided as at the reporting period and subsequently adjusted when the final audited financial statements are available.

Based on the audited financial statements as at 30 June 2020, Flinders Fertility incurred a profit and the draft financial statements as at the year ended 30 June 2021 project a profit. The profit as at 30 June 2020 and projected profit for 30 June 2021 have not been distributed to the beneficiaries.

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

Percentage ownership interest	2021	2020
	50 %	50 %
	<b>\$'000</b>	<b>\$'000</b>
Current assets	2,316	1,696
Current liabilities	(2,071)	(1,814)
Non-current assets	2,512	2,730
Non-current liabilities	(5,834)	(6,260)
<b>Net assets</b>	<b>(3,077)</b>	<b>(3,648)</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	(6,075)	(5,059)
Revenue	6,649	5,164
<b>Profit/(loss) and total comprehensive income</b>	<b>574</b>	<b>105</b>
<b>Entity's share of profit/(loss) and total comprehensive income (50%)</b>	<b>287</b>	<b>52</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

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**Structured entities**

CALHN Inc participates in the unconsolidated structured entity, CTM@CRC Ltd - the CRC for Cell Therapy Manufacturing (CTM). CTM is a cooperative research centre designed to implement research to provide new treatments and develop new materials-based manufacturing technologies to increase the accessibility, affordability and efficacy of cell therapies for previously incurable, or difficult to treat diseases.

CTM is funded by cash and in-kind resources from a number of partners in the health and research sectors throughout Australia in addition to a \$20.000 million grant from the Australian Government. CTM's headquarters are at the University of South Australia's Mawson Lakes campus.

THE DEPARTMENT FOR HEALTH AND WELLBEING  
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
 For the year ended 30 June 2021

**38. Board and committee members**

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

Board/committee name:	Government employee members	Other members
Barossa Hills Fleurieu Local Health Network - Country Health Gift Fund Health Advisory Council Inc	-	Fuller J, Healy R, Mackay M, Mcarthur A.
Barossa Hills Fleurieu Local Health Network - Governing Board	1	Blackwell P, Curran J , Fuller J (appointed 12/10/2020), Gaston C (Chair) , Russell G (appointed 12/10/2020), Sexton R.
Barossa Hills Fleurieu Local Health Network - Risk Management and Audit Committee	1	Powell, D (Chair)
Central Adelaide Local Health Network - Allied Health Directorate Clinical Governance Committee	15	Hopprich R (appointed 11/08/2020 and resigned 13/10/2020) and Verrall A (appointed 08/12/2020)
Central Adelaide Local Health Network - AusHealth Corporate Pty Ltd	2	Baccanti M (resigned 07/05/2021), Bechta-Metti K (appointed 14/05/2021), Flynn P (resigned 17/06/2021), Hinton A (resigned 07/05/2021), Johansen G and Livesey S Dr (Appointed 13/05/2021)
Central Adelaide Local Health Network - Best Practice Spotlight Organisation Steering Committee	22	Chester M, Williams N
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 (commenced 21/01/2021)	9	Wanganeen F (appointed 21/01/2021)
Central Adelaide Local Health Network - Central and Northern Renal and Transplantation Service Safety and Quality Committee	10	Baxter A (appointed 11/09/2020) and Meyers D (appointed 11/09/2020)
Central Adelaide Local Health Network - Central and Northern Renal and Transplantation Service Transplant Management Committee	30	Eckert P (appointed 25/09/2020)
Central Adelaide Local Health Network - Clinical Ethics Committee	17	Brown A Prof (Chair, resigned 21/07/2020), <del>Coxon D</del> Dr (appointed 10/11/2020) Digance A, Lambert A and Merlin T Prof
Central Adelaide Local Health Network - Complex Behaviour Committee	24	Chester M

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Central Adelaide Local Health Network - Consumer Carer Advisory Group	5	Bickley B, Burns T, Eckermann C (resigned 15/07/2020), Horgan J, Law D, Lucas G, Meegan J, Reid L (resigned 15/07/2020), Smith J and Verrall A (Chair, resigned 05/03/2021)
Central Adelaide Local Health Network - Executive Quality Governance Committee	39	Fyfe D
Central Adelaide Local Health Network - General Medicine Safety and Quality Committee	30	Cardinali R (appointed 10/11/2020)
Central Adelaide Local Health Network - Geriatric Safety and Quality Committee	37	Curry M (appointed 21/07/2020)
Central Adelaide Local Health Network - Governing Board	-	Beilby J Prof, Cockram A Dr, Dwyer J Prof, Morey K, Reid M, Spencer R (Chair) and Yuile J
Central Adelaide Local Health Network - Heart and Lung Safety and Quality Committee	16	McWhinnie S
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, Gentili S (appointed 26/11/2020 and resigned 12/02/2021), Greenberg Z, Hackett J, Iankov I (resigned 16/07/2020), Lee J Dr (resigned 30/07/2020), 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 - Learning from Dying Committee	21	Anderson R (appointed 22/07/2020)
Central Adelaide Local Health Network - Neuroscience & Rehabilitation Clinical Practice and Quality Committee	11	Gregory L (appointed 05/11/2020 and resigned 18/02/2021)
Central Adelaide Local Health Network - Priority Care Committee: Communicating for Safety	38	Curry M (appointed 23/06/2021) and Raschella F (appointed 06/08/2020)
Central Adelaide Local Health Network - Priority Care Committee: Comprehensive Care	57	Anderson R (appointed 22/06/2021), Bickley B, Curry M (appointed 22/06/2021), Klemm G (appointed 18/06/2021), Marshall J (resigned 11/02/2021) and Messing L (appointed 24/06/2021)
Central Adelaide Local Health Network - Priority Care Committee: Managing Deterioration	25	Price J and Raschella F
Central Adelaide Local Health Network - Priority Care Committee: Medication Safety (ceased 18/01/2021)	20	Raschella F

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Central Adelaide Local Health Network - Priority Care Committee: Standard 2 Consumer Partnering	36	Leske C (appointed 24/07/2020 and resigned 03/12/2020)
Central Adelaide Local Health Network - SA Brain Injury Rehabilitation Service Consumer Advisory Group	3	Dunn K, Miller L, Francese L, Morgan T (Chair) and Regan-Coe F (resigned 11/02/2021)
Central Adelaide Local Health Network - SA Dental Services Consumer Advisory Panel	4	Ali H, Brown M, Costa D Dr, Ireland K, Kerekes E, Matiasz S Dr, McMahon J, Millier P, Sutherland R, Whiteway L and Zerna J
Central Adelaide Local Health Network - SA Pathology Clinical Safety and Quality Committee	12	Christenson C (resigned 01/11/2020)
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	1	Christley S Dr and Davies T (Chair)
Central Adelaide Local Health Network - Statewide Clinical Support Services Safety and Quality Committee	7	Leske C
Central Adelaide Local Health Network - Stroke Community of Practice Strategic Executive Committee (commenced 07/07/2020)	33	Chamberlain S (appointed 07/07/2020) and McGrath A (appointed 07/07/2020)
Central Adelaide Local Health Network - Youth Cancer Advisory Group	2	Armstrong N, Binns T, Edwards S, Fowler N, Hammerling S, Ieremia T, Merton T, Mitra D, Smith O, Spangenberg C, Tyson H (appointed 21/02/2021) and Zappia D (appointed 28/02/2021)
Department for Health and Wellbeing - Centre for Disability Health Project Board	3	Stagg D, Luks M Dr, Crowther F, Hochuli J, Forward J, Prowse L, Pugh L, Koch M, Crotty M Prof, Woon S, Horne S, Kroon T
Department for Health and Wellbeing - Consumer Feedback and Complaints Management Program Board	11	Overton J, Willis A, Brunton M, Cadzow M, Corena M, Lockett A
Department for Health and Wellbeing - Controlled Substances Advisory Council	11	Ng D, Reynolds C Dr, Nicholls J Dr, Reeve M Dr, Smith J, Gillett-Ferguson J, Banner L, White J Prof, Johns R

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Department for Health and Wellbeing - Electronic Medical Record (EMR) Project Board)	10	Solomon S (chair)
Department for Health and Wellbeing - Health Performance Council	1	Rowse B, Tyson D, Roder D, Landy E, Fraser-Barbour E, Greenhill J, Searle J, Martin K, Pulver L, Hensher M, Patetsos M, Mohammad A, Callaghan R, Duckett S, Tully S (Chair), Lehmann T
Department for Health and Wellbeing - Hepatitis C Action Plan Implementation Group (HAPI-C)	12	Hickey T, Landers D, Oudih E
Department for Health and Wellbeing - Human Research Ethics Committee	10	Hewitt A, Holton C, Bradley C, Roder D, Rositano S Dr, Carter D, Buckley E, Stephens J, Elliott J, Grant J, McIlwaine J, Needs K, Jones M, Rundle N, Palmer L Prof, Goodsite M Prof, Braunacker-Mayer Prof(Chair), Najjar R, Glavacich R, Kennedy R, Berg S, Ross-Taylor S, Gibson T
Department for Health and Wellbeing - Learning and Development Steering Committee	1	Aboutstate N
Department for Health and Wellbeing - Lived Experience Advisory Group	4	Locket A, Hofhuis C, O'Loughlin E, Khateeb H, Burtnik L, English L(Co-chair), Ahmed U
Department for Health and Wellbeing - Lived Experience Reference Group (Endorsed 16 January 2020)	2	Hassani A, Hofhuis C, Hunt D, Khateeb H, Burtnik L, Hunter T, Camilleri C Dr, English L(Co-chair), McMahon J (Co-chair), Hill J, Lawn S, Mason P, Brown J, Smith A
Department for Health and Wellbeing - Maternal and Perinatal - Perinatal Mortality Subcommittee)	13	Brown A Dr, Goold J Dr, McKendrick L Dr
Department for Health and Wellbeing - Maternal and Perinatal (Education Subcommittee)	3	Wiltshire A Dr, Wheatley B Dr, Wanguhu K Dr, Bradbury T Dr, Oehler M, Parker-Gray M
Department for Health and Wellbeing - Maternal and Perinatal Mortality - Maternal Mortality Subcommittee	10	Crompton M Dr
Department for Health and Wellbeing – Maternal and Perinatal Mortality Committee	11	Crompton M Dr
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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Department for Health and Wellbeing - NDIS Psychosocial Disability Transition Task Force	17	Hofhuis C, Lee D, Callahan D, Strapp E, Harris G, Naughtin G, Meegan J, Cuthbert J, Hosking K, Burtnik L, Leggett M, Corcoran M, Creedon P, Sutton S, Arlidge S, Spencer V, Nowak Z
Department for Health and Wellbeing – Palliative Care Services Plan Project Board	14	Holden D Dr, Militz D, Mussared J, Rosa R, Shute R Dr, Schutz S Dr (All Appointed 28/09/2020)
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 – Psychotropic Drugs Committee	15	Hume C (appointed 27/5/20), Suppiah V (appointed 27/5/20), Brown J (appointed 19/2/20)
Department for Health and Wellbeing - Risk Management and Audit Committee	1	Dunsford C (Chair), Marshall V Prof, Stubbs T Dr, Deegan V
Department for Health and Wellbeing - SA Health Cancer Drug Committee	26	VanGorp K, Durand M
Department for Health and Wellbeing - SA Health Disease Prevention, Health Promotion and Population Health Committee	5	Smith A, Miller B, Blanckensee D, Roy C Dr, Byrne D Dr, Johnson D Dr, Becker H Dr, Woodall J Dr, Hayward K Dr, Beckoff M Dr, Lewis S Dr, Young E, Lehmann J, Johns R
Department for Health and Wellbeing - SA Partnering with Consumer and the Community Advisory Group	15	Fyfe D, McArdle D, Lampard F, Agius H, Hoiles J, Walford L, Chester M, Blackwell P, Tully S, Ball T
Department for Health and Wellbeing - SA Policy Advisory Committee on Technology	16	-
Department for Health and Wellbeing – Secure Message Delivery Project Board	2	Byrne D Dr, Frank O Dr, Fante P Dr, Joyner P Dr, Black-Tiong S Dr, Lockwood S Dr
Department for Health and Wellbeing - South Australia Health Outpatient Redesign	21	Whiteway L
Department for Health and Wellbeing - South Australian Formulary Committee	20	Whiteway L, Moss J (Appointed 12/12/2020)
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, Frost L M, McManis S

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council Accreditation Committee	11	Boumelha P E/Prof. (chair), Kuruppu P Dr, Need P Dr, Hillen J Dr (appointed 1/10/20), Oo E Dr (re-appointed 1/21)
Department for Health and Wellbeing - South Australian Medicines Advisory Committee	24	Kardachi G, Stocks N Prof, Wiley J, Whiteway L (appointed 27/5/21)
Department for Health and Wellbeing - South Australian Medicines Evaluation Panel	14	Mussared A, Louise J Dr, Ward M Dr, Merlin T Prof,
Department for Health and Wellbeing - South Australian Public Health Council	4	Hill A, Milazzo A Dr, Kessel A, Skene C, Mavrinac G, Lynch I, Whittington S
Department for Health and Wellbeing - Statewide Gender Diversity Model of Care Project	13	Russo J, Cannell Z, (appointed 1/2/21)
Department for Health and Wellbeing – Statewide Patient Flow Committee	17	Page A
Department for Health and Wellbeing - STI and HIV Subcommittee	9	Miliotis N (Chair), Morrison K, Betts S, Carroll C, Gollin M, Leane K, Williams E, Oudih E, Rafique M, Rutland A, Bartlett S, Hutt T, Tsephe A
Department for Health and Wellbeing - Strategic Mental Health Quality	11	Keys D (Appointed 13/02/2020), Camilleri C Dr, Brown J, Hofhuis C
Department for Health and Wellbeing - Towards Zero Suicide Project Committee	10	Kuys J, Braund S
Department for Health and Wellbeing - Trauma Informed Practice Working Group	2	Hofhuis C (Appointed 26/08/2020)
Department for Health and Wellbeing - Viral Hepatitis Model of Care Reference Group	28	Larkin M, Oliver-Landry E Dr, Oudih E, Paterson K, Warneke-Arnold D, Williams E and Wurm C Dr
Eyre and Far North Local Health - Clinical Governance Committee	-	Mills D Dr, Siviour J, Blacker P
Eyre and Far North Local Health - Finance and Performance Committee	-	Dunchue L (Chair), Quigley G, Sweet C

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Eyre and Far North Local Health - Network Governing Board	-	Smith M (Chair), Dunchue L, Green B, Mills D Dr, Siviour J, Sweet C
Eyre and Far North Local Health Network - Audit and Risk Management Committee	-	van Der Wel O, Green B, Sweet C
Flinders and Upper North Local Health Network Consumer and Community Engagement Committee	-	Plew S (Chair), Misan G (proxy), Screen A, Shute J, Walters C
Flinders and Upper North Local Health Network Governing Board	-	Whitfield M (Chair), Brady G, Francis B (resigned 7 May 2021), 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)
Limestone Coast Local Health Network - Audit and Risk Management Committee	-	Kortum D (appointed 27/07/2020)
Limestone Coast Local Health Network - Governing Board	-	King G (Chair), Brown G, Cook L, Irving J, Johnson A, Saies A
Northern Adelaide Local Health Network and Department of Health and Wellbeing Aboriginal Consumer Reference Group	-	Wanganeen K (Chair), Chisholm K, Forbes A, Lamont J (appointed 1/2/2021), O'Brien M (appointed 1/3/2021), Sinclair N, Stengle A, Thyer C (resigned 1/6/2021), Tonkin R (deceased), Varcoe E (appointed 1/11/2020), Wanganeen E, Weetra R
Northern Adelaide Local Health Network Consumer Advisory Board	-	White A (Chair), Dahal K (appointed 3/2/2021), Davies I (resigned 3/2/2021), Green L (resigned 8/5/2021), Lowden H (resigned 30/9/2020), Mossop J, Patching A (resigned 29/9/2020), Putsey P, Reynolds N (resigned 29/9/2020), Spargo J (appointed 3/2/2021), Whatley G (resigned 8/5/2021)
Northern Adelaide Local Health Network Governing Board	1	Blight R (Chair), Burgess A, Forwood M, Lampard F, Moore R (resigned 30/6/2021), Patetsos M, Roesler C
Northern Adelaide Local Health Network Risk Management & Audit Committee	-	Connor G (Chair), Forwood M, Moore R (resigned 30/6/2021), Patetsos M
Riverland Mallee Coorong Local Health Network - Governing Board	-	Joyner P (Chair), Ashworth E, Goldsmith C, Mohor S, Ottaway M, Toogood F.
Riverland Mallee Coorong Local Health Network - Risk and Audit Committee	-	Brass P (Chair)

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
SA Ambulance Service Inc - Adverse Events Committee	3	Cadzow M, Davies G, Hibbert P, Whiteway L
SA Ambulance Service Inc - Assurance and Risk Committee	10	Beilby J Professor, Thompson K (Chair) (appointed 1 October 2020)
SA Ambulance Service Inc - Clinical Governance Committee	6	Beilby J Professor (appointed 9 February 2021), Cusack M Dr (appointed 9 February 2021), Hibbert P (appointed 9 February 2021), Squirrell D (appointed 9 February 2021).
SA Ambulance Service Inc - Consumer and Community Advisory Committee	2	Bain C (resigned 7 July 2020), Bowering N (resigned 19 May 2021), Bunjaku M, Chester M, Kirk P (Co-Chair), Lawrence D (resigned 19 April 2021), McDonald B, Menai J (resigned 7 July 2020), Mercer K, Martini J (resigned 1 January 2021), Squirrell D, Vega L, Edwards H (resigned 1 August 2020), Whiteway L (appointed 10 July 2020), Saunders C (appointed 16 July 2020), Burgess A (appointed 24 March 2021), Thorpe J (resigned 19 May 2021), Pietsch A (appointed 9 June 2021).
SA Ambulance Service Inc - Finance Committee	5	Ashley I
SA Ambulance Service Inc - Service Delivery Committee	31	Meegan J (appointed 6 January 2021)
Southern Adelaide Local Health Network - Audit and Risk Sub Committee (Sub Committee of the Governing Board)	-	Hickey V (Chair), 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 (appointed 20 November 2020), Eckert M (appointed 6 August 2020), Mackean T, Voss D
Southern Adelaide Local Health Network - Community Engagement (Sub-Committee of the Governing Board)	-	Mitchell J (Chair), Butcher M, King P, Mackean T, Voss D (appointed 27 April 2021)
Southern Adelaide Local Health Network - DASSA Clinical Executive Committee	7	Braund S (appointed 27 August 2020), Moore P
Southern Adelaide Local Health Network - DASSA Community Advisory Council	3	Braund S (Chair), Byron A, Cauchi R, Cornish M, <del>Cusack M</del> T, Davis J, Daw H, Les D, Mclean J, Moore P, Newrick K, Nimmo E, O'Brien J, Percy S, Petracco C, Randle M, Retz A, Tran K, Whiteway L

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Southern Adelaide Local Health Network - DASSA Drug and Therapeutics Committee (Sub Committee of the DASSA Clinical Executive Committee)	9	Derbyshire C, Randle M (appointed 28 June 2021)
Southern Adelaide Local Health Network - DASSA Executive Group	9	O'Brien J
Southern Adelaide Local Health Network - Drugs and Therapeutics Committee	33	Barrington D
Southern Adelaide Local Health Network - Governing Board	-	Butcher M (Chair), Baggoley C (resigned 12 November 2020), Hickey V, Mackean T, Mitchell J, Noble J, Richter J
Southern Adelaide Local Health Network - Marion Lived Experience Group Mental Health Services	5	Hofhuis C (Chair), Brooke B (appointed 12 November 2020), English L, Martini J (ceased 1 January 2021), Police D, Clarissa (resigned 1 January 2021)
Southern Adelaide Local Health Network - Mental Health Consumer and Carer Advisory Group	10	Aldahn V (ceased 7 October 2020), Braund S, Buer S, Clarke W, Corena M, Harrison J, Hofhuis C, Hopkins R, King P
Southern Adelaide Local Health Network - Mental Health Services Noarlunga Lived Experience Group	3	Buer S (Chair), Aldham V (ceased 7 October 2020), Cairns E, Elliott C (appointed 1 November 2020), Hopkins R, Hutchison S, Johns S, Penberthy V, Smith K (appointed 1 August 2020)
Southern Adelaide Local Health Network - Older Persons Lived Experience Group Mental Health Services	5	Clark W (Chair), Cook K, Eckert N, Henrichs B, James S, Lillecrapp D, McPherson H, Schettters J, Whitmore A
Southern Adelaide Local Health Network - Partnering with Consumer Advisory Group	14	King P (Co Chair), Ball R, Christensen C (ceased 31 December 2020), Dame T, Davies S (ceased 31 December 2020), Duke J, Hofhius C (appointed 1 January 2021), Hoiles J, Holtham R (appointed 25 February 2021), Klinge N, Oudih E, Pascoe P, Rankine J, Reece S (resigned 18 February 2021, Roberts D, Voss D
Southern Adelaide Local Health Network - Southern Adelaide Clinical Human Research Ethics Committee	24	Jenski L (Deputy Chair), Lange B (Deputy Chair), Arnold G, Barr C (ceased 2 June 2021), Berg M, Cahalan P (appointed 28 August 2020), Du H, Dykes L, Hackett J (ceased 3 July 2020), Haines C, Holtham R, Ingleson V, Kemp C (ceased 20 October 2020), Lister C, Lower K, McEvoy M, Miliotis B, Mudd A, Nguyen A, Sharma S, Shephard S (appointed 11 March 2021), Souzeau E, Spencer M, Trethewey C, Trethewey Y, Treloar H (appointed 28 August 2020), Van Lueven J (appointed 8 June 2021), Velayudham P (appointed 8 June 2021), Voss D (ceased 23 October 2020), Were L, Westwood T, Yip L, Zhou Y
Women's and Children's Health Network - Audit and Risk Committee	-	Connor G (Chair), Daw S, Haslam R

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2021**

<b>Board/committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
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 - Women's and Children's Governing Board	-	Bastian J, Birch J (Chair), Christley S, Daw S, Glover K, Haslam R, Miller S, Wilson B
Yorke and Northern Local Health Network - Audit and Risk Committee	-	Voumard J (chair), Traeger E
Yorke and Northern Local Health Network - Governing Board	2	Voumard J (chair), Badenoch J, Malcolm E, O'Connor J

Refer to note 8.2 for remuneration of board and committee members

### 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* administered items include the following:

- Minister for Health and Wellbeing's salary and allowances and revenues from SA Government received/receivable for these expenses.
- Health and Community Services Complaints Commissioner's remuneration and revenues from SA Government received/receivable for these expenses.

*Health and Medical Research Fund (HMRF)* represents royalty income received from commercialisation of intellectual property and contribution of funds for the purposes of health and medical research in South Australia.

*Private Practice* represents funds billed on behalf of salaried medical officers and subsequently distributed to the LHNs and salaried medical officers according to individual Rights of Private Practice Deeds of Agreement.

*Other* administered items include the following:

- Medical Centres - represents fees and charges collected on behalf of doctors that work in Regional LHN owned Medical Centres; SA Medical Boards;
- Research;
- Nurses education;
- Fund raising; and
- Strata Corp.

The Consolidated Entity cannot use these administered funds for the achievement of its objectives.

#### 39.3 Administered items - budgetary reporting

Budget information for Special Acts and HMRF is presented to Parliament; 2020-21 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 2021

39.5 Schedules of administered items

	Special Acts		HMRF		Private Practice		Other		Total	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
<b><u>Schedule of Administered Expenses and Income</u></b>										
<b><u>Administered income</u></b>										
Revenues from SA Government	605	609	-	-	-	-	-	-	605	609
Revenues from fees and charges	-	-	-	-	88,328	95,188	4,637	3,699	92,965	98,887
Interest revenues	-	-	-	-	-	-	2	3	2	3
Other revenues	-	-	3,046	929	-	-	75	35	3,121	964
<b>Total Administered income</b>	<b>605</b>	<b>609</b>	<b>3,046</b>	<b>929</b>	<b>88,328</b>	<b>95,188</b>	<b>4,714</b>	<b>3,737</b>	<b>96,693</b>	<b>100,463</b>
<b><u>Administered expenses</u></b>										
Employee benefits expenses	605	607	-	-	-	-	160	172	765	779
Supplies and services	-	2	-	-	351	50	190	98	541	150
Grants and subsidies	-	-	1,000	4,255	-	-	-	-	1,000	4,255
Depreciation expense	-	-	-	-	-	-	3	3	3	3
Other expenses	-	-	-	-	86,382	97,669	4,162	3,429	90,544	101,098
<b>Total Administered expenses</b>	<b>605</b>	<b>609</b>	<b>1,000</b>	<b>4,255</b>	<b>86,733</b>	<b>97,719</b>	<b>4,515</b>	<b>3,702</b>	<b>92,853</b>	<b>106,285</b>
<b>Net result</b>	<b>-</b>	<b>-</b>	<b>2,046</b>	<b>(3,326)</b>	<b>1,595</b>	<b>(2,531)</b>	<b>199</b>	<b>35</b>	<b>3,840</b>	<b>(5,822)</b>
<b><u>Schedule of Administered Assets and Liabilities</u></b>										
<b><u>Administered current assets</u></b>										
Cash and cash equivalents	(47)	6	10,278	8,232	10,416	8,552	1,256	1,396	21,903	18,186
Receivables	47	41	-	-	6,755	5,738	47	83	6,849	5,862
<b>Total Administered current assets</b>	<b>-</b>	<b>47</b>	<b>10,278</b>	<b>8,232</b>	<b>17,171</b>	<b>14,290</b>	<b>1,303</b>	<b>1,479</b>	<b>28,752</b>	<b>24,048</b>
<b><u>Administered non-current assets</u></b>										
Property, plant and equipment	-	-	-	-	-	-	29	51	29	51
<b>Total Administered non-current assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>29</b>	<b>51</b>	<b>29</b>	<b>51</b>
<b>Total Administered assets</b>	<b>-</b>	<b>47</b>	<b>10,278</b>	<b>8,232</b>	<b>17,171</b>	<b>14,290</b>	<b>1,332</b>	<b>1,530</b>	<b>28,781</b>	<b>24,099</b>
<b><u>Administered current liabilities</u></b>										
Payables	-	47	-	-	5,860	4,802	1,083	1,170	6,943	6,019
Employee benefits	-	-	-	-	-	-	25	25	25	25
Clearing and systems accounts	-	-	-	-	-	(8)	-	-	-	(8)
Other current provisions/liabilities	-	-	-	-	22	(35)	-	59	22	24
<b>Total Administered current liabilities</b>	<b>-</b>	<b>47</b>	<b>-</b>	<b>-</b>	<b>5,882</b>	<b>4,759</b>	<b>1,108</b>	<b>1,254</b>	<b>6,990</b>	<b>6,060</b>
<b>Net Administered assets/equity</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>8,232</b>	<b>11,289</b>	<b>9,531</b>	<b>224</b>	<b>276</b>	<b>21,791</b>	<b>18,039</b>

THE DEPARTMENT FOR HEALTH AND WELLBEING  
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
 For the year ended 30 June 2021

**Schedule of Administered Cash Flows**

	Total 2021 \$'000	Total 2020 \$'000
<b>Cash flows from operating activities</b>		
<b>Cash inflows</b>		
Receipts from SA Government	564	667
Fees and charges	91,998	100,530
Interest revenues	2	3
Other revenues	3,121	964
<b>Total Cash inflows</b>	<b>95,685</b>	<b>102,164</b>
<b>Cash outflows</b>		
Employee benefits payments	794	808
Grants and subsidies	1,000	4,255
Supplies and services	535	367
Other payments	89,639	101,081
<b>Total Cash outflows</b>	<b>91,968</b>	<b>106,511</b>
<b>Net cash inflows/cash outflows from operating activities</b>	<b>3,717</b>	<b>(4,347)</b>
<b>Net increase/(decrease) in cash held</b>	<b>3,717</b>	<b>(4,347)</b>
Cash at the beginning of the reporting period	18,186	22,533
<b>Cash at the end of the reporting period</b>	<b>21,903</b>	<b>18,186</b>