

OFFICIAL



**Government  
of South Australia**

# DEPARTMENT FOR HEALTH AND WELLBEING

## **2022-23 Annual Report**

DEPARTMENT FOR HEALTH AND WELLBEING

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## OFFICIAL

2022-23 ANNUAL REPORT for the Department for Health and Wellbeing



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To:

Chris Picton MP

Minister for Health and Wellbeing

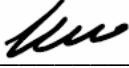
This annual report will be presented to Parliament to meet the statutory reporting requirements of the *Public Sector Act 2009*, the *Public Sector Regulations 2010*, the *Public Finance and Audit Act 1987* and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

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

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

Dr Robyn Lawrence

Chief Executive

Date 22 / 9 / 2023      Signature  \_\_\_\_\_

## From the Chief Executive



I am pleased to present the 2022-23 Annual Report for the Department for Health and Wellbeing, South Australia.

First and foremost, I would like to thank each and every person who has contributed to South Australia's health system over the past twelve months. I acknowledge that our system is diverse and relies on our people and their wide ranging skills to ensure South Australian's get the care they need, when they need it.

While being unbelievably busy providing high quality healthcare, I am incredibly proud of the work our people are doing to enhance the care our system will provide in the future. Examples of work that has been delivered during this financial year include:

- Aboriginal Health Care Framework 2023-2031
- Aboriginal Workforce Framework 2023-2031
- Announcement of the New Women's and Children's Hospital site, Master Plan and "Block and Stack"
- Coordination of Focus Week across the health system
- First major increase to the Patient Assistance Transport Scheme in more than 20 years
- Flood response in the Riverland, including the roll out of the Japanese encephalitis virus vaccine
- Imbedding and enhancement of the SA Virtual Care Service
- New Mount Barker Emergency Department opening with 17 treatment bays, 12 more than the old ED
- New Safe Haven mental health service opening in Adelaide's north

I do acknowledge that this year has again been challenging for the South Australian public health system. Demand on our system continues to grow – we are challenged with addressing the impact of our expanding and ageing population, the increasing burden of chronic disease and lack of access to primary healthcare services.

However, progress towards the South Australian Government's election commitments and on strengthening the positive partnerships we have with our primary health counter parts will go some way to addressing this increasing demand.

As with last year, one of our key priorities has been addressing ambulance response times and delayed transfer of care, or hospital ramping. Throughout 2022-23 we have started to see some better results, however, there is more work to be done. Strategies being investigated and implemented to improve access to our system include:

- Increasing access to care in the community
- Building our workforce

- Strengthening our ambulance service
- Improving our emergency departments
- Boosting bed numbers
- Getting people home sooner (with appropriate support)

This year we have experienced a recalibration of Australia's health system and a transition to a new normal post the incredible emergency response established to minimise the impact of COVID-19. It is important to acknowledge the efforts of all healthcare workers over the past three years and the lasting impact this response may have on our workforce.

In my first year as Chief Executive for the Department for Health and Wellbeing, I want to recognise the hard work that has been done to sustain the South Australian health system – I look forward to continuing to work with the Local Health Networks, primary, private and not-for-profit sectors to ensure the best possible health care is provided to all South Australians.

### **Chief Executive**

Department for Health and Wellbeing

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## Overview: about the agency

### Our strategic focus

<b>Our Purpose</b>	<p>The Department for Health and Wellbeing is responsible for providing system leadership and developing the vision, direction and long-term strategies that will sustain the South Australian public health system, now and in the future.</p> <p>The Department for Health and Wellbeing, through the Chief Executive, is responsible to the Minister for Health and Wellbeing. The Department for Health and Wellbeing provides expert health, public health and wellbeing advice, supporting the Minister and Chief Executive in exercising their powers and functions.</p>
<b>Our Vision</b>	<p>The Health and Wellbeing Strategy 2020-2025 establishes a strong vision that South Australians experience the best health and wellbeing in Australia.</p> <p>To achieve this vision, a strategic focus on prevention, protection, innovation, and sustainability will be maintained across SA Health, with the primary objective to improve the health and wellbeing of all South Australians.</p> <p>Five principle themes support SA Health's achievement of the vision and strategic direction. The themes form the foundation for the deliverable actions identified in the SA Health and Wellbeing Strategy 2020-2025 and informs the principle rationale for determining, planning, and developing new improvement activities, initiatives and projects:</p> <ul style="list-style-type: none"> <li>• Together – working in partnership to develop patient-centred solutions and service improvements</li> <li>• Trusted – providing safe, reliable, and high-quality treatment and care</li> <li>• Targeted – addressing priority health needs and disparities with the right evidence, motivation, and interventions</li> <li>• Tailored – meeting the diverse and complex needs of individuals</li> <li>• Timely – optimising health and wellness outcomes by delivering timely and appropriate health care.</li> </ul>
<b>Our Values</b>	<p>The South Australian Public Sector values articulate our commitment to each other, consumers and the community.</p> <p>These are Service, Professionalism, Trust, Respect, Collaboration and Engagement, Honesty and Integrity, Courage and Tenacity and Sustainability. Further, to support these values,</p>

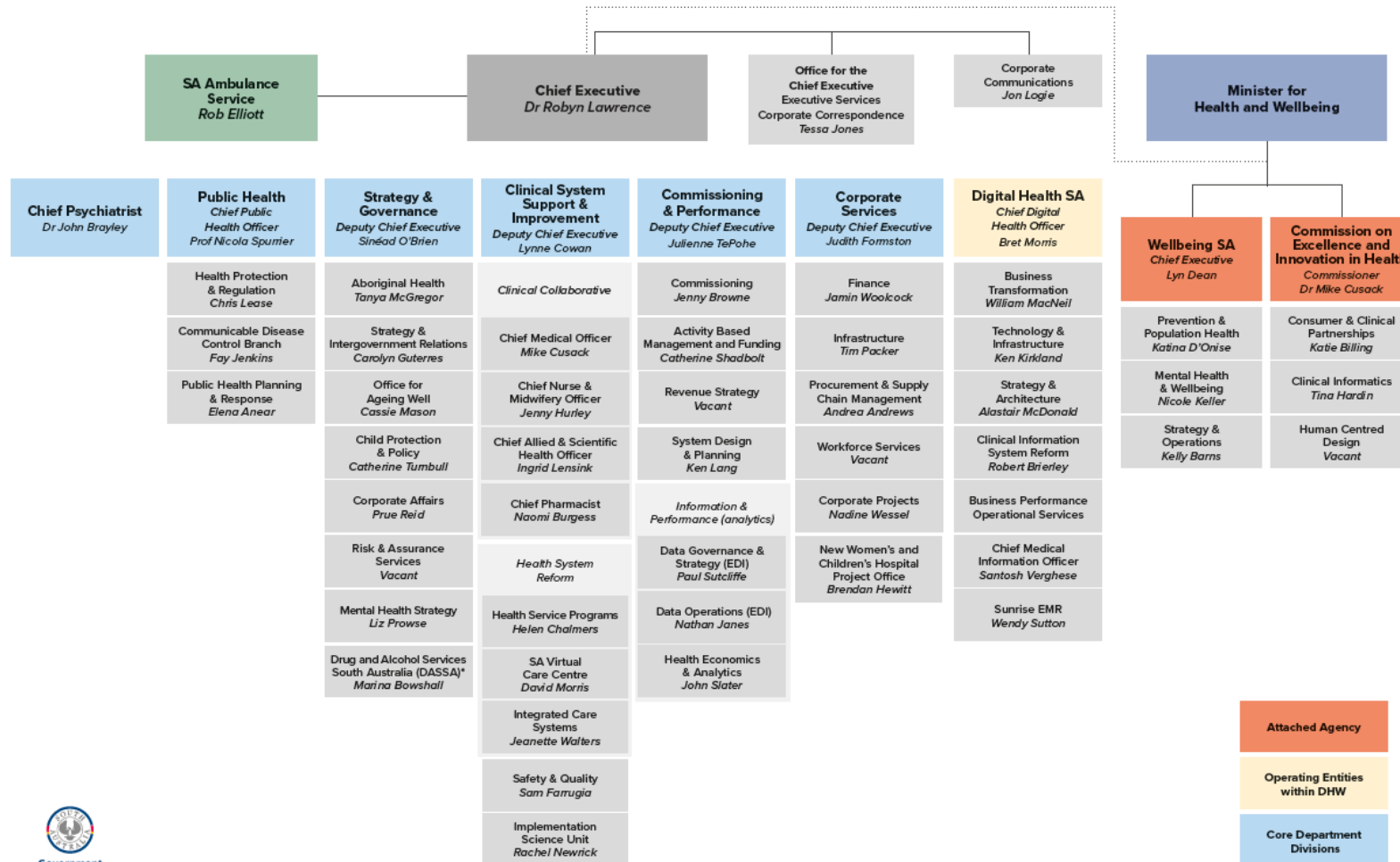
	SA Health upholds Care and Kindness values that underpin how we treat each other and our patients, and work together to provide services.
<b>Our functions, objectives and deliverables</b>	<p>Department for Health and Wellbeing supports the delivery of public health services, formulates health and wellbeing 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. Department for Health and Wellbeing is the health system leader, in the context of the department's relationship with the Local Health Networks, SA Ambulance Service and other portfolio entities. Department for Health and Wellbeing's aim is to improve whole-of-system capability and performance through alignment, culture, partnership, connectivity, and collaboration.</p> <p>Led by the Chief Executive, the department is responsible for:</p> <ul style="list-style-type: none"> <li>• Supporting and advising the Minister and government on strategic policies and directions</li> <li>• Coordinating Parliamentary and Cabinet briefing processes</li> <li>• Statutory reporting requirements</li> <li>• Inter-governmental relations</li> <li>• Participating in, and supporting the Minister to participate in, national reforms via national councils and committees</li> <li>• Regulatory and licencing functions</li> </ul> <p>As the system leader for the delivery of health services, the department will:</p> <ul style="list-style-type: none"> <li>• Develop the vision, direction and long-term planning strategy to sustain the health system</li> <li>• Provide strategic leadership, planning and direction for health care services in South Australia</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> </ul> </li> </ul>

	<ul style="list-style-type: none"><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><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 inter-agency 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**



## Changes to the agency

During 2022-23 there were the following changes to the agency's structure and objectives as a result of internal reviews:

- The creation of an Office of the Chief Executive, which saw the creation of a new senior position – Director, Office of the Chief Executive.
- A new Deputy Chief Executive was also created to oversee an additional division created from the realignment of existing divisions.
- The restructure was a reporting realignment only, which took effect from 6 March 2023, with the full realignment achieved by 3 July 2023.
- On 1 May 2023, the Department for Health and Wellbeing separated the Office of the Chief Psychiatrist and the Mental Health Strategy Directorate aligning with other Australian jurisdictions.

## Our Minister



Hon Chris Picton MP is the Minister for Health and Wellbeing in South Australia.

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

## Our Executive team (as at 30 June 2023)

Dr Robyn Lawrence – Chief Executive

Julienne TePohe – Deputy Chief Executive, Commissioning and Performance

Judith Formston – Deputy Chief Executive, Corporate Services

Lynne Cowan – Deputy Chief Executive, Clinical System Support and Improvement

Sinead O'Brien – Deputy Chief Executive, Strategy and Governance

Prof Nicola Spurrier PSM – Chief Public Health Officer

Dr John Brayley – Chief Psychiatrist

Mr Bret Morris – Chief Digital Health Officer

Rob Elliott ASM – Chief Executive Officer, SA Ambulance Service

## Legislation administered by the agency

The Department for Health and Wellbeing 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*
- *New Women's and Children's Hospital Act 2022*
- *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*
- *Suicide Prevention Act 2021*
- *Termination of Pregnancy Act 2021*
- *Tobacco and E-Cigarette Products Act 1997*
- *Transplantation and Anatomy Act 1983*
- *Voluntary Assisted Dying Act 2021*

Pertinent updates to legislation during 2022-23 include:

Introduction of the *New Women's and Children's Hospital Act 2022*

- On 19 January 2023, the *New Women's and Children's Hospital Act 2022* came into operation. This Act facilitates the development of the new Women's and Children's Hospital ensuring the next stage of the once-in-a generation project can begin, the Act removes planning and development barriers that could increase the new hospital's cost and construction timeframes.

The following Acts commenced operations:

- The *Voluntary Assisted Dying Act 2021* was passed on 24 June 2021 and came into effect on 31 January 2023. The Act provides a safe, accessible and compassionate end of life choice for eligible South Australians suffering from a terminal illness.
- The *Suicide Prevention Act 2021* commenced on 5 September 2022 (except subsections 19, 23 and 26, which commenced on 1 February 2023). The Suicide Prevention Act aims to reduce the incidence of deaths by suicide in South Australia and establishes the Suicide Prevention Council.

- The *Termination of Pregnancy Act 2021* came into operation on 7 July 2022. This Act reformed the law relating to pregnancy terminations and regulates the conduct of health practitioners in relation to pregnancy terminations.

Amendment occurred to the following Acts:

- The *Health Care Act 2008* was amended in December 2022, to broaden the power of the Minister acquiring land. Whilst the previous provision facilitated the acquisition of land for the purpose of an incorporated hospital, the amendment expands this to if the land is reasonably necessary for the purposes of the provision of health services, allowing the Minister to acquire land for the purpose of ambulance stations.
- The *Gene Technology Act 2001* was amended in March 2023 to insert a provision allowing amendment of the Act by Regulation to give effect to any change made to the Commonwealth Gene Technology Act.

Expiry of transitional provisions associated with the *Ageing and Adult Safeguarding Act 1995*:

- On 1 October 2022, the transitional provisions limiting the scope of the Adult Safeguarding Unit to older adults aged 65 and over (or 50 and older for Aboriginal or Torres Strait Islander people) and adults with a disability expired. From this date, the Adult Safeguarding Unit has a legislative remit to receive and respond to reports of suspected abuse of any adult who may be vulnerable due to age, disability, ill health, social isolation, dependence on others, or other disadvantage.

Public consultation was undertaken on amendments to the following Acts:

- Following completion of an independent review of the *Retirement Villages Act 2016* by PEG Consulting in 2021, a draft Retirement Villages (Miscellaneous) Amendment Bill 2023 was released for public consultation from 31 March – 19 May 2023. Following analysis of all submissions, an updated amendment Bill is anticipated to be introduced to Parliament in 2023-2024.
- Consultation on the draft Assisted Reproductive Treatment (Posthumous Use of Material and Donor Conception Register) Amendment Bill 2022 to amend the *Assisted Reproductive Treatment Act 1988* occurred in late 2022. The proposed amendments, once passed, will facilitate access to the Donor Conception Register and to allow for the posthumous use of gametes in specified circumstances. It is anticipated that a revised Bill following consultation will be introduced into Parliament during 2023-24.

Other legislative updates:

- In 2022-23, the South Australian Law Reform Institute undertook an independent review of the operation of the *Ageing and Adult Safeguarding Act 1995*, which is required under section 53 to be conducted and a report submitted to the Minister for Health and Wellbeing by 1 October 2022. In their final report, which was tabled in Parliament on 1 November 2022, the South Australian Law Reform Institute made 46 recommendations relating to legislation, policy and practice changes, predominately relating to the operation of the Adult Safeguarding Unit. The Government accepted the majority of the review recommendations (in full or in part), with a small

number of recommendations related to other Acts still under consideration. A draft amendment bill is now being developed to give effect to recommendations requiring legislative amendment to the *Ageing and Adult Safeguarding Act 1995*, which is expected to be introduced to Parliament during 2023-24.

- The South Australian Law Reform Institute undertook a review of the *Mental Health Act 2009*, which was tabled in Parliament on 2 May 2023.
- On 19 October 2022, the Advance Care Directives (Review) Amendment Bill 2022 was introduced to amend the Act in accordance with several recommendations made by Professor Wendy Lacey following a review of the Act, undertaken in 2019. On 29 June 2023, the Minister for Health and Wellbeing filed an amendment to the Bill to clarify the effect of an Advance Care Directive on the provision of health care when a health practitioner reasonably suspects that a person has attempted suicide or self-harm.

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

The public sector agencies listed below are responsible for reporting information about their activities and operations in their own annual report submitted to the Minister for Health and Wellbeing:

- Barossa Hills Fleurieu Local Health Network
- Central Adelaide Local Health Network
- Commission on Excellence and Innovation in Health
- Controlled Substances Advisory Council
- Country Health Gift Fund Health Advisory Council Inc.
- Regional Health Advisory Councils (39 across South Australia)
- Eyre and Far North Local Health Network
- Flinders and Upper North Local Health Network
- Health and Community Services Complaints Commissioner
- Health Performance Council
- Health Services Charitable Gifts Board
- Limestone Coast Local Health Network
- Northern Adelaide Local Health Network
- Pharmacy Regulation Authority of South Australia
- Riverland Mallee Coorong Local Health Network
- SA Ambulance Service
- SA Ambulance Service Volunteers' Health Advisory Council
- SA Medical Education and Training Health Advisory Council
- South Australian Public Health Council
- Southern Adelaide Local Health Network
- Wellbeing SA
- Women's and Children's Health Network
- Veterans' Health Advisory Council
- Voluntary Assisted Dying Review Board
- Yorke and Northern Local Health Network

# The agency's performance

## Performance at a glance

As at the end of June 2023, 18 per cent of the Department for Health and Wellbeing's election commitments were reported as completed.

**Table 1: Chief Executive KPI Comparison 2022-23 to 2021-22**

No.	Indicator	Target	Data Available	End of Year 2022/23	End of Year 2021/22
1	Transfer of care <= 30 minutes (ambulance ramping)	>=90%	Jun-23	40.3%	42.9%
2	ED seen on time – Resuscitation	>=100%	Jun-23	92.1%	100%
	ED seen on time – Emergency	>=80%	Jun-23	43.9%	52%
3	Elective surgery overdue	<=300	Jun-23	2,411	2,939*
4	Consumer experience: overall patient satisfaction with involvement in care and treatment	>=85%	Mar-23	84.2%	86.3%
5	Potentially preventable admissions	<=8%	May-23	Not available	7.2%
6	Hospital acquired complication rate	<=2.0%	May-23	3.3%	3.0%
7	Staphylococcus aureus bacteraemia infection rate	<= 1	May-23	0.6	0.7
8	Hospital standardised mortality ratio	Inlier	May -23	Outlier	Outlier
9	Average cost per National Weighted Activity Unit	<=NEP	Dec -23	Not available	Not available
10	Executive tenure within SA Health**	>= 3 years	Jun-21	4.8 years	4.6 years

\*\*Executive tenure refers to Local Health Network Chief Executive Officers and Department for Health and Wellbeing Deputy Chief Executives (within own Local Health Network/Department for Health and Wellbeing). Includes tenure of positions where Chief Executive Officers were in executive positions prior.

\* Figure incorrectly reported in the 2021-22 DHW Annual Report as 5,878 and is corrected in this report.

Minor discrepancies may exist due coding delays and data being retrospectively updated.

## Agency specific objectives and performance

The Department for Health and Wellbeing is working to deliver the government's priorities to reduce ramping and improve patient flow whilst maintaining high quality and safe levels of care. This is being achieved through delivering the Government's key election commitments, including:

- Significant investment in SA Ambulance Service's infrastructure and workforce
- Recruitment of Doctors, Nurses, and Allied Health professionals in addition to workforce planning to address current and future workforce needs.
- Improving demand management and patient flow with a substantial increase to hospital bed capacity through upgrades and expansion of existing infrastructure and the creation of new facilities across South Australia.
- Boosting investment in mental health and drug and alcohol rehabilitation to assist with keeping South Australians out of hospital.

Agency objectives	Indicators	Performance
<b><i>Investment in SA Ambulance Service</i></b>	<ul style="list-style-type: none"><li>• Construction of new SA Ambulance Headquarters and Station, staffed with two 24/7 16-person crews.</li><li>• Recruitment of 350 additional paramedics and ambulance officers</li><li>• Ambulance Station rebuilds and expansion – Campbelltown, Gawler, Mount Barker and Victor Harbor</li><li>• New Ambulance Stations – Edwardstown, Golden Grove, Norwood and Woodville</li><li>• Purchase an additional 36 ambulances.</li></ul>	<ul style="list-style-type: none"><li>• Site location for SA Ambulance Headquarters secured.</li><li>• Recruitment of 119 of the 350 additional SAAS staff, comprising paramedics, ambulance officers, emergency support service officers, dispatchers and clinical leads, however 141 addition SAAS staff have been recruited in total.</li><li>• Design phase commenced for station rebuilds and expansions.</li><li>• Sites for builds identified and design phase commenced for new ambulance stations.</li><li>• 11 new ambulances operational.</li></ul>

Agency objectives	Indicators	Performance
<b>Workforce Recruitment and Planning</b>	<ul style="list-style-type: none"> <li>• Develop a long-term plan to address workforce shortages, including identifying our state's needs, gaps and risks, and planning for the training requirements we will need for services in both the short and long term.</li> <li>• 212 additional nurses recruited and commenced by 31 December 2025.</li> <li>• Women's and Children's Hospital: 12 speciality cancer and mental health nurses recruited.</li> <li>• 76 additional nurses recruited and commenced by 31 December 2025, including 21 specialty nurses committed to under various commitments/grant funding with NGOs.</li> <li>• Country Doctors: 2 specialist doctors quickly employed and brought online from July 2022, progressing to meeting the full quota of 10 doctors in 2025.</li> <li>• Women's and Children's Hospital: 17 senior specialists, 15 advanced resident doctors, 12 resident doctors and 4 clinical academics positions funded and filled, including 1 FTE trainee paediatric rheumatologist, to commence within 2 years.</li> <li>• 15 resident doctors quickly employed and brought online from July, progressing to meeting the full quota of 50 doctors in 2025.</li> <li>• 5 additional paediatric psychiatrists, and 10 additional child psychologists employed over the next 4 years. The development of a psychiatry workforce plan.</li> </ul>	<ul style="list-style-type: none"> <li>• SA Health Workforce Strategy is being developed and progressed to ensure a sustainable, well trained and competent workforce into the future.</li> <li>• Successful recruitment to meet government commitments including: <ul style="list-style-type: none"> <li>- Over 75 additional nurses aligned to additional bed capacity</li> <li>- Women's and Children's Hospital: 6.0FTE Mental Health nurses and 6.0FTE Cancer nurses recruited</li> <li>- Additional specialist nurses recruited in line with election commitments</li> <li>- 2 additional country doctors employed in line with commitment timeframes</li> <li>- Additional Women's and Children's Hospital Consultants, Basic Trainees and Advanced Trainees employed</li> <li>- Additional resident doctors employed, in line with commitment timeframes</li> <li>- Additional psychiatrist and additional two psychologists employed in line with commitment timeframes</li> </ul> </li> </ul>



Agency objectives	Indicators	Performance
<b><i>Improve Demand Management and Patient Flow</i></b>	<ul style="list-style-type: none"> <li>• 50 Additional Beds at the new Women's and Children's Hospital.</li> <li>• 48 permanent sub-acute beds at Modbury Hospital.</li> <li>• 16 permanent sub-acute beds at Gawler Hospital.</li> <li>• New Mount Barker Hospital building and operational with construction commencing by early 2025.</li> <li>• Yadu Health: in collaboration with the Federal Government, sign a funding agreement to deliver new health facilities, including dental and other allied health, for Yadu Health in Ceduna.</li> </ul>	<ul style="list-style-type: none"> <li>• On 29 May 2023 the New Women's and Children's Hospital Master Plan for the SAPOL Barracks Site was publicly released. The Master Plan process has identified and evaluated the future connections between buildings and how facilities will be sited in the Precinct.</li> <li>• The Master Plan includes the distribution of the 50 additional beds and 20 future expansion beds. This means the new hospital will have a provision for 414 overnight beds – 76 more than the current Women's and Children's Hospital.</li> <li>• 48 beds established and operational at Modbury Hospital</li> <li>• 16 beds established and operational at Gawler Hospital.</li> <li>• Mount Barker Hospital: development of the Model of Care is underway and the Schedule of Accommodation is being prepared.</li> <li>• Yadu Health: funding agreement signed and grant funding provided.</li> </ul>
<b><i>Mental Health and Drug and Alcohol Rehabilitation</i></b>	<ul style="list-style-type: none"> <li>• 4 additional drug rehabilitation beds operation in the Port Augusta community.</li> <li>• 20 additional mental health community beds operational in 2023, and program funding contracts extended to three-year terms.</li> </ul>	<ul style="list-style-type: none"> <li>• On 1 July 2023, service delivery of the four new alcohol and other drug rehabilitation beds began through Aboriginal Drug and Alcohol Council in Port Augusta.</li> <li>• Significant consultation has occurred on the mental health community beds and a Model of Care has been endorsed.</li> </ul>

## **Corporate performance summary**

### *Corporate Communications*

From new hospitals to inspiring stories of care and vital public health messages, the Corporate Communications branch has shown how SA Health is delivering better health to all South Australians.

In 2022-23 the Corporate Communications branch responded to almost 700 media enquiries; participated in more than 300 interviews; coordinated almost 100 press conferences; and drafted more than 180 media releases.

The branch also developed and implemented 8 paid marketing campaigns to promote SA Health public health messaging and other initiatives, including vaccination programs (COVID-19, Influenza, Japanese encephalitis virus), mosquito bite prevention, COVID-19 prevention (masks), emergency department alternatives, and an international and interstate recruitment campaign.

The branch provided communications support to a range of other communications plans and campaigns, such as the Aboriginal Health Care Framework, the Aboriginal Workforce Framework, SA Health Awards, Reconciliation Week, Healthy in the Heat, and Flood Safety.

SA Health's Twitter followers grew 1.7 per cent to 68,763 and LinkedIn followers grew 15.1 per cent to 51,116. Instagram followers decreased by 5.1 per cent to 52,219 and Facebook followers decreased 0.7 per cent to 418,068. However, Facebook post performance increased drastically during 2022-23, with the average post reach increasing 117 per cent. In 2022-23, SA Health published 1,030 Facebook posts, 398 Instagram posts, 149 LinkedIn posts and 254 Twitter posts. During this period, 97,225 comments or direct messages from the community were monitored across all social media platforms.

The SA Health website was visited by 7.9 million users who viewed 23.5 million pages. The COVID-19 Chatbot 'Zoe' serviced over 139,000 users (-91 per cent), delivering more than 42,000 minutes of online help (29 days). Zoe answered over 25,000 unique user questions with a 67 per cent average positive satisfaction rating.

### *Procurement and Supply Chain Management*

Procurement and Supply Chain Management work across 26 locations and are responsible for the overarching strategic planning governance and direction of SA Health's spend and critical requirements for goods and services. During the financial year 2022-23, SA Health's spend on goods and services was \$2.8 billion.

Having opened in October 2021, the SA Health state-wide Distribution Centre has been leveraged by Procurement and Supply Chain Management to great success. Through the 2022-23 financial year, more than 1 million cartons of products were distributed to hospitals and ambulance stations across the state.

Procurement and Supply Chain Management is also responsible for the management of all SA Health state-wide contracts and panels as well as the

management of the Royal Adelaide Hospital Public Private Partnership. The value of contracts managed by Procurement and Supply Chain Management is approximately \$10 billion.

Procurement and Supply Chain Management has also become the first government department in the state to receive the Procurement Excellence Standard Certification from the Chartered Institute of Procurement and Supply. This achievement reinforced Procurement and Supply Chain Management's position as a leader in procurement and demonstrated their ability to develop and deploy structured policies, processes, and tools that benefit both their stakeholders and supply base.

### *Corporate Correspondence*

The Corporate Correspondence Team is responsible for the timely allocation, coordination and oversight of correspondence received by the Minister or Chief Executive, from members of the public, non-government organisations, other government agencies or members of parliament / legislative councils.

Between 1 July 2022 – 30 June 2023 Corporate Correspondence Team:

- allocated a total of 5,010 Chief Executive and ministerial correspondence, a decrease of 41 per cent from the previous financial year.
- finalised 8,786 pieces of correspondence (combination of self-generated, Chief Executive and ministerial correspondence), 27 per cent increase from 2021-22.

### **Employment opportunity programs**

<b>Program name</b>	<b>Performance</b>
Aboriginal Employment Register	16 people listed on the Aboriginal Employment Register were employed.
Aboriginal Traineeship Program	Three people listed on the Aboriginal Employment Register were employed.

## Agency performance management and development systems

Performance management and development system	Performance
Performance Review and Development process	<p>The Department for Health and Wellbeing has established two designated Performance Review and Development cycles, for managers to undertake a Performance Review and Development conversation with their direct reports. The first cycle is from August to November and the second cycle from March to June.</p> <p>Two manager training sessions were also facilitated for each cycle, to upskill managers in performance discussions.</p> <p>As at 30 June 2023, 52 per cent of Department for Health and Wellbeing employees had registered a Performance Review and Development conversation in the 2022-23 financial year.</p> <p>The Performance Review and Development Policy was reviewed consistent with Premier's Direction and Commissioner for Public Sector Employment Guideline.</p>
Respectful Behaviour (including bullying and harassment) Policy	<p>The respectful behaviours and bullying and harassment policies have been updated and combined into the new 'Respectful Behaviour (including management of bullying and harassment)' Policy and an associated guideline. These documents, outlining the escalation procedure, were released on 23 May 2022.</p> <p>The eLearning training package on bullying and harassment has been updated to align with the updated Respectful Behaviours Policy. The training is now titled 'Respectful Behaviours: creating safe and supportive workplaces'.</p> <p>An eLearning training program targeting managers, 'Respectful Behaviour: Preventing and Managing Disrespectful Behaviour in the Workplace for Managers', has been developed by Statewide Clinical Support Services. This has been adapted for use across SA Health and will be made available to all LHNs/Health Services.</p> <p>Both eLearning courses were launched to all staff in October 2022 and will be promoted annually in October to align with Safe Work month.</p>

<p>Staff Wellbeing</p>	<p>The mental health and wellbeing of our staff has remained an organisational priority throughout 2022-23, and is fundamental to achieving our goals, as well as benefiting our lives outside of work.</p> <p>A collaborative system-wide approach to address staff wellbeing has commenced with the development of the 'Advancing healthcare workforce wellbeing across SA Health' plan. Following consultation, the plan outlines four key priorities for collaborative action over the next 12-18 months.</p> <p>There are a number of initiatives and programs already underway across SA Health in local health networks and health services, as well as a new training and skills package that has been tendered for, to specifically support nurses and midwives.</p>
<p>SA Health Employee Assistance Program</p>	<p>The Employee Assistance Program plays an important role in SA Health's ongoing commitment to being a mentally healthy workplace. Employee Assistance Program services enable all staff and their immediate family members access to free counselling services.</p> <p>There were 147 new Department for Health and Wellbeing employee referrals for the 2022-23 financial year to date as at 31 March 2023. The Employee Assistance Program utilisation rate was 2.56 per cent as at 31 March 2023 (average new employee referrals per each quarter, for a headcount of 1,874).</p>

## Work health, safety and return to work programs

Program name	Performance
Nursing Security (Challenging Behaviours)	<p>An election commitment was made to work with nurses to reduce the incidence of violence and aggression in SA Health workplaces. Part of this commitment relates to working with the Australian Nursing and Midwifery Federation to implement the Australian Nursing and Midwifery Federation 10-Point Plan. The Plan aims to end violence and aggression in our public hospitals and health services, guide risk mitigation associated with occupational violence and aggression within health care settings, and deliver the benefits that have been achieved in Victoria and other jurisdictions.</p> <p>The election commitment includes a review of the SA Health Challenging Behaviour Strategic Framework against the requirements of the 10-Point Plan and establishing system wide governance to monitor ongoing implementation.</p> <p>The review has been completed and an implementation plan has been developed to drive internal SA Health initiatives to achieve improvements and identify additional investment opportunities.</p>
Injury Management Lump Sum Program	<p>The <i>Return to Work Act 2014</i> (SA) makes provision for the determination and/or payment of lump sum amounts for workplace injuries, specifically relating to economic loss (section 56) and non-economic loss (section 58). The redemption of weekly payments and future medical expenses is authorised by sections 53 and 54 of the <i>Return to Work Act 2014</i>.</p> <p>For the period 1 July 2022 to 30 June 2023, the Department for Health and Wellbeing recorded a total payment of \$70,000 for Lump Sum Redemptions and \$137,304 for Lump Sum Economic and Non-Economic Loss Payments.</p> <p>An increasing trend overall to Economic Loss Payments are seen as older significant injuries reach Maximum Medical Improvement. (Entitlement to Economic Loss payments came into effect for injuries post 1 July 2015).</p> <p>A combination of injuries (as per Summerfield decision) are having an impact on higher Whole Person Impairment assessments and associated entitlements.</p>

Manual Task Risk Management System - Training	<p>The Department for Health and Wellbeing provides state-wide manual task training to SA Health workers, and coordinates the SA Health Manual Tasks Local Facilitator Training Program. The SA Health MTLF Training Program underpins mandatory manual task practical training to reduce the risk of body-stressing injury.</p> <p>At 30 June 2023, there are 1,133 active SA Health Manual Tasks Local Facilitators across SA Health providing training, induction and support to their colleagues to reinforce safe work practices.</p> <p>Additional courses and refreshers have been scheduled to meet the increased need throughout 2023-24, with focus on rural local health networks.</p> <p>200 new facilitators completed the two-day practical training and 353 current facilitators attended refresher sessions.</p> <p>The SA Health Manual Tasks Local Facilitator Training Program and service provision are being reviewed to assess the long-term requirements to meet the ongoing needs of the workforce.</p>
Seasonal Influenza Program	<p>The aim of providing free influenza vaccinations is to protect staff from the flu and to reduce the potential for transmission of the flu virus between workers, consumers, visitors and family members.</p> <p>The 2023 staff influenza vaccination programs made vaccination available to SA Health staff in mid-April 2023.</p> <p>At 30 June 2023, the total number of 26,422 (53 per cent) SA Health employees have been administered a flu vaccination in 2023.</p>

Workplace injury claims	Current year 2022-23	Past year 2021-22	% Change (+ / -)
Total new workplace injury claims	11	9	+22.2%
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)	3.02	2.22**	+36.0%

\*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)

\*\*This figure varies slightly from the figure reported for 2021-22 in the previous Annual Report (i.e. 2.43) due to a change in methodology.

<b>Work health and safety regulations</b>	<b>Current year 2022-23</b>	<b>Past year 2021-22</b>	<b>% Change (+ / -)</b>
Number of notifiable incidents ( <i>Work Health and Safety Act 2012, Part 3</i> )	6	1	+500.0%
Number of provisional improvement, improvement and prohibition notices ( <i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i> )	0	0	0.0%

<b>Return to work costs**</b>	<b>Current year 2022-23</b>	<b>Past year 2021-22</b>	<b>% Change (+ / -)</b>
Total gross workers compensation expenditure (\$)	\$530,154	\$516,341	+2.7%
Income support payments – gross (\$)	\$175,162	\$160,102	+9.4%

\*\*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

<b>Executive classification</b>	<b>Number of executives</b>
Chief Executive	1
PSYCH01	1
SAES 1 Level	46
SAES 2 Level	10

Data for previous years is available at:

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

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



## Financial performance

### Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2022-2023 are attached to this report.

Statement of Comprehensive Income	2022-23 Budget \$000s	2022-23 Actual \$000s	Variation \$000s	2021-22 Actual \$000s
Total Income	7,626,776	7,701,571	74,795	7,328,505
Total Expenses	7,648,615	7,723,618	(75,003)	7,631,814
<b>Net Result</b>	<b>(21,839)</b>	<b>(22,047)</b>	<b>(208)</b>	<b>(303,309)</b>
<b>Total Comprehensive Result</b>	<b>(21,839)</b>	<b>(22,047)</b>	<b>(208)</b>	<b>(303,309)</b>

Statement of Financial Position	2022-23 Budget \$000s	2022-23 Actual \$000s	Variation \$000s	2021-22 Actual \$000s
Current assets	822,991	861,722	38,731	840,686
Non-current assets	90,622	84,511	-6,111	90,501
<b>Total assets</b>	<b>913,613</b>	<b>946,233</b>	<b>32,620</b>	<b>931,187</b>
Current liabilities	277,474	295,177	-17,703	274,971
Non-current liabilities	189,360	194,678	-5,318	187,598
<b>Total liabilities</b>	<b>466,834</b>	<b>489,855</b>	<b>-23,021</b>	<b>462,569</b>
<b>Net assets</b>	<b>446,779</b>	<b>456,378</b>	<b>9,599</b>	<b>468,618</b>
<b>Equity</b>	<b>446,779</b>	<b>456,378</b>	<b>9,599</b>	<b>468,618</b>

**Consultants disclosure – refer to Appendix 4**

**Contractors disclosure – refer to Appendix 5**

The following table and charts provide a brief summary of the overall financial performance of DHW.

Three-year financial summary (\$000)	2022-23 %	2021-22 %	2020-21 %
	↑↓	↑↓	↑↓
Total income	7 701 571 ↑ 5.1%	7 328 505 ↑ 8.9%	6 728 042 ↑ 5.6%
Total expenses	7 723 618 ↑ 1.2%	7 631 814 ↑ 15.3%	6 621 051 ↑ 4.9%
Net result	( 22 047) ↑ 92.7%	( 303 309) ↓ -383.5%	106 991 ↑ 92.4%
Net cash provided by operating activities	29 956 ↑ 111.2%	( 268 507) ↓ -1368.7%	21 164 ↓ -85.5%
Total assets	946 233 ↑ 1.6%	931 187 ↓ -25.0%	1 241 017 ↑ 16.6%
Total liabilities	489 855 ↑ 5.9%	462 569 ↓ -1.4%	469 090 ↑ 17.4%
Net assets	456 378 ↓ -2.6%	468 618 ↓ -39.3%	771 927 ↑ 16.1%

### Expenses by category 2022-23



### Income by category 2022-23



### Operational funding to incorporated health services 2022-23 (\$6,300m)



### Capital funding to incorporate health services 2022-23 (\$313m)



## Risk management

### Risk and audit at a glance

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

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

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

### Fraud detected in the agency

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

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

### Strategies implemented to control and prevent fraud

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

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

### Public interest disclosure

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

Nil

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

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

## Reporting required under any other act or regulation

Act or Regulation	Requirement
<b><i>Ageing and Adult Safeguarding Act 1995</i></b>	<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>

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

- supporting South Australians of all ages to age well, unencumbered by stigma and discrimination
- achieving proper integration of older persons within the community thus ensuring that the skills and experience of older people are not lost to the community through social alienation

- creating social structures in which older people can realise their full potential as individuals and as members of the community
- creating a social ethos in which older people are accorded the dignity, appreciation and respect that properly belong to them
- ensuring the multicultural nature of the community is reflected in the planning and implementation of programs and services relevant to older people
- achieving a proper understanding within the community of the problems affecting older people and vulnerable adults and ameliorating those problems so far as it is practicable to do so by modification of social structures and attitudes.

To achieve its objectives, Office for Ageing Well led the development of policies and delivered programs, projects and services during 2022-23, in partnership with a diverse range of stakeholders and in line with the priorities of the South Australian Government's health and wellbeing agenda and shaped directly by the voices of older South Australians.

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

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

In 2022-23, the South Australian Law Reform Institute completed its independent review of the *Ageing and Adult Safeguarding Act 1995*. The review was conducted pursuant to section 53, which required a review be completed and provided to the Minister for Health and Wellbeing no later than 1 October 2022. The Minister for Health and Wellbeing tabled the report in Parliament on 1 November 2022.

The review made 46 recommendations and comprised a comprehensive examination of the operation of the *Ageing and Adult Safeguarding Act 1995*, including the Office for Ageing Well provisions and establishment of the Adult Safeguarding Unit, which commenced operations on 1 October 2019 and was the first of its kind in Australia. The Government accepted the majority of the review recommendations (in full or in part), with a small number of recommendations related to other Acts still under consideration.

A draft amendment bill is now being developed to give effect to recommendations requiring legislative amendment to the *Ageing and Adult Safeguarding Act 1995*, which is expected to be introduced to Parliament during 2023-24. Other

recommendations are also being implemented through strengthening policy and practice of the Adult Safeguarding Unit.

## **Adult Safeguarding Unit**

The Adult Safeguarding Unit is established under the *Ageing and Adult Safeguarding Act 1995* and commenced operation on 1 October 2019.

In 2022-23, the Adult Safeguarding Unit continued its strong focus on promoting and safeguarding the rights of adults who may be vulnerable and experiencing abuse or mistreatment by working with the adult and any existing supports to implement safeguarding actions, tailored to their needs, wishes and circumstances.

In October 2022, the transitional provisions under the Act expired and the Adult Safeguarding Unit's legal mandate expanded. Prior to this date, the Adult Safeguarding Unit responded to reports of actual or suspected abuse regarding older people and people with a disability. From October 2022 onwards, the Adult Safeguarding Unit responds to reports of actual or suspected abuse regarding any adult who may be vulnerable by reason of age, disability, ill health, social isolation, dependence on others or other disadvantage.

Key functions of the Adult Safeguarding Unit are to:

- Provide confidential information and advice to people concerned about themselves or someone else who may be vulnerable and experiencing abuse or mistreatment.
- Respond to reports of suspected or actual abuse of adults who may be vulnerable by reason of age, disability, ill health, social isolation, dependence on others or other disadvantage.
- Provide support to safeguard the rights of adults experiencing abuse, tailored to their needs, wishes and circumstances.
- Raise community awareness about the service and strategies to safeguard the rights of adults who may be at risk of abuse.

### Responding to reports of abuse or mistreatment

Under the *Ageing and Adult Safeguarding Act 1995*, the Adult Safeguarding Unit must assess all reports of abuse received and then take one of a number of prescribed actions. When assessing reports of abuse, the Adult Safeguarding Unit obtains as much information as possible about the situation to determine whether to refer the matter to a more appropriate agency for response; investigate the situation further; or close the matter for no further action. In most situations, the adult's consent is required before any further action can be taken.

Reporting abuse to the Adult Safeguarding Unit is voluntary. The Adult Safeguarding Unit has a dedicated phone line for the public to seek information, advice and support about adult safeguarding, and to make reports of suspected

abuse or mistreatment of adults who may be vulnerable. The Adult Safeguarding Unit can also take reports via email or a recently introduced online report form.

Of the 3,098 contacts received by the Adult Safeguarding Unit in 2022-23:

- Almost half of the contacts, 48.5 per cent (1,501 contacts) resulted in a report to the Adult Safeguarding Unit, and the remaining 51.5 per cent (1,597 contacts) were seeking information and advice.
- Of the 1,501 reports received, 66.2 per cent (994 reports) were closed after assessment or completion of safeguarding, while the remaining 33.8 per cent (507 reports) remained open at the end of the financial year.
- Of the 507 open reports at the end of the 2022-2023, 58.3 per cent (273 reports) were in the assessment phase, 36.9 per cent (187 reports) were awaiting allocation, and 9.3 per cent (47 reports) were under investigation.
- Of the 994 reports closed during the year, 907 were closed after comprehensive assessment and 87 were closed after the Unit undertook an investigation for the purpose of safeguarding the adult.
- Of the 907 reports closed after assessment, 91 per cent (854 reports) were closed for no further action where no additional input from the Adult Safeguarding Unit was required. The remaining 53 reports were closed for other reasons such as the adult not consenting to working with the Adult Safeguarding Unit or passing away.

There were a number of reasons why no further action was taken by the Adult Safeguarding Unit. For example, the situation was assessed as being appropriately managed by other parties already involved in supporting the adult; there was no abuse or mistreatment identified; the Adult Safeguarding Unit provided support or advice to a service provider or other person to increase existing safeguarding supports for the person; a more appropriate statutory response was required; or the adult did not consent to assistance from the Adult Safeguarding Unit.

In many cases, due to the comprehensive work of the Adult Safeguarding Unit during the assessment phase, existing supports were strengthened to safeguard the adult. In such cases, progressing the case to investigation was not necessary. Gathering information during assessment is an interactive process, usually involving detailed discussion with the adult and consideration of their situation. Solutions were identified and safeguarding actions were implemented by either the adult themselves, with support from the Unit, or others involved in their support and care. To mitigate risk and ensure the best outcomes for the adult, the Adult Safeguarding Unit may take a non-linear approach, commonly undertaking safeguarding actions concurrently with the assessment process.

- 60.6 per cent of all contacts (1,876) were related to concerns of abuse of adults over 65; 28.0 per cent (867 contacts) were related to adults living with disability; and 3.1 per cent (95 contacts) concerned adults with other

vulnerabilities. Insufficient information was provided for the remaining 8.4 per cent (260 enquiries) to determine category.

- In relation to adults over 65, most enquiries and reports to the Adult Safeguarding Unit came from service providers (41.7 per cent). Family members were the second highest group of people contacting the Adult Safeguarding Unit (20.4 per cent) to make an enquiry or report. The most commonly reported types of abuse among older adults were psychological/emotional (37.7 per cent), financial or exploitation (19.5 per cent), and abuse/exploitation of a position of trust (12.9 per cent). Adult children were most often identified as the person of concern in relation to the abuse (43.2 per cent), followed by other family members (10.9 per cent) and husbands/wives/partners (10.7 per cent).

Of the contacts relating to adults with a disability, most enquiries and reports to the Adult Safeguarding Unit came from service providers (70.9 per cent). Community organisations were the second highest group of people contacting the Unit (10.8 per cent). The most prevalent types of abuse reported were psychological / emotional (24.9 per cent), financial or exploitation (21 per cent) and neglect (16.5 per cent). Fathers, mothers or both parents were most frequently identified as the person of concern in relation to the abuse, accounting for 23 per cent. Service providers were identified as the person of concern in relation to abuse in 11 per cent of cases and, when appropriate, the Unit reported the case to the NDIS Quality and Safeguards Commission. In 7.8 per cent of cases, partners were identified as the person of concern.

The *Ageing and Adult Safeguarding Act 1995* allows for the Adult Safeguarding Unit to make a formal referral to a State authority or other specified person or body. Whilst the Adult Safeguarding Unit made many referrals to a broad range of agencies during and following assessment, these referrals were made using established referral pathways, and no referrals were made using the Act's prescribed referral provision. Referrals play an important role in safeguarding the adult, as the responsibility of preventing abuse and mistreatment is shared by many. There are a range of organisations offering services, supports and interventions to help stop abuse from occurring and restore people's right to safety, respect and self-determination.

Where safeguarding was undertaken, the Adult Safeguarding Unit played an important role in supporting the adult, in line with their wishes and circumstances. In 2022-23, examples of safeguarding actions included: moving to safer, alternate accommodation; applying for an Intervention Order or making a report to South Australia Police; completing or changing legal documents such as an Enduring Powers of Attorney or Advance Care Directives; changing banking details; engaging formal support services (including in home supports funded through NDIS or My Aged Care); engaging informal supports; and directly addressing concerns with the person responsible for the abuse, while attempting to ensure the preservation of important relationships. The Adult Safeguarding Unit also provided safeguarding information and advice and coordinated multi-agency responses where a range of services were involved.



Where there were specific circumstances warranting further action, the Adult Safeguarding Unit acted without consent to ensure the adult's safety. In most cases, this was where the person had impaired decision-making capacity in respect of a decision to consent to an action. Other circumstances in which the Adult Safeguarding Unit acted without consent included: where a person's life or physical safety was at immediate risk; there was an allegation that a serious criminal offence had been, or was likely to be, committed against the person; or, after reasonable enquiries, the Adult Safeguarding Unit was unable to contact the adult.

### Community Education and Awareness

In 2022-23, the Adult Safeguarding Unit delivered 45 education sessions and participated in a variety of community events. These functions and events were attended by diverse stakeholders and community groups, including older people and people with a disability, Aboriginal and Torres Strait Islander peoples, and people from culturally and linguistically diverse backgrounds. The Adult Safeguarding Unit's community education focuses on raising awareness of prevention strategies that may assist to safeguard the rights of adults who may be vulnerable, and providing information about the Adult Safeguarding Unit, including how to contact the Adult Safeguarding Unit and the role it can play in safeguarding rights.

The Adult Safeguarding Unit ran its annual public awareness raising campaign in October 2022. The campaign focused on informing the community of its expanded remit and encouraged people to contact the Adult Safeguarding Unit or to visit the website if they were concerned about the suspected or actual abuse of a person who may be vulnerable. The campaign resulted in a marked increase in contacts to the Adult Safeguarding Unit across October and November 2022.

The Adult Safeguarding Unit also engaged with stakeholders at a strategic level to foster new and existing partnerships. These engagements were focussed on developing or improving working arrangements to ensure a coordinated response to safeguarding the rights of adults across the state.

### **Ageing Policy Unit**

*South Australia's Plan for Ageing Well 2020-2025* guides the work of the Ageing Policy Unit through its vision and strategic priorities for ageing well for all South Australians.

In 2022-23, the Ageing Policy Unit directly funded, managed or collaborated on 59 projects, in partnership with a broad range of stakeholders from government, non-government and community sectors, focussed on *South Australia's Plan for Ageing Well 2020-2025's* strategic priorities of Home and community; Meaningful connections; and Navigating change. This included:

- Developing the *Strategic Research Agenda for Ageing Well in South Australia* (Strategic Research Agenda), in partnership with the Centre for Health in All Policies Research Translation. The Strategic Research Agenda was released on 17 February 2023, following wide consultation and co-design with

researchers/knowledge producers, policy makers and practitioners. The Strategic Research Agenda outlines nine research priorities focussed on the social and structural determinants of ageing well, aligned with *South Australia's Plan for Ageing Well 2020-2025*.

- Introducing the new *Impact Research Grants for Ageing Well in South Australia* program. The research grants program encourages researchers from a variety of disciplines to undertake independent research to help address questions of community and policy importance identified in the Strategic Research Agenda. The focus for the 2022-23 grant round was 'Homes, housing and the built environment', with \$100,000 (GST exclusive) allocated to three research organisations for grants in two streams: two Seed Grants (\$25,000 each) for a research project of up to 12 months duration to University of South Australia, and one Major Project Grant (\$100,000 over two years) for a research project of up to 24 months duration to Flinders University.
- Continuing its partnership with the Office of the Public Advocate to provide tools and educational workshops for people appointed as Substitute Decision Makers under an Advance Care Directive to understand their role and responsibilities. The Toolkit and video will be finalised and launched, and community workshops rolled out in 2023-2024.
- Continuing its partnership on the Advance Care Directives project with the Cities of Victor Harbor, Alexandrina and Yankalilla and Cities of Charles Sturt, West Torrens and Port Adelaide Enfield, as well as a new partnership with Adelaide Hills and Mt Barker Councils. This work aims to deliver sustainable community peer-led models to increase the completion of Advance Care Directives, with a particular focus on culturally and linguistically diverse and regional communities.
- Developing the new *Future Directions to Safeguard the Rights of Older South Australians 2023-2027*, informed by statewide consultation with more than 2,400 older people and stakeholders. This sets out the statewide policy direction for prevention, awareness and response of abuse and mistreatment of older people and was launched by the Minister on 26 July 2023.
- Continuing the statewide Elder Abuse Prevention *Tackling Ageism* public awareness campaign, which ran from 9 June until 31 July via digital and social media, metropolitan and regional radio, press, WeekendPlus – the Seniors Card digital magazine, and Shopper Media. The campaign aimed to raise community awareness that ageism takes away older people's rights and can lead to abuse or mistreatment. Calls to the Adult Safeguarding Unit increased as a result of the campaign.
- Implementing the *Ageing Well Measuring Success Framework* through a mid-term review of selected indicators from the Framework. This work was conducted by URPS during 2022-23, to understand change compared with benchmarking data collected in late 2021. This comparison will help to understand improvements or challenges over time in how South Australians are being

supported to live well. A final review will be conducted in 2023-24, which will inform the development of the next state ageing plan and policies.

### **Aged Care Strategy Unit and Aged Care Assessment Program**

The Aged Care Strategy Unit administers the Aged Care Assessment Program in South Australia on behalf of the Australian Department of Health and Aged Care. The Aged Care Assessment Program comprehensively assesses the needs of older people to enable access to Commonwealth Government funded aged care services.

The South Australian Aged Care Assessment Program performed well against required timeliness and quality indicators in 2022-23, exceeding the National Key Performance Indicator target for actioning referrals. South Australia continues to maintain timely performance in the completion of assessments across all settings, with the average number of days currently at 37.6 days in 2022-23. The Aged Care Assessment Teams completed over 17,000 assessments for the year.

The Aged Care Strategy Unit also undertook strategic projects related to aged care and supported a range of national programs in 2022-23, including:

- Representing South Australia on the Commonwealth, States and Territories Joint Working Group for the development of the *National Dementia Action Plan*.
- Providing program management for the Commonwealth's Specialised Dementia Care Program in South Australia.
- Undertaking community consultation on the use of surveillance and monitoring technology in aged care, to complement the findings from the 12-month SA Health CCTV Pilot Project. The consultation explored a range of surveillance and monitoring technologies, including CCTV and wearable devices, and sought the community's views on the social, ethical and policy implications of their use in an aged care setting. The findings of the consultation noted that whilst technology has a role to play in aged care, the consent of the person is an important consideration. Participants also expressed the need for legislation and policy development to support and guide ethical use of surveillance and monitoring technology, noting residents and staff have a right to privacy, safety, dignity and high-quality care.
- Supporting the Commonwealth's aged care reform agenda, including reviewing the delivering of assessment services in South Australia to ensure that older South Australians can access aged care services at the right place and right time for person centred care.
- Collaborating with the Australian Department of Health and Aged Care and Primary Health Networks to deliver a webinar for the aged care sector focussed on exploring the health/aged care interface and opportunities for innovation.

### **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 and accessible place to live by providing services, important information, community news, events and access to free public transport. The program also facilitates discounts and benefits from participating businesses. There are around 410,000 registered Seniors Card members in South Australia.

In 2022-23, public transport benefits were increased to enable South Australian Seniors Card members to access free Adelaide Metro public transport services all day, every day.

Benefits of the Seniors Card program continued to be communicated to members in a variety of ways, including the Seniors Card Discount Directory, direct marketing (post and email), promotion through partners, social media, *WeekendPlus* (fortnightly digital magazine) and the new Seniors Card website. In 2022-23, more than 30 per cent of Seniors Card members were subscribed to email communication from Seniors Card. Of the approximately 20,000 new Seniors Card applications received in 2022-23, more than 90 per cent were made online.

### **Ageing Well Community Grants Program**

The South Australian Government, through Office for Ageing Well, provided \$600,000 in Ageing Community Grants in 2022-23 to support community organisations and local government projects.

These grants support South Australians to live and age well and promote opportunities for older South Australians to be involved and active in their communities, contributing to the strategic priorities of *South Australia's Plan for Ageing Well 2020-2025*.

In 2022-23, the following grant programs ran concurrently through an open tender process, aimed at community organisations and local government across metropolitan and regional South Australia. Projects commenced on 1 June 2023 and will run for 12 months:

- Grants for Seniors awarded funding to 24 recipients totalling \$150,302. Funding supports purchase of equipment and delivery of cultural, educational and sporting activities and programs for older people.
- Positive Ageing Fellowship Grants awarded funding to five projects totalling \$199,600. Funding is focussed on capability building projects that support older South Australians to age well. A targeted grant of \$50,000 was also provided to The Australian Centre for Social Innovation to deliver ongoing coaching, mentoring and support to grant recipients over the 12-month funding period to support sustainability.
- Age Friendly SA Grants awarded funding to six projects totalling \$198,037. Funding is focussed on supporting local governments to meet the key priorities of the Age Friendly SA Strategy: Home, Community and environment; Making a contribution; Making it easier to get around; Intergenerational connectedness; and Age friendly services.

Project funding was provided for:

- purchase of equipment

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

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

The *Retirement Villages Act 2016* is the primary legislation concerned with regulating retirement villages in South Australia and protecting the rights of retirement village residents. It applies to all retirement villages operating in South Australia. The Retirement Villages Unit, within Office for Ageing Well, administers the Act and Regulations on behalf of the Minister for Health and Wellbeing.

The Retirement Villages Unit provides information, assistance and education sessions on retirement village matters, including clarifying areas of concern and providing a mediation service to help resolve disputes between residents and operators. The Retirement Villages Unit also investigates and assesses complaints and allegations of breaches of the *Retirement Villages Act 2016* and Regulations, in accordance with the *Retirement Villages Enforcement Framework* support. Where appropriate, the Retirement Villages Unit favours a supportive and educative approach to enforcing compliance, ahead of resorting to punitive action.

In 2022-23, the Retirement Villages Unit:

- responded to 522 cases relating to retirement village issues
- conducted 51 meetings related to resident cases
- delivered nine presentations and information sessions to residents and interested groups

- delivered five conflict coaching sessions and dispute resolution information sessions with residents' committees
- undertook four conciliations between residents and operators
- interviewed 48 residents in relation to a voluntary termination proposal, and
- provided advice and recommendations to the Minister for Health and Wellbeing.

The majority of queries in 2022-23 related to the formation and operation of committees and their rules and procedures. In 2022, requests for advice in relation to how villages should respond to behaviour concerns increased, as did concerns about recurrent fees and charges. Requests for advice and assistance relating to maintenance and repairs in the village also increased.

### Growth

As of 30 June 2023, 527 retirement villages were registered in South Australia, comprising 19,052 residences. It is estimated that there are approximately 26,673 older people living in retirement villages across the state.

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

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

In 2022-23, there was one new village registered and four villages voluntarily terminated. Under the Act, it is a requirement for all retirement village schemes to be registered within 28 days of the first resident taking up occupation.

The new registered village in 2022-23:

- Amberwood Retirement Estate, 14 independent living units in Morphett Vale.

Voluntary termination of a retirement village can only occur with Ministerial approval. The four villages terminated in 2022-23 were:

- Freeling: Village consisting of 10 units. All units now being used for rental.
- Victor Harbor: Village of 13 units. All units now being used for rental.
- Joslin: Site comprising of 2 units. Site to be sold on the open market.
- Orroroo: Site comprising 4 units. Council to use for rental accommodation.

### Exemptions from operation under the Act

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

- Four under s18: With client consent, no need to hold premium in Trust (*Retirement Villages Act 1987*).
- Eleven under s26(1): Ingoing contribution does not have to be held in trust, maximum deposit \$10,000 (*Retirement Villages Act 2016*).
- Forty-five under s22(c), 33(6), 34(8), 39, 40(4): Can have consolidated meetings and financial reports for resident funded and independent living resident groups (*Retirement Villages Act 2016*).
- 114 under s22(c), 33(6), 34(8), 40(4): Can have consolidated meetings, financial reports and interim financial reports (*Retirement Villages Act 2016*).
- Nineteen under s31(3): Operator exempt from assuming responsibility for depreciation (*Retirement Villages Act 2016*).
- Four under s57(1): Operator able to rent to persons not eligible under the Act (*Retirement Villages Act 2016*).

### Compliance Activity

Compliance activity in 2022-23 was limited to responsive advice and assessment of complaints. There were four instances of non-compliance reported and assessed against various provisions of the Act. In each instance, education was provided to the operator and ongoing monitoring will occur.

### Release of the *Retirement Villages (Miscellaneous) Amendment Bill 2023*

Following the completion of the independent review of the Act, undertaken by PEG Consulting in 2021, a draft *Retirement Villages (Miscellaneous) Amendment Bill 2023* (the Bill) was released for public consultation from 31 March - 19 May 2023. In addition, giving effect to the recommendations of the Review Report requiring legislative amendment, the draft Bill also canvassed community views on additional reforms to enhance consumer protections and ensure the efficient and effective operation of the Act. Targeted questions sought feedback from residents' and operators' perspectives in relation to support for the proposed amendments, including feasibility and identifying any unforeseen consequences.

To support the consultation process, Office for Ageing Well held thirteen information sessions across regional and metropolitan South Australia, attended by over 420 people (predominantly comprising residents and operators). The consultation attracted significant community engagement, with approximately 500 people logging into the online survey or submitting feedback via email or hardcopy, resulting in 373 unique submissions from residents, prospective residents, operators, peak bodies and other interested members of the community.

Following analysis of all submissions, an updated Amendment Bill is anticipated to be introduced to Parliament in 2023-24.

### Retirement Village Residents Advocacy Program

Since 2014, Office for Ageing Well has funded the Aged Rights Advocacy Service 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 72 per cent of contacts made this way during 2022-23. Fifty-six per cent were calls from metropolitan areas, and 17 per cent were from rural and remote areas, with the balance remaining anonymous.

Aged Rights Advocacy Service assisted 241 individuals in 2022-23, an increase of 36 per cent from 2021-22. This included general information about rights and advocacy services, as well as advocacy assistance. Advocates assisted with five South Australian Civil and Administrative Tribunal hearings.

Aged Rights Advocacy Service delivered 20 face-to-face information sessions within retirement villages for residents and staff, presented two information sessions via radio, and incorporated information about the Retirement Village Residents Advocacy Program generally in other information sessions.



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

Act or Regulation	Requirement
	<p>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> <ul style="list-style-type: none"> <li>(a) the outcome of any consultation undertaken under subsection (1) or (4); and</li> <li>(b) the operation of any agreement referred to in subsection (2).</li> </ul> <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>

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

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

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

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

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

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

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

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

## Food sampling 2022-23

The FSRB conducts sampling of various foods that are of public health concern as part of local or national food safety surveys or to confirm compliance with the compositional and labelling requirements of the Code. A key performance indicator was established to analyse 800 food samples per year. For the 2022-23 financial year, a total of 847 food samples were collected as part of food compliance investigations and food surveys.

## Investigation of food safety issues 2022-23

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

During 2022-23 after notification from CDCB, the FSRB collaborated with local councils and/or PIRSA to investigate three foodborne illness outbreaks. Details of the major outbreaks can be found in Appendix 2. Investigations included onsite assessment of food handling practices in food businesses, sampling of food and environmental swabbing. The objectives of these investigations are to remove any risk to public health, establish the cause of the outbreak, ensure food businesses implement short-term and long-term corrective actions and to determine if an offence has been committed against the Act.

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

## Notifiable contaminants

The [South Australian Public Health \(Notifiable Contaminants\) Regulations 2020](#) require specified microorganisms to be reported to the Food Safety and Regulation Branch of SA Health when they are found in food and water samples. Food and water samples include all raw, partly processed and ready-to-eat foods, bottled water and ice, and may also include live plants and animals.

During this reporting period there were 754 notifications received by SA Health as summarised in Table 1. The notification process resulted in three recalls that affected 11 products.

Notifiable contaminants include pathogens such as *Salmonella*, *Campylobacter*, *Listeria monocytogenes* which cause foodborne illness, and indicator (non-pathogenic) organisms such as *Listeria* species and *E. coli*. Indicator organisms do not cause illness but can be used by the business to indicate there may be suitable conditions in their environment for pathogenic bacteria to grow. Further information about pathogenic and indicator organisms can be found in the Food Standards Australia New Zealand (FSANZ) [Compendium of Microbiological Criteria for Food \(the Compendium\)](#).

When notifications are received, SA Health conducts a risk assessment to determine what, if any, actions are required. In many instances action was not required as there was no risk to public health e.g. indicator (non-pathogenic) organisms, food not available for sale to the public or food to be cooked by the consumer to destroy foodborne pathogens.

Most of the notifications were for indicator organisms such as *Listeria* species and *E. coli*. Businesses may test multiple samples from one product resulting in multiple notifications for one product. Extra testing may also occur as businesses look for the reason indicator organisms are present.

However, there are limits for *E. coli* specifically related to dairy products in the Compendium, and two recalls affecting 5 dairy products were conducted for levels considered 'unsatisfactory'.

One business had multiple *Listeria monocytogenes* notifications from a variety of products made in a short time frame. This resulted in one recall affecting 6 products. Refer to the 'Food recalls' section.

All *Campylobacter* and 124 of 125 *Salmonella* notifications came from raw meat and poultry products, highlighting the importance of cooking.

There were 42 *Listeria monocytogenes* notifications, and all were investigated by SA Health. Of these, 34 did not require action as the risk assessment deemed them to be of low risk to public health. This included product that meets the limits of the [Australia New Zealand Foods Standards Code](#), product that was on test and hold and subsequently destroyed or product not considered ready to eat. All the *Listeria monocytogenes* isolates were whole genome sequenced and are not linked to human cases of listeriosis.

## **Food recalls**

Standard 3.2.2 of the Code requires food businesses that engage in the wholesale supply, manufacture or importation of food, to have a system in place to ensure the recall of unsafe food. All food recalls are coordinated nationally by FSANZ, with the food business undertaking the recall being responsible for carrying out the recall as soon as an issue is identified. There are two levels of recall, a trade level and a consumer level recall. A trade level recall is conducted when the food has not been available for direct purchase by the public, such as food sold to wholesalers and caterers. A consumer level recall is conducted when the food has been available for retail sale and usually involves advertisements on social media to inform consumers of the recall. The FSRB informs local councils of all recalls affecting South Australia (SA) and requests that they check food businesses in their area are complying with the recall.

FSANZ was the coordinator for 92 food recalls nationally during the 2022-23 financial year as summarised in Table 1. In total, SA was affected by 45 recalls meaning recalled product was distributed in the state.

In year 2022-23, there were two major incidents of toxic effect in humans that resulted in multiple recalls. Summary of these recalls provided here.

In late October/early November 2022, a number of cases of significant adverse health reactions were reported across Australia. Further investigation linked the cases to consumption of poppy seed tea. Investigations found that non-culinary (not for human consumption) poppy seeds entered the food supply chain as culinary grade poppy seeds. More information is available on [FSANZ website](#)

In December 2022, a substantial number of food related toxic reactions occurred, typical of tropane alkaloid poisoning. Tropane alkaloid poisoning in humans includes symptoms such as; delirium or confusion, hallucinations, dilated pupils, rapid heartbeat, flushed face, blurred vision and dry mouth and skin. Investigations found the cause of confirmed cases was the consumption of baby spinach products due to contamination with a toxic weed (thornapple/jimsonweed) at the time of harvesting of baby spinach. More information on [FSANZ website](#)

**Table 1: Summary of recalls conducted in 2022-23**

Type of Recall		Reason for Recall				Recalls affecting SA	
Consumer	80	Undeclared allergens	32	Foreign matter	10	SA & other jurisdictions	39
Trade	6	Microbiological contamination	24	Labelling	3	National	17
Consumer & Trade	6	Chemical contamination	10	Other	11	SA only	6
<b>TOTAL</b>	<b>92</b>	Biotxin contamination	2	<b>TOTAL</b>	<b>92</b>	SA not affected	47

## Enforcement actions

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

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

Where the FSRB identifies non-compliance in a food business, corrective actions are addressed through a graduated and proportionate response. Once effective corrective action is confirmed, no further enforcement action is undertaken. Should non-compliance remain unresolved, enforcement action can be escalated. Table 2 provides a summary of the enforcement activities undertaken by the FSRB.

**Table 2: Enforcement activities undertaken in 2022-23**

<b>Warning letters</b>	<b>Expiations issued</b>	<b>Improvement notices</b>	<b>Emergency orders</b>	<b>Prosecutions</b>
1	0	0	0	0

### Activities and enquiries

Table 3 details the number and type of enquiries, complaints, referrals and incident management requests actioned by FSRB in the 2022-23 financial year.

**Table 3: Activity requests in 2022-23**

<b>Category</b>	<b>Number</b>
<i>Complaints</i>	564
Alleged food poisoning	114
Allergens	27
Food contamination	109
Labelling	116
Alleged non-compliance with Food Standard 3.2.2	97
Alleged non-compliance with Food Standard 3.2.3	23
<i>Enquiries</i>	226
General food matters	172
New business information	37
Requests for resources	17
<i>Incident Management</i>	238
Investigations	15
Recalls Enquiries	5
Referrals from CDCB	218
<b>TOTAL</b>	<b>1,028</b>

### Approval of laboratories and analysts

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

On 30 June 2022, there were 11 approved laboratories and 58 approved analysts. The department maintains a list of approved laboratories and analysts on the [SA Health website](#).

### **Introduction of new Food Safety Standard 3.2.2A – Food Safety Management Tools**

In December 2022, the Food Standards Code was updated to include a new Food Safety Standard 3.2.2A – Food Safety Management Tools. The Standard has a 12-month transition period and will apply to an estimated 10,500 business across SA.

The Standard is an extension of the existing requirements in Standard 3.2.2 and introduces three new tools, namely:

1. mandatory food handler training,
2. the appointment of a ‘food safety supervisor’, and
3. the provision of evidence to ‘substantiate’ key food handling activities.

These tools aim to strengthen food safety in certain food service and retail businesses whilst also standardising food safety requirements nationally.

Since the gazettal of the new Standard the FSRB have worked closely with key stakeholders to educate them about the changes, including providing training for Environmental Health Officers (EHOs) and running multiple information sessions for businesses. In addition, SA Health provided communication materials to local government to distribute to businesses and shared an extensive collection of information and tools that were developed locally and nationally, to assist food business to implement the Standard. These resources are available via the SA Health [website](#).

The FSRB will continue to provide guidance and support to South Australian regulators and food businesses, as well as to work with our national counterparts, to promote consistent application of the Standard.

### **Food safety audits**

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 2022–23, the Department continued to conduct food safety audits of public hospitals, Department of Human Services (DHS) businesses such as Disability Services and not-for-profit delivered meals organisations including Meals on Wheels SA. These facilities are audited at the frequency determined by the performance of



individual sites, in line with the priority classification for these businesses. Additionally, the Department conducts food safety audits of specific food processing sectors (e.g., bivalve molluscs, ready-to-eat meat and egg processors) under Food Safety Standards 4.2.1, 4.2.2, 4.2.3 and 4.2.5., where these food businesses undertake activities that are regulated under the Act. Food audit statistics are provided below.

**Table 4: Food audit statistics 2022-23**

<b>Risk classification</b>	<b>Number of businesses</b>	<b>Routine audits</b>
Public hospitals	73	80
Not-for-profit delivered meals organisations	39	39
Aged care/childcare audited in regional areas / DHS	6	6
Standard 4.2.1 – bivalve molluscs	14	4
Standard 4.2.2 & 4.2.3 – RTE meat	0*	0
Standard 4.2.5 – egg processor	1	1

\*one business stopped conducting this activity in the reporting period.

### **Food Safety Auditor training**

The annual SA Health Auditor Forum was held 3 November 2022 and was facilitated by approved food safety auditors from the Department to assist with improving consistency of interpretation and professional development for the auditor workforce.

The Department continues to facilitate the Lead Auditor in Food Safety Management Systems training sessions. Two training sessions were held in the 2022-23 reporting period.

### **Food Safety Auditor approvals**

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

In 2022-23, the Department approved/re-approved 13 food safety auditors.

On 30 June 2023, there were 64 approved food safety auditors including Department staff and local government authorised officers. The Department maintains a list of approved auditors on the [SA Health Website](#).

## **2. Foodborne disease investigations in SA 2022-23**

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

OzFoodNet and other CDCB staff work in collaboration with a range of stakeholders when investigating outbreaks. SA Pathology conducts microbiological and molecular testing of isolates from humans, food, and environmental samples. Local government EHOs and the SA Health Food Standards Surveillance (FSS) section of FSRB, provide food technology and environmental investigation expertise and perform environmental and food premises investigations. PIRSA staff assist with traceback investigations and implement control measures with primary producers where appropriate.

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

Often, despite efforts to identify a specific food vehicle or source of an outbreak, none can be identified. An implicated food item may no longer be available or suitable for microbiological testing, making it impossible to provide definitive laboratory evidence for the source of an outbreak. Cases may also have difficulty in remembering foods consumed or premises visited if an appreciable time has passed between the exposure and the interview.

During the period of 1 July 2022 through to 30 June 2023, SA Health investigated three outbreaks of gastrointestinal illness that were known or suspected to be foodborne and for which a common source was identified. The settings for the outbreaks included two commercial eateries and one private residence. These outbreaks are summarized in Table 5 and detailed 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). All investigation data are subject to change, as this is the nature of clusters and outbreaks.

**Table 5: Summary of foodborne disease investigations in South Australia during the period 1 July 2022 to 30 June 2023**

No.	Month, Year	Organism*	Setting	No. ill	No. laboratory confirmed	Evidence
1	Dec 2022	<i>Salmonella</i> Saintpaul	Takeaway	6	6	D
2	Feb 2023	<i>Salmonella</i> Typhimurium MLVA 03-20-14-11-52	Private residence	8	2	D

3	Feb 2023	<i>Salmonella</i> Typhimurium MLVA 03-15-11-10-523	Cafe	3	3	D
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No. = Number; D = Descriptive evidence (i.e. information obtained from interviewing cases and/or inspections of premises); M = Microbiological evidence of pathogen in food vehicle MLVA = Multi-locus variable number tandem repeat analysis

In the reporting period from 1 July 2022 to 30 June 2023, there were two multi-jurisdictional outbreak investigations (MJOI) that included SA cases but were led by another jurisdiction. A summary of the outbreaks is included here:

- **MJOI 2022-001:** In December 2022, more than 200 probable cases of anticholinergic syndrome were reported across New South Wales, Queensland (QLD), Victoria, Australian Capital Territory, and SA, with potential links to consumption of contaminated baby spinach. FSANZ coordinated multiple recalls of baby spinach products in December 2022 due to potential contamination with unsafe plant material. Subsequent investigations confirmed that the recalled spinach was contaminated with a weed – thornapple (*Datura stramonium*) – a type of nightshade, also known as jimsonweed. The supplier worked with the Victorian government authorities to determine how the contamination occurred and to prevent it from happening again. In SA, there were five cases with onset dates from 7 December 2022 to 19 December 2022.
- **MJOI 2023-001:** An increase in an uncommon type of *Salmonella* Typhimurium multi-locus variable tandem repeat analysis (MLVA) 03-13-07-09-523 was identified in Western Australia (WA) in December 2022. Initial investigations in WA identified epidemiological and microbiological evidence linking case illness to the consumption of baby cucumbers, including a positive cucumber sample with the same strain of *Salmonella* collected from a supermarket in WA. As the implicated baby cucumbers were nationally distributed, a MJOI was initiated in January 2023. In total, 45 cases were included nationally in the outbreak, with onsets between 1 November 2022 and 13 March 2023, the majority of which were WA residents. In SA, there were four cases. All SA cases were interviewed and three reported consumption of baby cucumbers before illness. Further food and environmental sampling conducted on the implicated farm that produced the baby cucumbers and from retail in SA and NSW did not identify *Salmonella*.

## Cluster Investigations

A cluster is defined as an increase in a specific infection in terms of time, person or place, where the source and mode of transmission remains unknown. A summary of cluster investigations from 1 July 2022 to 30 June 2023 are listed in Table 6. During the reporting period three *Salmonella* clusters, two *Campylobacter* clusters, and one *Yersinia enterocolitica* cluster were investigated. 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 6: Summary of cluster investigations in South Australia during the period 1 July 2022 to 30 June 2023**

No.	Month, Year	Organism	Number ill
1	July 2022	<i>Salmonella</i> subsp 3b ser 50:k:z	4
2	October 2022	<i>Campylobacter</i>	6
3	November 2022	<i>Campylobacter</i>	33
4	February 2023	<i>Salmonella</i> Typhimurium MLVA 04-09-00-00-463	16
5	February 2023	<i>Yersinia enterocolitica</i>	94*
6	April 2023	<i>Salmonella</i> Typhimurium MLVA 03-13-13-08-523	4

MLVA= multi-locus variable tandem repeat analysis.

\*A fourfold increase in *Yersinia enterocolitica* notifications in quarter one 2023 was identified, compared to the five-year average for the same period. Cases were unclustered geographically, reported mild symptoms, and low hospitalisation rates. Interviews with cases did not identify a common source or hypothesis. Further typing of sample isolates conducted by the public health laboratory identified six different biotypes (less than half of the isolates were not culture positive and could not be typed). In response to several cases in different residential aged care facilities – almost all with a single case per facility – food specimens were collected by FSS from different aged care facilities where cases were detected. All samples were negative for *Yersinia enterocolitica*. *Yersinia* notifications declined in SA in the second quarter.

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

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

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

- Monitoring and enforcement of compliance with Food Safety Standards and of the safety and suitability of food.
- Routine and follow up inspections of food businesses to ensure that the premises, equipment, and food handling practices will result in the supply and sale of safe and suitable food.

- Food safety audits of businesses providing food to vulnerable populations.
- Responding to complaints in relation to food businesses and investigating food poisoning and disease outbreaks.
- Monitoring and taking action to ensure efficiency with which food is recalled for health and safety, and/or is removed from sale.
- Receiving food business notifications for new businesses or change to business details.
- Provision of food safety advice and delivery of educational programs and resources to food businesses, schools, and communities.

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

Statistics about food businesses and surveillance activities are provided below:

**Table 7: Authorised officers**

<b>Environmental health qualifications</b>	<b>Full-time</b>
6	6

**Table 8: Food business and surveillance activity**

<b>Area of operation</b>	<b>~ 837,000 km<sup>2</sup> (≈ 85% of geographic area of SA)</b>
Number of businesses	95
Routine inspections conducted	102
Follow-up inspections conducted	12
Food safety audits conducted	9
Complaint inspections conducted	1

**Table 9: Enforcement actions**

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

#### **4. PIRSA activities under the *Food Act 2001***

Biosecurity is a division of the Department 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 Act are inspected by PIRSA officers. A number of PIRSA officers have been appointed authorised officers under the Act.

During 2022-23, 1,482 audits were conducted by Biosecurity officers on 441 butcher shops including supermarkets, where a component of audits may address other retail activities regulated under the Act. During the audits, 100 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.

Act or Regulation	Requirement
<b><i>Safe Drinking Water Act 2011</i></b>	<p>Part 8 – Miscellaneous</p> <p>S 50 – Agreement and consultation with local government sector</p> <ol style="list-style-type: none"> <li>(1) The Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of this Act.</li> <li>(2) If the Minister and the LGA enter into an agreement with respect to the exercise of functions under this Act by councils, then the Minister must prepare a report on the matter and cause copies of the report to be laid before both Houses of Parliament.</li> <li>(3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.</li> <li>(4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.</li> <li>(5) The annual report of the Minister under this Act must include a specific report on- <ol style="list-style-type: none"> <li>(a) the outcome of any consultation undertaken under subsection (1) or (4); and</li> <li>(b) the operation of any agreement referred to in subsection (2).</li> </ol> </li> </ol> <p>S 51 – Annual report by Minister</p> <ol style="list-style-type: none"> <li>(1) The Minister must, on or before 30 September in each year, prepare a report on the operation of this Act for the financial year ending on the preceding 30 June.</li> <li>(2) The Minister must, within 6 sitting days after completing a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</li> </ol> <p>S 52 – Annual reports by enforcement agencies</p> <ol style="list-style-type: none"> <li>(1) An enforcement agency (other than the Minister) must, on or before 30 September in each year, furnish to the Minister a report on the activities of the enforcement agency under this Act during the financial year ending on the preceding 30 June.</li> <li>(2) The Minister must, within 6 sitting days after receiving a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</li> </ol>

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 for Health and Wellbeing (the Department) administers the Act in partnership with local government. Annual reports of council activities are provided 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 2022-23, the Department registered six new drinking water providers and ten drinking water providers cancelled their registration. At 30 June 2023, there were 177 drinking water providers registered with the Department. Some providers include multiple drinking water supplies under one registration. SA Water has a dual registration which includes a total of 85 water supplies while the Department for Education's single registration includes 90 schools and preschools.

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

### **Risk management plans**

All drinking water providers must have a Risk Management Plan (RMP) that includes an approved monitoring program and an incident protocol. During 2022-23, 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 it was 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 2022-23, the Department received notification from SA Water of two Priority Type 1 incidents, 48 Type 1 incidents and 129 Type 2 incidents. The number of reported Type 1 incidents was similar to 2021-22 but there was an increase in the number of reported Type 2 incidents.

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

The two Priority Type 1 incidents during 2022-23 were for enteric protozoa detected in treated water samples. Both of these incidents were managed appropriately to prevent risks to public health.

The impact of the River Murray flooding event in December 2022 resulted in an increase in incidents particularly related to elevated levels of cyanobacteria and physical parameters such as turbidity of river water. Poor water quality in the flood waters presented treatment and disinfection challenges at water treatment plants and led to increases in concentrations of disinfection by-products. Despite these challenges drinking water safety was maintained.

High rainfall events led to a significant increase in the detections of enteric protozoa (*Cryptosporidium* and *Giardia*) in drinking water catchments and inlets to water treatment plants with 42 Type 2 incidents recorded. Performance targets at water treatment plants were consistently achieved during periods when protozoa detections were increased.

There were nine Type 1 and Type 2 incidents related to recreational use of reservoir reserves which was lower than the 20 detected in 2021-22. The incidents did not have an impact on drinking water quality.

There was a small increase in the number of detections of *E. coli* in drinking water samples in 2022-23. Appropriate remedial action was taken to minimise the impact to public health. Overall compliance from *E. coli* monitoring remained very high.

Other Type 1 incidents included:

- elevated concentrations of disinfection by-products in drinking water
- infrequent exceedances of health-related chemical guideline values
- cross connections between drinking water and domestic rainwater tanks and / or stormwater
- short-term interruptions to disinfection.

All water quality incidents were notified by SA Water in a timely manner. Appropriate remedial actions and responses were implemented following incidents to ensure the protection of public health was maintained at all times.

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

In 2022-23 there were 13 drinking water incidents reported to the Department by providers other than SA Water.

There were five incidents due to the detection of *E.coli* in drinking water supplies sourced from rainwater tanks. In one case, users were advised not to drink water from the contaminated tank until remedial action was complete. An alternative supply was available. Remedial action included immediate tank inspections, checking of UV disinfection, cleaning of tanks, chlorination, pipework flushing and follow-up testing for *E.coli*. All follow-up samples were free from *E.coli*.

Four incidents of UV light disinfection or chlorination failure were reported in drinking water supplies. In one case failure of surface water chlorination led to the drinking water provider notifying customers not to drink the water until an investigation was completed and the quality of drinking was assured. In a second case, failure of UV light disinfection contributed to a supply being downgraded to non-drinking water status until significant remedial action was put in place.

Other incidents included short periods of sub-standard performance of reverse osmosis treatment of three different drinking water supplies and detection of dead birds in a drinking water storage tank. The tank was drained, cleaned, and disinfected before the supply was re-instated.

### **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 2022-23, the Department:

- approved one Level 2 Auditor and two Inspectors
- reapproved three Level 1, seven Level 2 Auditors and three Inspectors 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 2023, there were 35 approved auditors and inspectors including independent auditors, Department staff and local government employees. 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. Where possible drinking water audits and inspections are coordinated with the activities of the Health Protection Operation and Food Safety and Audit sections to reduce impacts on providers. Audits and inspections are also performed by local government and independent auditors. When needed, Dairysafe undertakes inspections of independent drinking water supplies used by dairy processors as part of existing food safety audit activities.

During 2022-23, the Department carried out a total of 32 audits and 22 inspections of drinking water supplies. The Department also received copies of five audit and eight inspection reports from local government and independent auditors including a comprehensive audit report of SA Water. The number of audits and inspections was similar to last year. Audits and inspections of drinking water providers rated as 'high risk' were prioritised during the reporting period (Table 1).

Audits and inspections led to advice being given to a number of drinking water providers about potential improvements to improve management of their drinking water supplies. Non-compliances identified in 2022-23 included incomplete or insufficient RMPs, failure to notify a water quality incident and lack of detail or absence of documentation relating to maintenance activities and water quality monitoring.

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

<b>Risk Rating</b>	<b>Gazetted Schedule</b>	<b>Categories of Drinking Water Providers</b>	<b>Number of providers</b>	<b>Audit and inspections</b>
<b>1</b>	Yearly audit	SA Water, Regulated Care, Childcare and Preschool	27	25
	2-yearly audit	Small surface water supplies	4	2
<b>2</b>	Yearly inspection	Dairies	1	0
	2-yearly audit	Mining camps Drinking water providers >2000, desalinated supply	13	4
	2-yearly inspection	Schools Food premises Food and accommodation premises Primary producers Small bore and rainwater supplies	70	19
<b>3</b>	Yearly audit	Regulated care with additional treatment of mains water	12	6
	2-yearly inspection	Water Carters On supply of mains water with additional treatment Emergency supplies	50	11
<b>Total</b>			<b>177</b>	<b>67</b>

Supply of drinking water from four supplies was suspended due to identification of substantial concerns:

- One of the supplies was inundated by River Murray flood waters and customers were provided with carted drinking water as an alternative during this period. The Department worked with the provider in dealing with the closure and subsequent reinstatement following the flood subsiding. This included dealing with poor water quality of the flood waters.
- Classification of two drinking water supplies was temporarily downgraded to non-drinking water status as a result of ongoing non-compliances, increased uncertainty over the accuracy of risk management plans, limited evidence of water quality and preventative maintenance data and lack of defined roles and responsibilities to manage the supplies. The Department worked closely with

the providers to resolve the identified issues and they were subsequently returned to service as drinking water supplies.

- Supply of drinking water by a fourth provider was suspended due to the identification of treatment plant faults and compromised integrity of two treated water storages. The Department worked closely with the drinking water provider to identify appropriate remedial action. A detailed assessment by an independent Level 1 Auditor, recommended by the Department, identified the need for significant works to upgrade the supply. It remains classified as a non-drinking water supply.

Follow-up processes including changes in inspection/audit frequencies were implemented by the Department as required to ensure compliance with the requirements of the Act. The Department maintains a database of non-compliances reported as an outcome of audit and inspection of drinking water providers.

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

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

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

### **Approval of laboratories**

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

### **Administration and enforcement**

Part 7 of the Act incorporates enforcement provisions including the appointment of authorised officers with appropriate qualifications and experience by enforcement agencies. In addition, an Instrument of Authorisation was signed by the Minister in November 2019 giving authorised officers authority to issue expiation notices pursuant to the *Expiation of Offences Act 1996* for offences committed under the Act and Regulations.

There were no new appointments made within the Department during 2022-23. At 30 June 2023, there were 15 authorised officers with all authorised to issue expiations. Authorised officers appointed by local government are provided in council annual reports (Appendix 3).

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

Under Section 50 of the Act, the Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of the Act. During 2022-23 the Department continued to support local councils in the

administration and enforcement of the Act, undertaking routine drinking water audits and inspections and providing assistance with complex water quality issues. Training was arranged for council officers recently approved as auditors or inspectors.

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

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

The SA Health Consumer, Carer and Community Engagement Strategic Framework 2021-2025 is being evaluated in 2023, through consultation phase with Consumer Advisory and Engagement staff, and consumers. The revised Framework is planned for release early in February 2024.

Consumer, carer and community engagement is an essential function of governance undertaken by SA Health. SA Health has developed Consumer, Carer and Community Engagement Strategies to set the local direction and priorities for their communities. As part of the Local Health Network Service Agreement and National Safety and Quality Health Standards, they are required to provide an overview of "Partnering with Carers" and compliance with the Carers Recognition Act 2005, in their annual Safety and Quality Account Report.

The state-wide national Mental Health Carer Experience Survey continue to gather carer experience. The survey provides an insight into the carers' experience with the mental health service. Mental health services have an opportunity to improve in providing relevant information to carers to accomplish their role, respecting and valuing the individual needs of carers.

Local Health Networks develop action plans based on the results of the survey, focusing on service improvements across their networks from the carer experience surveys. Examples of service improvements will be reported in their individual annual reports.

## Public complaints

### Number of public complaints reported across the SA Health portfolio

Complaint categories	Sub-categories	Example	Number of Complaints 2022-23
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	1,009
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	82
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	1,556
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	128
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	243
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	147
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	55
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



<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2022-23</b>
Service quality	Information	Incorrect, incomplete, out-dated or inadequate information; not fit for purpose	16
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	9
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	1,154
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	225
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	536
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
		<b>Total</b>	<b>4522</b>

<b>Additional Metrics</b>	<b>Total</b>
Number of positive feedback comments	7,055
Number of negative feedback comments	8,897
Total number of feedback comments	15,952
% complaints resolved within policy timeframes	84.91%

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

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

Data for previous years is available at:

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

## Public Complaints Service Improvements

SA Health encourages patients, consumers, families and carers to provide feedback in a variety of ways. Feedback in the form of compliments, comments and complaints provides valuable data about what we are doing right and where we have an opportunity to make health care services better. Feedback drives quality improvement in our health care services to meet the needs of South Australian communities. Many service improvements have been reported from across the network as a result of consumer feedback from this period, as reported in their individual annual reports.

The [SA Health Consumer, Carer and Community Feedback and Complaints Management Strategic Framework 2021-2024, Guide and Resources](#) outlines responsibilities to strengthen and improve consumer, carer and community feedback and complaints management. The framework guides consumers, carers and the community on how to contribute to improving health care services through open communication and shared learning.

The SA Health Consumer, Carer and Community Feedback and Complaints Management Strategic Framework 2021-2024 has been evaluated in consultation with SA Health consumer advisory and engagement staff and consumers. A revised Framework will be released by the end of 2023.

The [Your feedback is important information sheet](#) provides information to consumers on the complaints management process, and a directory of contacts for each health care service. Information on [writing a letter or email of complaints](#) to your health service provider is another resource available to consumers via the SA Health website.

The [Your Rights and Responsibilities](#) information booklet outlines the Charter for Consumers of the South Australian Public Health System and is inclusive of a directory of consumer charters to support seniors, NDIS, Aboriginal, mental health and child and youth consumers, to actively participate in their own health care and feel encouraged to provide feedback on the care they receive.

The South Australian Consumer Experience Surveillance System (SACESS) is a telephone service to collect information on the experience of South Australian adults, aged 16 years or more who have received inpatient care. This information is reported annually in [Measuring Experience Reports](#) on the SA Health website. This includes inclusive of the Aboriginal and Torres Strait Islander community, as well as our Cultural and Linguistically Diverse consumers following an inpatient stay in one of our hospitals.

SA Health receive information on patient's comments monthly and quarterly reports, providing information on where they are doing well or areas that need improvement. This enables them to work with consumers toward better patient experiences and outcomes, examples of improvement will be reported in their individual annual reports.

SA Health submit a Safety and Quality Account Report as part of their annual Service Agreement with the Department for Health and Wellbeing. This report provides an overview of their consumer engagement and complaints management, 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.

The introduction of the Patient Reported Measures (PRMs) project will give patients, consumers and carers the opportunity to provide more 'real-time' feedback, allowing for a shorter response time across all services. Consumer education and resources are being developed to support ease of accessibility for users.

## Compliance Statement

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

## Appendix 1: Local government activities under the *Food Act 2001 2022-23*

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

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

### Authorised officers

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

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

No. of authorised officers working in local government*	Full-time	Part-time
	96	86

Note: \*at 30 June 2023. Numbers may be duplicated where EHOs are employed in more than one council.

### Audits

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

In 2022-23 local government food safety auditors continued to conduct food safety audits of aged care facilities, childcare centres, private hospitals and other facilities captured by Standard 3.3.1 at a frequency determined by the performance of individual sites, in line with the priority classification for these businesses.

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

	Type of facility				Total
	Aged care facilities	Childcare centres	Private hospitals	Others	
<b>No. of businesses captured</b>	259	375	19	12	665
<b>No. of audits</b>	245	360	15	11	631
<b>Percentage of businesses audited*</b>	95%	96%	79%	92%	95%

Note: \*Some facilities may be audited more than once in a financial year, hence the actual percentage of businesses audited may be slightly lower than indicated in the table.

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

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

<b>Number of councils carrying out audits</b>	20
<b>Number of councils charging audit fees</b>	20

## Inspections

To gain a better understanding of how inspections are organised and undertaken by local government, it is necessary to establish the number and risk profile of food businesses across SA. All businesses have been classified using the South Australian Food Business Risk Classification System (FBRC). The FBRC allows council resources for monitoring and enforcement to be aligned with the inherent food safety risk of the business. In addition, the performance of each business influences its inspection frequency for example, poor compliance results in more frequent inspections. Table A2.4 details the number of food businesses across SA councils as per their food safety risk category, and the number and type of inspections conducted by local government.

During 2022-23, councils reported all inspection data as priority risk classifications P1, P2, P3 or P4.

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

	<b>Food safety risk classification</b>				<b>Total</b>
	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>	
<b>No. of businesses</b>	7,202	4,681	3,829	1,468	17,180
<b>No. of routine inspections</b>	5,566	3,114	1,331	81	10,092
<b>No. of follow-up inspections</b>	1,763	469	137	3	2,372
<b>No. of inspections from complaints</b>	531	198	33	2	764

## Inspection Fees

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

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

<b>Council inspection fee policy</b>	<b>Number of councils</b>
Charging fees	39
Not charging fees	25

## Complaints

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

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

<b>Complaint type</b>	<b>No. of complaints received</b>	<b>No. of complaints justified</b>
Allergens	21	11
Foreign matter in food	103	38
Microbial contamination	86	30
Chemical contamination or residue	7	4
Alleged food poisoning	300	31
Unclean premises	166	85
Personal hygiene or food handling	247	90
Pest infestation	93	40
Refuse storage	57	24
Labelling issues	25	12
Others	104	40
<b>Total</b>	<b>1,209</b>	<b>405</b>

## Enforcement Actions

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

Tables A2.7 to A2.10 detail enforcement actions relating to inspections conducted per the businesses food industry sector as 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 A2.11 contains enforcement actions taken by Local Government in relation to audits of Food Safety Programs conducted under Standard 3.3.1.

**Table A2.7: Number of enforcement actions by retail sector**

Retailer	Risk classification	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Alcoholic beverages packaged	P4	144	6	0	0	0	0	0	0
Bakery products	P3	112	61	2	10	0	0	1	0
Bakery products, perishable fillings	P2	167	111	3	4	5	0	0	0
Continental type delicatessen food	P2	67	53	2	4	1	0	0	0
High risk food, perishable	P2	658	418	29	48	13	0	4	0
Low risk packaged food	P4	1080	81	1	6	0	0	0	0
Low risk unpackaged food	P3	184	60	2	16	0	0	0	0
Medium risk food, perishable	P3	763	297	9	51	5	2	2	0
Raw meat & poultry	P2	29	4	1	1	0	1	1	0
Seafood (excludes processing of bivalve mollusc)	P2	27	19	0	0	0	0	0	0
*Other retailers – P2	P2	14	10	0	1	0	0	0	0
*Other retailers – P3	P3	61	5	0	0	0	0	0	0
*Other retailers – P4	P4	9	2	0	0	0	0	0	0
<b>Total**</b>		<b>3315</b>	<b>1127</b>	<b>49</b>	<b>141</b>	<b>24</b>	<b>3</b>	<b>8</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.

\*\*Total business and enforcement action data is not included for one Council due to unavailability of data in the absence of environmental health officer.

**Table A2.8: Number of enforcement actions by food service sector**

<b>Food service</b>	<b>Risk classification</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Catering offsite activity	P1	220	158	2	1	1	0	0	0
Catering onsite	P1	695	382	9	12	1	1	3	0
Medium risk foods perishable	P3	995	376	11	49	1	0	0	0
Restaurants and takeaway ready to eat food - prepared in advance	P1	5509	4059	308	455	203	8	42	1
Restaurants and take away food, ready to eat food - express order	P2	2531	1613	54	157	20	0	5	0
Restaurants and takeaway ready to eat food - no raw preparation	P2	950	618	16	71	7	0	2	0
*Other food service – P1	P1	78	26	0	0	0	0	0	0
*Other food service – P2	P2	65	22	0	2	0	0	0	0
*Other food service – P3	P3	116	20	0	0	0	0	0	0
<b>Total**</b>		<b>11159</b>	<b>7274</b>	<b>400</b>	<b>747</b>	<b>233</b>	<b>9</b>	<b>52</b>	<b>1</b>

Notes:

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

\*\*Total business and enforcement action data is not included for one Council due to unavailability of data in the absence of environmental health officer.



**Table A2.9: Number of enforcement actions by processor/manufacture sector**

<b>Processor/manufacture</b>	<b>Risk classification</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	P1	378	280	24	24	21	0	1	0
Baby food processing	P2	1	1	0	0	0	0	0	0
Beverage processing	P3	154	37	1	3	0	0	0	0
Beverage processing small producer	P3	31	12	0	0	0	0	0	0
Canned food processing	P2	15	10	0	0	0	0	0	0
Canned food processing very small producer and high acid food	P3	34	7	0	1	0	0	0	0
Chocolate processing	P2	15	6	0	0	0	0	0	0
Chocolate processing small producer	P3	32	11	1	1	0	0	0	0
Cereal processing & medium/low risk bakery	P3	816	296	9	18	5	0	0	0
Confectionary processing	P3	284	78	1	5	0	0	0	0
Cook-chill food short shelf-life processing	P1	29	17	0	0	0	0	0	0
Cook-chill food extended shelf-life processing	P1	11	9	2	4	0	0	0	0
Cook-chill food extended shelf-life processing; aseptic packaging	P2	4	2	0	0	0	0	0	0
Cook-frozen food processing	P2	26	13	1	1	0	0	0	0
Dairy processing (excluding soft cheese)	P2	22	13	0	0	0	0	0	0
Dairy processing (soft cheese)	P1	3	1	0	0	0	0	0	0
Egg processing	P2	6	2	0	0	0	0	0	0
Fruit and vegetables processing	P1	49	27	1	3	1	0	0	0
Fruit and vegetable processing (frozen)	P2	8	3	0	0	0	0	0	0

<b>Processor/manufacture</b>	<b>Risk classification</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Fruit and vegetable processing, frozen/blanch (small producer)	P3	110	28	0	3	0	0	0	0
Fruit and vegetable juice, unpasteurised processing	P1	11	6	0	0	0	0	0	0
Fruit juice, pasteurisation or shelf stable processing (medium-large producer)	P2	9	2	0	0	0	0	0	0
Fruit juice, pasteurisation or shelf stable processing (small producer)	P3	5	2	0	0	0	0	0	0
Infant formula product processing	P1	0	0	0	0	0	0	0	0
Meat processing abattoir/boning room	P2	4	1	0	0	0	0	0	0
Meat, fermented meat and small goods processing	P1	14	4	0	0	0	0	0	0
Oils and fats processing	P3	34	8	0	0	0	0	0	0
Peanut butter processing	P2	5	1	0	0	0	0	0	0
Peanut butter processing, small producer	P3	10	3	0	0	0	0	0	0
Poultry processing	P1	1	1	0	0	0	0	0	0
Prepared not ready to eat food processing	P2	22	13	0	0	0	0	0	0
Prepared ready to eat food processing	P1	83	62	3	3	1	0	1	0
Salt & other low risk ingredients/additives processor	P3	6	1	0	0	0	0	0	0
Seafood processing (excluding molluscs)	P2	22	17	2	1	0	0	1	0
Seafood processing ready to eat and shelf stable	P2	8	3	0	0	0	0	0	0

Processor/manufacture	Risk classification	Total businesses	Businesses inspected	Businesses requiring enforcement action	Written warnings issued	Improvement notices issued	Prohibition orders issued	Expiations issued	Prosecutions
Seafood processing - mollusc processing	P1	13	12	1	1	0	0	0	0
Snack chips processing	P3	4	2	0	0	0	0	0	0
Spices and dried herbs processing	P2	15	9	1	1	0	0	0	0
Spices and dried herbs processing, small producer	P3	46	12	0	1	0	0	0	0
Sprout processing	P1	2	0	0	0	0	0	0	0
Sushi processing	P1	20	17	2	1	1	0	2	0
Vegetables in oil processing	P1	30	12	0	0	0	0	0	0
*Other processor / manufacturers - P1	P1	2	2	0	0	0	0	0	0
*Other processor / manufacturers - P2	P2	7	2	0	0	0	0	0	0
*Other processor / manufacturers - P3	P3	58	6	0	0	0	0	0	0
<b>Total**</b>		<b>2459</b>	<b>1051</b>	<b>49</b>	<b>71</b>	<b>29</b>	<b>0</b>	<b>5</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.

\*\*Total business and enforcement action data is not included for one Council due to unavailability of data in the absence of environmental health officer.

**Table A2.10: Number of enforcement actions by food transport sector**

<b>Food transporter</b>	<b>Risk classification</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Written warnings issued</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Bulk flour storage distributor	P3	2	1	0	0	0	0	0	0
Bulk milk collection distributor	P2	1	1	0	0	0	0	0	0
Dairy produce distributor	P3	16	5	0	0	0	0	0	0
Dry goods and beverages distributor	P4	82	8	0	0	0	0	0	0
Frozen food distributor	P3	25	12	0	0	0	0	0	0
Fruit and vegetables distributor	P3	21	8	0	1	0	0	0	0
Perishable, ready to eat, packaged, medium risk food distributor	P3	38	17	0	0	0	0	0	0
Perishable, ready to eat, packaged, high risk food distributor	P2	38	25	0	0	0	0	0	0
Processed meat distributor	P2	1	0	0	0	0	0	0	0
Seafood distributor	P2	8	4	0	0	0	0	0	0
Other food transporters - P2	P2	0	0	0	0	0	0	0	0
Other food transporters - P3	P3	4	2	0	0	0	0	0	0
Other food transporters - P4	P4	1	1	0	0	0	0	0	0
<b>Total*</b>		<b>237</b>	<b>84</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</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.

\*\*Total business and enforcement action data is not included for one Council due to unavailability of data in the absence of environmental health officer.

**Table A2.11: 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	0	0	0	0	0
FSP not audited at the frequency determined by the auditor	3	0	0	0	0
FSP not revised to comply with the Regulations	0	0	0	0	0
FSP audit report not retained by business for four years	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>0</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 Act. 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.

There has been one food business prosecuted in the financial year 2022-23, however details of this prosecution have yet to be published on Food Prosecution 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 - 2022-23

### Outbreak Investigations

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

In the 2022-23 financial year SA Health conducted three outbreak investigations as detailed below.

#### **Outbreak 1: *Salmonella* Saintpaul – Takeaway shop**

A small, protracted outbreak of *Salmonella* Saintpaul was detected in the reporting period. In total six outbreak cases were identified, five resided in the same metropolitan area and all six reported consuming a variety of meals from a local takeaway shop. Analysis conducted by the public health laboratory found the six cases to have highly related strains of *S. Saintpaul* infection based on genomic analysis. An additional four cases of *S. Saintpaul* were identified with the same highly related strain but were unable to be interviewed or did not report eating from the takeaway shop. In response to the outbreak, multiple inspections of the food venue were undertaken by an EHO where minor cleaning and sanitation concerns were identified. Follow-up inspections in January and May 2023 did not identify any further concerns.

#### **Outbreak 2: *Salmonella* Typhimurium MLVA 03-20-14-11-523 – Private residence**

Following a family function at a private residence in January 2023, eight out of ten individuals reported symptoms consistent with gastroenteritis, with an illness onset 1-2 days following the function. All eight cases that were unwell reported consuming a homemade semifreddo dessert containing raw egg at the function. Two cases that submitted specimens had *Salmonella* detected by PCR. One was confirmed *Salmonella* Typhimurium (STm) multilocus variable-number tandem-repeat analysis (MLVA) 03-20-14-11-523. The second had no growth on culture and could not be typed. Information on preventing *Salmonella* and egg safety was provided to the cases.

#### **Outbreak 3: *Salmonella* Typhimurium MLVA 03-15-11-10-523 – Café**

An increase in STm MLVA 03-15-11-10-523 was identified in February 2023. Five cases had onsets in January, three reporting consumption of food from the same regional café on 4-5 January 2023. A variety of meals were consumed including chicken roll, steak sandwich, and BLT. No common ingredients were identified among the meals. An EHO inspected the premises and identified concerns around poor food handling practices, lack of skills and knowledge of staff on food safety, and potential cross-contamination.

## Appendix 3: Annual Reports by Enforcement Agencies under the *Safe Drinking Water Act 2011* – 2022-2023

### Adelaide Hills Council

#### Safe Drinking Water Act Annual Report 2022-2023

#### Activities under the Act

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

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

##### 2 Audits and inspections

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

##### 3 Fees for audits and inspections

Nil
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##### 4 Enforcement activities

Nil
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##### 5 Drinking water related complaints

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

##### 6 Consultation and Education

Nil
-----

##### 7 Other activities

Nil
-----

# Adelaide Plains Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

Consultation and education with A & S Garland Water Cartage to comply with Notice
---

#### 7 Other activities

Nil
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# City of Adelaide

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

# Alexandrina Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Luke Masters	Team Leader Environmental Health	No
Alison Koerner	Environmental Health Officer	No
Luke McCumiskey	Environmental Health Officer	No

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
-----

#### 7 Other activities

Nil
-----

# Barossa Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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.
Karen Watson	Environmental Health Officer	No
Joel Bray	Environmental Health Officer	No
Debra Harding	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

\$134 per audit
-----------------

#### 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
Valley Wine Tankers	28 July 2022	Joel Bray
Boutique Tankers	9 January 2023	Joel Bray

#### 6 Consultation and Education

Nil
-----

#### 7 Other activities

Nil
-----

# District Council of Barunga West

## Safe Drinking Water Act Annual Report 2022-2023

### 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.
Kate Nankivell	EHO	Yes – Playford City Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Port Broughton Hospital	Nil	
Mid North Water Truck & Tipper Hire	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
-----

# Berri Barmera Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Dane Abbott	EHO	Yes. DC Robe Naracoorte Lucindale 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
-----

# District Council of Ceduna

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

# City of Charles Sturt

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

# Clare & Gilbert Valleys Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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.
Shumsher KC (SAM)	EHO	No
Mark Smith	EHO	No

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

During food inspection, one food establishment (Ash Catering) was discovered as having no access to portable or main water (Rainwater in Use). A letter has been served directing the requirement for SDWA RMP. The proprietor was instructed to contact the water quality unit to register.

#### 7 Other activities

Nil
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# District Council Cleve

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
-----

#### 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 2022-2023

### 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.	Environmental Health Officer	Yes, Light Regional Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Opal City Services	9 March 2023	David Hooper
Coober Pedy Waste Transport	8 March 2023	David Hooper

#### 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

In the course of routine Food Premises Inspections
--

#### 7 Other activities

Coober Pedy Waste Services did not have a full audit, the owner operator advised that he wished to temporary cease operating as a water carter. The cancellation of Registration form was submitted on 14 March 2023.
---

# Coorong District Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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 Bachelor's degree (EH) Tas	Environmental Health Officer	Yes Rural City of Murray Bridge City of Kingston District Council of Southern Mallee
Teaka Prosser Grad Dip in EH Practice	Environmental Health Officer	Yes Rural City of Murray Bridge City of Kingston District Council of Southern Mallee
Chris Trenouth Grad Dip in EH Practice	Environmental Health Officer	Yes Rural City of Murray Bridge City of Kingston District Council of Southern Mallee

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

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

6 Consultation and Education

Nil
-----

7 Other activities

Nil
-----

# Copper Coast Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

#### 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 2022-2023

#### 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 Elliston

## Safe Drinking Water Act Annual Report 2022-2023

### 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.
Tim Mills	Works Manager	No
Matthew Boyce	Environmental Health Officer	Yes
Lucy Patton	WHS & Risk Coordinator	No

#### 2 Audits and inspections

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

Council operates a drinking water supply at Port Kenny under the Safe Drinking Water Act.
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# Flinders Ranges Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

6 Consultation and Education

Nil
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7 Other activities

Nil
-----

# District Council of Franklin Harbour

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# Town of Gawler

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

# Regional Council of Goyder

## Safe Drinking Water Act Annual Report 2022-2023

### 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	Yes 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
-----

#### 7 Other activities

Nil
-----

# District Council of Grant

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

#### 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

General provision of advice provided through routine food safety regulatory activities.
---

#### 7 Other activities

Nil
-----

# City of Holdfast Bay

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Adrian Hill no qualifications	Manager Community Safety	No
Marissa Michail Level 4 High Risk Auditor	Team Leader Environmental Health	No

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
-----

#### 7 Other activities

Nil
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# Kangaroo Island Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Angela Sorger	Environmental Health Officer & Food Safety Auditor	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Kangaroo Island Health Service	20.09.2022 (sent to SA Health)	Angela Sorger

#### 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 Karoonda East Murray

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

# District Council of Kimba

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
-----

#### 7 Other activities

Nil
-----

# Kingston District Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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

If required drinking water requirements are discussed with food businesses on annual inspections.
---

#### 7 Other activities

There are several council owned buildings where rainwater is used for drinking. Water tests are undertaken annually from these sources. Rainwater signage is placed at these facilities.
--

# Light Regional Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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	Environmental Health Officer	Yes, District Council of Coober Pedy

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

In the course of routine Food Premises Inspections.
---

#### 7 Other activities

Nil
-----

# District Council of Lower Eyre Peninsula

## Safe Drinking Water Act Annual Report 2022-2023

### 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	Yes. Two days per month at District Council of 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
-----

#### 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
-----

# Loxton Waikerie District Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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.
Michelle Jordan	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

Since I started working at the Council in February 2023, it has been noted that some food businesses are using non-potable water supply for activities, including washing food, cooking, cleaning, sanitising, and personal hygiene.

These food businesses have been advised to contact Water Quality Unit for further advice.

# City of Marion

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

# Mid Murray Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

# Mount Barker District Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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.
Antony Pearson – Diploma 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
Adelaide Hills Water PO Box 1466 Mount Barker	24/01/2023	Antony Pearson

#### 3 Fees for audits and inspections

No fee applied
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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 2022-2023

### Activities under the Act

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

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

#### 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

If required, advice and information is provided to customer
---

#### 7 Other activities

Nil
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# District Council of Mount Remarkable

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
-----

#### 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

Council attended site visits to drinking water providers with SA Health – Water Quality staff in November 2022 as part of training under Safe Drinking Water Act 2011.
--

# Rural City of Murray Bridge

## Safe Drinking Water Act Annual Report 2022-2023

### 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.
Jeremy Byrnes	Team Leader- Regulation	No
Emily Hudson	Senior Environmental Health Officer	Yes – SMDC, CDC, KDC
Christopher Trenouth	Environmental Health Officer	Yes – SMDC, CDC, KDC
Teaka Prosser	Environmental Health Officer	Yes – SMDC, CDC, KDC

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
-----

#### 7 Other activities

Nil
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# Naracoorte Lucindale Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Dane Abbott	EHO	Yes, Unley Council
Catie McCarthy	EHO	Yes, Mitcham Council
Christopher Congdon	EHO	Yes, Tatiara District Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Department of Environment, Water and Natural Resources (DEWNR) Naracoorte Caves Café.	Nil	Nil
Dunbar Homes - aged care facility	Nil	Nil
Limestone Coast Cheese Company - cheese manufacture	Nil	Nil
Naracoorte Health Service – hospital	Nil	Nil
South Australian Water Corporation	Nil	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
-----



# Northern Areas Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
-----

## 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 Onkaparinga

## Safe Drinking Water Act Annual Report 2022-2023

### 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.
<p>Stuart Dearden BSc (Environmental Health; Hons) &amp; Exemplar Global certified and SA Health-approved Food Safety Auditor Approved auditor – Level 2 pursuant to s15(1) of the Safe Drinking Act 2011</p> <p>Officer authorised pursuant to the Safe Drinking Water Act 2011</p>	Environmental Health Officer	No
<p>Tricia Franks BSc, Graduate Diploma in Environmental Health Practice &amp; Exemplar Global certified and SA Health-approved Food Safety Auditor Approved auditor – Level 2 pursuant to s15(1) of the Safe Drinking Act 2011 Officer authorised pursuant to the Safe Drinking Water Act 2011</p>	Environmental Health Officer	No
<p>Craig Nicks Bachelor of Environmental Health &amp; Exemplar Global certified and SA Health-approved Food Safety Auditor Approved auditor – Level 2 pursuant to s15(1) of the Safe Drinking Act 2011 Officer authorised pursuant to the Safe Drinking Water Act 2011</p>	Environmental Health Officer	No

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nicole Moore Bachelor of Environmental Health Approved inspector – Level 3 pursuant to s15(1) of the Safe Drinking Act 2011 Officer authorised pursuant to the Safe Drinking Water Act 2011	Team Leader Community Health	No
Jodi-Anne Smith Bachelor of Environmental Health Approved inspector – Level 3 pursuant to s15(1) of the Safe Drinking Act 2011 Officer authorised pursuant to the Safe Drinking Water Act 2011	Environmental Health Officer	No
Nathan Maple, Lisa Stead, Scott Frankham, Alex Hodge Officers authorised pursuant to the Safe Drinking Water Act 2011	Environmental Health Officers	No

## 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
McLaren Vale Lakeside Caravan Park	Follow-up inspections: 7/10/22 & 30/11/22	Tricia Franks
Chapel Hill Winery	Scheduled inspection: 20/7/22	Stuart Dearden
D'Arenberg Winery	Scheduled inspection: 2/8/22	Tricia Franks

## 3 Fees for audits and inspections

Nil
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## 4 Enforcement activities

Two of our businesses are on a 1 yearly inspection cycle for the time-being.
--

## 5 Drinking water related complaints

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

## 6 Consultation and Education

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

## 7 Other activities

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

# District Council of Orroroo Carrieton

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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## 5 Drinking water related complaints

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

## 6 Consultation and Education

Nil
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## 7 Other activities

Nil
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# District Council of Peterborough

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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



## 6 Consultation and Education

Nil
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## 7 Other activities

Nil
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# City of Playford

## Safe Drinking Water Act Annual Report 2022-2023

### 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
-----

# City of Port Adelaide Enfield

## Safe Drinking Water Act Annual Report 2022-2023

### 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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# Port Augusta City Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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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 2022-2023

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Bronwyn Thompson Masters Public Health (International Health) Bachelor of Applied Science - Environmental Health	Senior Environmental Health Officer	Routinely no but lent out on occasion [Elliston, Wudinna]
Brittany Hespe Graduate Diploma in Environmental Health Practice	Environmental Health Officer	Routinely no but lent out on occasion [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
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#### 7 Other activities

Nil
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# Port Pirie Regional Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
-----

#### 7 Other activities

Nil
-----

# Renmark Paringa Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Rebecca Burton Bachelor of Applied Science (Environmental Health)	EHO	No
Dara Frankel Bachelor of Applied Science (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

Nil
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#### 7 Other activities

Nil
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# District Council of Robe

## Safe Drinking Water Act Annual Report 2022-2023

### 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 Bachelor Environmental Health	EHO	Yes. Naracoorte Lucindale

#### 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. No E.coli was detected in the drinking water supply
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# Municipal Council of Roxby Downs

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# City of Salisbury

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# Southern Mallee District Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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 Hudson	EHO	Yes – RCMB, CDC, KDC
Christopher Trenouth	EHO	Yes – RCMB, CDC, KDC
Teaka Prosser	EHO	Yes – RCMB, CDC, KDC

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# District Council of Streaky Bay

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# Tatiara District Council

## Safe Drinking Water Act Annual Report 2022-2023

### 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 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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# City of Tea Tree Gully

## Safe Drinking Water Act Annual Report 2022-2023

### 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 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# City of Unley

## Safe Drinking Water Act Annual Report 2022-2023

### 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)	Environmental Health Officer	No

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# City of Victor Harbor

## Safe Drinking Water Act Annual Report 2022-2023

### 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	Environmental Health Officer	No

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# Wakefield Regional Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
South Australia Water Corporation	Not Audited by Wakefield Regional Council	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 2022-2023

### 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	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

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

Council has many owned buildings throughout the Region, such as all the Works Depots in various towns – Penola, Millicent, Beachport and Kalangadoo, caravan park in Beachport, halls, transfer stations – Millicent and Penola and sporting grounds in various townships, all
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supplying drinking water from rainwater tanks. In last year's water sampling, where a total of 32 rainwater samples were taken, there were two (2) locations where positive readings were detected for second & third rounds of testing. These (2) facilities were re-visited, tank at one facility was decontaminated, while the other had a vigorous cleaning to the tap and re-sampling, all occurred during this reporting period, to ensure safe drinking water.

# City of West Torrens

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# The Corporation of the City of Whyalla

## Safe Drinking Water Act Annual Report 2022-2023

### 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	EHO	Not Currently

#### 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 2022-2023

### 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 (Resigned from Council Sept 2022)	DC Ceduna/DC Streaky Bay
Note: MES Position is being recruited.		

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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# District Council of Yankalilla

## Safe Drinking Water Act Annual Report 2022-2023

### 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
Smiling Samoyed Brewery	11 July 2022	Kim Vivian
Waterman Cartage	23 November 2022	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

Nil
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# Yorke Peninsula Council

## Safe Drinking Water Act Annual Report 2022-2023

### Activities under the Act

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

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

#### 2 Audits and inspections

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

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

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

#### 6 Consultation and Education

Nil
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#### 7 Other activities

Nil
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## Appendix 4: Consultants disclosure 2022-23

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

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

Consultancies	Purpose	\$ Actual expense
All consultancies below \$10,000 each - combined	Various	\$22,123

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

Consultancies	Purpose	\$ Actual expense
KPMG	Expert advice in relation to the SA Health Strategic Workforce Plan to deliver an evidence-based, holistic, future focused workforce strategy. Includes the provision of a project plan, future directions report, workforce analysis, models, strategic vision, detailed strategy and final report detailing the workforce strategy and implementation plan.	\$1,398,779
KPMG	Provide expert advice to design, document and cost an implementation and test plan that provides a practical, detailed, and achievable set of steps to test Continuity of Care protocols for Aboriginal children and mothers of Aboriginal babies and associated systems in preparedness for the full statewide implementation in the 23/24 financial year.	\$635,957

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
PricewaterhouseCoopers Consulting (Australia) Pty Ltd	Provide expert advice in the development of the final business case for a new central laboratory for SA Pathology. Includes a site option feasibility study and a detailed strategic analysis of drivers, service need or opportunities and recommendations that inform investment, policy and regulatory decisions.	\$425,904
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.	\$151,673
Deloitte Touche Tohmatsu	Independent and expert review of the South Australia Aged Care Assessment Program. Includes a cost/benefit analysis of service models and the provision of a detailed review and cost comparison of the option presented. If proposed model is approved then change management and implementation plans, including projected transition costs will be provided.	\$144,231
NAATSIHWP Consultancy	Independent and expert review of the Clinical Governance and Scope of Practice and the Aboriginal Health Practitioner Professional structure to identify how SA Health can improve the confidence and skill level of existing employees in this role, support the upskilling of employees taking up the role and how to effectively embed this role in acute and clinical settings. Includes recommendations for the development and implementation of a workforce plan.	\$85,549

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
The University of Adelaide	Independent and expert review of the operation of the Mental Health Act 2009 and its regulations. Includes recommendations on best practice and appropriate legislative changes with a view to replacing or reforming the act if required to better meet the objectives of the Act	\$80,000
Professor Edward Byrne	Provision of specialist expert advice and guidance to inform the development of the South Australian Health and Medical Research Strategy. Includes drawing on expert knowledge and experience to inform the content and direction of the strategy as well as assisting in considering and validating stakeholder feedback.	\$70,146
The University of Adelaide	Independent review of the operation of the Ageing and Audit Safeguarding Act 1995	\$57,130
Sherbon Advisory	Provision of specialist expert advice in relation to Ramping. Includes Ramping Taskforce advisory participation so as to contribute to a reduction in care delays across Metropolitan Adelaide.	\$55,500

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Health Consumer Colab Training	Undertake an independent and expert review of the SA Health Consumer, Carer and Community Feedback and Complaints Management Strategic Framework, Guide and Resources to provide a contemporary, evidence based strategic framework to support LHNs to develop and implement mechanisms collection, collation, monitoring, evaluation and reporting of consumer feedback driven by a quality improvement approach.	\$49,400
Strategic Solutions Co	Provision of expert advice to develop an SA Health privacy governance framework, including the rationale behind the framework and Departmental response to previous findings. The framework is to connect together existing directives, policies and principles.	\$39,000
Kumano Consulting Pty Ltd	An independent and comprehensive review into clinical resources in respect of mental health services in all rural regions of South Australia. Includes the provision of a report to cover all age groups, provide conclusions relating to the current situation of service delivery and provide improvement recommendations to inform rural mental health planning both statewide and in local health networks.	\$32,312

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Mathew Coleman	An independent and comprehensive review into clinical resources in respect of mental health services in all rural regions of South Australia. Includes the provision of a report to cover all age groups, provide conclusions relating to the current situation of service delivery and provide improvement recommendations to inform rural mental health planning both statewide and in local health networks.	\$31,900
PEG Consulting Pty Ltd	Provision of expert strategic advice to Blood, Organ and Tissue Programs. Includes the delivery of an options paper providing strategic advice describing legislative, policy and administrative matters relating to Blood, Organ and Tissue Programs.	\$25,436
David McGrath Consulting	An independent review of the project scope and need / issues identified by the Unmet Needs Project Working Group and the provision of recommendations regarding the future direction of the Unmet Needs Project. Includes advice on the provision of psychosocial support informed by the NMHSPF and any other relevant planning approaches.	\$24,840
Professor Bruce Robinson	Provision of specialist expert advice and guidance to inform the development of the South Australian Health and Medical Research Strategy. Includes drawing on expert knowledge and experience to inform the content and direction of the strategy as well as assisting in considering and validating stakeholder feedback.	\$13,500

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Synergie Global	Provision of specialist expert advice and guidance to inform the development of the South Australian Health and Medical Research Strategy. Includes drawing on expert knowledge and experience to inform the content and direction of the strategy as well as assisting in considering and validating stakeholder feedback.	\$13,500
Telethon Kids Institute	Provision of specialist expert advice and guidance to inform the development of the South Australian Health and Medical Research Strategy. Includes drawing on expert knowledge and experience to inform the content and direction of the strategy as well as assisting in considering and validating stakeholder feedback.	\$13,500
Hewlett-Packard Australia Pty Ltd	Undertake an independent investigation of the WCH network and review the network performance from the endpoint devices at the WCH site. Includes the provision of recommendations that will improve and optimise the performance of access to network services from the desktop fleet devices at the WCH site.	\$11,263
David McGrath Consulting	Provide an independent assessment of the progress against the reform agenda articulated in the Government Response to the Oakden Report. Includes the provision of recommendations for improvement or refinement of projects implemented to date.	\$10,440
	Total	\$3,392,083



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 2022-23

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

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

Contractors	Purpose	\$ Actual expense
All contractors below \$10,000 each - combined	Various	\$184,158

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

Contractors	Purpose	\$ Actual expense
ISD Cyber	Cyber Security Resources - Digital Health	\$1,827,588
Kiandra IT Pty Ltd	South Australian Voluntary Assisted Dying Pathway IT System Discovery	\$1,517,376
Hannan & Partners Pty Ltd	SPLUNK Security and Information Management program (SIEM) implementation project	\$1,427,313
Chamonix IT Consulting	Health Viewer program	\$1,107,613
Dialog Information Technology	COVID-19 vaccine management support	\$807,059
DXC Technology Australia Pty Ltd	Exchange Online Migration - DXC Onsite Support Officers	\$693,927
Carmichael Digital Pty Ltd	Statewide eReferrals Program	\$585,000
Chamonix IT Consulting	Project manager for data analytics foundation project	\$579,171
MAV3RIK	Professional Services for Referral Management system	\$576,467
Pernix Pty Ltd	Delivering support to the SharePoint Online (SPO) Migration Project	\$572,416

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Ernst & Young	Develop a DTI implementation plan to facilitate the move to DTI delivery model at Flinders Medical Centre	\$545,800
PricewaterhouseCoopers Legal	Fee for professional services rendered in relation to the EMR Infrastructure Technical Review - capacity and performance	\$494,071
The University of Adelaide	Develop modelling and report on COVID-19 cases, hospital admissions, ward and ICU occupancy, and deaths for South Australia	\$470,000
PricewaterhouseCoopers Legal	Fee for professional services rendered in relation to ECPS Independent Project Assurance	\$469,243
Chamonix IT Consulting	Splunk deployment project	\$450,426
NTT Australia Pty Ltd	Exchange Online	\$402,965
Attain Services	Specialist Procurement and Contract Management Services	\$344,272
Escient Pty Ltd	Digital Health Program Director	\$307,909
Dialog Information Technology	Engagement of a Cloud Architect	\$300,840
Operational Systems Pty Ltd	Technical Developers in the Innovation Team for Salesforce and C3 Enhancement and Maintenance	\$300,000
Ernst & Young	Orthopaedics pricing refresh	\$293,311
DWS Advanced Business Solutions	Project management - IT Consulting Service	\$290,355
Dialog Information Technology	Program Backlog Manager in Digital Health	\$280,703
Destravis Australia Pty Ltd	NALHN Infrastructure Master Planning	\$276,207

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
WIPRO Technologies Australia Pty Ltd	OBIEE analyst	\$274,320
DWS Advanced Business Solutions	Digital Foundation Project - Security Engineer	\$257,109
MTX Australia Pty Ltd	SA Health - SALHN Client Management Engine (CME) project	\$249,104
DWS Advanced Business Solutions	RAPIDxAI Project - Integration Specialist	\$243,000
Escient Pty Ltd	Digital Business Partner	\$231,863
PricewaterhouseCoopers Legal	EMR Migration and Stabilisation Program	\$230,125
NEC Australia Pty Ltd	Digital Foundation Project - Architect services	\$209,920
DXC Technology Australia Pty Ltd	Provision of a DXC Security Technical Specialist	\$205,911
SAHMRI	Creation of new COVID-19 Analytics Unit	\$200,000
JMtech Pty Ltd	Oracle Senior Consultant	\$196,225
Dialog Information Technology	Program Co-ordinator in Digital Health	\$192,256
Dialog Information Technology	Solution architect for Internal Initiatives Program	\$191,016
Flinders University	Mandatory voluntary assisted dying training for medical practitioners	\$185,707
Chamonix IT Consulting	CHC - Business Architect for e-Prescribing	\$183,425
South Australian Government Financing Authority	2022-23 Claims Management Fee	\$181,835
Hannan & Partners Pty Ltd	Provision of Cyber Security Resources	\$175,956

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Dialog Information Technology	Business Analyst in Digital Health	\$153,300
Central Adelaide Local Health Network	Hospital Champions My Home Hospital and Priority Care Centres	\$150,000
Northern Adelaide Local Health Network	Hospital Champions My Home Hospital and Priority Care Centres	\$150,000
DWS Advanced Business Solutions	EMR - Senior consultant	\$146,016
Arcblue Consulting (Aus) Pty Ltd	Procurement support	\$141,124
Wellbeing SA	Aboriginal Health funding an ASO7 position in Wellbeing SA to progress the development of a plan to improve child mental health	\$139,000
Powerhealth Solutions	Provide support with the processing of 2021/2022 costing datasets	\$138,417
GHD Pty Ltd	Provision of Master planning services on the New Barossa Hospital and Health Service: Planning Phase & Full Business Case (FBC) project	\$137,839
Dialog Information Technology	ICT Architect	\$132,000
All Occasions Group	SA Health - Supplier Conference 2022	\$130,297
Escient Pty Ltd	Business Analyst - NAHLN Safe at home project	\$128,100
Accenture Australia Pty Ltd	COVID-19 vaccine management support	\$123,444
Eldercare Inc	Residential Aged Care Facility (RACF) Metro Outreach Project	\$120,455

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Flinders University	CareMappr Development	\$120,233
All Occasions Group	NMEA Trust Seed Funding (held in trust by DHW)	\$120,000
Chamonix IT Consulting	CVMS - Technical Lead - Danny Di Biase	\$119,534
Taptu Pty Ltd	EMR - Professional Services - Access Management Tool Modification	\$119,100
IBM Australia Ltd	OBIEE Analyst Resource	\$118,486
Streamliners	South Australia HealthPathways services	\$115,356
DIT - Dept for Infrastructure and Transport	SA Pharmacy Flinders Medical Centre Sterile Manufacturing Facility redevelopment	\$114,765
Zed Management Consulting	Voluntary Assisted Dying (VAD) Readiness Activities	\$114,700
MTX Australia Pty Ltd	Managed Service for SAVAX 1.0 Project	\$114,550
Deloitte Touche Tohmatsu	Develop the Nurse-to-Patient Ratios cost modelling	\$112,491
Specialised Dispute Management Pty Ltd	To provide legal services to PSCM contracts and the RAH PPP Agreement	\$111,719
RPR Consulting Pty Ltd	SA Sexual Health Services Review	\$104,565
Healthcare Logic Pty Ltd	Lead Data Solution Designer to support The Enterprise Data and Information (EDI) team with the current SystemView implementation work.	\$103,250
GPEX Limited	Education on the run program	\$99,981
Kiandra IT Pty Ltd	Care Navigator Project	\$98,190

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
GPEX Limited	Creation, co-ordination and delivery of two face to face workshops - Volunteered Assisted Dying	\$95,578
PricewaterhouseCoopers Consulting (Australia) Pty Ltd	Implement the Department's Approved Internal Audit Plan for FY 2021 to 2022	\$94,685
Chamonix IT Consulting	Program manager for Infrastructure Transition - Digital Foundations and CHC Business Architect	\$93,800
Zed Management Consulting	Aboriginal Health Care Framework and Implementation Plan	\$93,720
Wiltshire Swain Pty Ltd	Planning and full design documentation of helipad upgrades at a number of regional SA Health sites	\$93,014
PricewaterhouseCoopers Legal	Digital Health Strategy Alignment	\$93,000
Taryn Schubert Communications	Develop the Communications and Engagement Strategy	\$91,350
Executive Advisory Services Pty Ltd	eHealth Independent Observer and Advisor role to DHW and WBSA	\$90,250
Envido Solutions Pty Ltd	Solution Architect and Developer – OCMIO	\$84,715
ALTFIVE	Development of a suite of SACC Program 2023 Procurement processes.	\$83,871
Johnstaff Advisory Pty Ltd	New Barossa HHS clinical services and facility planning	\$83,723
Walter Brooke & Associates Pty Ltd	Breastscreen SA Admin & assessment tenancy - relocation plan	\$83,390

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Chamonix IT Consulting	SAAS medical records viewing proof of concept	\$83,000
Deloitte Risk Advisory Pty Ltd	SPLUNK Security and Information Management program (SIEM) implementation project	\$82,600
Datacom Systems (Au) Pty Ltd	Cybersecurity Consultant for SA Health Digital Foundations Program	\$80,320
Caligo Health Pty Ltd	To attend and contribute to a SA Health taskforce to reduce Emergency Department (ED) hospital ambulance ramping.	\$80,229
FBE Pty Ltd	Provision of Biomedical Engineer to SABME	\$80,069
DWS Advanced Business Solutions	Digital Foundation Project - Technical Lead/Cloud Engineer	\$80,000
Expose Data Pty Ltd	OACIS replacement program and Clinical Reporting Repository Replacement project	\$79,650
Carmichael Digital Pty Ltd	Development of a Patient Engagement and CRM Target Operating Model	\$79,580
Amplify Procurement Pty Ltd	Nurse Agency Panel Development Strategy	\$75,250
Comunet Pty Ltd	Assistance in Exchange Online migration	\$74,810
BRM Advisory	Lessons Learnt COVID-19 Management Review	\$74,700
Chamonix IT Consulting	Program manager for Infrastructure Transition - Digital Foundations	\$72,713
KPMG	Audit on Private Hospital Funding (PHFA) required under the National Partnership Agreement (NPA) on COVID-19 response financial viability payments	\$72,565



<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
DWS Advanced Business Solutions	HIB BAU Consultant	\$71,500
KPMG	To develop and deliver a framework and pricing methodology tool regarding to current SA Health Patient Services Panel Agreement (PSPA) Pricing	\$69,787
JTWO Solutions Pty Ltd	Architecture and design service for SA Health Viewer - an application to provide quality care remotely	\$69,750
Rixstewart Pty Ltd	Review of the Statewide Linen Services Contract	\$68,519
Destraavis Australia Pty Ltd	Engagement of contractor for external review and evaluation of Mental Health Shared Care Programs	\$64,260
Flinders University	Comprehensive palliative care in aged care evaluation	\$63,852
Zed Management Consulting	Urgent Care Clinics	\$62,850
Duck Pond Solutions	Provision of support to Digital Health SA to deliver Small Fast Teams focused on key themes coming out of the 2021 I Work for SA Survey	\$62,373
Rider Levett Bucknall SA Pty Ltd	Cost management services - SAHMRI II DHW integrated office fitout	\$61,792
Promadis Pty Ltd	Data analysis, design, preparation and attendance at various project meetings	\$61,313
Rixstewart Pty Ltd	Review current patient minding model including costs to inform break guard costs and impact.	\$59,947

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
DWS Advanced Business Solutions	Exchange Online - Senior Business Analyst	\$58,650
Tetra Tech Coffey Pty Ltd	Dudley Park - Contamination Site Testing and Sampling and Updates to VSCAP and SVGMP	\$57,998
Turner & Townsend Pty Ltd	Project Management support - Various Projects	\$55,680
RSL Care SA Inc	Employment of the Veterans Health Advisory Council Executive Officer	\$54,286
KPMG	SA Pathology costing review (additional work)	\$54,000
Zero Suicide Institute of Australasia Pty Ltd	Towards Zero Suicides Initiative	\$53,618
Arcblue Consulting (Aus) Pty Ltd	Project management of Framework Project	\$52,954
Zed Management Consulting	Current State Business Map	\$52,908
ARUP Australia Pty Ltd	Specialist technical project advisory services for the SA Pathology New Central Laboratory Project	\$52,260
Providence Consulting Group Pty Ltd	Review and produce updated Protective Security Policy & Security Governance proposal	\$50,704
Pharmaceutical Society of Australia	Provision of mental health training services to community pharmacists and staff	\$50,000
Zed Management Consulting	SA Health Statewide Clinical Guidelines Framework	\$49,000
DXC Technology Australia Pty Ltd	DXC Cloud Advisory Service	\$48,263
DWS Advanced Business Solutions	SAVAX Enhancements and customisation project	\$47,538

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Chamonix IT Consulting	Integration Analyst – ED Ramping Project	\$45,988
Healthlink Group Pty Limited	General Hospital eReferral Solution	\$45,000
Zed Management Consulting	Aboriginal Health Organisation Restructure	\$45,000
DWS Advanced Business Solutions	Digital Health Project - Project manager	\$44,550
Mindset Procurement Pty Ltd	Probity Advisor for SA Community Care Services procurement	\$41,995
The University of Adelaide	Mathematical and statistical analysis of the Synthetic datasets	\$41,213
Workforce Planning Global	Services to improve workforce reporting delivery and capability of reporting to LHN's and professional groups	\$40,000
The Australian Centre for Social Innovation Inc	Models of Care navigation - grief and bereavement services	\$39,050
Carmichael Digital Pty Ltd	CME Project	\$39,000
Amplify Procurement Pty Ltd	Resource to prepare a Freight Category Plan to support SA Health procurement replacing the existing contract for the freight services from DC to LHNs	\$38,800
Lawson Risk Management Services Pty Ltd.	Claims Management Services	\$38,775
Mott Macdonald Aust Pty Ltd	Develop a Principal's Project Requirements (PPR) brief in relation to the development of Transportable Rapid Wards - Noarlunga Hospital	\$38,770

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Deloitte Risk Advisory Pty Ltd	Internal audit of Election Commitments: Governance Review - review plans and structures in place to manage, monitor and report on the implementation of the new Government's election commitments where the Department leads the response	\$38,750
Deloitte Risk Advisory Pty Ltd	Internal Audit - COVID-19: Decommissioning - review plans, systems, budgets, cost management and processes in place to decommission the Department's response to COVID-19 initiatives	\$38,750
Deloitte Risk Advisory Pty Ltd	Internal Audit of the Performance Framework - review the framework to ensure adequate and effective monitoring, assessing and reporting of the performance of public health services in SA in accordance with the National Health Reform Agreement 2012 and Health Care Act 2008	\$38,750
Helica Architecture Pty Ltd	SAMIS drawing and data update	\$38,390
Zed Management Consulting	Public Health COVID-19 Response Planning	\$38,279
O'Connor Marsden & Associates Pty Ltd	Probity services	\$37,125
Aktis Performance Management	Review, develop, finalise and classify RD	\$37,028
BDO Services Pty Ltd	Review Digital Health's 2021-22 Management Reports	\$36,500
Chamonix IT Consulting	Product Manager – SAHV Program	\$34,800
CAPTOVATE	PSCM eLearning Modules	\$32,980

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
KPMG	Patient Services Panel Agreement Pricing Analysis	\$32,909
DWS Advanced Business Solutions	Covid SharePoint Support - IT Consulting Services	\$31,381
Johnstaff Advisory Pty Ltd	Gawler Health Service Master Plan - planning and architect services	\$30,771
Zed Management Consulting	Safety Learning System Program Review	\$30,410
BDO Services Pty Ltd	Perform a Cost benefit analysis of adoption of model of care for long COVID patients in SA	\$30,000
Escient Pty Ltd	Quarantine Project & Analytics	\$30,000
Taptu Pty Ltd	Support to develop Voluntary Assisted Dying website content	\$28,700
All Occasions Group	Seed Funding for NMEA 2023 Awards	\$28,625
Rider Levett Bucknall SA Pty Ltd	Cost management services - SA Pathology new central laboratory	\$28,500
KPMG	SA Health Supply Chain - FTE and financial forecast update - utilising SA Health data to perform forecasting.	\$28,032
Lived Experience Leadership & Advocacy Network Inc	Lived Experience Workforce Learning Pathways Project	\$28,000
Think Human Pty Ltd	Facilitate two half-day consultation workshops as part of the creation of a new Model of Care policy across South Australia	\$27,279
Escient Pty Ltd	Covid Project - Data Engineer/ETL Developer	\$26,250

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Bonita Kennedy	Records Disposal Schedule review - to support the new Records Disposal Schedule (RDS) replacing the current General Disposal Schedule 28 (GDS28).	\$25,800
Innovit Australia Pty Ltd	CMS 5.9 Upgrade	\$25,569
Dr Christopher Ryan	Preparation of a report on the care received by patient	\$25,000
Zed Management Consulting	Provide support to DHW staff to finalise the Stakeholder Engagement Framework as well as the creation of a stakeholder database for the Public Health Division including finalisation of stakeholder mapping and analysis.	\$24,368
Pharmout Pty Ltd	FMC - Pharmacy Sterile Manufacturing Unit Redevelopment	\$24,122
Ventia Australia Pty Ltd	Conservatory works	\$24,010
Stopline Pty Ltd	Stopline - SA Health Hotline Service - service fee for the externally managed disclosure service	\$23,833
Xmplify Pty Ltd	Solution Design Support - Statewide eReferrals Program	\$23,678
Peter Norrie	Management and Care Review of JMCK	\$23,426
Deloitte Risk Advisory Pty Ltd	Vulnerability assessment and penetration testing on the Med-tasker web application and mobile applications	\$23,250
Flinders University	Provision of support to test the new clinical portal for The Flinders Research Centre for Palliative Care Death and Dying	\$23,100

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
BDO Services Pty Ltd	Budget Review for DHSA low value procurement	\$22,850
Nijan Consulting	Preparation of position classification reports	\$22,850
Clear Horizon Consulting	Developmental evaluation of the South Australian Palliative Care Navigation Pilot	\$22,696
Elevate Management Consulting Pty Ltd	RAS TOM Implementation Service	\$20,931
Synergy IQ Pty Ltd	Facilitate two half-day consultation workshops as part of the creation of a new Model of Care policy across South Australia	\$20,580
Jim Allen and Associates Pty Ltd	Project Management Services - Capital Projects Team	\$20,000
ISD Cyber	Outsourcing Security Impact Assessment	\$19,500
Zed Management Consulting	Support to mature consulting practice and offering for ISU - review of resource utilisation, gap analysis and improvement opportunities	\$18,880
Wiltshire Swain Pty Ltd	Architectural Design Service - Noarlunga Hospital - Temporary Transportable Wards	\$18,408
Kathy Mott & Associates	Services for Project planning Aboriginal Maternal and Child Health Continuity of Care Protocols	\$18,075
Healthy Care Services Pty Ltd	Voluntary Assisted Dying Aged Care engagement toolkit development and training	\$18,000
IBM Australia Ltd	Oracle eBusiness Technical Developer	\$17,675

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Think Human Pty Ltd	Preparation, facilitation and reporting for planning workshops	\$17,210
Architects Ink	Priority Regional Sites Packages - Update of various SAMIS building plans	\$17,050
Diubaldo Consultants	SA Health distribution centre safety assurance review	\$17,000
Chamonix IT Consulting	Voluntary Assisted Death Activities solution - proof of concept	\$16,500
The Health Roundtable Ltd	Provision of a data masterclass	\$16,400
Adelaide Data Collection	SAMIS plan and data preparation	\$16,290
ALTFIVE	nWCH Strategic Framework - Expertise of Infrastructure Projects	\$16,170
Health Valuation & Advisory Services Pty Ltd	Valuation and potential acquisition report for 17 Rockville Ave Daw Park 5041	\$16,050
Democratic Outcomes Pty Ltd	Creation and Management of Single-Channel Vote (Online) and information portal	\$15,900
Arcblue Consulting (Aus) Pty Ltd	Probity Services for Aero Medical Inter Hospital Transfer Procurement	\$15,778
Wiltshire Swain Pty Ltd	Design service for the provision of a Port Lincoln Emergency Department planning study	\$15,725
Escient Pty Ltd	Business Analyst - Patient Partnerships and Innovation Program	\$15,600
Axios It Pty Ltd	NAUSP Aged Care Portal	\$15,400



<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
MSC Michele Smith Consulting	To conduct a review of the Ardrossan Community Hospital Accident and Emergency department.	\$15,400
Zed Management Consulting	Implementation Science Unit Support	\$15,388
Deloitte Risk Advisory Pty Ltd	Internal Audit of the Cyber Security Capability Assessment	\$15,065
SA Pathology	Structured Pathology Project	\$15,000
Urban & Regional Planning Solutions	Evaluation Framework - Office for Ageing Well	\$15,000
Greencap Pty Ltd	SAMIS update - NALHN & WCHN Asbestos Register Data Transfer	\$14,870
JK Crystal	Hospital Healthcare at Home Program	\$14,754
Think Human Pty Ltd	SA Cancer Plan facilitation	\$14,750
Adexis Pty Ltd	Digital Foundations Program - Azure SCCM Server Commissioning Automation	\$14,400
Sensum SA Pty Ltd	Kangaroo Island Health Service - Modern Methods of Construction	\$14,397
Amplify Procurement Pty Ltd	Resources to review medical staffing procurement strategy	\$13,826
Chamonix IT Consulting	Business Analyst in Digital Health	\$13,650
ABFA Pty Ltd	Financial management and future business case for EMR	\$13,375
Deloitte Risk Advisory Pty Ltd	Implement the Department's Approved Internal Audit Plan for FY 2021 to 2022	\$12,820
Think Human Pty Ltd	10 palliative care patient interviews	\$12,800
Cathy Pedler	Development of 'Guide to the Bill' for the Retirement Villages Act 2016	\$12,600

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
All Occasions Group	Seed Funding for NMEA 2022 Awards	\$12,225
McGees (SA) Pty Ltd	Property valuation	\$11,961
Architects Ink	SAMIS plan and data preparation	\$11,785
Heliport Design Group Pty Ltd	RMC, BHF, YN Helipad design services	\$11,205
Zed Management Consulting	Aboriginal Health positions description	\$11,126
Atos (Australia) Pty Ltd	SAH Viewer Web Application Vulnerability Assessment	\$11,000
Atos (Australia) Pty Ltd	CDCB Web Service Penetration Test	\$11,000
Pernix Pty Ltd	ED support agreement - Senior BI Resource & BI Developer	\$10,800
Secureware Pty Ltd	SecureWare - JLMS Web Application Penetration Test	\$10,800
Deloitte Risk Advisory Pty Ltd	Internal Audit of Digital Health Strategy Readiness: Delivery Models (including Procurement Strategy)	\$10,698
Lived Experience Leadership & Advocacy Network Inc	72 Rehab Beds Project - Project planning and oversight - Connecting with people with lived experience to inform service design and modelling	\$10,500
Cheesman Architects Pty Ltd	TQEH Cramond Clinic planning	\$10,450
Kathy Mott & Associates	Beyond the Gap Project Plan & Continuity of Medication Management Maps/Protocols	\$10,200
Australian & New Zealand College of Anaesthetists	South Australian Anaesthetic Mortality Committee 2022/2023	\$10,000

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Lived Experience Leadership & Advocacy Network Inc	Advice and guidance to SALRI regarding method for connecting with people with lived experience and review of information to be provided	\$10,000
	Total	\$27,898,027

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 2022-23**



Our ref: A23/078

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State Administration Centre  
200 Victoria Square  
Adelaide SA 5000  
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Dr R Lawrence  
Chief Executive  
Department for Health and Wellbeing  
Citi Centre Building  
11 Hindmarsh Square  
ADELAIDE SA 5000  
email: HealthCE@sa.gov.au

Dear Dr Lawrence

## **Audit of the Department for Health and Wellbeing for the year to 30 June 2023**

We have completed the audit of your accounts for the year ended 30 June 2023. Two key outcomes from the audit are the:

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

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

We are returning the financial report for the Department for Health and Wellbeing, with the Independent Auditor's Report. This report is unmodified. The *Public Finance and Audit Act 1987* allows me to publish documents on the Auditor-General's Department website. The enclosed Independent Auditor's Report and accompanying financial report will be published on that website on Tuesday 17 October 2023.

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

### **2 Audit management letters**

During the year, we sent 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*.

We have received responses to our letters and will follow these up in the 2023-24 audit.

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

**What the audit covered**

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

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

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

Yours sincerely

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

Andrew Richardson  
**Auditor-General**

21 September 2023

enc



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

### **Opinion**

I have audited the financial report of the Department for Health and Wellbeing and the consolidated entity comprising the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2023.

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 2023, their financial performance and their cash flows for the year then ended in accordance with the relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2023
- a Statement of Financial Position as at 30 June 2023
- a Statement of Changes in Equity for the year ended 30 June 2023
- a Statement of Cash Flows for the year ended 30 June 2023
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Chief Executive and the Chief Finance Officer.

### **Basis for opinion**

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

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

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

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

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

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

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987*, I have audited the financial report of the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2023.

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 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**

21 September 2023

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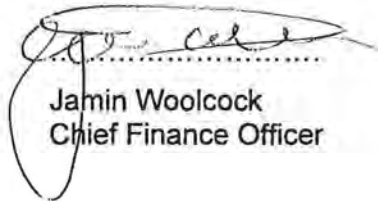
### Certification of the financial statements

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 for the financial year over its financial reporting and its preparation of financial statements have been effective.



Dr Robyn Lawrence  
Chief Executive



Jamin Woolcock  
Chief Finance Officer

Date 18-9-2023

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**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2023**

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
<b>Income</b>					
Revenues from SA Government	2	5,248,944	4,845,446	5,248,944	4,845,446
Fees and charges	3	729,557	738,227	229,441	275,956
Grants and contributions	4	2,452,127	2,447,899	1,961,252	2,003,715
Interest	5	10,560	372	2,255	4
Resources received free of charge	6	79,728	76,994	40,293	33,665
Net gain from disposal of non-current and other assets	13	7,158	340	8,514	-
Other revenues/income	7	49,966	37,737	210,872	169,719
<b>Total income</b>		<b>8,578,040</b>	<b>8,147,015</b>	<b>7,701,571</b>	<b>7,328,505</b>
<b>Expenses</b>					
Employee benefits expenses	8	5,048,397	4,677,395	215,373	241,155
Supplies and services	9	2,768,002	2,754,644	718,696	925,034
Depreciation and amortisation	20,21	299,528	311,381	11,898	12,174
Grants and subsidies	10	130,787	118,523	6,738,110	5,985,935
Borrowing costs	11	190,705	130,412	420	434
Payments to SA Government	2	-	431,854	-	431,854
Impairment loss on receivables	15,1,18	3,227	11,389	899	2,419
Other expenses	12	121,362	63,062	38,222	32,809
<b>Total expenses</b>		<b>8,562,008</b>	<b>8,498,660</b>	<b>7,723,618</b>	<b>7,631,814</b>
<b>Net result</b>		<b>16,032</b>	<b>(351,645)</b>	<b>(22,047)</b>	<b>(303,309)</b>
<b>Other Comprehensive Income</b>					
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>					
Gains or losses recognised directly in equity		(11,178)	26,936	-	-
<b>Total other comprehensive income</b>		<b>(11,178)</b>	<b>26,936</b>	<b>-</b>	<b>-</b>
<b>Total comprehensive result</b>		<b>4,854</b>	<b>(324,709)</b>	<b>(22,047)</b>	<b>(303,309)</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 2023**

		Consolidated		Parent	
	Note	2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
<b>Current assets</b>					
Cash and cash equivalents	14	920,356	825,410	563,098	515,078
Receivables	15	430,120	437,128	234,474	238,888
Other financial assets	16	109,793	108,051	-	-
Inventories	17	105,329	125,924	64,150	86,720
Contract assets	18	13,158	13,432	-	-
Other assets		27	18	-	-
<b>Total current assets</b>		<b>1,578,783</b>	<b>1,509,963</b>	<b>861,722</b>	<b>840,686</b>
<b>Non-current assets</b>					
Receivables	15	24,526	35,424	83	23
Other financial assets	16	4,080	3,979	-	-
Property, plant and equipment	19,20	5,884,118	5,875,072	55,545	57,785
Investment property	19,20	29,975	25,750	-	-
Intangible assets	19,21	43,771	53,524	28,883	32,693
<b>Total non-current assets</b>		<b>5,986,470</b>	<b>5,993,749</b>	<b>84,511</b>	<b>90,501</b>
<b>Total assets</b>		<b>7,565,253</b>	<b>7,503,712</b>	<b>946,233</b>	<b>931,187</b>
<b>Current liabilities</b>					
Payables	23	532,503	501,446	245,206	223,508
Financial liabilities	24	89,133	87,942	1,151	1,105
Employee benefits	25	706,693	648,579	23,695	25,255
Provisions	26	60,540	55,998	22,160	21,695
Contract liabilities and other liabilities	27	124,677	122,676	2,965	3,408
<b>Total current liabilities</b>		<b>1,513,546</b>	<b>1,416,641</b>	<b>295,177</b>	<b>274,971</b>
<b>Non-current liabilities</b>					
Payables	23	32,254	30,642	31,121	23,636
Financial liabilities	24	2,612,862	2,671,938	17,837	18,940
Employee benefits	25	710,087	701,383	32,407	32,722
Provisions	26	251,922	253,158	113,240	112,198
Contract liabilities and other liabilities	27	73	102	73	102
<b>Total non-current liabilities</b>		<b>3,607,198</b>	<b>3,657,223</b>	<b>194,678</b>	<b>187,598</b>
<b>Total liabilities</b>		<b>5,120,744</b>	<b>5,073,864</b>	<b>489,855</b>	<b>462,569</b>
<b>Net assets</b>		<b>2,444,509</b>	<b>2,429,848</b>	<b>456,378</b>	<b>468,618</b>
<b>Equity</b>					
Contributed capital		1,700,853	1,700,853	1,700,853	1,700,853
Retained earnings		109,322	81,536	(1,276,409)	(1,264,169)
Asset revaluation surplus		524,818	526,765	31,934	31,934
Other reserves		109,516	120,694	-	-
<b>Total equity</b>		<b>2,444,509</b>	<b>2,429,848</b>	<b>456,378</b>	<b>468,618</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 2023**

**CONSOLIDATED**

	Note	Contributed capital \$ '000	Asset revaluation surplus \$ '000	Other reserves \$ '000	Retained earnings \$ '000	Total equity \$ '000
<b>Balance at 30 June 2021</b>		<b>1,700,853</b>	<b>526,757</b>	<b>93,758</b>	<b>432,138</b>	<b>2,753,506</b>
<b>Net result for 2021-22</b>		-	-	-	(351,645)	(351,645)
Gain/(loss) on revaluation of other financial assets		-	-	(262)	-	(262)
Gain/(loss) on revaluation of defined benefit fund liability	25.3	-	-	27,198	-	27,198
<b>Total comprehensive result for 2021-22</b>		-	-	<b>26,936</b>	<b>(351,645)</b>	<b>(324,709)</b>
Transfer between equity components		-	8	-	(8)	-
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	1,051	1,051
<b>Balance at 30 June 2022</b>		<b>1,700,853</b>	<b>526,765</b>	<b>120,694</b>	<b>81,536</b>	<b>2,429,848</b>
<b>Net result for 2022-23</b>		-	-	-	16,032	16,032
Gain/(loss) on revaluation of other financial assets		-	-	96	-	96
Gain/(loss) on revaluation of defined benefit fund liability	25.3	-	-	(11,274)	-	(11,274)
<b>Total comprehensive result for 2022-23</b>		-	-	<b>(11,178)</b>	<b>16,032</b>	<b>4,854</b>
Transfer between equity components		-	(1,947)	-	1,947	-
Net assets received from an administrative restructure	1.6	-	-	-	9,707	9,707
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	100	100
<b>Balance at 30 June 2023</b>		<b>1,700,853</b>	<b>524,818</b>	<b>109,516</b>	<b>109,322</b>	<b>2,444,509</b>

**PARENT**

		Contributed capital \$ '000	Asset revaluation surplus \$ '000	Other reserves \$ '000	Retained earnings \$ '000	Total equity \$ '000
<b>Balance at 30 June 2021</b>		<b>1,700,853</b>	<b>31,934</b>	-	<b>(960,860)</b>	<b>771,927</b>
<b>Net result for 2021-22</b>		-	-	-	(303,309)	(303,309)
<b>Total comprehensive result for 2021-22</b>		-	-	-	<b>(303,309)</b>	<b>(303,309)</b>
<b>Balance at 30 June 2022</b>		<b>1,700,853</b>	<b>31,934</b>	-	<b>(1,264,169)</b>	<b>468,618</b>
<b>Net result for 2022-23</b>		-	-	-	(22,047)	(22,047)
<b>Total comprehensive result for 2022-23</b>		-	-	-	<b>(22,047)</b>	<b>(22,047)</b>
Net assets received from an administrative restructure	1.6	-	-	-	9,707	9,707
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	100	100
<b>Balance at 30 June 2023</b>		<b>1,700,853</b>	<b>31,934</b>	-	<b>(1,276,409)</b>	<b>456,378</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 2023**

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
<b>Cash flows from operating activities</b>					
<b>Cash inflows</b>					
Receipts from SA Government		5,248,944	4,845,446	5,248,944	4,845,446
Fees and charges		755,308	771,385	96,504	152,511
Grants and contributions		2,457,848	2,452,430	1,961,304	2,008,487
Interest received		8,749	226	2,255	4
Residential aged care bonds received		36,420	30,569	-	-
GST recovered from ATO		250,346	238,305	82,371	99,477
Other receipts		56,421	37,054	20,110	2,427
<b>Cash generated from operations</b>		<b>8,814,036</b>	<b>8,375,415</b>	<b>7,411,488</b>	<b>7,108,352</b>
<b>Cash outflows</b>					
Employee benefits payments		(4,976,155)	(4,733,093)	(218,714)	(245,591)
Payments for supplies and services		(2,925,901)	(2,888,119)	(724,310)	(999,436)
Payments of grants and subsidies		(179,491)	(157,700)	(6,431,168)	(5,694,597)
Interest paid		(182,398)	(121,359)	(420)	(434)
Residential aged care bonds refunded		(24,281)	(27,197)	-	-
Other payments		(36,775)	(32,986)	(6,920)	(4,947)
Payments to SA Government		-	(431,854)	-	(431,854)
<b>Cash used in operations</b>		<b>(8,325,001)</b>	<b>(8,392,308)</b>	<b>(7,381,352)</b>	<b>(7,376,859)</b>
<b>Net cash provided by/(used in) operating activities</b>		<b>489,035</b>	<b>(16,893)</b>	<b>29,956</b>	<b>(268,507)</b>
<b>Cash flows from investing activities</b>					
<b>Cash inflows</b>					
Proceeds from sale of property, plant and equipment		16,260	640	15,053	-
Proceeds from sale/maturities of investments		6,845	13,330	-	-
<b>Cash generated from investing activities</b>		<b>23,105</b>	<b>13,970</b>	<b>15,053</b>	<b>-</b>
<b>Cash outflows</b>					
Purchase of property, plant and equipment		(324,084)	(237,386)	(1,792)	(2,437)
Purchase of intangible assets		(6,110)	(5,815)	(5,850)	(5,014)
Purchase of investments		(7,554)	(9,410)	-	-
<b>Cash used in investing activities</b>		<b>(337,748)</b>	<b>(252,611)</b>	<b>(7,642)</b>	<b>(7,451)</b>
<b>Net cash provided by/(used in) investing activities</b>		<b>(314,643)</b>	<b>(238,641)</b>	<b>7,411</b>	<b>(7,451)</b>
<b>Cash flows from financing activities</b>					
<b>Cash inflows</b>					
Cash received from restructuring activities		11,766	-	11,766	-
Proceeds from borrowings		-	-	-	17
<b>Cash generated from financing activities</b>		<b>11,766</b>	<b>-</b>	<b>11,766</b>	<b>17</b>
<b>Cash outflows</b>					
Repayment of borrowings		-	-	-	-
Cash transferred as a result of restructuring activities		-	-	-	-
Repayment of lease liabilities		(91,212)	(91,263)	(1,113)	(275)
<b>Cash used in financing activities</b>		<b>(91,212)</b>	<b>(91,263)</b>	<b>(1,113)</b>	<b>(275)</b>
<b>Net cash provided by/(used in) financing activities</b>		<b>(79,446)</b>	<b>(91,263)</b>	<b>10,653</b>	<b>(258)</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2023**

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Net increase/(decrease) in cash and cash equivalents		94,946	(346,797)	48,020	(276,216)
Cash and cash equivalents at the beginning of the period		825,410	1,172,207	515,078	791,294
Cash and cash equivalents at the end of the period	14	<u>920,356</u>	<u>825,410</u>	<u>563,098</u>	<u>515,078</u>
Non-cash transactions	28				

The accompanying notes form part of these financial statements.

## 1. About SA Health

### The Consolidated Entity – SA Health

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

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

with transactions occurring between these entities.

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

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

### Administered items

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

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

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

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

### 1.1 Objectives and activities

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

SA Health is the brand name for the health portfolio of services and agencies (i.e. Consolidated Entity) responsible to the Minister for Health and Wellbeing (the Minister). SA Health is committed to protecting and improving the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on wellbeing, illness prevention, early intervention and quality care.

The Department (i.e. Parent Entity) assists the Minister and supports the delivery of public health services, formulates health policy, facilitates public and consumer consultation on health issues, and monitors the performance of South Australia's health system by providing timely advice, research and administrative support.

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

- Strategy and Governance;
- Clinical System Support and Improvement;
- Commissioning and Performance;
- Corporate Services;
- Chief Psychiatrist;
- Public Health;
- Digital Health SA.



**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2023**

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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 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 the Consolidated Entity had working capital of \$65.237 million (\$93.322 million). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of the Consolidated Entity, via the Department of Treasury and Finance (DTF), to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annual *State Budget Papers* which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by agency.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2023**

**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.

**1.6 Changes to SA Health**

**2022-23**

As a result of administrative arrangements outlined in the Chief Executive Agreement, governance of the Integrated Care Systems (ICS) Directorate was transferred from Wellbeing SA to the Department, effective 20 December 2022. ICS delivers key strategies related to hospital avoidance, hospital substitution, hospital discharge, demand management and system reform initiatives; including ongoing development and integration of the My Home Hospital service and strategic oversight of the SA Community Care program. Net assets of \$9.707 million were transferred into the Department, consisting of cash (\$11.766 million) less payables (\$0.226 million), employee benefits (\$1.809 million) and provisions (\$0.024 million). This included the transfer of 67 employees. The Department recovered \$15.990 million from Wellbeing SA for expenditure incurred (refer note 7).

As approved by the Minister, governance of the Health Performance Council (HPC) was transferred from the Department to the Commission on Excellence and Innovation in Health (CEIH), effective 1 July 2022. Net liabilities of \$0.100 million were transferred out of the Department, consisting of payables (\$0.014 million) and employee benefits (\$0.086 million). This included the transfer of 2 employees.

Net assets and liabilities transferred into and out of the Department, and the Consolidated Entity, as a result of the administrative restructures were at the carrying amount immediately prior to transfer, and treated as distributions to the SA Government as owner.

**2021-22**

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

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

**2. Revenues from SA Government**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2023</b>	<b>2022</b>	<b>2023</b>	<b>2022</b>
<b>Revenues from SA Government</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Contingency funding provided by DTF	94,437	3,682	94,437	3,682
Recovery from DTF for TVSPs	992	2,577	992	2,577
Appropriations from Consolidated Account pursuant to the <i>Appropriation Act</i>	5,117,657	4,780,265	5,117,657	4,780,265
Commonwealth capital grants received via DTF	6,090	22,780	6,090	22,780
Commonwealth recurrent grants received via DTF	29,768	36,142	29,768	36,142
<b>Total revenues from SA Government</b>	<b>5,248,944</b>	<b>4,845,446</b>	<b>5,248,944</b>	<b>4,845,446</b>

**Payments to SA Government**

Return of surplus cash pursuant to cash alignment policy	-	431,854	-	431,854
<b>Total payments to SA Government</b>	<b>-</b>	<b>431,854</b>	<b>-</b>	<b>431,854</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 2023**

**3. Fees and charges**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Ambulance cover	31,528	31,179	-	-
Ambulance transport	91,396	91,040	-	-
Business services	1,005	1,797	1,005	1,797
Call Direct	633	773	-	-
Car parking revenue	14,184	9,586	15	35
Commissions revenue	396	401	244	264
Fines, fees and penalties	2,004	1,802	1,830	1,615
Interstate patient transfers	78,255	82,323	78,252	82,319
Patient and client fees	346,006	337,943	-	-
Private practice fees	46,689	43,453	4,666	4,308
Fees for health services	45,518	43,457	5,007	3,916
Quarantine - hotel user charges	-	15,833	-	15,833
Residential and other aged care charges	28,415	27,166	-	-
Royalty income	855	679	-	-
Sale of goods - medical supplies	1,387	11,160	136,804	163,249
Training revenue	1,711	2,849	659	1,704
Other user charges and fees	39,575	36,786	959	916
<b>Total fees and charges</b>	<b>729,557</b>	<b>738,227</b>	<b>229,441</b>	<b>275,956</b>

Due to inter-entity eliminations upon consolidation, revenue from fees and charges of \$141.650 million (\$158.542 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

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

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

Consolidated Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2023	2023	2022	2022
	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time
Ambulance cover	-	31,528	-	31,179
Ambulance transport	89,124	-	87,030	-
Business services	993	-	1,779	-
Call Direct	-	633	-	773
Car parking revenue	11,540	2,644	9,483	103
Commissions revenue	160	-	149	-
Interstate patient transfers	78,255	-	82,323	-
Patient and client fees	311,230	-	311,824	-
Private practice fees	46,689	-	43,453	-
Fees for health services	39,730	-	36,767	-
Quarantine - hotel user charges	-	-	15,833	-
Residential and other aged care charges	28,415	-	27,166	-
Royalty income	855	-	679	-
Sale of goods - medical supplies	1,378	-	9,975	-
Training revenue	1,518	-	2,684	-
Other user charges and fees	36,404	16	34,830	8
<b>Total contracts with external customers</b>	<b>646,291</b>	<b>34,821</b>	<b>663,975</b>	<b>32,063</b>
Ambulance transport	2,272	-	4,010	-
Business services	12	-	18	-
Commissions revenue	236	-	252	-
Patient and client fees	34,776	-	26,119	-
Fees for health services	5,788	-	6,690	-
Sale of goods - medical supplies	9	-	1,185	-
Training revenue	193	-	165	-
Other user charges and fees	3,154	1	1,948	-
<b>Total contracts with SA Government customers</b>	<b>46,440</b>	<b>1</b>	<b>40,387</b>	<b>-</b>
<b>Total contracts with customers</b>	<b>692,731</b>	<b>34,822</b>	<b>704,362</b>	<b>32,063</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2023**

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

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

*Patient and client fees*

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

*Ambulance transport*

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

*Private practice fees*

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

*Interstate patient Transfers*

Under the National Health Reform Agreement – When a resident of one state/territory receives hospital treatment in another state/territory, the 'resident state/territory' compensates the treating or 'provider state/territory' for the cost of that care via a 'cross-border' payment. Contributions by the resident state/territory are made to the 'provider state/territory' through the National Health Funding Pool via activity estimates.

**4. Grants and contributions**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2023</b>	<b>2022</b>	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Commonwealth aged care subsidies	55,841	45,958	-	-
Pharmaceutical Benefits Scheme Commonwealth subsidy	246,394	229,012	-	-
Commonwealth National Health Reform Agreement	1,668,249	1,646,071	1,668,249	1,646,071
Department of Veterans' Affairs (Commonwealth)	40,800	50,079	40,800	50,079
Commonwealth Transition Care Program	26,353	24,748	26,353	24,748
Commonwealth National Partnership on COVID-19 Response	196,635	255,803	196,635	255,803
Other Commonwealth grants and contributions	136,726	128,343	18,171	17,379
SA Government Community Development Fund	7,000	7,000	7,000	7,000
SA Government capital contributions	189	18	-	-
Emergency Services Levy	1,565	1,527	-	-
Other SA Government grants and contributions	14,102	14,844	2,236	1,898
Private sector capital contributions	1,234	1,073	-	-
Private sector grants and contributions	57,039	43,423	1,808	737
<b>Total grants and contributions</b>	<b>2,452,127</b>	<b>2,447,899</b>	<b>1,961,252</b>	<b>2,003,715</b>

Commonwealth financial assistance via the National Partnership on COVID-19 Response expired on 31 December 2022.

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

Of the \$2,452.127 million (\$2,447.899 million) received during the reporting period \$2,154.782 million (\$2,171.353 million) was provided for specific purposes, including State and Commonwealth Health Initiatives-Health reforms, research and other associated activities.

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**5. Interest**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	5,827	370	2,255	4
Interest from SAFA on investments	35	2	-	-
Interest on Special Purpose Funds	4,698	-	-	-
<b>Total interest</b>	<b>10,560</b>	<b>372</b>	<b>2,255</b>	<b>4</b>

**6. Resources received free of charge**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Land and buildings	-	-	5,000	-
Plant and equipment	-	205	-	-
Inventory	32,324	30,302	32,324	30,302
Services	47,404	46,471	2,969	3,363
Other	-	16	-	-
<b>Total resources received free of charge</b>	<b>79,728</b>	<b>76,994</b>	<b>40,293</b>	<b>33,665</b>

Property, plant and equipment is recorded at fair value. During the 2022-23 financial year the Department received donated land from CALHN in relation to surplus land at 275 North Terrace, Adelaide valued at \$5.000 million (nil).

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

Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. The Consolidated Entity receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$37.512 million (\$35.852 million) (Parent \$2.497 million (\$2.940 million)), ICT services valued at \$9.661 million (\$10.619 million) (Parent \$0.379 million (\$0.423 million)) and media monitoring services (from 2022-23) valued at \$0.118 million (Parent \$0.093 million) from the Department of the Premier and Cabinet 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	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	193	587	-	-
Donations	8,605	8,244	159	53
Gain on revaluation of investment property	4,225	2,250	-	-
Health recoveries	-	-	146,726	129,186
Insurance recoveries	231	159	46,869	38,070
Recoveries from Wellbeing SA	15,990	-	15,990	-
Other	20,722	26,497	1,128	2,410
<b>Total other revenues/income</b>	<b>49,966</b>	<b>37,737</b>	<b>210,872</b>	<b>169,719</b>

Due to inter-entity eliminations upon consolidation, health recoveries and insurance recoveries between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

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**8. Employee benefits expenses**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	4,013,171	3,794,091	152,449	175,998
Targeted voluntary separation packages	1,318	7,617	986	1,801
Long service leave	87,066	(32,827)	2,065	1,491
Annual leave	406,463	384,708	14,285	16,913
Skills and experience retention leave	18,815	18,016	765	936
Employment on-costs - superannuation*	457,524	411,671	19,754	21,691
Employment on-costs - other	7,871	8,790	7,422	8,331
Workers compensation	46,515	75,077	8,352	6,043
Board and committee fees	3,344	3,189	417	381
Other employee related expenses	6,310	7,063	8,878	7,570
<b>Total employee benefits expenses</b>	<b>5,048,397</b>	<b>4,677,395</b>	<b>215,373</b>	<b>241,155</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.

**8.1 Key Management Personnel**

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

Compensation	2023	2022
	\$'000	\$'000
Salaries and other short term employee benefits	3,295	3,827
Post-employment benefits	985	1,413
Other long-term employment benefits	97	-
<b>Total</b>	<b>4,377</b>	<b>5,240</b>

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

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

	2023	2022
	No. of Members	No. of Members
\$0	1,498	1,434
\$1 - \$20,000	257	222
\$20,001 - \$40,000	57	51
\$40,001 - \$60,000	12	20
\$60,001 - \$80,000	5	3
\$80,001 - \$100,000	-	2
<b>Total</b>	<b>1,829</b>	<b>1,732</b>

The total remuneration received or receivable by members was \$3.572 million (\$3.364 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits, fringe benefits and related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

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



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**8.3 Remuneration of employees**

The number of employees whose remuneration received or receivable falls within the following bands:	Consolidated		Parent	
	2023 Number	2022 Number	2023 Number	2022 Number
\$157,001 - \$160,000*	n/a	102	n/a	14
\$160,001 - \$180,000	1,093	985	29	35
\$180,001 - \$200,000	785	616	10	22
\$200,001 - \$220,000	470	378	18	15
\$220,001 - \$240,000	299	218	6	7
\$240,001 - \$260,000	244	198	9	4
\$260,001 - \$280,000	199	156	6	5
\$280,001 - \$300,000	139	120	4	7
\$300,001 - \$320,000	122	108	3	3
\$320,001 - \$340,000	107	90	-	1
\$340,001 - \$360,000	109	86	2	5
\$360,001 - \$380,000	82	102	2	1
\$380,001 - \$400,000	93	69	-	1
\$400,001 - \$420,000	69	81	1	1
\$420,001 - \$440,000	83	59	1	1
\$440,001 - \$460,000	106	86	1	1
\$460,001 - \$480,000	87	93	-	-
\$480,001 - \$500,000	74	73	2	1
\$500,001 - \$520,000	55	77	-	2
\$520,001 - \$540,000	62	43	1	-
\$540,001 - \$560,000	49	45	-	-
\$560,001 - \$580,000	33	45	-	-
\$580,001 - \$600,000	46	38	1	1
\$600,001 - \$620,000	34	46	-	1
\$620,001 - \$640,000	27	29	-	-
\$640,001 - \$660,000	30	20	-	-
\$660,001 - \$680,000	11	17	-	-
\$680,001 - \$700,000	19	18	1	-
\$700,001 - \$720,000	10	7	-	-
\$720,001 - \$740,000	3	11	-	-
\$740,001 - \$760,000	6	9	-	-
\$760,001 - \$780,000	3	13	-	-
\$780,001 - \$800,000	5	6	-	-
\$800,001 - \$820,000	1	3	-	-
\$820,001 - \$840,000	2	1	-	-
\$840,001 - \$860,000	-	1	-	-
\$860,001 - \$880,000	-	3	-	-
\$900,001 - \$920,000	2	-	-	-
\$920,001 - \$940,000	2	1	-	-
\$960,001 - \$980,000	-	1	-	-
\$1,000,001 - \$1,020,000	1	-	-	-
\$1,040,001 - \$1,060,000	1	-	-	-
\$1,060,001 - \$1,080,000	-	1	-	1
\$1,280,001 - \$1,300,000	-	1	-	-
\$1,400,001 - \$1,420,000	1	-	-	-
\$1,480,001 - \$1,500,000	-	1	-	-
<b>Total number of employees</b>	<b>4,564</b>	<b>4,057</b>	<b>97</b>	<b>129</b>

\* This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2021-22.

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 any related fringe benefits tax paid.

In accordance with a new SAAS Enterprise Agreement, eligible employees are entitled to salary increases of 2.5% per annum, back-dated to the first full pay period after 31 December 2018. The backpay was processed in September 2022 contributing to a significant increase in operational employee remuneration for 2022-23.

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**8.4 Remuneration of employees by classification**

The total remuneration received by these employees, included above:

	Consolidated				Parent			
	2023		2022		2023		2022	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	129	33,624	132	34,061	52	14,418	55	15,571
Medical (excluding Nursing)	3,044	963,152	3,050	963,336	17	4,192	15	4,336
Non-medical (i.e. administration)	118	21,521	155	27,759	14	2,415	37	6,386
Nursing	541	95,354	446	77,751	14	2,350	22	3,949
Operational	732	150,014	274	51,250	-	-	-	-
<b>Total</b>	<b>4,564</b>	<b>1,263,665</b>	<b>4,057</b>	<b>1,154,157</b>	<b>97</b>	<b>23,375</b>	<b>129</b>	<b>30,242</b>

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated employees:				
Targeted voluntary separation packages	1,318	7,664	986	1,801
Leave paid/payable to separated employees	476	4,501	323	1,203
	<b>1,794</b>	<b>12,165</b>	<b>1,309</b>	<b>3,004</b>
Recovery from DTF	986	2,557	986	-
<b>Net cost to the entity</b>	<b>808</b>	<b>9,588</b>	<b>323</b>	<b>3,004</b>

The number of employees who received a TVSP during the reporting period	<b>13</b>	<b>150</b>	<b>9</b>	<b>44</b>
Number of TVSPs resulting from the Workforce Rejuvenation Scheme	-	118	-	44

**9. Supplies and services**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Administration	7,526	7,719	1,358	1,429
Advertising	9,101	11,691	3,881	7,872
Communication	32,908	37,010	10,275	12,444
Computing	160,291	145,708	137,983	127,647
Consultants	8,478	6,760	3,392	1,592
Contract of services	205,514	166,905	136,975	111,743
Contractors	52,258	53,837	27,899	23,386
Contractors - agency staff	168,418	156,207	52,561	65,304
Cost of goods sold	10,098	49,404	152,923	219,976
Drug supplies	325,635	296,951	4,893	4,463
Electricity, gas and fuel	46,927	41,515	179	281
Fee for service	327,019	260,085	-	-
Food supplies	46,754	41,117	68	379
Hotel quarantine - accommodation costs	1,738	71,840	1,737	71,822
Housekeeping	101,001	113,115	1,024	16,506
Insurance	53,416	37,281	50,688	34,257
Interstate patient transfers	61,155	64,560	61,085	64,533
Legal	14,757	13,274	11,062	10,500
Low value lease expense	13,709	9,831	13,483	9,730
Medical, surgical and laboratory supplies	413,615	471,214	1,990	28,908
Minor equipment	35,901	50,216	3,088	8,630
Motor vehicle expenses	14,734	14,661	299	939
Occupancy rent and rates	39,851	44,563	13,150	16,084
Patient transport	47,040	35,750	-	3,170
Postage	20,137	27,768	4,235	9,519
Printing and stationery	17,312	18,534	1,206	1,879
Public Private Partnership operating expenses	125,960	81,236	-	-
Repairs and maintenance	131,088	125,887	1,244	2,240
Security	73,011	97,370	1,624	24,798
Services from Shared Services SA	38,112	35,757	2,550	3,047
Short term lease expense	4,279	3,768	555	1,093
Training and development	53,903	48,232	4,772	3,319
Travel expenses	29,783	12,323	983	1,264
Other supplies and services	76,573	102,555	11,534	36,280
<b>Total supplies and services</b>	<b>2,768,002</b>	<b>2,754,644</b>	<b>718,696</b>	<b>925,034</b>



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Due to inter-entity eliminations upon consolidation, supplies and services of \$17.802 million (\$20.539 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

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

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

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

## 10. Grants and subsidies

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Operational funding to incorporated Health Services	10.1	-	-	6,299,775	5,645,401
Capital funding to incorporated Health Services	10.1	-	-	312,607	225,892
Subsidies		93,921	88,968	92,732	88,717
Funding to non-government organisations		35,426	28,178	31,753	24,656
Other		1,440	1,377	1,243	1,269
<b>Total grants and subsidies</b>		<b>130,787</b>	<b>118,523</b>	<b>6,738,110</b>	<b>5,985,935</b>

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

	Operational		Capital Projects	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Barossa Hills Fleurieu Local Health Network Incorporated	287,995	236,788	22,675	19,048
Eyre and Far North Local Health Network Incorporated	126,492	96,264	2,614	2,443
Flinders and Upper North Local Health Network Incorporated	147,371	131,875	2,674	955
Riverland Mallee Coorong Local Health Network Incorporated	144,753	126,237	2,176	2,544
Limestone Coast Local Health Network Incorporated	163,281	143,784	2,019	2,980
Yorke and Northern Local Health Network Incorporated	167,376	144,197	3,943	4,036
SA Ambulance Service Inc	279,591	184,387	36,820	14,490
Southern Adelaide Local Health Network Incorporated	1,291,654	1,170,962	35,677	49,448
Central Adelaide Local Health Network Incorporated	2,246,302	2,096,775	121,468	46,193
Women's and Children's Health Network Incorporated	536,284	489,008	51,539	35,371
Northern Adelaide Local Health Network Incorporated	908,676	825,124	31,002	48,384
<b>Total funding to incorporated Health Services</b>	<b>6,299,775</b>	<b>5,645,401</b>	<b>312,607</b>	<b>225,892</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, operational and capital funding to incorporated Health Services of \$6,612.382 million (\$5,871.293 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

## 11. Borrowing costs

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Interest expense on lease liabilities	190,705	130,412	420	434
<b>Total borrowing costs</b>	<b>190,705</b>	<b>130,412</b>	<b>420</b>	<b>434</b>

The Consolidated Entity does not capitalise borrowing costs. Included in the lease costs is a reduction in contingent rental amounts of \$146.743 million (\$105.537 million) relating to Central Adelaide Local Health Network. Refer to note 24 for more information on financial liabilities.

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## 12. Other expenses

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Debts written off	27,456	23,630	61	430
Bank fees and charges	423	516	10	77
Donated assets expense	-	28	-	28
Donated drug vaccine expense	31,080	28,006	31,080	28,006
Impairment expense	-	700	-	-
Net loss on revaluation of investments	-	891	-	-
Net loss on sale of investments	115	98	-	-
Project de-recognition	46,106	-	-	-
Service recoveries paid to other SA Government entities	1,139	3,862	1,139	3,862
Write-down of inventory	7,327	1,110	4,668	573
Other*	7,716	4,221	1,264	(167)
<b>Total other expenses</b>	<b>121,362</b>	<b>63,062</b>	<b>38,222</b>	<b>32,809</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 \$3.119 million (\$2.673 million). No other services were provided by the Auditor-General's Department. Also includes fees paid or payable to Galpins Accountants, Auditors and Business Consultants of \$0.223 million (\$0.216 million) for audits of the Health Advisory Council's (HACs) and aged care and BDO for audit services for AusHealth of \$0.039 million (\$0.036 million).

### 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).

### Project de-recognition

The SA Government announced on 27 September 2022 the construction of the new Women's and Children's Hospital (WCH) would be relocated to the current SA Police Barracks site. The project de-recognition relates to write off of capitalised expenses which related to the former SA Governments plans to construct the new WCH on the RAH west site, as the plans do not translate to the new site.

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
<b>Land and buildings:</b>				
Proceeds from disposal	130	-	-	-
Less carrying amount of assets disposed	(1,067)	(108)	-	-
Less other costs of disposal	(22)	-	-	-
<b>Net gain/(loss) from disposal of land and buildings</b>	<b>(959)</b>	<b>(108)</b>	<b>-</b>	<b>-</b>
<b>Plant and equipment:</b>				
Proceeds from disposal	1,170	710	53	-
Less carrying amount of assets disposed	(1,674)	(192)	(178)	-
Less other costs of disposal	(18)	(70)	-	-
<b>Net loss from disposal of plant and equipment</b>	<b>(522)</b>	<b>448</b>	<b>(125)</b>	<b>-</b>
<b>Intangibles:</b>				
Less carrying amount of assets disposed	(1,361)	-	(1,361)	-
<b>Net gain from disposal of intangibles</b>	<b>(1,361)</b>	<b>-</b>	<b>(1,361)</b>	<b>-</b>
<b>Non-current assets held for sale:</b>				
Proceeds from disposal	15,000	-	15,000	-
Less carrying amount of assets disposed	(5,000)	-	(5,000)	-
<b>Net gain/(loss) from disposal of non-current assets held for sale</b>	<b>10,000</b>	<b>-</b>	<b>10,000</b>	<b>-</b>
<b>Total assets:</b>				
Total proceeds from disposal	16,300	710	15,053	-
Less total carrying amount of assets disposed	(9,102)	(300)	(6,539)	-
Less other costs of disposal	(40)	(70)	-	-
<b>Total net gain/(loss) from disposal of non-current and other assets</b>	<b>7,158</b>	<b>340</b>	<b>8,514</b>	<b>-</b>

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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 \$10.000 million (nil) on the sale of surplus land to the Urban Renewal Authority, which had been donated free of charge by CALHN (refer to note 6 for further information).

**14. Cash and cash equivalents**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2023</b>	<b>2022</b>	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Cash at bank or on hand	51,396	43,183	5,193	5,987
Deposits with Treasurer: general operating	300,662	297,066	189,960	198,990
Deposits with Treasurer: accrual appropriation excess funds	367,945	310,101	367,945	310,101
Deposits with Treasurer: special purpose funds	200,353	175,060	-	-
<b>Total cash</b>	<b>920,356</b>	<b>825,410</b>	<b>563,098</b>	<b>515,078</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.

**15. Receivables**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2023</b>	<b>2022</b>	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Current</b>				
Patient/client fees: compensable	10,242	13,880	-	-
Patient/client fees: aged care	4,306	4,083	-	-
Patient/client fees: other	67,324	59,437	-	-
Debtors	131,327	114,719	34,796	24,041
Less: allowance for impairment loss on receivables	(53,031)	(50,243)	(3,671)	(2,772)
Interstate patient transfers	149,250	168,197	149,250	168,197
Prepayments	36,698	41,756	20,424	22,485
Dividends	23	40	-	-
Interest	1,708	155	-	-
Grants	220	109	-	-
Sundry receivables and accrued revenue	45,927	55,248	747	863
GST input tax recoverable	36,126	29,747	32,928	26,074
<b>Total current receivables</b>	<b>430,120</b>	<b>437,128</b>	<b>234,474</b>	<b>238,888</b>
<b>Non-Current</b>				
Debtors	3,097	3,631	83	23
Prepayments	1,376	1,432	-	-
Superannuation - defined benefit scheme	20,053	30,361	-	-
<b>Total non-current receivables</b>	<b>24,526</b>	<b>35,424</b>	<b>83</b>	<b>23</b>
<b>Total receivables</b>	<b>454,646</b>	<b>472,552</b>	<b>234,557</b>	<b>238,911</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.

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**Interstate patient transfers**

Under the National Health Reform Agreement - When a resident of one state/territory receives hospital treatment in another state/territory, the 'resident state/territory' compensates the treating or 'provider state/territory' for the cost of that care via a 'cross-border' payment. Contributions by the resident state/territory are made to the provider state/territory through the National Health Funding Pool via activity estimates. Consistent with past years, the amounts disclosed are current estimates and may change. The Department adjusts its calculations of receivables and payables 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 actual data outcomes for 2021-22 for NSW, Queensland and Tasmania, and the average data outcomes for 2019-20 and 2021-22 for all other states and territories. The current year payable is based on the actual data outcomes for 2021-22 for NSW and NT, and the average data outcomes for 2019-20 and 2021-22 for all other states and territories. Refer to note 23 for more information interstate patient transfers payable.

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

**15.1 Impairment of receivables**

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

Movement in the allowance for impairment loss on receivables:	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	50,243	35,667	2,772	353
Increase/(Decrease) in allowance recognised in profit or loss	2,788	14,576	899	2,419
<b>Carrying amount at the end of the period</b>	<b>53,031</b>	<b>50,243</b>	<b>3,671</b>	<b>2,772</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.

**16. Other financial assets**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Term deposits	104,260	103,115	-	-
Other investments FVPL	5,533	4,936	-	-
<b>Total current financial assets</b>	<b>109,793</b>	<b>108,051</b>	<b>-</b>	<b>-</b>
<b>Non-current</b>				
Joint venture	2,671	2,671	-	-
Other investments FVOCI	1,409	1,308	-	-
<b>Total non-current financial assets</b>	<b>4,080</b>	<b>3,979</b>	<b>-</b>	<b>-</b>
<b>Total financial assets</b>	<b>113,873</b>	<b>112,030</b>	<b>-</b>	<b>-</b>

The Consolidated Entity measures term deposits at amortised cost, listed equities and other investments are measured at fair value represented by market value. This includes shares in other corporations, floating rate notes, listed securities, managed funds not present in consolidation. Included in term deposits is \$64.440 million (\$65.995 million) related to aged care refundable deposits held by regional 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.

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**17. Inventories**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Drug supplies	31,551	25,795	12,546	8,306
Medical, surgical and laboratory supplies	4,231	4,063	-	-
Food and hotel supplies	819	753	-	-
Engineering supplies	37	20	-	-
SA Health Distribution Centre and bulk warehouses	51,591	78,174	51,591	78,174
Inventory imprest stock	15,861	15,429	-	-
Other	1,239	1,690	13	240
<b>Total current inventories - held for distribution</b>	<b>105,329</b>	<b>125,924</b>	<b>64,150</b>	<b>86,720</b>

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

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

As part of the Consolidated Entity's responsibility for coordinating the COVID-19 pandemic response in South Australia, the Department purchased and distributed RATs and PPE for use by the Consolidated Entity and the South Australian Community. Included in the Distribution Centre and bulk warehouses inventories is \$5.902 million (\$14.716 million) of RATs and \$30.582 million (\$50.024 million) of PPE. RATs received free of charge from the Commonwealth Government have not been valued.

**COVID-19 Vaccines**

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

**18. Contract assets**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Contract assets	17,441	17,276	-	-
Less: allowance for impairment loss on contract assets	4,283	3,844	-	-
<b>Total contract assets</b>	<b>13,158</b>	<b>13,432</b>	<b>-</b>	<b>-</b>

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

There was an increase in allowance for impairment loss on contract assets of \$0.439 million (\$3.187 million decrease) during the reporting period.

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

**19.1 Acquisition and recognition**

Property, plant and equipment owned are initially recorded on a cost basis, and subsequently measured at fair value. Where assets are acquired at no value, or minimal value, they are recorded at their fair value in the Statement of Financial Position. Where assets are acquired at no or nominal value as part of a restructure of administrative arrangements, the assets are recorded at the value held by the transferor public authority prior to the restructure.

The Consolidated Entity capitalises owned property, plant and equipment with a value equal to or in excess of \$10,000. Assets recorded as works in progress represent projects physically incomplete as at the reporting date. Componentisation of complex assets is generally performed when the complex asset's fair value at the time of acquisition is equal to or in excess of \$5 million for infrastructure assets and \$1 million for other assets.

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**19.2 Depreciation and amortisation**

The residual values, useful lives, depreciation and amortisation methods of all major assets held by the Consolidated Entity are reviewed and adjusted if appropriate on an annual basis. Changes in expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate.

Depreciation and amortisation is calculated on a straight line basis.

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

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	10 – 200
Right of use buildings	2 – 99
Accommodation and leasehold improvements	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	2 – 25
• Computing equipment	3 – 5
• Vehicles	2 – 25
• Other plant and equipment	3 – 50
Right of use plant and equipment	2 – 3
Intangibles	5 – 30

**19.3 Revaluation**

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

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

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amounts of the assets and the net amounts are restated to the revalued amounts of the asset. Upon disposal or derecognition, any asset revaluation surplus relating to that asset is transferred to retained earnings.

**19.4 Impairment**

The Consolidated Entity holds its property, plant and equipment and intangible assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets, fair value is assessed each year.

There were no indications of impairment for property, plant and equipment, investment properties as at 30 June 2023.

**19.5 Intangible assets**

Intangible assets are initially measured at cost and are tested for indications of impairment at each reporting date. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and any accumulated impairment losses.

The amortisation period and the amortisation method for intangible assets with finite useful lives are reviewed on an annual basis. The Consolidated Entity has intangibles with indefinite useful lives, amortisation is not recognised against these intangible assets.

The acquisition of, or internal development of, software is capitalised only when the expenditure meets the definition criteria and recognition criteria, and when the amount of expenditure is greater than or equal to \$10,000. Capitalised software is amortised over the useful life of the asset.

**19.6 Land and buildings**

An independent valuation of land and buildings owned by the Consolidated Entity was performed in March and April 2018 by Certified Practising Valuers from Jones Lang Lasalle (SA) Pty Ltd and AssetVal (JLT) Pty Ltd as at 1 June 2018, within the regular valuation cycle. Consistent with *Treasurer's Instructions*, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer, the timing and process of which will be considered in the 2023-24 financial year.

Fair value of unrestricted land was determined using the market approach. The valuation was based on recent market transactions for similar land and buildings (non-specialised) in the area and includes adjustment for factors specific to the land and buildings being valued such as size, location and current use. For land classified as restricted in use, fair value was determined by applying an adjustment to reflect the restriction.



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Fair value of buildings was determined using depreciated replacement cost due to there not being an active market. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature and restricted use of the assets; their size, condition, and location. The valuation was based on a combination of internal records, specialised knowledge and acquisitions/transfer costs.

**19.7 Plant and equipment**

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

**19.8 Investment property**

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

An independent valuation was performed on the investment property at Unit 1, 27 Kermode Street North Adelaide by certified practicing valuers for AssetVal, a business of Marsh Pty Ltd, as at 30 June 2023. Fair value has been determined by the capitalised income approach, whereby an appropriate yield is applied to the property's income based on sales analysis of comparable properties.

The valuation of investment property located at Dalgleish St, Thebarton was performed by a Certified 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.

*Amounts recognised in profit or loss*

The Consolidated Entity recognised rental income from investment properties during the period of \$1.733 million (\$1.284 million).

**19.9 Leased property, plant and equipment**

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

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

- Properties – non-DIT provided office accommodation, community health offices, medical centres, health clinics, SA Pathology collection centres, primary health, dental clinics and staff accommodation are generally leased from the private sector. Most property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Distribution Centre (Parent) – lease commenced in April 2021 and is for 15 years with two options to renew for five years.
- Health Facilities
  - Royal Adelaide Hospital (RAH) lease commenced in June 2011, achieved commercial acceptance in June 2017, and is for 35 years. The SA Health Partnership Consortium trading as Celsus entered into an arrangement to finance, design, build, operate and maintain the new RAH. Under the arrangement, Celsus will maintain and provide non-medical support services including facilities management by Spotless and information and communication technology (ICT) support and maintenance by DXC Technology for the duration of the contract. The arrangement is referred to as a Public Private Partnership (PPP). At the conclusion of the contract in 2046, the Consolidated Entity will take full ownership of the RAH. Celsus have an obligation to deliver the RAH in a condition fit for its intended purpose and fully maintained in accordance with the agreed asset management plan.
  - Mount Gambier Hospital lease commenced in June 1997, initially for 25 years, with an option to renew for 10 years. The underlease was renewed until 29 June 2032, with the rental increasing by 3.5% each financial year.
  - 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. The Consolidated Entity is currently in negotiation to establish a new lease agreement. This is expected to be finalised in 2023-24.
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. The leases are non-cancellable and the vehicles are leased for a specified time period (usually 3 years) or a specified number of kilometres, whichever occurs first.
- Plant and equipment – leases for material handling equipment are cancellable and renewable every 2 years.

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

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

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

The following tables show the movement:

**Consolidated**

**2022-23**

**Land and buildings:**

**Plant and equipment:**

	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	Investment property \$'000	Total \$'000
Carrying amount at the beginning of the period	326,587	2,283,984	2,587,314	201,008	57,753	126,900	34,109	224,837	32,580	25,750	5,900,822
Additions	24,639	-	13,628	248,183	-	15,542	1,304	6,257	33,361	-	342,914
Disposals	(32)	(913)	-	(68)	(54)	(795)	(744)	(38)	(148)	-	(2,792)
Transfers between asset classes	-	127,330	-	(130,335)	1,921	22,557	13,188	-	(34,637)	-	24
Reclassified to held for sale	(5,000)	-	-	-	-	-	-	-	-	-	(5,000)
Remeasurement	-	-	5,163	-	-	-	-	-	-	-	5,163
Transfer to expenses	-	-	-	(46,106)	-	-	-	-	(105)	-	(46,211)
<b>Subtotal:</b>	<b>346,194</b>	<b>2,410,401</b>	<b>2,606,105</b>	<b>272,682</b>	<b>59,620</b>	<b>164,204</b>	<b>47,857</b>	<b>231,056</b>	<b>31,051</b>	<b>25,750</b>	<b>6,194,920</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(144,615)	(69,301)	-	(4,358)	(40,405)	(11,159)	(15,214)	-	-	(285,052)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	4,225	4,225
<b>Subtotal:</b>	<b>-</b>	<b>(144,615)</b>	<b>(69,301)</b>	<b>-</b>	<b>(4,358)</b>	<b>(40,405)</b>	<b>(11,159)</b>	<b>(15,214)</b>	<b>-</b>	<b>4,225</b>	<b>(280,827)</b>
<b>Carrying amount at the end of the period</b>	<b>346,194</b>	<b>2,265,786</b>	<b>2,536,804</b>	<b>272,682</b>	<b>55,262</b>	<b>123,799</b>	<b>36,698</b>	<b>215,842</b>	<b>31,051</b>	<b>29,975</b>	<b>5,914,093</b>
<b>Gross carrying amount</b>											
Gross carrying amount	346,194	2,946,809	2,890,868	272,682	99,189	486,986	145,605	278,402	31,051	29,975	7,527,761
Accumulated depreciation / amortisation	-	(681,023)	(354,064)	-	(43,927)	(363,187)	(108,907)	(62,560)	-	-	(1,613,668)
<b>Carrying amount at the end of the period</b>	<b>346,194</b>	<b>2,265,786</b>	<b>2,536,804</b>	<b>272,682</b>	<b>55,262</b>	<b>123,799</b>	<b>36,698</b>	<b>215,842</b>	<b>31,051</b>	<b>29,975</b>	<b>5,914,093</b>



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**Consolidated**

**2021-22**

**Land and buildings:**

**Plant and equipment:**

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

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Parent  
2022-23

2022-23	Land and buildings:			Plant and equipment:						Investment property \$'000	Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommo- dation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000		
Carrying amount at the beginning of the period	25,198	1,586	18,214	2,057	5,444	141	3,990	209	946	-	57,785
Additions	-	-	-	633	-	-	-	93	848	-	1,574
Assets received free of charge	5,000	-	-	-	-	-	-	-	-	-	5,000
Disposals	-	-	-	-	-	-	(178)	(37)	-	-	(215)
Transfers between asset classes	-	-	-	(2,690)	1,543	-	1,739	-	(592)	-	-
Reclassified to held for sale	(5,000)	-	-	-	-	-	-	-	-	-	(5,000)
Subtotal:	25,198	1,586	18,214	-	6,987	141	5,551	265	1,202	-	59,144
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(126)	(1,325)	-	(646)	(40)	(1,335)	(127)	-	-	(3,599)
Subtotal:	-	(126)	(1,325)	-	(646)	(40)	(1,335)	(127)	-	-	(3,599)
Carrying amount at the end of the period	25,198	1,460	16,889	-	6,341	101	4,216	138	1,202	-	55,545
Gross carrying amount											
Gross carrying amount	25,198	3,530	19,870	-	12,105	199	31,656	372	1,202	-	94,132
Accumulated depreciation / amortisation	-	(2,070)	(2,981)	-	(5,764)	(98)	(27,440)	(234)	-	-	(38,587)
Carrying amount at the end of the period	25,198	1,460	16,889	-	6,341	101	4,216	138	1,202	-	55,545

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Parent 2021-22	Land and buildings:				Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in land and buildings \$'000	Accommo- dation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use equipment \$'000	Capital works in plant and equipment \$'000	
Carrying amount at the beginning of the period	25,198	1,712	19,384	7,525	783	181	2,315	200	769	58,067
Additions	-	-	-	2,190	-	-	-	146	863	3,199
Disposals	-	-	-	-	-	-	-	(6)	-	(6)
Transfers between asset classes	-	-	-	(7,658)	5,129	-	3,215	-	(686)	-
Remeasurement	-	-	157	-	-	-	-	-	-	157
<b>Subtotal:</b>	<b>25,198</b>	<b>1,712</b>	<b>19,541</b>	<b>2,057</b>	<b>5,912</b>	<b>181</b>	<b>5,530</b>	<b>340</b>	<b>946</b>	<b>61,417</b>
<b>Gains/(losses) for the period recognised in net result:</b>										
Depreciation and amortisation	-	(126)	(1,327)	-	(468)	(40)	(1,540)	(131)	-	(3,632)
<b>Subtotal:</b>	<b>-</b>	<b>(126)</b>	<b>(1,327)</b>	<b>-</b>	<b>(468)</b>	<b>(40)</b>	<b>(1,540)</b>	<b>(131)</b>	<b>-</b>	<b>(3,632)</b>
Carrying amount at the end of the period	25,198	1,586	18,214	2,057	5,444	141	3,990	209	946	57,785
<b>Gross carrying amount</b>										
Gross carrying amount	25,198	3,530	19,870	2,057	10,562	199	38,128	438	946	100,928
Accumulated depreciation / amortisation	-	(1,944)	(1,656)	-	(5,118)	(58)	(34,138)	(229)	-	(43,143)
Carrying amount at the end of the period	25,198	1,586	18,214	2,057	5,444	141	3,990	209	946	57,785

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21. Reconciliation of intangible assets

The following table shows the movement:

	2022-23				2021-22			
	Computer software \$'000	Bed licences \$'000	Capital works in progress intangibles \$'000	Total \$'000	Computer software \$'000	Bed licences \$'000	Capital works in progress intangibles \$'000	Total \$'000
<b>Consolidated</b>								
Carrying amount at the beginning of the period	46,942	-	6,581	53,523	58,213	700	7,791	66,704
Additions	-	-	6,110	6,110	-	-	5,815	5,815
Disposals	-	-	(1,361)	(1,361)	-	-	-	-
Amortisation	(14,477)	-	-	(14,477)	(18,959)	-	-	(18,959)
Impairment (losses) / reversals	-	-	-	-	-	(700)	-	(700)
Transfers between asset classes	298	-	(322)	(24)	7,689	-	(7,025)	664
Carrying amount at the end of the period	32,763	-	11,008	43,771	46,943	-	6,581	53,524
<b>Gross carrying amount</b>								
Gross carrying amount	219,649	-	11,008	230,657	219,476	-	6,581	226,057
Accumulated amortisation	(186,886)	-	-	(186,886)	(172,533)	-	-	(172,533)
Carrying amount at the end of the period	32,763	-	11,008	43,771	46,943	-	6,581	53,524
<b>Parent</b>								
Carrying amount at the beginning of the period	26,736	-	5,957	32,693	30,790	-	5,431	36,221
Additions	-	-	5,850	5,850	-	-	5,014	5,014
Disposals	-	-	(1,361)	(1,361)	-	-	-	-
Amortisation	(8,299)	-	-	(8,299)	(8,542)	-	-	(8,542)
Transfers between asset classes	-	-	-	-	4,488	-	(4,488)	-
Carrying amount at the end of the period	18,437	-	10,446	28,883	26,736	-	5,957	32,693
<b>Gross carrying amount</b>								
Gross carrying amount	134,300	-	10,446	144,746	134,300	-	5,957	140,257
Accumulated amortisation	(115,863)	-	-	(115,863)	(107,564)	-	-	(107,564)
Carrying amount at the end of the period	18,437	-	10,446	28,883	26,736	-	5,957	32,693

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**22. Fair value measurement**

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

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

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

The carrying amount of owned non-financial assets with a fair value at the time of acquisition that was less than \$1.500 million or an estimated useful life that was less than three years is deemed to approximate fair value.

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

**22.1 Fair value hierarchy**

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

**Fair value measurements at 30 June 2023**

	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	318,726	346,194	25,198	-	25,198
Buildings and improvements	4,322	2,261,464	2,265,786	-	1,460	1,460
Leasehold improvements	-	55,262	55,262	-	6,341	6,341
Plant and equipment	-	160,497	160,497	-	4,317	4,317
Investment property	29,975	-	29,975	-	-	-
<b>Total</b>	<b>61,765</b>	<b>2,795,949</b>	<b>2,857,714</b>	<b>25,198</b>	<b>12,118</b>	<b>37,316</b>

**Fair value measurements at 30 June 2022**

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

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

**22.2 Valuation techniques and inputs**

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

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

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

Unobservable inputs used to arrive at final valuation figures included:

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

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

## 23. Payables

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Creditors and accrued expenses	321,428	309,743	111,985	94,937
Paid Parental Leave Scheme	961	996	27	31
Health Service workers compensation	-	-	13,311	11,161
Interstate patient transfers	113,289	110,909	113,289	110,909
Employment on-costs*	89,264	69,874	6,511	6,349
Other payables	7,561	9,924	83	121
<b>Total current payables</b>	<b>532,503</b>	<b>501,446</b>	<b>245,206</b>	<b>223,508</b>
<b>Non-current</b>				
Health Service workers compensation	-	-	28,284	20,834
Employment on-costs*	32,197	30,569	2,837	2,802
Other payables	57	73	-	-
<b>Total non-current payables</b>	<b>32,254</b>	<b>30,642</b>	<b>31,121</b>	<b>23,636</b>
<b>Total payables</b>	<b>564,757</b>	<b>532,088</b>	<b>276,327</b>	<b>247,144</b>

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. Contractual payables are normally settled within 30 days from the date the invoice is first received. 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 are discharged. These on-costs primarily relate to the balance of leave owing to employees. The Consolidated Entity makes contributions to several State Government and externally managed superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as they have been assumed by the respective superannuation schemes. The only liability outstanding at reporting date relates to any contributions due but not yet paid to the South Australian Superannuation Board and externally managed superannuation schemes. Also included is FBT payable to the ATO.

Inter-entity transactions between the Department and Health Services workers compensation (redemption and lump sum) payables amount to \$41.595 million (\$31.995 million). Refer to note 1.1.2 for further information.

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave has increased from 2022 (42%) to 43% for the Department and remained unchanged at 38% for the LHNs and SAAS, the average factor for the calculation of employer superannuation on-costs has increased from the 2022 rate (10.6%) to 11.1% 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 \$3.966 million (Parent increase of \$0.195 million). The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

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Refer to note 15 for information on interstate patient transfers.

Refer to note 34 for information on risk management.

## 24. Financial liabilities

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Lease liabilities	89,133	87,942	1,151	1,105
<b>Total current financial liabilities</b>	<b>89,133</b>	<b>87,942</b>	<b>1,151</b>	<b>1,105</b>
<b>Non-current</b>				
Lease liabilities	2,612,862	2,671,938	17,837	18,940
<b>Total non-current financial liabilities</b>	<b>2,612,862</b>	<b>2,671,938</b>	<b>17,837</b>	<b>18,940</b>
<b>Total financial liabilities</b>	<b>2,701,995</b>	<b>2,759,880</b>	<b>18,988</b>	<b>20,045</b>

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or DTF's incremental borrowing rate. There were no defaults or breaches on any of the above liabilities throughout the year.

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

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

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

Right-of-use asset	Nature of arrangements	Details
Buildings and improvements	Terms are up to 94 years Payment is nominal	Concessional building arrangements include the use of premises for dental services, pathology collection, breast screen services, community health services, GP Plus arrangements, Drug and Alcohol Services clinics and Child/Family/Women's/Mental Health services.

### 24.2 Maturity analysis

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
<b>Lease Liabilities</b>				
1 to 3 years	959,350	949,185	4,626	4,503
3 to 5 years	620,374	625,834	3,180	3,093
5 to 10 years	1,434,141	1,473,676	8,761	8,523
More than 10 years	3,125,578	3,384,239	5,349	7,197
<b>Total lease liabilities (undiscounted)</b>	<b>6,139,443</b>	<b>6,432,934</b>	<b>21,916</b>	<b>23,316</b>

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**25. Employee benefits**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2023</b>	<b>2022</b>	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Current</b>				
Accrued salaries and wages	112,779	96,713	953	1,957
Annual leave	496,015	457,554	18,492	19,064
Long service leave	64,471	62,352	2,929	2,896
Skills and experience retention leave	32,951	31,460	1,311	1,342
Other	477	500	10	(4)
<b>Total current employee benefits</b>	<b>706,693</b>	<b>648,579</b>	<b>23,695</b>	<b>25,255</b>
<b>Non-current</b>				
Long service leave	710,087	701,383	32,407	32,722
<b>Total non-current employee benefits</b>	<b>710,087</b>	<b>701,383</b>	<b>32,407</b>	<b>32,722</b>
<b>Total employee benefits</b>	<b>1,416,780</b>	<b>1,349,962</b>	<b>56,102</b>	<b>57,977</b>

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

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

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

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

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2022 rate (1.5%) to 2.0% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee staff benefits liability and employee benefits expenses of \$2.550 million (Parent increase of \$0.097 million) for the current financial year. The impacts on future periods is impractical to estimate.

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 2022 (3.50%) to 4.00% for the Department and (3.75%) to 4.00% 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 increased the salary inflation rate from 2022 (2.50%) to 3.50% for long service leave liability resulting in an increase in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is a decrease in the long service leave liability of \$14.271 million (Parent \$1.043 million), payables (employment on-costs) of \$0.610 million (Parent \$0.052 million) and employee benefits expense of \$14.881 million (Parent \$1.095 million). The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

**25.3 Superannuation funds**

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



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

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

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

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

**Defined benefit superannuation scheme**

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

	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
Carrying amount at the beginning of the period	265,853	297,072
Current service cost	5,761	8,020
Interest cost	8,486	3,801
Contributions by scheme participants	3,266	2,974
Actuarial (gains)/losses	13,236	(29,615)
Benefits paid	(30,489)	(15,303)
Taxes, premiums and expenses paid	(2,249)	(1,239)
Transfers in	71	143
<b>Carrying amount at the end of the period</b>	<b>263,935</b>	<b>265,853</b>

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

	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
Carrying amount at the beginning of the period	296,214	302,941
Interest Income	9,528	3,916
Actual return on scheme assets less Interest Income	1,962	(2,417)
Contributions from the employer	5,685	5,199
Contributions by scheme participants	3,266	2,974
Benefits paid	(30,489)	(15,303)
Taxes, premiums and expenses paid	(2,249)	(1,239)
Transfers in	71	143
<b>Carrying amount at the end of the period</b>	<b>283,988</b>	<b>296,214</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	263,935	265,853
Fair value of scheme assets	(283,988)	(296,214)
<b>Net liability arising from defined benefit obligations</b>	<b>(20,053)</b>	<b>(30,361)</b>

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

Non-current receivable - superannuation - defined benefit scheme	20,053	30,361
<b>Closing balance of defined benefit assets</b>	<b>20,053</b>	<b>30,361</b>

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	% invested by asset class	
	2023	2022
	%	%
Australian equity	25	27
International equity	26	28
Fixed income	7	10
Property	10	11
Diversified Strategies Income	8	8
Diversified Strategies Growth	10	9
Alternatives/other	5	5
Cash	9	2
<b>Total</b>	<b>100</b>	<b>100</b>

In accordance with the revised AASB 119 the percentage invested in each asset class as at 30 June 2023 is adjusted to be comparable to 30 June 2022. This adjustment is made to align with the new approach where Diversified Strategies Growth and Diversified Strategies Income are identified as separate asset classes.

The actual return on scheme assets was \$11.490 million (\$1.49 million), a loss of \$11.274 million resulting from investment returns being significantly lower than previously assumed. Employer contributions of \$4.577 million are expected to be paid to the scheme for the year ending 30 June 2023.

	2023	2022
	% pa	% pa
<b>Principal actuarial assumptions used (and expressed as weighted averages):</b>		
Discount rate (defined benefit cost)	3.6	1.4
Expected rate of salary increase (defined benefit cost)	2.5	2.5
Discount rate (defined benefit obligation)	4.0	3.6
Expected rate of salary increase (defined benefit obligation)	3.5	2.5

	2023	2022
	\$'000	\$'000
<b>Movement in net defined benefit liability</b>		
Carrying amount at the beginning of the period	(30,361)	(5,869)
Defined benefit cost	4,719	7,905
Remeasurements	11,274	(27,198)
Employer contributions	(5,685)	(5,199)
<b>Carrying amount at the end of the period</b>	<b>(20,053)</b>	<b>(30,361)</b>

The net financial effect of the changes in the discount rate in the current year is an decrease in the superannuation – defined benefits scheme liability and other comprehensive income expense loss of \$4.554 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 2023 under several scenarios is presented below.

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

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

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

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

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

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	Base Case	Scenario A	Scenario B	Scenario C	Scenario D
		-0.5% pa discount rate	+0.5% pa discount rate	-0.5% pa salary increase rate	+0.5% pa salary increase rate
Discount Rate	4.0%	3.5%	4.5%	4.0%	4.0%
Salary increase rate	3.5%	3.5%	3.5%	3.0%	4.0%
Defined benefit obligation (\$'000)	263,935	270,173	258,892	259,575	269,270

*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 2020 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 2023 is seven years.

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## 26. Provisions

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
<b>Current</b>					
Insurance	26.2	21,089	21,055	21,089	21,055
Workers compensation	26.1	39,451	34,943	1,071	640
<b>Total current provisions</b>		<b>60,540</b>	<b>55,998</b>	<b>22,160</b>	<b>21,695</b>
<b>Non-current</b>					
Insurance	26.2	109,848	111,068	109,848	111,068
Workers compensation	26.1	142,074	142,090	3,392	1,130
<b>Total non-current provisions</b>		<b>251,922</b>	<b>253,158</b>	<b>113,240</b>	<b>112,198</b>
<b>Total provisions</b>		<b>312,462</b>	<b>309,156</b>	<b>135,400</b>	<b>133,893</b>

### 26.1 Workers Compensation

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	<b>177,033</b>	<b>149,875</b>	<b>1,770</b>	<b>1,315</b>
Payments	(28,739)	(29,542)	(422)	(449)
Remeasurement	(5,960)	21,253	2,304	264
Additions	39,191	35,447	811	640
<b>Carrying amount at the end of the period</b>	<b>181,525</b>	<b>177,033</b>	<b>4,463</b>	<b>1,770</b>

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

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes). The workers compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2023 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

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

There is a significant degree of uncertainty associated with estimating future claim and expense payments and also around the timing of future payments due to the variety of factors involved. The liability is impacted by agency claim experience relative to other agencies, average claim sizes and other economic and actuarial assumptions.

### 26.2 Insurance

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

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

The determination of the medical malpractice professional indemnity insurance provision was carried out through an actuarial assessment in accordance with AASB 1023 *General Insurance Contracts*, conducted by Brett & Watson Pty Ltd. Current and non-current liabilities of the Department are determined by taking into account prudential margins, inflation, taxes, claims incurred but not reported and current claim values. The discount rate, which is used to discount expected future payments to the valuation date, increased to 4.1% (3.7%).

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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
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2022-23</b>					
Carrying amount at the beginning of the period	126,901	103	1,695	3,424	132,123
Increase to provision due to new claims	14,218	27	69	1,942	16,256
Reduction due to payments	(12,927)	(4)	(38)	(579)	(13,548)
Net revision of estimates	(2,536)	(29)	(145)	(1,184)	(3,894)
<b>Carrying amount at the end of the period</b>	<b>125,656</b>	<b>97</b>	<b>1,581</b>	<b>3,603</b>	<b>130,937</b>

**27. Contract liabilities and other liabilities**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Unclaimed monies	139	130	-	2
Unearned revenue	1,300	3,475	-	907
Contract liabilities	23,165	30,936	2,937	2,470
Residential aged care bonds	98,988	86,897	-	-
Accommodation and lease incentive*	28	24	28	24
Other	1,057	1,214	-	5
<b>Total current contract liabilities and other liabilities</b>	<b>124,677</b>	<b>122,676</b>	<b>2,965</b>	<b>3,408</b>
<b>Non-current</b>				
Accommodation and lease incentive*	73	102	73	102
<b>Total non-current contract liabilities and other liabilities</b>	<b>73</b>	<b>102</b>	<b>73</b>	<b>102</b>
<b>Total contract liabilities and other liabilities</b>	<b>124,750</b>	<b>122,778</b>	<b>3,038</b>	<b>3,510</b>

\*Accommodation incentives relate to arrangements with DIT for office accommodation. These arrangements are not leases and accordingly the accommodation incentives are not financial liabilities. The benefit of incentives is spread over the accommodation term so that each year reported accommodation expenses reflect the economic substance of the arrangement and related benefits provided.

Contract liabilities are recognised for revenue relating to home care packages, training programs, drug and alcohol abuse support, SA Dental services co-payment, grant funded projects/programs and other health programs received in advance and is realised as agreed milestones/service obligations have been achieved. A contract liability is recognised for revenue relating to ambulance cover at the time of the initial sales transaction and is released over the service period. Revenue relating to maintenance services for call direct and ambulance cover is recognised over time although the customer pays up front in full for these services. All performance obligations from these existing contracts (deferred service income) will be satisfied during the next reporting period and accordingly all amounts will be recognised as revenue.

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.

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## 28. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	920,356	825,410	563,098	515,078
<b>Cash as per Statement of Financial Position</b>	<b>920,356</b>	<b>825,410</b>	<b>563,098</b>	<b>515,078</b>
<b>Balance as per Statement of Cash Flows</b>	<b>920,356</b>	<b>821,410</b>	<b>539,147</b>	<b>515,078</b>
<b>Reconciliation of net cash provided to net result:</b>				
Net cash provided by (used in) operating activities	489,035	(16,893)	29,956	(268,507)
<b>Add/less non-cash items</b>				
Capitalised interest expense on finance lease	(8,307)	(9,053)	-	-
Depreciation and amortisation expense of non-current assets	(299,528)	(311,381)	(11,898)	(12,174)
Gain/(loss) on sale or disposal of non-current assets	7,158	340	8,514	-
Gain/(loss) on valuation of defined benefits	11,274	(27,198)	-	-
Impairment of non-current assets	-	(700)	-	-
Increments/(decrements) on revaluation of non-current assets	(41,986)	2,250	-	-
Interest credited directly to investments	258	102	-	-
Resources received free of charge	-	221	5,000	-
Revaluation of investments	1,037	(661)	-	-
Administrative Restructure	1,959	(1,051)	1,959	-
<b>Movement in assets and liabilities</b>				
Increase/(decrease) in contract assets	(274)	8,097	-	-
Increase/(decrease) in receivables	(17,898)	(10,605)	(4,354)	(32,421)
Increase/(decrease) in inventories	(20,595)	5,363	(22,570)	2,634
Increase/(decrease) in other current assets	9	(5)	-	-
(Increase)/decrease in employee benefits	(68,155)	107,538	1,875	2,785
(Increase)/decrease in payables and provisions	(35,975)	(90,054)	(31,101)	5,677
(Increase)/decrease in other liabilities	(1,980)	(7,955)	472	(1,303)
<b>Net result</b>	<b>16,032</b>	<b>(351,645)</b>	<b>(22,047)</b>	<b>(303,309)</b>

Total cash outflows for leases is \$291.598 million (\$226.222 million) for the consolidated entity, and \$15.571 million (\$11.529 million) for the Department.

## 29. Unrecognised contractual commitments

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

### 29.1 Contractual commitments to acquire property, plant and equipment

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Within one year	25,271	21,920	1,604	4,019
<b>Total capital commitments</b>	<b>25,271</b>	<b>21,920</b>	<b>1,604</b>	<b>4,019</b>

The Consolidated Entity's contractual commitments to acquire property, plant and equipment are for plant and equipment ordered but not received and capital works. Contractual commitments to acquire property, plant and equipment for major infrastructure works are recognised in the DIT financial statements.

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**29.2 Other contractual commitments**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Within one year	397,109	493,622	103,582	169,371
Later than one year but not longer than five years	679,279	618,817	89,717	32,641
Later than five years	2,131,884	2,175,664	48,132	-
<b>Total expenditure commitments</b>	<b>3,208,272</b>	<b>3,288,103</b>	<b>241,431</b>	<b>202,012</b>
Less contingent rentals	(1,111,836)	(1,131,528)	-	-
<b>Net expenditure commitments</b>	<b>2,096,436</b>	<b>2,156,575</b>	<b>241,431</b>	<b>202,012</b>

The Consolidated Entity's other contractual commitments are for agreements for goods and services ordered but not received and memorandum of administrative arrangements with DIT for accommodation.

Included in other contractual commitments above is \$2,523.411 million (\$2,605.205 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 2023 has not been quantified.

**29.3 Expected rental income from lessor arrangements**

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Within one year	448	82	-	-
Later than one year but not longer than five years	1,418	-	-	-
<b>Total expected rental income from lessor arrangements</b>	<b>1,866</b>	<b>82</b>	<b>-</b>	<b>-</b>

Refer note 19.8 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	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
<b>Carry amount at the beginning of period</b>	<b>728</b>	<b>640</b>	<b>-</b>	<b>-</b>
Client trust receipts	1,246	1,342	-	-
Client trust payments	1,120	1,254	-	-
<b>Carrying amount at the end of the period</b>	<b>854</b>	<b>728</b>	<b>-</b>	<b>-</b>

**31. Contingent assets and liabilities**

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value.

**31.1 Contingent assets**

The new RAH project is being delivered under a public-private partnership agreement with Celsus. The new RAH PPP agreement contains a number of indexation elements which relate to adjustments to certain service payments i.e. interest rate and refinancing service payment adjustments. Where the indexation element is closely related to a lease contract, such as the interest rate payment adjustment, it is not required to be separately accounted for as a derivative. The change in interest rate is accounted for as a contingent rental and expensed in the period incurred.

Like the interest rate service payment adjustment, the refinancing element is an embedded derivative. However, the economic characteristics and risks of this embedded derivative are not closely related to the lease contract and are required to be accounted for separately in the financial statements. The refinancing element could be considered akin to a purchase option in that the Hospital benefits from a portion of gains without exposure to any of the losses. The valuation of this derivative would be derived via the present value of the estimated future cash flows over the life of the project based on observable interest yield curves, basis spread, credit spreads and option pricing models, as appropriate, adjusted for Celsus's credit risk, (i.e. forward curve of credit risk margin).



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

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

### **31.2 Contingent liabilities**

On 1 August 2017, Hansen Yuncken Pty Ltd and CBP Contractors Pty Ltd (formerly known as Leighton Contractors Pty Ltd) filed legal proceedings in the Federal Court of Australia against Celsus Pty Ltd (formerly known as SA Health Partnership Nominees Pty Ltd) 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.

On 20 February 2023, the first pre-action legal claim was received by SA Health's insurer (South Australian Financing Authority) in respect of an undermapping issue concerning the Women's and Children's Health Network's Cochlear Implant Program. As of 7 September 2023, 14 pre-action claims have been received. Discussions between the parties continue in respect of these legal claims.

### **31.3 Guarantees**

The Consolidated Entity has made no guarantees.

## **32. Events after balance date**

Following an independent review in 2022, it was identified that since 2006 there had been 208 children that received care through the Women's and Children's Health Network's (WCHN) Cochlear Implant Program (CIP), with a proportion of children's cochlear implants under-mapped. Recognising the impact of this issue on these children and their families, the Government announced on Monday 21 August 2023 that it would make available, to impacted families involved in the CIP from 2006, one-off payments. As announced, payments would be available to families of \$5,000 per child, who were part of the WCHN CIP but had not been under-mapped and \$50,000 per child who were under-mapped as part of the CIP. These announced payments do not mitigate a family's entitlement to compensation claims in the future in relation to the implant under-mapping issues identified.

## **33. Impact of Standards not yet effective**

Australian Accounting Standards and Interpretations not yet effective have not been adopted by the Consolidated Entity for the reporting period ended 30 June 2023, except for AASB 2021-2 which was adopted from 1 July 2021.

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* will apply from 1 July 2024. Given the complexity and level of judgement required in applying AASB 13 and the new amending standard, together with the need to liaise with valuers, the Consolidated Entity has not yet determined the impact.

The Consolidated Entity does not expect any other standards issued but not yet effective to have a material impact on the financial statements.

## **34. Financial instruments/financial risk management**

### **34.1 Financial risk management**

Risk management is managed by the Department's Risk and Assurance Services section. Risk management policies are in accordance with the *Risk Management Policy Statement* issued by the Premier and Treasurer and the principles established in the Australian Standard *Risk Management – Guidelines*.

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

#### Liquidity risk

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

Refer to notes 1, 4, 23 and 24 for further information.



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**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 hedging for its financial assets. Exposure to interest rate risk may arise through interest bearing liabilities, including borrowings. The Consolidated Entity's interest bearing liabilities are managed through SAFA and any movement in interest rates are monitored on a daily basis. There is no exposure to foreign currency or other price risks. There have been no changes in risk exposure since the last reporting period.

**34.2 Categorisation of financial instruments**

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

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

A financial asset is measured at amortised cost if:

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

Category of financial asset and financial liability	Notes	Consolidated		Parent	
		2023	2022	2023	2022
		Carrying amount/ Fair value \$'000	Carrying amount/ Fair value \$'000	Carrying amount/ Fair value \$'000	Carrying amount/ Fair value \$'000
<b>Financial assets</b>					
Cash and equivalent					
Cash and cash equivalents	14, 28	920,356	825,410	563,098	515,078
Amortised Cost					
Receivables <sup>(1)(2)</sup>	15	377,380	395,921	181,104	190,323
Other financial assets	16	106,931	105,786	-	-
Fair value through statement of comprehensive income					
Other financial assets	16	1,409	1,308	-	-
Fair value through profit and loss					
Other financial assets	16	5,533	4,936	-	-
<b>Total financial assets</b>		<b>1,411,609</b>	<b>1,333,361</b>	<b>744,202</b>	<b>705,401</b>
<b>Financial liabilities</b>					
Financial liabilities at amortised cost					
Payables <sup>(1)</sup>	23	439,328	427,815	266,151	237,215
Lease liabilities	24, 29	2,701,995	2,759,880	18,988	20,045
Other financial liabilities	27	100,285	88,359	101	133
<b>Total financial liabilities</b>		<b>3,241,608</b>	<b>3,276,054</b>	<b>285,240</b>	<b>257,393</b>

(1) Receivable and payable amounts disclosed exclude amounts relating to statutory receivables and payables. This includes Commonwealth State and Local Government taxes and fees and charges. This is in addition to employee related receivables and payables such as payroll tax, fringe benefits tax etc. In government, certain rights to receive or pay cash may not be contractual and therefore in these situations, the disclosure requirements of AASB 7 *Financial Instruments: Disclosures* will not apply. Where rights or obligations have their source in legislation such as levies, tax and equivalents etc. they would be excluded from the disclosure. The standard defines contract as enforceable by law. All amounts recorded are carried at cost.

(2) Receivable amount disclosed excludes prepayments as they are not financial assets.

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**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 risk characteristics and the days past due. When estimating expected credit loss, the Consolidated Entity considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Consolidated Entity's historical experience and informed credit assessment, including forward-looking information.

The assessment of the correlation between historical observed default rates, forecast economic conditions and expected credit loss is a significant estimate. The Consolidated Entity's historical credit loss experience and forecast of economic conditions may also not be representative of customers' actual default in the future.

Loss rates are calculated based on the probability of a receivable progressing through stages to write off based on the common risk characteristics of the transaction and debtor. The following table provides information about the credit risk exposure and expected credit loss for non-government debtors:

CONSOLIDATED	30 June 2023			30 June 2022		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
<b>Days past due</b>						
Current	0.1 – 25.2%	53,971	8,404	0.1 – 24.6%	49,230	8,049
<30 days	0.2 – 28.3%	25,724	2,629	0.2 – 27.7%	23,481	2,464
31-60 days	0.4 – 48.2%	11,989	2,152	0.4 – 48.1%	12,115	1,854
61-90 days	0.6 – 62.3%	8,052	2,135	0.6 – 62.2%	10,385	2,443
91-120 days	0.9 – 69.1%	6,664	1,803	0.9 – 69.0%	7,869	2,144
121-180 days	1.7 – 73.9%	7,283	2,124	1.6 – 74.5%	9,606	2,126
181-360 days	3.4 – 77.7%	22,997	13,797	2.8 – 100.0%	26,933	14,942
361-540 days	4.7 – 100.0%	11,209	8,677	4.8 – 100.0%	11,426	6,372
>540 days	5.5 – 100.0%	19,558	11,310	5.5 – 100.0%	13,599	9,849
<b>Total</b>		<b>167,447</b>	<b>53,031</b>		<b>164,644</b>	<b>50,243</b>

PARENT	30 June 2023			30 June 2022		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
<b>Days past due</b>						
Current	0.2%	3,063	7	0.2%	1,385	3
<30 days	0.4%	86	-	0.4%	2,102	8
31-60 days	1.0%	58	1	1.0%	293	3
61-90 days	1.8%	5	-	1.7%	1,384	23
91-120 days	3.0%	10	-	2.9%	1,041	30
121-180 days	4.3%	66	3	4.1%	1,721	71
181-360 days	11.6%	154	18	10.8%	5,050	548
361-540 days	32.1%	1,212	389	31.3%	5,027	1,572
>540 days	37.2%	8,751	3,253	36.4%	1,414	514
<b>Total</b>		<b>13,405</b>	<b>3,671</b>		<b>19,417</b>	<b>2,772</b>

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### 35. Budget performance

The budget performance table compares the Consolidated Entity's outcomes against budget information presented to Parliament in the original budget financial statements (2022-23 Budget Paper 4). The budget amounts have not been adjusted to reflect budgets or administrative restructures. The budget process is not subject to audit.

Consolidated	Original Budget 2023 \$'000	Actual 2023 \$'000	Variance \$'000
<b>Statement of Comprehensive Income</b>			
<b>Income</b>			
Revenues from SA Government	4,838,806	5,248,944	410,138
Fees and charges	762,023	729,557	(32,466)
Grants and contributions	2,295,314	2,452,127	156,813
Interest	2,963	10,560	7,597
Resources received free of charge	79,305	79,728	423
Net gain/(loss) from disposal of non-current and other assets	582	7,158	6,576
Other revenues/income	25,489	49,966	24,477
<b>Total Income</b>	<b>(a) 8,004,482</b>	<b>8,578,040</b>	<b>573,558</b>
<b>Expenses</b>			
Staff benefits expenses	4,657,620	5,048,397	(390,777)
Supplies and services	2,408,723	2,768,002	(359,279)
Depreciation and amortisation	298,591	299,528	(937)
Grants and subsidies	89,025	130,787	(41,762)
Borrowing costs	173,448	190,705	(17,257)
Impairment loss on receivables	5,153	3,227	1,926
Other expenses	55,214	121,362	(66,148)
<b>Total Expenses</b>	<b>(b) 7,687,774</b>	<b>8,562,008</b>	<b>(874,234)</b>
<b>Net result</b>	<b>316,708</b>	<b>16,032</b>	<b>(300,676)</b>
<b>Other Comprehensive Income</b>			
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>			
Gains/(losses) recognised directly in equity	-	(11,178)	(11,178)
<b>Total Other Comprehensive Income</b>	<b>-</b>	<b>(11,178)</b>	<b>(11,178)</b>
<b>Total Comprehensive Result</b>	<b>316,708</b>	<b>4,854</b>	<b>(311,854)</b>

- (a) Favourable variance for income: attributed to Revenues from SA Government increases for the outcome of Enterprise Agreements, increased funding for additional hospital activity and additional resources to support the transition from the height of the pandemic response to a 'living with COVID' framework. Partly offset by reduced funding associated with the carryover of funding from 2022-23 for various investing projects originally planned to occur in 2022-23.
- (b) Unfavourable variance for expenses: attributed to increased expenditure across a range of areas and hence are not separately disclosed in this note and relate to the de-recognition of capital work in progress expenditure directly attributable to the previous work on the new Women's and Children's Hospital and the increased cost of providing hospital services including:
- increased costs associated with the outcomes of Enterprise Agreements including the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2022 and SA Ambulance Service Enterprise Agreement 2022;
  - additional hospital activity; and
  - additional resources to support the transition from pandemic response to 'living with COVID' framework.

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	Original Budget 2023 \$'000	Actual 2023 \$'000	Variance \$'000
<b>Investing expenditure summary</b>			
Total new projects	72,123	54,238	17,885
Total existing projects	406,073	215,040	191,033
Total annual programs	53,156	59,862	(6,706)
Total leases	15,144	19,885	(4,741)
<b>Total investing expenditure</b>	<b>(c) 546,496</b>	<b>349,025</b>	<b>197,471</b>

(c) The favourable variance between original budget and actual amounts for investing expenditure mainly relates to reprofiling of projects into future years due to delays in completing projects or changes in the delivery approach.

**New Projects**

Specific projects that have contributed to the \$17.9 million variance include:

Metropolitan mental health beds	\$9.7 million
New Mount Barker Hospital	\$4.8 million
Women's and Children's Hospital Upgrade - Additional Sustainment	\$2.8 million

**Existing Projects**

Specific projects that have contributed to the \$191.0 million variance include:

New Women's and Children's Hospital	\$121.8 million
New Older Persons Mental Health Facility - Modbury	\$18.6 million
Country Health SA Sustainment and Compliance	\$13.8 million
Crisis Stabilisation Centre - Northern Suburbs	\$11.6 million
Psychiatric Intensive Care Beds (discontinued)	\$8.9 million
Electronic Medical Records System	\$6.6 million
Gawler Emergency Department Expansion	\$5.9 million

**Annual Projects**

The unfavourable variance of \$6.7 million between original budget and actuals mainly relates to spend of \$9.4 million on capital items funded from current investment projects funded from own source revenue and approved expenditure under the Special Purpose Funds (SPF) policy offset by underspend of \$2.6 million in SPF capital purchases funded by external grants.

**36. Significant transactions with government related entities**

The Consolidated Entity is controlled by the SA Government.

Related parties of the Consolidated Entity include all key management personnel and their close family members; all Cabinet Ministers and their close family members; and all public authorities that are controlled and consolidated into the whole of government financial statements and other interests of the Government.

Significant transactions with the SA Government are identifiable throughout this financial report. The Consolidated Entity received funding from the SA Government (note 2), and incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for capital works of \$162.636 million (\$151.191 million) and occupancy rent and rates of \$15.790 million (\$14.704 million) (note 9). At reporting date the Consolidated Entity has unrecognised contractual expenditure commitments with DIT for accommodation of \$132.583 million (\$58.406 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**

Central Adelaide Local Health Network Incorporated has a 100% interest (1,150,000 shares) in AusHealth. AusHealth is a national provider of on-site health and safety services delivered by qualified and experienced professional staff to businesses throughout Australia. AusHealth also manages patient payment solutions for Australian hospitals and commercialises hospital research into leading edge medical technologies and treatments.

From 1 July 2023 AusHealth will become a health charity known as The AusHealth Hospital Research Fund (AHRF). AusHealth, as a trading entity, will fall under the umbrella of AHRF. Under its new charity status, AusHealth's business model will comprise three divisions —AusHealth Work, AusHealth Hospitals, and AusHealth Research.

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Regional LHNs have effective control over, and a 100% interest in, the net assets of the Health Advisory Councils (HACs). The HACs were established as a consequence of the *Health Care Act 2008* being enacted and certain assets, rights and liabilities of the former Hospitals and Incorporated Health Centres were vested in them with the remainder being vested in the respective LHN.

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

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

The above assets, rights and liabilities of the former Hospitals whose HAC elected not to be incorporated were vested in the Country Health Gift Fund Health Advisory Council Inc.

The HACs have no powers to direct or make decisions with respect to the management and administration of LHNs.

**Joint arrangements**

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

Name of arrangement	Nature of the arrangement	Principal activity	Location	Interest
Adelaide Health Innovation Partnership	Company limited by guarantee comprising of four members – South Australia Health and Medical Research Institute, Central Adelaide Local Health Network, Women's and Children's Health Network and The University of Adelaide.	Advocates for change, innovation and improvements in health service delivery, medical research, education and patient care.	Adelaide SA	50%
Centre for Cancer Biology Alliance	Agreement between the University of South Australia and Central Adelaide Local Health Network Incorporated	Undertake health and medical research in South Australia as an integrated clinical, educational and research activity, with a focus on cancer research.	Adelaide SA	50%
South Australian Immunogenomics Cancer Institute	Agreement between The University of Adelaide and Central Adelaide Local Health Network Incorporated (CALHN)	Established as an independently governed Institute that operates as a discrete academic unit within The University of Adelaide's Faculty of Health and Medical Sciences, supported by an alliance with CALHN.	Adelaide SA	50%

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

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 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.

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

	<b>2023</b>	<b>2022</b>
Percentage ownership interest	50 %	50 %
	<b>\$'000</b>	<b>\$'000</b>
Current assets	1,512	1,996
Current liabilities	(1,404)	(1,531)
Non-current assets	2,919	2,347
Non-current liabilities	(5,460)	(5,620)
<b>Net assets</b>	<b>(2,433)</b>	<b>(2,808)</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	(6,666)	(6,540)
Revenue	7,039	6,810
<b>Profit/(loss) and total comprehensive income</b>	<b>373</b>	<b>270</b>
<b>Entity's share of profit/(loss) and total comprehensive income (50%)</b>	<b>186</b>	<b>135</b>

**Structured entities**

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

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



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**38. Board and committee members**

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

Board/committee name	Government		Other members
	employee members		
Department for Health and Wellbeing - Clinical Expert Committee	23		Solomon S (appointed 18/08/2022), Corcoran M (appointed 18/08/2022), Dabars E Adj Assoc Prof (appointed 18/08/2022), Sawyer B Dr (appointed 18/08/2022)
Department for Health and Wellbeing - Controlled Substances Advisory Council	11		Ng D, Reynolds C Dr, Reeve M Dr, Smith J, White J Prof, Johns R
Department for Health and Wellbeing - COVID-19 Mental Health Response Oversight Committee (Board ceased 15/09/2022)	10		Hofhuis C, Harris G, McGregor T, Kennedy J
Department for Health and Wellbeing - Electronic Medical Record (EMR) Project Board	11		Solomon S (Chair)
Department for Health and Wellbeing - Viral Hepatitis Subcommittee (HAPI Group)	10		Grant J (Chair), Landers D, Tran D, Patterson K, William E, Safi S, Safi A, Znader B, Rafique M, Wright S, Hutt T, Holly C, Bartlett S, Morrison K, Riessen J, Thorpe C, Bellifemini L, Shipley T, Harris D
Department for Health and Wellbeing - Human Research Ethics Committee	3		Braunacker-Mayer A Prof (Chair), Needs K, Hewitt A Rev, Jones M, Najar R (resigned 31/01/2023), Ross-Taylor S, Haynes C, Strickland A, Bell G, Thompson S Rev, Teh Kym Dr, Scheibner J, Roder D Prof, Milazzo A Dr, Parrella A Dr, Harrison N, Grant J, Buckley E Dr, Gibson T A/Prof, Bradley C Dr, Carter D Dr, Stephens J Dr, Rundle N Rev, Sharrad S Dr, Elliott J A/Prof, Palmer L Prof, Berg S, Bte Mohamed Rahim N, Kennedy R, Butler M Dr, Sharplin G Dr
Department for Health and Wellbeing - Human Rights and Coercion Reduction Committee	9		Harris G, Simpson T, Williams J, Jureidini J, Lockett A, English L
Department for Health and Wellbeing - Lived Experience Advisory Group	3		Hofhuis C (resigned 31/03/2023), Khateeb H (resigned 18/10/2022), English L (Co-chair), Ahmed U (resigned 18/10/2022), O'Loughlin E, Meegan J (resigned 18/10/2022), Singh L, Haydon J, Gayler M, Jovanov S (resigned 18/04/2023)
Department for Health and Wellbeing - NDIS Psychosocial Disability Transition Task Force	18		Hofhuis C, Lee D, Callahan D, Strapp E, Harris G, Naughtin G, Meegan J, Cuthbert J, Burtmik L (resigned 31/08/2022), Leggett M, Corcoran M, Creedon P, Sutton S, Arlidge S, Spencer V, Nowak Z, Nielsen H
Department for Health and Wellbeing - Prescribed Psychiatric Treatment Panel	2		Camilleri C Dr, Coyne T Dr, Paterson T Dr, Simpson T, Smith J, Elliott J A/Prof
Department for Health and Wellbeing - Psychotropic Drugs Committee	15		Hume C, Suppiah V, Brown J
Department for Health and Wellbeing - Risk Management and Audit Committee	-		Stubbs T Dr, Deegan V, Phillips P Prof, Evans J (Chair)
Department for Health and Wellbeing - SA Cancer Plan Project Board	20		Gorp K, Edwards S (appointed 4/07/2022), Miller S (appointed 11/07/2022), Dixon K (appointed 15/07/2022), Rej L, McKay M, Edge N (appointed 22/08/2022), Morey K

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Board/committee name	Government		Other members
	employee members		
Department for Health and Wellbeing - SA Sexual Health Services Review Project Advisory Group	14		Carroll C, Betts S, Huang R Dr, Oliver-Landry E Dr, Rafique M, Rutland A, Porcino A, Ryan L, Shrubsole C, Miliotis N, Morrison K, Myers L, Bartlett S
Department for Health and Wellbeing - SA Teletriads Advisory Committee (all members appointed 10/11/2022)	16		Misan G, Roberts I, Goode S, Best K Dr, Hughes J Prof, Gonzalez-Chica D A/Prof, Williams J Dr, Leonard J Dr, Keech W, Jones M A/Prof, Stocks N Prof, Tenorio F, McKay C, Bowden B Prof, Standing C
Department for Health and Wellbeing - SA Voluntary Assisted Dying Review Board (board appointed on 01/09/2022 and commenced its formal role on 31/01/2023)	1		Stone H, Dawkins J, Hunt R Dr, Jozeps R, May G, Smith M, Walker H
Department for Health and Wellbeing - Safety Learning System (SLS) Communities of Practice	37		Bickley B, Cole B
Department for Health and Wellbeing - South Australia Health Outpatient Redesign Steering Committee	17		Whiteway L
Department for Health and Wellbeing - South Australian Formulary Committee	11		Whiteway L
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council	22		Forsyth K Prof, Jones A A/Prof, Craig J Prof, Skourletos R, Llewellyn A Dr, Boumelha P E/Prof
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council Accreditation Committee	9		Boumelha P E/Prof. (Chair), Kuruppu P Dr, Need P Dr, Hillen J Dr, Ooi E Dr, Murphy R
Department for Health and Wellbeing - South Australian Medicines Advisory Committee	24		Kardachi G, Stocks N Prof, Wiley J, Whiteway L, Lee D
Department for Health and Wellbeing - STI and HIV Subcommittee	8		Miliotis N (Chair), Morrison K, Betts S, Carroll C, Gollin M, Leane K, Williams E, Rafique M, Rutland A, Bartlett S, Hutt T, Tsephe A, Shrubsole C
Department for Health and Wellbeing - Strategic Mental Health Quality Improvement	23		Keyes D, Camilleri C Dr, Husband K, Lucas G
Department for Health and Wellbeing - Towards Zero Suicide Project Committee	9		Kuys J
Department for Health and Wellbeing - Trauma Informed Practice Working Group	2		Hofhuis C
Department for Health and Wellbeing - Viral Hepatitis Model of Care Reference Group	31		Larkin M, Oliver-Landry E Dr, Oudith E, Warneke-Arnold D, Williams E, Carroll C, Rafique M, Rieser J, Sebey B, Vnuk J
Department for Health and Wellbeing - Voluntary Assisted Dying Implementation Taskforce	10		Moy C Dr, Barkla C, Coombe F, Hunt R Dr, Jachmann N, Okninski M Dr, Richards B A/Prof, Simpson T, Smith M, Stone H, Wanganeen R



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Board/committee name	Government		Other members
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Department for Health and Wellbeing - Mental Health Leadership Group	17		English L, Braund S (resigned 20/02/2023), Haydon J (appointed 17/04/2023)
Department for Health and Wellbeing - Mental Health Services Plan Implementation Steering Committee	12		Coulls J, Camilleri C Dr, Braund S, Oudith E, Burgess A, English L, Nowak H
Department for Health and Wellbeing - Mental Health 72 Rehabilitation Beds Project Committee	13		Reynolds J, Hodges E, Braund S, Harris G, English L
Department for Health and Wellbeing - Pharmacy Election Commitments Project Steering Committee	9		Smith M Dr, Kardachi G, Panayiaris N, Seda V, Inglis P, Smith J, Kilmartin J Dr
Department for Health and Wellbeing - Primary Healthcare Subcommittee	5		Jasoria V Dr, Sawyer B Dr, Smith M Dr, Williams J Dr, Whiteway L
Barossa Hills Fleurieu Local Health Network - Country Health Gift Fund Health Advisory Council Inc	-		Fuller J (Chair), Mackay M, Mearthur A.
Barossa Hills Fleurieu Local Health Network - Governing Board	-		Blackwell P, Cantley K (resigned 30/06/2022), Curran J, Fuller J, Gaston C, Hazel J (Chair), Russell G, Williams H (appointed 01/07/2023).
Barossa Hills Fleurieu Local Health Network - Fleurieu Audit and Risk Committee	-		Powell D (Chair), Gaston C, Russell G
Barossa Hills Fleurieu Local Health Network - Rural Support Service Governance Committee	-		Batt R (Chair), Cook L, Ottaway M, Vounard J.
Central Adelaide Local Health Network - Allied Health Directorate Clinical Governance Committee	17		Heydrich S
Central Adelaide Local Health Network - AusHealth Corporate Pty Ltd	1		Bechta-Metti K (resigned 15/05/2023), Hayden S (appointed 14/05/2023), Johansen G, Livesey S Dr, Reid M
Central Adelaide Local Health Network - BreastScreen SA State Quality Committee	7		Eaton M Dr, Kerrins E, Roder D Prof
Central Adelaide Local Health Network - Care and Management of Aboriginal Remains Task Force	7		Wanganeen F
Central Adelaide Local Health Network - 260 Currie Street Governance Committee	5		Bruce-Gordon S (appointed 31/01/2023), Caldwell B (appointed 30/03/2023), Massey A (appointed 01/03/2023), Robinson M (appointed 03/02/2023)
Central Adelaide Local Health Network - Clinical Ethics Committee	10		Cardinali R (appointed 01/11/2022), Carter D Dr, Digance A, Lambert A, Merlin T Prof (resigned 02/03/2023)
Central Adelaide Local Health Network - Consumer Carer Advisory Group	3		Bickley B, Burns T, Earl-Bandaralage L, Law D, Lucas G, Meegan J (resigned 01/10/2022), Smith E (resigned 09/05/2023), Thai L (appointed 14/02/2023), Vega L
Central Adelaide Local Health Network - Critical Care & Perioperative Program Intensive Care Services Quality and Governance Committee	-		Bampton J, Bickley B, Bruce K, How C, Johns P (appointed 06/12/2022), Kelly P (appointed 01/02/2023), Venhoek J, Workman D, Yeend K

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Central Adelaide Local Health Network - Critical Care & Perioperative Program Perioperative Services Quality and Governance Committee	35		Sheehy H
Central Adelaide Local Health Network - Drug and Therapeutics Committee	39		Cullen M
Central Adelaide Local Health Network - Executive Quality Governance Committee	41		Bruce K, Fyfe D, Knight S (appointed 01/03/2023)
Central Adelaide Local Health Network - Geriatric Safety and Quality Committee	37		Curry M
Central Adelaide Local Health Network - Governing Board	-		Beilby J Prof, Cockram A Dr, Dwyer J Prof, Hanlon P (appointed 20/02/2023), Haythorpe I (appointed 20/02/2023), Reid M, Spencer R (Chair), Wanganeen G (resigned 30/06/2023), Yuile J (resigned 06/05/2023)
Central Adelaide Local Health Network - Governing Board Audit and Risk Committee	13		Batt R, Haythorpe I (Chair - appointed 20/02/2023), Reid M
Central Adelaide Local Health Network - Governing Board Clinical Governance Committee	2		Beilby J Prof (Chair), Dwyer J Prof, Fyfe D
Central Adelaide Local Health Network - Governing Board Consumer and Community Engagement Committee	-		Benwell N, Fyfe D, McWhinnie S, Touli S
Central Adelaide Local Health Network - Governing Board Finance and Investment Committee	-		Cantley K
Central Adelaide Local Health Network - Governing Board People and Culture Committee	-		Beilby J Prof, Dwyer J Prof, McEwen K (appointed 07/11/2022), Wanganeen G (resigned 30/06/2023)
Central Adelaide Local Health Network - Human Research Ethics Committee	10		Air T, Bonython J, Crabb A, Crockett J, Cullen J, Digance A, Fisher A, Greenberg Z, Hackett J (resigned 30/01/2023), Lu L, Need A A/Prof, Newsham P, Parry C, Partridge G, Phillips C, Ruediger C, Slater H
Central Adelaide Local Health Network - Integrated Care Clinical Governance Committee	-		Beaumont J, Wing M
Central Adelaide Local Health Network - Pelvic Mesh Specialists Group	14		Blieschke, K, Lilley D, Short K, Williamson W
Central Adelaide Local Health Network - Clinical Governance and Quality Committee	13		Touli S
Central Adelaide Local Health Network - CNARTS Transplant Management Committee	46		Myers D (resigned 25/11/2022), Palk N (appointed 01/07/2022)
Central Adelaide Local Health Network - Critical Care and Periop Safety and Quality Leadership Consumer Representative	15		Yeend K

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Board/committee name	Government		Other members
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Central Adelaide Local Health Network - General Medicine Safety and Quality Committee	40		Cardinali R, Klemm G
Central Adelaide Local Health Network - Heart and Lung Safety and Quality Committee	19		Klemm G (appointed 01/07/2022, resigned 17/11/2023), Lane B (appointed 17/01/2023), McWhinnie S
Central Adelaide Local Health Network - Learning from Dying Committee	28		Anderson R
Central Adelaide Local Health Network - Priority Care Committee: Communicating for Safety	43		Curry M, Raschella F
Central Adelaide Local Health Network - Priority Care Committee: Comprehensive Care	46		Anderson R, Bickley B, Coates P, Curry M, Messing L
Central Adelaide Local Health Network - Priority Care Committee: Managing Deterioration	40		Bampton J, Bickley B, Raschella F (resigned 2023)
Central Adelaide Local Health Network - Priority Care Committee: Patient Blood Management	-		Venhoek J, Johns P
Central Adelaide Local Health Network - Priority Care Committee: Standard 2 Consumer Partnering	-		Anderson R (resigned 14/03/2023), Bampton J (appointed 14/03/2023), Curry M, Klemm G, McMahon J
Central Adelaide Local Health Network - Renal Community of Practice Steering Committee	18		Lester R, Robson B, Weber D, Williams K
Central Adelaide Local Health Network - Royal Adelaide Hospital Joint Services Review Committee	-		Klemm G
Central Adelaide Local Health Network - SA Brain Injury Rehabilitation Service Consumer Advisory Group	3		Bollella D, Crawford S, Francese L, Hoile L (appointed 08/06/2023), Long J (appointed 13/04/2023), Morgan T (Chair)
Central Adelaide Local Health Network - SA Dental Services Consumer Advisory Panel	2		Costa D Dr, Ireland K, Kerekes E (resigned 04/05/2023), Matiasz S Dr, Millier P (resigned 12/04/2023), Saunders C, Sutherland R (resigned 01/12/2022), Whiteway L, Zerna J
Central Adelaide Local Health Network - Statewide Clinical Support Services Committee	4		Beilby J Prof, Cockram A Dr (resigned 01/09/2022), Haslam R (resigned 30/06/2023), Smith M, Spencer R (Chair)
Central Adelaide Local Health Network - Statewide Clinical Support Services Risk Management & Audit Committee	11		Christley S Dr, Davies T (Chair)
Central Adelaide Local Health Network - Stroke Community of Practice Strategic Executive Committee	33		Chamberlain S, McGrath A (resigned 01/07/2022)
Central Adelaide Local Health Network - The Queen Elizabeth Hospital Emergency Department Steering Committee	24		Myers A (appointed 26/10/2022)

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Board/committee name	Government		Other members
	employee members	members	
Central Adelaide Local Health Network - Youth Cancer Advisory Group	3		Binns T, Custance B, Dix M, Edwards S, Gascoigne S, Gogel C, Hassall N, Kincaid J, Lawson A, Roth E (appointed 14/12/2022), Tyson H, Winston T
Eyre and Far North Local Health Network - Governing Board	-		Smith M (Chair), Dunchue L, Mills D Dr, Siviour J, Sweet C, Thyer C, Smith T, Auhl P (appointed 01/07/2022)
Eyre and Far North Local Health Network - Audit and Risk Management Committee	-		van der Wel O (Chair - resigned 31/12/2022), Sweet C (Chair), Smith T, Auhl P
Eyre and Far North Local Health Network - Clinical Governance Committee	-		Mills D Dr (Chair), Blacker P, Jackson T (resigned 30/11/2022)
Eyre and Far North Local Health Network - Finance and Performance Committee	-		Dunchue L (Chair), Sweet C, Auhl P
Eyre and Far North Local Health Network - Consumer, Community and Clinician Engagement Committee			Siviour J (Co Chair), Thyer C (Co Chair)
Flinders and Upper North Local Health Network - Governing Board	-		Whitfield M (Chair), Brady G (resigned 30/06/2022), Graham S, Lynch J (appointed 30/06/2023), Malone G, Reid K (resigned 30/06/2023), Cogan S, Ward R (appointed 14/03/2023), Warren C (appointed 14/03/2023)
Flinders and Upper North Local Health Network - Risk Management and Audit Committee	-		Prestwich P, Plew S, Walters C
Flinders and Upper North Local Health Network - Consumer and Community Engagement Committee	-		Shute J, Screen A, Misan G
Limestone Coast Local Health Network - Governing Board	-		King G (Chair), Birtwistle-Smith A, Brown G, Cook L, Irving J, Johnson A (ceased 18/11/2022), Sales A
Limestone Coast Local Health Network - Audit and Risk Management Committee	-		Kortum D, Brown G, Irving J, Sales A
Limestone Coast Local Health Network - Engagement Strategy Oversight Committee	-		Gerds R (appointed 28/06/2022), Sage R (appointed 01/08/2022)
Northern Adelaide Local Health Network - Governing Board	1		Blight R (Chair), Burgess A, Forwood M, Lampard F, Patetsos M, Roesler C
Northern Adelaide Local Health Network - Clinical Governance Committee	-		Patetsos M (Chair), Dennis C, Roesler C, Burgess A
Northern Adelaide Local Health Network - Consumer Advisory Board	-		White A (Chair), Dahal K, Moscop J, Putsey P, Spargo J
Northern Adelaide Local Health Network - Consumer Community	5		Baker K, Bonato K, Cately P, Chester M, Coleman L, Dahal K, Damgaard H, Dimitropoulos T, Foong J, Gadd R, Grinter M, Hassan R, Irvine S, MacFarlan C, Maiorana B, Moscop J, Putsey P, Radic S, Raina M, Rowa J, Simpson T, Spargo J, Streiber N, Swietek W, Wegener M, White A, Whittle S, Balagengadaran C (appointed 01/09/2022), Radoslovich H (appointed 16/09/2022)

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
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Board/committee name	Government		Other members
	employee members		
Northern Adelaide Local Health Network - Risk Management & Audit Committee	-		Pateisos M (Chair), Connor G, Forwood M
Northern Adelaide Local Health Network and Department for Health and Wellbeing Aboriginal Consumer Reference Group	-		Wanganeen K (Chair), Stengle A, Wanganeen E, Chisholm K, Sinclair N, Weetra R, Varcoe E, Lamont J, O'Brien M, Turner B
Riverland Mallee Coorong Local Health Network - Governing Board	-		Joyner P (Chair), Ashworth E, Goldsmith C, Ottaway M, Toogood F.
Riverland Mallee Coorong Local Health Network - Risk and Audit Committee	-		Brass P (Chair), Goldsmith C, Joyner P, Ottaway M
SA Ambulance Service Inc - Assurance and Risk Committee	-		Beilby J Professor (Chair), Deally Y, McIlroy A (appointed 15/03/2023), Thompson K (Chair - ceased 01/10/2022)
SA Ambulance Service Inc - Clinical Governance Committee	11		Beilby J Professor, Hibbert P, Squirrell D (ceased 16/11/2022), Marshall J
SA Ambulance Service Inc - Consumer and Community Advisory Committee	1		Ashley I, Caldwell B, Chester M, Cook C, Earle-Bandaralage L, Kirk P, Marshall J, McDonald B (ceased 12/08/2022), Mercer K, Pietsch A, Pilkington I, Saunders C, Squirrell D (ceased 16/11/2022), Vega L, Whiteway L, Burgess A
SA Ambulance Service Inc - Finance Committee	-		Murray R, McIlroy A (appointed 15/03/2023)
SA Ambulance Service Inc - ICT Governance Committee	-		Deally Y
SA Ambulance Service Inc - NSQHS Steering Committee	-		Kirk P
SA Ambulance Service Inc - Service Delivery Committee	-		Braund S
Southern Adelaide Local Health Network - Governing Board	-		Butcher M (Chair), Hickey V, Mackean T, Mitchell J, Noble J, Richter J (Deputy Chair), Sherbon A, Searle J (appointed 01/07/2022)
Southern Adelaide Local Health Network - DASSA Clinical Executive Committee	11		Newrick K
Southern Adelaide Local Health Network - DASSA Community Advisory Council	2		Bealing D, Cornish M (ceased 25/09/2022), Dwyer Scott (Chair - appointed 28/09/2022), Halls A, Holly C, Honeyman L (appointed 28/09/2022), Mclean J, Moncrieff D (appointed 28/09/2022), Newrick K (ceased 27/05/2023), Nimmo E, O'Brien J, Petracco C, Randle M (ceased 25/09/2022), Sherif M, Vega L, Whiteway L, Cotter B (appointed 31/05/2023)
Southern Adelaide Local Health Network - DASSA Drug and Therapeutics Committee (Sub Committee of the DASSA Clinical Executive Committee)	12		Randle M (ceased 28/06/2023)
Southern Adelaide Local Health Network - DASSA Executive Group	11		O'Brien J
Southern Adelaide Local Health Network - DASSA Audit and Risk Committee	4		Davies T

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Board/committee name	Government		Other members
	employee members		
Southern Adelaide Local Health Network - Consumer & Community Operational Committee (formerly Partnering with Consumer Advisory Group)	26		King P (Co Chair), Ball R, Dame T, Duke J (ceased 27/06/2023), Hofhius C (ceased 30/04/2023), Hoiles J (ceased 30/04/2023), Klinge N (ceased 30/04/2023), Oudih E (ceased 30/04/2023), Pascoe P, Rankine J (ceased 28/02/2023), Voss D, Gray H (appointed 01/06/2023), Wharton J (appointed 01/06/2023)
Southern Adelaide Local Health Network - Mental Health Consumer and Carer Advisory Group	10		Braund S, Clarke W, Corena M, Harrison J, Hofhius C, Hopkins R, King P
Southern Adelaide Local Health Network - Southern Adelaide Clinical Human Research Ethics Committee	23		Arnold G, Cahalan P, Dykes L, Berg M, Ingleson V (ceased 18/01/2023), Lange B (Deputy Chair), Lister C, Lower K, McEvoy M, Miliotis B, Mudd A, Phillips C, Putsey T, Sharma S, Shephard S, Souzeau E, Spencer M, Thomas J, Treloar H (ceased 25/06/2023), Trethewey C, Trethewey Y, Van Lueven J, Velayudham P, Watt B, Were L, Yip L, Zhou Y
Southern Adelaide Local Health Network - Asset and Infrastructure Planning Sub-Committee	-		Butcher M (Chair), Mitchell J, Richter J, Sherbon A
Southern Adelaide Local Health Network - Audit and Risk Sub Committee (Sub Committee of the Governing Board)	-		Hickey V (Chair), Forman A, Noble J
Southern Adelaide Local Health Network - Clinical Council	53		Dame T, Duong M
Southern Adelaide Local Health Network - Clinical Governance (Sub-Committee of the Governing Board)	-		Richter J (Chair), Baggoley C, Eckert M, Mackean T, Searl J, Voss D, Mitchell J (appointed 03/11/2022)
Southern Adelaide Local Health Network - Communicating for Patient Safety Committee	41		Dame T
Southern Adelaide Local Health Network - Community Engagement (Sub-Committee of the Governing Board)	-		Mitchell J (Chair), Butcher M, King P
Southern Adelaide Local Health Network - Comprehensive Care Committee	38		Stankowski C
Southern Adelaide Local Health Network - Drugs and Therapeutics Committee	31		Burdenuik C (appointed 23/01/2023)
Southern Adelaide Local Health Network - End of Life Steering Committee	15		Barrington D, Phelan C
Southern Adelaide Local Health Network - Falls Prevention Management Committee	36		Cohen M (ceased 06/06/2023)
Southern Adelaide Local Health Network - Marion Lived Experience Group Mental Health Services	4		Brooke B (Chair), English L, Hofhius C (Chair - ceased 17/04/2023), Police D
Southern Adelaide Local Health Network - Mental Health Services Noarlunga Lived Experience Group	3		Buer S (Chair), Healy S, Hopkins R, Hutchison S (appointed 01/02/2023), Smith K



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Board/committee name	Government		Other members
	employee members		
Southern Adelaide Local Health Network - New Technology and Clinical Practice Innovation Committee	12		Holly C, Kaambwa B, King P, Burtmik L (appointed 23/11/2022)
Southern Adelaide Local Health Network - Older Persons Lived Experience Group Mental Health Services	11		Clark W (Chair), Eckert N, Lillecrapp D, Schettters J, Wener J (appointed 01/07/2022), Whitmore A, Cavenett K (ceased 01/05/2023)
Southern Adelaide Local Health Network - SEDS	1		Corena M (Chair), McGregor A, Goddard G, James S (appointed 02/03/2023), Rouvray L, Woolford L, Braund S, Witt K (appointed 02/03/2023), Higgins K (appointed 04/05/2023)
Southern Adelaide Local Health Network - Veterans Lived Experience Group Mental Health Services	4		Frampton R (Chair - appointed 28/02/2023), Daley G, Damare M, Hall R, Hill-Paul C, O'Malley J, Royals N, Schofield M, Tregea J (ceased 01/07/2022), Warren S
Southern Adelaide Local Health Network - Finance and Performance Committee (Sub-Committee of the Governing Board)	-		Richter J (Chair), Sherbon T, Noble J, Fletcher A
Southern Adelaide Local Health Network - Board Executive Committee (Sub-Committee of the Governing Board)	-		Butcher M (Chair), Mitchell J
Southern Adelaide Local Health Network - Ramping Committee (Sub-Committee of the Governing Board)	-		Butcher M (Chair), Richter J, Sherbon T
Women's and Children's Health Network - Audit and Risk Committee	-		Connor G (Chair), Daw S, Haslam R
Women's and Children's Health Network - Clinical Governance Group	-		Daw S (Chair), Cadzow M, Christley S, Griffin L, Glover K, Healey T (appointed 01/02/2023)
Women's and Children's Health Network - Consumer and Community Engagement Committee (Abolished)	-		Gray R, Griffin L, Hurrell E, Sands S
Women's and Children's Health Network - Women's and Children's Governing Board	-		Bastian J (ceased 30/06/2023), Birch J (ceased 31/01/2023), Christley S, Daw S, Glover K (ceased 30/06/2023), Haslam R (ceased 30/06/2023), Miller S, Wilson B, Dennis C (Chair - appointed 01/02/2023)
Yorke and Northern Local Health Network - Governing Board	1		Voumard J (Chair), Badenoch J, Banham D, Coulthard G, Malcolm E, O'Connor J
Yorke and Northern Local Health Network - Audit and Risk Committee	-		Voumard J (Chair), Banham D, Traeger E, O'Connor J

Refer to note 8.2 for remuneration of board and committee members.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2023**

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**39. Schedules of administered items**

**39.1 Basis of preparation**

The basis of preparation for the schedule of administered items is the same as the basis outlined in note 1.

**39.2 Categories of administered items**

*Special Acts* (Parent) administered items include the following:

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

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

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

*Other* administered items include the following:

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

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

**39.3 Administered items - budgetary reporting**

Budget information for Special Acts and HMRF is presented to Parliament; 2022-23 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**  
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For the year ended 30 June 2023

**39.5 Schedules of administered items**

Consolidated	Special Acts		HMRF		Private Practice		Other		Total	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Schedule of Administered Expenses and Income</b>										
<u>Administered income</u>										
Revenues from SA Government	655	615	-	-	-	-	-	-	655	615
Revenues from fees and charges	-	-	-	-	86,732	88,711	3,097	4,023	89,829	92,734
Other revenues	-	-	-	-	-	-	43	49	43	49
<b>Total Administered income</b>	<b>655</b>	<b>615</b>	<b>-</b>	<b>-</b>	<b>86,732</b>	<b>88,711</b>	<b>3,140</b>	<b>4,072</b>	<b>90,527</b>	<b>93,398</b>
<u>Administered expenses</u>										
Employee benefits expenses	655	615	-	-	-	-	59	121	714	736
Supplies and services	-	-	-	-	245	-	276	312	521	312
Depreciation expense	-	-	-	-	-	-	3	3	3	3
Other expenses	-	-	-	-	87,079	89,144	2,918	3,656	89,997	92,800
<b>Total Administered expenses</b>	<b>655</b>	<b>615</b>	<b>-</b>	<b>-</b>	<b>87,324</b>	<b>89,144</b>	<b>3,256</b>	<b>4,092</b>	<b>91,235</b>	<b>93,851</b>
<b>Net result</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(592)</b>	<b>(433)</b>	<b>(116)</b>	<b>(20)</b>	<b>(708)</b>	<b>(453)</b>

**Schedule of Administered Assets and Liabilities**

<u>Administered current assets</u>										
Cash and cash equivalents	(100)	(90)	10,278	10,278	10,097	10,629	2,707	1,587	22,982	22,404
Receivables	100	90	-	-	8,007	6,914	64	142	8,171	7,146
<b>Total Administered current assets</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>10,278</b>	<b>18,104</b>	<b>17,543</b>	<b>2,771</b>	<b>1,729</b>	<b>31,153</b>	<b>29,550</b>
<u>Administered non-current assets</u>										
Property, plant and equipment	-	-	-	-	-	-	24	27	24	27
<b>Total Administered non-current assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>24</b>	<b>27</b>	<b>24</b>	<b>27</b>
<b>Total Administered assets</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>10,278</b>	<b>18,104</b>	<b>17,543</b>	<b>2,795</b>	<b>1,756</b>	<b>31,177</b>	<b>29,577</b>
<u>Administered current liabilities</u>										
Payables	-	-	-	-	7,751	7,073	2,687	1,126	10,438	8,199
Employee benefits	-	-	-	-	6	-	-	27	6	27
Other current provisions/liabilities	-	-	-	-	21	20	-	-	21	20
<b>Total Administered current liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,778</b>	<b>7,093</b>	<b>2,687</b>	<b>1,153</b>	<b>10,465</b>	<b>8,246</b>
<b>Total Administered liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,778</b>	<b>7,093</b>	<b>2,687</b>	<b>1,153</b>	<b>10,465</b>	<b>8,246</b>
<b>Net Administered assets/equity</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>10,278</b>	<b>10,326</b>	<b>10,450</b>	<b>108</b>	<b>603</b>	<b>20,712</b>	<b>21,331</b>

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**Schedule of Administered Cash Flows**

**Cash flows from operating activities**

	2023 \$'000	2022 \$'000
<b>Cash inflows</b>		
Receipts from SA Government	665	572
Fees and charges	88,804	86,792
Other revenues	43	-
<b>Total Cash inflows</b>	<b>89,512</b>	<b>87,364</b>
<b>Cash outflows</b>		
Employee benefits payments	741	734
Supplies and services	520	312
Other payments	87,673	85,817
<b>Total Cash outflows</b>	<b>88,934</b>	<b>86,863</b>
<b>Net cash provided by operating activities</b>	<b>578</b>	<b>501</b>
<b>Net increase/(decrease) in cash held</b>	<b>578</b>	<b>501</b>
Cash at the beginning of the reporting period	22,404	21,903
<b>Cash at the end of the reporting period</b>	<b>22,982</b>	<b>22,404</b>