



Alwyndor Management
Committee

NOTICE OF MEETING

Notice is hereby given that a meeting of the Alwyndor Management Committee will be held in the

**Alwyndor Aged Care Meeting Room
Dunrobin Road, Hove**

Thursday 18 July 2019 at 6.30pm

Roberto Bria
CHIEF EXECUTIVE OFFICER

Please note: This agenda contains Officers' reports and recommendations that will be considered by the Council. Any confidential items listed on the agenda will be circulated to Members separately.

AGENDA

Alwyndor Management Committee Agenda

1. OPENING

The Chairperson, Ms T Aukett will declare the meeting open at 6.30 pm.

2. KAURNA ACKNOWLEDGEMENT

We acknowledge Kurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kurna People today.

3. APOLOGIES

3.1 Apologies received

3.2 Absent

4. DECLARATION OF INTEREST

If a Committee Member has an interest (within the terms of the Local Government Act 1999) in a matter before the Committee they are asked to disclose the interest to the Committee and provide full and accurate details of the relevant interest. Committee Members are reminded to declare their interest before each item.

5. CONFIRMATION OF MINUTES

5.1 Minutes of the Previous Meeting

Motion

That the minutes of the Alwyndor Management Committee held on 20 June 2019 be taken as read and confirmed.

5.2 Confidential Minutes of the Previous Meeting

Motion

That the confidential minutes of the Alwyndor Management Committee held on 20 June 2019 be taken as read and confirmed.

6. REVIEW OF ACTION ITEMS

6.1 Action Items

6.2 Confidential Action Items

7. REPORTS/ITEMS OF BUSINESS

7.1 Appointment of Chairperson and Deputy Chairperson and Re-appointment of Members to the Alwyndor Management Committee (Report No: 23/19)

- 7.2 Acting General Manager's Report (Report No: 24/19)
- 7.3 Instruments of Delegation for the Alwyndor Management Committee and General Manager Alwyndor (Report No: 28/19)

8. CONFIDENTIAL

- 8.1 Short-term Strategy - Action Plan and Progress - July 2019 (Report No: 26/19)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.**

- 8.2 Residential Services Update (Report No: 27/19)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.**

- 8.3 Monthly Financial Report – June 2019 (Report No: 25/19)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- b. Information the disclosure of which could reasonably be expected to confer a commercial advantage on a person with whom Alwyndor is conducting, or proposing to conduct, business, or to prejudice the commercial position of Alwyndor; and would, on balance, be contrary to the public interest.**

9. URGENT BUSINESS – Subject to the Leave of the Meeting

10. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Thursday 15 August 2019 in the Meeting Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

11. CLOSURE

ROBERTO BRIA
CHIEF EXECUTIVE OFFICER

CITY OF HOLDFAST BAY

Minutes of the meeting of the Alwyndor Management Committee of the City of Holdfast Bay held at Alwyndor Aged Care, Dunrobin Road, Hove on Thursday 20 June 2019 at 6.30 pm.

PRESENT

Elected Members

Councillor P Chabrel
Councillor S Lonie

Independent Members

Chairperson – Ms T Aukett
Mr T Bamford
Ms J Bonnici
Ms J Cudsi
Mr K Cheater
Mr K Whitford

Staff

Acting Chief Executive Officer – Mr R Bria
Acting General Manager Alwyndor – Mr B Capes
Personal Assistant – Ms R Gordon

1. OPENING

The Chairperson declared the meeting open at 6.34pm.

2. KAURNA ACKNOWLEDGEMENT

With the opening of the meeting the Chairperson stated:

We acknowledge the Kurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kurna People today.

3. APOLOGIES

- 3.1 For Absence - nil
- 3.2 Leave of Absence - nil

4. DECLARATION OF INTEREST

Members were reminded to declare any interest before each item.

5. CONFIRMATION OF MINUTES

5.1 Minutes of the Previous Meeting

Motion

That the minutes of the Alwyndor Management Committee held on 16 May 2019 be taken as read and confirmed.

Moved Cr Chabrel Seconded Ms Bonnici

Carried

5.2 Confidential Minutes of the Previous Meeting

Motion

That the confidential minutes of the Alwyndor Management Committee held on 16 May 2019 be taken as read and confirmed.

Moved Cr Chabrel, Seconded Mr Whitford

Carried

Leave of the Meeting

The Chairperson sought leave of the meeting to change the order of the Reports on the Agenda, Confidential Report No: 22/19 Short-term Strategy – Action Plan and Progress – June 2019, then Review of Action Items.

Leave of the meeting was granted.

8. CONFIDENTIAL

8.2 Short-term Strategy – Action Plan and Progress – June 2019 (Report No: 22/19)

Exclusion of the Public – Section 90(3)(d) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No: 22/19 Short-term Strategy – Action Plan and Progress – June 2019 in confidence.
2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 22/19 Short-term Strategy – Action Plan and Progress – June 2019 on the following grounds:

- d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party as the knowledge of our requirements to employ additional resources may provide a commercial advantage to a third party regarding the sourcing and employment of those resources.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Moved Cr Lonie, Seconded Mr Bamford

Carried

Motion

RETAIN IN CONFIDENCE - Section 91(7) Order

2. That having considered Agenda Item 8.2 Short-term Strategy – Action Plan and Progress – June 2019 (Report No: 22/19) in confidence under section 90(2) and (3)(d) of the *Local Government Act 1999*, the Alwyndor, pursuant to section 91(7) of that Act orders that the Report, Attachments and Minutes be retained in confidence for a period of 12 months and that this order be reviewed every 12 months.

Moved Cr Chabrel, Seconded Cr Lonie

Carried

6. REVIEW OF ACTION ITEMS

6.1 Action Items

Action items were reviewed by the Committee.

6.2 Confidential Action Items

Confidential action items were reviewed by the Committee.

7. REPORTS/ITEMS OF BUSINESS

7.1 Recruitment of Alwyndor General Manager (verbal)

The Acting Chief Executive Officer provided a verbal update on the recruitment of General Manager, Alwyndor.

Motion

That the Alwyndor Management Committee received the verbal update provided.

Moved Cr Chabrel Seconded Ms Cudsi

Carried

7.2 Acting General Manager's Report (Report No: 20/19)

These items are presented for the information of Members. After noting the report any items of interest can be discussed and, if required, further motions proposed.

The Acting General Manager advised that the online WHS hazard and incident system is being rolled out further across the organisation. The Committee asked whether we have truly mitigated risks around worker who has allergies and the Acting General Manager agreed to further review this matter.

The Acting General Manager advised that the updating of the Corporate Risk Register is still in progress.

The Committee queried whether there is a policy in place that covers the risk around the squalor issue. The Acting General Manager confirmed that there is a policy in place and that staff have clear instructions not to enter a client's home if unsafe. In addition, staff complete a risk assessment when taking on a new client, and monitor for hazards at each visit as per their training.

The Acting General Manager provided an update on legal and industrial matters.

The Acting General Manager confirmed that the first Enterprise Bargaining Agreement negotiation meeting with staff and union representatives has been held.

The Acting General Manager provided an update on recruitment, confirming that the Residential Services Manager and Care Manager commenced this week. Alwyndor's new Care Manager joins us with very strong iCare experience providing an additional on-site expert. In addition, the ACFI Manager is now on board, bringing strong experience to Alwyndor. Interviews for a potential Finance Manager were also held this week.

The Acting General Manager advised that the Draft Governance Framework is likely to be ready by end of month and will be circulated to Committee members as soon as it's available.

Motion

That the following items be noted and items of interest discussed:

- 1. Meeting Dates and Task Schedule**

2. WHS Implementation Plan
3. Corporate Risk Register
4. Feedback Analysis Report
5. Legal and Industrial Matters
6. Enterprise Bargaining Agreement Update
7. General Update

Moved Cr Lonie Seconded Ms Cudsi

Carried

8. CONFIDENTIAL

8.1 Monthly Financial Report – May 2019 (Report No: 21/19)

Exclusion of the Public – Section 90(3)(d) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No: 21/19 Monthly Financial Report – May 2019 in confidence.
2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 21/19 Monthly Financial Report – May 2019 on the following grounds:
 - d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party of Alwyndor, in addition Alwyndor's financial position is reported as part of Council's regular budget updates.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Moved Mr Bamford Seconded Mr Whitford

Carried

Motion

RETAIN IN CONFIDENCE - Section 91(7) Order

5. **That having considered Agenda Item 8.1 Monthly Financial Report – May 2019 (Report No: 21/19) in confidence under section 90(2) and (3)(d) of the Local Government Act 1999, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Report, Attachments and Minutes be retained in confidence for a period of 18 months and that this order be reviewed every 12 months.**

Moved Ms Cudsi Seconded Mr Cheater

Carried

9. **URGENT BUSINESS – Subject to the leave of the meeting**

Nil

10. **DATE AND TIME OF NEXT MEETING**

The next meeting of the Alwyndor Management Committee will be held on Thursday 18 July 2019 in the Meeting Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

11. **CLOSURE**

The meeting closed at 8.39pm.

CONFIRMED 18 July 2019

CHAIRPERSON

AMC ACTION ITEMS

Meeting	Confidential Agenda Item	Action Required	Responsibility	Due Date	Current Status
18-Dec-18 (motion edited)	7.7 Annual Review of Investments	That a review of the process and reporting to ensure maximising returns to Alwyndor, managing liquidity and complying with Council policy with regard to the investment of funds including an investment policy and liquidity management.	FA; A/g GM	18-Apr-19	In progress
21-Mar-19	6.1 Review of Action Items	That the AMC strategic planning session be delayed until the appointment of a GM.	A/g GM; PA	TBC	On Hold
21-Mar-19	7.3 Acting General Manager's Report	That the AMC be presented the results of the Governance & Operations Committee review on how recommendations of the Consumer Engagement Survey will be received and actioned.	A/g GM	18-Apr-19	In progress. Refer minutes of Acting General Manager's report 16/19
24-Apr-19	7.2 Acting General Manager's Report	That a Register of Key Personnel be developed once formal delegations are confirmed by council administration.	A/g GM	20-Jun-19	In progress.
24-Apr-19	7.2 Acting General Manager's Report	That the Acting General Manager engage a third party to construct a governance framework, taking into consideration advice received, requirements of the Aged Care and Local Government Acts and previously drafted documents.	A/g GM	ASAP	In progress.
24-Apr-19	7.2 Acting General Manager's Report	That a AMC Governance Sub-Committee be formed for the review of draft Governance Framework and draft Terms of Reference	Chairperson; A/g GM	16-May-19	In progress.
24-Apr-19	7.2 Acting General Manager's Report	That some tracking data based on external advertising be presented at an upcoming meeting	C&EA	3-May-19	In progress.
16-May-19	7.1 Acting General Manager's Report	The Acting Chief Executive Officer agreed to seek advice and confirm whether Committee members are Responsible/Prescribed Officers under the Act. The Committee indicated that if members are Officers under the Act, ongoing due diligence reports would be required.	CEO	20-Jun-19	In progress. CEO seeking additional advice (verbal update provided 20/6)
16-May-19	7.1 Acting General Manager's Report	That priority (risk) rating be included in the next feedback analysis report.	BPIC; SQM	7-Jun-19	Complete.

AMC ACTION ITEMS

16-May-19	7.1 Acting General Manager's Report	That the Alwyndor Management Committee noted the CCTV work instruction and accepted with minor amendments.	COO	7-Jun-19	Complete.
16-May-19	7.1 Acting General Manager's Report	That a position paper on the issues relating to cameras in rooms be presented at the September meeting of the Alwyndor Management Committee.	COO	6-Sep-19	In progress.

Item No: **7.1**

Subject: **APPOINTMENT OF CHAIRPERSON AND DEPUTY CHAIRPERSON AND RE-APPOINTMENT OF MEMBERS TO THE ALWYNDOR MANAGEMENT COMMITTEE**

Date: 18 July 2019

Written By: Personal Assistant

A/g General Manager: Alwyndor, Mr B Capes

SUMMARY

At the first meeting of the Management Committee in every financial year, the AMC shall appoint, for an annual term, a Chairperson and a Deputy Chairperson from amongst the Management Committee Members. The incumbent office bearers shall be eligible for reappointment at the expiry of their term, at the AMC's discretion.

The AMC may make recommendations to the Council regarding the reappointment of any member at the expiration of the member's term of office which reappointment shall be entirely in the discretion of the Council.

RECOMMENDATION

That the Alwyndor Management Committee:

- 1. Declares the positions of Chairperson and Deputy Chairperson vacant and appoints the Acting General Manager to act as the Returning Officer for the election of Chairperson and Deputy Chairperson.**

The Acting General Manager seeks nominations for the positions of Chairperson and Deputy Chairperson. Following nominations, Committee members are asked to cast their ballot votes.

- 2. Appoints _____ to the position of Chairperson for the year ending 30 June 2019; and that Council be advised accordingly.**
- 3. Appoints _____ to the position of Deputy Chairperson for the year ending 30 June 2019; and that Council be advised accordingly.**
- 4. The Returning Officer then vacated the Chair, and _____ assumed the role of Chairperson for the remainder of the meeting.**

The Chairperson seeks expressions of interest from members seeking reappointment to the Alwyndor Management Committee following the expiration of the member's term of office.

5. **Recommends to Council the reappointment of _____ to a two year term as a member of the Alwyndor Management Committee.**
-

COMMUNITY PLAN

Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not Applicable.

STATUTORY PROVISIONS

Not Applicable.

BACKGROUND

The Alwyndor Management Committee (AMC), as currently constituted, is continued as a committee of the Council pursuant to Section 41 of the Act. This position was confirmed by the Council on 28 November 2006.

As per the AMC Terms of Reference 2010:

7. OFFICE BEARERS

- 7.1 At the first meeting of the Management Committee in every financial year, the AMC shall appoint, for an annual term, a Chairman and a Deputy Chairman from amongst the Management Committee Members who shall be eligible for reappointment at the expiry of their term of office at the AMC's discretion. The Chairman is to be appointed from those members who are not Elected Members of the City of Holdfast Bay.

In addition, it has been normal practice to appoint the Chairman of both the AMC Finance and Building Sub-Committees at the July meeting of the AMC, annually. As neither the Finance nor Building Sub-Committees currently meet, this is not applicable.

The Alwyndor Management Committee is made up of up to 8 independent members and two Elected Members. The current AMC membership is as follows:

Member	Term Start	Term Expires
T. Aukett	September 2017	September 2019
T. Bamford	July 2013	July 2019
J. Bonnici	October 2016	July 2019

Cr. P. Chabrel	December 2018	October 2022
K. Cheater	August 2018	July 2020
J. Cudsi	March 2017	July 2019
Cr. S. Lonie	December 2018	October 2022
K. Whitford	July 2018	July 2020

Ms Aukett has served as the Chairperson of the Alwyndor Management Committee for the 2018/19 Financial Year.

Mr Cheater held the role of Deputy Chairperson for the 2018/19 Financial Year.

Additionally, the Terms of Reference state:

6. TERM OF APPOINTMENT

- 6.1 The term of appointment of all AMC members will, subject to Section 41(5) of the Act and Clause 6.4 herein, be for a term of two (2) years and each AMC member shall be eligible for reappointment upon the expiry of his/her term of office.
- 6.2 The AMC may make recommendations to the Council regarding the reappointment of any member at the expiration of the member's term of office which reappointment shall be entirely in the discretion of the Council.

REPORT

The City of Holdfast Bay Code of Practice for Meeting Procedures outlines a ballot process to be followed to appoint members to committees, positions or external organisations.

The Code of Practice states:

1. Call for nominations for the vacant positions before debate on a motion to appoint members can occur. If there are more nominations than positions a ballot is conducted.
2. All members indicate which member(s) they wish to vote for on the ballot is conducted by ballot paper or by show of hands.
3. A senior officer collects the ballot papers and/or conducts the count.
4. In the case of a tied ballot, members are to cast a further vote for their preferred candidate from the candidates who are tied. In the event that a revote cannot determine a clear winner, then lots must be drawn to determine which candidate(s) will be excluded.
5. The senior officer will then announce the successful candidate.

6. The meeting will then make the appointment by resolution.

It is recommended that the Alwyndor Management Committee deliberate and appoint both the Chairperson and Deputy Chairperson.

It is also recommended that the Chairperson seeks expressions of interest from members seeking reappointment to the Alwyndor Management Committee following the expiration of the member's term of office.

BUDGET

Not Applicable.

LIFE CYCLE COSTS

Honorarium payments are made to Committee members. These payments are within budget.

Item No: **7.2**

Subject: **ACTING GENERAL MANAGER'S REPORT**

Date: 18 July 2019

Written By: Acting General Manager

A/g General Manager: Alwyndor, Mr B Capes

SUMMARY

These items are presented for the information of Members. After noting the report any items of interest can be discussed and, if required, further motions proposed.

RECOMMENDATION

That the following items be noted and items of interest discussed:

- 1. Meeting Dates and Task Schedule**
 - 2. WHS Implementation Plan**
 - 3. Corporate Risk Register**
 - 4. Feedback Analysis Report**
 - 5. Legal and Industrial Matters**
 - 6. Enterprise Bargaining Agreement Update**
 - 7. General Update**
 - 8. New Aged Care Standards**
-

COMMUNITY PLAN

Community: Building a healthy, active and resilient community

Culture: Providing customer-centred services

Culture: Enabling high performance

Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not applicable

STATUTORY PROVISIONS

Not applicable

REPORT

Standing Items

1. **Meeting Dates and Task Schedule**

The register of meeting dates with attendance and annual governance task schedule listing are attached for reference.

Refer Attachment 1

2. **WHS Implementation Plan**

A monthly progress report on WHS is provided for information.

Refer Attachment 2

3. **Corporate Risk Register**

The General Manager will provide an update on the Corporate Risk Register.

4. **Feedback Analysis Report**

An analysis of the feedback for the month of October is provided for information.

Refer Attachment 3

5. **Legal and Industrial Matters**

The General Manager will provide a verbal update on any legal or industrial matters.

Other Items

6. **Enterprise Bargaining Agreement Update**

The Acting General Manager will provide a verbal update on EBA negotiations.

7. **General Update**

The Acting General Manager will provide a general update.

8. **New Aged Care Standards**

As Committee members are aware, the new Aged Care Standards came into effect on 1 July 2019.

The Aged Care Standards fact sheet, which outlines all standards, is attached for members' information.

Refer Attachment 4

Aged Care Standard 8 Organisational Governance is provided in its entirety for members' information.

Refer Attachment 5

The Aged Care Standards can be found at:

<https://www.agedcarequality.gov.au/providers/standards>



ATTACHMENT 1



ATTACHMENT 2

Workers Compensation

Year 2018-2019	2018-2019	2017-2018
Number of Claims for YTD	4	9
Number of Lost Time Injuries (LTI)	1	2
Number of Days to LTI	93	216
Current Open Claims	3	1
Undetermined	2	

Incidents

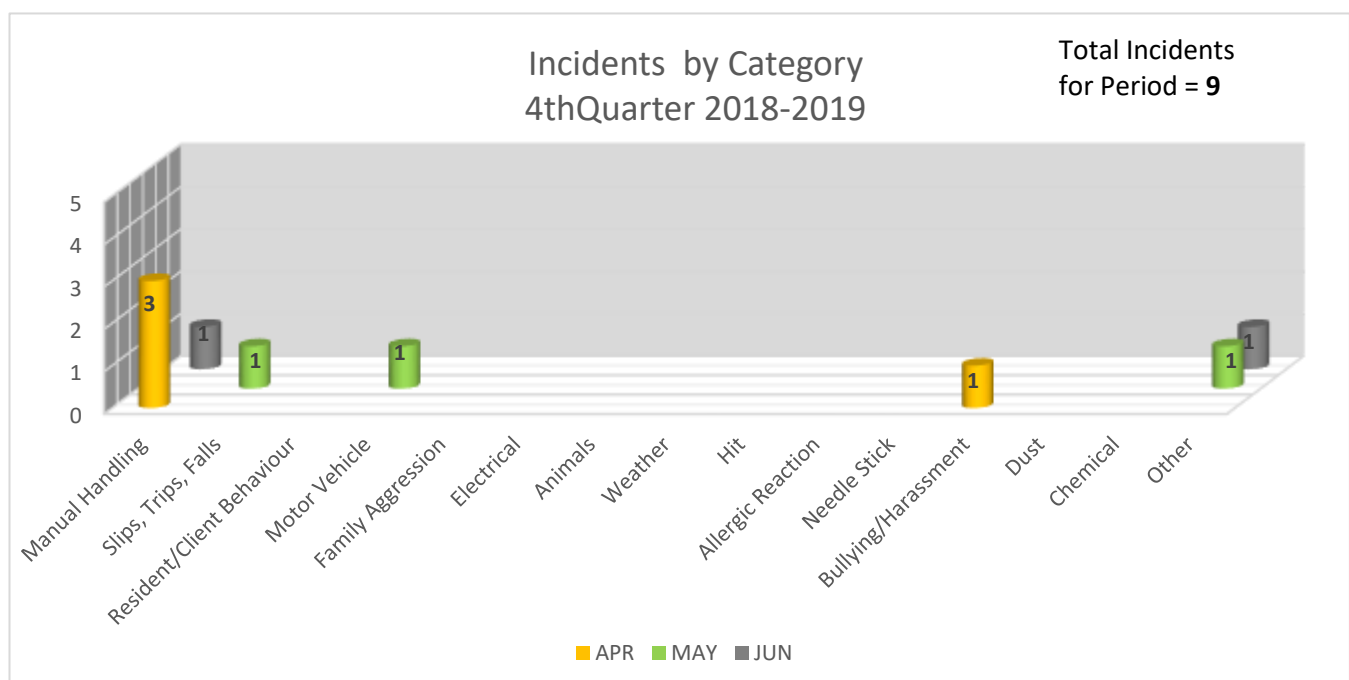
- There has been a 9% decrease in incidents in the past twelve months. Largely due to a decrease in Manual Handling incidents. It is noted that there has been a concentration of Practical Manual Handling training in the past twelve months which may have been a contributor to the decrease in incidents.
- Slips, trips and falls is still on par with the previous year.

Hazards

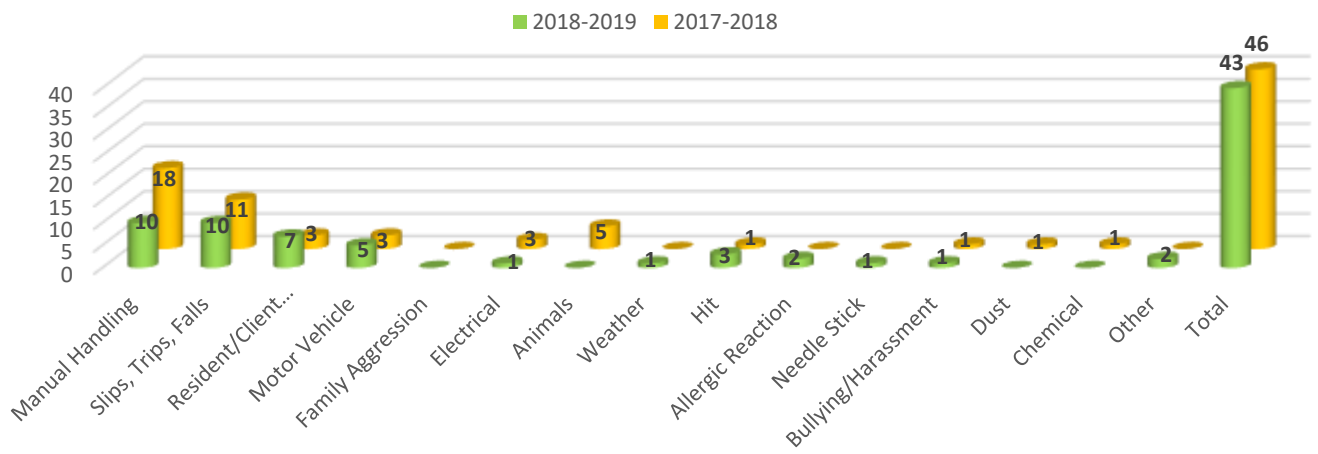
- There has been an increase of 308% in hazards raised during the past twelve months. Largely due to hazards now being raised from Workplace inspections equating to 50% of hazards raised in the last six months.
- There has been an 33% increase in hazards raised by Support Workers in client’s homes. It is hoped with the improvements made to the Home Support Consumer WHS Assessment will see a decrease in Client related hazards.

Incident Summary Report

4th Quarter – April – June 2019



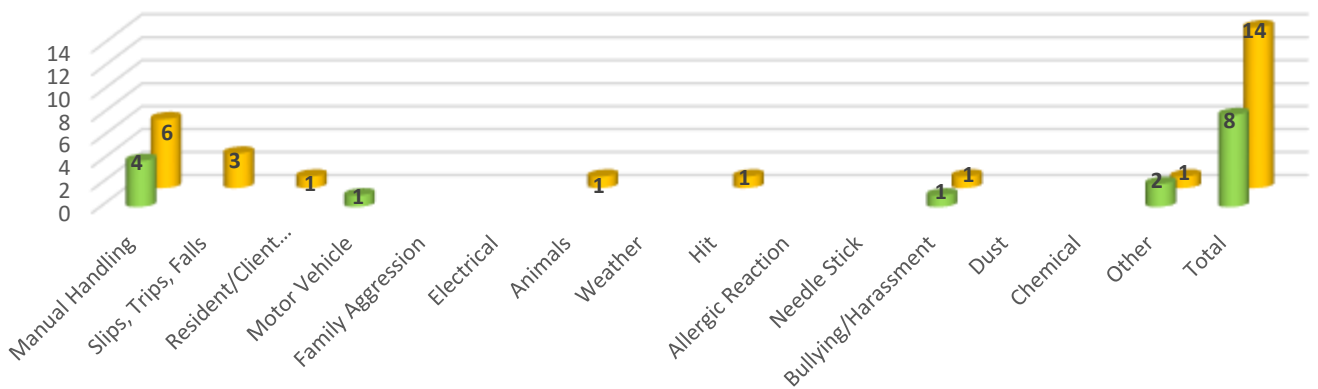
Incident Category YTD Comparison



Incident Category Comparison

4th Quarter

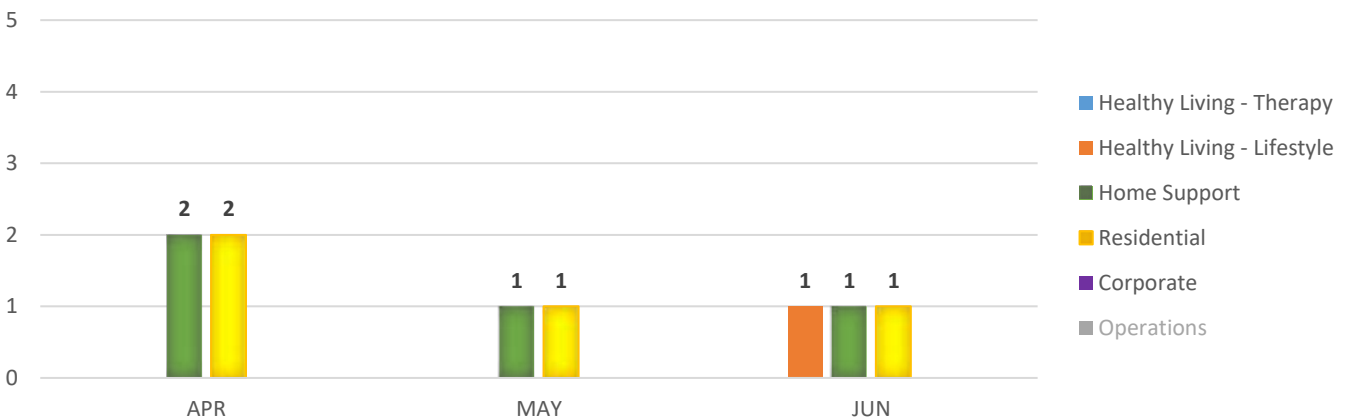
2018-2019 2017-2018

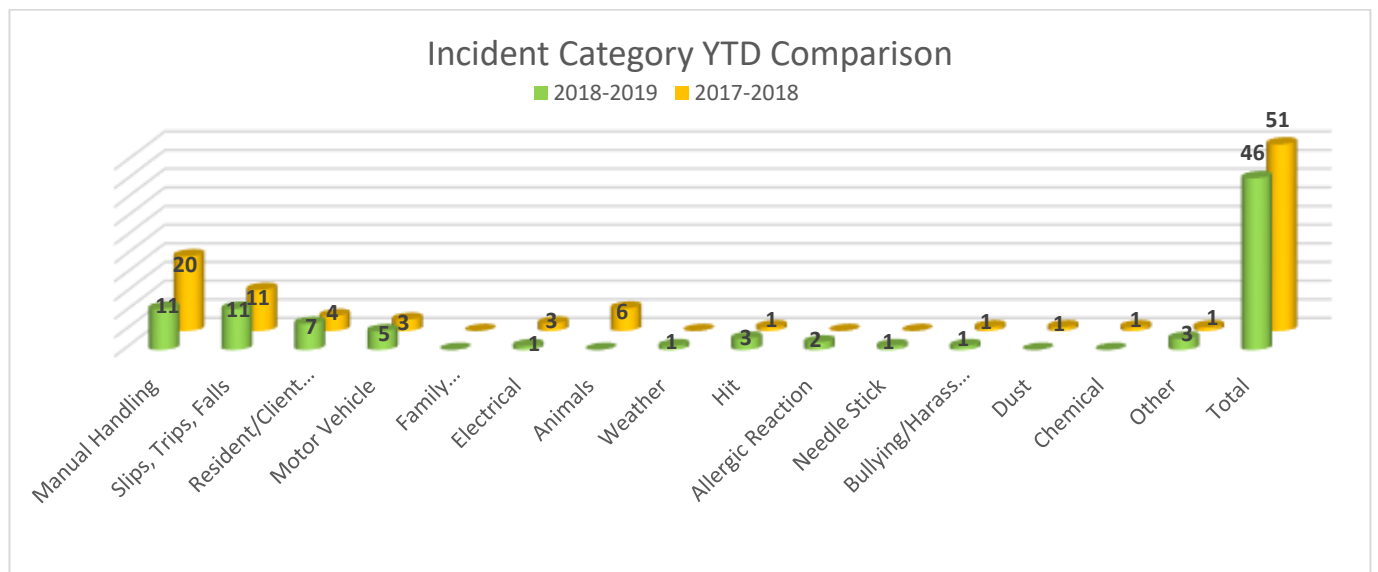
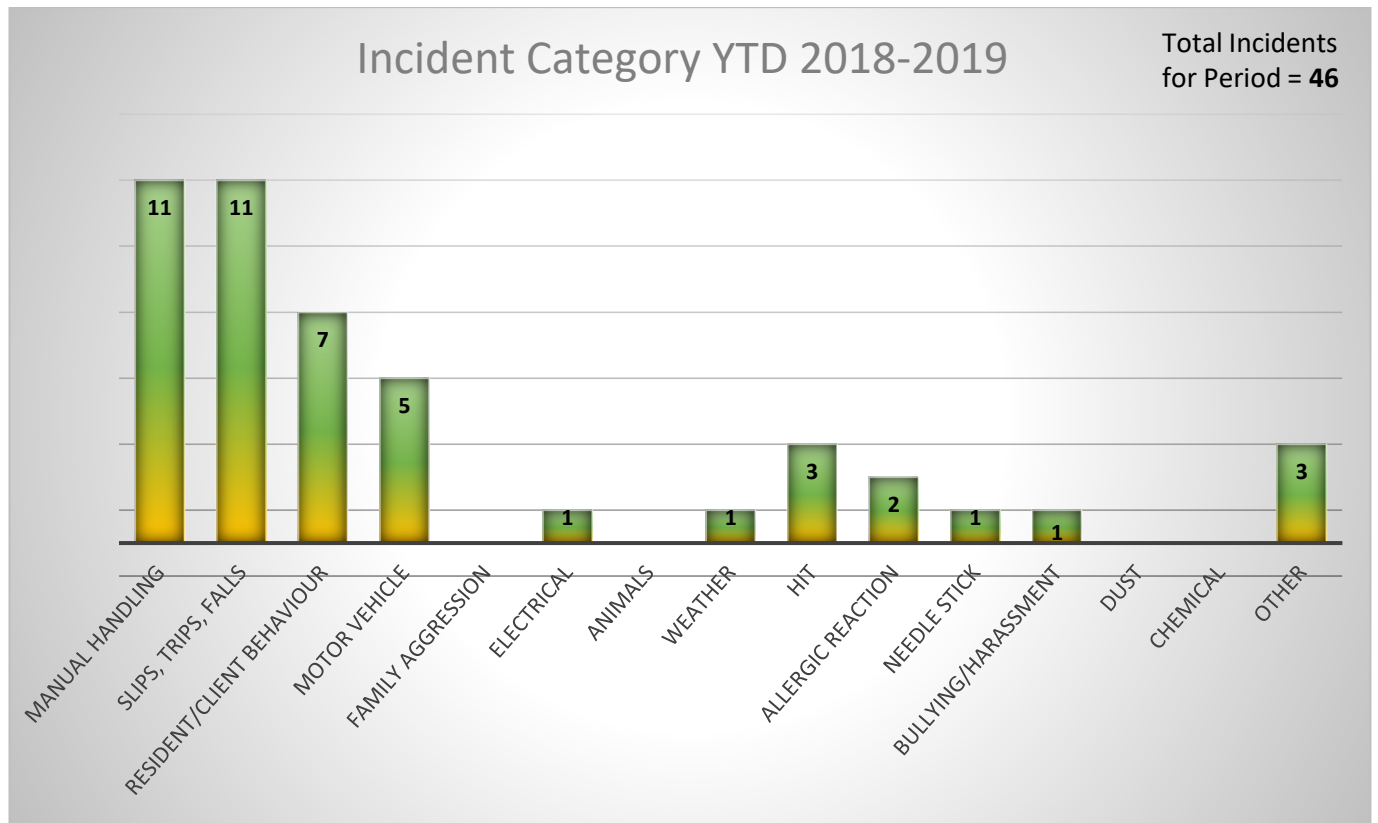


Incidents by Department

4th Quarter 2018-2019

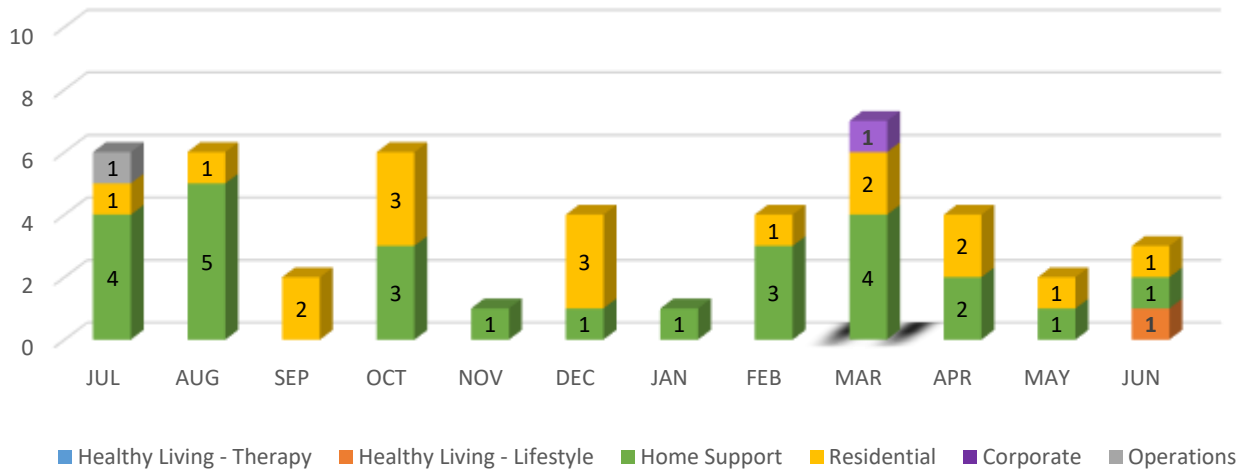
Total Incidents for Period = 9





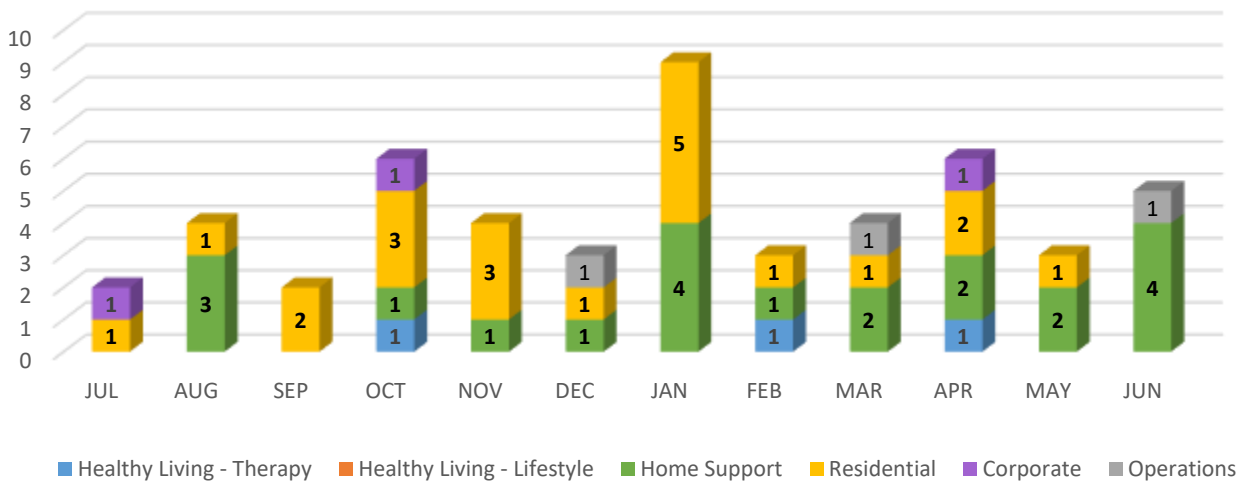
Incidents by Department
YTD 2018-2019

Total Incidents
for Period = 46



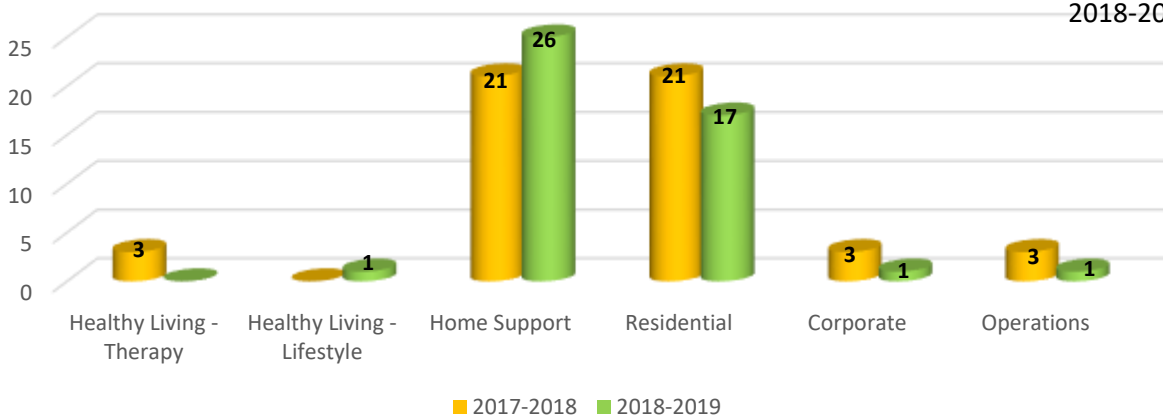
Incidents by Department
YTD 2017-2018

Total Incidents
for Period = 51

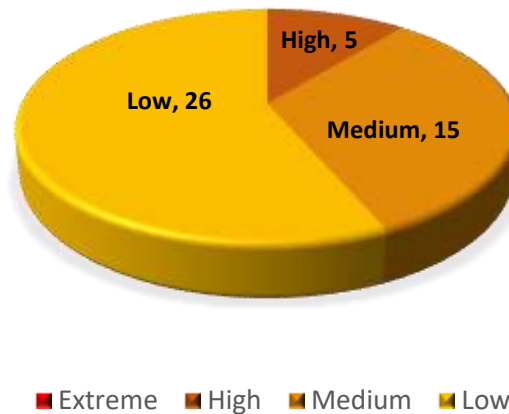


Incidents by Department YTD Comparison

Total for Period
2017-2018 = 51
2018-2019 = 46



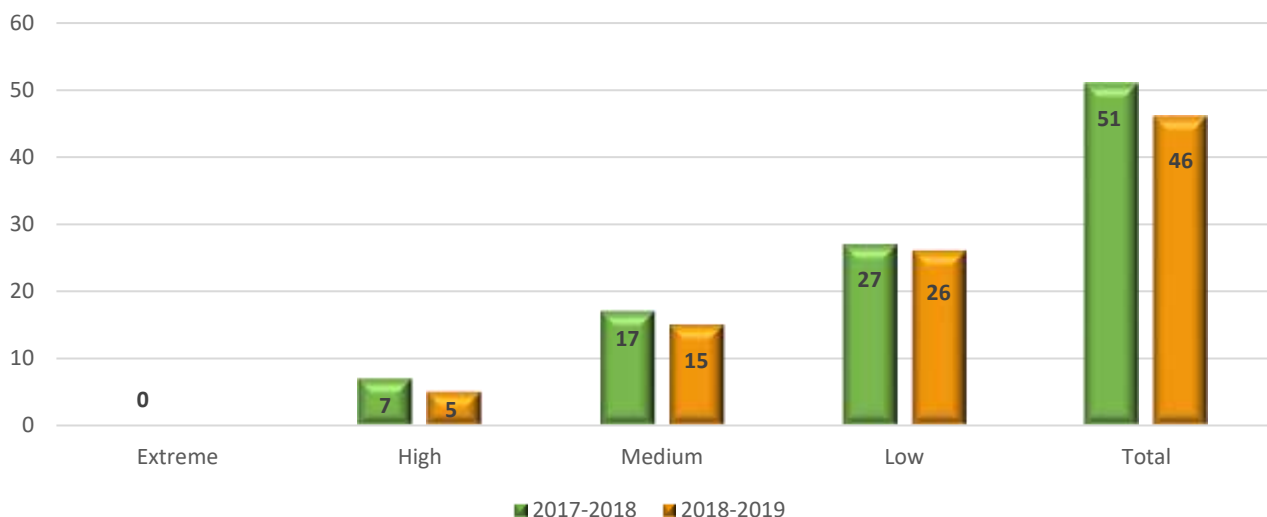
YTD Risk Rating 2018-2019



Breakdown of Risk Rating - High

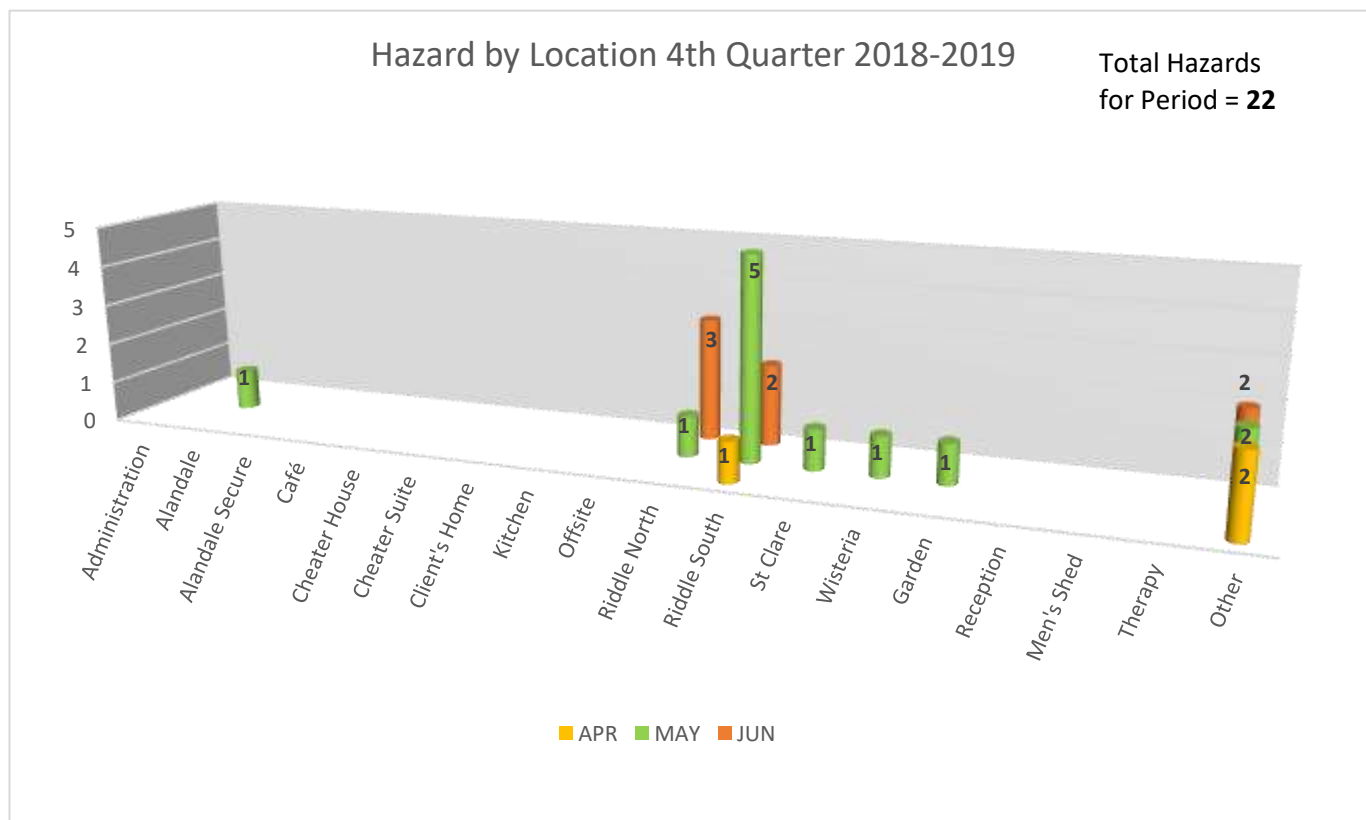
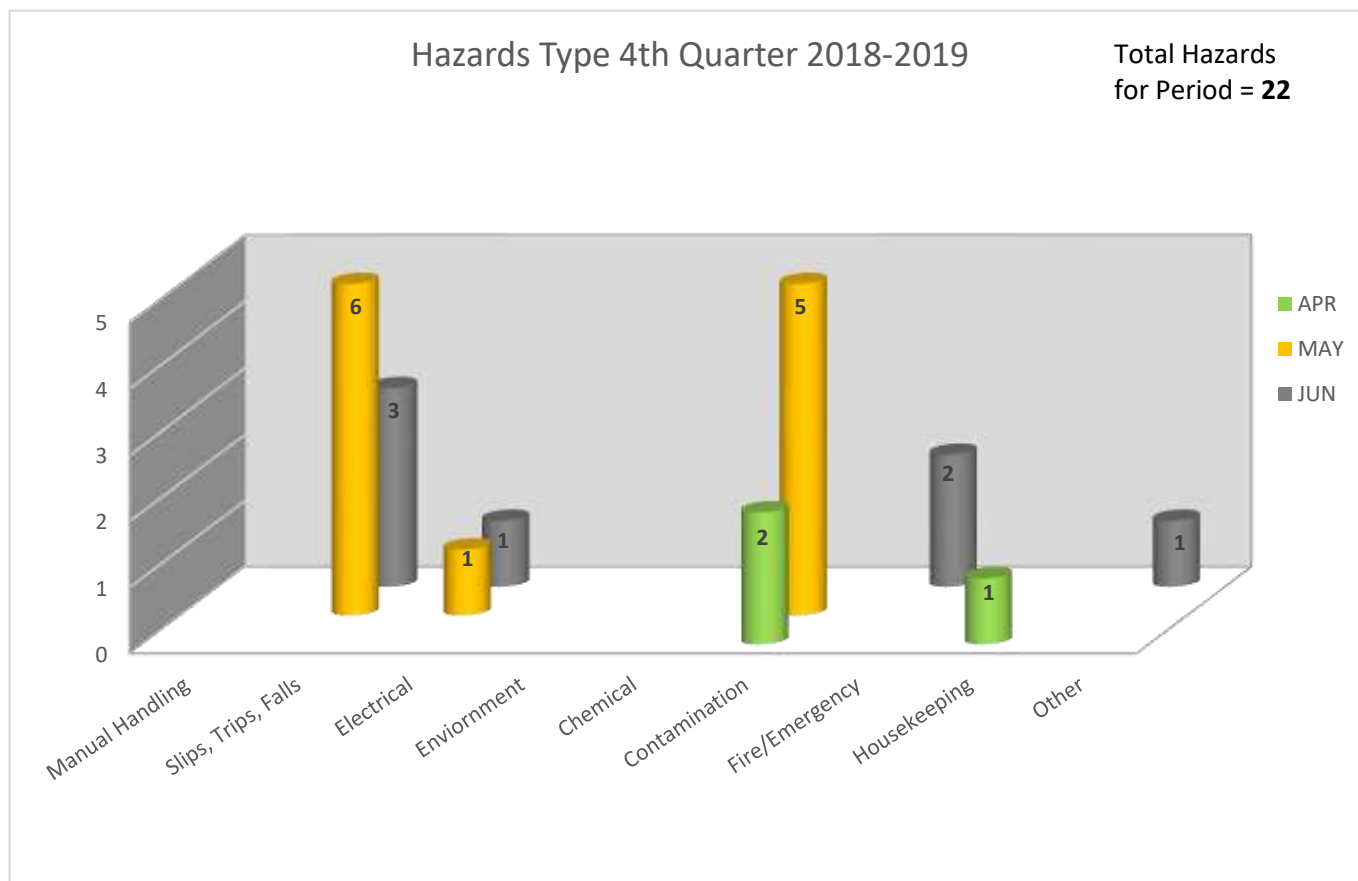
Hazard	Brief Overview	Action Taken
Motor Vehicle	Worker involved in a car accident on her way home from work.	Follow up with the Police. Incident to be raised at next Home Support Worker meeting.
Allergic Reaction	Support Worker requested face masks to wear whilst cleaning as she had developed allergies and been unwell with a respiratory condition.	Worker has been supplied with PPE - masks at her request to wear whilst cleaning.
Slips, Trips, Falls	When opening the door to the men's toilet located off corridor outside of the side door of the Hub, the door nearly hit an elderly person using the hand dryer just inside, to the right of the door.	Toilet to be changed to a single access cubicle by installing a VACANT/ENGAGED lock to the door.
Fire/Emergency	Resident smoking outside main entrance. Butt not put out properly prior to placing in the bin as smoke was seen coming from the bin	Staff member poured water over into bin. Issue discussed with resident and risk assessment to be conducted.
Slips, Trips, Falls	On attending house for domestic visit, client's home has ongoing hygiene issues.	Ongoing Alert in ICare for staff to follow universal precautions and wear PPE.

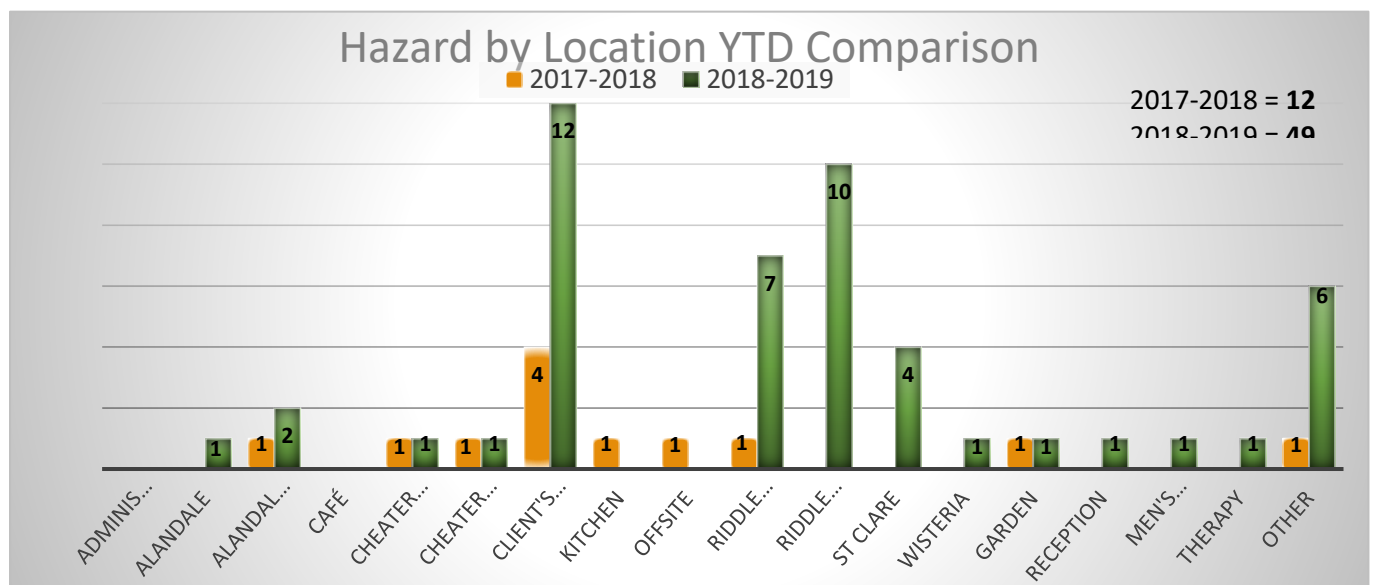
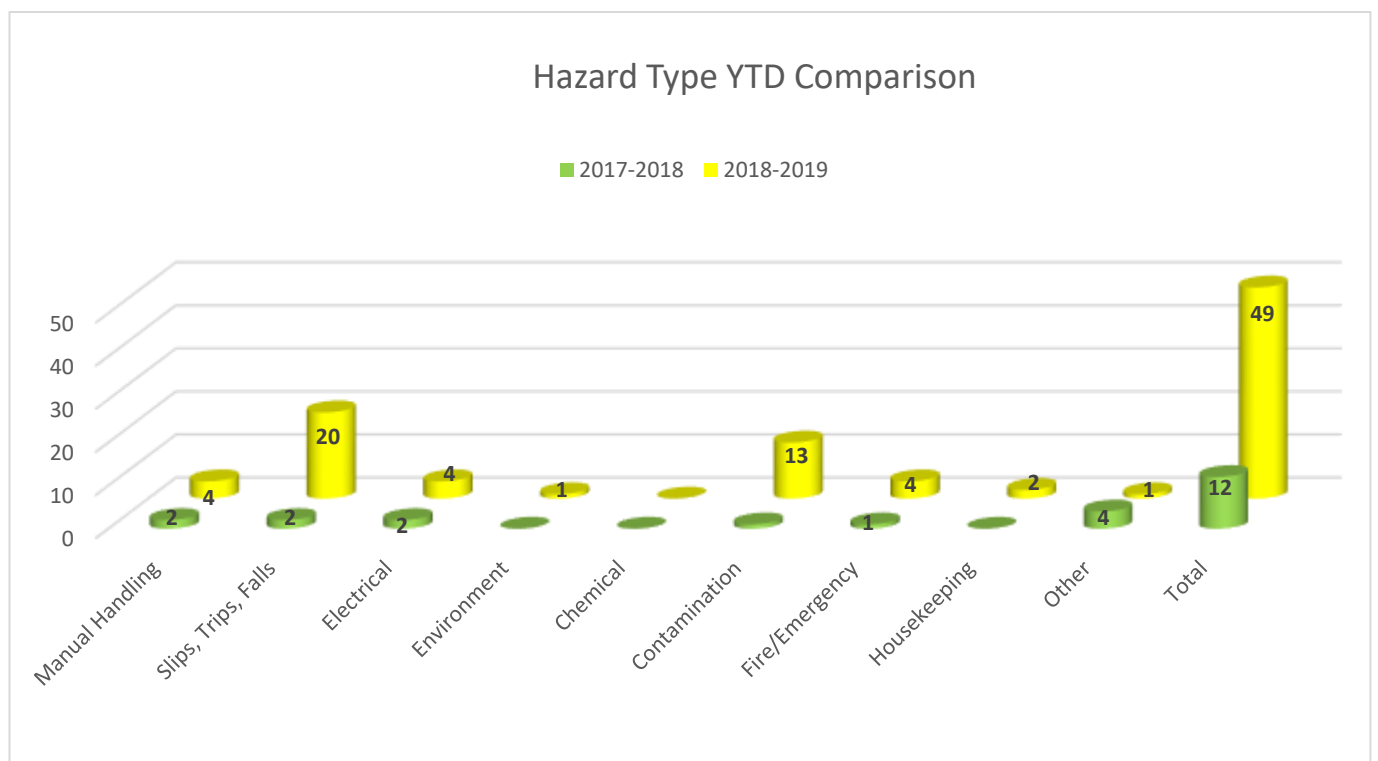
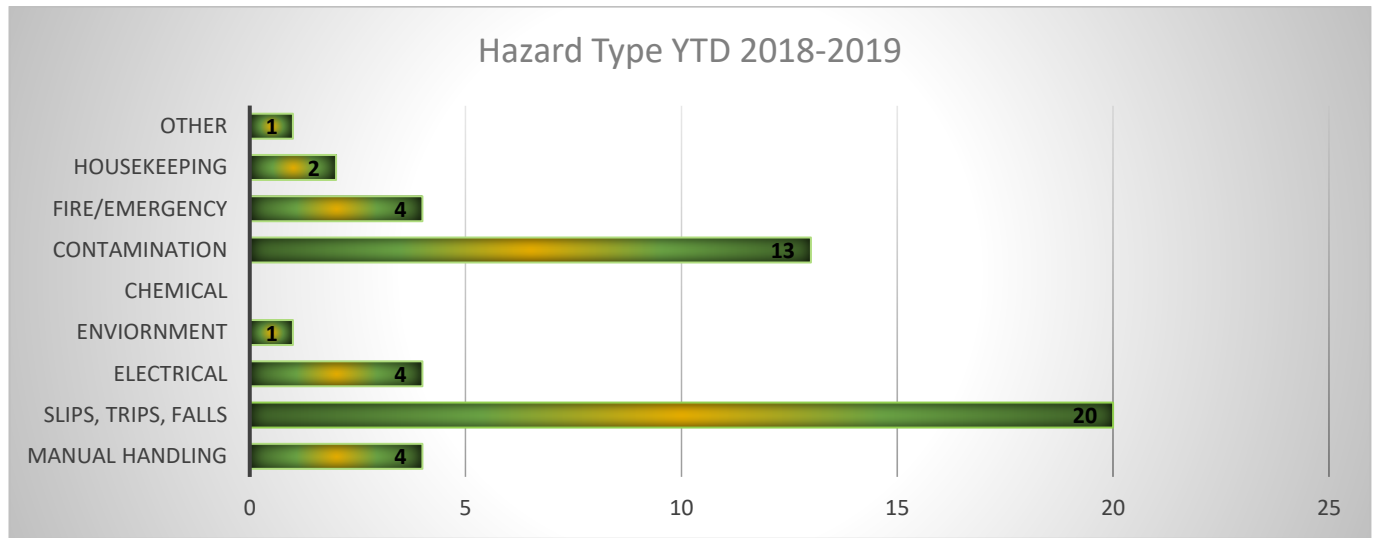
Risk Rating YTD Comparison



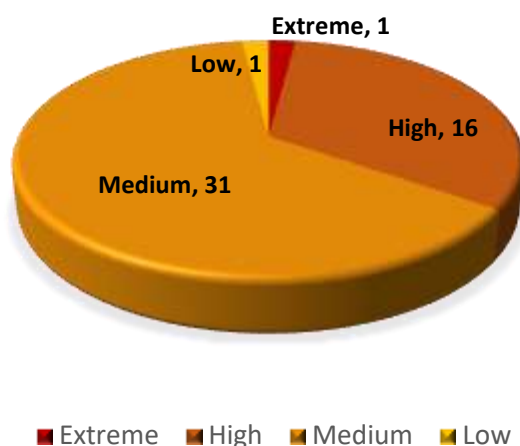
Hazard Summary Report

4th Quarter April – June 2019





Hazard Risk Rating 2018-2019

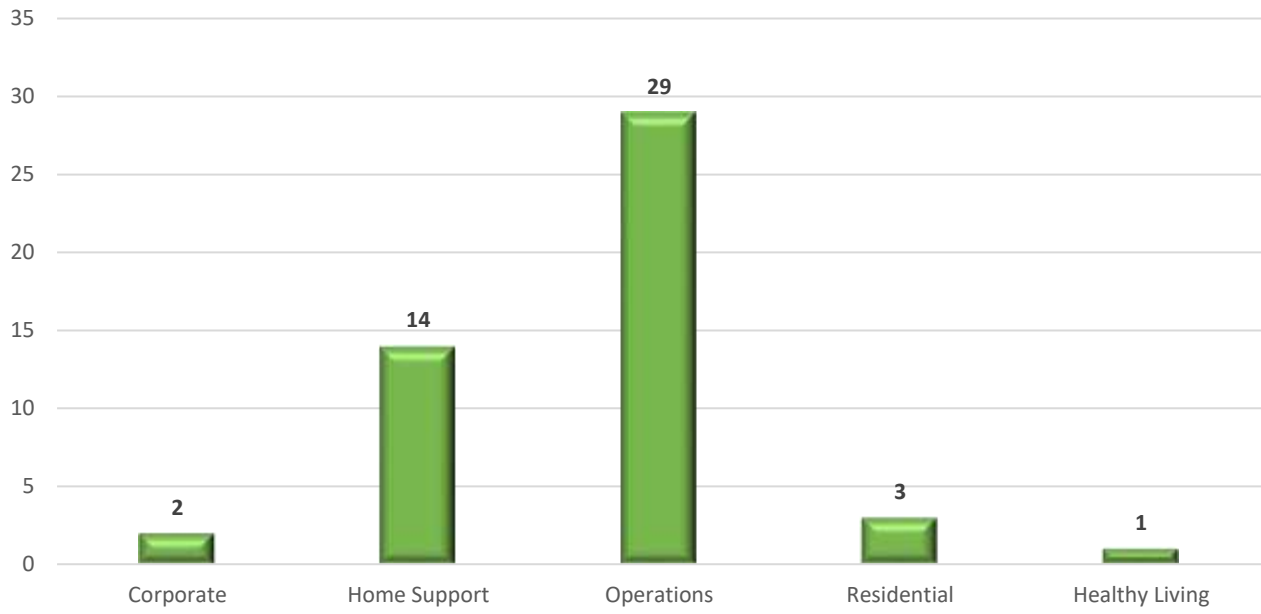


Breakdown of Risk Rating - Extreme		
Hazard	Brief Overview	Action Taken
Electrical	Workplace Inspection identified sensor cord not plugged in, cords unsecured under bed, and also damaged cord with exposed wires.	Identify relevant staff member and speak to them regarding importance of securing cords. Communicate to all staff to remind them of importance in following the procedure.
Breakdown of Risk Rating - High		
Manual Handling	Home Support Worker transferring large amounts of laundry from client's shed to daughter's residence down a hill. Risk of injury or fall due to weight contained in laundry basket and distance between properties.	Home WHS Risk Assessment completed. Process changed, i.e. size of basket and mode of transfer. Consumer has since moved to residential care.
Fire/Emergency	Consumer's house smelled of smoke when Support Worker arrived. Consumer told worker his microwave caught fire the night before. His neighbour came to help him.	Microwave to be removed from the home and family to purchase a new one.
Contamination	Workplace Inspection identified out of date milk found in fridge in Men's shed. Shed had not been used for 1,5 months.	Lifestyle staff have been informed to check fridge frequently.
Housekeeping	Chester Suites store room has varying hazards: 1. Untidy equipment 2. Equipment blocking access to cool room plant refrigeration 3. Items stacked on top of each other a risk of falling 4. Inadequate access to all items	Identified items for distraction disposed of. Room has been cleared and only required equipment in place.
Contamination	Workplace Inspection identified Tea plates left on table and dishes with cold meats and cheese left in resident's room.	RSM has distributed a memo to staff reminding them of required food safety and possible risks
Slips, Trips, Falls	Cleanliness of the consumer's home is a grave concern.	WHS Risk Home Assessment completed in March 2019 using new updated form. A squalor clean was undertaken with weekly domestic assistance in place to assist with reducing issues identified in this home.
Electrical	Workplace inspection identified plastic surround broken on bathroom light switch	Switch cover replaced
Fire/Emergency	The latch and key lock on the client's front door is faulty.	Lock replaced.

Hazard	Brief Overview	Action Taken
Contamination	Workplace Inspection identified contents of fridge in kitchen, e.g. drinks with no food date labels	Memo distributed to staff to remind staff that all food and drinks have food and date labels and not to leave milk out on the bench.
Contamination	Workplace Inspection identified drinks and food with no date labels in fridge. Open milk carton sitting on bench.	Memo distributed to staff to remind staff that all food and drinks have food and date labels and not to leave milk out on the bench.
	Workplace Inspection identified drinks in fridge that have been opened that did not have food labels with date.	
	Workplace Inspection identified drinks in fridge that have been opened that did not have food labels with date.	
Contamination	Workplace Inspection identified a catheter bag full of urine left in resident's bathroom	Staff have been reminded to dispose of catheter bags correctly.
Contamination	Workplace Inspection identified a Resident's personal clothing put in to red skip bag covered in faeces, had not been sluiced then put in plastic bag (possibly night shift).	RSM/CM to speak to Carers and send work Instruction to WHS Officer
Contamination	Workplace Inspection identified contents of fridge in kitchen, e.g. drinks with no food date labels	Raised hazard report and emailed to CNs and RSM
	Workplace Inspection identified drinks and food with no date labels in fridge. Open milk carton sitting on bench.	



Hazard raised by Department 2018-2019





ATTACHMENT 3

Type of Audit: Feedback Analysis June 2019

Date Audit Completed 1/7/2019
Completed by: S. Pedler

Date Range Page Slicer

01/06/2019 30/06/2019

View by Source

Source Type

- Client
- Family Member
- Other
- Resident
- Staff

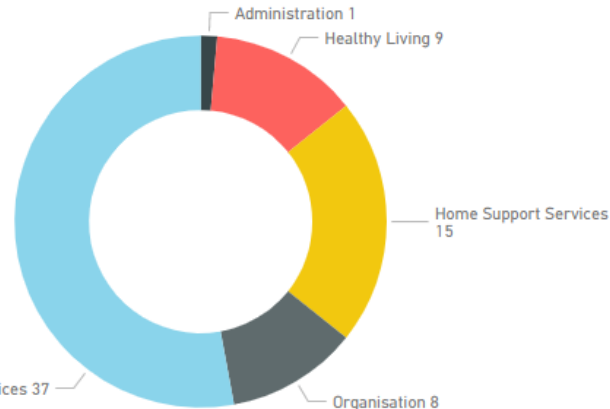
Feedback Volume by Department

● Administration ● Healthy Living ● Home Support Services ● Organisation ● Residential Services

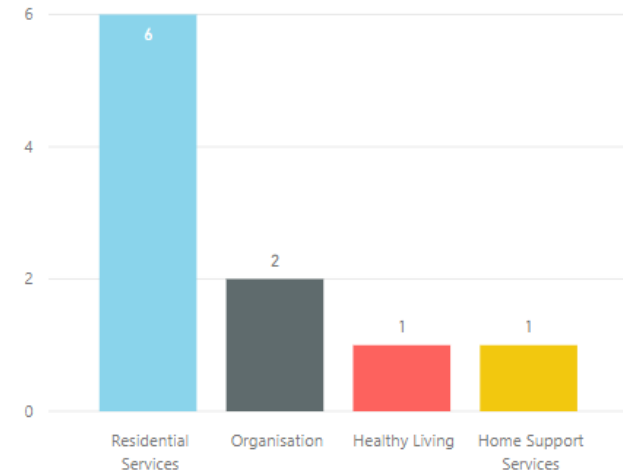
Total Feedback for Period

70

Count of InstanceID

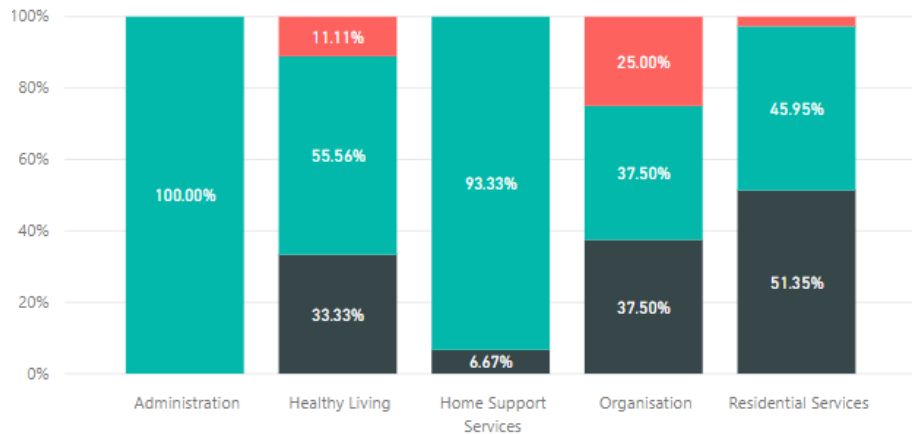


Open Feedback by Department

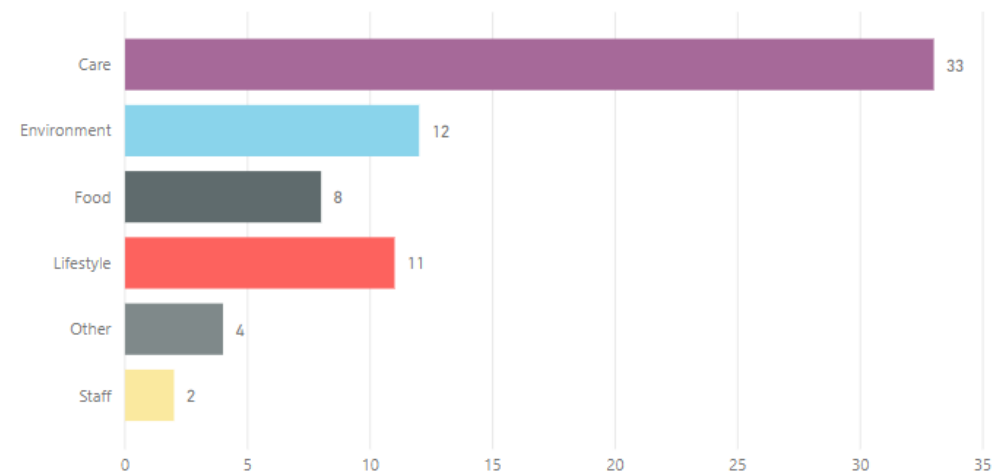


Feedback Type Ratio

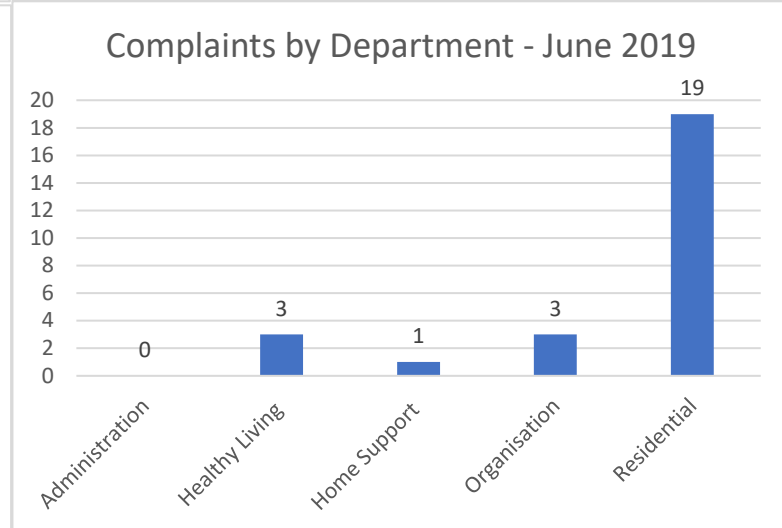
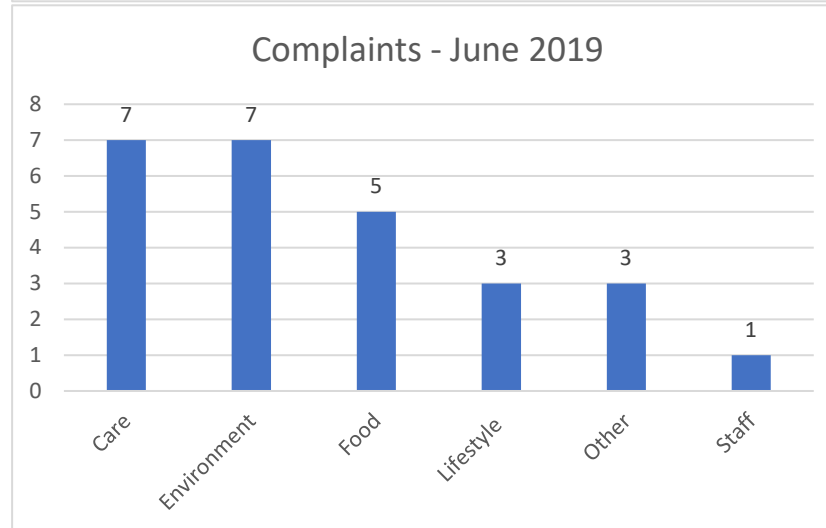
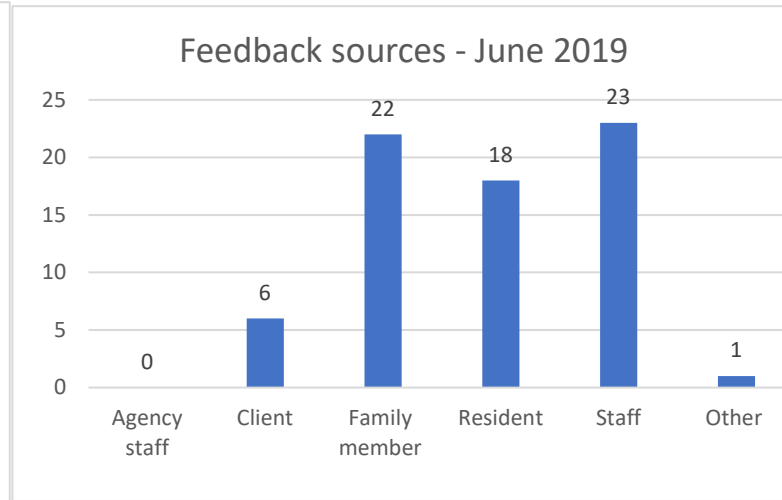
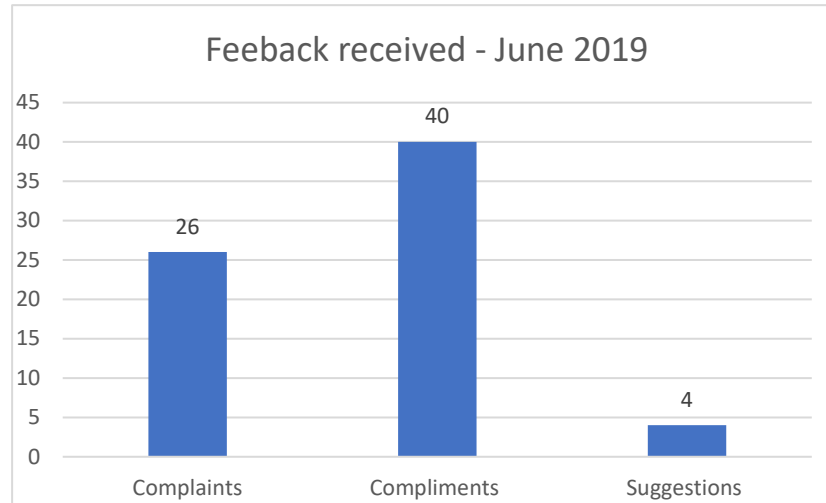
Type ● Complaint ● Compliment ● Suggestion



Feedback Category



There were 70 feedback reports for June 2019. 60 (85.71%) of these are closed.



Of these:

- 26 were complaints
- 40 were compliments
- 4 were suggestions

Feedback was received from the following sources:

- Agency Staff 1
- Client 6
- Family member 22
- Resident 18
- Staff 21
- Other 1

Complaints 26

- Care 7
- Environment 6
- Food 5
- Lifestyle 3
- Other 2
- Staff 1

Complaints were received for the following departments:

Administration: 1

Healthy living: 3

Home Support Services: 1

Organisation: 3

Residential Services: 19

Complaints for residential services have continued to decrease with a total of 19 for June, compared to 20 for May and 34 for April.

Food had a total of 5 complaints, Food complaints were completed by staff (4) and residents (1). The staff food issues related to residents not being happy with meal served.

Care issues resulted in 7 complaints.

- 2 complaints were received from staff about rostering issues. RSM is currently completing an analysis on staffing levels across the facility.
- 1 complaint regarding handover. A continuous improvement plan is in place to improve the handover process and rostering issues are under investigation. To be rolled out in August with the 'Nursing Boot Camp' education sessions.
- 1 complaint re insufficient fluid intake and care of hearing aids
- 1 complaint re bed making not satisfactory
- 1 complaint about medication delivery
- 1 complaint about continence management.

Environment issues resulted in 7 complaints

- 1 Resident trouble hearing on phone – this was due to the resident talking on a Dec phone. Family to discuss if a phone in residents room would be suitable or more confusing for her.
- 1 Resident trouble hearing her TV due to neighbours TV volume being loud. – Resident trialling headphones
- 1 Resident concerned about someone knocking on her door in the middle of the night. – Resident asked to make note of time, this hasn't happened since.
- 1 Resident had several residents walk in her room, this was due to the fact that she was at the end of a corridor. Sign put on room door – this has ceased.
- 1 Family member not happy with service from Café – Advised of the new items in cafe
- 1 staff member reported a Startrack van driving at speed in car park – company notified
- 1 complaint about behaviour of another consumer in shared room.

Lifestyle issues resulted in 3 complaints

- 1 complaint about an article in the newsletter
- 1 complaint that an advertised group was already filled
- 1 complaint about not being taken to an activity.

The **SAC rating** on all complaints has been entered in the Feedback Database

Level 3 Rating = 9 (Minimal or no Harm)

Level 4 Rating= 10 (No Harm or Near Miss)

There were no complaints assessed as High or Extreme risk

Compliments 17

- Care: 12
- Food: 3
- Lifestyle: 1
- Staff: 1

Suggestions 1

- Lifestyle: 1
- Organisation: 2
- Residential Services 1

As at 30 June 2019 there were 29 outstanding feedback items. The main items outstanding are:

Uniforms: 4

Suggestions: 7

Staffing Levels: 7

Handover: 6

Food: 2

PDR: 1

Staff: 1

Care: 1

All department heads are notified regularly via email and through meetings of the need to close off items in a timely manner.

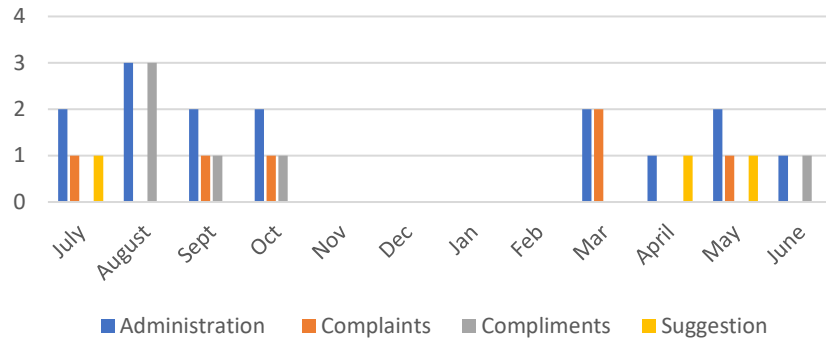
A meeting was held on July 3rd to resolve the uniform issues. Handover has been logged as a continuous improvement project.

There were no mandatory reporting issues in June.

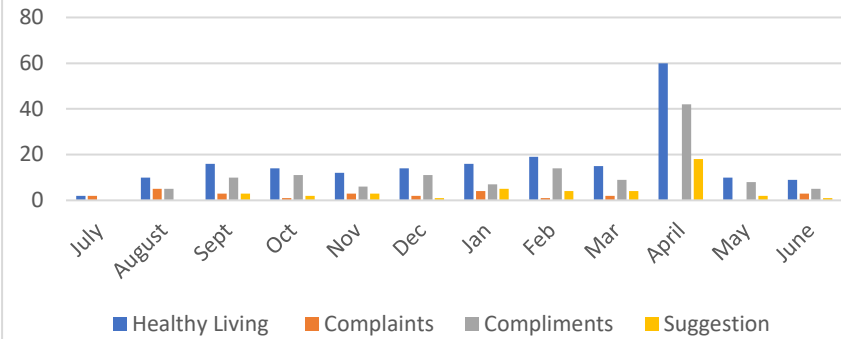
The below table shows the number of feedback forms received by each service in the last 12 months.

Service	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Administration	2	3	2	2	0	0	0	0	2	1	2	1
<i>Complaints</i>	1	0	1	1	0	0	0	0	2	0	1	0
<i>Compliments</i>	0	3	1	1	0	0	0	0	0	0	0	1
<i>Suggestion</i>	1	0	0	0	0	0	0	0	0	1	1	0
Healthy Living	2	10	16	14	12	14	16	19	15	60	10	9
<i>Complaints</i>	2	5	3	1	3	2	4	1	2	0	0	3
<i>Compliments</i>	0	5	10	11	6	11	7	14	9	42	8	5
<i>Suggestion</i>	0	0	3	2	3	1	5	4	4	18	2	1
Home Support	8	20	5	5	13	4	4	11	12	14	14	15
<i>Complaints</i>	1	4	1	1	4	1	2	3	6	3	2	1
<i>Compliments</i>	5	15	3	4	7	3	2	7	4	11	12	14
<i>Suggestion</i>	2	1	1	0	2	0	0	1	2	0	0	0
Organisational	5	4	5	9	5	4	7	7	7	6	6	8
<i>Complaints</i>	2	2	0	4	2	2	3	4	3	2	0	3
<i>Compliments</i>	1	0	0	0	2	2	4	0	3	2	4	3
<i>Suggestion</i>	2	2	5	5	1	0	0	3	1	2	2	2
Residential	39	54	35	46	24	20	44	43	63	53	37	37
<i>Complaints</i>	14	25	14	18	9	18	28	26	38	34	20	19
<i>Compliments</i>	12	22	17	20	8	1	12	14	14	13	14	17
<i>Suggestion</i>	13	7	4	8	7	1	4	3	11	6	3	1

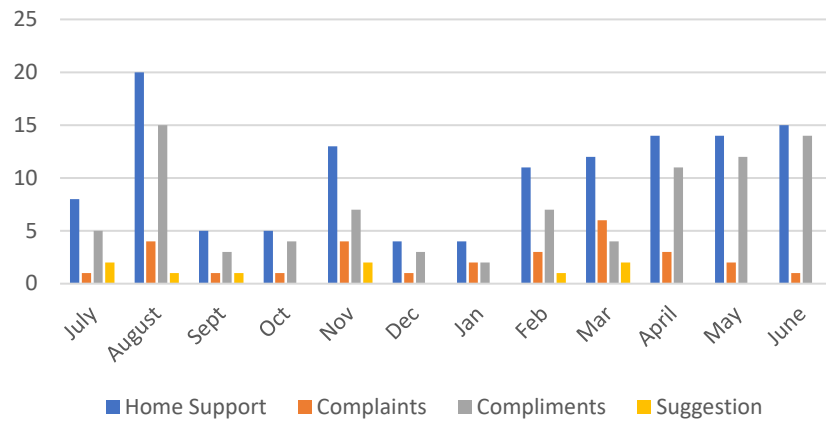
Administration



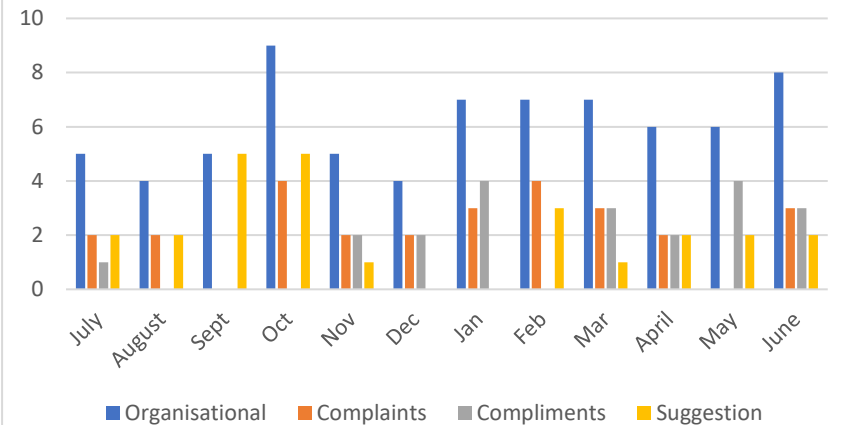
Healthy Living

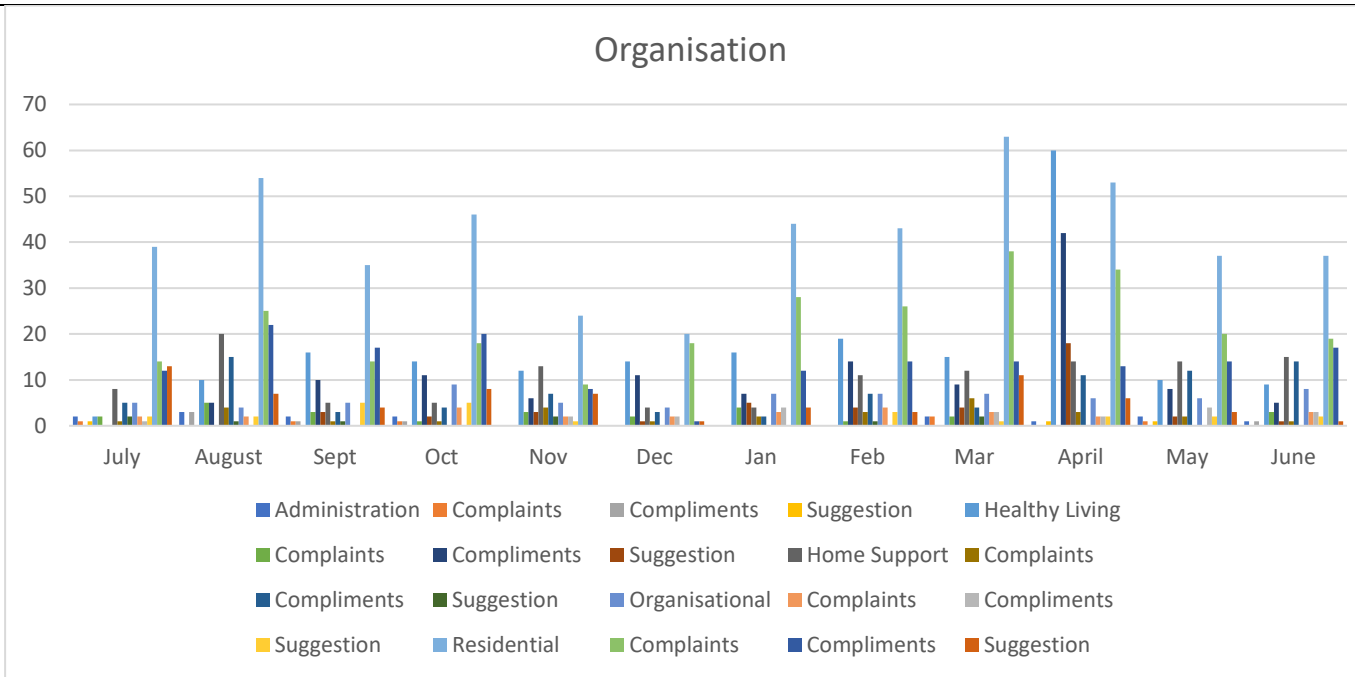


Home Support



Organisational





2018/19 FY	#	%	2017/2018 FY	#	%
Total feedback received	1130		Total feedback received	591	
Closed	1101	97.3%			
Complaints	389	34%	Complaints	181	30%
Compliments	555	49%	Compliments	309	52%
Suggestion	186	17%	Suggestions	100	17%

It is clearly evident that the role of Service Quality Manager has been effective in promoting and encouraging staff and consumers to submit feedback about the care and services provided. There has also been an increase in consumer surveys over the last 12 months, which have been included into the feedback data.

An in depth analysis of feedback for the past year is currently in process.



ATTACHMENT 4



Aged Care Quality Standards

Standard 1 Consumer dignity and choice

Consumer outcome:

- 1(1) I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

Organisation statement:

- 1(2) The organisation:
- 1(2) (a) has a culture of inclusion and respect for consumers; and
- 1(2) (b) supports consumers to exercise choice and independence; and
- 1(2) (c) respects consumers' privacy.

Requirements

- 1(3) The organisation demonstrates the following:
- 1(3) (a) Each consumer is treated with **dignity and respect**, with their identity, **culture and diversity** valued.
- 1(3) (b) Care and services are **culturally safe**.
- 1(3) (c) Each consumer is supported to exercise **choice and independence**, including to:
- i) **make decisions** about their own care and the way care and services are delivered; and
 - ii) **make decisions** about when family, friends, carers or others should be involved in their care; and
 - iii) **communicate their decisions**; and
 - iv) make connections with others and **maintain relationships** of choice, including intimate relationships.
- 1(3) (d) Each consumer is **supported to take risks** to enable them to live the best life they can.
- 1(3) (e) **Information** provided to each consumer is **current, accurate and timely**, and communicated in a way that is clear, easy to understand and enables them to exercise choice.
- 1(3) (f) Each consumer's **privacy is respected** and personal **information kept confidential**.

Standard 2 Ongoing assessment and planning with consumers

Consumer outcome:

- 2(1) I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

Organisation statement:

- 2(2) The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences.

Requirements

- 2(3) The organisation demonstrates the following:
- (a) **Assessment and planning**, including consideration of risks to the consumer's health and well-being, informs the delivery of **safe and effective care** and services.
- 2(3) (b) Assessment and planning identifies and addresses the consumer's **current needs**, goals and preferences, including advance care planning and **end of life planning** if the consumer wishes.
- 2(3) (c) Assessment and planning:
- i) is based on ongoing **partnership with the consumer** and others that the consumer wishes to involve in assessment, planning and review of the consumer's care and services; and
 - ii) **includes other organisations**, and individuals and providers of other care and services, that are involved in the care of the consumer.
- 2(3) (d) The outcomes of assessment and planning are effectively communicated to the consumer and documented in a **care and services plan** that is readily available to the consumer, and where care and services are provided.
- 2(3) (e) Care and **services are reviewed regularly** for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.



Aged Care Quality Standards

Standard 3

Personal care and clinical care

Consumer outcome:

- 3 (1) I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

Organisation statement:

- 3 (2) The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.

Requirements

- 3 (3) The organisation demonstrates the following:
- 3 (3) (a) Each consumer gets **safe and effective personal care, clinical care**, or both personal care and clinical care, that:
- is **best practice**; and
 - tailored** to their needs; and
 - optimises their **health and well-being**.
- 3 (3) (b) Effective **management of high-impact** or high-prevalence **risks** associated with the care of each consumer.
- 3 (3) (c) The needs, goals and **preferences** of consumers **nearing the end of life** are recognised and addressed, their comfort maximised and their dignity preserved.
- 3 (3) (d) Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is **recognised and responded to** in a timely manner.
- 3 (3) (e) Information about the consumer's condition, needs and preferences is **documented and communicated** within the organisation, and with others where responsibility for care is shared.
- 3 (3) (f) Timely and appropriate **referrals** to individuals, other organisations and providers of other care and services.
- 3 (3) (g) **Minimisation of infection**-related risks through implementing:
- standard and transmission-based precautions to prevent and **control infection**; and
 - practices to promote **appropriate antibiotic prescribing** and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Standard 4

Services and supports for daily living*

Consumer outcome:

- 4 (1) I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Organisation statement:

- 4 (2) The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Requirements

- 4 (3) The organisation demonstrates the following:
- 4 (3) (a) Each consumer gets **safe and effective services** and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life.
- 4 (3) (b) Services and **supports for daily living** promote each consumer's emotional, spiritual and psychological well-being.
- 4 (3) (c) Services and supports for daily living assist each consumer to:
- participate in their **community** within and outside the organisation's service environment; and
 - have social and personal **relationships**; and
 - do the things of **interest** to them.
- 4 (3) (d) Information about the consumer's condition, needs and **preferences** is **communicated** within the organisation, and with others where responsibility for care is shared.
- 4 (3) (e) Timely and appropriate **referrals** to individuals, other organisations and providers of other care and services.
- 4 (3) (f) Where **meals** are provided, they are varied and of suitable **quality and quantity**.
- 4 (3) (g) Where **equipment** is provided, it is safe, suitable, clean and **well maintained**.

* **Services and supports for daily living** include, but are not limited to, food services, domestic assistance, home maintenance, transport, recreational and social activities.

Aged Care Quality Standards

Standard 5 Organisation's service environment*

Consumer outcome:

- 5 (1) I feel I belong and I am safe and comfortable in the organisation's service environment.

Organisation statement:

- 5 (2) The organisation provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.

Requirements

- 5 (3) The organisation demonstrates the following:
- 5 (3) (a) The service **environment is welcoming** and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.
- 5 (3) (b) The service **environment**:
- i) is **safe, clean, well maintained** and comfortable; and
 - ii) enables consumers to **move freely**, both **indoors and outdoors**.
- 5 (3) (c) Furniture, fittings and equipment are **safe, clean, well maintained** and suitable for the consumer.

* An organisation's **service environment** refers to the physical environment through which care and services are delivered, including aged care homes, cottage style respite services and day centres. An organisation's service environment does not include a person's privately owned/occupied home through which in-home services are provided.

Standard 6 Feedback and complaints

Consumer outcome:

- 6 (1) I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

Organisation statement:

- 6 (2) The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

Requirements

- 6 (3) The organisation demonstrates the following:
- 6 (3) (a) Consumers, their family, friends, carers and others are encouraged and supported to **provide feedback and make complaints**.
- 6 (3) (b) Consumers are made aware of and have access to advocates, **language services** and other methods for raising and resolving complaints.
- 6 (3) (c) Appropriate **action is taken** in response to complaints and an **open disclosure** process is used when things go wrong.
- 6 (3) (d) Feedback and complaints are **reviewed and used** to improve the quality of care and services.



Aged Care Quality Standards

Standard 7

Human resources

Consumer outcome:

7(1) I get quality care and services when I need them from people who are knowledgeable, capable and caring.

Organisation statement:

7(2) The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

Requirements

- 7(3) The organisation demonstrates the following:
- 7(3) (a) The **workforce is planned** to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
- 7(3) (b) Workforce interactions with consumers are **kind, caring and respectful** of each consumer's identity, culture and diversity.
- 7(3) (c) The workforce is **competent** and members of the workforce have the **qualifications and knowledge** to effectively perform their roles.
- 7(3) (d) The workforce is recruited, **trained, equipped and supported** to deliver the outcomes required by these standards.
- 7(3) (e) Regular assessment, **monitoring and review** of the performance of each member of the workforce.

Standard 8

Organisational governance

Consumer outcome:

8(1) I am confident the organisation is well run. I can partner in improving the delivery of care and services.

Organisation statement:

8(2) The organisation's governing body is accountable for the delivery of safe and quality care and services.

Requirements

- 8(3) The organisation demonstrates the following:
- 8(3) (a) Consumers are **engaged** in the development, delivery and evaluation of care and services and are supported in that engagement.
- 8(3) (b) The organisation's governing body promotes a **culture of safe, inclusive and quality care** and services and is accountable for their delivery.
- 8(3) (c) Effective organisation wide **governance** systems relating to the following:
- i) **information** management
 - ii) continuous **improvement**
 - iii) **financial** governance
 - iv) **workforce** governance, including the assignment of clear responsibilities and accountabilities
 - v) **regulatory** compliance
 - vi) **feedback** and complaints.
- 8(3) (d) Effective **risk management** systems and practices, including but not limited to the following:
- i) managing **high-impact** or high-prevalence risks associated with the care of consumers
 - ii) identifying and responding to **abuse and neglect** of consumers
 - iii) supporting consumers to **live the best life** they can.
- 8(3) (e) Where clinical care is provided — a **clinical governance framework**, including but not limited to the following:
- i) **antimicrobial** stewardship
 - ii) minimising the **use of restraint**
 - iii) open **disclosure**.



ATTACHMENT 5

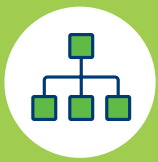


Organisational governance

Standard 8 |

8





Organisational governance

Standard 8 |

Consumer outcome

8 (1) ***I am confident the organisation is well run. I can partner in improving the delivery of care and services.***

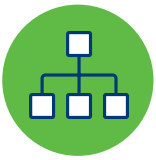
Organisation statement

8 (2) *The organisations' governing body is accountable for the delivery of safe and quality care and services.*

Requirements

- 8 (3) The organisation demonstrates the following:
- 8 (3) (a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
- 8 (3) (b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

- 8 (3) (c) Effective organisation wide governance systems relating to the following:
 - (i) information management
 - (ii) continuous improvement
 - (iii) financial governance
 - (iv) workforce governance, including the assignment of clear responsibilities and accountabilities
 - (v) regulatory compliance
 - (vi) feedback and complaints.
- 8 (3) (d) Effective risk management systems and practices, including but not limited to the following:
 - (i) managing high-impact or high-prevalence risks associated with the care of consumers
 - (ii) identifying and responding to abuse and neglect of consumers
 - (iii) supporting consumers to live the best life they can.
- 8 (3) (e) Where clinical care is provided – a clinical governance framework, including but not limited to the following:
 - (i) antimicrobial stewardship
 - (ii) minimising the use of restraint
 - (iii) open disclosure.



Purpose and scope of the Standard

The intention of this Standard is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the Aged Care Quality Standards.

The governing body sets the strategic priorities for the organisation. It's expected to promote a culture of safety and quality, and to include this in the organisation's governance systems. The governing body is expected to drive and monitor improvements to make sure the organisation is committed to quality care and services and the best interests of consumers.

While governance systems are a foundation for most businesses, this Standard is focused on how these systems support the delivery of safe and quality aged care services. It's expected the organisation has governance systems in place to assess, monitor and drive improvement in the quality and safety of the care and services they provide.

This includes making sure consumers have a quality experience. Organisations are expected to plan for, and manage internal and external emergencies and disasters.

There are also particular requirements related to the following key areas:

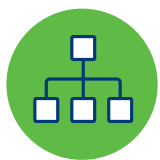
- managing high-impact or high-prevalence risks in the care of consumers
- identifying and responding to abuse and neglect of consumers
- antimicrobial stewardship
- minimising the use of restraint
- practicing open disclosure.

How the governing body and governance structures are organised will depend on the organisation's setting, size and the nature of care and services being provided. It will also depend on the level of responsibility and control the organisation has for consumer outcomes and the risks involved in delivery of care and services. The evidence needed to meet this Standard will reflect these things.

Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- **understand the requirement**
- **apply the requirement, and this is clear in the way they provide care and services**
- **monitor how they are applying the requirement and the outcomes they achieve**
- **review outcomes and adjust their practices based on these reviews to keep improving.**



Linked Standards

Standard 8 supports all of the other Aged Care Quality Standards. This is because it supports how the organisation focuses on the requirements of the each standard strategically to make sure they run the organisation well.

Relevant legislation

- *Aged Care Act 1997 (Cth), User Rights Amendment (Charter of Aged Care Rights) Principles 2019*
- Anti discrimination legislation nationally
- *Australian Privacy Principles 2013*
- *Privacy Act 1988 (Cth), Schedule 1, Australian Privacy Principles*
- *Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019*
- State and Territory food safety and handling legislation and regulations
- State and Territory mental health, guardianship and administration, enduring power of attorney and medical directive/ advance care planning legislation
- State and Territory work health and safety legislation

Resources and references

- Australian Government, Department of Health & Department of Agriculture (2015). *Responding to the threat of antimicrobial resistance: Australia's first National Antimicrobial Resistance Strategy 2015–2019*¹
- Department of Health and Ageing (2012). *Decision-making tool: Supporting a Restraint Free Environment in Residential aged care*²
- Department of Health, *Guide for reporting reportable assaults*³
- Australian Institute of Company Directors, *Good Governance Principles and Guidance for Not for Profit Organisations*⁴
- National Health and Medical Research Council (2010). *Australian guidelines for the prevention and control of infection in healthcare*⁵
- The Australian Commission on Safety and Quality in Health Care, *National Model Clinical Governance Framework (2nd edition)*⁶

1 <http://www.agriculture.gov.au/animal/health/amr/antimicrobial-resistance-strategy>

2 https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/09_2014/residential_aged_care_internals_fa3-web.pdf

3 <http://www.agriculture.gov.au/animal/health/amr/antimicrobial-resistance-strategy>

4 <http://www.companydirectors.com.au/~media/cd2/resources/director-resources/nfp/pdf/nfp-principles-and-guidance-131015.ashx>

5 <https://www.nhmrc.gov.au/guidelines-publications/cd33>

6 <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

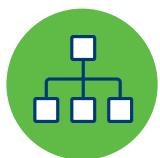
Standard 8

Requirement (3)(a)

8

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.





Organisational governance

Standard 8 | Requirement (3)(a)

Intent of this requirement

Organisations are expected to have an organisation wide approach to involve consumers in developing, delivering and evaluating their care and services. This is an essential part of an organisation's governance for a consumer-centred aged care service.

Organisations are expected to ask for input from a wide range of consumers about their experience and the quality of the care and services they have received. Organisations are expected to review and respond to the information they get from consumers. This includes addressing, and working to fix, any issues consumers raise, and using the information to plan improvements and show that they have been made.

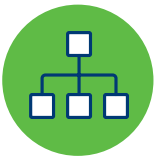
Reflective questions

How does the organisation involve a diverse range of consumers in developing, designing and evaluating their care and services?

Does the organisation have a range of ways consumers can provide feedback? Do the feedback options help consumers from diverse backgrounds to take part?

What systems are in place to ask for, and act on, feedback from consumers to keep evaluating and improving the service?

What relationships does the organisation have with consumer advocates and community representative groups? How does it involve them in developing, delivering and evaluating care and services?



Examples of actions and evidence

Consumers

- Consumers can describe how the organisation supports and encourages them to be involved in designing and improving care and services. They can also describe how this has made a difference.
- Consumers can describe a range of ways they can take part in influencing how care and services are developed, delivered and evaluated. They also say how these meet their diverse needs.

Workforce and others

- Management of the organisation can describe the different ways the organisation involves consumers in developing, delivering and managing care and services. They can also describe how it has made a difference to their approach.
- The workforce can demonstrate they understand the organisation's commitment to and processes for involving consumers.
- The workforce can provide examples of how the organisation uses the results of consumer feedback to improve how they deliver care and services.
- Workforce orientation, training or other records that show how the workforce is supported to involve consumers and the ways members of the workforce can help consumers to be involved.

Organisation

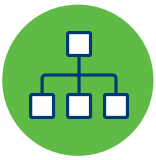
- Records that show the organisation involves consumers in the development, delivery and evaluation of care and services.
- Planning or budget documents that have identified effective times and places to engage with consumers.
- Evidence that shows groups responsible for directing development and redesign projects include consumer representatives who can reflect what consumers want and need.
- Records of meetings, consultations or forums with consumers and their community about issues important to them (this could cover any issues such as the cultural safety of care and service programs, quality of meals or the arrangement of the service environment).
- Evidence and examples of how the organisation shows, monitors and reports how it has performed against this Standard. Examples of continuous improvement against this requirement.

Standard 8

Requirement (3)(b)

8

The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.



Organisational governance

Standard 8 | Requirement (3)(b)

Intent of this requirement

This requirement states the governing body of the organisation is responsible for promoting a culture of safe, inclusive and quality care and services in the organisation. The governing body of the organisation is also responsible for overseeing the organisation's strategic direction and policies for delivering care to meet the Aged Care Quality Standards. A culture of safe inclusive and quality care and services is one that is embedded in all aspects of organisational life and owned by everyone. It is the organisation's governing body that enables this through its leadership, decisions made and directions set for the organisation. It will be reflected in how the organisation communicates its meaning and purpose to the workforce, consumers and those outside the service.

Reflective questions

How has the governing body shown it's committed to, and leads, a culture of safety and quality improvement in the organisation?

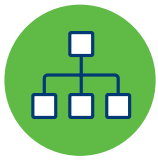
How is the extent of this culture in the organisation known?

What priorities and strategic directions has the governing body set and communicated to the organisation for safe, inclusive and quality care and services?

What information does the governing body ask for about the organisation's performance and continuous improvement to meet the Aged Care Quality Standards?

How does the governing body look at how inclusive the organisation's care and services are for a diverse range of consumers?

How does the governing body know it is meeting what consumers, the workforce, the community and others expect for safe, inclusive and quality care and services from the organisation?



Examples of actions and evidence

Consumers

- Consumers are confident the organisation is run in their best interests and their views and needs shape how the organisation is run.
- Consumers feel the service culture (the way things get done) supports their health, safety and well-being and is inclusive of their identity, culture and diversity.
- Consumers can describe ways the organisation asks for their opinions to improve the service culture.

Workforce and others

- The workforce can describe how the governing body promotes a culture of safe, inclusive and quality care and services. They can also describe how the governing body tries to understand how things are done in the organisation.
- The workforce describes how management of the organisation demonstrates the behaviours and values the governing body promotes. They say this gives them confidence to do the same.
- The workforce can describe the organisation's vision, aims or strategic objectives that affect their practice. They say the organisation is run in a way that supports consumer outcomes.
- The workforce can give examples that show how the organisation includes safe, inclusive and quality care and services in the organisation.

Organisation

- Evidence that members of the governing body have the right experience to govern an organisation providing care and service to vulnerable consumers.
- Evidence of how the governing body decides, explains, assigns and puts their quality, safety and cultural goals into action within the organisation.
- Evidence that the governing body asks for and receives the information and advice it needs to meet its responsibilities under this requirement.
- Strategic, business and diversity action plans that describe the priorities and strategic directions for inclusive care endorsed by the governing body. Evidence of how the organisation implements, monitors and improves these.
- Evidence that the governing body understands and sets priorities to improve the performance of the organisation against the Aged Care Quality Standards and consistent with the Charter of Aged Care Rights.

Standard 8

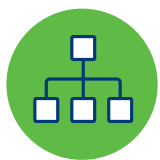
Requirement (3)(c)

8

Effective organisation wide governance systems relating to the following:

- (i) information management***
- (ii) continuous improvement***
- (iii) financial governance***
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities***
- (v) regulatory compliance***
- (vi) feedback and complaints.***





Intent of this requirement

Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide governance systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers.

The key areas for organisation wide governance systems are:

(i) Information management

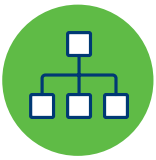
Effective information management systems and process give appropriate members of the workforce access to information that helps them in their roles. It also makes sure consumers can access information about their care and services. These systems cover how an organisation maintains, stores, shares and destroys information and how it controls privacy and confidentiality. Information that supports consumers to make decisions should be relevant and accurate and provided in a timely manner.

(ii) Continuous improvement

Continuous improvement systems and processes assess, monitor and improve the quality and safety of the care and services provided by the organisation. This includes the experiences of consumers. These systems help the organisation to identify where quality and safety is at risk. They also help an organisation to respond appropriately and promptly to these risks. Organisations must have a plan for continuous improvement and check their progress against this plan to improve the quality and safety of care services.

(iii) Financial governance

Financial governance systems and processes manage the finances and resources that the organisation needs to deliver safe and quality care and services. Organisations are expected to include the capital and revenue costs of maintaining safety and quality in their financial planning. Effective financial management and reporting systems give the governing body the assurance they require to be satisfied of compliance with this requirement.



Organisational governance

Standard 8 | Requirement (3)(c)

(iv) Workforce governance – including assigning clear responsibilities and accountabilities

Workforce governance systems and process make sure workforce arrangements are consistent with regulatory requirements. They also need to make sure the organisation has enough skilled and qualified members of the workforce. The organisation must support and develop its workforce to deliver safe and quality care and services. Members of the workforce need to have clear responsibility and accountability for managing the safety and quality of care and services, and sufficient authority to do this.

(v) Regulatory compliance

Regulatory compliance systems and process make sure the organisation is complying with all relevant legislation, regulatory requirements, professional standards and guidelines. This requirement doesn't measure how an organisation complies with other legislative frameworks, but provides an understanding of whether the organisation itself undertakes this task.

(vi) Feedback and complaints

Feedback and complaints systems and processes actively look to improve results for consumers. The system used is relevant and proportionate to the range and complexity of care and services the organisation delivers, as well as its size and scale. The system follows principles of transparency, procedural fairness and natural justice and meets best practice guidelines.

Reflective questions

Does the organisation have a documented whole-of-organisation governance framework, which includes personal and clinical care if delivered?

Does the governance framework focus on strategic needs?

Does the organisation have systems to monitor and evaluate how they perform against strategic and other objectives for safe and quality care and services?

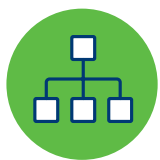
Does the organisation support a culture of evaluation that includes transparency, openness and a two-way sharing of information and advice across the organisation?

If services are not performing at peak level, does the organisation move resources to ensure appropriate consumer outcomes?

Does the organisation use regular reviews and evaluation to identify new needs and tackle current continuous improvement priorities?

How do the organisation's risk and responsibility systems and processes include ethical decision-making in the organisation?

Where the organisation uses services from other specialist providers, are the different levels of responsibility for governance and monitoring clear to everyone?



Examples of actions and evidence

Consumers

- Consumers say the organisation asks for their opinions about the care and services, listens to them and makes improvements as a result.
- Consumers say they are confident their care and services are well managed.
- Consumers say the organisation has made changes when something has gone wrong to prevent it happening again.
- Consumers say they can review information on the safety and quality of care and services the organisation delivers.

Workforce and others

- Management of the organisation can describe their role in developing governance frameworks to support the governing body's strategies for safe, inclusive and quality care and services.
- The workforce can describe how the organisation supports openness, discussion, engagement, respect, trust and a culture of good governance.
- The workforce can describe how they take part in activities that identify, measure and evaluate problems within the organisation and in the care and services it delivers to consumers. They can also describe how improvements are made.
- Members of the workforce are clear on their authority to make decisions to meet the strategic or planned objectives of the organisation. They say policies that inform decisions are easy to understand and accessible to all members of the workforce.

- Members of the workforce can describe how the organisation makes sure the processes in their particular areas are efficient and effective. They say the organisation prevents, responds to and manages risks appropriately.
- Workforce orientation, training or other records that show how the organisation supports the workforce to meet this requirement.

Organisation

- Evidence of systems and processes, from the care and service level through to the governing body level, for managing and governing all aspects of care and services.
- Performance monitoring records given to the governing body show whether the organisation is performing at peak level and meeting its policy, planning and operational goals.
- Committee and meeting records show management of the organisation and the governing body have information, data and options to make informed decisions.
- Evidence of policies and instruments of delegation that make it clear to the workforce, and help them to understand, the organisation's compliance and other obligations.
- Evidence of continuous improvement across the organisation.

Standard 8

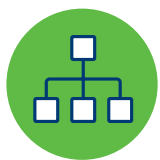
Requirement (3)(d)

8

Effective risk management systems and practices, including but not limited to the following:

- (i) managing high-impact or high-prevalence risks associated with the care of consumers*
- (ii) identifying and responding to abuse and neglect of consumers*
- (iii) supporting consumers to live the best life they can.*





Intent of this requirement

Organisations are expected to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it's affecting consumers.

It's expected that the organisation's risk management system identifies and evaluates incidents and 'near misses' (both clinical incidents and incidents in delivering care and services). It's also expected that the organisation uses this information to improve its performance and how it delivers quality care and services.

Organisations are expected to escalate risks to the health, safety and well-being of their consumers within the organisation or to a relevant external service or organisation. It's also expected that organisations continue to monitor risks to consumers and others and take action if a risk has increased.

In particular effective risk management systems and practices are required in the following areas:

(i) Managing high-impact or high-prevalence risks associated with the care of consumers

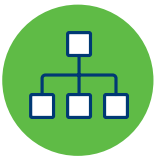
While organisations need to manage all risks related to care and services, some risks are more common and have a higher impact on the health and well-being of consumers. Preventable harm from these risks continues to happen in aged care. Sound governance systems are required to support the delivery of care under Standard 3 – Personal and Clinical Care.

(ii) Identifying and responding to abuse and neglect of consumer

All Australians have rights, which do not diminish with age, to live dignified, self-determined lives, free from exploitation, violence and abuse. The organisation is expected to have systems to provide appropriate protections and safeguards around the delivery of care and services, to respond effectively to incidents of abuse, to report this according to the law, and to raise awareness in the organisation to lower the risk of elder abuse.

(iii) Supporting consumers to live the best life they can

Organisations are expected to have systems and processes to reduce the possibility of risks and the impact they have on consumers however, this should be in consultation with consumers to support them to live the best life they can. These systems underpin outcomes under Standard 1 and delivery of care and services under Standards 3 and 4.



Organisational governance

Standard 8 | Requirement (3)(d)

Reflective questions

Does the organisation have systems for identifying, minimising and managing risks to the safety and well-being of consumers?

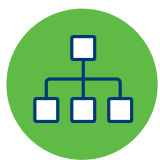
What are the systems to manage high-impact, high-prevalence risks and how are these systems reviewed to keep improving outcomes for consumers?

How does the organisation make information about current procedures and guidance for managing risks available to consumers, representatives the workforce and others?

Does the workforce know what harm, abuse and neglect looks like?
How does the organisation support its workforce to understand their roles and responsibilities for preventing and reporting abuse?

Does the organisation have strategies to make sure that responses to allegations of harm use the principles of natural justice?
Does the organisation support all parties during an investigation?

How does the organisation support the workforce to use a problem-solving approach to respect a consumer's wishes to act independently, but also to identify and reduce risks so they can support their independence as safely as possible?



Examples of actions and evidence

Consumers

- Consumers say organisational decisions on how to reduce possible or real risks are made with them and they feel their opinions are heard.
- Consumers say the organisation responds promptly to charges or concerns about harm, abuse and neglect.
- Consumers feel comfortable with how the organisation balances risks and quality of life. They feel they are living the best life they can.

Workforce and others

- The workforce can describe how they try to reduce common and high-impact or high-prevalent risks to health and well-being. They can also describe how the way they do this supports consumers' dignity and quality of life.
- The workforce can describe what their responsibilities are in investigating and recording any charge or instance of harm, abuse or neglect and where to go for advice if they need it.
- The workforce describe how the systems and processes for safely delivering clinical care are reliable. They also say they have the chance to take part in designing, monitoring and evaluating these systems
- The workforce can demonstrate their knowledge of the organisation's legislative reporting requirements of harm, abuse or neglect as it relates to their role and responsibilities.
- The workforce can describe the organisation's reporting systems for 'near misses' and incidents. They can also describe the processes for managing risks related to their role in the organisation.
- Evidence that the organisation's training around safeguarding is delivered in a way

that is relevant to different roles. The workforce can describe how they are able to recognise different types of abuse or neglect and the ways they can report concerns.

- The workforce can give examples of respecting consumers' wishes and how they have identified and reduced risks to support their independence as safely as possible.

Organisation

- Records show how staff are trained and supported to assess or evaluate the use of restraints in order to minimise or eliminate their use.
- Evidence of how the organisation monitors and reports on the use of restraints.
- Records show the organisation reports notifiable incidents appropriately.
- Records show the organisation continually monitors risks to consumers and takes appropriate action if a risk has increased.
- Evidence that the organisation uses effective investigation as soon as it's aware of any allegation or evidence of harm, abuse or neglect. Evidence shows that the organisation also refers the case to the correct body in line with legislation.
- Evidence that the organisation monitors systems that can identify possible abuse such as reports of incidents and complaints. Evidence shows that the organisation also takes steps to stop the abuse and reports it as required by law.
- Evidence of ways in which the organisation has strengthened systems for prevention of abuse and neglect. This can include asking for specialist advice or support.
- Evidence and examples of how the organisation shows, monitors and reports how it performs against this standard. Examples of continuous improvement against this requirement.

Standard 8

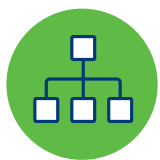
Requirement (3)(e)

8

Where clinical care is provided – a clinical governance framework, including but not limited to the following:

- (i) antimicrobial stewardship*
- (ii) minimising the use of restraint*
- (iii) open disclosure.*





Intent of this requirement

Clinical governance is the set of relationships and responsibilities between the organisation's governing body, executive, clinicians, consumers and others to achieve good clinical results. It puts systems in place for delivering safe, quality clinical care and for continuously improving services.

Clinical governance usually includes involving consumers, clinicians, clinical review, training, risk management, use of information and workforce management.

This requirement describes the clinical governance and safety and quality systems that are required to maintain and improve the reliability, safety and quality of clinical care, and to improve outcomes for consumers where organisations provide clinical care. The following areas are included:

(i) Antimicrobial stewardship

In Australia, the increasing number of antibiotic-resistant infections appearing in the community represents a looming public health issue.

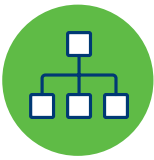
This means aged care organisations need to do their part to change those practices that have contributed to the development of resistance and implement new initiatives to reduce inappropriate antibiotic usage and resistance. Effective organisation wide systems are required for preventing, managing and controlling infections and antimicrobial resistance. This contributes to the broader national effort and improves outcomes for consumers.

(ii) Minimising the use of restraint

Restraint means any practice, device or action that interferes with a consumer's ability to make a decision or restricts a consumer's free movement. Where restraint is clinically necessary to prevent harm, the organisation should have systems to manage how restraints are used. This is in accordance with legislation and the organisation's policies on reporting the use of restraints.

(iii) Practicing open disclosure

This means organisation wide systems to support communication with consumers about incidents that have caused harm. Open disclosure usually includes an apology and explaining the facts of what happened. It also includes listening to the consumer's experience of what happened and explaining the steps the organisation has taken to prevent it happening again.



Organisational governance

Standard 8 | Requirement (3)(e)

Reflective questions

Do management of the organisation and members of the workforce have particular areas of responsibility for clinical leadership and systems that improve safety and quality?

What are the systems to ensure that best practice evidence is embedded in the organisation's clinical care?

How does the organisation review how effective the clinical governance framework is?

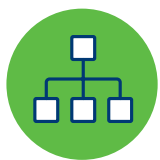
Does the organisation take timely actions to tackle any aspects that aren't working well?

Does the organisation have processes to support identifying and getting involved early when risks associated with clinical care are identified?

Does it have processes for members of the workforce to identify these risks?

How does the organisation understand and support safety and quality in the clinical services it provides?

This includes how it collects and uses data to inform safety and quality.



Examples of actions and evidence

Consumers

- Consumers say they receive safe, effective, quality clinical care that is right for them.
- Consumers say members of the workforce discuss their clinical care with them, including risks and benefits of any clinical treatment and the appropriate use of antibiotics.
- Consumers say if things have gone wrong, the organisation has apologised and taken steps to make sure the same thing doesn't happen to them again or to others.

Workforce and others

- The workforce can describe their accountabilities and responsibilities for the effectiveness, safety and quality of clinical services.
- The workforce can describe how they collect data to inform clinical performance indicators, they say the indicators are meaningful and can describe how they lead to improvements in clinical care.
- The workforce say open disclosure is part of the organisation's practice when a negative event happens. They can also describe the open disclosure process.
- Workforce orientation, training or other records that show the organisation trains the workforce in this requirement. They also show the organisation supports clinical governance leadership roles with ongoing training.

Organisation

- Evidence of strategies and practices that aim to make sure antimicrobials are prescribed according to best practice guidelines.
- Records that show use of restraint is always as a last resort, the application of restraint is documented and the safety and well-being of the consumer is monitored.
- Evidence of appropriate authorisation and consent for the use of restraints in compliance with legislation.
- Records show that the organisation has a systematic approach to clinical audit and data comparisons that supports improvements in clinical care.
- The organisation has records of governance arrangements for clinical care that is given in non-clinical care settings, or by contracted members of the workforce, or by third parties.

Item No: 7.3

Subject: **INSTRUMENTS OF DELEGATIONS FOR THE ALWYNDOR
MANAGEMENT COMMITTEE AND GENERAL MANAGER ALWYNDOR**

Date: 18 July 2019

Written By: Team Leader, Governance

A/g General Manager: Alwyndor, Mr B Capes

SUMMARY

The City of Holdfast Bay has as part of its annual review of delegations (a legislatively required review), adopted a new Instrument of Delegation under the *Local Government Act 1999* (the Act), due to legislative changes to the Act.

Subsequent to Council adopting these delegations, the delegations from Council to the Alwyndor Management Committee under the Act, which were the same as previous, were re-delegated and to come into effect from 12.00am 1 August 2019.

Council re-delegated powers to the General Manager, Alwyndor under the Act, which were the same as previous.

RECOMMENDATION

That the Alwyndor Management Committee:

- 1. notes the Instrument Delegation under the *Local Government Act 1999* delegated 25 June 2019 to the Alwyndor Management Committee, effective from 12.00am on 1 August 2019 as per Instrument of Sub-Delegation dated 25 June 2019; and**
 - 2. notes the Instrument of Delegation under the *Local Government Act 1999* delegated 25 June 2019 to the General Manager, Alwyndor.**
-

COMMUNITY PLAN

Culture: Enabling high performance
Culture: Being financially accountable
Culture: Supporting excellent, efficient operations

STATUTORY PROVISIONS

Local Government Act 1999

BACKGROUND

Council is required to consider its Delegations at least once in each financial year. A annual delegations review was presented to Council in Report 442/17 at its meeting held on 12 December 2017 for financial year 2017/18. A report was presented to Council on 25 June 2019 (Item 14.10- Report number 241/19) for the Annual Review of Delegations for 2018/ 19. The Council report dated 25 June 2019, excluding attachments is attached.

Refer Attachment 1

Last month's review included the Alwyndor Management Committee delegations under the *Aged Care Act 1997* and the *Aged Care (Accommodation Payment Security) Act 2006* (the Aged Care legislation). As there were no changes to the Aged Care legislation these delegations continue without change.

Instruments of Delegation allow Council to pass on the authority to make decisions on its behalf to appropriate and suitable bodies or officers.

Delegations are revocable at will, and making these delegations, does not in anyway, prevent Council from acting in a matter should it choose.

REPORT

Last month's review identified legislative changes to the *Local Government Act 1999* (the Act), all delegations under the Act were revoked and re-made as required. To ensure the delegations under the Act to the Alwyndor Management Committee and General Manager, Alwyndor continue, these delegations were re-made (re-delegated) with no changes.

Attached is the Instrument of Delegation to Alwyndor Management Committee dated 25 June 2019, to be effective from 1 August 2019. These delegations to the Alwyndor Management Committee are the same as previous. The Instrument of Sub- Delegation is attached also.

Refer Attachment 2 and 3

Attached is the Instrument of Delegation to the General Manager, Alwyndor dated 25 June 2019. These delegations to the General Manager, Alwyndor are the same as previous.

Refer Attachment 4

BUDGET

There are no budget implications to this report.

LIFE CYCLE COSTS

There are no life cycle costs associated with this report.



ATTACHMENT 1

Item No: **14.10**

Subject: **ANNUAL REVIEW OF DELEGATIONS**

Date: 25 June 2019

Written By: Team Leader, Governance

A/General Manager: Business Services, Ms P Jackson

SUMMARY

Delegations are the means by which Council can formally pass on its powers and functions to other bodies or individuals in order to efficiently and effectively manage the business of Council.

Section 44 (6) of the *Local Government Act 1999*, requires Council to review its delegations at least once each financial year. This review is presented for Council's endorsement for the 2018/19 financial year. The changes to the delegations are in the majority legislative amendments.

RECOMMENDATION

That having conducted its annual review of the Council's Delegations Register in accordance with Section 44(6) of the *Local Government Act 1999*, the Council:

- 1.1 Notes the review of Delegations undertaken and continues with delegations previously made to the Chief Executive Officer for the:
 - 1.1.1 *Aged Care Act 1997 (Cth)*
 - 1.1.2 *Burial and Cremation Act 2013 and Burial and Cremation Regulations 2014*
 - 1.1.3 *Community Titles Act 1996*
 - 1.1.4 *Dog and Cat Management Act 1995*
 - 1.1.5 *Electronic Conveyancing National Law (SA) Act 2013*
 - 1.1.6 *Environment Protection Act 1993*
 - 1.1.7 *Expiation of Offences Act 1996*
 - 1.1.8 *Fences Act 1975*
 - 1.1.9 *Fire and Emergency Services Act 2005, and Fire and Emergency Services Act Regulations 2005.*
 - 1.1.8.1 - *Fire and Emergency Services - Delegations to CEO*
 - 1.1.8.2- *Instrument of Delegation under the Fire and Emergency Services Act 2005 to Fire Prevention Officers (Jan 2014)*
 - 1.1.10 *Food Act 2001*
 - 1.1.11 *Freedom of Information Act 1991*
 - 1.1.12 *Housing Improvement Act 1940*

- 1.1.13 *Land and Business (Sale and Conveyancing) Act 1994*
 - 1.1.14 *Local Nuisance and Litter Control Act 2016 and Local Nuisance and Litter Control Regulations 2017*
 - 1.1.15 *Natural Resources Management Act 2004, Natural Resources Management (General) Regulations 2005 and Natural Resources Management (Transitional Provisions - Levies) Regulations 2005*
 - 1.1.16 *Planning, Development and Infrastructure Act 2016*
 - 1.1.17 *Real Property Act 1886*
 - 1.1.18 *Roads (Opening & Closing) Act 1991*
 - 1.1.19 *Strata Titles Act 1988*
 - 1.1.20 *Unclaimed Goods Act 1987*
 - 1.1.21 *Work Health Safety Act 2012*
- without change.

- 1.2 Notes the review of Delegations undertaken and continues with delegations previously made to the Alwyndor Management Committee for the:
 - 1.2.1 *Aged Care Act 1997 (Cth)*
 - 1.2.2 *Aged Care (Accommodation Payment Security) Act 2006*without change.

2. Revocations

- 2.1 Hereby revokes its previous delegations to the Chief Executive Officer of those powers and functions under the following:
 - 2.1.1 *Development Act 1993 and Development Regulations 2008*
 - 2.1.2 *Heavy Vehicle National Law (South Australia) Act 2013*
 - 2.1.3 *Liquor Licensing Act 1997*
 - 2.1.4 *Local Government Act 1999*
 - 2.1.5 *Residential Parks Act 2007*
 - 2.1.6 *Road Traffic Act 1961 (SA), Road Traffic (Miscellaneous) Regulations 2014 and Road Traffic (Road Rules – Ancillary and Miscellaneous Provisions) Regulations 2014*
 - 2.1.7 *Safe Drinking Water Act 2012*
 - 2.1.8 *South Australian Public Health Act 2011, South Australian Public Health (Legionella) Regulations 2013, South Australian Public Health (Wastewater) Regulations 2013 and South Australian Public Health (General) Regulations 2013*
 - 2.1.9 *Supported Residential Facilities Act 1992*
- 2.2 Hereby revokes its previous delegations to the Alwyndor Management Committee under the *Local Government Act 1999*.
- 2.3 Hereby revokes its previous delegations to the General Manager Alwyndor under the *Local Government Act 1999*.

3. Delegations made under the *Local Government Act 1999*

3.1 In exercise of the power contained in Section 44 of the *Local Government Act 1999* the powers and functions under the following Acts and specified in the proposed Instruments of Delegation contained in Attachments 2-12 (each of which is individually identified as indicated below) are hereby delegated this 25th day of June 2019 to the person occupying the office of Chief Executive Officer subject to the conditions and or limitations specified herein or in the Schedule of Conditions in each such proposed Instrument of Delegation:

3.1.1 *Development Act 1993 and Development Regulations 2008* (Attachment 2)

3.1.2 *Heavy Vehicle National Law (South Australia) Act 2013* (Attachment 3)

3.1.3 *Liquor Licensing Act 1997* (Attachment 4)

3.1.4 *Local Government Act 1999* (Attachment 5)

3.1.5 *Residential Parks Act 2007* (Attachment 6)

3.1.6 *Road Traffic Act 1961 (SA), Road Traffic (Miscellaneous) Regulations 2014 and Road Traffic (Road Rules – Ancillary and Miscellaneous Provisions) Regulations 2014* (Attachment 7)

3.1.7 *Safe Drinking Water Act 2012* (Attachment 8)

3.1.8 *South Australian Public Health Act 2011, South Australian Public Health (Legionella) Regulations 2013, South Australian Public Health (Wastewater) Regulations 2013 and South Australian Public Health (General) Regulations 2013* (Attachment 9)

3.1.9 *Supported Residential Facilities Act 1992* (Attachment 10)

3.1.10 *Electricity Act 1996 and Electricity (Principles of Vegetation Clearance) Regulations 2010* (Attachment 11)

3.1.11 *Gas Act 1997* (Attachment 12)

3.2 Such powers and functions may be further delegated by the Chief Executive Officer in accordance with Sections 44 and 101 of the *Local Government Act 1999* as the Chief Executive Officer sees fit, unless otherwise indicated herein or in the Schedule of Conditions contained in each such proposed Instrument of Delegation.

4. Delegations made under the *Local Government Act 1999* to the Alwyndor Management Committee and the General Manager Alwyndor:

4.1 In exercise of the power contained in Section 44 of the *Local Government Act 1999* the powers and functions under the *Local Government Act 1999* and specified in the proposed Instrument of Delegation contained in Attachment 13 are hereby delegated this 25th day of June 2019 to the Alwyndor Management Committee subject to the conditions and or limitations specified herein or in the Schedule of Conditions in the proposed Instrument

of Delegation. The delegations will come into effect from 12:00am 1 August 2019.

- 4.2 Such powers and functions may be further delegated by the Alwyndor Management Committee in accordance with Sections 44 and 101 of the *Local Government Act 1999* as the Alwyndor Management Committee sees fit, unless otherwise indicated herein or in the Schedule of Conditions contained in each such proposed Instrument of Delegation.
- 4.3 In exercise of the power contained in Section 44 of the *Local Government Act 1999* the powers and functions under the *Local Government Act 1999* and specified in the proposed Instrument of Delegation contained in Attachment 14 are hereby delegated this 25th day of June 2019 to the General Manager Alwyndor subject to the conditions and or limitations specified herein or in the Schedule of Conditions in the proposed Instrument of Delegation.

5. Delegations made under *Development Act 1993*

- 5.1 In exercise of the powers contained in Section 20 and 34(23) of the *Development Act 1993*, the powers and functions under the *Development Act 1993* and the *Development Regulations 2008* contained in the proposed Instrument of Delegation (annexed to this Report dated 25th June 2019 and entitled Annual Review of Delegations and marked Attachment 2) are hereby delegated this 25th day of June 2019 to the person occupying the office of Chief Executive Officer, subject to the conditions or limitations indicated herein or in the Schedule of Conditions contained in the proposed Instrument of Delegation under the *Development Act 1993*.
- 5.2 Such powers and functions may be further delegated by the Chief Executive Officer as the Chief Executive Officer sees fit and in accordance with the relevant legislation unless otherwise indicated herein or in the Schedule of Conditions contained in the proposed Instrument of Delegation under the *Development Act 1993*.

6. Delegations under *Supported Residential Facilities Act 1992*

- 6.1 In exercise of the power contained in Section 9 of the *Supported Residential Facilities Act 1992*, the powers and functions under the *Supported Residential Facilities Act 1992* contained in the proposed Instrument of Delegation (annexed to this Report dated 25th June 2019 and entitled Annual Review of Delegations and marked Attachment 10) are hereby delegated this 25th day of June 2019 to the person occupying the office of Chief Executive Officer, subject to the conditions or limitations indicated herein or in the

Schedule of Conditions contained in the proposed Instrument of Delegation under the *Supported Residential Facilities Act 1992*.

- 6.2** Such powers and functions may be further delegated by the Chief Executive Officer as the Chief Executive Officer sees fit and in accordance with the relevant legislation unless otherwise indicated herein or in the Schedule of Conditions contained in the proposed Instrument of Delegation under the *Supported Residential Facilities Act 1992*.

7. Authorisations and Subdelegation under the *Road Traffic Act 1961*

- 7.1** In accordance with the Instrument of General Approval and Delegation to Council dated 22 August 2013 from the Minister for Transport and Infrastructure (the 'Instrument') the Council authorises the following person(s) pursuant to Clause A.7 of the Instrument to endorse Traffic Impact Statements for the purposes of Clause A of the Instrument provided that such person(s) shall take into account the matters specified in Clause A.7 of the Instrument in respect of Traffic Impact Statements:

- Mr Roberto Bria, Chief Executive Officer (Acting)
- Mr Howard Lacy, General Manager City Assets and Services
- Mr Rajiv Mouveri, Manager, Assets and Facilities
- Mr Damien Landrigan, Traffic and Transport Officer

- 7.2** In accordance with Clause A.7 of the Instrument, the Council is of the opinion that the following person(s) is/are experienced traffic engineering practitioner(s) for the purposes of preparing a Traffic Impact Statement as required by Clause A.7 of the Instrument:

- Mr Roberto Bria, Chief Executive Officer (Acting)
- Mr Howard Lacy, General Manager City Assets and Services
- Mr Rajiv Mouveri, Manager, Assets and Facilities
- Mr Damien Landrigan, Traffic and Transport Officer

- 7.3** In exercise of the power contained in, and in accordance with, Clause G.1 of the Instrument, the power contained in Section 33(1) of the *Road Traffic Act 1961* and delegated to the Council pursuant to Clause G of the Instrument and contained in the proposed Instrument of Subdelegation (annexed to this Report dated 25th June 2019 and entitled Annual Review of Delegations and marked Attachment 7) is hereby sub-delegated 25th day of June 2019 to the person occupying the office of Chief Executive Officer of the Council subject to:

(i) the conditions contained in the Instrument; and

(ii) any conditions contained in this Resolution or in the Instrument of Subdelegation; and

(iii) the creation of a separate instrument in writing reflecting such subdelegation under the Instrument and this Resolution.

7.4 In accordance with Clause E.2 of the Instrument, the Council is of the opinion that the following person(s) has (have) an appropriate level of knowledge and expertise in the preparation of traffic management Plans:

- Mr Roberto Bria, Chief Executive Officer (Acting)
- Mr Howard Lacy, General Manager City Assets and Services
- Mr Rajiv Mouveri, Manager, Assets and Facilities
- Mr Damien Landrigan, Traffic and Transport Officer

8. **Delegations under *Safe Drinking Water Act 2011* (of enforcement agency)**

8.1 In exercise of the power contained in Section 43 of the *Safe Drinking Water Act 2011* the powers and functions of the Council as a relevant authority under the *Safe Drinking Water Act 2011* contained in the proposed Instrument of Delegation (annexed to this Report dated 25th June 2019 and entitled Annual Review of Delegations and marked Attachment 8) are hereby delegated this 25th day of June 2019 to the person occupying the office of Chief Executive Officer, subject to the conditions or limitations indicated herein or in the Schedule of Conditions contained in the proposed Instrument of Delegation under the *Safe Drinking Water Act 2011*.

8.2 Such powers and functions may be further delegated by the Chief Executive Officer as the Chief Executive Officer sees fit and in accordance with the relevant legislation unless otherwise indicated herein or in the Schedule of Conditions contained in the proposed Instrument of Delegation under the *Safe Drinking Water Act 2011*.

9. **Delegations under the *Heavy Vehicle National Law (South Australia) Act 2013***

9.1 In exercise of the powers contained in Section 44 of the *Local Government Act 1999* and Section 22B of the *Heavy Vehicle National Law (South Australia) Act 2013* (as relevant) the powers and functions under the *Heavy Vehicle National Law (South Australia) Act 2013* contained in the proposed Instrument of Delegation (annexed to this Report dated 25th June 2019 and entitled Annual Review of Delegations and marked Attachment 3) are hereby delegated this 25th day of June 2019 to the person occupying the office of Chief Executive Officer, subject to the conditions or limitations indicated herein or in the Schedule of Conditions contained in the proposed Instrument of Delegation under the *Heavy Vehicle National Law (South Australia) Act 2013*.

9.2 Such powers and functions may be further delegated by the Chief Executive Officer as the Chief Executive Officer sees fit and in accordance with the

relevant legislation unless otherwise indicated herein or in the Schedule of Conditions contained in the proposed Instrument of Delegation under the *Heavy Vehicle National Law (South Australia) Act 2013*.

COMMUNITY PLAN

Culture: Enabling high performance
Culture: Being financially accountable
Culture: Supporting excellent, efficient operations.

COUNCIL POLICY

Not Applicable

STATUTORY PROVISIONS

Local Government Act 1999

BACKGROUND

Council is required to consider its Delegations at least once in each financial year. The last annual review was presented to Council in Report 442/17 at its meeting held on 12 December 2017 (for financial year 2017/18).

Council has undertaken a review of delegations for this financial year 2018/19 and this review has included the Alwyndor Management Committee delegations under the *Aged Care Act 1997* and delegations under the *Residential Parks Act 2007*.

There has been minimal changes to the legislation, since the last full review and it is therefore not necessary to revoke and remake all of the delegations in this review as noted below. The delegations to be revoked and re-delegated are due to legislative changes i.e. amendments or new provisions.

REPORT

In order to give effect to the updated delegations, Council must revoke the existing delegations and then resolve to adopt the new delegations, with any conditions or limitations, to the Chief Executive Officer. Subsequent to these delegations being made by Council, the Chief Executive Officer will then make sub-delegations to relevant staff as deemed appropriate.

From the annual review of Delegations it is recommended that only the delegations relating to the following be revoked and remade as these Acts have been subject to legislative change:

- *Development Act 1993 and Development Regulations 2008*
- *Heavy Vehicle National Law (South Australia) Act 2013*
- *Liquor Licensing Act 1997*
- *Local Government Act 1999*
- *Residential Parks Act 2007*
- *Road Traffic Act 1961 (SA), Road Traffic (Miscellaneous) Regulations 2014 and Road Traffic (Road Rules – Ancillary and Miscellaneous Provisions) Regulations 2014*
- *Safe Drinking Water Act 2012*
- *South Australian Public Health Act 2011, South Australian Public Health (Legionella) Regulations 2013, South Australian Public Health (Wastewater) Regulations 2013 and South Australian Public Health (General) Regulations 2013*
- *Supported Residential Facilities Act 1992*
- *Electricity Act 1996 and Electricity (Principles of Vegetation Clearance) Regulations*
- *Gas Act 1997*

None of the other Acts which Council has delegations under have had any changes made to them in the past twelve months. There is no need to make changes to these delegations as the existing delegations are effective.

Process to be followed

In order for the statements contained in the instruments of delegations, attached to this report, to come into effect, Council must first resolve to revoke the existing delegations. Council must then resolve to adopt the new delegations contained in the instruments of delegations.

Any sub delegations that have been made pursuant to the existing delegations become void as soon as the 'head' delegation is revoked. In order to ensure that council officers have the necessary powers to continue their duties, the Chief Executive Officer will approve the new sub-delegations the day after the new delegations come into effect.

Summary of Changes

The attached table outlines the changes to the Delegations as a result of legislative changes and new delegations will be put in place for the *Electricity Act 1996* and *Electricity (Principles of Vegetation Clearance) Regulations* and the *Gas Act 1997*.

Refer Attachment 1

Once Council's delegations to the Chief Executive Officer are endorsed, the sub-delegations in accordance with Section 101 of the *Local Government Act 1999* will be endorsed by the Chief Executive Officer.

BUDGET

There are no budget implications from this report.

LIFE CYCLE COSTS

There are no full life cycle cost implications from this report.



ATTACHMENT 2

INSTRUMENT OF DELEGATION UNDER THE LOCAL GOVERNMENT ACT 1999

In exercise of the power contained in Section 44 of the *Local Government Act 1999* the powers and functions under the Local Government Act 1999 (“the Act”) contained hereunder are, subject to the conditions, limitations and provisos contained therein, hereby delegated this **25th** day of **June 2019** to the Alwyndor Management Committee, (a committee established by the Council pursuant to section 41 of the *Local Government Act 1999*).

POWERS AND FUNCTIONS DELEGATED IN THIS INSTRUMENT

Delegations to the Alwyndor Management Committee

Local Government Act 1999 (Alwyndor)		
Provision	Item Delegated	Conditions and Limitations
Section 36(1)(c) - General Powers and Capacity	1. The power pursuant to Section 36(1)(c) of the Act to do anything necessary, expedient or incidental to performing or discharging the functions and duties of or to achieving the objectives of the Alwyndor Management Committee as set out in the Committee's Terms of Reference, including the power to undertake procurement processes relevant to the operations of Alwyndor in a manner consistent with applicable Council and/or Alwyndor Policies and Procedures.	The delegate shall exercise the powers and functions conferred herein – - Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. - With due diligence and in accordance with reasonable, prudent administrative good practice. - In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. - Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. - Subject to the delegate complying with any relevant duty set out in Annexure 1.
Section 37(b) - Provision Relating to Contracts and Transactions	The power pursuant to section 37(b) of the Act to enter into contracts or to authorise another officer, employee or agent of the Council to enter into contracts, on behalf of the Council, where the common seal of the Council is not required.	The delegate shall exercise the powers and functions conferred herein – - Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. - With due diligence and in accordance with reasonable, prudent administrative good practice. - In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. - Limited to the performance and discharge of functions and duties of

Local Government Act 1999 (Alwyndor)		
		<p>the Alwyndor Management Committee as set out in the Committee's Terms of Reference.</p> <ul style="list-style-type: none"> - Subject to the delegate complying with any relevant duty set out in Annexure 1.
Section 87(1) - Committee Meetings	<p>The power pursuant to section 87(1) of the Act to determine the time and places of meetings of the Alwyndor Management Committee taking into account: -</p> <ul style="list-style-type: none"> (a) The availability and convenience of members of the Committee; and (b) The nature and purpose of the Committee. 	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> - Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. - With due diligence and in accordance with reasonable, prudent administrative good practice. - In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. - Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. - Subject to the delegate complying with any relevant duty set out in Annexure 1.
Section 133 - Sources of Funds	<p>The power, pursuant to section 133 of the Act to obtain funds as permitted under the Act or another Act and as may otherwise be appropriate in order to carry out the functions of the Alwyndor Management Committee by: -</p> <ul style="list-style-type: none"> (a) Obtaining grants or other allocations of money other than by borrowing, and (b) By leasing or hiring out property 	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> - Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. - With due diligence and in accordance with reasonable, prudent administrative good practice. - In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. - Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. - Subject to the delegate complying with any relevant duty set out in Annexure 1.

Local Government Act 1999 (Alwyndor)		
Section 137 - Expenditure of Funds	The power, pursuant to section 137 of the Act to expend Council's approved budgeted funds in order to achieve the objectives of the Alwyndor Management Committee as set out under its Terms of Reference.	The delegate shall exercise the powers and functions conferred herein – - Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. - With due diligence and in accordance with reasonable, prudent administrative good practice. - In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. - Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. - Subject to the delegate complying with any relevant duty set out in Annexure 1.
Section 139 - Investment Powers	<p>1. The power pursuant to section 139(1) of the Act to invest money under the Council's control in order to achieve the objectives of the Alwyndor Management Committee as set out under its Terms of Reference and having regard to the matters set out under section 139(3) and (4) which include:</p> <ul style="list-style-type: none"> - The purpose of the investment; - The desirability of diversifying Council investments; - The nature of and risk associated with existing Council investments; - The desirability of maintaining the real value of the capital and income of the investment; - The risk of capital or income loss or depreciation; - The potential for capital appreciation; - The likely income return and the timing of the income return; - The length of the term of the proposed investment; - The period for which the investment is likely to be required; - The liquidity and marketability of a proposed investment during, and on the determination of, the term of the investment; - The aggregate value of the assets of the Council; - The likelihood of inflation affecting the value of a proposed investment; - The costs of making a proposed investment; - The results of any review of existing Council investments; - The anticipated community benefit from an investment; - The desirability of attracting additional resources into the local community. <p>2. The power pursuant to section 139(5) of the Act to obtain and consider independent and impartial advice about the investment of funds and the management of Alwyndor's funds from a person whom the Alwyndor Management Committee reasonably believes to be competent to give the advice.</p>	The delegate shall exercise the powers and functions conferred herein – - Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. - With due diligence and in accordance with reasonable, prudent administrative good practice. - In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. - Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. - Subject to the delegate complying with any relevant duty set out in Annexure 1.
Section 143 - Writing Off Bad Debts	The power pursuant to section 143(1) of the Act to write off any debts owed to the Council in respect of the Alwyndor Aged Care facility up to and not exceeding the amount of \$5,000 where: (a) The Council has no reasonable prospect of recovering the	The delegate shall exercise the powers and functions conferred herein – - Having due regard to Council's

Local Government Act 1999 (Alwyndor)		
	<p>debt; or</p> <p>(b) The costs of recovery are likely to equal or exceed the amount to be recovered, up to and including an amount of \$1000 in respect of any one debt; and</p> <p>Where the Chief Executive Officer has certified pursuant to section 143(2) that:</p> <p>(a) Reasonable attempts have been made to recover the debt; or</p> <p>(b) The costs of recovery are likely to equal or exceed the amount to be recovered.</p>	<p>adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan.</p> <ul style="list-style-type: none"> - With due diligence and in accordance with reasonable, prudent administrative good practice. - In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. - Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. - Subject to the delegate complying with any relevant duty set out in Annexure 1.
Section 144 - Recovery of Amounts due to Council	<p>The power pursuant to section 144(1) of the Act to recover as a debt, by action in a court of competent jurisdiction, any fee, charge, expense or other amount recoverable from a person or payable by a person under the Act or another Act in respect of the operations of the Alwyndor Aged Care facility.</p>	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> - Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. - With due diligence and in accordance with reasonable, prudent administrative good practice. - In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. - Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. - Subject to the delegate complying with any relevant duty set out in Annexure 1.
Section 298 - Power to Council to Act in Emergency	<p>Where flooding in the area of the Council has occurred or is imminent and the Chief Executive Officer of the Council is of the opinion that a situation of emergency has arisen in which there is a danger to life or property, the power pursuant to section 298(1) to order that action be taken as the Chief Executive Officer thinks fit to avert or reduce the danger.</p>	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> - Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. - With due diligence and in accordance with reasonable, prudent administrative good practice. - In accordance with the Policies and Procedures adopted by the Council

Local Government Act 1999 (Alwyndor)		
		<p>and Alwyndor Management Committee and other relevant legislative provisions.</p> <ul style="list-style-type: none"> - Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. - Subject to the delegate complying with any relevant duty set out in Annexure 1.
<p>Duties relevant to the Alwyndor Management Committee under the Local Government Act 1999</p>	<p>The below sets out the duties that are applicable in respect of the Alwyndor Management Committee, including the duties of Members of the Committee, the Committee itself and of the Chief Executive Officer of the Council in relation to the management of the Committee.</p> <p>Section 62 GENERAL DUTIES</p> <p>62(1) Members of the Committee must at all times act honestly in the performance and discharge of official functions and duties;</p> <p>62(2) Members of the Committee must at all times act with reasonable care and diligence in the performance and discharge of official functions and duties;</p> <p>62(3) A member or former member of the Committee must not, whether within or outside the State, make improper use of information acquired by virtue of his or her position as a member of the Committee to gain, directly or indirectly, an advantage for himself or herself or for another person or to cause detriment to the Committee and/or Council;</p> <p>62(4) A member of the Committee must not, whether within or outside the State, make improper use of his or her position as a member of the Committee to gain, directly or indirectly, an advantage for himself or herself or for another person or to cause detriment to the Committee and/or Council.</p> <p>62(4a) A member of the Committee must not disclose information or a document in relation to which there is an order of a council or council committee in effect under section 90 of the Act requiring the information or document to be treated confidentially, unless the disclosure is required or authorised by law as described in section 62(4b) of the Act.</p> <p>Section 74 DEALING WITH MATERIAL CONFLICTS OF INTEREST</p> <p>74(1) Unless approval has been granted in accordance with section 74(3) of the Act, a member of the Committee with a material conflict of interest in a matter to be discussed at a meeting of the Committee must:</p> <ul style="list-style-type: none"> (a) inform the meeting of the material conflict of interest; (b) leave the meeting room (including any area set aside for the public) such that the member cannot view or hear any discussion or voting at the meeting; and (c) stay out of the meeting while the matter is being discussed and voted on. <p>74(5) A disclosure of a material conflict of interest by a member of the Committee must be recorded in the Minutes of the Committee meeting and on a website determined by the Chief Executive Officer and must include:</p> <ul style="list-style-type: none"> (a) the member's name; (b) the nature of the interest, as described by the member; and (c) if the member took part in the meeting, or was in the chamber 	

Local Government Act 1999 (Alwyndor)

during the meeting, under an approval under section 74(3) of the Act, the fact that the member took part in the meeting, or was in the chamber during the meeting (as the case requires).

Section 75A DEALING WITH ACTUAL AND PERCEIVED CONFLICTS OF INTEREST

75A(1) Members of the Committee must deal with an actual or perceived conflict of interest in a transparent and accountable way.

75A(2) Members of the Committee must inform the meeting of the member's actual or perceived conflict of interest in the matter, and (if the member proposes to participate in the meeting in relation to the matter) how the member intends to deal with the actual or perceived conflict of interest.

75A(4) A disclosure of an actual or perceived conflict of interest by a member of the Committee must be recorded in the Minutes of the Committee meeting and on a website determined by the Chief Executive Officer and must include:

- (a) the member's name;
- (b) the nature of the interest, as described by the member;
- (c) the manner in which the member dealt with the actual or perceived conflict of interest;
- (d) if the member voted on the matter, the manner in which he or she voted; and
- (e) the manner in which the majority of persons who were entitled to vote at the meeting voted on the matter.

Section 87 CALLING AND TIMING OF COMMITTEE MEETINGS

87(2) The Committee must, in appointing a time for the holding of an ordinary meeting of the Committee, take into account:

(a) the availability and convenience of members of the Committee; and

(b) the nature and purpose of the Committee.

87(5) The Chief Executive Officer must, at the request of:

- (a) the Presiding Member of the Committee; or
 - (b) at least two members of the Committee,
- call a special meeting of the Committee.

87(13) The Chief Executive Officer must ensure that a record of all notices of Committee meetings is maintained.

NOTE:

In accordance with clause 9.1.1 of the Committee's Terms of Reference, Part 3 of the Local Government (Procedures at Meetings) Regulations 2013 applies in respect of the Committee. On that basis, in regards to the provision of notice of Committee meetings to Committee members, regulation 23 applies to vary the application of Sections 87(4), (7)-(10) to the Committee and provides as follows:

- (a) that notice of a meeting of Committee may be given in a form determined by the Committee after taking into account that nature and purpose of the Committee; and
- (b) that notice need not be given for each meeting separately; and
- (c) that if ordinary meetings of the Committee have a set agenda, the notice of such a meeting need not contain, or be accompanied, the agenda for the meeting; and
- (d) that it is not necessary for the Chief Executive Officer to ensure that each member of the Committee at that time the notice of meeting is given is supplied with a copy of any documents or

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reports that are to be considered at the meeting.

Section 88 PUBLIC NOTICE OF COMMITTEE MEETINGS

88(1) The Chief Executive Officer must ensure that notice is given to the public of the times and places of meetings of the Committee.

88(1a) The Chief Executive Officer must ensure that the notice under section 88(1) of the Act is given in accordance with section 88(1a) of the Act.

88(5) The Chief Executive Officer must ensure that a reasonable number of copies of any document or report is supplied to members of the Committee for consideration at a meeting of the Committee are available for inspection by members of the public at the principle office of Council as soon as practicable after the time when the document or report supplied to members of the Committee (this duty does not apply in respect of documents which relate to matters that are dealt with by the Committee on a confidential basis or, which the Chief Executive Officer recommends the Committee deal with on a confidential basis.

NOTE:

By virtue of clause 9.1.1 of the Committee's Terms of Reference, section 88 of the Act is modified in its application to the Committee by Part 3 of the Local Government (Procedures at Meetings) Regulations 2013 so that in accordance with regulation 24:

(a) public notice need not be given for each meeting separately; and

(b) public notice may be given by displaying a notice and agenda in a place or places determined by the Chief Executive Officer and taking into account the nature and purpose of the Committee.

Section 90 MEETINGS TO BE HELD IN PUBLIC EXCEPT IN SPECIAL CIRCUMSTANCES

90(1) Subject to the provisions of Section 90 of the Act, a meeting of the Committee must be conducted in a place open to the public;

90(7) If an order is made under Section 90(2) of the Act to exclude the public from a part of a Committee meeting, a note must be made in the minutes of the making of the order and specifying:

(a) the grounds on which it was made;

(b) the basis on which the information or matter to which the order relates falls within the ambit of each ground on which the order was made; and

(c) if relevant, the reasons that receipt, consideration or discussion of the information or matter in a meeting open to the public would be contrary to the public interest.

Section 91 MINUTES AND RELEASE OF DOCUMENTS

91(1) The Chief Executive Officer must ensure that minutes are kept of the proceedings of every meeting of the Committee;

91(2) If the Chief Executive Officer is excluded from a meeting, in accordance with any order made by the Committee, the person presiding at the meeting must ensure that minutes are kept;

91(3) Each member of the Committee must, within 5 days after a meeting of the Committee, be supplied with a copy of all minutes of the proceedings of the meeting kept.

91(9) Where an order is made to maintain documents as confidential, the Committee must –

(a) specify the duration of the order or the circumstances in which the order will cease to apply, or a period after which the order must be reviewed, and, in any event, any order that operates for a period exceeding 12 months must be reviewed at least once in

Local Government Act 1999 (Alwyndor)

every year; and
(b) ensure that a note is made in the minutes recording the making of the order, the grounds on which it was made and the decision of the Committee in relation to the duration of the order.

Section 132 ACCESS TO DOCUMENTS

132(3) The Council must, as far as reasonably practicable, make the agenda for meetings of the Committee and minutes of meetings of the Committee available for inspection on the internet within a reasonable time after they are available at the principle office of the Council.

Section 132A RELATED ADMINISTRATIVE STANDARDS

132A(1) The Council in conjunction with the Committee must ensure that appropriate policies, practices and procedures are implemented and maintained in order –

- (a) to ensure compliance with any statutory requirements; and
- (b) to achieve and maintain standards that reflect good administrative practices.



ATTACHMENT 3



Delegations under the Local Government Act 1999 to the Alwyndor Management Committee

25 June 2019

INSTRUMENT OF SUBDELEGATION

On the 25th day of June 2019 the City of Holdfast Bay ("the Council") delegated certain powers and functions under the following Act:

- *Local Government Act 1999 - Delegations to the Alwyndor Management Committee*

to the Alwyndor Management Committee (the "Head Delegation") subject to the terms and conditions specified in the relevant resolution(s) or in the Schedule of Conditions (if any) in the Head Delegation.

The council has authorised the Alwyndor Management Committee the ability to sub-delegate its powers and functions under the acts listed above to the General Manager, Alwyndor.

The powers and functions so delegated as set out are effective from 12.00am on 1 August 2019.

CONDITIONS OF DELEGATIONS MADE BY THE COUNCIL

Conditions applying to all sub delegations:

The delegate shall exercise the powers and functions conferred herein –

- Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan.
- With due diligence and in accordance with reasonable, prudent administrative good practice.
- In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions.
- Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference.
- Subject to the delegate complying with any relevant duty set out in Annexure 1.

Other Conditions

Nil

Delegation Sources

- Local Government Act 1999 (Alwyndor)

Titles

- Alwyndor Management Committee: Alwyndor Management Committee

POWERS AND FUNCTIONS SUBDELEGATED IN THIS INSTRUMENT

Local Government Act 1999 - Delegations to the Alwyndor Management Committee

Local Government Act 1999 (Alwyndor)			
#	Item Delegated	Conditions and Limitations	Delegate
87026	1. The power pursuant to Section 36(1)(c) of the Act to do anything necessary, expedient or incidental to performing or discharging the functions and duties of or to achieving the objectives of the Alwyndor Management Committee as set out in the Committee's Terms of Reference, including the power to undertake procurement processes relevant to the operations of Alwyndor in a manner consistent with applicable Council and/or Alwyndor Policies and Procedures.	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> • Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. • With due diligence and in accordance with reasonable, prudent administrative good practice. • In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. • Limited to the performance and discharge of functions and duties 	Alwyndor Management Committee, Chief Executive Officer

Local Government Act 1999 (Alwyndor)

		<p>of the Alwyndor Management Committee as set out in the Committee's Terms of Reference.</p> <ul style="list-style-type: none"> • Subject to the delegate complying with any relevant duty set out in Annexure 1. 	
87027	<p>The power pursuant to section 37(b) of the Act to enter into contracts or to authorise another officer, employee or agent of the Council to enter into contracts, on behalf of the Council, where the common seal of the Council is not required.</p>	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> • Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. • With due diligence and in accordance with reasonable, prudent administrative good practice. • In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. 	<p>Alwyndor Management Committee, Chief Executive Officer</p>

Local Government Act 1999 (Alwyndor)			
		<ul style="list-style-type: none"> • Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. • Subject to the delegate complying with any relevant duty set out in Annexure 1. 	
87028	<p>The power pursuant to section 87(1) of the Act to determine the time and places of meetings of the Alwyndor Management Committee taking into account: -</p> <p>(a) The availability and convenience of members of the Committee; and</p> <p>(b) The nature and purpose of the Committee.</p>	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> • Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. • With due diligence and in accordance with reasonable, prudent administrative good practice. • In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management 	Alwyndor Management Committee, Chief Executive Officer

Local Government Act 1999 (Alwyndor)			
		<p>Committee and other relevant legislative provisions.</p> <ul style="list-style-type: none"> • Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. • Subject to the delegate complying with any relevant duty set out in Annexure 1. 	
87029	<p>The power, pursuant to section 133 of the Act to obtain funds as permitted under the Act or another Act and as may otherwise be appropriate in order to carry out the functions of the Alwyndor Management Committee by:</p> <p>(a) Obtaining grants or other allocations of money other than by borrowing, and</p> <p>(b) By leasing or hiring out property</p>	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> • Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. • With due diligence and in accordance with reasonable, prudent administrative good practice. • In accordance with the Policies and 	Alwyndor Management Committee, Chief Executive Officer

Local Government Act 1999 (Alwyndor)

		<p>Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions.</p> <ul style="list-style-type: none"> • Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. • Subject to the delegate complying with any relevant duty set out in Annexure 1. 	
87030	<p>The power, pursuant to section 137 of the Act to expend Council's approved budgeted funds in order to achieve the objectives of the Alwyndor Management Committee as set out under its Terms of Reference.</p>	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> • Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. • With due diligence and in accordance with reasonable, prudent 	<p>Alwyndor Management Committee, Chief Executive Officer</p>

Local Government Act 1999 (Alwyndor)

		<p>administrative good practice.</p> <ul style="list-style-type: none"> • In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. • Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. • Subject to the delegate complying with any relevant duty set out in Annexure 1. 	
87031	<p>1. The power pursuant to section 139(1) of the Act to invest money under the Council's control in order to achieve the objectives of the Alwyndor Management Committee as set out under its Terms of Reference and having regard to the matters set out under section 139(3) and (4) which include:</p> <ul style="list-style-type: none"> • The purpose of the investment; • The desirability of diversifying Council investments; • The nature of and risk associated with existing Council investments; • The desirability of maintaining the real value of the capital and income of the investment; • The risk of capital or income loss or depreciation; • The potential for capital appreciation; • The likely income return and the timing of the income return; • The length of the term of the proposed investment; • The period for which the investment is likely to be required; • The liquidity and marketability of a proposed investment during, and on the determination of, the term of the investment; 	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> • Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan. 	<p>Alwyndor Management Committee, Chief Executive Officer</p>

Local Government Act 1999 (Alwyndor)			
	<ul style="list-style-type: none"> • The aggregate value of the assets of the Council; • The likelihood of inflation affecting the value of a proposed investment; • The costs of making a proposed investment; • The results of any review of existing Council investments; • The anticipated community benefit from an investment; • The desirability of attracting additional resources into the local community. <p>2. The power pursuant to section 139(5) of the Act to obtain and consider independent and impartial advice about the investment of funds and the management of Alwyndor's funds from a person whom the Alwyndor Management Committee reasonably believes to be competent to give the advice.</p>	<ul style="list-style-type: none"> • With due diligence and in accordance with reasonable, prudent administrative good practice. • In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. • Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. • Subject to the delegate complying with any relevant duty set out in Annexure 1. 	
87032	<p>The power pursuant to section 143(1) of the Act to write off any debts owed to the Council in respect of the Alwyndor Aged Care facility up to and not exceeding the amount of \$5,000 where:</p> <p>(a) The Council has no reasonable prospect of recovering the debt; or</p> <p>(b) The costs of recovery are likely to equal or exceed the amount to be recovered, up to and including an amount of \$1000 in respect of any one debt; and</p> <p>Where the Chief Executive Officer has certified pursuant to section 143(2) that:</p> <p>(a) Reasonable attempts have been made to recover the debt; or</p> <p>(b) The costs of recovery are likely to equal or exceed the amount to be recovered.</p>	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> • Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and 	Alwyndor Management Committee, Chief Executive Officer

Local Government Act 1999 (Alwyndor)

		<p>Council's Long Term Infrastructure and Asset Management Plan.</p> <ul style="list-style-type: none"> • With due diligence and in accordance with reasonable, prudent administrative good practice. • In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions. • Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference. • Subject to the delegate complying with any relevant duty set out in Annexure 1. 	
87033	<p>The power pursuant to section 144(1) of the Act to recover as a debt, by action in a court of competent jurisdiction, any fee, charge, expense or other amount recoverable from a person or payable by a person under the Act or another Act in respect of the operations of the Alwyndor Aged Care facility.</p>	<p>The delegate shall exercise the powers and functions conferred herein –</p> <ul style="list-style-type: none"> • Having due regard to Council's adopted 	<p>Alwyndor Management Committee, Chief Executive Officer</p>

Local Government Act 1999 (Alwyndor)

Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan.

- With due diligence and in accordance with reasonable, prudent administrative good practice.
- In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions.
- Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference.
- Subject to the delegate complying with any relevant duty set out in Annexure 1.

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87034	Where flooding in the area of the Council has occurred or is imminent and the Chief Executive Officer of the Council is of the opinion that a situation of emergency has arisen in which there is a danger to life or property, the power pursuant to section 298(1) to order that action be taken as the Chief Executive Officer thinks fit to avert or reduce the danger.	The delegate shall exercise the powers and functions conferred herein – <ul style="list-style-type: none">• Having due regard to Council's adopted Annual Business Plan and Budget, Council's Long Term Financial Plan and Council's Long Term Infrastructure and Asset Management Plan.• With due diligence and in accordance with reasonable, prudent administrative good practice.• In accordance with the Policies and Procedures adopted by the Council and Alwyndor Management Committee and other relevant legislative provisions.• Limited to the performance and discharge of functions and duties of the Alwyndor Management Committee as set out in the Committee's Terms of Reference.• Subject to the delegate complying	Alwyndor Management Committee, Chief Executive Officer
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Local Government Act 1999 (Alwyndor)			
		with any relevant duty set out in Annexure 1.	
87035	<p>The below sets out the duties that are applicable in respect of the Alwyndor Management Committee, including the duties of Members of the Committee, the Committee itself and of the Chief Executive Officer of the Council in relation to the management of the Committee.</p> <p>Section 62 GENERAL DUTIES</p> <p>62(1) Members of the Committee must at all times act honestly in the performance and discharge of official functions and duties;</p> <p>62(2) Members of the Committee must at all times act with reasonable care and diligence in the performance and discharge of official functions and duties;</p> <p>62(3) A member or former member of the Committee must not, whether within or outside the State, make improper use of information acquired by virtue of his or her position as a member of the Committee to gain, directly or indirectly, an advantage for himself or herself or for another person or to cause detriment to the Committee and/or Council;</p> <p>62(4) A member of the Committee must not, whether within or outside the State, make improper use of his or her position as a member of the Committee to gain, directly or indirectly, an advantage for himself or herself or for another person or to cause detriment to the Committee and/or Council.</p> <p>62(4a) A member of the Committee must not disclose information or a document in relation to which there is an order of a council or council committee in effect under section 90 of the Act requiring the information or document to be treated confidentially, unless the disclosure is required or authorised by law as described in section 62(4b) of the Act.</p> <p>Section 74 DEALING WITH MATERIAL CONFLICTS OF INTEREST</p> <p>74(1) Unless approval has been granted in accordance with section 74(3) of the Act, a member of the Committee with a material conflict of interest in a matter to be discussed at a meeting of the Committee must:</p> <p>(a) inform the meeting of the material conflict of interest;</p> <p>(b) leave the meeting room (including any area set aside for the public) such that the member cannot view or hear any discussion or voting at the meeting; and</p> <p>(c) stay out of the meeting while the matter is being discussed and voted on.</p> <p>74(5) A disclosure of a material conflict of interest by a member of the Committee must be recorded in the Minutes of the Committee meeting and on a website determined by the Chief Executive Officer and must include:</p> <p>(a) the member's name;</p> <p>(b) the nature of the interest, as described by the member; and</p> <p>(c) if the member took part in the meeting, or was in the chamber during the meeting, under an approval under section 74(3) of the Act, the fact that the member took part in the meeting, or was in the chamber during the meeting (as the case requires).</p>		Alwyndor Management Committee, Chief Executive Officer

Local Government Act 1999 (Alwyndor)

Section 75A DEALING WITH ACTUAL AND PERCEIVED CONFLICTS OF INTEREST

75A(1) Members of the Committee must deal with an actual or perceived conflict of interest in a transparent and accountable way.

75A(2) Members of the Committee must inform the meeting of the member's actual or perceived conflict of interest in the matter, and (if the member proposes to participate in the meeting in relation to the matter) how the member intends to deal with the actual or perceived conflict of interest.

75A(4) A disclosure of an actual or perceived conflict of interest by a member of the Committee must be recorded in the Minutes of the Committee meeting and on a website determined by the Chief Executive Officer and must include:

- (a) the member's name;
- (b) the nature of the interest, as described by the member;
- (c) the manner in which the member dealt with the actual or perceived conflict of interest;
- (d) if the member voted on the matter, the manner in which he or she voted; and
- (e) the manner in which the majority of persons who were entitled to vote at the meeting voted on the matter.

Section 87 CALLING AND TIMING OF COMMITTEE MEETINGS

87(2) The Committee must, in appointing a time for the holding of an ordinary meeting of the Committee, take into account:

- (a) the availability and convenience of members of the Committee; and
- (b) the nature and purpose of the Committee.

87(5) The Chief Executive Officer must, at the request of:

- (a) the Presiding Member of the Committee; or
 - (b) at least two members of the Committee,
- call a special meeting of the Committee.

87(13) The Chief Executive Officer must ensure that a record of all notices of Committee meetings is maintained.
NOTE:

In accordance with clause 9.1.1 of the Committee's Terms of Reference, Part 3 of the Local Government (Procedures at Meetings) Regulations 2013 applies in respect of the Committee. On that basis, in regards to the provision of notice of Committee meetings to Committee members, regulation 23 applies to vary the application of Sections 87(4), (7)-(10) to the Committee and provides as follows:

(a) that notice of a meeting of Committee may be given in a form determined by the Committee after taking into account that nature and purpose of the Committee; and

(b) that notice need not be given for each meeting separately; and

(c) that if ordinary meetings of the Committee have a set agenda, the notice of such a meeting need not contain, or be accompanied, the agenda for the meeting; and

(d) that it is not necessary for the Chief Executive Officer to ensure that each member of the Committee at that time the notice of meeting is given is supplied with a copy of any documents or reports that are to be considered

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at the meeting.

Section 88 PUBLIC NOTICE OF COMMITTEE MEETINGS

88(1) The Chief Executive Officer must ensure that notice is given to the public of the times and places of meetings of the Committee.

88(1a) The Chief Executive Officer must ensure that the notice under section 88(1) of the Act is given in accordance with section 88(1a) of the Act.

88(5) The Chief Executive Officer must ensure that a reasonable number of copies of any document or report is supplied to members of the Committee for consideration at a meeting of the Committee are available for inspection by members of the public at the principle office of Council as soon as practicable after the time when the document or report supplied to members of the Committee (this duty does not apply in respect of documents which relate to matters that are dealt with by the Committee on a confidential basis or, which the Chief Executive Officer recommends the Committee deal with on a confidential basis.

NOTE:

By virtue of clause 9.1.1 of the Committee's Terms of Reference, section 88 of the Act is modified in its application to the Committee by Part 3 of the Local Government (Procedures at Meetings) Regulations 2013 so that in accordance with regulation 24:

- (a) public notice need not be given for each meeting separately; and
- (b) public notice may be given by displaying a notice and agenda in a place or places determined by the Chief Executive Officer and taking into account the nature and purpose of the Committee.

Section 90 MEETINGS TO BE HELD IN PUBLIC EXCEPT IN SPECIAL CIRCUMSTANCES

90(1) Subject to the provisions of Section 90 of the Act, a meeting of the Committee must be conducted in a place open to the public;

90(7) If an order is made under Section 90(2) of the Act to exclude the public from a part of a Committee meeting, a note must be made in the minutes of the making of the order and specifying:

- (a) the grounds on which it was made;
- (b) the basis on which the information or matter to which the order relates falls within the ambit of each ground on which the order was made; and
- (c) if relevant, the reasons that receipt, consideration or discussion of the information or matter in a meeting open to the public would be contrary to the public interest.

Section 91 MINUTES AND RELEASE OF DOCUMENTS

91(1) The Chief Executive Officer must ensure that minutes are kept of the proceedings of every meeting of the Committee;

91(2) If the Chief Executive Officer is excluded from a meeting, in accordance with any order made by the Committee, the person presiding at the meeting must ensure that minutes are kept;

91(3) Each member of the Committee must, within 5 days after a meeting of the Committee, be supplied with a copy of all minutes of the proceedings of the meeting kept.

91(9) Where an order is made to maintain documents as confidential, the Committee must –

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- (a) specify the duration of the order or the circumstances in which the order will cease to apply, or a period after which the order must be reviewed, and, in any event, any order that operates for a period exceeding 12 months must be reviewed at least once in every year; and
- (b) ensure that a note is made in the minutes recording the making of the order, the grounds on which it was made and the decision of the Committee in relation to the duration of the order.

Section 132 ACCESS TO DOCUMENTS

132(3) The Council must, as far as reasonably practicable, make the agenda for meetings of the Committee and minutes of meetings of the Committee available for inspection on the internet within a reasonable time after they are available at the principle office of the Council.

Section 132A RELATED ADMINISTRATIVE STANDARDS

132A(1) The Council in conjunction with the Committee must ensure that appropriate policies, practices and procedures are implemented and maintained in order –

- (a) to ensure compliance with any statutory requirements; and
- (b) to achieve and maintain standards that reflect good administrative practices.



ATTACHMENT 4

**INSTRUMENT OF DELEGATION UNDER THE LOCAL GOVERNMENT ACT 1999 -
Sections 103 & 104**

In exercise of the power contained in Section 44 of the *Local Government Act 1999* the powers and functions under the *Local Government Act 1999* ("the Act") contained hereunder are, subject to the conditions, limitations and provisos contained therein, hereby delegated this **25th** day of **June 2019** to the General Manager Alwyndor and anyone who may, from time to time, be appointed to act in that position.

LOCAL GOVERNMENT ACT 1999 - Sections 103 & 104			
Provision	Item Delegated	Delegate	Conditions and Limitations
Section 103	Appointment etc by Chief Executive Officer The power pursuant to Section 103(3) of the Act to appoint, manage, suspend and dismiss other employees who hold (or potentially will hold) a position at the Alwyndor Aged Care Facility	Alwyndor - General Manager Alwyndor	In relation to employees of the Alwyndor Aged Care Facility
Section 104	Remuneration etc of other employees The power to determine remuneration and other conditions of service of employees who are engaged in a position at Alwyndor Aged Care Facility	Alwyndor - General Manager Alwyndor	In relation to employees of the Alwyndor Aged Care Facility