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NOTICE OF MEETING

An ORDINARY MEETING of the Flinders Shire Council will be held on 31 August 2026 in the McNamara Boardroom, 34 Gray Street, Hughenden Qld and the attendance of each Councillor is requested.

AGENDA

Kylie Davies
Chief Executive Officer

Next Meeting Date: 30/09/2026

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

ORDER OF BUSINESS

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

1. OPENING BUSINESS

Council Prayer
Lord,
Please guide and direct us,
In that the decisions to be made,
Will be for the benefit,
Of our whole community
Amen

1.1 PRESENT

Councillors
Mayor Kate Peddle
Nicole Flute
Kelly Carter
Kerry Wells
Peter Fornasier
Shane McCarthy
Kim Middleton

Staff
Kylie Davies – Chief Executive Officer
Misenka Duong - Director of Engineering
Melanie Wicks – Director of Corporate & Financial Services
Barbra Smith – Director of Community Services & Wellbeing
Dennis McLeod – Director of People, Safety & Governance
Jackie Coleman – Executive Support Officer

1.2 APOLOGIES

1.3 LEAVE OF ABSENCE
Nil

1.4 PETITIONS
Nil

1.5 CONDOLENCES
The family of Sandra Corney

1.6 RECOGNITIONS
Nil

1.7 ACKNOWLEDGEMENT OF COUNTRY
The Flinders Shire Council would like to acknowledge our Local First Nations People as well as the Yirendali people as the Traditional Owners and the oldest living culture of the Land on which our Council operates, and pay respect to Elders past, present and emerging.

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

1.8 CONFIRMATION OF MINUTES

OFFICER'S RECOMMENDATION
That the Minutes of the Ordinary Meeting of Council held 22nd July 2026 be taken as read and signed as correct.

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2. REPORTS

2.01 CHIEF EXECUTIVE OFFICER

2.01.01 130TH LGAQ ANNUAL CONFERENCE

Author: Chief Executive Officer
Authorising Officer: Chief Executive Officer
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
That Council authorise 2 Councillors and the Chief Executive Officer to attend the 130th LGAQ Annual Conference in Cairns, 19-21 October 2026.

Executive Summary

The Local Government Association of Queensland (LGAQ) is the peak body for local government in Queensland. They are a not-for-profit association set up solely to serve Queensland 77 council and have been advising, supporting and representing local councils for many years, assisting with improving operation and strengthen relationships within our communities.

Background

Council has received a Date Claimer from LGAQ inviting council to attend the 130th LGAQ Annual Conference in Cairns from 19-21 October 2026.

The LGAQ Annual Conference is the largest and most important even in the local government calendar. Delegates who attend the conference have a unique opportunity to see how councils and the private sector are driving innovation and improving service delivery through smart and sustainable solutions.

Statutory/Compliance Matters

N/A

Financial / Budget Implications

- Registration – 2 delegates from council are covered under the annual membership premium, cost for other attendees is to be covered by council. Costs are yet to be confirmed
- Accommodation and allowances per attendee
- Transport vehicles

This expenditure will be covered from Work Order W1153 – Elected Members Services for attending Councillors and Work Order W1153 – CEO Office Operations for CEO attendance.

Consultation/engagement

LGAQ

Risk Implications

N/A

Strategic Impacts

Grow networks:

- Connect with people and places
- Strive to innovate and improve service delivery through smart services and sustainable solutions
- Means to achieve community, professional and political excellence

Conclusion

Proposed program is available on website, link below with final program to issue in the coming months:
https://www.lgaq.asn.au/files/assets/public/v/1/membership/events/events-image-gallery/2026-annual-conference/130th-annual-conference-trade-prospectus.pdf

Attachments

N/A

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2.01.02 CHANGE OF DATE – SEPTEMBER 2026 ORDINARY COUNCIL MEETING

Author: Chief Executive Officer
Authorising Officer: Chief Executive Officer
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
Agree to the change of date for the September Ordinary Meeting of Council to Wednesday 30th September 2026 to allow the Chief Executive Officer and the Director of Community Services & Wellbeing to attend the Regional Leaders Summit 2026 in Toowoomba 15-16 September 2026.

Background

The Regional Leaders Summit 2026 has been scheduled for 15 to 16 September in Toowoomba where over 150 rural and regional leaders from across Australia, who are working at the heart of renewables and regional development will be in attendance.

The Summit will provide council with the opportunity to gain valuable knowledge, lessons and experiences that have helped create and maximise opportunities and limit risks, in the shift to renewable energy which is underway in our community.

As advertised the September Ordinary Meeting of Council is scheduled for 23rd September 2026, as the Chief Executive Officer and the Director of Community Services & Wellbeing will be attending the Regional Leaders Summit 2026 the September meeting date will be rescheduled to Wednesday 30th September 2026 to allow attendance.

A Change of Date Notice will be placed in the Council Office foyer and advertised on Councils social media and through The Flinders Post publication.

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2.02 CORPORATE AND FINANCE SERVICES

2.02.01 MONTHLY FINANCE REPORT – PERIOD ENDED 31 JULY 2026

Author: Director of Corporate and Financial Services
Authorising Officer: Chief Executive Officer
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
In accordance with Section 204 of the *Local Government Regulation 2012*, Council receives the financial report, which includes the following statements, for the period ending 31 July 2026.

i. Statement of financial performance;
ii. Statement of financial position;
iii. Statement of cash flows;
iv Statement of changes in Equity.

Executive Summary

The Financial Report for the period ended 31 July 2026 presents Council's financial position & operating results for the first month of the 2026/27 financial year compared against the adopted budget.

As this is the first financial report for the 2026/27 financial year, it is important to note that the opening balance brought forward figures at 1 July 2026 remain unaudited & are subject to change pending completion of Council's 2025/26 external audit & finalisation of year-end accounting adjustments. Any audit adjustments identified during this process may impact comparative & opening balances reported in future monthly financial statements.

Council recorded an operating deficit of $1.27 million for the month of July 2026. This result is largely attributable to the timing of expenditure & revenue recognition, particularly the concentration of employee costs, materials & services expenditure, & the seasonal nature of rates, grant income & other revenue streams.

Council's financial position remains sound with:

- Total assets of $305.9 million;
- Net community assets of $294.1 million;
- Cash & cash equivalents of $38.4 million; &
- Unrestricted cash reserves remaining at a satisfactory level to support operational & strategic obligations.

The July result reflects only one month of activity & is not considered indicative of the expected full-year outcome.

Background

Section 204(2) of the *Local Government Regulation 2012* requires the Chief Executive Officer to present a financial report to Council on a monthly basis.

This report provides an overview of Council's financial performance & position as at 31 July 2026, incorporating actual year-to-date income & expenditure compared with the adopted 2026/27 budget.

As this report includes opening balances carried forward from the unaudited 2025/26 financial statements, the reported financial position remains subject to amendment following completion of the annual audit process.

In addition, the annual asset indexation & valuation adjustments for the 2025–26 financial year are yet to be finalised & may result in changes to Council's reported asset values & equity position.

The following is a summary of the financial results for year ended 31 July 2026:

1. Statement of Comprehensive Income	
Total Recurrent Revenue	1,350,926
Total Recurrent Expenditure	2,623,339
Net Operating Result - Surplus/(Deficit)	**(1,272,414)**
Total Capital Income	-
Total Capital Expense	-
Net Result - Surplus/(Deficit)	**(1,272,414)**
2. Statement of Financial Position	
Total Current Assets	44,967,112
Total Non-Current Assets	260,923,347
Total Assets	**305,890,459**
Total Current Liabilities	2,993,151
Total Non-Current Liabilities	8,748,149
Total Liabilities	**11,741,300**
Net Community Assets	**294,149,159**
Asset Revaluation Surplus	105,465,322
Retained Surplus/(Deficiency)	188,683,837
Total Community Equity	**294,149,159**
3. Cash Flow Statement	
Cash at the beginning of the period	42,812,163
Total Payments Received	3,007,542
Total Payments Made	(7,414,738)
Cash at the end of the period	**38,404,967**

Statutory/Compliance Matters

The report is prepared in accordance with the Local Government Regulation 2012 & relevant Australian Accounting Standards.

There are no statutory or compliance issues identified.

Financial / Budget Implications

Statement of Financial Performance

- Total operating revenue year-to-date is $1.35 million.
- Total operating expenditure year-to-date is $2.62 million.
- Council has recorded a net operating deficit of $1.27 million for the period ended 31 July 2026.
- The deficit primarily reflects timing differences between the recognition of expenditure & the receipt of major revenue sources including rates, grants & subsidies.

Statement of Financial Position

- Total assets as at 31 July 2026 are $305.9 million.
- Total liabilities are $11.7 million.
- Net community assets total $294.1 million.
- Retained surplus is $188.7 million.
- Asset revaluation surplus remains at $105.5 million.

Cash Position

- Cash & cash equivalents at 31 July 2026 total $38.4 million, compared with $42.8 million at 30 June 2026.
- The reduction in cash holdings of approximately $4.4 million reflects normal operational & capital expenditure activity during the month.
- Council continues to maintain a strong liquidity position & remains well placed to meet its short and long-term financial commitments.

Statement of Changes in Equity

- Opening community equity at 1 July 2026 was $295.4 million (unaudited).
- Following the July operating deficit of $1.27 million, total community equity at 31 July 2026 is $294.1 million.

Consultation/engagement

Not Applicable.

This report is presented to Council as a statutory financial reporting requirement.

Risk Implications

Low risk. Council continues to maintain a strong balance sheet, significant infrastructure asset base & adequate cash reserves.

However, Members should note that:

- Opening balances carried forward from 30 June 2026 remain unaudited;
- The 2025/26 external audit process is yet to be completed; &
- Subsequent audit adjustments may impact reported opening balances & comparative information.

Council officers will continue to monitor cash flow, budget performance, grant funding & operating expenditure throughout the financial year.

Strategic Impacts

Council's current financial position supports continued delivery of corporate & operational services, capital projects & strategic priorities contained within the Corporate Plan, Operational Plan & Long-Term Financial Forecast.

Attachments

1. Finance Report – Period Ended 31 July 2026

Discovery • Opportunity • Lifestyle

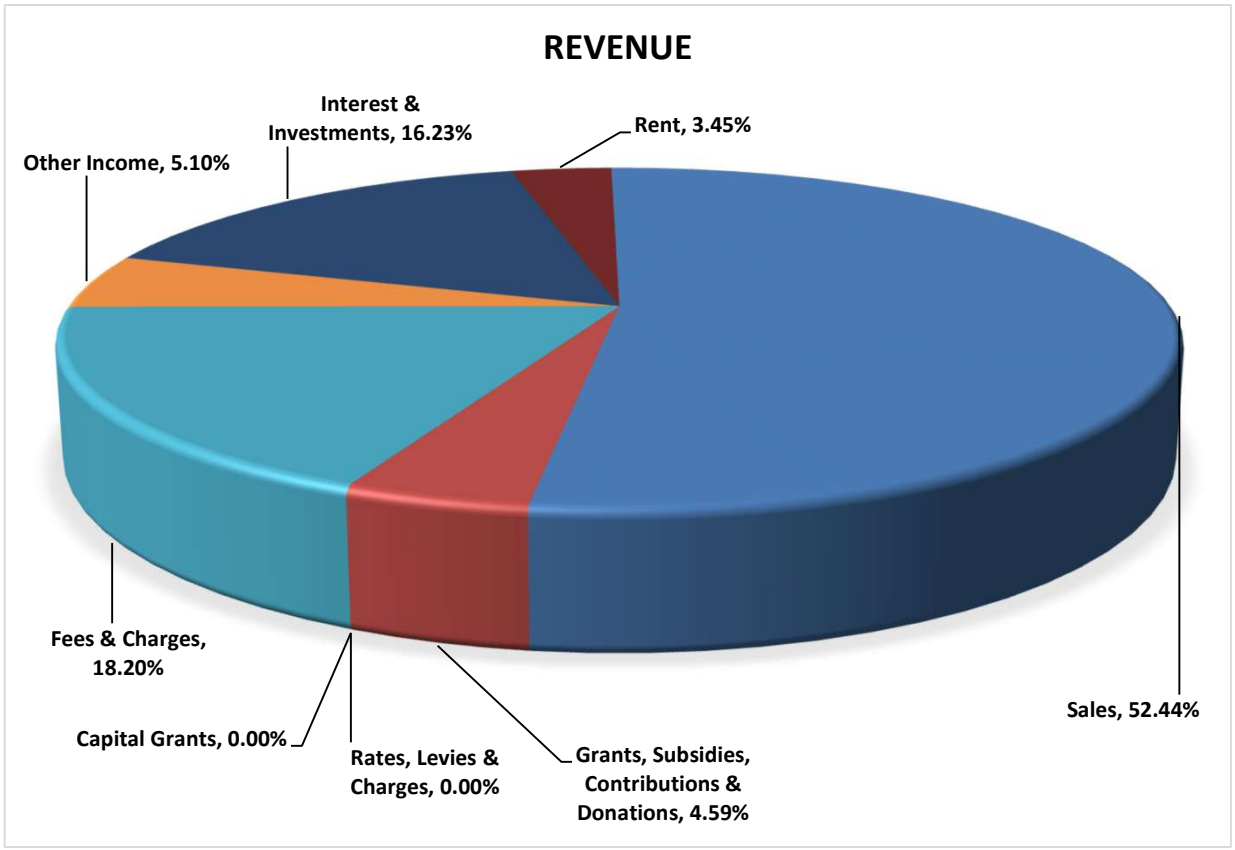
Flinders Shire Council

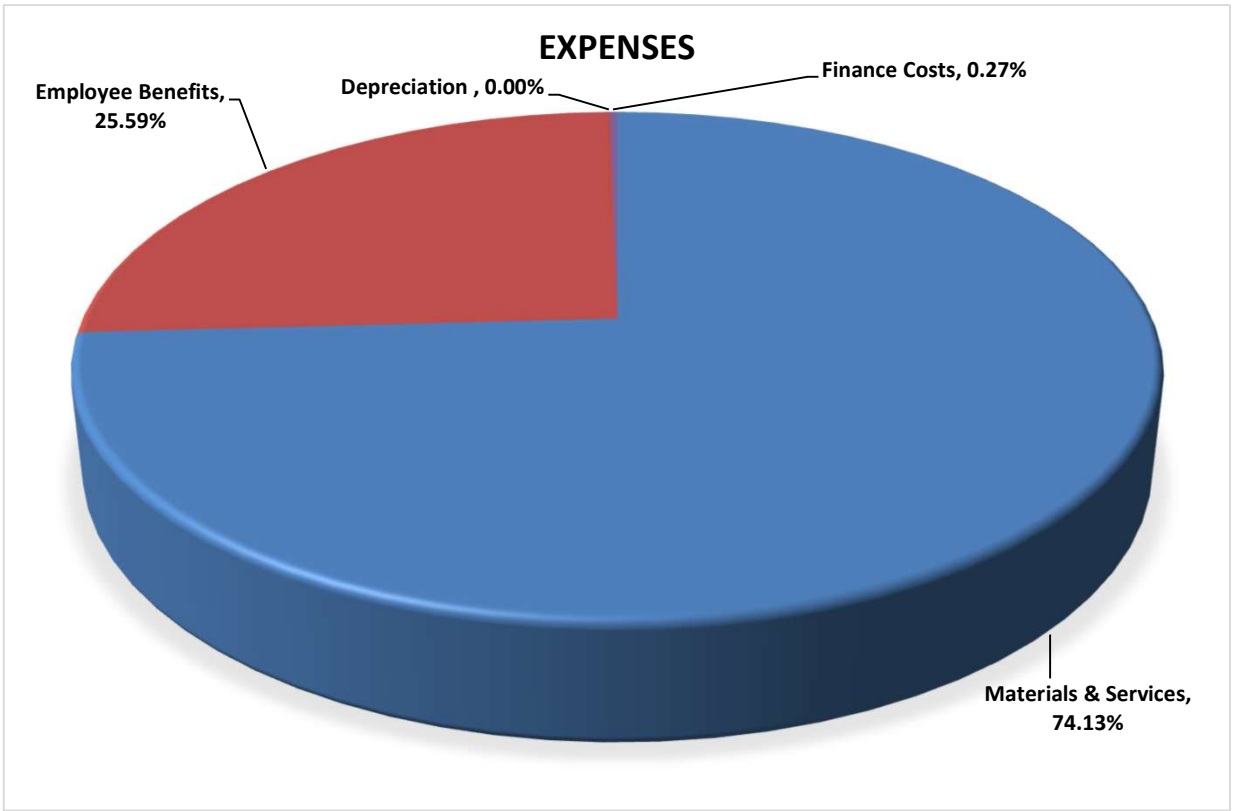
Financial Report

for the period ended 31 July 2026

Flinders Shire Council
Statement of Comprehensive Income
for the period ended 31 July 2026

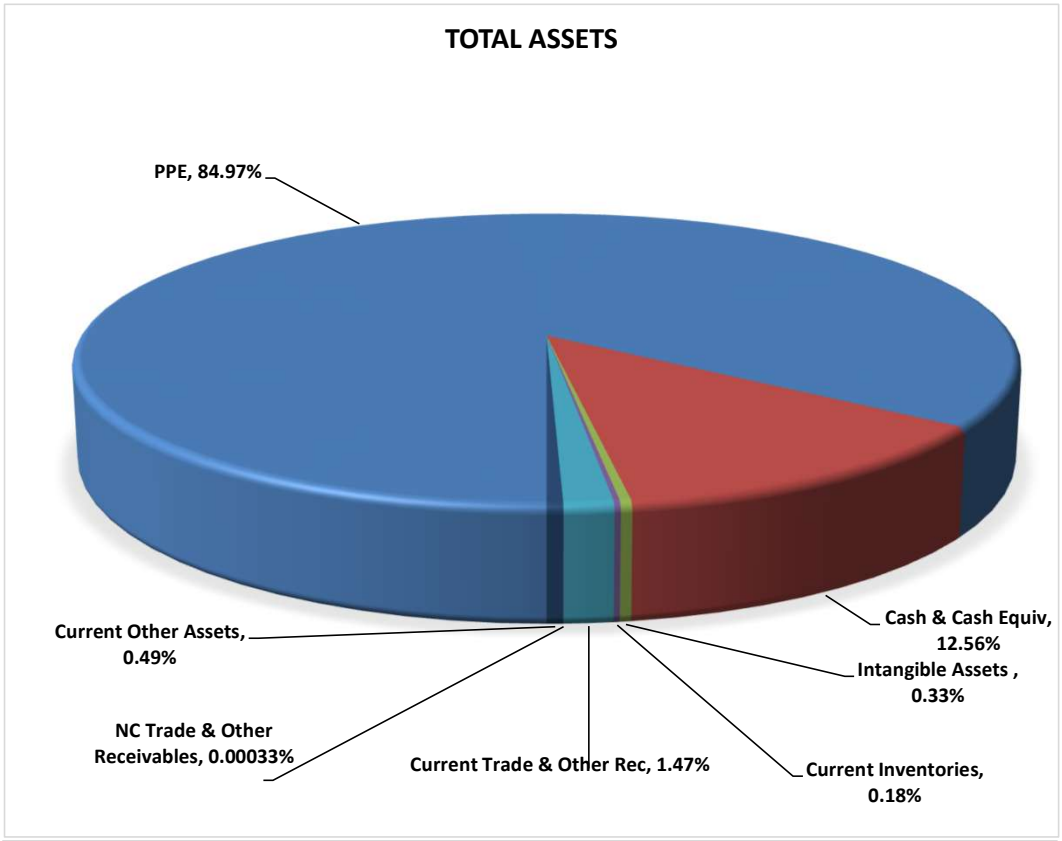
	2027	Budget 26/27	Variance	2026
	$	$	%	$
Income				
Revenue				
Recurrent revenue				
Rates, levies and charges	-	6,518,827	0%	5,872,914
Fees and charges	245,861	2,138,959	11%	2,077,862
Sales revenue	708,407	5,256,905	13%	7,792,182
Grants, subsidies, contributions and donations	62,010	19,837,267	0%	18,013,991
Total recurrent revenue	1,016,278	33,751,958		33,756,949
Rental income	46,610	527,267	9%	536,951
Interest received	219,201	1,922,800	11%	1,810,031
Other income	68,837	378,457	18%	3,019,500
Total operating revenue	1,350,926	36,580,482		39,123,430
Capital revenue				
Grants, subsidies, contributions and donations	-	27,999,898	0%	3,063,056
Other capital income	-	-		-
Total capital revenue	-	27,999,898		3,063,056
Total income	1,350,926	64,580,380		42,186,486
Expenses				
Recurrent expenses				
Employee benefits	671,418	15,495,201	4%	12,573,367
Materials and services	1,944,713	19,724,765	10%	24,060,837
Finance costs	7,209	188,585	4%	190,229
Depreciation and amortisation				
Property, plant and equipment	-	7,618,761	0%	7,545,418
	2,623,339	43,027,313		44,369,851
Capital expenses	-			-
Total expenses	2,623,339	43,027,313	6%	44,369,851
Net result	(1,272,414)	21,553,067	-6%	(2,183,365)
Other comprehensive income				
Items that will not be reclassified to net result				
Increase / (decrease) in asset revaluation surplus	-	-	-	-
Total other comprehensive income for the year	-	-	-	-
Total comprehensive income for the year	(1,272,414)	21,553,067	-6%	(2,183,365)

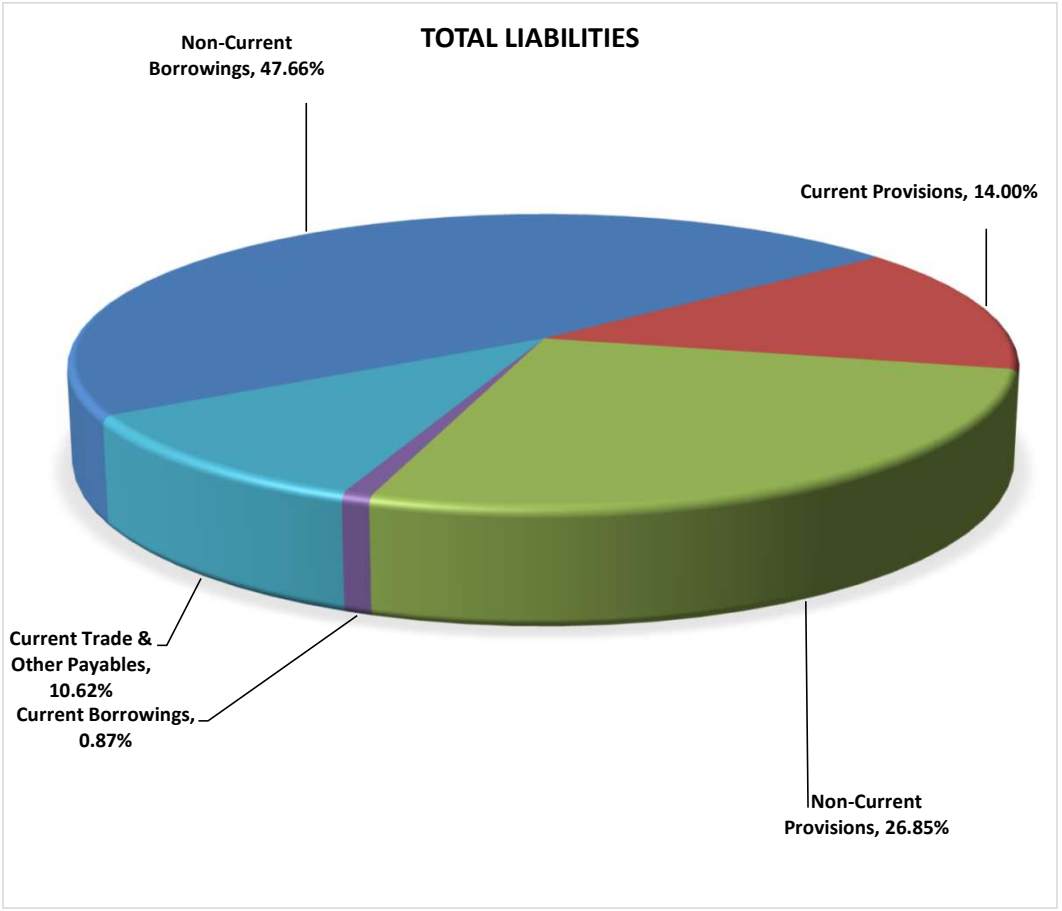

REVENUE
Interest & Investments, 16.23%
Rent, 3.45%
Other Income, 5.10%
Fees & Charges, 18.20%
Capital Grants, 0.00%
Rates, Levies & Charges, 0.00%
Grants, Subsidies, Contributions & Donations, 4.59%
Sales, 52.44%


EXPENSES
Employee Benefits, 25.59%
Depreciation , 0.00%
Finance Costs, 0.27%
Materials & Services, 74.13%

Flinders Shire Council
Statement of Financial Position
for the period ended 31 July 2026

	2027	Budget 26/27	Variance	2026
	$	$	%	$
Current assets				
Cash and cash equivalents	38,404,967	57,121,768	67%	42,812,163
Receivables	4,510,706	4,385,008	103%	5,757,169
Inventories	560,940	625,140	90%	562,229
Contract assets	-	-		-
Other assets	1,490,499	1,298,925	115%	757,548
Total current assets	44,967,112	63,430,841	71%	49,889,110
Non-current assets				
Receivables	1,000	1,400	71%	1,000
Property, plant and equipment	259,899,947	279,987,991	93%	259,775,683
Intangible assets	1,022,400	1,022,400	100%	1,022,400
Total non-current assets	260,923,347	281,011,791	93%	260,799,083
Total assets	305,890,459	344,442,632	89%	310,688,192
Current liabilities				
Payables	1,247,393	4,733,945	26%	4,772,712
Contract liabilities	-	7,966,000	0%	-
Borrowings	102,294	508,719	20%	102,294
Provisions	1,643,464	1,743,510	94%	1,643,464
Total current liabilities	2,993,151	14,952,174	20%	6,518,468
Non-current liabilities				
Borrowings	5,595,589	4,311,161	130%	5,595,589
Provisions	3,152,561	3,344,472	94%	3,152,561
Total non-current liabilities	8,748,149	7,655,633	114%	8,748,149
Total liabilities	11,741,300	22,607,806	52%	15,266,618
Net community assets	294,149,159	321,834,826	91%	295,421,572
Community equity				
Asset revaluation surplus	105,465,322	105,465,325	100%	105,465,322
Retained surplus	188,683,837	216,369,501	87%	189,956,250
Total community equity	294,149,159	321,834,826	91%	295,421,572

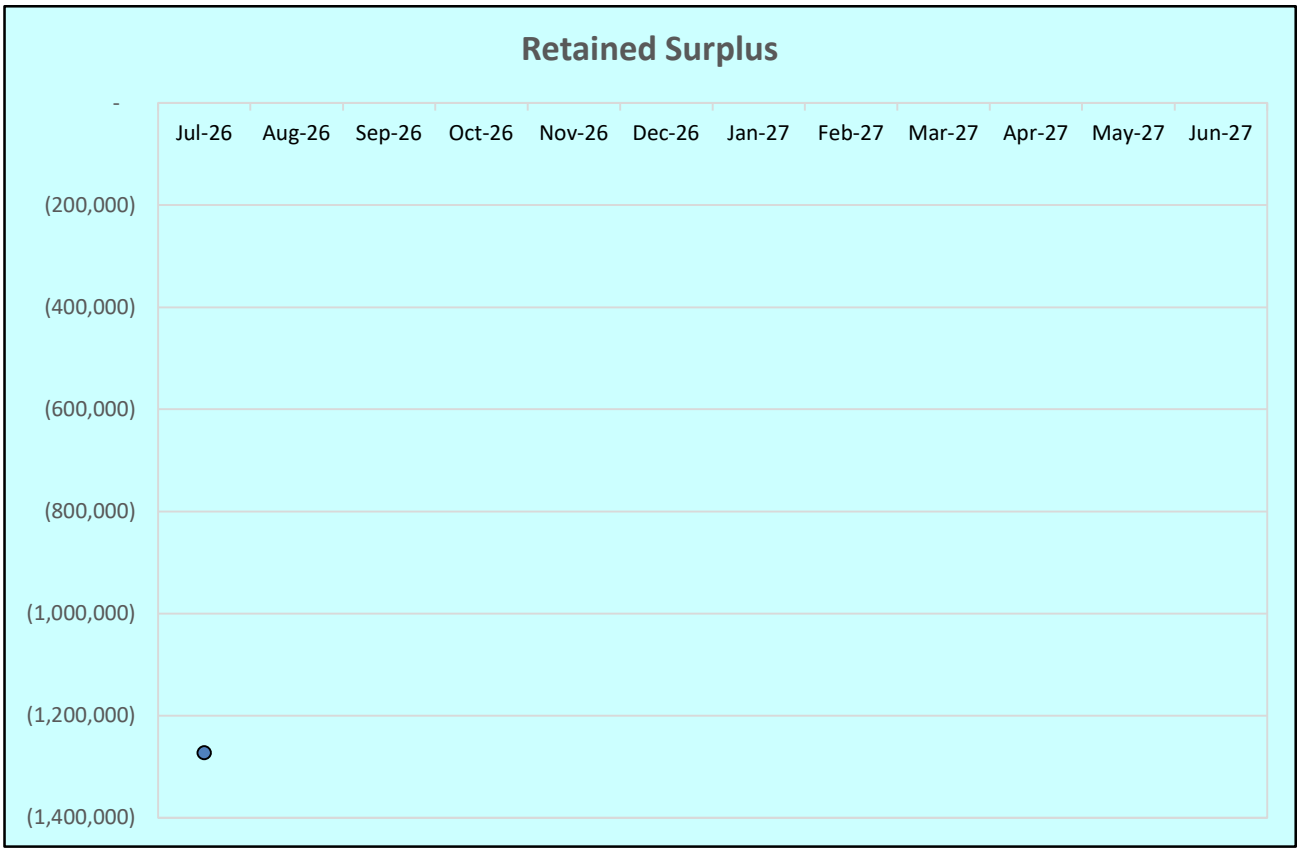

TOTAL ASSETS
PPE, 84.97%
Cash & Cash Equiv, 12.56%
Intangible Assets , 0.33%
Current Inventories, 0.18%
Current Trade & Other Rec, 1.47%
NC Trade & Other Receivables, 0.00033%
Current Other Assets, 0.49%


TOTAL LIABILITIES
Non-Current Borrowings, 47.66%
Current Provisions, 14.00%
Non-Current Provisions, 26.85%
Current Borrowings, 0.87%
Current Trade & Other Payables, 10.62%

Flinders Shire Council

Statement of Changes in Equity
for the period ended 31 July 2026

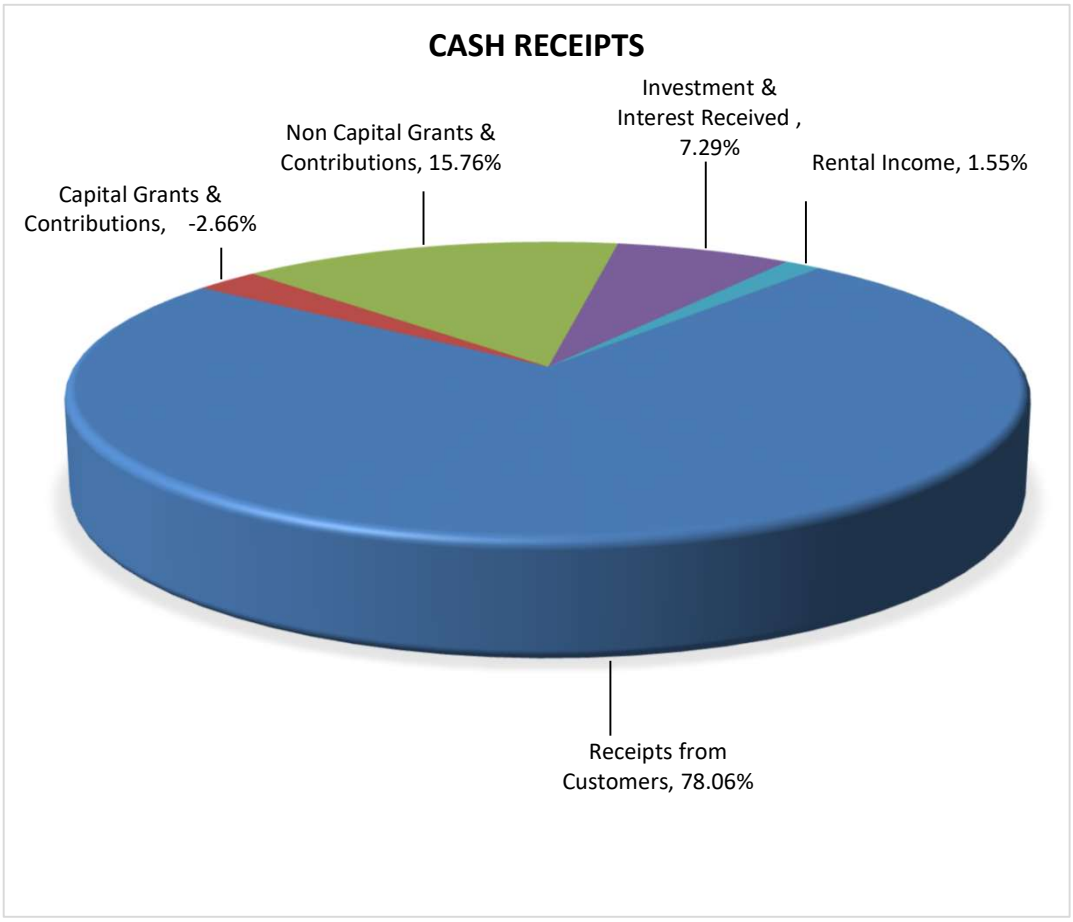
	Asset revaluation surplus	Retained surplus	Total
	$	$	$
Balance as at 1 July 2026	105,465,322	189,956,250	295,421,572
Net result	-	(1,272,414)	(1,272,414)
Other comprehensive income for the year			
Increase / (decrease) in asset revaluation surplus	-	-	-
Total comprehensive income for the year	-	(1,272,414)	(1,272,414)
Balance as at 31 July 2026	105,465,322	188,683,837	294,149,159
Balance as at 1 July 2025	105,465,322	192,139,616	297,604,938
	105,465,322	192,139,616	297,604,938
Net result	-	(2,183,365)	(2,183,365)
Other comprehensive income for the year			
Increase / (decrease) in asset revaluation surplus		-	-
Total comprehensive income for the year	-	(2,183,365)	(2,183,365)
Balance as at 30 June 2026	105,465,322	189,956,250	295,421,572

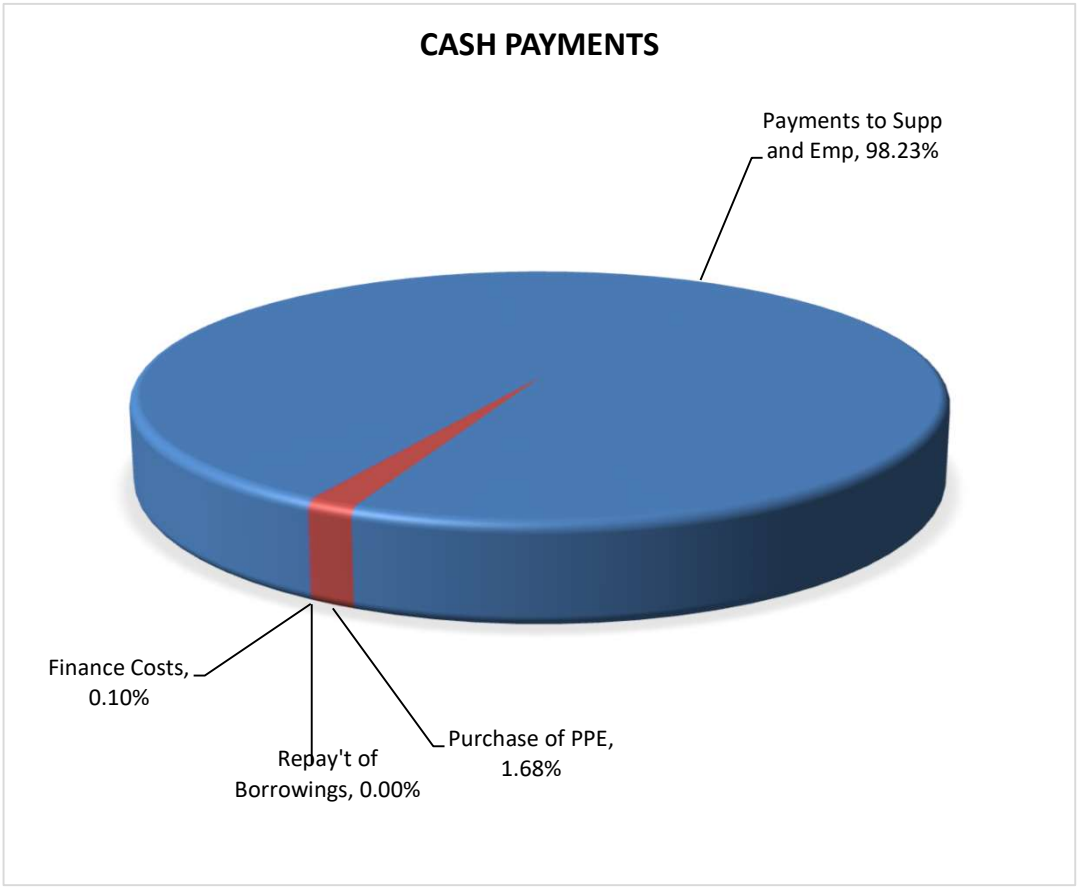


Flinders Shire Council

Statement of Cash Flows
for the period ended 31 July 2026

	2027 $	2026 $
Cash flows from operating activities		
Receipts from customers	2,347,783	14,229,311
Payments to suppliers and employees	(7,283,265)	(37,392,438)
	(4,935,482)	(23,163,127)
Interest received	219,201	1,810,031
Rental Income	46,610	536,951
Recurrent grants, subsidies, contributions and donations	474,074	18,616,731
Borrowing costs	(7,209)	(190,229)
Net cash inflow (outflow) from operating activities	(4,202,806)	(2,389,644)
Cash flows from investing activities		
Payments for property, plant and equipment	(124,264)	(4,985,511)
Grants, subsidies, contributions and donations - Capital	(80,126)	3,169,321
Proceeds from sale of property plant and equipment	-	-
Net cash inflow (outflow) from investing activities	(204,390)	(1,816,190)
Cash flows from financing activities		
Proceeds from borrowings	-	-
Repayment of borrowings	(0)	(707,316)
Net cash inflow (outflow) from financing activities	(0)	(707,316)
Net increase (decrease) in cash and cash equivalent held	(4,407,196)	(4,913,151)
Cash and cash equivalents at the beginning of the financial year	42,812,163	47,725,314
Cash and cash equivalents at end of the financial year	38,404,967	42,812,163


CASH RECEIPTS
Investment & Interest Received , 7.29%
Non Capital Grants & Contributions, 15.76%
Rental Income, 1.55%
Capital Grants & Contributions, -2.66%
Receipts from Customers, 78.06%


CASH PAYMENTS
Payments to Supp and Emp, 98.23%
Finance Costs, 0.10%
Repay't of Borrowings, 0.00%
Purchase of PPE, 1.68%

Flinders Shire Council
Unrestricted Cash Reconciliation
for the period ended 31 July 2026

Cash Balance		38,404,967
Less:		
Current Liabilities		2,993,151
Non-Current Provisions		3,152,561
Unspent Grant Funding		3,641,196
Reserves		12,000,000
Roads	4,000,000	
Water	1,500,000	
Sewer	1,500,000	
Buildings & Other Structures	2,500,000	
Plant Replacement	2,000,000	
Cemeteries	500,000	
Total Unrestricted Cash		16,618,060

2.02.02 AUDIT AND RISK COMMITTEE MINUTES (26 JUNE 2026)

Author: Director of Corporate and Financial Services
Authorising Officer: Chief Executive Officer
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
Receive and note the draft minutes of the Audit and Risk Committee meeting held on 26 June 2026.

Executive Summary

The Audit and Risk Committee (ARC) meeting minutes are provided to Council following each meeting for review and noting.

Background

Council has established an Audit and Risk Committee (ARC) in accordance with the *Local Government Act 2009* and the *Local Government Regulation 2012*. The ARC provides independent oversight and advice to Council and the Chief Executive Officer on audit, risk, financial reporting, internal controls and compliance matters.

Discussion

The ARC meeting held on 26 June 2026 considered internal audit, external audit and governance matters relevant to Council's audit and risk oversight functions.

- The Committee confirmed the minutes of the previous meeting held on 16 October 2025, received the Internal Audit Progress Report, and received reports relating to end-to-end human resources and payroll practices and asset management practices. The Committee noted that management had already commenced addressing a number of audit findings and recommendations.
- The Queensland Audit Office briefing paper and performance audit report on managing third-party cyber security risks were presented to the Committee. The Committee was advised that cyber security risks associated with third-party service providers should be considered both for audit purposes and as a practical governance framework.
- The External Audit Plan was also considered and approved. Key areas of audit focus included asset revaluations, fraud risk relating to revenue, procurement and contract management, and related party transactions. The Committee was advised that the audit timeline was compressed due to delays in the appointment of Council's external auditor.

The Chair of the Audit and Risk Committee, Mr Mark Andrejic, declared a potential conflict of interest arising from his previous role as a partner at Crowe and Crowe being the external auditor of his current employer. Mr Andrejic tendered his resignation as Independent Chair, with the resignation taking effect at the conclusion of the meeting.

An Expression of Interest process has commenced to identify a replacement Independent Chair. One application has been received to date, and management is considering extending the response period to encourage further interest.

The draft minutes of the meeting are attached for Council's consideration. The minutes will remain in draft form until reviewed and ratified by the ARC.

Statutory/Compliance Matters

- *Local Government Act 2009*
- *Local Government Regulation 2012*

Human Rights Considerations

Human rights considerations have been reviewed in accordance with Council's Human Rights Policy.

Attachments

Minutes

SHIRE OF FLINDERS

Discovery • Opportunity • Lifestyle

Audit and Risk Committee Meeting Minutes
26 June 2026

Flinders Shire Council – Audit and Risk Committee Meeting

Opened: 11.05 am

Attendees +

Committee Members:
Mark Andrejic - External Independent Chair (via Teams)
Nicole Flute – Deputy Mayor FSC
Kerry Wells – Councillor FSC

Observers and Advisors:
Kate Peddle – Mayor FSC
Kylie Davies – Chief Executive Officer FSC
Dennis McLeod – Director of People, Safety & Governance- FSC
Misenka Duong – Director of Engineering - FSC (via Teams)
Carolyn Eagle - Pacifica – Internal Audit (via Teams)
Rowena Smallcombe – Pacifica – Internal Audit (via Teams)
Martin Luwinga – Queensland Audit Office Signing Officer – (via Teams)
Tracey Mayhew – Crowe – External Audit – (via Teams)
Andy Smith – Financial Manager FSC

Apologies: Melanie Wicks – Director of Corporate & Financial Services - FSC

Item 1 **Introduction, Welcome and Apologies** Chair

Mr Smith introduced the newly appointed Chief Executive Officer, Ms Kylie Davies, to the Committee Chair.

The Chair welcomed all attendees and noted the apology received from Ms Melanie Wicks who was unable to attend due to an urgent family matter.

Item 2 **Declarations of Conflicts of Interest** Chair

The Chair advised the Committee of a potential conflict of interest and informed members that he considered it appropriate to tender his resignation as Independent Chair

The Chair explained that the potential conflict arose due to:

1) His previous role as a partner at Crowe and
2) Crowe being the external auditor of his current employer.

The Committee members considered the matter and agreed that Mr Andrejic should continue to chair the current meeting, with his resignation to take effect following the end of the meeting.

The Committee members expressed their regret at his resignation and acknowledged the reasons for his decision.

No other conflicts of Interest were declared.

Item 3 **Confirmation of Minutes of Previous Meeting** Chair

The minutes of the Audit and Risk Committee Meeting held on 16 October 2025 wre confirmed as a true and accurate record.

Proposer: Clr Nicole Flute
Seconded: Mr Mark Andrejic

Item 4 **Internal Audit Progress Report** Carolyn Eagle

Ms Eagle provided an overview of the Internal Audit Progress Report and provided an overview of outstanding actions and current activities.
There were no comments or questions from the Committee.

Item 5 **Internal Audit Report – End to End HR & Payroll Practices** Carolyn Eagle

Item 6 **Internal audit report – Asset Management Practices** Carolyn Eagle

Ms Eagle advised that both audit reports had been circulated previously and were taken as read.
She noted that a significant period had elapsed between completion of the audit work and presentation of the final reports. During this period, management had already commenced addressing a number of the audit findings and recommendations.
Ms Eagle recommended that the Committee focus on management's current progress and future actions rather than historical circumstances at the time of the audit.
Ms Davies advised that, as the newly appointed Chief Executive Officer, she had found the reports informative and intended to utilise the findings in the development of Council's strategic improvement initiatives.
The Chair commented that the Committee should consider receiving the Internal Audit Recommendations Register as a standing agenda item for future meetings in order to monitor progress against agreed actions.
Ms Eagle advised that Pacifica would contact Ms Davies directly to discuss her expectations of the internal audit function and to outline Pacifica's service offering.

Audit & Risk Committee receives and notes the following reports from Pacifica:
Internal Audit Progress Report
End to End HR & Payroll Practices
Asset Management Practices

Proposer: Clr Nicole Flute
Seconded: Mr Mark Andrejic

Item 7 **QAO Audit Committee Briefing Paper** Martin Luwinga

Mr Luwinga provided a detailed overview of the Queensland Audit Office Audit Committee Briefing Paper and highlighted key matters relevant to local government financial reporting.

(*11.20 – Clr Peddle entered the room*)

Item 8 Mr Luwinga presented the QAO Performance Audit Report – *Managing third-party cyber security risks*. He explained that the contents of the report will be referred to during the upcoming audit of Local Government organisations. Flinders Shire Council should take note of the contents, not only for audit purposes, but also as a practical guide and governance framework for managing cyber risks associated with third-party service providers

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Audit& Risk Committee receives & notes the QAO reports

Proposer: Mr Mark Andrejic
Seconded: Clr Nicole Flute

(11:23 - Ms Mayhew (Crowe) joined the meeting via Teams)

Item 9 **External Audit Plan** Tracey Mayhew

Ms Mayhew advised that the External Audit Plan had been circulated with the Audit & Risk Committee agenda and was taken as read
Ms Mayhew outlined the proposed audit approach and key areas of focus.
drew the attention of the Committee to the key areas of the audit focus.

Key audit focus areas include:

- Asset revaluations and the methodology adopted by Council
- Fraud risk relating to revenue
- Procurement and contract management
- Related party transactions.

Ms Mayhew advised that audit materiality threshold had increased slightly compared to the previous financial year. However, materiality could change during the audit should circumstances change.

She further advised that the audit timeline was compressed due to the delay in the appointment of Crowe as Council's external auditor.
The preliminary audit work had commenced, and Crowe were already in discussions with Council's finance team.

Audit & Risk Committee receives, notes, and approves the External Audit Plan

Proposer: Mr Mark Andrejic
Seconded: Clr Nicole Flute

Item 10 **Proposed Next Meeting** Chair

The Chair noted that, due to his resignation taking effect at the conclusion of the meeting, the date of the next Audit and Risk Committee meeting would be determined following the appointment of a new Independent Chair.

Item 11 **Any Other Business** Chair

There were no additional items submitted for the Committee to consider.

Item 12 **Meeting Close** Chair

The Chair thanked members, management and advisers for their attendance and contributions.

There being no further business, the meeting was declared closed at **11:30 am**.

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2.02.03 ADOPTION OF AUDIT AND RISK COMMITTEE CHARTER

Author: Director of Corporate and Financial Services
Authorising Officer: Chief Executive Officer
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
1. Adopt the Audit and Risk Committee Charter as presented; and
2. Authorise the Charter to take effect immediately upon adoption and remain subject to periodic review by the Audit and Risk Committee, with any future amendments to be submitted to Council for approval

Executive Summary

The Audit and Risk Committee (the Committee) operates as an advisory committee of Flinders Shire Council and has no delegated decision-making authority unless specifically given by a Council resolution.

The Charter establishes the role, authority, membership, responsibilities and operating procedures of the Committee and provides the governance framework through which the Committee supports Council in fulfilling its financial oversight, risk management, governance and compliance responsibilities.

The revised Charter has been comprehensively updated to reflect current legislative requirements, Queensland Audit Office expectations and contemporary local government practices. It also formalises the Committee's responsibilities for oversight of financial reporting, strategic and operational risk, internal audit, external audit, compliance and fraud control.

The purpose of this report is to seek Council's endorsement and adoption of the revised Audit and Risk Committee Charter.

Background

The previous Charter was reviewed by the Committee in 2024 (03 May 2024).
During a recent review of this document, it was identified that, while the Charter had been reviewed by the Committee, there is no evidence that the document was formally adopted by Council.

Since that review, the independent Chairperson has tendered their resignation and an opportunity was undertaken to conduct a comprehensive rewrite of the Charter to ensure it reflects current best practice, Queensland Audit Office guidance and current legislative requirements.

Discussion

The revised Charter provides a clear framework for the operation of the Audit and Risk Committee and clearly defines:

- The Committee's purpose and authority.
- Membership composition and independence requirements.
- Responsibilities relating to financial reporting and financial sustainability.
- Oversight of strategic, operational, financial and compliance risks.
- Internal audit and external audit functions.
- Fraud and corruption control.
- Governance and internal control responsibilities.
- Legislative compliance obligations.
- Reporting requirements to Council.

The Charter also establishes meeting arrangements, conflict of interest requirements, member responsibilities and annual performance review processes to support the ongoing effectiveness of the Committee

Importantly, the Charter reinforces that the Committee's role is advisory in nature and that responsibility for governance and management remains with Council and the Chief Executive Officer.

Adoption of the Charter will provide a contemporary governance framework that supports transparency, accountability and effective oversight across Council's financial and risk management functions.

The Charter supports Council's commitment to:

- Good governance and accountability.
- Effective risk management.
- Legislative compliance.
- Financial sustainability.

Continuous improvement in organisational performance

Legal Considerations

Section 105 of the *Local Government Act 2009* requires every local government to establish an efficient and effective internal audit function and maintain an audit committee that monitors and reviews financial reporting, internal audit activities and matters requiring action or improvement. Sections 208 to 211 of the *Local Government Regulation 2012* establish the requirements for audit committees, including committee composition, independent membership requirements and the adoption of an audit committee charter. The proposed Charter has been developed to align with these legislative requirements.

Statutory/Compliance Matters

- *Local Government Regulation 2012*
- Local Government Act 2009

Financial / Budget Implications

There are no additional financial implications in adopting an Audit and Risk Committee Charter. The Charter formalises existing governance arrangements and does not create additional staffing or operation expense.

Consultation/engagement

- Director of Corporate and Financial Services
- QAO Report on Audit Committees

Risk Implications

Adoption of the Charter will strengthen Council's governance framework by:

- Clearly defining the authority and responsibilities of the Audit and Risk Committee.
- Supporting compliance with legislative requirements.
- Reducing the risk of duplication or overlap between Council, management and Committee responsibilities.
- Strengthening oversight of financial, governance and organisational risks.

Failure to adopt an updated Charter may create uncertainty regarding the Committee's authority, responsibilities and reporting obligations.

Human Rights Considerations

All human rights considerations have been given as per Council’s Human Rights Policy and no adverse human rights impacts have been identified.

Attachments

Charter

SHIRE OF FLINDERS

Audit and Risk Committee Charter

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Meeting Adopted:
Resolution No:

FLINDERS SHIRE COUNCIL

Audit and Risk Committee Charter

Contents

1. Objective

The objective of the Audit and Risk Committee (Committee) is to provide independent assurance, oversight and advice to the Flinders Shire Council (Council) and the Chief Executive Officer regarding the effectiveness of Council's risk management, control, governance, and external accountability responsibilities.

2. Legislative Authority

The Audit and Risk Committee Charter is established pursuant to Section 105 of the Local Government Act 2009 and relevant provisions of the Local Government Regulations 2012. (Section 208 – 211) and in accordance with relevant Australian Accounting Standards, Queensland Audit Office requirements and recommended practices guidance.

The Committee operates as an advisory committee of the council and has no delegated decision-making authority unless specifically given by a Council resolution.

3. Authority

The Council authorises the Committee, within the scope of its role and responsibilities, to:

- Obtain information it needs from any employee or external party (subject to their legal obligations to protect information)
- Discuss any matters with the external auditor or other external parties (subject to confidentiality considerations)
- Request the attendance of any employee, consultant, contractor or Councillor at Committee meetings
- Meet separately with Internal Auditors, External Auditors and management.
- Obtain external legal or other professional advice considered necessary to meet its responsibilities within budget allocations.
- Access all records, information and personnel relevant to its responsibilities, subject to legislative confidentiality requirements.
- Investigate any matter within the scope of the Charter.

4. Composition and Membership

4.1 Membership

The Committee will consist of a minimum of three voting members:

- Independent Chairperson (external member).
- Two (2) Councillors appointed by Council
- One (1) Councillor may be nominated as a proxy member in the event that a Councillor is unable to attend a scheduled meeting due to unexpected circumstances.

The Committee may have one (1) or up to six (6) voting members. Any additional members to those listed above must be independent and external to Council.

At least one (1) independent member must possess extensive accounting, auditing, financial management, risk management or governance expertise.

4.2 Independent Members

Any Independent Member must be free from any business or personal relationship that could materially interfere with their independent judgement.

An independent member must not:

- be an employee of Council;
- have been employed by the Council within the previous two (2) years;
- have significant contractual relationships with Council;
- have any actual, perceived or potential conflict inconsistent with their role.

4.3 Tenure

Independent members shall be appointed for a period not exceeding the Council term (presently four (4) years) and may be eligible for re-appointment, following a performance review, up to a maximum of eight (8) years.

Council may terminate an appointment at any time by resolution.

4.4 Attendees (Non-Voting)

The following officers will normally attend the Committee meetings:

- Chief Executive Officer
- Director Corporate and Financial Services
- Director of People, Safety and Governance

The Committee may invite attendance from:

- Internal Auditors
- Queensland Audit Office representatives
- Consultants
- Subject matter experts
- Council officers
- Councillors

Non-Committee members shall not have voting rights.

5. Role and Responsibilities

In carrying out its responsibilities, the Committee must at all times recognise that primary responsibility for management of Council rests with the Council and the Chief Executive Officer as defined by the Local Government Act.

The responsibilities of the Committee may be revised or expanded by the Council from time to time. The Committee's responsibilities are:

5.1 Financial Reporting and Financial Management

- Review of the Annual Financial Statements and associated disclosures
- Monitor the integrity and quality of financial reporting processes.
- Assess the adequacy of management certifications supporting financial reports
- Review significant accounting policies, practices and changes
- Consider significant accounting estimates, judgements and assumptions
- Review audit adjustments and unresolved accounting matters
- Monitor Council's financial sustainability and long-term financial planning
- Review long term financial sustainability

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- Review long-term financial forecasts and funding strategies
- Monitor financial sustainability indicators prescribed by legislation.
- Review the effectiveness of budget development, monitoring and reporting processes.
- Consider significant budget variations and emerging financial risks.
- Monitor Council's debt management and treasury practices.
- Review asset sustainability indicators and asset management outcomes.
- Review major financial commitments, liabilities and contingent liabilities.
- Monitor compliance with external financial reporting obligations.
- Review management responses to financial audit findings.

5.2 Risk Management

- Monitor the ongoing effectiveness and the validity of the comprehensive risk management framework, and associate procedures and review management of the business (operational & strategic) and financial risks, including fraud.
- Monitor strategic, operational, financial and compliance risks.
- Review Council's risk appetite, risk tolerance and alignment with the risk management framework.
- Review whether a sound and effective approach has been followed in developing strategic risk management plans for major projects or undertakings.
- Review whether a sound and effective approach has been followed in developing processes and controls to manage cyber security risks.
- Review the impact of the risk management framework on its control environment, including climate and disaster risks
- Review insurance arrangements
- Review whether a sound and effective approach has been followed in establishing business continuity planning arrangements, including whether plans have been tested periodically.

5.3 Internal Control and Governance Framework

- Review whether management has adequate internal controls in place, including over external parties such as contractors and advisors.
- Review whether management has in place relevant policies and procedures, and these are periodically reviewed and updated.
- Progressively review whether appropriate processes are in place to assess whether policies and procedures are complied with.
- Review whether appropriate policies and procedures are in place for the management and exercise of delegations.
- Review whether management has taken steps to embed a culture which is committed to ethical and lawful behaviour.

5.4 Fraud and Corruption Control

- Review Council's Fraud Policy
- Monitor investigations and outcomes.
- Review fraud risk assessments.
- Monitor implementation of fraud prevention initiatives.
- Promote a culture of integrity and accountability.

5.5 Legislative Compliance

- Determine whether management has appropriately considered legal and compliance risks as part of risk assessment and management arrangements.
- Review significant compliance breaches.
- Access whether legal and regulatory risks are effectively managed.
- Review the effectiveness of the system for monitoring compliance with relevant laws, regulations and associated government policies.
  - Local Government Act 2009
  - Local Government Regulation 2012
  - Work, Health and Safety Legislation
  - Information Privacy obligations
  - Right to Information obligations
  - Other regulatory obligations applicable to Council.
- Review corrective actions arising from regulatory reviews.

5.6 Internal Audit

- Review and endorse the Internal Audit Charter.
- Act as a forum for communication between the Council, Chief Executive Officer,management and internal audit.
- Review and recommend the appointment of internal auditors.
- Review the Internal Audit coverage and Internal Audit Plan, ensure the plan has considered the Risk Management Plan, and approve the plan.
- Consider the adequacy of internal audit resources to carry out its responsibilities, including completion of the approved Internal Audit Plan.
- Review all audit reports and consider significant issues identified in audit reports and action taken on issues raised, including identification and dissemination of better practices.
- Monitor the implementation of Internal Audit recommendations by management
- Periodically review the Internal Audit Charter to ensure appropriate organisational structures, authority, access and reporting arrangements are in place.
- Periodically review the performance of Internal Audit.

5.7 External Audit

- Act as a forum for communication between the Council, Chief Executive Officer, management and external audit.
- Review External Audit Plans.
- Provide input and feedback on the financial statement and performance audit coverage proposed by external audit and provide feedback on the external audit services provided.
- Review all external plans and reports in respect of planned or completed external audits and monitor the implementation of audit recommendations by management.
- Review Queensland Audit Office findings and monitor implementation of QAO recommendations.

- Review management letters and the impact that they will have on the organization's processes.
- Consider significant issues raised in relevant external audit reports and better practice guides, and ensure appropriate action is taken.
- Satisfy itself the annual financial reports comply with applicable Australian Accounting Standards and supported by appropriate management sign-off on the statements and the adequacy of internal controls.
- Review the external audit opinion, including whether appropriate action has been taken in response to audit recommendations and adjustments.
- To consider contentious financial reporting matters in conjunction with council's management and external auditors.
- Review the processes in place designed to ensure financial information included in the annual report is consistent with the signed financial statements.
- Satisfy itself there is a performance management framework linked to organisational objectives and outcomes.

5.8 Strategic Projects and Major Programs

The Committee will monitor:

- Major capital projects.
- High value procurement activities
- Significant grant funded programs
- Significant contractual arrangements
- Emerging or potential project risks.
- Significant initiatives identified by Council.

The Committee may request reports on projects that present elevated financial, governance or reputational risks.

6. Responsibilities of Members

Members of the Committee are expected to:

- Act honestly and in the public interest.
- Exercise independent judgement.
- Maintain confidentiality
- Understand the relevant legislative and regulatory requirements appropriate to Flinders Shire Council.
- Contribute the time needed to study and understand the papers provided.
- Apply good analytical skills, objectivity and good judgment.
- Express opinions based on facts, ask questions and pursue independent lines of enquiry.

7. Meetings

The Committee will meet on a quarterly basis.

The need for any additional meetings will be decided by the Chair of the Committee, though other Committee members may make requests to the Chair for additional meetings.

A forward meeting plan and annual work plan will be approved by the Committee each year. The forward meeting plan will cover all Committee responsibilities as detailed in this Audit & Risk Committee Charter.

8. Attendance at Meetings and Quorums

A quorum will consist of a majority of Committee members, including at least one independent member.
Meetings can be held in person, by telephone, by video conference or by other approved electronic means.
Business may only be conducted where a quorum is present.

9. Closed Sessions

The Committee may meet separately (without management or other attendees present) with;

- Internal auditors
- External Auditors
- The Chief Executive Officer or
- Other appropriate officers

On at least one occasion per year, the Committee will meet privately with Internal and External Auditors.

10. Secretariat

Council shall provide adequate secretariat support to the Committee.
The Secretariat will:

- Prepare meeting agendas.
- Coordinate reports and meeting papers.
- Ensure the agenda for each meeting and supporting papers are circulated, at least one week before the meeting
- Record and maintain meeting minutes
- Maintain action registers

Draft minutes shall be approved by the Chair and circulated to each member within three weeks of the meeting being held.

11. Conflict of Interests

Councillors, Council staff and members of council committees must comply with the applicable provisions of Council's code of conduct in carrying out the functions as council officials. It is the personal responsibility of council officials to comply with the standards in the code of conduct and regularly review their personal circumstances with this in mind.

Committee members and attendees must disclose any actual, potential or perceived conflict of interests at the start of each meeting or before discussion of a relevant agenda item or topic.
Details of any conflicts of interest should be appropriately minuted.

Where members or invitees at Committee meetings are deemed to have a real or perceived conflict of interest, it may be appropriate they be excused from Committee deliberations on the issue where the conflict of interest may exist. The final arbiter of such a decision is the Chair of the Committee, who will decide whether the member or attendee must:

- Remain in attendance

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- Abstain from discussion
- Abstain from voting or
- Leave the meeting for a relevant item

12. Reporting

The Committee will provide a report to Council following each meeting outlining:

- Significant matters considered
- Key risks identified
- Audit findings
- Outstanding audit recommendations
- Recommendations requiring Council action

13. Induction and professional development

New members will receive an induction programme covering;

- Council operations
- Governance arrangements
- Risk management framework
- Audit functions
- Relevant legislation
- Key policies and procedures

Committee members are encouraged to undertake ongoing professional development.

14. Assessment Arrangements

The Committee shall conduct an annual review of the performance of the Committee. The review will be conducted on a self-assessment basis (unless otherwise determined by the Chair), with appropriate input from management and any other relevant stakeholders, as determined by the Chair. A report will be presented to the Council by July, for the preceding year
The assessment will consider:

- Achievement of responsibilities under this Charter
- Quality of reporting
- Meeting effectiveness
- Member participation
- Stakeholder feedback.

15. Review of Audit and Risk Committee Charter

The Committee shall review this Charter annually to ensure it remains current and reflects:

- Legislative requirements.
- Better practice governance standards.
- Council's strategic objectives.
- Queensland Audit Office recommendations.

Any proposed amendments shall be submitted to Council for approval.

ADOPTION

Adopted by Council	
Resolution Number	
Date Adopted	
Review Date	
Chief Executive Officer	
Mayor	

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2.03 ENGINEERING

2.03.01 HUGHENDEN WORKFORCE ACCOMMODATION FACILITY - INFRASTRUCTURE AGREEMENT

Author: Director of Engineering
Authorising Officer: Chief Executive Officer
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
1. Approve the Infrastructure Agreement between Flinders Shire Council and Queensland Electricity Transmission Corporation Limited trading as Powerlink Queensland for the provision of water and sewerage infrastructure to service the Hughenden Workforce Accommodation Facility; and
2. Authorise the Chief Executive Officer to execute the Infrastructure Agreement on behalf of Council, including approval of any minor or administrative amendments that do not materially alter Council's obligations or the agreed financial contribution.

Executive Summary

This report seeks Council approval of the final Infrastructure Agreement with Queensland Electricity Transmission Corporation Limited trading as Powerlink Queensland for water and sewerage infrastructure required to service the Hughenden Workforce Accommodation Facility associated with the CopperString 2032 project. The Agreement records the parties' respective obligations and provides for Powerlink to contribute $4,789,746 towards Council's delivery of the agreed infrastructure works. Council approval is sought to authorise the Chief Executive Officer to execute the Agreement.

Background

Powerlink is delivering the Hughenden Workforce Accommodation Facility as part of the CopperString 2032 project. The facility is located on land for which Council is trustee and requires connection to Council's water and sewerage networks. Council and Powerlink have previously entered into a lease for the land, under which Council committed to provide specified water and sewerage connections in exchange for a financial contribution towards Council's connection costs.

The final Infrastructure Agreement formalises those arrangements. Council is responsible for delivering the water and wastewater works specified in the Infrastructure Contribution Schedule, including water main connections, sewer rising mains and upgrades to sewerage pumping stations. Powerlink is responsible for making milestone-based financial contributions for six work packages.

The Agreement provides for a total Powerlink financial contribution of $4,789,746. The payment milestones correspond with completion of the agreed work packages. The figures in Schedule 4 have been checked against Council's project cost calculations and confirmed as aligned.

Statutory/Compliance Matters

The Agreement is expressed to be an infrastructure agreement under section 158 of the Planning Act 2016 (Qld). It also references Council's obligations as water and sewerage service provider under the Water Supply (Safety and Reliability) Act 2008 (Qld).

The document is to be executed as a deed. The execution panel provides for execution by Flinders Shire Council in accordance with the Local Government Act 2009 (Qld). The Agreement does not become binding until duly executed by both parties.

Financial / Budget Implications

Powerlink's total financial contribution under the Agreement is $4,789,746, payable against six agreed work package milestones. Council is responsible for delivering the specified water and sewerage infrastructure works, with the infrastructure remaining Council property.

The Agreement provides that each party bears its own legal and other costs associated with negotiating, preparing, executing and performing its obligations. If Powerlink terminates for convenience, Council must repay contributions received, less eligible actual costs incurred, subject to providing a schedule of costs and supporting invoices within the required timeframe.

Consultation / Engagement

The final draft Infrastructure Agreement has been developed and reviewed between representatives of Flinders Shire Council and Powerlink Queensland. Council officers have checked the Schedule 4 milestone values against the project cost calculations, and Powerlink has confirmed that the six work packages cover the infrastructure contributions described in the Agreement.

Risk Implications

Key risks include:

- Financial risk if Council does not maintain complete evidence of milestone completion and project expenditure, as payments are milestone-based and termination provisions require supporting cost records.
- Delivery risk associated with completing the specified water and sewerage works in accordance with the Agreement, applicable laws, Council standards and the agreed completion requirements.
- Legal and contractual risk arising from default, dispute, indemnity, confidentiality, termination and repayment provisions.
- Operational and asset risk because the completed infrastructure will remain Council property and Council will retain maintenance responsibilities as described in the Agreement.

These risks will be managed through project governance, contract administration, milestone verification, appropriate record keeping and ongoing liaison with Powerlink.

Strategic Impacts
Corporate / Operational Plan Connection:
This matter supports the delivery and management of essential water and sewerage infrastructure, effective financial management, responsible governance and strategic support for major regional development associated with CopperString 2032.

Conclusion
The Infrastructure Agreement provides the formal contractual framework for Council to deliver the water and sewerage infrastructure required to service the Hughenden Workforce Accommodation Facility and for Powerlink to contribute $4,789,746 towards those works. Approval of the Agreement and authorisation for the Chief Executive Officer to execute it will allow the parties to finalise the agreed arrangements.

Attachments
Infrastructure Agreement - Hughenden WAF Services (final draft for execution)

Queensland Electricity Transmission Corporation Limited ACN 078 849 233 trading as Powerlink Queensland

Flinders Shire Council

Infrastructure Agreement

Hughenden WAF Services

Table of Contents

Date:

Parties

Queensland Electricity Transmission Corporation trading as Powerlink Queensland (**Powerlink**)

Flinders Shire Council (**Council**)

Background

A Powerlink is delivering the Hughenden WAF as part of its CopperString 2032 project.

B The Hughenden WAF is to be located on the Land and requires water and sewerage services.

C Council is the trustee of the Land.

D Council is the service provider for water and sewerage services in its local government area, which includes the Land.

E Powerlink and Council have entered into the Lease and, as a term of the Lease, Council has committed to providing particular water and sewerage service connections to the Land, in exchange for Powerlink providing a Financial Contribution to meet Council's connection costs.

F Council agrees to provide the Council's Infrastructure Contributions (the Works Contributions detailed in Schedule 3) for water and sewerage infrastructure that services the Land in accordance with this document. Council has already commenced the provision of the Council's Infrastructure Contributions.

G Powerlink agrees to pay Council an Infrastructure Contribution in accordance with this document.

Agreed terms

1 Definitions and construction

1.1 Definitions

In this document these terms have the following meanings:

Term	Definition
Approval	A consent, permit, licence, certificate, authorisation, notice or approval under a law, or that is required under or in relation to this document.
Approval Authority	An entity or body with relevant power or authority to issue an Approval.

Authorised Person	The following: (a) for Powerlink – any person notified in writing as an authorised person by the Powerlink; (b) for Council – Council's chief executive officer and any lawful delegate thereof.
Business Day	The meaning given to "business day" in the *Acts Interpretation Act 1954* (Qld), for Council's local government area.
Claim	An allegation, debt, cause of action, liability claim, proceeding, appeal, suit or demand of any nature at law or otherwise, whether present or future, fixed or unascertained, actual or contingent. This includes any legal proceeding in the Planning and Environment Court or Supreme Court of Queensland.
Commencement Date	The date the last party executes this document, which is to be recorded in **Item 1**.
Completion	The stage in the provision of a Works Contribution by the Council when the Works Contribution is complete, other than for a minor omission or minor defect which: (a) is not essential; (b) does not prevent the Works Contribution from being reasonably capable of being used for its intended purpose; and (c) the rectification of which will not prejudice the convenient use of the Works Contribution.
Council	The entity described in **Item 3**.
Council's Infrastructure Contributions	The Infrastructure Contributions that Council must provide under the ICS.
Council's Obligations	The obligations of the Council under this document.
CSS	The customer service standard prepared by the Council for the purpose of the *Water Supply (Safety and Reliability) Act 2008 (Qld)* and published on the Council's website.
Default Notice	A Notice given by one party to another under **clause 6.1**.
Dispute Notice	A Notice given by one party to the other under **clause 7.2**.
Financial Contribution	The payment of a monetary amount for infrastructure.

Force Majeure	Any of the following: (a) damage by fire, explosion, earthquake, lightning, storm, war, flood, civil commotion or act of God; (b) legal proceedings (actual or threatened); (c) industrial disputes; or (d) a combination of these or any other cause, matter or thing beyond the control of the affected party.
Hughenden WAF	The workers accommodation facility described in the report of May 2024 published on the Department of State Development, Infrastructure and Planning's website, prepared by the Coordinator-General, called 'CopperString 2032 Workers Accommodation Camps – Hughenden, Julia Creek and Richmond' located at Hughenden at the location shown on Figure 1 of Appendix 2 of that report.
ICS	The infrastructure contribution schedule in **Schedule 3**.
Infrastructure Contribution	A contribution for infrastructure, including: (a) a Financial Contribution; (b) a Works Contribution.
Item	An item in **Schedule 1**.
Land	The land described in **Item 4**.
Law	Any statute, regulation or subordinate legislation of the Commonwealth, the State of Queensland, or any local or other government in force in the State of Queensland, irrespective of where enacted.
Lease	The lease of the Land, between Council as Lessor and Powerlink as Lessee, which commenced on 7 September 2024 and ends on 6 September 2030.
Joint Venture	The unincorporated joint venture between CPB Contractors Pty Limited (ACN 000 893 667) and UGL Engineering Pty Limited (ACN 096 365 972) pursuant to a joint venture agreement.
Maintenance	Any works to repair, maintain, redevelop, renew, upgrade and replace a Works Contribution.
Milestone	A milestone listed in **Schedule 4**.
Notice	Any certificate, demand or notice to be given by a party under this document. A Notice need not adopt any particular form unless required by this Agreement.

Plan	A map or plan in **Schedule 2**.
Planning Act	The *Planning Act 2016* (Qld).
Powerlink	The entity described in **Item 2.**
Powerlink's Infrastructure Contribution	The Infrastructure Contribution that Powerlink must pay to Council under the ICS.
Powerlink's Obligations	The obligations of Powerlink under this document.
Works Contribution	The undertaking of works for infrastructure, including any materials or services required for that infrastructure.

1.2 Construction

Unless expressed to the contrary, in this document:

(a) words in the singular include the plural and vice versa;

(b) any gender includes the other genders;

(c) if a word or phrase is defined, its other grammatical forms have corresponding meanings;

(d) "includes" means includes without limitation;

(e) no rule of construction will apply to the disadvantage of a party because that party drafted, put forward or would benefit from any term;

(f) a reference to:

(i) a person includes a partnership, joint venture, unincorporated association, corporation, entity and a government agency;

(ii) a person includes the person's legal personal representatives, successors, assigns and persons substituted by novation;

(iii) any legislation includes subordinate legislation under it and includes that legislation and subordinate legislation as modified or replaced;

(iv) an obligation includes a warranty or representation and a reference to a failure to comply with an obligation includes a breach of warranty or representation;

(v) a right includes a benefit, remedy, discretion or power;

(vi) time is to local time in the Council's local government area;

(vii) "$" or "dollars" is a reference to Australian currency;

(viii) this or any other document includes the document as novated, varied or replaced and despite any change in the identity of the parties;

(ix) writing includes:

(A) any mode of representing or reproducing words in tangible and permanently visible form, including fax transmission; and

(B) words created or stored in any electronic medium and retrievable in perceivable form.

(x) this document includes all schedules and annexures to it;

(xi) a clause, schedule or annexure is a reference to a clause, schedule or annexure, as the case may be, of this document; and

(xii) in the ICS, an "item" is to an item in the ICS;

(g) a term that is used, but not defined in, this document will, unless the context otherwise requires, have the meaning given to it by (in the following descending order):

(i) the Planning Act; or

(ii) its ordinary meaning;

(h) if the date on or by which any act must be done under this document is not a Business Day, the act must be done on or by the next Business Day; and

(i) headings do not affect the interpretation of this document.

2 Commencement

2.1 Commencement of agreement

This document commences on the date when the last party executes this document, which is to be recorded by that party in Item 1, and at the top of page 4, at the time of execution.

2.2 Obligations to provide Infrastructure Contributions

Despite this document commencing in accordance with **clause 2.1**, neither Powerlink nor the Council are required to provide any Infrastructure Contributions until Powerlink has given a Notice to the Council to proceed with the Council's Infrastructure Contributions.

3 Infrastructure agreement

3.1 Purpose of this document

The purpose of this document is to establish the parties' rights and obligations in relation to the Infrastructure Contributions identified in the ICS.

3.2 Lease

The parties agree that this document is a Connection Works Agreement as contemplated by Clause 7.6(b) of the Lease and is intended to reflect the parties' obligations as contemplated by Clause 7.6 of the Lease.

3.3 Application of Planning Act

This document is an infrastructure agreement under the Planning Act and under section 158 of the Planning Act.

3.4 Agreement to remain binding

(a) Neither party's obligations will be affected by a change in the ownership of the whole or any part of the Land.

(b) In the event of the whole or any part of the Land being sold or transferred, and Council is no longer the trustee of the Land, Council (immediately prior to the sale or transfer) must perform and fulfil each of its obligations under this document that have not been performed and fulfilled immediately or at such other time as Powerlink stipulates in a Notice, even if the time otherwise appointed for the performance and fulfilment of that obligation has not yet then arrived.

3.5 No fetter

Nothing in this document fetters the rights, powers, authorities, functions or discretions of Powerlink, Council, any other Approval Authority or any other government agency under the provisions of any Law.

4 Parties' obligations

4.1 Powerlink's obligations

Powerlink must:

(a) provide Powerlink's Infrastructure Contribution in accordance with the ICS;

(b) accept Council's Infrastructure Contribution provided to it by Council in accordance with this document; and

(c) otherwise comply with the terms of this document.

4.2 Council's obligations

Council must:

(a) provide the Council's Infrastructure Contributions in accordance with the ICS;

(b) notify Powerlink of its completion of each Milestone (if applicable);

(c) accept Powerlink's Infrastructure Contribution provided to it by Powerlink in accordance with this document; and

(d) otherwise comply with the terms of this document.

5 Infrastructure Contributions to comply

5.1 Infrastructure Contributions to comply generally

(a) An Infrastructure Contribution must be provided in accordance with the ICS.

(b) The Council must, in providing any Infrastructure Contribution, comply with all Laws and, to the extent applicable, Powerlink must act reasonably so as not to prevent or delay Council's ability to comply with those Laws.

6 Default

6.1 Giving of Default Notice

If a party considers that another party has defaulted in respect of an obligation under this document, that party (ie the non-defaulting party) may give a Default Notice to the party considered to be in default:

(a) specifying the default in reasonable detail; and

(b) requesting the defaulting party to rectify the default within a reasonable period specified in the Default Notice.

6.2 Failure to comply with Default Notice

If a party receives a Default Notice and fails to comply with the Default Notice, the party that gave the Default Notice may (without limiting any of its rights) recover from the defaulting party as a liquidated debt the money it expends in giving the Default Notice.

6.3 Effect of Default Notice

(a) If a Dispute Notice is given in relation to a default the subject of a Default Notice, there is no obligation to comply with the Default Notice until the dispute is resolved under **clause 7** or finally decided by a Court.

(b) The giving of a Default Notice does not stay the effect of this document.

(c) A default by one party does not prevent the other party from continuing to exercise any rights, or comply with any obligations, under this document.

(d) A default in relation to a joint obligation of the parties does not prevent any party from continuing to exercise any rights or comply with any obligations under this document.

7 Disputes

7.1 Application of clause

This **clause 7.1** applies to any dispute between the parties to this document (including in relation to prior conduct of the parties or the interpretation of this document) but does not:

(a) apply to a Claim to recover a debt; or

(b) prevent a party from applying to a court for urgent injunctive or declaratory relief because of an emergency that endangers:

(i) a person's life or health;

(ii) a building's structural safety; or

(iii) the operation or safety of infrastructure.

7.2 Dispute Notices

If a dispute arises between the parties to this document, a party may give a Dispute Notice to the other party:

(a) identifying the dispute and the facts relied on in relation to the dispute; and

(b) stating either that:

(i) the parties are required to meet within 5 Business Days; or

(ii) a written response to the Dispute Notice is required from the other party within 10 Business Days.

7.3 Disputes about Default Notices

If a dispute relates to the issuing of a Default Notice, the resolution of the dispute must determine:

(a) whether the Default Notice must be complied with; and

(b) if the Default Notice must be complied with, the timeframe in which the Default Notice must be complied with.

7.4 Initial meeting or correspondence

(a) If a Dispute Notice is given under **clause 7.2(b)(i)**, the parties must meet, within 5 Business Days after the date the Dispute Notice is given, at Hughenden, Queensland at least once to discuss the dispute including the possible resolution of the dispute.

(b) If a Dispute Notice is given under **clause 7.2(b)(ii)**, the recipient party must respond in writing to the Dispute Notice within 10 Business Days.

7.5 Mediation

(a) If a meeting or written response under **clause 7.4** fails to resolve the dispute, the parties may agree to refer the dispute to mediation.

(b) If the parties agree to refer the dispute to mediation, then the parties must either:

(i) appoint a mediator by agreement; or

(ii) if the parties are unable, within 5 Business Days of agreeing to refer the dispute to mediation, agree on a mediator to be appointed, request the President of the Queensland Law Society to make the appointment.

7.6 Determination

(a) If any dispute notified under **clause 7.2** is not resolved within the following periods, the parties may agree, within 5 Business Days after that time period ends, to refer the dispute to an independent, appropriately qualified referee for determination:

(i) if the dispute was not referred to mediation – within 15 Business Days after the date the Dispute Notice was given; or

(ii) if the dispute was referred to mediation – within 30 Business Days after the date the Dispute Notice was given.

(b) If the parties agree to refer the dispute to a referee determination, then the parties must either:

(i) appoint a referee by agreement; or

(ii) if the parties are unable, within 5 Business Days of agreeing to refer the dispute to a referee determination, agree on a referee to be appointed, request the President of the Queensland Law Society to make the appointment.

(c) In determining the dispute, the referee must:

(i) determine the process for resolution of the dispute, including whether a conference must be held and whether written submissions must be provided;

(ii) act fairly and impartially, and conduct the process in accordance with the requirements of procedural fairness;

(iii) act as an expert, not an arbitrator;

(iv) act expeditiously to attempt to achieve a resolution for the parties in the most cost effective manner; and

(v) make the determination according to law and to reflect the intent of this document.

(d) The determination of a referee must:

(i) be in writing;

(ii) be given to both parties; and

(iii) contain a full statement of the reasons for the determination.

(e) If a referee has not provided a determination within 50 Business Days of the date the Dispute Notice was given, a party may do either or both of the following:

(i) apply to a court for resolution of the dispute; or

(ii) notify the other party that it will not be bound by the referee's determination.

(f) If a party does not, within 20 Business Days after a referee's determination is given, apply to a court to overturn or vary the determination, the determination will be final and binding on the parties.

7.7 Court proceedings for unresolved dispute

A party must not apply to a court for the resolution of a dispute unless the dispute is not resolved within:

(a) if the dispute is not referred to mediation – 15 Business Days after the date the Dispute Notice is given;

(b) if the dispute is referred to mediation, and is not referred to determination – 30 Business Days after the date the Dispute Notice is given; or

(c) if the dispute is referred to determination – in accordance with **clause 7.6(e)**.

7.8 Costs of dispute

(a) The parties must share equally all costs of any mediator or referee appointed in relation to a dispute**.**

(b) However, each party must pay its own costs in connection with resolving the dispute.

8 Notices

8.1 Giving Notices

(a) A Notice relating to this document:

(i) may be given by an Authorised Person of, or the solicitors for, the relevant party;

(ii) must be in writing; and

(iii) must, subject to **clause 8.1(b)**, be:

(A) left at the address of the addressee in Australia stated in **Schedule 1**;

(B) sent by prepaid ordinary post to the address of the addressee in Australia stated in **Schedule 1**;

(C) sent by facsimile to the facsimile number of the addressee in Australia stated in **Schedule 1**; or

(D) sent by email to the email address of the addressee stated in **Schedule 1**.

(b) A party may change their address, facsimile number or email address for the giving of Notices at any time by giving Notice to the other parties.

8.2 Receiving Notices

(a) Unless a later time is specified in it, a Notice takes effect from the earlier of the time that it is actually received, or that it is taken to be received.

(b) A Notice delivered by hand is taken to be received:

(i) if delivered by 5.00pm on a Business Day – on that Business Day; or

(ii) otherwise – on the next Business Day.

(c) A Notice delivered by post is taken to be received on the day when, in the ordinary course of post, it would have been delivered.

(d) A Notice sent by facsimile is taken to be received:

(i) if the transmission report produced by the machine from which the facsimile was sent indicates that the facsimile was sent in its entirety to the recipient's facsimile number by 5.00pm on a Business Day – on that Business Day; or

(ii) otherwise – on the next Business Day.

(e) A Notice sent by email is taken to be received:

(i) if the email is sent by 5.00pm on a Business Day, and the sender does not receive a computer-generated report indicating that the email was not successfully sent – on that Business Day; or

(ii) otherwise – on the next Business Day.

8.3 Other matters

(a) This **clause 8** is in addition to the methods of service of notices set out in the *Property Law Act 2023* (Qld).

(b) A party who receives a Notice is not obliged to enquire as to the authority of a person who purports to sign the Notice on behalf of a party.

9 GST

9.1 Construction

In this **clause 9**:

(a) unless there is a contrary indication, words and expressions which are not defined in this document but which have a defined meaning in the GST Law have the same meaning as in the GST Law;

(b) **GST Law** has the same meaning given to that expression in the *A New Tax System (Goods and Services Tax) Act 1999* (Cth) or, if that Act does not exist for any reason, means any Act imposing or relating to the imposition or administration of a goods and services tax in Australia and any regulation made under that Act; and

(c) references to GST payable and input tax credit entitlements include:

(i) notional GST payable by, and notional input tax credit entitlements of the Commonwealth, a State or a Territory (including a government, government body, authority, agency or instrumentality of the Commonwealth, a State or a Territory); and

(ii) GST payable by, and the input tax credit entitlements of, the representative member of a GST group of which the entity is a member.

9.2 Consideration GST exclusive

Unless otherwise expressly stated, all consideration, whether monetary or non-monetary, payable or to be provided under or in connection with this document is exclusive of GST (**GST-exclusive consideration**).

9.3 Payment of GST

If GST is payable on any supply made by:

(a) a party; or

(b) an entity that is taken under the GST Law to make the supply by reason of the capacity in which a party acts,

(**Supplier**) under or in connection with this document, the recipient of the supply, or the party providing the consideration for the supply, must pay to the Supplier an amount equal to the GST payable on the supply.

9.4 Timing of GST payment

The amount referred to in **clause 9.3** must be paid in addition to and at the same time and in the same manner (without any set-off or deduction) that the GST-exclusive consideration for the supply is payable or to be provided.

9.5 Tax invoice

The Supplier must deliver a tax invoice or an adjustment note to the recipient of a taxable supply before the Supplier is entitled to payment of an amount under **clause 9.3**.

9.6 Adjustment event

If an adjustment event arises in respect of a supply made by a Supplier under or in connection with this document, any amount that is payable under **clause 9.3** will be calculated or recalculated to reflect the adjustment event and a payment will be made by the recipient to the Supplier or by the Supplier to the recipient as the case requires.

9.7 Reimbursements

(a) Where a party is required under or in connection with this document to pay for, reimburse or contribute to any expense, loss, liability or outgoing suffered or incurred by another party or indemnify another party in relation to such an expense, loss, liability or outgoing (**Reimbursable Expense**), the amount required to be paid, reimbursed or contributed by the first party will be reduced by the amount of any input tax credits to which the other party is entitled in respect of the Reimbursable Expense.

(b) This **clause 9.7** does not limit the application of **clause 9.3**, if appropriate, to the Reimbursable Expense as reduced in accordance with **clause 9.7(a)**.

9.8 No merger

This **clause 9** does not merge on the completion, rescission or other termination of this document or on the transfer of any property supplied under this document.

10 Confidentiality

Except as required by law, the terms of this document must be kept confidential and may only be disclosed by a party to:

(a) its professional advisers and contractors for the Infrastructure Contributions on condition that they agree to be bound by the terms of this clause;

(b) the Joint Venture and any other Powerlink contractor for the CopperString Project and their professional advisers and subcontractors on condition that they agree to be bound by the terms of this clause; or

(c) other persons with the prior written consent of all the other parties which may not be unreasonably withheld or delayed.

11 Indemnity

The Council indemnifies Powerlink against any liability, loss, damage or Claim made against Powerlink arising from the Council's negligent or otherwise defective provision of an Infrastructure Contribution or non-compliance with the Council's Obligations under this document, but excluding any liability, loss, damage of or claim made against Powerlink arising from Powerlink's actions, omissions or negligence.

12 Limitation of liability

Despite any other clause in this document, to the fullest extent permitted by law, the liability of Powerlink arising out of or in connection with this document, including for:

(a) any breach of this document;

(b) any act or omission (including any negligent act or omission) of Powerlink arising out of or in any way in connection with the performance or non-performance of this document; or

(c) the termination of this document (whether as a result of breach, repudiation or otherwise),

to the extent that it is not expressly excluded, is limited to the value of Powerlink's Infrastructure Contribution.

13 Termination

13.1 Termination for convenience

(a) Powerlink may terminate this deed by giving a Notice to the Council with not less than 10 Business Days' prior notice of termination. The deed is terminated on the date of expiration of the notice period.

(b) If Powerlink terminates this Deed pursuant to the preceding subclause Council agrees to take reasonable steps to mitigate any costs that Powerlink would incur under clause 13.2 (b)

13.2 Repayment of Powerlink's Infrastructure Contribution

(a) If Powerlink terminates this deed in accordance with **clause 13.1(a)**, subject to **clause 13.2(b)**, the Council must repay Powerlink's Infrastructure Contribution (or instalments amounts specified in **Schedule 4** received by the Council) to Powerlink within 20 Business Days of receiving the Notice given under **clause 13.1(a)**.

(b) In repaying Powerlink's Infrastructure Contribution to Powerlink, the Council may deduct the actual costs the Council has incurred (including

where the Council has incurred but not yet paid those costs) in delivering the Council's Infrastructure Contributions in accordance with the ICS or removing any partly completed works (where required) as at the date of the Notice given under **clause 13.1(a)**.

(c) The Council may only deduct its actual costs under **clause 13.2(b)** if it provides to Powerlink a schedule of costs and supporting invoices within 20 Business Days of receiving the Notice given under **clause 13.1(a)**.

14 General

14.1 Payment of costs

Each party must pay its own legal and other costs and expenses of negotiating, preparing, executing and performing its obligations under this document.

14.2 Duty

All duty and registration fees payable on this document, or on any instruments of transfer, agreements or other documents referred to in or contemplated by this document, must be paid by Powerlink.

14.3 Amendment of this document

(a) The parties may at any time agree to vary the terms of this document except this clause.

(b) No modification, variation or amendment of this document is of any force or effect unless it:

(i) is in the form of a deed executed by the parties; and

(ii) complies with the requirements of the Planning Act.

14.4 Waiver and exercise of rights

A single or partial exercise or waiver by a party of a right relating to this document does not prevent any other exercise of that right or the exercise of any other right.

14.5 Rights cumulative

Except as expressly stated otherwise in this document, the rights of a party under this document are cumulative and are in addition to any other rights of that party.

14.6 Consents

Except as expressly stated otherwise in this document, a party may conditionally or unconditionally give or withhold any consent to be given under this document and is not obliged to give its reasons for doing so.

14.7 Further steps

Each party must promptly do whatever any other party reasonably requires of it to give effect to this document and to perform its obligations under it.

14.8 Governing law and jurisdiction

(a) This document is governed by and is to be construed in accordance with the laws applicable in Queensland.

(b) Each party irrevocably and unconditionally submits to the non-exclusive jurisdiction of the courts exercising jurisdiction in Queensland and any courts which have jurisdiction to hear appeals from any of those courts and waives any right to object to any proceedings being brought in those courts.

14.9 Assignment

(a) A party must not assign or deal with any right under this document without the prior written consent of the other parties.

(b) Any purported dealing in breach of this clause is of no effect.

14.10 Liability

An obligation of two or more persons binds them separately and together.

14.11 Entire understanding

(a) This document contains the entire understanding between the parties as to the subject matter of this document.

(b) All previous negotiations, understandings, representations, warranties, memoranda or commitments concerning the subject matter of this document are merged in and superseded by this document and are of no effect. No party is liable to any other party in respect of those matters.

(c) No oral explanation or information provided by any party to another:

(i) affects the meaning or interpretation of this document; or

(ii) constitutes any collateral agreement, warranty or understanding between any of the parties.

14.12 Relationship of parties

This document is not intended to create a partnership, joint venture or agency relationship between the parties.

14.13 Force Majeure

(a) If a party is unable, by reason of any event of Force Majeure, to carry out its obligations under this document (other than obligation to pay any monetary amount), that party must give a Notice to the other parties advising of the event of Force Majeure under as soon as reasonably practicable after the event of Force Majeure.

(b) A Notice under **clause 14.13(a)** must:

(i) specify the obligations that the party is unable to perform;

(ii) fully describe the event of Force Majeure;

(iii) include an estimate of the time during which the event of Force Majeure will continue; and

(iv) specify the measures proposed to be adopted to remedy or abate the event of Force Majeure.

(c) If a party gives a Notice advising of an event of Force Majeure, that party's obligations that cannot be performed will be suspended during the period for which the event of Force Majeure or its effect extends, provided the party has taken all reasonable steps to remove the Force Majeure or ameliorate its effects.

(d) If an obligation is suspended by reason of Force Majeure under this **clause 14.13**, any obligations that are contingent on that obligation are also suspended during the period for which the event of Force Majeure or its effects extends, provided the party has taken all reasonable steps to remove the Force Majeure or ameliorate its effects.

14.14 Effect of execution

This document is not binding on any party unless it has been duly executed by each person named as a party to this document.

14.15 Electronic counterparts

(a) This document may be signed in any number of counterparts and all counterparts, taken together, constitute one instrument. A party may execute this document by signing any counterpart. Counterparts of this document may be delivered electronically, including by email.

(b) For the purposes of section 127 of the *Corporations Act 2001* (Cth), by signing this document, any officer of a company authorises any other officer to produce a copy of this document bearing their signature for the purpose of signing the copy to complete the document's execution.

14.16 Deed

This document is a deed. Factors which might suggest otherwise are to be disregarded.

Schedule 1

Agreement Details

Item	Description	Details
1	**Commencement Date**	
	Date	*[to be inserted above by the last party to execute this document]*
2	**Powerlink**	
	Name	Queensland Electricity Transmission Corporation Limited ACN 078 849 233 trading as Powerlink Queensland
	Address	33 Harold Street, Virginia, QLD 4014
	Postal address	PO Box 1193, Virginia, QLD, 4014
	Phone	07 3860 2111
	Email	vikram.dhiman@powerlink.com.au
	Authorised Person (as at Commencement Date)	Vikram Dhiman
3	**Council**	
	Name	Flinders Shire Council
	Address	34 Gray Street, Hughenden Qld 4821
	Postal address	34 Gray Street, Hughenden Qld 4821
	Phone	07 4741 2900
	Email	ceo@flinders.qld.gov.au
4	**Land**	
	Address	Powerlink Workforce Accommodation Facility, Yirendali Road, Hughenden, QLD 4821.
	Lot and plan description	Lot 129 on SP119557

Schedule 2
Plans

No.	Description
1	Plan 1 – The Council's Infrastructure Contributions – Wastewater
2	Plan 2 – The Council's Infrastructure Contributions – Wastewater
3	Plan 3 – The Council's Infrastructure Contributions – potable water – GHD
4	Plan 4 – The Council's Infrastructure Contibutions – potable water – Pitt&Sherry

Plan 1 – The Council's Infrastructure Contributions – Wastewater.

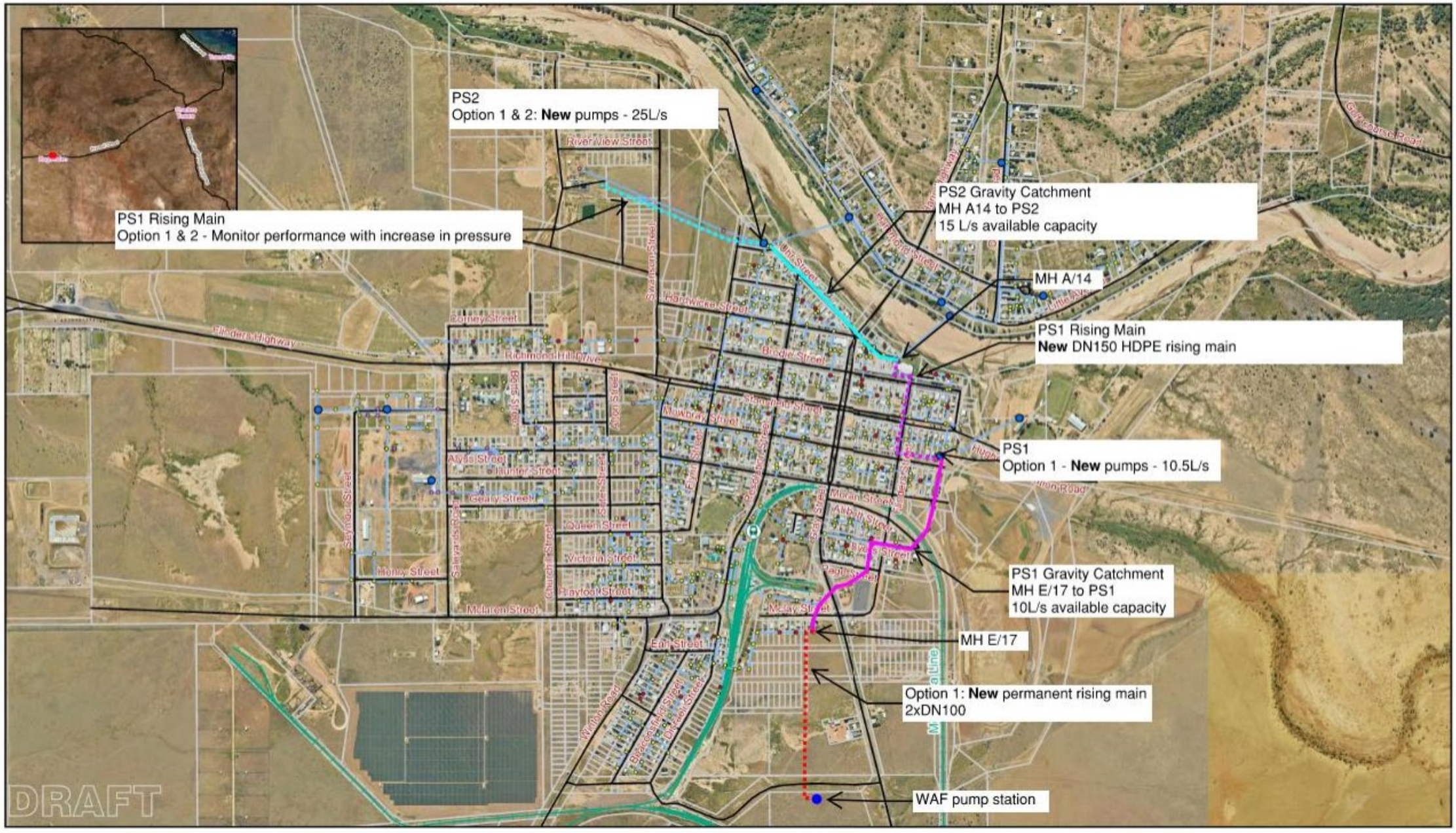
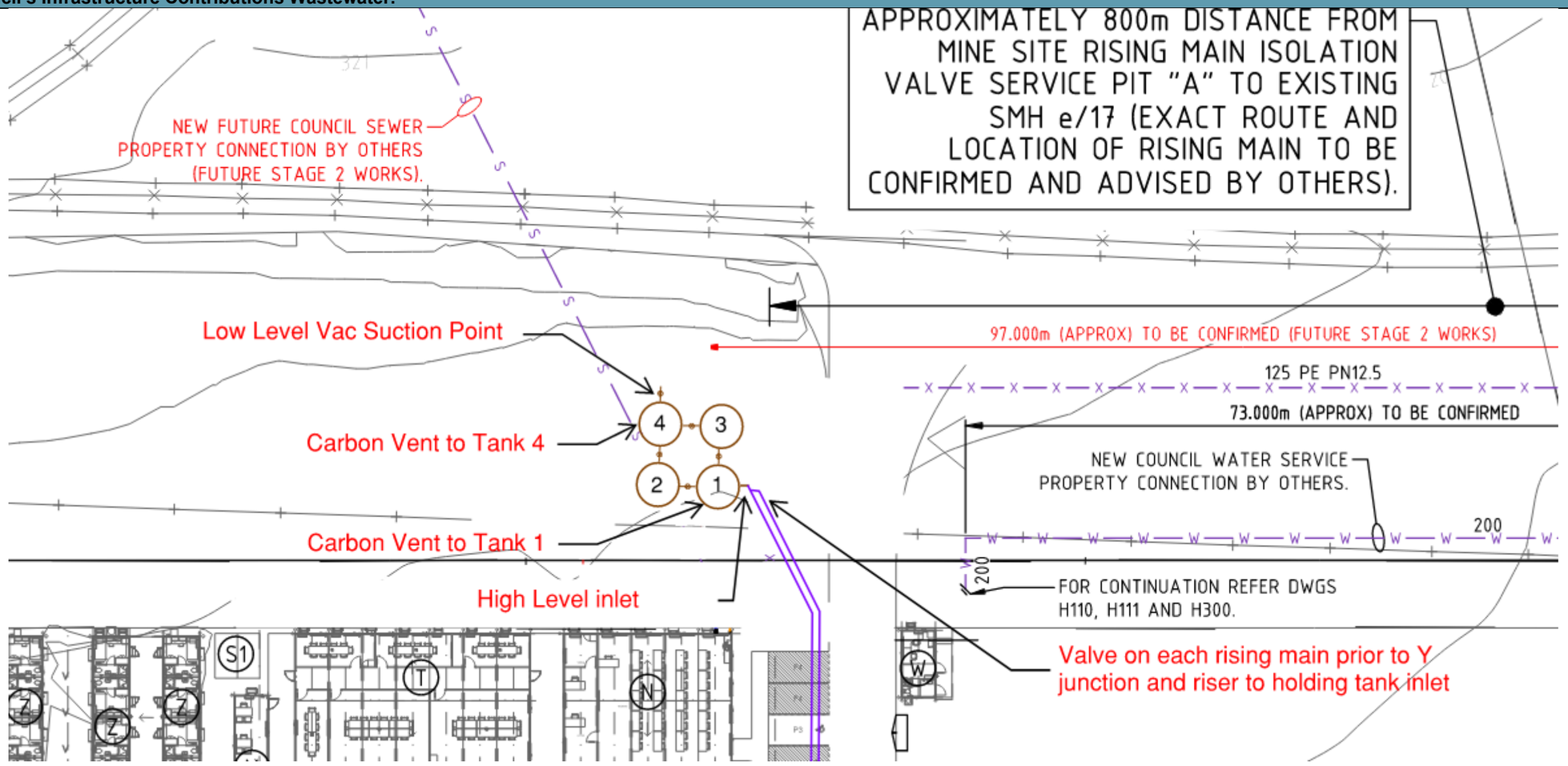
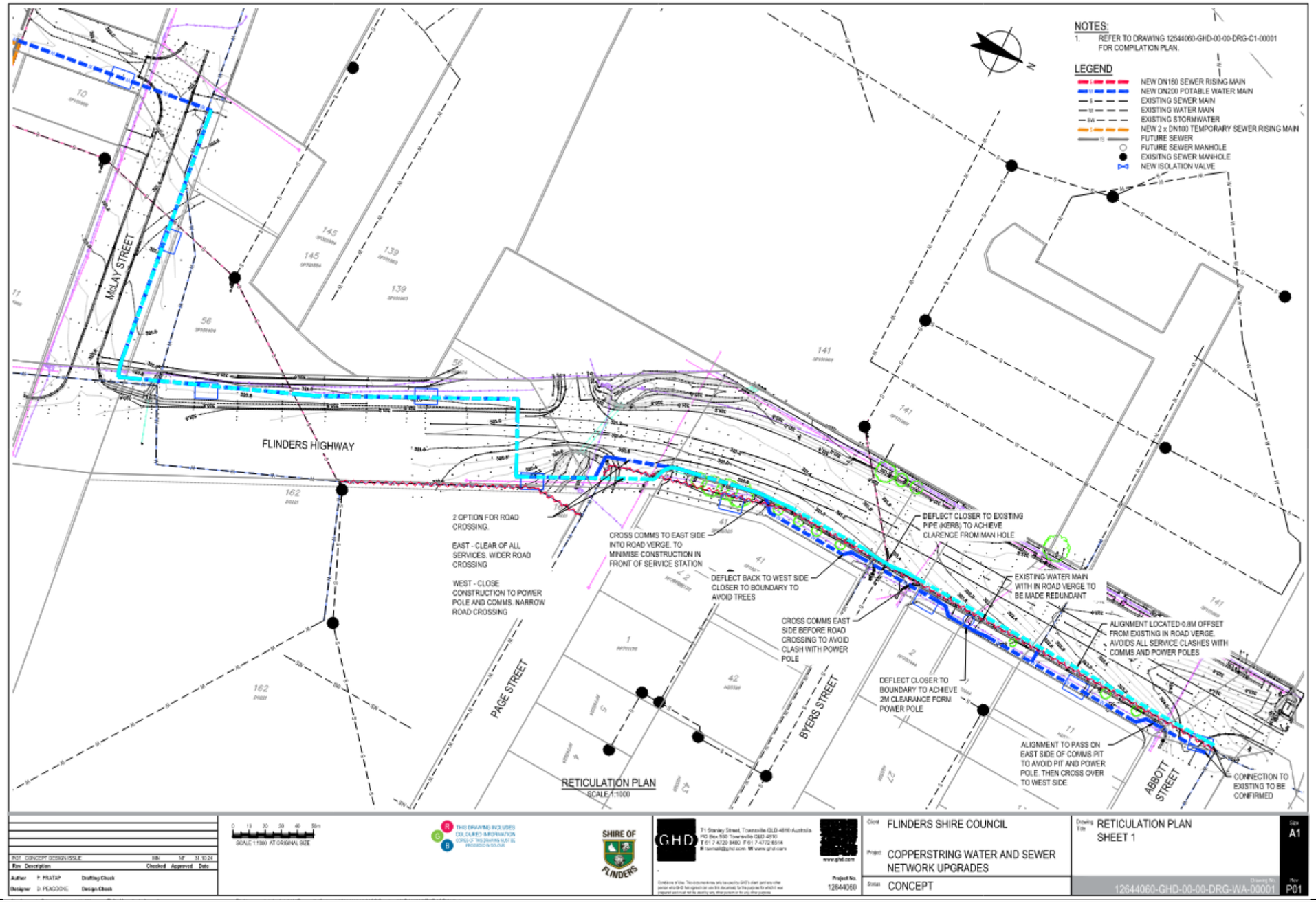


Figure 4 *Option 1 – Utilise existing infrastructure and upgrade*

Plan 2 – The Council's Infrastructure Contributions Wastewater.



Plan 3 – The Council's Infrastructure Contributions – potable water



Plan 4 – The Council's Infrastructure Contributions – potable water

SET OUT POINT	EASTING	NORTHING	DESCRIPTION
WM01	208719.497	7691198.318	CONNECTION TO FLINDERS COUNCIL WATER SERVICE
WM02	208719.526	7691190.818	DN125 BEND
WM03	208720.508	7691187.741	WATER METER WITH BACKFLOW PREVENTION DEVICE
WM04	208728.155	7691163.772	DN125 BEND
WM05	208728.115	7691162.890	DN100 BEND
WM06	208725.520	7691159.461	DN225 PVC SN8 INSPECTION OPENING. REFER DRAWING-0147 FOR DETAILS
WM07	208721.361	7691157.278	SLAB CORNER
WM08	208722.926	7691156.031	DN225 PVC SN8 INSPECTION OPENING. REFER DRAWING-0147 FOR DETAILS
WM09	208719.390	7691152.186	DN125 TEE
WM10	208717.225	7691148.495	TYPE 7 ACO PLASTIC STORMWATER PIT (PN#76132) WITH CLASS B LID
WM11	208719.617	7691146.685	DN300 DISCHARGE TO OPEN DRAIN FITTED WITH FLAP VALVE
WM12	208714.262	7691145.407	DN125 BEND
WM13	208710.474	7691148.273	TANK 01
WM14	208715.602	7691155.062	TANK 02
WM15	208710.874	7691156.012	DN200 BEND
WM16	208709.924	7691156.331	DN500 BEND
WM17	208715.767	7691162.480	DN200 BEND
WM18	208716.110	7691162.933	DN200 BEND
WM19	208718.223	7691167.301	DN500 BEND
WM20	208721.704	7691167.677	SLAB CORNER
WM21	208720.115	208720.115	DN160 BEND
WM22	208715.742	7691191.835	DN400 BEND
WM23	208716.618	7691192.718	DN160 BEND
WM24	208652.137	7691192.473	DN160 BEND
WM25	208653.020	7691191.596	DN400 BEND
WM26	208653.028	7691189.474	DN20 PE100 TAPPING SADDLE WITH NB20 ISOLATION VALVE
WM27	208651.466	7691189.469	DN20 PE100 PN12.5 BIB TAP ON TIMBER POST
WM28	208651.484	7691177.304	FIRE BOOSTER ASSEMBLY
WM29	208653.084	7691174.976	DN400 BEND
WM30	208648.918	7691177.304	FIRE HYDRANT
WM31	208647.415	7691177.304	DN160 BEND
WM32	208647.415	7691175.856	FIRE WATER CONNECTION TO BUILDING CONTRACTOR WATER SERVICE
WM33	208647.415	7691174.976	POTABLE WATER CONNECTION TO BUILDING CONTRACTOR WATER SERVICE
WM34	208721.865	7691183.480	DN125 TEE FROM INLET TO BYPASS PIPE
WM35	208716.320	7691182.900	DN400 - DN125 TEE FROM PUMP DISCHARGE TO BYPASS PIPE
WM36	208718.045	7691182.900	DN125 TEE FROM BYPASS TO FIRE WATER PIPE BRANCH

3

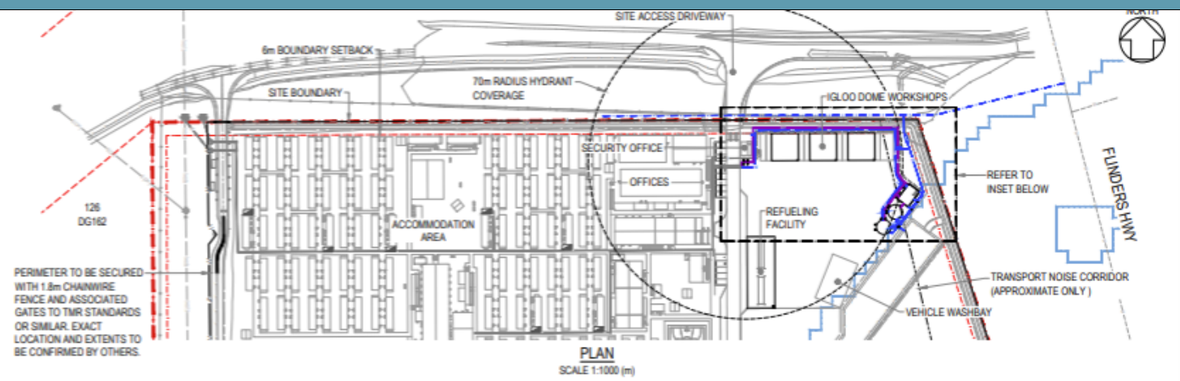
BASE SURVEY SUPPLIED BY: VERIS AUSTRALIA
SURVEYED ON: 21/03/2024
HORIZONTAL DATUM: GDA2020
GRID: ZONE 55
LEVEL DATUM: AHD VIDE PM3187

-WARNING-
BEWARE OF UNDERGROUND SERVICES
THE LOCATION OF UNDERGROUND SERVICES ARE APPROXIMATE ONLY AND THE EXACT POSITION SHOULD BE PROVEN ON SITE. NO GUARANTEE IS GIVEN THAT ALL SERVICES ARE SHOWN.

TO PROTECT THE ENVIRONMENT, CLEARING SHALL BE IN ACCORDANCE WITH THE SPECIFICATION AND CONFINED TO THAT REQUIRED FOR EARTHWORKS, DRAINAGE AND FENCING. EXISTING TREES, SHRUBS AND GRASSES NOT AFFECTED BY THE ABOVE WORKS SHALL BE RETAINED AND DISTURBED AS LITTLE AS POSSIBLE.

4 0 4 8 12 16
SCALE IN METRES - 1:200

20 0 20 40 60 80
SCALE IN METRES - 1:1000



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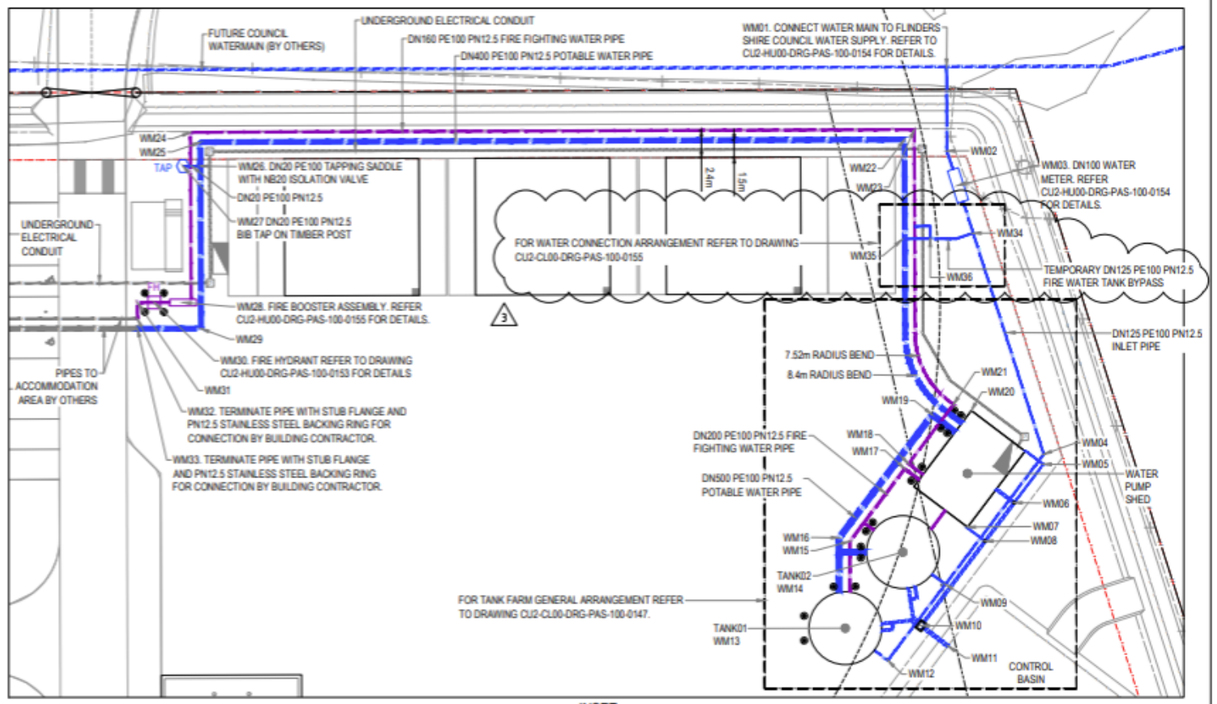

INSET
SCALE 1:200 (m)

REFERENCE FILES ATTACHED: CU2-HU00-XRF-PAS-100-1850; CU2-HU00-XRF-PAS-100-1115; CU2-HU00-XRF-PAS-100-1155; CU2-HU00-XRF-PAS-100-1500; CU2-HU00-XRF-PAS-100-1500_X_44439-07_DTM_50; CU2-HU00-XRF-PAS-100-1110; CU2-HU00-XRF-PAS-100-1180-ELE; CU2-HU00-XRF-PAS-100-1117; J24141-e-base-civil - 18.07.2024_SITE DRAINAGE; 240131 SITE_COPPERSTRING-HUGHENDEN_BNE - Floor Plan - STI

DRAWING REVISION HISTORY

No.	DESCRIPTION	DRAWN	DESIGNED	REVIEWED	DATE	APPROVED
3	FIRE WATER TANK BYPASS	W.Bell	R.Casimaty	R.Casimaty	1/11/2024	ORIGINAL COPY ON FILE 'e' SIGNED BY Robert Casimaty RPEQ 17112
2	ISSUE FOR CONSTRUCTION	D.McKenzie	N.Berta	R.Casimaty	18/10/2024	
1	PRELIMINARY ISSUE FOR INFORMATION	D.McKenzie	N.Berta	R.Casimaty	26/08/2024	SIGNED:
0	ISSUE FOR CONSTRUCTION	C.Vandermaulen	R.Casimaty	R.Casimaty	25/07/2024	DATE: 25/07/2024

SCALE (PLOTTED FULL SIZE): AS SHOWN
SHEET SIZE: A1

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CLIENT: UGL / CPB JV
CONTRACT TITLE: COPPERSTRING 2032
HUGHENDEN WAF - DETAILED DESIGN
STATUS: FOR CONSTRUCTION

DRAWING TITLE: WATER
GENERAL ARRANGEMENT PLAN
DATUMS: GDA20-MGA55
CLIENT No.: CU2-HU00
DRAWING No.: CU2-HU00-DRG-PAS-100-0142
REVISION: 3
PRINT IN COLOUR

Schedule 3

Infrastructure Contribution Schedule (ICS)

Column 1 Item	Column 2 Infrastructure Contribution	Column 3 Description of Infrastructure Contribution	Column 4 Timing of provision of Infrastructure Contribution	Column 5 Provider of Infrastructure Contribution	Column 6 Recipient of Infrastructure Contribution
1	**Council's Infrastructure Contributions**				
1.1	Works Contribution for wastewater	Provision of a Works Contribution which is delivered substantially in accordance with the following requirements: (a) comprising design and construction of: (i) upgrade works to pumping station PS2 to pump capacity of 25L/s; (ii) a new DN150 HDPE rising main between MH A/14 and PS1; (iii) upgrade works to pumping station PS1 to pump capacity of 10.5L/s; (iv) a new 2 x DN100 rising main between MH E/17 and the WAF pump station up to the boundary of the Land (v) a connection point between the rising main described in (a)(iv) at the boundary of the Land. (vi) testing and commissioning the works, and ensuring the works are fit for purpose. (b) comprising Maintenance of the infrastructure described in (a), following their design and construction; (c) generally located on the areas show on **Plan 1** and existing tie in point on **Plan 2**; and (d) in accordance with the following standards: (i) Council's CSS; (ii) the description of works as 'Option 1' in the report prepared by GHD for Powerlink and the Council dated 24 January 2025 and titled 'FSC CopperString Water and Sewer Network Upgrades'; (iii) the Works Contribution must be safe, fit for purpose and in good working order; and (iv) the *Water Supply (Safety and Reliability) Act 2008* (Qld). All infrastructure comprising this Works Contribution shall at all times be the property of Council. The Works Contribution is to be provided at no cost to Powerlink (other than the Financial Contribution contemplated in Item 2.1).	(a) The design and construction of the Works Contribution must: (i) be capable of servicing 50 beds by 31 December 2025; and; (ii) reach Completion by 31 December 2026. (b) Maintenance of the Works Contribution must be undertaken from Completion of its design and construction until notified by Powerlink in writing.	Council	N/A
1.2	Works Contribution for potable water	Provision of a Works Contribution which is delivered substantially in accordance with the following requirements:	(a) The design and construction of the Works Contribution must:	Council	N/A

Column 1 Item	Column 2 Infrastructure Contribution	Column 3 Description of Infrastructure Contribution	Column 4 Timing of provision of Infrastructure Contribution	Column 5 Provider of Infrastructure Contribution	Column 6 Recipient of Infrastructure Contribution
		(a) comprising design and construction of: (i) new water main connecting to the existing network in and around Abott Street and Flinders Hwy intersection (as shown on **Plan 3**); and (ii) along an alignment as determined by the Council and GHD to a suitable node in the Council road reserve outside Lot 129 on SP119557 (as shown on **Plan 4**); (b) comprising Maintenance of the infrastructure described in (a) following their design and construction; (c) generally located on the areas shown on **Plans 3** and **4**; and (d) in accordance with the following standards: (i) Council's CSS; (ii) the description of works as 'Option 1' in the report prepared by GHD for Powerlink and the Council dated 24 January 2025 and titled 'FSC CopperString Water and Sewer Network Upgrades'; (iii) the Works Contribution must be safe, fit for purpose and in good working order; and (iv) the *Water Supply (Safety and Reliability) Act 2008* (Qld). All infrastructure comprising this Works Contribution shall at all times be the property of Council. The Works Contribution is to be provided at no cost to Powerlink (other than the Financial Contribution contemplated in Item 2.1)	(i) be capable of servicing 50 beds by 31 December 2025; and (ii) reach Completion by 31 December 2026. (b) Maintenance of the Works Contribution must be undertaken from Completion of its design and construction until notified by Powerlink in writing.		
2	**Powerlink's Infrastructure Contributions**				
2.1	Financial Contribution for the provision of Council's Infrastructure Contributions	(a) Provision of a Financial Contribution: (i) at no cost to the Council; (ii) in an amount of $4,789,746 being for Works Packages 1-6; and (iii) as instalment amounts on Completion of each corresponding Milestone as specified in **Schedule 4** ; and (iv) for the purpose of design and construction of Works Contributions 1.1-1.2. (b) If **Schedule 4** includes Milestones, then Powerlink may only withhold payment of an Infrastructure Contribution pursuant to Column 4 if Powerlink, acting reasonably: (i) considers that the corresponding Milestone has not reached Completion ; and (ii) has provided Council with Notice of, and detailed particulars about, Powerlink's position that the corresponding Milestone has not reached Completion, within 20 Business Days of the date Council has notified Powerlink of the Completion of the Milestone.	Each part of the Financial Contribution must be provided: (a) if **Schedule 4** includes Milestones, within 20 Business Days of the date that the Council notifies Powerlink of the Completion of a Milestone stated in **Schedule 4** to Powerlink's satisfaction, acting reasonably (as applicable and subject to Column 3); or (b) as agreed in writing between the parties.	Powerlink	Council

Column 1 Item	Column 2 Infrastructure Contribution	Column 3 Description of Infrastructure Contribution	Column 4 Timing of provision of Infrastructure Contribution	Column 5 Provider of Infrastructure Contribution	Column 6 Recipient of Infrastructure Contribution
		(c) If Powerlink provides a Notice in accordance with (b) above, Powerlink may withhold payment until Council has addressed all matters in the Notice to Powerlink's satisfaction, acting reasonably.			

Schedule 4
Payment Milestones

Work Package/Milestone Number	Milestone Description	Value of Financial Contribution
Package 1	Completion of Water and Sewer Rising Main connections to the WAF	$749,088.02
Package 2	Completion of New Water Main cross connection to Disraeli St (excluding under bore)	$419,905.00
Package 3	Completion of New Sewer Rising Main - SPS 1 to manhole at back of DEC (Mowbray to Comyn St)	$418,142.55
Package 4	Completion of Sewerage Pump Station 1 & 2 upgrades - including emergency storage	$1,556,353.05
Package 5	Completion of Trenchless QR underbore to Disraeli st	$822,475.00
Package 6	Completion of all detailed design, technical support and project management services associated with Work Packages	$823,782.72

	1 to 5, following Completion of Work Packages 1 to 5.	
	Total Financial Contribution	**$**4,789,746

Execution

Executed as a deed

Executed as a Deed on behalf of)
Queensland Electricity)
Transmission Corporation Limited)
(ACN 078 849 233) by its attorneys)
under Power of Attorney 723652697:)

.....	.....
Chief Executive	Senior Legal Counsel
.....	.....
Seán Mc Goldrick	Name of Co-Attorney

Executed as a Deed **by FLINDERS SHIRE COUNCIL** in accordance with the *Local Government Act 2009* (Qld) in the presence of:)))))

.....	.....
Authorised officer	Witness
.....	.....
Name of authorised officer (print)	Name of witness (print)

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2.04 COMMUNITY SERVICES AND WELLBEING

2.04.01 COMMUNITY CARE POLICY SUITE

Author: Community Care Manager
Authorising Officer: Director of Community Services and Wellbeing
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
1. Adopt the Community Care Policy Suite, as attached.
2. Note that the policies support Flinders Shire Council's obligations as a registered aged care provider and align with the requirements of the Aged Care Act 2024 and Strengthened Aged Care Quality Standards.
3. Repeal and replace any previous versions of the updated policies upon adoption.
4. Authorise the Chief Executive Officer to make minor administrative amendments required to maintain legislative and operational currency.

Executive Summary

Flinders Shire Council delivers Community Care services to older people and vulnerable community members across the Shire. As a registered aged care provider, Council is required to maintain contemporary policies, procedures and governance frameworks that support compliance with legislative, accreditation and quality standards requirements.

A review of the Community Care Policy Suite has been undertaken to ensure alignment with the Aged Care Act 2024, the Strengthened Aged Care Quality Standards and best practice service delivery requirements. The review has resulted in the development of five new policies and the update of four existing policies and governance documents.

The policies support safe, effective, person-centred service delivery, strengthen clinical governance arrangements and provide staff with clear operational guidance. Adoption of the suite will ensure Council maintains a contemporary governance framework and is well positioned for ongoing compliance and quality assurance activities

Background

The aged care sector is undergoing significant reform through the introduction of the Aged Care Act 2024 and the Strengthened Aged Care Quality Standards. Registered providers are required to demonstrate effective governance, risk management, workforce capability and clinical oversight arrangements.

In response to these reforms, Community Care has undertaken a comprehensive review of its policy framework to ensure policies are current, fit for purpose and aligned with contemporary service delivery practices.

The following policies are presented for adoption:

Policy title	Summary of policy
Client Transport Policy	Establishes requirements for the safe provision of client transport services, including driver responsibilities, vehicle safety, client supervision, incident reporting and risk management. The policy supports the safe movement of clients to appointments, activities and community destinations.
Medication Management Policy	Provides guidance regarding staff responsibilities when supporting clients with medications. The policy outlines medication assistance processes, documentation requirements, incident management and referral pathways where medication risks are identified.
Whistleblower Policy	Establishes a framework that enables employees, volunteers, contractors and stakeholders to report concerns regarding misconduct, unlawful behaviour or organisational wrongdoing. The policy promotes transparency, accountability and protection for individuals who make disclosures.
Business Continuity Policy and Plan	Provides a framework to ensure continuity of essential Community Care services during emergencies, disasters, workforce shortages or service disruptions. The plan outlines critical service priorities, communication protocols and recovery arrangements.
Mandatory Training Policy	Defines mandatory training requirements for Community Care employees, volunteers and contractors. The policy ensures workers maintain the knowledge, skills and competencies required to meet regulatory obligations and deliver safe, quality services.

Deterioration and Escalation of Care Policy	Updated to strengthen processes for identifying, documenting and responding to changes in client health, wellbeing or circumstances. The policy supports timely referral, clinical oversight and risk management. This policy aligns with requirements relating to recognising and responding to changes in a person's needs and wellbeing.
Assessment and Care Planning Policy	Updated to reflect strengthened requirements for person-centred assessment, care planning, risk management and ongoing review. The policy formalises processes for partnering with clients, their families and other providers to ensure care remains responsive to changing needs
Diversity and Cultural Inclusion Policy	Updated to reinforce Council's commitment to providing equitable, culturally safe and inclusive services. The policy promotes respect for individual identity, culture, language, beliefs, gender diversity and life experiences.
Clinical Governance Framework	Updated to strengthen governance arrangements across Community Care. The framework outlines accountability structures, quality systems, risk management processes, incident management, continuous improvement activities and oversight mechanisms that support safe and high-quality care.

Statutory/Compliance Matters

The proposed policies support Council's compliance obligations under:

- Aged Care Act 2024
- Strengthened Aged Care Quality Standards
- Aged Care Quality and Safety Commission Regulatory Framework
- Work Health and Safety Act 2011 (Qld)
- Human Rights Act 2019 (Qld)
- Public Interest Disclosure Act 2010 (Qld)
- Local Government Act 2009
- Local Government Regulation 2012

The policies also support Council's obligations as an approved aged care provider to deliver safe, quality and person-centred services.

Financial / Budget Implications

No unbudgeted expenditure is anticipated as a result of policy adoption.

Consultation/engagement

Consultation has been undertaken with:

- Community Care Team
- Director of People, Safety and Governance
- Governance Officer
- External compliance and quality resources where required

The policy suite has been developed having regard to legislative requirements, aged care regulatory expectations and contemporary best practice guidance.

Risk Implications

The adoption of the policy suite will assist Council to mitigate the following risks:

- Regulatory non-compliance and associated sanctions
- Adverse findings during audits or assessments
- Clinical and client safety risks
- Reputational damage arising from service failures
- Workforce capability and competency risks
- Business interruption and service continuity risks
- Governance and accountability risks

Failure to maintain current policy and governance frameworks may impact Council's ability to demonstrate compliance as a registered aged care provider.

Strategic Impacts

The proposed policy suite supports Council's strategic objective to:

> Deliver high-quality, sustainable and compliant community services that enhance the wellbeing, independence and quality of life of residents.

The policies strengthen governance, risk management, workforce capability and service quality outcomes while supporting continuous improvement across Council's Community Care program.

Conclusion

The Community Care Policy Suite has been reviewed and updated to ensure alignment with contemporary aged care legislation, quality standards and governance requirements.

The introduction of new policies and revision of existing policies strengthens Council's compliance framework, supports safe and person-centred service delivery and positions Community Care to meet ongoing regulatory obligations as a registered aged care provider.

It is therefore recommended that Council adopt the attached Community Care Policy Suite.

Attachments

- Client Transport Policy
- Medication Management Policy
- Deterioration and Escalation of Care Policy
- Whistleblower Policy
- Assessment and Care Planning Policy
- Business Continuity Policy and Plan
- Diversity and Cultural Inclusion Policy
- Mandatory Training Policy
- Clinical Governance Framework
- Community Care Risk Management Policy

POLICY TITLE:	Client Transport Policy
POLICY NUMBER:	xxx
REVISION NUMBER:	x
TRIM REFERENCE:	SF14/411 - R24/3255
RESOLUTION NUMBER:	xxxx
POLICY TYPE:	Strategic
APPROVING OFFICER:	Council Adoption
DATE OF ADOPTION:	August 2026
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	August 2029
RESPONSIBLE DEPARTMENT:	Community Care

1. OBJECTIVE

This policy promotes safe, respectful, and reliable transport that encourages wellbeing, independence, and community participation. Flinders Shire Council will ensure consistent arrangements, qualified staff, and safety compliance, using suitable vehicles and equipment. Clients are assured of security and support on all trips. We provide responsive transport services that uphold client rights and comply with the Aged Care Act 2024 and strengthened Aged Care Standards. In particular:

Standard 1: The Person

Standard 3: The Care and Services
- Outcome 3.1: Access to care and services
- Outcome 3.2: Delivery of care and services

Standard 4: The Environment
- Outcome 4.1: Environment and equipment safety

2. SCOPE

This policy governs the use of vehicles, staff roles, equipment, and procedures related to transporting clients including transport for scheduled outings, medical appointments, and community events.

3. DEFINITIONS

Transport	The movement of clients using vehicles operated or arranged by FSC Community Care.
Transport Officer	The person approved to drive the vehicle, is licensed and authorised to operate the class of vehicle. The transport officer receives training in how to transport aged clientele safely.
Support worker	A staff member who may accompany a client during transport due to an identified safety risk.
Mobility aid	Includes wheelchairs, scooters, walkers, and other assistive devices.

4. POLICY

All transport provided by FSC Community Care must be:

1. Delivered using council owned, registered, insured, clean and roadworthy vehicles.
2. Supervised by a trained, licensed driver.
3. Equipped with essential safety items including a first aid kit, drinking water, fire extinguisher, and communication device.
4. Planned and risk-assessed to ensure suitability for clients' needs, prioritising the physical and emotional safety of clients.
5. Have procedures for loading mobility aids, securing passengers, and responding to emergencies.
6. Provided by staff who are trained in vehicle safety, infection prevention and control, manual handling, first aid, communication and cultural safety.
7. Able to accommodate mobility aids and diverse support needs.

5. ROLES AND RESPONSIBILITIES

Elected Members	• Approve policy and check accountability. • Ensure enough resources are available to meet compliance. • Address non-compliance.
Management	• Ensure resources, staffing, and systems are in place to support safe transport. • Ensure vehicles are maintained and equipped. • Audit incident reports. • Ensure continuous improvement and compliance tracking.
Community Care Team Leader	• Allocate support staff for group outings. • Brief staff and oversee compliance with procedures. • Develop individual transport risk management plans. • Conduct environmental safety audits. • Communicate with transport officer regarding special needs. • Audit transport records.
Administration	• Schedule transport in line with care plans and service priorities. • Collect evidence of pre-start checks and workshop maintenance.
Transport Officer	• Hold appropriate licence and operate vehicle safely and lawfully. • Undertake identified training to ensure client safety and comfort. • Conduct pre-trip safety checks. • Secure mobility aids. • Follow transport instructions in care plan and emergency protocols.
Carers and Support Staff	• Accompany clients who require support as part of an individual risk management strategy. • Assist with boarding, securing, and monitoring clients when present. • Respond to medical or behavioural incidents and complete reports.

Clients and Families	• Provide relevant health and mobility information. • Communicate preferences and concerns. • Participate in scheduled transport activities as planned.

6. COUNCIL EXCEPTIONS

This policy applies only to Community Care services within the Community Services and Wellbeing Directorate. If this policy does not apply to a situation, staff must follow the general corporate policies and procedures used across all Council service areas.

7. IMPLEMENTATION

7.1 Pre-Trip Preparation

- Confirm vehicle registration, insurance, and maintenance status.
- Check safety equipment: first aid kit, water, fire extinguisher and satellite phone.
- Confirm driver's licence and carer attendance.
- Load and secure mobility aids safely.

7.2 Boarding and Travel

- Complete Transport Checklist.
- Check care plans to identify safety risks.
- Assist clients to board and secure seatbelts or restraints.
- Ensure clients are transported in seats, not on/in mobility aids.
- Monitor wellbeing during travel.
- Use planned rest stops for trips over 2 hours.

7.3 Arrival and Return

- Assist with safe disembarkation.
- Check vehicles for lost items or damage.
- Complete incident or trip report if required.

7.4 Emergency Response

- Use satellite phone, SPOT X device or mobile phone to contact emergency services if needed.
- Administer first aid and follow organisational protocols.
- Notify Team Leader and complete documentation upon return.

8. TRAINING AND ORIENTATION

- All staff involved in transporting clients will be trained in Vehicle Safety & Transport Procedures, emergency care, manual handling, communicating with diverse range of clients, and infection prevention and control.

9. RELATED LEGISLATION

- Aged Care Act 2024
- Work Health and Safety Act 2011 (Qld)
- Transport Operations (Passenger Transport) Regulation 2018
- Australian Standards for Manual Handling and Mobility Equipment

10. RELATED DOCUMENTS

- All Community Care Policies
- Transport Checklist
- Privacy and Confidentiality Policy

11. ATTACHMENTS

- Nil

12. REVIEW TRIGGER

Community Care policies are to be renewed every three years, or earlier if significant issue or change in legislation affecting this policy occurs.

13. PRIVACY PROVISION

Council respects and protects people's privacy and collects, stores, uses and discloses personal information responsibly and transparently when delivering Council services and business.

14. APPROVAL

Adopted at the August 2026 Council Meeting - Resolution Number

POLICY TITLE:	Medication Management Policy
POLICY NUMBER:	xxx
REVISION NUMBER:	x
TRIM REFERENCE:	SF14/411 - R24/3266
RESOLUTION NUMBER:	xxxx
POLICY TYPE:	Strategic
APPROVING OFFICER:	Council Adoption
DATE OF ADOPTION:	August 2026
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	August 2029
RESPONSIBLE DEPARTMENT:	Community Care

1. OBJECTIVE

As a registered aged care provider, Flinders Shire Council (FSC) supports clients to safely access and use medications to optimise their health and wellbeing.

This policy aims to:

- Promote safe, effective, and person-centred medication support in home care settings.
- Ensure consistent, evidence-based practices within staff scope of practice.
- Reduce medication errors, omissions, and misuse through clear documentation and communication.
- Enable early identification and escalation of medication concerns, side effects, or deterioration.
- Uphold client rights, dignity, independence, and cultural safety.
- Maintain compliance with legislative and regulatory requirements.
- Clearly define roles, responsibilities, and scope of practice.

This policy aligns with the Aged Care Act 2024, Statement of Rights, and the strengthened Aged Care Quality Standards, particularly:

Standard 5.3 – Safe and Quality Use of Medicines – FSC will ensure:

- *Clients receive safe support with medicines.*
- *Staff understand their role and limitations.*
- *Systems support prompting, monitoring, documentation, and escalation.*

2. SCOPE

This policy applies to:

- All Community Care staff, including support workers and contractors.
- All services involving medication prompting, monitoring, or limited assistance in home care settings.

3. DEFINITIONS

Medication	Any prescribed or over-the-counter medicine used to treat or manage health conditions.
Prompting	Reminding a client to take medication; the client maintains control and self-administers.
Storage of medications	Safe storage of medicines in accordance with manufacturer guidelines (e.g. refrigeration if required).
Medication Competent Staff	A staff member who has completed a qualification e.g. Certificate III in Individual Support or Assist Clients with Medication module. Staff undertake annual refresher training to support ongoing medication competency.
Medication sheets	Sign off sheets kept in the clients' homes (Medication Assistance Record and Temporary Medication Assistance Record) where Support Workers sign that they have observed the client take their prescribed medication/s. Once completed they are filed in the office file. It cannot be signed retrospectively or if the support worker was not present.
Good Samaritan Rule	A one-off, risk-based response to assist where failure to act may harm the client, subject to escalation and documentation.

4. POLICY

FSC provides medication support that prioritises safety, independence, and client choice.

4.1 Permitted Activities

Support workers may:

- Prompt or remind clients to take medications.
- Observe self-administration.
- Assist access to dose administration aid via a Webster-pak.
- Apply topical medications where clearly labelled and authorised.
    - Support administration of non-complex eye/ear drops where prescribed.
- Prompt short-term medications (e.g. antibiotics).
- Monitor and report missed doses, side effects, or concerns.
- Apply the Good Samaritan Rule in exceptional circumstances with escalation.

4.2 Prohibited Activities

Support Workers must not:

- Administer medications requiring clinical judgement.
- Manage variable dose medications (e.g. insulin titration).

- Prepare or alter medications.
- Dispose of medications without authorisation.
- Administer Schedule 8 medications or restricted drugs.
- Undertake clinical assessment related to medication.

4.3 Medication Records

- All clients receiving medication support must have an up-to-date medication list.
- Records must be accurate, current, and accessible to staff.

5. ROLES AND RESPONSIBILITIES

Elected Members	• Endorse policy and ensure governance oversight.
Management	• Ensure compliance and address systemic issues.
Team Leader	• Ensure staff competency and training compliance. • Monitor medication systems and reporting. • Escalate and report trends and risks.
Care Manager	• Obtain consent and maintain current medication lists. • Incorporate medication needs into care plans. • Escalate risks and concerns.
Administration	• Roster medication competent staff where required.
Support Workers and Admin Staff	• Follow policy and procedures. • Review medication information prior to visits. • Prompt and monitor within scope. • Document accurately and report concerns.
Clients and Families	• Provide accurate medication information. • Participate in safe medication practices.

6. COUNCIL EXCEPTIONS

This policy applies only to the provision of Community Care services within the Community Services and Wellbeing Directorate. Where this policy does not apply, reference should be made to the corporate policies and procedures that are intended to apply generically across all service areas of Council.

7. IMPLEMENTATION

7.1 Collection and storage of client medication information

- During the intake and with review assessments, with client permission, a medication summary will be collected and placed on file.
- One-off time sensitive medication orders will be required from the GP if the medicine is to be included in the medication prompting regime.
- The information will be kept confidential and only used to support staff to understand potential risks of under or over-use of medicines for clients who require prompting as part of their care plan (personal care).

7.2 Ongoing access to medicines

Council is committed to facilitating affordable, continued and uninterrupted access to required medicines for its clients, including:

- Checking client access to medications and assisting clients to obtain script refills prior to medications running low allowing for a two week turn around.
- Ongoing communication and collaboration with Hughenden Pharmacy and Doctors Surgery to support clients requiring alternative medication options or medication reviews.

7.3 Medication Prompting

Community Care staff who have a qualification and complete their annual competency assessment can prompt clients to take medications.

- Check the current medication list for each client receiving personal care prior to a home visit.
- Familiarise yourself with the medication in terms of what it is used for and what side effects it may cause.
- Record in the progress notes that you have asked the client about their medications and if there are any concerns.
- Complete medication sheet/s and record action e.g. sign that the client took their medication.

Examples of prompting:

  - Saying: “Is it time for your medicine.”
  - Asking: “Have you taken your tablets today?”
  - Helping the person remember their routine.
  - Suggesting they visit the doctor.

7.4 Documentation and Reporting

- Complete medication records at time of service.
- Document missed doses, refusals, or adverse effects.
- Escalate concerns to Care Manager or Team Leader promptly.

7.5 Management of Medication Prompting Issues (e.g. Missed Medication)

Where medication prompting issue occurs, staff must follow this process:

- **Immediate Action**
  - Check the client's wellbeing and ask if the medication can still be taken safely (client decision).
  - Do not advise or administer medication outside scope.
- **Document the Incident**
  - Record the missed dose or issue in the medication record and progress notes at the time of discovery.
  - Clearly state time, medication, reason (if known), and client response.
- **Notify Supervisor**
  - Inform the Community Care Team Leader as soon as practicable (same shift where possible).
- **Monitor the Client**
  - Observe and report any changes in condition, behaviour, or symptoms.
  - Seek urgent assistance if there is a risk to the client's health.
- **Escalation**
  - Team Leader to determine if escalation to GP, pharmacist, or emergency services is required.
  - Consider need for medication review or change in support level.
- **Review and Prevention**
  - Review the care plan and medication support arrangements.
  - Identify contributing factors (e.g. timing, cognition, supply issues).
  - Implement strategies to reduce recurrence (e.g. reminders, dose aids, schedule adjustments).
- **Incident Reporting**
  - Complete an incident report in line with FSC Incident Management procedures where required.
  - Include in quality monitoring and trend analysis.

8. TRAINING AND COMPETENCY

- Staff must hold or be working toward relevant qualifications (e.g. Certificate III in Individual Support).
- Staff must complete medication competency assessments annually.
- Ongoing training will align with role requirements and best practice.

9. RELATED LEGISLATION

- Aged Care Act 2024

10. RELATED DOCUMENTS

- All Community Care Policies
- Privacy and Confidentiality Policy
- Flinders Shire Council Enterprise Risk Management Suite

11. ATTACHMENTS

- N/A

12. REVIEW TRIGGER

Community Care policies are to be renewed every three years, or earlier if significant issue or change in legislation affecting this policy occurs.

13. PRIVACY PROVISION

Council respects and protects people's privacy and collects, stores, uses and discloses personal information responsibly and transparently when delivering Council services and business.

14. APPROVAL

Adopted at the August 2026 Council Meeting - Resolution Number

POLICY TITLE:	Deterioration and Escalation of Care Policy
POLICY NUMBER:	xxx
REVISION NUMBER:	x
TRIM REFERENCE:	SF14/411 - R24/3255
RESOLUTION NUMBER:	xxxx
POLICY TYPE:	Strategic
APPROVING OFFICER:	Council Adoption
DATE OF ADOPTION:	August 2026
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	August 2029
RESPONSIBLE DEPARTMENT:	Community Care

1. OBJECTIVE

Flinders Shire Council (FSC) Community Care helps the elderly and at-risk individuals within the community. As a registered aged care provider, FSC is dedicated to promptly recognising any signs of decline – be it physical, cognitive, behavioral, or environmental – to protect clients' wellbeing.

This policy complies with the Aged Care Act 2024 and the enhanced Aged Care Standards, specifically Standard 1 The Person, requiring a registered provider to:

- recognise and respond to changes in a person's needs, preferences, and wellbeing.
- respect choice, dignity, and cultural identity during escalation.
- involve the person (and representatives) in decisions about care responses; and Standard 5.1 which exists to ensure older people receive coordinated, safe, and responsive care including recognising when input is needed outside of their scope and arranging it.

2. SCOPE

- All Community Care staff, including support workers, and volunteers.
- All clients receiving services under Community Care program.
- All service environments: client homes, community settings, and telehealth interactions.

3. DEFINITIONS

Deterioration	A decline in physical, mental, or emotional condition over a period of time. It can present as weight loss, appetite changes, memory loss, confusion, reduced mobility and increase in falls.
Mental health deterioration	Changes in a client's feelings, emotions or pattern of behaviour that are detrimental to the client's wellbeing.
Escalation	Seeking higher-level support or intervention. Escalation means that you want someone to assess the client because their condition has changed for the worse.
Acute condition	"Acute" is when a client suddenly gets sick, like develops a fever, or cold. An acute condition is not categorised as deterioration as it is short lived and requires immediate attention.

4. POLICY

1. FSC will monitor conditions on clients on a daily basis using the clinical notes and respond appropriately to any changes, deterioration or decline in health status and refer for further assessment.

2. Staff will report any signs of deterioration observed while caring for a client to the Community Care Team Leader, including:

    - Physical changes: shortness of breath, pain, falls, reduced mobility, new wounds, fever, confusion.
    - Cognitive or behavioral changes: agitation, withdrawal, disorientation, sudden mood changes.
    - Functional decline: difficulty performing usual tasks, reduced appetite, poor hydration.
    - Environmental risks: unsafe home conditions, lack of food, medication mismanagement.

3. Once alerted to concerns raised by staff the Care Manager will contact the client and family members in relation to referring clients for further assessment who have a change in condition, considering the client's needs and the client/family wishes.

4. Clients and their families will be informed of the service's monitoring processes at intake.

5. All observations and actions will be reported promptly and documented factually in progress notes.

6. All reports of deterioration are entered through the incident reporting process and monitored as part of the FSC Community Care clinical governance committee. Trends are analyzed to improve service delivery, reduce risk, and strengthen preventative care.

5. ROLES AND RESPONSIBILITIES

Elected members	• Approve policy and check compliance with policy. • Ensure enough resources are available to meet compliance. • Address non-compliance.
Team Leader	• Support clinical safety and timely care by resourcing appropriately. • Initiate and monitor arrangements are in place to be compliant. • Communicate the services escalation processes in information pamphlets and on website.
Care Managers	• Engage with support staff and monitor client notes in recognising and responding to deterioration. • Discuss concerns with clients and family members. • Coordinate referral for further assessment and intervention. • Update care plans when required and communicate with families. • Schedule training for staff.
Support Workers and Administration Staff	• Observe changes in health or behaviour. • Refer to the protocols in the Red Book when required. • Report and document deterioration promptly.

Clients and Families	• Share changes in health or wellbeing. • Participate in decisions about escalation.

6. COUNCIL EXCEPTIONS

This policy applies only to Community Care services within the Community Services and Wellbeing directorate. If this policy does not apply to a situation, staff must follow the general corporate policies and procedures used across all Council service areas.

7. IMPLEMENTATION

- Staff take appropriate action based on the level of risk:
    - Emergency (life-threatening or urgent). Examples: chest pain, stroke symptoms, severe bleeding, unconsciousness, major fall. Actions:
        - Call 000 immediately.
        - Provide reassurance and stay with the client until help arrives.
        - Notify the supervisor as soon as safe to do so.
        - Document the incident.
        - Submit SIRS report if required.
    - Non-urgent but concerning deterioration. Examples: gradual decline, new confusion, reduced mobility, medication issues. Actions:
        - Review the protocol provided in the Red Book.
        - Raise concerns with the Care Manager by phone if necessary.
        - The Care Manager will communicate with the client and family regarding concerns.
        - With permission, and consistent for referral guidelines, refer the client to a suitable service for further assessment and intervention.

      Document observations and actions taken in progress notes.
- Undertake a care plan review.
- Complete an incident form if required (emergency response and deterioration prompting a care plan review).

8. TRAINING AND ORIENTATION

- All staff will receive initial and then annual refresher training on recognising deterioration, escalation pathways, cultural safety, and emergency response.
- Support workers are trained to monitor and record client outcomes in the client notes.

9. RELATED LEGISLATION

- Aged Care Act 2024
- Work Health and Safety Act 2011
- Guardianship Acts; Advance Care Planning Laws; Privacy Act 1988

10. RELATED DOCUMENTS

- All Community Care Policies
- Privacy and Confidentiality Policy

11. ATTACHMENTS

- N/A

12. REVIEW TRIGGER

Community Care policies are to be renewed every three years, or earlier if significant issue or change in legislation affecting this policy occurs.

13. PRIVACY PROVISION

Council respects and protects people's privacy and collects, stores, uses and discloses personal information responsibly and transparently when delivering Council services and business.

14. APPROVAL

Adopted at the August 2026 Council Meeting - Resolution Number

POLICY TITLE:	Whistleblower Policy
POLICY NUMBER:	xxx
REVISION NUMBER:	x
TRIM REFERENCE:	SF14/411 - R24/3255
RESOLUTION NUMBER:	xxxx
POLICY TYPE:	Strategic
APPROVING OFFICER:	Council Adoption
DATE OF ADOPTION:	August 2026
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	August 2029
RESPONSIBLE DEPARTMENT:	Community Care

1. OBJECTIVE

This policy ensures that staff, clients, and families can report misconduct or legal breaches safely and without fear of retaliation. Concerns will be addressed promptly, promoting early identification of issues like neglect and supporting those who speak up. The aim is to build trust in the Flinders Shire Council (FSC) as a safe and accountable organisation. The Aged Care Act 2024 requires compliant whistleblower systems as a registration condition, with strengthened Standard 2 being particularly applicable. A whistleblower policy directly supports:

- Transparent governance
- Safe and accessible reporting systems
- Organisational accountability
- Protection from retaliation
- Compliance with the Aged Care Act 2024 whistleblower protections

2. SCOPE

This policy covers the following:

- Clients
- Family members and representatives
- Advocates
- Volunteers
- Students and trainees
- Staff (all types)
- Former staff or clients
- Any person who interacts with the provider in a relevant way

3. DEFINITIONS

Whistleblower	A person who reports suspected wrongdoing in good faith.
Wrongdoing	Includes fraud, abuse, neglect, bullying, harassment, discrimination, unsafe practices, or breaches of law or policy.
Detriment	Any harm, punishment, or disadvantage suffered because of making a report.
Protected Disclosure	A report made under this policy that qualifies for legal protection.

4. POLICY

1. FSC actively protects whistleblowers to uphold people's rights and fulfil our legal responsibilities.
2. Anyone, including staff, residents, families, carers, and advocates can make a whistleblower disclosure.
3. Disclosures can be made anonymously.
4. Protected disclosures cover any wrongdoing i.e. fraud, abuse, neglect, bullying, harassment, discrimination, unsafe practices, or breaches of law or policy. The identity of the whistleblower will be protected unless consent is given, or disclosure is legally required.
5. Our Council will prevent detriment to the whistleblower and address reprisals including victimisation, dismissal, demotion, or harassment.
6. All reports are managed discreetly.
7. We honour diverse voices and community values and always act on concerns to improve our service.

5. ROLES AND RESPONSIBILITIES

Governing Body	• Approve policy and monitor compliance with policy. • Ensure whistleblower protections are upheld**.** • Address non-compliance.
Director Community Services and Wellbeing (DCSW)	• Take the lead role in communication and investigations. • Model openness, transparency, and psychological safety. • Ensure no retaliation, subtle or overt, occurs. • Promote safe reporting practices. • Allocate resources for investigations. • Ensure timely and fair investigation.
Community Care Team Leader	• Reinforce that speaking up is valued and protected. • Promote the policy in staff meetings, onboarding, and supervision. • Receives and documents reports. • Supports staff and clients during the process.
Carers and Support Staff	• Know how to report concerns. • Support colleagues and clients who speak up. • Maintain confidentiality and respect.
Clients and Families	• To raise concerns without fear. • Be informed of their rights. • Access support throughout the process.

6. COUNCIL EXCEPTIONS

This policy applies only to Community Care services within the Community Services and Wellbeing Directorate. If this policy does not apply to a situation, staff must follow the general corporate policies and procedures used across all Council service areas.

7. IMPLEMENTATION

7.1 Making a Report

- Reports can be made verbally, in writing, or anonymously.
- Reports should be directed to DCSW, or an external whistleblower hotline.

7.2 Receiving and Assessing

- All reports are logged within the incident management system and assessed for risk and urgency by the DCSW.
- Immediate action is taken by the DCSW if safety is a risk.

7.3 Investigation

- Investigations are undertaken by the DCSW, fairly and confidentially.
- Findings are documented and shared with relevant parties.

7.4 Protection and Support

- Whistleblowers are protected from retaliation.
- Support services are offered as needed.

7.5 Resolution and Action

- Corrective actions are taken by DCSW or delegate.
- Lessons learned are used to improve practice.

7.6 Feedback and Closure

- Whistleblowers are informed of outcomes by the DCSW.
- The process is reviewed for fairness and effectiveness by the Chief Executive Officer.

8. TRAINING AND ORIENTATION

- All staff receive orientation training to understand this policy.
- Everyone within the scope of this policy will have access to this information.

9. RELATED LEGISLATION

- Aged Care Act 2024
- Aged Care Quality and Safety Commission Act (via Rules and Regulatory Powers)
- Fair Work (Registered Organisations) Act 2009

10. RELATED DOCUMENTS

- Privacy and Confidentiality Policy

11. ATTACHMENTS

- N/A

12. REVIEW TRIGGER

Community Care policies are to be renewed every three years, or earlier if significant issue or change in legislation affecting this policy occurs.

13. PRIVACY PROVISION

Council respects and protects people's privacy and collects, stores, uses and discloses personal information responsibly and transparently when delivering Council services and business.

14. APPROVAL

Adopted at the August 2026 Council Meeting - Resolution Number.

POLICY TITLE:	Assessment and Care Planning Policy
POLICY NUMBER:	xxx
REVISION NUMBER:	x
TRIM REFERENCE:	SF14/411 - R24/3255
RESOLUTION NUMBER:	xxxx
POLICY TYPE:	Strategic
APPROVING OFFICER:	Council Adoption
DATE OF ADOPTION:	August 2026
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	August 2029
RESPONSIBLE DEPARTMENT:	Community Care

1. OBJECTIVE

Flinders Shire Council (FSC) works collaboratively with each client to assess their needs and plan care from the commencement of services and throughout service delivery. Our goal is to support each client's health and wellbeing in line with their documented needs, goals, and preferences.

This policy supports compliance with the Aged Care Act 2024, the Statement of Rights, and the strengthened Aged Care Quality Standards, particularly:

Standard 3: Care and Services – Expectation Statement – older people receiving services can expect that care:

- Is safe and effective.
- Supports quality of life, independence, and reablement.
- Reflects current needs, goals, and preferences.
- Is well planned, coordinated, and regularly reviewed.
- Respects dignity of risk.

Outcome 3.1: Assessment and Planning FSC will:

- Work in partnership with clients, their supporters, and other providers.
- Consult regularly when developing and reviewing care plans.
- Ensure care plans:
    - describe current needs, goals, and preferences.
    - identify risks and mitigation strategies.
    - are reviewed regularly and kept current.
    - guide service delivery by staff.

2. SCOPE

This policy applies to:

- All Community Services and Wellbeing staff, including volunteers, students, and contractors.
- Associated providers and subcontractors.
- Council and responsible persons where relevant.
- All Community Care clients receiving services.

3. DEFINITIONS

Single Standard Assessment	Assessment conducted via My Aged Care to determine eligibility and support level.
Intake Assessment	Comprehensive assessment undertaken by FSC to identify care needs.
Intake Assessment Bundle	Suite of tools including: medical summary, Single Assessment, Home Risk Assessment, Barthel Index, Falls Risk Assessment, Mini Nutritional Assessment, and Individual Risk Assessment.
Care plan	Document outlining agreed care, goals, services, and risk strategies.
Review	Formal reassessment and update of care plan. A review is undertaken routinely annually if a client's needs or preferences change.
Individual Risk Assessment	Person-centred assessment identifying risks and supporting informed decision-making.

4. POLICY

1. Once a person has been approved for care by the department/funding body and accepted by the service, a qualified worker will undertake a comprehensive Intake Assessment to build a complete picture of the client and identify potential care needs. The Intake Assessment includes a medical summary from the clinic, the Single Assessment, a Home Risk Assessment, the Barthel Index for Activities of Daily Living, a Falls Risk Assessment, a Mini Nutrition Screen, and an Individual Risk Assessment.

2. Information gathered through the Intake Assessment, together with input from the client and their family, will be used to develop and review the care plan.

3. Complete Bartels Index assessment and score, if score is not reflective of initial assessment refer for another assessment.

4. Care plans will be available in both electronic and printed formats to ensure that carers and clients can access them efficiently, as needed.

5. Care plans will be reviewed annually, or earlier if requested or if the client's needs or preferences change.

6. Clients will be invited to sign their care plan and will be provided or offered a copy.

7. Care plans will not be changed without the involvement of clients and, where appropriate, their families.

5. ROLES AND RESPONSIBILITIES

Elected members	• Endorse policy and ensure governance oversight. • Ensure adequate resources and compliance.
Management	• Maintain systems that support assessment and care planning. • Ensure integration with My Aged Care and digital records.
Care Manager	• Coordinate intake, assessment, and care planning. • Obtain consent and relevant documentation. • Develop, review, and monitor care plans. • Ensure timely reassessments. • Allocate services and monitor delivery.
Carers and Support Staff	• Contribute to assessments. • Deliver care in accordance with care plans. • Monitor and report changes in client condition. • Maintain accurate documentation.
Clients and Families	• Provide relevant information to inform care. • Participate in decision-making.

6. COUNCIL EXCEPTIONS

This policy applies only to Community Care services within the Community Services and Wellbeing Directorate. If this policy does not apply to a situation, staff must follow the general corporate policies and procedures used across all Council service areas.

7. IMPLEMENTATION

7.1 Program Eligibility and Referral Pathways

FSC services operate across multiple programs with defined eligibility and referral pathways. Staff must ensure clients are directed to the correct program and reassessed where required.

- Commonwealth Home Support Program (CHSP): Transitioning to Support at Home by 1 July 2027. Follow Support at Home assessment processes with discretion for low-level services.
- Support at Home: Referral via My Aged Care. Staff must monitor referrals daily.
- National Disability Insurance Scheme (NDIS): FSC is a subcontractor only; referrals via Plan Managers. Agency-managed clients cannot be serviced directly.
- Queensland Community Support Scheme (QCSS): Referral via QCSS Access Point; services coordinated through North West Remote Health (NWRH); referral to meet eligibility (under 65 years).
- Community Transport: Internal assessment required to ensure referral meets eligibility (under 65 years experiencing transport disadvantage).
- Veterans Home Care (VHC): Access via Department of Veterans Affairs assessment agencies.

7.2 Conduct an Assessment

- Obtain the client's signed consent to collect medical and other relevant information.
- Request a medical summary from the client's clinic.

- Review the Single Assessment and Support Plan documents provided through My Aged Care as part of the client's entry into aged care.
- Complete the Intake Assessment with the client and their family, including the home assessment, Falls Risk Assessment, Mini Nutrition Screen, Barthel Index, and Individual Risk Assessment.
- Involve families and other services in the assessment process, while respecting the client's rights and preferences.

7.3 Identify potential risks

- During the assessment, staff will complete risk assessments and explain the possible outcomes, so the client understands their options. Staff will discuss dignity of risk choices with the client and/or their supporter or guardian and record the client's decisions and agreed risk-management strategies. This includes discussing how care or treatment was managed in the past and what has changed.
- If a client does not want the risk minimised or does not want any form of intervention, staff must record this in the client notes and, with the client's permission, may refer the client to another qualified practitioner to assess and manage the risk. The Team Leader will determine whether safety concerns require a modified approach.
- Dignity of risk choices will be reviewed with the client during every planned and unplanned care plan review.

7.4 Develop a Care Plan

To develop the initial (on entry) care plan the Care Manager will:

- Review the assessments undertaken.
- Identify the client's goals and explore their interest in accessing interventions designed to modify or remove barriers that may prevent them from achieving their goals or lifestyle choices, for example, smoking cessation or alcohol rehabilitation.
- In collaboration with the client and their family, develop a care plan using the correct template.
- Review the care plan with the client and their family and, once it has been signed, offer them a copy.
- Discuss the client's quarterly home support budget and any other approved funding, such as assistive technology, home modifications, or restorative care, and agree on how the funding will be used.
- Introduce carers to the client and the care plan at a staff meeting.

7.5 Planned reviews

A planned review is scheduled.

- A client's care plan must be reviewed at least every 12 months.
- The same process and tools will be used as for the initial intake.

7.6 Unplanned reviews

An unplanned review will occur using the same process and tools as for the initial intake when:

- The client or their guardian requests a review.
- The client's care or service needs change.
- The client's health changes, and they require different support.
- New best practice emerges for the type of care or service the client receives.
- An incident occurs.
- The client's classification level increases, or they receive additional short-term funding.

7.7 Care plan delivery

- Staff must provide respectful and culturally safe care in line with the Code of Conduct, Statement of Principles, and Diversity and Cultural Inclusion Policy.
- Staff should continue to communicate with the client over time and update the client's file with any new information.

8. TRAINING AND ORIENTATION

- All staff will receive orientation and training to understand this policy and their role in the assessment and care planning process.
- Staff responsible for assessment and care planning will receive additional training to support effective assessment, care planning, and care plan review.
- Support workers will be trained to monitor, document, and report client outcomes in the client notes.

9. RELATED LEGISLATION

- Aged Care Act 2024
- Guardianship and Administration Act 2000 (Qld)
- Powers of Attorney Act 1998 (Qld)
- Privacy Act 1988 - Part III Information Privacy, Division 2 Australian Privacy Principles
- Information Privacy Act 2009 (Qld)
- Work Health and Safety Act 2011 (Qld)

10. RELATED DOCUMENTS

- All Community Care Policies
- Privacy and Confidentiality Policy

11. ATTACHMENTS

- N/A

12. REVIEW TRIGGER

Community Care policies are to be renewed every three years, or earlier if significant issue or change in legislation affecting this policy occurs.

13. PRIVACY PROVISION

Council respects and protects people's privacy and collects, stores, uses, and discloses personal information responsibly and transparently when delivering Council services and business.

14. APPROVAL

Adopted at the August 2026 Council Meeting - Resolution Number

POLICY TITLE:	Community Care Business Continuity Policy and Plan
POLICY NUMBER:	xxx
REVISION NUMBER:	x
TRIM REFERENCE:	xxxx
RESOLUTION NUMBER:	xxxx
POLICY TYPE:	Operational
APPROVING OFFICER:	Council Adoption
DATE OF ADOPTION:	August 2026
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	August 2029
RESPONSIBLE DEPARTMENT:	Community Care

1. OBJECTIVE

This plan outlines how the community care services will continue delivering essential aged-care supports to older people living in the Flinders Shire during disruptions. It ensures safety, continuity of care, and rapid recovery of operations.

This plan sits under the wider Flinders Shire Council Business Continuity Framework and is aimed at meeting Aged Care Quality Standard:

> *Standard 2: The Organisation*
> *The organisation is well run. I can contribute to improvements to care and services. My provider and aged care workers listen and respond to my feedback and concerns. I receive funded aged care services from aged care workers who are knowledgeable, competent, capable and caring*
>
> *Outcome statement 2.4*
> *The provider must use a risk management system to identify, manage and continuously review risks to individuals, aged care workers and the provider's operations.*

2. SCOPE

The Business Continuity Plan applies to:

- In-home aged-care and disability care services (domestic assistance, personal care, social support, transport, respite, home maintenance).
- Staff, volunteers, associated providers, and partner organisations.
- Service delivery across Hughenden, Prairie, Torrens Creek, Stamford, and surrounding rural properties.

3. DEFINITIONS

Business Continuity	The capability of Council to continue delivery of aged care services at acceptable pre-defined levels following a disruptive incident.
Business Continuity Management	All management processes that provide Council wide resilience against the impacts of disruptions. It includes identifying: • Threats which might cause disruption to aged care.

	• Impacts to business operations of those threats: effective response that safeguard the interests of key stakeholders, including regulatory authorities, the community and Council's reputation.
Business Continuity Plan(s)	Documented procedures that guide Council to respond, recover, resume, and restore to pre-defined level of aged care operations following disruption. (Some procedures may be referenced to other documents).
Incident	Situation that did, might be, or could lead to a disruption, loss, emergency, or crisis.

4. POLICY

- Risks impacting on the continuity of the delivery of community care services will be planned for in the case of disruptions to community care service delivery.
- Council will maintain a vulnerable clients register to ensure they know risks associated with individual community care clients and are able to respond to individual needs depending on the type of business disruption.
- Client risks will be prioritised and the service response will be based on client needs.
- The Marketing and Communications plan will be used to identify internal and external stakeholders who need to be informed about disruption to services.
- Following a disruption to business the objective is to:
    - Resume essential services within 24 hours.
    - Resume full services within 72 hours (where possible).
    - Conduct post-incident review within 7 days.

5. ROLES AND RESPONSIBILITIES

Elected Members	• Communicate with the community about the response to the specific type of business disruption.
CEO	• Activate the Flinders Shire Council Business Continuity Plan. • Liaise with Council, emergency services and funders.
Director Community Services & Wellbeing	• Coordinate the response of the community care team. • Allocate resources to the service. • Maintain communication with the community care team.
Community Care Team Leader	• Manage the staff rosters. • Provide guidance on client welfare checks. • Prioritise service delivery.

Carers and Support Staff	• Deliver essential services. • Report client or environmental risks to the Community Care Team leader. • Maintain client safety.
Administration Staff	• Maintain vulnerable clients register. • Maintain communication logs during business disruption. • Assist with client updates on service disruptions.
Clients and Families	• Notify the aged care service if they are changing location. • Notify the aged care service if there are changes to family support that impacts on their care.

6. COUNCIL EXCEPTIONS

This policy applies only to Community Care services within the Community Services and Wellbeing Directorate. If this policy does not apply to a situation, staff must follow the general corporate policies and procedures used across all Council service areas.

7. IMPLEMENTATION PLAN

7.1 Potential service disruptions

The key disruption scenarios for the Flinders Shire Council include:

- Power outages affecting communication and client equipment
- Extreme heatwaves affecting staff safety and client wellbeing
- Cyclone impacts (even inland, causing supply chain delays)
- Pandemic or infectious disease outbreaks
- Workforce shortages due to illness, isolation, or travel disruption
- Vehicle breakdowns in remote areas
- IT system failures or cyber incidents

7.2 Risk Prioritisation

The risk assessment of the disruption scenarios is shown in the table below:

Risk	Likelihood	Impact	Priority
Flooding / road closures	High	High	Critical
Workforce shortages	High	High	Critical
Heatwaves	High	Medium	High
Power outages	Medium	High	High
Pandemic	Medium	High	High
IT failure	Medium	Medium	Medium

7.3 Critical services and prioritization

The following services are considered essential and must continue during a business disruption:

- Personal care (showering, toileting, medication prompts)
- Welfare checks for high-risk clients
- Meal preparation for clients with no alternatives
- Transport for urgent medical needs
- Support for clients with cognitive impairment or no informal supports

The following services are considered important and should continue if safe to do so:

- Domestic assistance
- Social support
- Shopping assistance
- Non-urgent transport

Services that can be deferred until normal business is reestablished:

- Home maintenance
- Group activities
- Non-essential social outings

7.4 Communication Plan

The communications mechanisms that will be used for internal staff include:

- Microsoft teams for staff updates
- Daily situation briefings during disruptions

Communication with external providers will be by telephone or in person if communications are down. External stakeholders to be contacted to explain changes in services during the business disruption:

- Emergency services: If the business disruption involves flooding or bush fire, communication with emergency services will be managed by the Flinders Shire Council Local Disaster Management Group (LDMG)
- Vulnerable clients
- Hughenden Multipurpose Health service
- Hughenden Doctors Surgery
- Associated Providers

7.5 Client Welfare Checks

The response time for client welfare checks will depend on how the business disruption impacts on the client.

- Clients who are assessed as vulnerable based on the type of business disruption e.g. if power is out and they need electricity for their equipment they will be a vulnerable client, will be contacted within 2 hours of the disruption.

- All clients contacted within 4 hours if there is an ongoing disruption to the service.

7.6 Service Continuity Strategies

Service continuity strategies to be implemented are as follows:

Service	Strategies
Workforce Continuity	• The casual's employee's hours will be increased to respond to increasing demand. • Staff will be multiskilled to be able to cover all services. • Remote work options will be offered for administration staff.
Service Delivery Adaptations	• Backup mobile phones and chargers. • Satellite phones and starlink for out of town vehicles. • Maintain a supply of portable power banks. • Maintain paper-based client lists and care plans. • Fuel reserves for vehicles. • PPE stockpile for infection outbreaks.
Information Technology and Data Continuity	• Maintain daily cloud backups. • Offline access to essential client information. • Cybersecurity protocols and rapid response plan.

7.7 Business Continuity Response Procedures and Recovery plan

The Flinders Shire Council Disaster Coordinator will activate the Flinders Shire Council Disaster Manager Plan when BOM warnings or other warnings are issued. The Community Care Team will implement the strategies in the Community Care Business Continuity Plan attached as Appendix 1.

7.8 Recovery Plan

Once the disruption is over, implement the strategies listed below in addition to those outlined in the Community Care Business Continuity Plan attached as appendix 1.

- Assess staff availability to determine if there is any need for workforce strategies to be continued.
- Update clients and families and let them know the disruption is over and if there needs to be any catch-up service delivery.
- Document lessons learned

8. TRAINING AND CONTINUOUS IMPROVEMENT

- Annual BCP training for all staff.
- Scenario-based exercises (flood, heatwave, pandemic).
- Review and update BCP every 12 months or after major incident.

9. RELATED LEGISLATION

- Aged Care Act 2024
- Local Government Act Qld 2019
- Work Health and Safety Act 2011 (Qld)

10. RELATED DOCUMENTS

- Flinders Shire Council Business Continuity Framework

11. REVIEW TRIGGER

Community Care policies are to be renewed every three years, or earlier if significant issue or change in legislation affecting this policy occurs.

12. PRIVACY PROVISION

Council respects and protects people's privacy and collects, stores, uses and discloses personal information responsibly and transparently when delivering Council services and business.

13. APPROVAL

Adopted at the August 2026 Council Meeting - Resolution Number

Community Care - Business Continuity and Recovery Plan

Scope:
This plan ensures a coordinated contingency and recovery response when internal or external emergencies disrupt the delivery of community care services, with a primary focus on maintaining client safety and continuity of care.

Primary objective:
1. Ensure client safety and continuity of essential services during disruptions.
2. Restore normal service delivery as quickly and safely as possible.

Problem	Service Area	Impact	Contingency Response	Resources	Recovery Response	Position Responsible
Preparedness						
Vulnerable clients register not current	Client home	Ineffective disaster support planning	• Review and update register prior to season • Confirm evacuation plans and support persons • Categorise risk levels •	• Vulnerable clients register	• Evaluate effectiveness of arrangements • Update records accordingly	Community Care Team Leader
Medication access disruption	Client home	Deterioration of health conditions	• Confirm medication supply (min. 7–14 days) • Support GP/telehealth engagement • Liaise with pharmacy	• Client care plan • Pharmacist • GP	• Verify ongoing supply stability with Pharmacy • Update care plans if issues identified	Community Care Team Leader
Food and water shortages	Client home	Malnutrition / dehydration	• Discuss the need to have emergency supplies of canned and dried food and bottled water. • Assist client to prepare supplies of food and drink •	• Client care plan	• Review adequacy of supplies • Improve preparedness education	Community Care Team Leader
Generator availability	Client Home	Loss of power affects safety and health	• Confirm generator functionality • Ensure fuel availability • Provide safety guidance	• Client home risk assessment	• Review outcomes from client preparations and any opportunities for quality improvement	Community Care Team Leader

Problem	Service Area	Impact	Contingency Response	Resources	Recovery Response	Position Responsible
Infrastructure Failure						
Power outage impacting medical equipment	Client homes	Inability to use essential equipment	• Conduct welfare checks • Relocate clients if required (MPHS) • Contact emergency services if critical	• Car to move clients / Contact QAS	• Return clients home safely • Inspect equipment	Community Care Team Leader
Cooling system failure	Client home	Heat stress risk	• Encourage frequent drinks • Encourage client to wear lose fitting clothes • Encourage the client to use a spray bottle or cool sponge for extra cooling • Encourage the client to close their windows and draw their curtains or blinds (especially on north- or west-facing windows that get direct sun) to block heat from the sun. • Encourage clients to open over night to cool the homes • Encourage the use of hand fans to people who can use them	• Hand fans • Water	• Following the return of power contact vulnerable clients to ensure fans/air conditioning has returned	Support workers
Heating failure	Client home	Cold exposure risk	• Keep windows and doors closed to prevent draughts • Encourage older person to dress in warm clothing and use extra blankets	• Blankets	• Following the return of power contact vulnerable clients to ensure heating has returned	Support workers
Communications outage	Office	Inability to coordinate services	• Use mobile/emergency phones • Activate alternative contact methods	• Charged mobile phones	• Following the return of power recharge emergency and mobile phones	Community Care Team Leader

Problem	Service Area	Impact	Contingency Response	Resources	Recovery Response	Position Responsible
IT systems failure	Office	Loss of digital records and scheduling	• Shut down computers in all areas • Care staff to have access to a hard copy of each resident's care plan or at least a summary • Staff to revert to hand written documentation • Uninterrupted Power Supply (UPS) to protect against power surges and to operate the system during a power outage	• Offsite Remote Desktop Connection can be used to print required forms	• Following the return of power restore the computer system and data recovery from the backup with IT support if necessary • Catch up on data entry and resume use of computers • Additional staff hours maybe required for data entry	Admin/ Support workers
Extreme Weather - Heat wave						
Extreme heat conditions	Client homes / community	Heat-related illness	• Adjust service times to early morning for clients receiving accompanied activities/services outside of home • Increase hydration checks for clients • Suspend outdoor activities • Carry additional water in vehicles **In home** • Encourage frequent drinks • Encourage client to wear loose fitting clothes • Encourage the client to use a spray bottle or cool sponge for extra cooling • Encourage clients to close their windows and draw their curtains or blinds (especially on north- or west-facing windows) • Encourage clients to open over night to cool the homes • Encourage the use of hand fans to people who can use them	• Hand fans • Water	• Following the drop in temperature check in with vulnerable clients to ensure they have remained hydrated	Support workers

Problem	Service Area	Impact	Contingency Response	Resources	Recovery Response	Position Responsible
Flooding Events						
Road closures / access issues	Client home and outdoor venues	Inability to deliver services	• Pre deliver essential supplies to high-risk clients • Suspend all travel in flood zones • Implement phone-based welfare checks	• Consumables	• Restock consumables used • Inspect vehicles to ensure there is no damage and they are safe to place back into the worker pool	Community Care Team Leader
Loss of potable water	Client home	Dehydration risk	• Work with client prior to the disaster to ensure they have prepared for any disruption to the water supply	• Bottled water	• Assist with calling tradesmen to fix supply issues once disaster has passed (if required	Community Care Team Leader
No water for hygiene	Client home	Infection risk	• Staff to use alcohol -based hand rub/gel and disposable wipes for hand care • Staff to use disposable gloves	• Stock of alcohol-based hand rub/gel and disposable wipes • Stock of disposable gloves	• Following the return of water supply resume standard operating procedures	Support workers
No water for cleaning	Client home	Reduced environmental hygiene	• Suspend non-essential cleaning		• Following the return of water supply resume cleaning schedule	Support workers
Infectious disease outbreak/Pandemic						
Disease outbreak	Client home	Consumer /staff health and well-being at risk	• Ensure the continuity of quality care and services to consumers • Implement PPE and infection control • Reduce face-to-face contact where possible • Isolate symptomatic staff • Check vaccination status of staff and remove unvaccinated staff from exposure	• Outbreak Management Plan • Local Public Health Unit • IPC Outbreak Kits	• Return to normal staffing levels and rostering system • Reputation maintained	Community Care Team Leader

Problem	Service Area	Impact	Contingency Response	Resources	Recovery Response	Position Responsible
Staff shortages / skills gap	Client homes / in office	Reduced service delivery	• Redeploy staff • Use multi-skilled workforce • Offer additional shifts	• Staff availability lists • Locum agencies	• Recruitment and education of staff to ensure rights skill mix and availability of staff	Community Care Team Leader
PPE Shortages	Client home	Increased infection risk infectious disease	• Provide storage for available PPE • Ensure PPE is easily accessible • Always use good hand hygiene and practice safe distancing • Seek supplies from HMPHS and GP practice	• PPE Stock	• Replenish stock • Review supply chain resilience	Community Care Team Leader
Data security breach						
Data breach / cyber incident	Office	Loss of consumers trust, reputation and employees with data breach. Fines, lawsuits, media scrutiny	• Shut information system down until the source of the breach has been identified and isolated. • Implement paper based recording processes until system has been resecured. • Assess the risks of harm to affected individuals by investigating the circumstances of the breach; • Notify affected individuals if deemed appropriate in the circumstances; • Review the breach and the organisation's response to consider longer-term action to prevent future incidents of a similar nature and improve the organisation's handling of future breaches	• Password Management and computer Security Process	• Confirm that a data breach has occurred. • Then take immediate measures to limit the extent of the breach.	CEO IT support Company

POLICY TITLE:	Diversity and Cultural Inclusion Policy
POLICY NUMBER:	xxx
REVISION NUMBER:	x
TRIM REFERENCE:	SF14/411 - R24/3275
RESOLUTION NUMBER:	xxxx
POLICY TYPE:	Strategic
APPROVING OFFICER:	Council Adoption
DATE OF ADOPTION:	August 2026
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	August 2029
RESPONSIBLE DEPARTMENT:	Community Care

1. OBJECTIVE

Flinders Shire Council (FSC) recognises that every older person has the right to receive funded aged care that is safe, inclusive, culturally safe, trauma-aware, respectful, and responsive to their identity, culture, language, ability, diversity, beliefs, life experiences and preferences.

FSC is committed to:

- Upholding the Statement of Rights in the Aged Care Act 2024 and supporting older people to understand and exercise their rights.
- Delivering person-centred care and services that protect dignity, privacy, autonomy independence, choice, cultural identity and connection to family, community, Country, and significant relationships.
- Preventing and responding to discrimination, racism, abuse, neglect, exploitation, harassment, victimisation and exclusion.

2. SCOPE

FSC is committed to:

- All Council members, key personnel, managers, and aged care workers, including employees, volunteers, contractors, students, and associated providers involved in delivering funded aged care services.
- All Community Care programs, and services delivered by or on behalf of FSC.
- All older people receiving or seeking Community Care services, and their registered supporters, representatives, families, carers, and advocates where the older person chooses their involvement.

3. DEFINITIONS

Cultural safety
An environment and way of delivering care in which the older person determines that their identity and culture are respected, they are free from racism and discrimination, and any power imbalance is recognised and addressed:

- Diversity and inclusion.
- Recognition and active inclusion of each person's identity, characteristics, background, and life experience, including Aboriginal and Torres Strait Islander identity; cultural and linguistic background; disability; sex; gender identity; sexual orientation; intersex status; age; religion; spirituality; socioeconomic circumstances; location; and other personal attributes.

- Trauma-aware and healing-informed care.
- Care that recognises the potential impact of trauma, avoids re-traumatisation, promotes physical, emotional, and cultural safety, and supports trust, choice, control and healing.
- Supported decision-making.
- Practical support that enables an older person to make and communicate their own decisions, including through accessible information, interpreters, communication aids and involvement of a supporter chosen by the older person.

4. ROLES AND RESPONSIBILITIES

- Council and the governing body are accountable for ensuring the organisation complies with the Aged Care Act 2024, applicable Aged Care Rules, the strengthened Aged Care Quality Standards, the Aged Care Code of Conduct and relevant anti-discrimination, human rights, and privacy laws. They must lead a culture of quality, safety and inclusion and monitor whether this policy is effective.
- The Chief Executive Officer and managers must implement this policy, allocate adequate resources, ensure workers are trained and competent, manage identified risks, address barriers to access and participation, and use feedback, complaints, incidents, and service data to drive continuous improvement.
- Aged care workers and associated providers must apply this policy in daily practice, respect each older person's rights and preferences, document relevant needs and agreed strategies, report concerns, and participate in training and improvement activities.

5. POLICY

FSC will provide funded aged care services in a manner that is rights-based, person-centred, culturally safe, trauma-aware, inclusive, and free from discrimination. The safety, health, wellbeing, and quality of life of the older person are the primary considerations in service delivery.

- FSC will recognise and respond to each older person's identity, culture, language and communication needs;
    - religious, spiritual, and cultural beliefs and practices
    - family, kinship, community, and Country connections
    - sex, gender identity, sexual orientation, and intersex status
    - disability, cognitive, sensory and communication needs
    - social, emotional, psychological and health needs
    - life experiences, including experiences of trauma, discrimination, institutional care or forced removal; and
    - preferences, goals, strengths, risks, and choices about how care and services are delivered.

FSC will not make assumptions about an older person based on their background or identity. Care and services will be planned and delivered in partnership with the older person and reviewed when their needs, preferences, circumstances, or goals change.

An older person may choose to involve a registered supporter, representative, advocate, family member, carer, friend, Elder or other trusted person. Their involvement and authority must be confirmed, documented, and respected. The older person's own will, preferences and rights remain central, consistent with applicable decision-making law.

Outcome for the older person

The older person can say: “I am treated with dignity and respect. My identity, culture, privacy, and relationships are valued. I receive information in a way I understand, I am supported to make my own decisions, and my care and services reflect what matters to me.”

Organisational outcome

FSC can demonstrate that it:

- Partners with older people to design, deliver, review, and improve inclusive and culturally safe services.
- Supports choice, independence, autonomy, supported decision-making and access to advocacy.
- Protects privacy and confidentiality and responds promptly to discrimination, racism, abuse, neglect, exploitation, complaints, and other concerns.

6. COUNCIL APPLICATION

This policy applies to Community Care services delivered by or on behalf of FSC. Corporate policies also apply where relevant. If there is any inconsistency, the requirement that provides the stronger protection for the older person’s rights, safety and wellbeing must be followed, subject to applicable law.

7. IMPLEMENTATION

Assessment, planning and service delivery:

- FSC will identify and document each older person’s identity, culture, language, communication method, accessibility needs, beliefs, relationships, decision-making supports, risks, preferences and goals during assessment and care planning.
- Assessments and reviews will be conducted in a culturally safe and accessible way, at a suitable pace and place, with the involvement of people chosen by the older person.
- Care plans and service agreements will document agreed cultural, communication and inclusion strategies, including preferred worker gender where relevant, dietary, or religious practices, community or cultural obligations, interpreter requirements and supports for maintaining relationships and connection to Country.
- Workers will explain available options, risks, costs, rights, and complaint pathways in a form the older person can understand and will check understanding rather than relying only on signed documents.
- FSC will make reasonable adjustments and use flexible service delivery approaches to remove barriers associated with disability, language, literacy, remoteness, transport, digital access, cultural obligations, or other circumstances.
- Any request that cannot be met must be discussed respectfully with the older person, reasons and risks documented, and practical alternatives explored.
- Cultural and inclusion needs will be reviewed after a change in circumstances, an incident, a complaint, a missed service, a change in condition or at scheduled care plan reviews.

Communication and interpreters:

- FSC will provide information in accessible formats and arrange a qualified interpreter, including an Auslan interpreter, when needed. Family members, friends or untrained workers must not be used as interpreters for consent, assessment, complaints, health, legal or financial matters unless the older person requests this and it is safe, appropriate, and documented.

Aboriginal and Torres Strait Islander cultural safety:

- FSC will recognise the continuing cultures, histories and rights of Aboriginal and Torres Strait Islander peoples and the impacts of colonisation, racism, forced removal and intergenerational trauma.
- FSC will engage with local Aboriginal and Torres Strait Islander older people, Elders, families, and community-controlled organisations when designing and reviewing services, while respecting the individual older person's choices and confidentiality.
- Where relevant and agreed, care will support connection to family, kin, community, culture, Country, language, ceremony, and traditional practices.
- FSC will work to prevent institutional racism, address cultural safety concerns promptly and monitor whether Aboriginal and Torres Strait Islander people experience equitable access, participation, and outcomes.
- Workforce capability and inclusive practice.
- Workers, managers, Council members and key personnel will receive role-appropriate induction and ongoing training in the Statement of Rights, cultural safety, trauma-aware care, supported decision-making, communication, diversity, unconscious bias, anti-racism, discrimination, abuse and neglect prevention and complaint handling.
- Recruitment, supervision, and workforce planning will promote a diverse, respectful, and culturally capable workforce and will identify and address bias or discriminatory practices.
- Associated providers and contractors must meet the same requirements and provide evidence of worker competence, appropriate conduct, and compliance with this policy.
- Discrimination, racism, harassment, abuse, neglect, exploitation, victimisation or retaliation against a person who raises a concern will not be tolerated. Concerns must be managed under the incident, complaints, safeguarding and human resources procedures, including mandatory notifications where required.
- Privacy, consent, and information sharing requirements must be followed when collecting, recording, using, or sharing information about identity, culture, diversity, relationships, or support needs.

Feedback, complaints, and continuous improvement:

- Older people will be told how to provide feedback or make a complaint internally, to an advocate and to the Aged Care Quality and Safety Commission. They may raise concerns anonymously and without fear of reprisal or loss of service.
- Feedback and complaints will be managed in an accessible, culturally safe, timely and trauma-aware manner. Interpreters, advocates, and supporters will be offered where appropriate.

- FSC will analyse feedback, complaints, incidents, restrictive practices concerns, access data, service refusals, missed services and outcomes to identify inequity, discrimination, or barriers to inclusion.
- The governing body and management will receive regular reports on cultural safety, diversity and inclusion risks, workforce capability, complaints, incidents, and improvement actions.
- FSC will consult older people and relevant communities when evaluating this policy and will record, implement, and monitor improvement actions.
- Evidence of implementation may include assessments, care plans, interpreter records, training records, consultation records, complaints and incident data, audits, surveys, workforce data and continuous improvement registers.
- Failure to comply with this policy may result in performance management, contract action or other corrective action, consistent with applicable law and Council procedures.

8. RELATED LEGISLATION AND STANDARDS

- *Aged Care Act 2024 (Cth), including the Statement of Rights and provider obligations*
- *Aged Care Rules 2025 (Cth), including the strengthened Aged Care Quality Standards*
- *Aged Care Code of Conduct*
- Privacy Act 1988 (Cth) and Australian Privacy Principles
- *Information Privacy Act 2009 (Qld) and Human Rights Act 2019 (Qld)*
- Age Discrimination Act 2004,
- Disability Discrimination Act 1992,
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984 (Cth)
- Anti-Discrimination Act 1991 (Qld)

9. ATTACHMENTS

- N/A

10. REVIEW TRIGGER

This policy will be reviewed at least every three years and earlier when there is a significant legislative or regulatory change, identified compliance gap, serious incident, material complaint trend, change in service model or evidence that the policy is not achieving culturally safe and inclusive outcomes.

11. PRIVACY PROVISION

FSC will collect, store, use, disclose and dispose of personal and sensitive information lawfully, transparently, and only for legitimate service purposes. Information about identity, culture, health, disability, sexuality, gender, beliefs, and relationships will be handled with particular care and shared only with consent or other lawful authority.

12. APPROVAL

Original policy adopted at the July 2024 Council Meeting - Resolution Number 4045. This revised version is a draft for approval and takes effect on the date approved by Council.

POLICY TITLE:	Mandatory Training Policy
POLICY NUMBER:	xxx
REVISION NUMBER:	1
TRIM REFERENCE:	SF14/411 - R24/3266
RESOLUTION NUMBER:	xxxx
POLICY TYPE:	Strategic
APPROVING OFFICER:	Council Adoption
DATE OF ADOPTION:	August 2026
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	August 2029
RESPONSIBLE DEPARTMENT:	Community Care

1. OBJECTIVE

Flinders Shire Council (FSC) is committed to ensuring that all Community Care workers have the knowledge, skills and practical competence required to provide safe, respectful, and high-quality aged care services.

This policy establishes the minimum mandatory training requirements for workers, the timeframes for completing training, the evidence that must be maintained and the action to be taken when training is overdue, or competence has not been demonstrated.

This policy supports compliance with the Aged Care Act 2024, the Aged Care Code of Conduct, work health and safety obligations and the strengthened Aged Care Quality Standards, particularly:

Standard 2: The organisation – Expectation statement for older people

The organisation is well run. I can contribute to improvements to funded aged care services. My provider and aged care workers listen and respond to my feedback and concerns. I receive funded aged care services from aged care workers who are knowledgeable, competent, capable and caring.

Outcome 2.9 Human resource management

The provider must deliver funded aged care services to individuals by aged care workers who are skilled and competent in their roles, hold relevant qualifications for their roles and have expertise and experience relevant to delivering quality funded aged care services. The provider must provide aged care workers with training and supervision to enable them to effectively perform their roles.

2. SCOPE

- All Community Care employees, including permanent, temporary, and casual employees.
- Volunteers, students, contractors, and workers engaged through Associated Providers where their role involves contact with clients or delivery of aged care services.
- Managers and supervisors responsible for allocating work, supervising workers or maintaining training records.
- Council and Responsible Persons, where governance training or oversight responsibilities apply.

3. DEFINITIONS

Aged care worker	A person employed, engaged, or volunteering to provide funded aged care services on behalf of FSC, including contractors and workers of Associated Providers where applicable.
Competency	The demonstrated ability to apply knowledge and skills safely and consistently in the workplace.
Mandatory training	Training that FSC requires a worker to complete because of legislation, regulation, the worker's role, identified risks, contractual requirements, or Council policy.
Refresher training	Training completed at set intervals, or earlier when required, to maintain current knowledge and competence.
SIRS:	The Serious Incident Response Scheme applying to reportable incidents in aged care.
Training register	The approved record of each worker's required training, completion date, expiry date, evidence, and competency status
Workforce	Employees, volunteers, contractors, students, Associated Provider workers and any other person engaged to deliver services on behalf of FSC.

4. ROLES AND RESPONSIBILITIES

CEO	• Ensure adequate resources and governance oversight are provided for workforce training and competence. • Monitor material workforce training risks and significant non-compliance.
Director Community Services and Wellbeing	• Implement this policy and ensure mandatory training requirements are included in workforce planning and budgets. • Approve training providers and delivery methods that are appropriate to the role and identified risks.
Community Care Team Leader	• Ensure workers are not allocated duties for which they are not trained, authorised or competent. • Review training compliance at least quarterly and address overdue training or systemic gaps. • Identify training requirements during induction, supervision, performance review and after incidents or changes in duties. • Arrange training and practical competency assessment within required timeframes. • Escalate overdue training and apply work restrictions where necessary.
Administration Officer	• Ensure contractors and Associated Providers provide evidence that relevant workers meet FSC requirements.
Staff	• Complete required training and competency assessments within the specified timeframe. • Apply training in practice and follow FSC policies, procedures and safe work instructions. • Advise their supervisor if they do not understand a requirement, do not feel competent or need additional support. • Maintain any licence, qualification or certificate required for their role.

5. POLICY

1. FSC will maintain a planned, risk-based mandatory training program. Training requirements will reflect the worker's role, the services provided, client needs, work health and safety risks, incidents, audit findings and changes to legislation or practice guidance.
2. A worker must complete induction training before working without direct supervision.
3. The following topics will form the Mandatory training requirements that all workers must complete:
    - Manual handling
    - Fire safety in the home
    - Infection control
    - Aged Care Code of Conduct
    - CPR and First Aid
    - Incident management / SIRS
    - Client handling / falls prevention
4. Mandatory training will be scheduled into the annual training calendar.
5. All mandatory training will be delivered as an in-service and recorded in the training register.
6. Attendance sheets will be completed for all training delivered.
7. Compliance with mandatory training will be reviewed as part of the annual performance review.

6. COUNCIL EXCEPTIONS

This policy applies to Community Care services within the Community Services and Wellbeing directorate. Corporate training requirements continue to apply in addition to this policy.

An exception to a required completion date may only be approved by the Community Care Manager where there is a documented reason, risk assessment, interim control, and revised completion date. An exception cannot authorise a worker to perform a task where a current qualification, certificate or demonstrated competency is legally or operationally required.

7. IMPLEMENTATION

1. The Community Care Team Leader reviews when mandatory training is due.
2. The Community Care Team Leader will contact the agreed training provider and arrange training.
3. The Support Officer will roster staff to ensure that all staff can attend training.
4. All employees will attend the training and then sign an attendance record.
5. The Attendance Record will be provided to the Community Care Team Leader who will update the Training Register.
6. If certificates of attendance are given to participants copies of these should also be provided to the Community Care Manager to file in the staff members Personnel File.
7. At the end of each month data from the training register is used to provide compliance reports.

Training Register

The training register must record, at a minimum:

- Worker name and role.
- Training requirement and applicability.
- Date completed and expiry or renewal date.
- Training provider and delivery method.
- Certificate or evidence location.
- Competency outcome and assessor, where applicable.
- Approved exception, work restriction or follow-up action.

8. RELATED LEGISLATION

- Aged Care Act 2024
- Aged Care Rules 2025
- Work Health and Safety Act 2011 (Queensland)
- Work Health and Safety Regulation 2011 (Queensland)
- Fire and Emergency Services Act 1990 (Queensland)
- Human Rights Act 2019 (Queensland)
- Public Records Act 2023 (Queensland)

9. RELATED DOCUMENTS

- Aged Care Code of Conduct
- Strengthened Aged Care Quality Standards
- Community Care Incident Management and SIRS Policy and Procedure
- Community Care Infection Prevention and Control Policy
- Work Health and Safety policies and safe work procedures
- Emergency and Disaster Management Plan
- Falls Prevention and Manual Handling procedures
- Position descriptions and role-based training matrix
- Associated Provider agreements and contractor requirements

10. ATTACHMENTS

Mandatory Training Matrix – maintained as a controlled operational document.

11. REVIEW TRIGGER

This policy will be reviewed every three years, or earlier where there is a significant change to legislation, the Strengthened Aged Care Quality Standards, service scope, workforce risk, training requirements, an incident trend or an audit finding.

12. PRIVACY PROVISION

Council respects and protects workers' and clients' privacy. Training records and personal information will be collected, stored, used, and disclosed only for lawful workforce, safety, compliance and service delivery purposes.

13. APPROVAL

Adopted at the August 2026 Council Meeting - Resolution Number

MANDATORY TRAINING MATRIX

Training topic	**Who must complete it**	**Minimum timing / refresher**	**Evidence required**
Manual Handling: Assisting Clients Safely	Workers who assist clients with mobility, transfers, repositioning or equipment	Before unsupervised duties and annually; earlier after an incident, change in equipment or identified gap	Certificate and practical competency assessment
Fire Safety in the Home	All workers who enter client homes or provide community-based services	At induction and annually	Completion record or certificate
Infection Control and Hand Hygiene	All workers, volunteers and relevant contractors	Before client contact and annually; additional outbreak or task-specific training as required	Completion record and, where relevant, observed competency
Aged Care Code of Conduct	All aged care workers, volunteers, contractors and Associated Provider workers	At induction and annually, and when the Code or related requirements change	Completion record and worker acknowledgement
CPR and First Aid	Workers identified in the roster, risk assessment or position requirements as designated first aiders; other direct care workers where required by FSC	CPR annually; first aid at least every 3 years or earlier if required by the certificate, training provider or role	Current nationally recognised certificate
Incident Management, including SIRS	All workers who may witness, receive, record, respond to or escalate an incident	At induction and annually; additional training after process changes, reportable incidents or identified gaps	Completion record and scenario or knowledge assessment
Client Handling and Falls Risk Prevention	Workers who assist clients with mobility, transfers, personal care, transport or falls prevention strategies	Before unsupervised duties and annually; earlier following a fall, change in client needs or competency concern	Completion record and practical competency assessment

FLINDERS SHIRE COUNCIL
COMMUNITY CARE CLINICAL GOVERNANCE FRAMEWORK

1. Introduction

Purpose: This Clinical Governance Framework defines how Flinders Shire Council's aged care service supports the delivery of safe, high-quality, person-centred care for home care clients, in line with their goals, needs, rights, and preferences.

Scope: This Framework applies to all employees, contracted staff, volunteers, and care partners involved in planning, delivering, monitoring, or improving aged care services for clients.

Commitment: Council's governing body and leaders are accountable for embedding a culture of safety, accountability, continuous improvement, cultural safety, and consumer-centred care.

2. Clinical Quality, Safety, and Governance Principles

Clinical governance is the integrated system of leadership, accountability, policies, procedures, relationships, planning, monitoring, reporting, and improvement activities that supports safe, high-quality clinical care and positive client outcomes.

Core Quality & Safety Goals:

- All client care is safe, coordinated, effective, and person-centred.
- Clients are partners in their care planning and review.
- Risks are anticipated, identified, and mitigated early.

Core Governance Elements:

1. Leadership & Culture
2. Consumer Partnerships
3. Organisational Systems
4. Monitoring & Reporting
5. Effective Workforce
6. Communication & Relationships

3. Roles & Responsibilities

Role	Key Accountabilities
Governing Body	**Maintain ultimate accountability for care quality and safety; approve this Framework; and review performance reports quarterly.**
Management	**Operationalise this Framework; ensure appropriate resourcing; and oversee compliance, risk management, and improvement plans.**
Care Staff	**Deliver care in accordance with approved policies and procedures; participate in required training; and promptly report risks, incidents, and changes in client needs.**
Care Partners & Associated Providers	**Deliver services consistent with Council requirements, service protocols, legislation, contractual obligations, and relevant professional standards.**
Aged Care Quality Advisory Committee	**Monitor safety and quality metrics; review incidents, risks, and feedback; and recommend improvement actions.**

4. Implementation Actions

A. Leadership & Culture

- We embed organisational values that prioritise dignity, rights, independence, and cultural safety.
- Our leaders consistently model behaviours that align with the Code of Conduct and the Statement of Rights.
- We make decisions that prioritise individual client outcomes over organisational convenience.

B. Consumer Partnerships

- We maintain Memoranda of Understanding and referral pathways with care partners to ensure clients receive appropriate care when their needs are beyond our service scope.
- Client care plans are developed and reviewed as needed, and at least annually.
- We provide accessible feedback channels, including surveys, a complaints process, and one-to-one follow-up with clients and their families.

C. Organisational Systems

- We maintain rostering systems that ensure appropriately skilled staff are available to meet clients' care needs.
- Our service maintains a secure and accessible clinical documentation system.
- We maintain current policies and procedures, including medication management, assessment and care planning, deterioration response protocols, and end-of-life care.

D. Monitoring & Reporting

- We promote a service culture in which incident reporting is safe, expected, and valued.
- We meet all Serious Incident Response Scheme obligations, including timely reporting and follow-up actions.
- Our risk register captures key clinical risks, including infection control, medication management, and falls.

E. Effective Workforce

- Staff position descriptions are clear and they receive structured onboarding, micro-learning, and regular in-service training on the strengthened Quality Standards 1–4, with targeted training scheduled for core risk areas and client rights.
- We conduct annual credential checks for associated providers, and medication competency refreshed training for carers.
- We provide timely and structured guidance to staff by ensuring access to the Red Book, relevant flowcharts, and manager support.

F. Communication & Relationships

- We use standardised templates to consistently record and communicate client information.
- The service fosters strong relationships through regular home visits and ongoing engagement with clients.
- Our leaders participate in relevant meetings with care partners and associated providers to support coordinated care and effective collaboration.

5. Measures of Success

Element	Example Measure
Leadership & Culture	**Staff survey results show at least 85% confidence in the service's safety culture.**
Consumer Partnerships	**At least 90% of clients report that they are involved in decisions about their care.**
Organisational Systems	**All high-risk policies are reviewed annually, with staff awareness confirmed through training, communication, or audit activity.**
Monitoring & Reporting	**Performance reports are submitted in accordance with the approved reporting schedule.**
Effective Workforce	**All staff complete mandatory training within required timeframes.**
Communication & Relationships	**Critical incidents related to communication or referral failures are monitored, reviewed, and addressed through improvement actions.**

6. Review Process

- **Frequency:** 2 year review period; or sooner where significant service, client, legislative, or regulatory changes occur.
- **Method:** Review performance data, client and staff feedback, incident trends, audit findings, and identified improvement actions.
- **Approval:** Document updates require appropriate review and Council approval before re-issue.

7. Related Documents

- Strategic & Operational Plan
- Workforce Strategy
- Aged Care Policies & Procedures

FLINDERS SHIRE COUNCIL AGED CARE CLINICAL GOVERNANCE FRAMEWORK

Safe care. Respectful support. Clear decisions. Continuous improvement.

1	2	3	4
WE LISTEN	**WE PLAN**	**WE ACT SAFELY**	**WE IMPROVE**
We ask what matters, what is needed and how care should be delivered.	We make clear care plans with clients, families and care partners.	We follow procedures, use trained staff and report concerns early.	We check results, learn from feedback and make care better.

WHAT THIS MEANS IN PRACTICE

For clients

- Dignity, respect and choice
- Care based on goals and preferences
- Clear, private and up-to-date information
- Feedback and complaints are welcomed

For staff and leaders

- Clear expectations for safe care
- Staff work within role and training
- Risks and incidents are reported early
- Policies, training and audits guide practice

Everyone works together so clients receive safe, respectful and reliable care every day.

POLICY TITLE:	Community Care Risk Management Policy
POLICY NUMBER:	xxx
REVISION NUMBER:	3
TRIM REFERENCE:	SF14/411 - R24/3452
RESOLUTION NUMBER:	xxxx
POLICY TYPE:	Strategic
APPROVING OFFICER:	Council Adoption
DATE OF ADOPTION:	Draft – August 2026
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	August 2029
RESPONSIBLE DEPARTMENT:	Community Care

1. OBJECTIVE

Managing risk within Community Care is a priority for Flinders Shire Council (FSC). FSC supports older people to exercise choice, independence, and control, including the right to take reasonable risks. Risk management must protect the older person's rights and safety while also protecting workers, other people, Council assets and service continuity.

Risk management is integrated into governance, assessment, care and service planning, service delivery, workforce practice, incident management, emergency planning and continuous improvement. Risks may relate to an individual older person, the workforce, service operations, clinical care, information, finances, compliance, the environment, or external events.

Staff provide care and services in a safe, culturally safe, respectful, and rights-based manner. At all times staff will:

- Support the older person's right to make informed decisions and take reasonable risks, consistent with dignity of risk.
- Identify, document, report, assess and respond to new or changing risks, incidents and near misses, including risks not already addressed in the care or service plan.
- Involve the older person and, where requested, their supporter, representative or substitute decision-maker in assessment, planning, review, and decisions about risk.

Appendix A describes the main categories of risk considered by Community Care at organisational, service, and individual level.

This policy supports FSC to interact with, and deliver care and services to, clients in accordance with the Statement of Rights, and to meet the strengthened Aged Care Quality Standards, including:

Standard 3: The Care and Services – Expectation statement for older people
The funded aged care services I receive are safe and effective, optimise my quality of life, including through maximising independence and reablement, meet my current needs, goals, and preferences, are well planned and coordinated, and respect my right to take risks.

Outcome 3.1 Assessment and planning
The provider must actively engage with individuals to whom the provider delivers funded aged care services, supporters of individuals (if any) and any other persons involved in the care of individuals in developing and reviewing the individual's care and services plans through ongoing communication. Care and services plans must describe the current care needs, goals and preferences of individuals and include strategies for risk management and preventative care. The provider must ensure that care and services plans are regularly reviewed and are used by aged care workers to guide the delivery of funded aged care services.

2. SCOPE

- All Community Care workers, including employees, volunteers, contractors, students and workers of associated providers.
- Council, the governing body, key personnel, and managers.
- Older people receiving Community Care services and, where relevant, their supporters and representatives.

3. DEFINITIONS

Choice: The right of an older person to make decisions about their life, care and services, including decisions that may involve risk**.**

Older person: A person receiving, seeking, or approved to receive funded aged care services from Community.

Care. The term includes a client or participant where that terminology is used by a program**.**

Risk: The effect of uncertainty on objectives, including the possibility of harm to an older person, worker, another person, service, asset, information, finances, compliance, or reputation.

Near miss: An event that did not cause harm but had the potential to cause harm and requires reporting, review, and action where appropriate.

Dignity of risk: The right of an older person to make informed choices and take reasonable risks, while being supported to understand and manage foreseeable harm.

High-impact or high-prevalence risk:
A risk that may cause serious harm, affects many older people, occurs frequently or requires specific monitoring and controls.

Associated provider:
A person or organisation engaged by FSC to deliver funded aged care services on FSC's behalf.

Material risk: A risk that could significantly affect the rights, safety or wellbeing of older people, regulatory compliance, service continuity, finances, or Council's ability to deliver quality care.

4. ROLES AND RESPONSIBILITIES

- FSC Council, as the governing body, is accountable for oversight of risk management and for ensuring Community Care has effective systems, resources, reporting and assurance to deliver safe, quality and rights-based aged care.
- The Chief Executive Officer and management are responsible for implementing this policy, maintaining an effective risk management system, ensuring material risks are escalated, and monitoring corrective and improvement actions.
- The Community Care Manager is responsible for maintaining service and individual risk registers, ensuring assessments and plans are current, monitoring controls, escalating material risks and reporting trends and actions.
- Associated providers must comply with applicable aged care obligations, this policy and agreed risk, incident, information-sharing, workforce and reporting requirements. FSC remains responsible for oversight and assurance of services delivered on its behalf.

- Older people and their supporters are encouraged to share information about risks, changes, incidents, and concerns and to participate in decisions about agreed risk controls.
- Community Care workers must work within their role and competence, follow risk controls and procedures, support older people to understand relevant risks, and promptly report hazards, changes, incidents, near misses and concerns.

5. POLICY

FSC commits to:

- Identify and manage risks affecting each older person, including risks arising from their health, function, home environment, cultural and communication needs, service arrangements and personal choices.
- Support informed choice, independence, and dignity of risk, and use the least restrictive and least intrusive approach that is reasonably available.
- Deliver safe, quality and culturally safe care and services that respond to the older person's needs, goals, preferences and assessed risks.
- Maintain current organisational, service, and individual risk registers, with named owners, controls, review dates and escalation pathways.
- Respond promptly to incidents, near misses, complaints, suspected abuse or neglect, deterioration, missing persons, medication concerns and other reportable or serious risks.
- Test emergency and disaster arrangements and maintain service continuity plans suitable for local and remote operating conditions.
- Use feedback, complaints, incidents, audits, workforce information and performance data to evaluate controls and drive continuous improvement.
- Support informed choice, independence, and dignity of risk, and use the least restrictive and least intrusive approach that is reasonably available.
- Deliver safe, quality and culturally safe care and services that respond to the older person's needs, goals, preferences and assessed risks.
- Provide workers with induction, training, supervision, information, and tools to identify and manage risks within their roles.
- Work with health professionals, emergency services, associated providers, and other relevant services to coordinate risk controls and continuity of care.

6. COUNCIL EXCEPTIONS

This policy applies to Community Care services within the Community Services and Wellbeing Directorate. Corporate risk, work health and safety, privacy, information security, emergency management and other Council-wide policies also apply where relevant.

7. IMPLEMENTATION

Process Guidance

Risk identification, assessment, and controls.

- Risks are identified at intake, assessment, care planning, service commencement, home visits, reviews, after incidents or complaints, and whenever needs, environments, workers, providers, or service arrangements change.
- Each material risk is assessed for likelihood and consequence, existing controls, residual risk, responsible person, actions, timeframes, monitoring, and escalation. Urgent risks are acted on immediately.

- Incident, safeguarding and emergency response.
- Workers must take immediate action to protect safety, obtain emergency or clinical assistance where required, preserve evidence, notify the appropriate manager, and complete required records.
- Incidents are assessed for internal escalation and for external notification where required, including under the Serious Incident Response Scheme, work health and safety, privacy, public health, or other laws.
- Emergency and disaster plans address local hazards, extreme weather, isolation, transport or communications failure, workforce shortages, infection outbreaks and continuity of essential services.
- Monitoring and review.
- Risk controls are monitored for effectiveness. Where a control is not working, the risk is reassessed, and further action is taken and documented.
- Older people are told about changes to risk controls that affect their care or services and are involved in review decisions.
- Community Care applies the following processes to demonstrate that risks are managed in a way that supports the rights, safety and wellbeing of older people and the safe operation of the service.

Balance risks with client rights

FSC recognises each older person's right to make decisions and take reasonable risks. Workers must not remove choice merely because a decision involves risk. Workers ensure that:

- Care and services are planned and delivered, as far as practicable, in the manner and at the time preferred by the older person.
- The older person is given information in a way they can understand about foreseeable benefits, risks, and options. Agreed strategies are documented in the care or service plan and reviewed when circumstances change.
- High-impact, high-prevalence and other material individual risks are recorded in the relevant care records and risk register, with clear controls, responsibilities, review dates and escalation requirements.

Educate staff

- Workers receive education relevant to their role on dignity of risk, safeguarding, incident reporting, emergency response, infection prevention and control, work health and safety, high-impact risks, and other identified service risks.
- Workers and associated providers are assessed for the qualifications, skills, experience, competence, and suitability required to deliver services safely.
- Workers have access to current policies, procedures, assessment tools, escalation pathways and supervision, and are supported to raise concerns without fear of reprisal.

Reporting and Clinical Governance

- Community Care's governance, clinical governance and continuous improvement systems are used to monitor risks, incidents, complaints, feedback, performance, and outcomes. Refer to the FSC Clinical Governance Framework and Enterprise Risk Management Suite.
- Management provides regular risk reports to the Chief Executive Officer and Council. Reports include material and emerging risks, incidents and near misses, complaints, trends, overdue actions, effectiveness of controls, associated provider risks and improvement priorities.

- Risk and incident data is analysed for patterns, contributing factors and opportunities for prevention. Indicators may include:
    - falls
    - hydration and nutrition
    - choking and swallowing risks
    - pressure injuries
    - restrictive practices
    - delirium
    - hearing loss
    - weight loss
    - missed medications
    - pain
    - other clinical, safeguarding, environmental, workforce, operational or compliance indicators requiring monitoring

Managing high-impact, high-prevalence risks

- Workers use proportionate assessment and planning processes with the older person to identify high-impact, high-prevalence and other material risks and agree practical risk controls.
- Assessment and planning include relevant workers, health professionals and other services where required, while respecting consent, privacy, supported decision-making and the older person's preferences.
- Environmental and service-level controls are implemented, communicated, monitored, and reviewed. Controls must not unnecessarily restrict the rights, movement, choice, or independence of an older person.
- Risk plans are reviewed after an incident or near miss, when needs or circumstances change, when a control is ineffective, and at scheduled care or service reviews.

8. RELATED LEGISLATION

- Aged Care Act 2024 (Cth)
- Aged Care Rules 2025 (Cth), including the strengthened Aged Care Quality Standards
- Privacy Act 1988 (Cth) and Australian Privacy Principles
- Aged Care Quality and Safety Commission Act 2018 (Cth)
- Guardianship and Administration Act 2000 (Qld)
- Powers of Attorney Act 1998 (Qld)

9. RELATED DOCUMENTS

- Aged Care Statement of Rights
- Aged Care Code of Conduct
- FSC Clinical Governance Framework and Enterprise Risk Management Suite

10. ATTACHMENTS

- Appendix A – Types of Major Risks

11. REVIEW TRIGGER

This policy is reviewed at least every three years and earlier following a significant incident, material audit finding, change in service scope, identified control failure, or change in legislation, regulation, or the strengthened Aged Care Quality Standards.

12. PRIVACY PROVISION

Council respects and protects privacy and manages personal and sensitive information in accordance with applicable privacy law, aged care requirements and Council policy. Information is collected, used, stored, accessed, shared, and disposed of only for authorised purposes and with appropriate safeguards.

13. APPROVAL

Draft updated August 2026 for Council consideration and adoption.

Appendix A: Types of Major Risks

Community Care considers the following major risk categories:

Care and clinical risks	Risks of harm arising from care, health conditions or deterioration, including falls, medication incidents, choking, malnutrition or dehydration, pressure injuries, infection, pain, continence, missed care and delayed escalation.
Compliance and regulatory risks	Failure to meet obligations under aged care, privacy, work health and safety, employment, funding, reporting, recordkeeping or other applicable laws and program requirements.
Older person rights and safeguarding risks	Risks to rights, dignity, choice, independence, cultural safety, privacy or protection from abuse, neglect, exploitation, discrimination, coercion or unnecessary restriction.
Financial and funding risks	Risks relating to funding, claiming, pricing, participant contributions, fraud, financial controls, sustainability, budget pressure, loss of funding or inaccurate reporting.
Governance risks	Risks arising from ineffective oversight, unclear accountability, weak assurance, unmanaged conflicts of interest, poor decision-making or failure to act on known risks.
Workforce risks	Risks relating to staffing levels, recruitment, screening, competence, supervision, fatigue, conduct, worker safety, turnover, cultural capability and workforce shortages.
Operational and service delivery risks	Risks affecting safe and reliable service delivery, including missed or delayed services, rostering, transport, equipment, information systems, associated providers, records and business continuity.
Environmental, infection and emergency risks	Risks in homes, vehicles, facilities or the community, including hazards, equipment failure, infection outbreaks, extreme weather, natural disasters, emergencies, isolation and communications failure.
Information, privacy, and reputation risks	Risks involving privacy breaches, cyber security, inaccurate or unavailable records, inappropriate information sharing, complaints, adverse publicity or loss of community trust.
Work health and safety risks	Risks to workers and others from the work environment, travel, manual handling, aggression, lone work, equipment, substances, psychosocial hazards and how work is designed and managed.

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2.04.02 REGIONAL TOURISM INFRASTRUCTURE FUND ROUND 2 – APPLICATION FOR HUGHENDEN LEISURE PRECINCT YOUTH PRECINCT UPGRADE

Author: Community Services Manager
Authorising Officer: Director of Community Services and Wellbeing
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
1. Endorse the submission of an application to the Queensland Government's Regional Tourism Infrastructure Fund (RTIF) Round 2 for the Hughenden Leisure Precinct Youth Precinct Upgrade Project.
2. Endorse a project budget of $300,000 (excluding GST), inclusive of contingency and project delivery costs.
3. Authorise the Chief Executive Officer to finalise and submit the funding application and any associated documentation.

Executive Summary

The Queensland Government has opened Round 2 of the Regional Tourism Infrastructure Fund (RTIF), which provides grants of up to $300,000 for projects that develop new or enhance existing tourism infrastructure and experiences across regional Queensland. Applications opened on 29 July 2026 and close on 9 September 2026. Funding outcomes are expected to be announced in December 2026.

It is proposed that Flinders Shire Council submit an application for the Hughenden Leisure Precinct Youth Precinct Upgrade, a priority project identified within the recently adopted Hughenden Leisure Precinct Masterplan. The project will renew and enhance existing youth recreation facilities through upgrades to the basketball court, skate precinct and associated amenities, creating an attractive and accessible recreation destination for residents and visitors.

The total project value is proposed at $300,000, aligning with the maximum funding available under the program.

Background

The Regional Tourism Infrastructure Fund aims to support projects that strengthen Queensland's tourism offering, increase visitation, encourage longer visitor stays, improve regional dispersal and deliver long-term economic benefits to regional communities. Funding of up to $300,000 is available for eligible regional tourism infrastructure projects through a competitive application process.

Council recently adopted the Hughenden Leisure Precinct Master Plan as the strategic framework for future investment in the Hughenden Aquatic Centre, Allen Terry Caravan Park and Youth

Precinct. The Master Plan identifies a staged approach to revitalising the precinct and highlights

youth recreation infrastructure as a priority investment area.

The proposed RTIF project seeks funding for Youth Precinct Upgrade, comprising:

Project Component	**Estimated Cost**
New shade structures and seating	$42,000
Drinking fountain	$17,500
Upgrade existing court	$234,011
Contingency and project delivery costs	$6,489
Total Project Value	**$300,000**

The project includes:

- Renewal of the existing basketball court slab
- Installation of new basketball hoops
- Multi-sport line marking
- Surface treatment works
- New perimeter fencing
- Additional shade structures and seating
- New drinking fountain and supporting amenities
- Tree planting and landscape improvements

The adopted Master Plan considered several short-term implementation opportunities, including site-wide precinct improvements, Caravan Park upgrades and youth recreation enhancements.

While these projects were identified as priorities, many exceed the funding available through the RTIF program. The Youth Precinct Upgrade has therefore been identified as the preferred project for this application as it can be delivered within the funding cap while achieving meaningful visitor, community and tourism outcomes.

Community consultation undertaken during development of the Master Plan demonstrated strong support for youth recreation improvements, including upgraded multi-use courts, skate park enhancements, shade, seating and water fountains. Community feedback consistently identified youth recreation infrastructure as a priority investment area.

Statutory/Compliance Matters

The Regional Tourism Infrastructure Fund is administered by the Queensland Department of the Environment, Tourism, Science and Innovation.

Applications are assessed against criteria including:

- Alignment with program objectives.
- Demonstrated tourism and economic benefits.
- Project readiness and deliverability.
- Community and stakeholder support.
- Long-term sustainability and maintenance.
- Value for money.

The proposed project aligns with the adopted Hughenden Leisure Precinct Master Plan and Council's strategic planning framework

Financial / Budget Implications

The proposed grant application seeks the maximum available funding of $300,000 (excluding GST) under the Regional Tourism Infrastructure Fund.

The estimated construction value of the project components is $293,511. A contingency allowance has been incorporated, bringing the total proposed project budget to $300,000.

No co-contribution is required under the program guidelines; however, any project expenditure exceeding the approved grant amount would be required to be funded by Council.

Consultation/engagement

- Queensland Department of the Environment, Tourism, Science and Innovation funding guidelines reviewed.
- Hughenden Leisure Precinct Master Plan stakeholder engagement and community consultation process.
- Community survey and youth engagement activities undertaken as part of the Master Plan development.

Risk Implications

Potential risks include:

- Funding application is unsuccessful
- Construction cost escalation exceeding allocated contingency
- Project delivery delays
- Community expectations regarding delivery of other Master Plan projects
- Future maintenance and renewal obligations

Should the application be successful, the project will reduce risks associated with ageing recreation infrastructure while improving safety, accessibility and visitor experience outcomes.

Strategic Impacts

Corporate / Operational Plan Connection:

The project directly supports Council's objectives to:

- Strengthen community wellbeing through quality recreation infrastructure
- Enhance liveability and attractiveness of Hughenden as a regional centre
- Increase tourism visitation and visitor length of stay
- Support economic development and regional growth
- Deliver priority projects identified through adopted strategic planning processes

The Hughenden Leisure Precinct Master Plan identifies the precinct as a significant community and visitor destination and recognises the role of upgraded recreation infrastructure in improving community wellbeing, attracting visitors and supporting local economic activity. The Plan notes that improved facilities can increase visitation, length of stay and local expenditure while contributing to Hughenden's liveability and regional profile.

Alignment with RTIF Objectives:

The proposed project aligns strongly with Regional Tourism Infrastructure Fund objectives by:

- Enhancing an existing visitor and recreation destination
- Improving visitor amenity through shade, seating and supporting infrastructure
- Creating an improved youth-focused attraction for travelling families
- Supporting longer visitor stays within Hughenden
- Contributing to regional visitor dispersal outside South East Queensland
- Delivering social and economic benefits for the local community
- Strengthening Hughenden's tourism and liveability offering

Conclusion

The Regional Tourism Infrastructure Fund presents an opportunity for Council to secure up to $300,000 in external funding to deliver a priority project identified through the recently adopted Hughenden Leisure Precinct Master Plan.

The proposed Youth Precinct Upgrade is a well-defined, achievable project that aligns with both the Master Plan and the objectives of the Regional Tourism Infrastructure Fund. The project will enhance visitor experiences, improve community recreation facilities and contribute to the long-term attractiveness of Hughenden as a place to live, work and visit.

Accordingly, Council endorsement of the funding application is recommended.

Attachments

- Regional Tourism Infrastructure Fund Round 2 Guidelines
- Hughenden Leisure Precinct Master Plan

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2.04.03 COMMUNITY GRANTS APPLICATION - ST FRANCIS F.A.C.E. PARISH FETE 2026

Author: Community Development Officer – Health and Wellbeing
Authorising Officer: Director of Community Services and Wellbeing
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
Approve retrospective funding of $2,500 to the St Francis F.A.C.E. Committee under the Community Grants Program, Tier 1 category, to support the delivery of the annual St Francis and Sacred Heart Parish Fete, held on Friday, 28 August 2026.

Executive Summary

The annual St Francis and Sacred Heart Parish Fete, held on Friday, 28 August 2026, is a valued community event that brings together residents of all ages in an inclusive, family-friendly environment. Featuring rides, raffles, cake stalls, food vendors, entertainment and community activities, the fete provides an affordable opportunity for local families to connect while fostering community participation and social inclusion.

The event also supports local economic activity by providing opportunities for local businesses, artisans and community groups to showcase and sell their products, strengthening community networks and encouraging local engagement.

Funding of $2,500 is sought to assist with the costs associated with delivering the fete, including food and supplies for food stalls, family-friendly activities, rides and entertainment. These attractions are central to the event's success and help ensure the fete remains accessible, safe and affordable for families and community members.

This application is presented to Council retrospectively due to a combination of factors, including a change to the scheduled Council meeting date and administrative delays associated with implementing Council's new online Community Grants application process. As a result, the application could not be considered by Council prior to the event despite the applicant engaging with the grant process in good faith.

Profits generated from the fete are shared equally between the parish and school and are reinvested into projects and initiatives that deliver lasting community benefits. Current projects include the development of a cubby house as a legacy gift in memory of Conall Westcott, creating a meaningful space for children and families to enjoy. Funds are also being reserved for the future replacement of the school's playground, with the existing equipment identified as requiring renewal in coming years.

The application aligns with the objectives of Council's Community Grants Program and supports community wellbeing, participation and local economic development.

Background

The Community Grants Program supports initiatives that deliver positive social, cultural, environmental and economic outcomes for the Flinders Shire community. The program aims to:

- Support projects, events and initiatives that enhance community wellbeing and participation.
- Strengthen community organisations and volunteer-led activities.
- Encourage local partnerships and community collaboration.
- Deliver measurable community benefits and outcomes.
- Align funded initiatives with Council's Corporate Plan and strategic priorities.

Under the Community Grants Policy, Tier 1 funding provides grants of up to $5,000 to support small-scale community projects, events and initiatives. A financial co-contribution is encouraged but not mandatory.

The St Francis F.A.C.E. Committee has applied for $2,500 to assist with the delivery of the annual St Francis and Sacred Heart Parish Fete. Funding will contribute towards event costs, including family-friendly activities, rides, entertainment and food stall supplies.

The St Francis and Sacred Heart Parish Fete was scheduled for Friday, 28 August 2026. While the applicant commenced the grant application process in accordance with program requirements, the application could not be presented to Council before the event due to a change in the Council meeting schedule and administrative delays associated with transitioning to Council's new online Community Grants application system. As such, retrospective consideration of the application is being sought.

The applicant meets the eligibility requirements of the Community Grants Program as a local community organisation delivering an established annual event that provides broad community benefit. The fete promotes social inclusion, community participation, volunteer engagement and local economic activity, while proceeds are reinvested into community and school projects that provide ongoing benefits to local residents.

Council officers have assessed the application against the Community Grants Policy and Guidelines and determined that it meets the program objectives and funding criteria.

Statutory/Compliance Matters

The application has been assessed in accordance with Council's Community Grants Policy and Community Grants Guidelines. The applicant meets the eligibility requirements of the program and the proposed use of funds is consistent with the objectives and funding criteria of the Community Grants Program.

While the event was held prior to Council's consideration of the application, officers are satisfied that the circumstances giving rise to the retrospective request were outside the applicant's control and were primarily associated with Council's transition to a new online grants application process and changes to the Council meeting schedule. The application has been assessed against the same eligibility and merit criteria applied to all Community Grants applications.

Financial / Budget Implications

Funding for this application will be allocated from the 2026/27 Community Grants Program budget.

Description	Amount
Total Community Grants Budget	$150,000
Funds Committed to Date	$34,500
Budget Remaining	$115,500
Recommended Grant Allocation	$2,500
Remaining Budget Following Approval	$113,000

Sufficient funds are available within the adopted Community Grants budget to support this application.

Consultation/engagement

- The Community Grants Program is publicly advertised through Council's website and communication channels and remains open for applications until annual funding is fully allocated.
- Council officers are available to provide guidance and support to prospective applicants throughout the application process.
- The application has been assessed by the Community Services officers in accordance with the Community Grants Policy and Guidelines.
- These revisions provide clearer evidence of compliance, demonstrate that funding is available within budget, and document the assessment process that supports the recommendation.

Risk Implications

Low Risk

- The applicant is a recognised local community organisation with a demonstrated history of successfully delivering the annual fete.
- The proposed use of funds is consistent with the objectives of the Community Grants Program.
- Funding will support activities that provide broad community benefit and enhance social participation.
- Grant acquittal requirements will ensure accountability and appropriate use of Council funds.

Strategic Impacts

The St Francis and Sacred Heart Parish Fete supports several key outcomes of Council's Corporate Plan by fostering community participation, supporting local businesses and enhancing the vibrancy of the region.

The event aligns with the following Corporate Plan priorities:

- Community – Maintaining and developing community and social infrastructure that meets the needs of residents by providing an inclusive, family-friendly event that strengthens social connections, volunteerism and community wellbeing.
- Visitors – Supporting local events that contribute to the attractiveness and vibrancy of the Shire, encouraging participation from residents and visitors alike.
- Economy – Promoting opportunities for local businesses, community groups and market stallholders to showcase products and services, generating economic activity and supporting local enterprise.

This application demonstrates strong alignment with Council's strategic objective of fostering a connected, resilient and engaged community while supporting local economic development.

Conclusion

The St Francis and Sacred Heart Parish Fete, held on Friday, 28 August 2026, is a longstanding community event that provides an inclusive, affordable and family-friendly opportunity for residents to connect, support local businesses and strengthen community relationships.

The requested funding of $2,500 will assist with offsetting essential event costs and support the ongoing sustainability of this important community event. Combined with the significant contribution of volunteers and fundraising efforts, Council's support contributes to the continued success of the fete and the community benefits it delivers.

Although the application is being considered retrospectively, the circumstances arose due to changes to Council's meeting schedule and administrative delays associated with implementing the new online Community Grants application process. The application meets the eligibility requirements of the Community Grants Program, aligns with Council's strategic objectives, and is therefore recommended for approval.

AGENDA
31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2.04.04 HUGHENDEN CAMPDRAFT ASSOCIATION - COMMUNITY GRANT APPLICATION

Author: Community Services Manager
Authorising Officer: Director of Community Services and Wellbeing
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
1. Decline the application from the Hughenden Campdraft Association for funding of $20,000 under the Community Grants Program Tier 2 category; and
2. Note that the application does not meet the eligibility requirements of Council's Community Grants Policy and Community Grants Guidelines, including the requirement for previous Council grant funding to be satisfactorily acquitted prior to consideration of further funding.

Background

The Hughenden Campdraft is a longstanding community event that has operated for more than 40 years and continues to provide social, cultural and economic benefits to the Flinders Shire. The Hughenden Campdraft Association submitted an application seeking $20,000 under Council's Community Grants Program Tier 2 category to support the 2026 Hughenden Campdraft, held from 21 to 24 August 2026.

Council officers assessed the application against the Community Grants Policy and Community Grants Guidelines and determined that it does not satisfy the eligibility requirements for funding. The applicant has not submitted the required acquittal documentation for Council funding received for the 2025 Hughenden Campdraft, despite seven email reminders being issued since 4th September 2025.

Other matters identified during the assessment include:

- Outstanding acquittal: The applicant has not satisfactorily acquitted the Council grant received for the 2025 Hughenden Campdraft.
- Retained surplus: The Association reported a net surplus of $27,947.68 for 2025 and projects a similar surplus of $27,832.57 for 2026. The application did not explain the intended use of these funds or why Council funding of $20,000 is required in addition to the available surplus.
- Application timeframe: The application was received on 4 August 2026, less than three weeks before the event commenced. While this is outside the preferred timeframe outlined in the Community Grants Guidelines, officers acknowledge that the first funding round under Council's revised Grants Policy, tiered funding framework and new online application process created administrative delays and may have influenced the timing of submissions and assessments.

- Acknowledgement of Council support: As the event has already occurred, there is a risk that the applicant may be unable to provide the level of acknowledgement of Council support ordinarily required under the Community Grants Guidelines.

While officers recognise the value of the Hughenden Campdraft and its longstanding contribution to the community, Option A is recommended. The recommendation is based primarily on the outstanding acquittal obligations associated with previous Council funding and the lack of demonstrated need for additional financial assistance despite the reported operating surplus. Declining the application would support the consistent and equitable application of Council's adopted Community Grants Policy and Guidelines.

An alternative option has been included should Council wish to provide a reduced level of financial support in recognition of the event's community value. This option would be subject to the outstanding acquittal and all other conditions being satisfactorily addressed before any funding is released.

Options for Council Consideration

Option A: Decline Application

Under this option, Council would decline the application for $20,000.

This is the officer recommendation and is considered the option most consistent with Council’s adopted Community Grants Policy and Community Grants Guidelines.

The application does not meet the program requirements because:

- The 2025 Council grant has not been satisfactorily acquitted;
- The application was not submitted at least eight weeks before the event;
- The event has occurred, limiting opportunities for appropriate acknowledgement of Council support; and
- The application does not explain the intended use of the Association’s reported and projected surplus funds.

Declining the application would support the consistent and equitable administration of the Community Grants Program and reinforce the requirement for grant recipients to meet their reporting and acquittal obligations.

The Association would remain able to apply for future funding opportunities following satisfactory completion of the outstanding acquittal and subject to meeting all applicable eligibility and application requirements.

Option B: Approve Reduced Funding Subject to Conditions

Council may determine that the Hughenden Campdraft's longstanding social, cultural and economic contribution warrants a reduced level of support despite the identified eligibility and compliance issues.

Under this option, Council would approve funding of up to $5,000, subject to:

- Submission and approval of the outstanding 2025 grant acquittal;
- Provision of a written explanation regarding the purpose and intended use of the Association's retained surplus;
- Satisfaction of all remaining Community Grants Program requirements; and
- Suitable post-event acknowledgement of Council's support, where practicable.

No funding would be released until the conditions were satisfactorily met.

This option would recognise the community value of the event while retaining some accountability requirements. However, approving funding for an application that did not meet the acquittal and application timeframe requirements would represent a departure from the standard requirements of Council's Community Grants Policy and Community Grants Guidelines.

It may also create an expectation that other applicants could receive retrospective or conditional funding despite not meeting the program's eligibility requirements.

Statutory/Compliance Matters

The application was assessed in accordance with Council's Community Grants Policy and Community Grants Guidelines.

The assessment identified that the applicant has not submitted the required acquittal documentation relating to Council funding received for the 2025 Hughenden Campdraft.

Council's Community Grants Policy and Guidelines require applicants to have satisfactorily completed all reporting and acquittal obligations relating to previous Council grant funding before being considered eligible for further financial assistance.

As the outstanding acquittal requirement has not been met, the application does not satisfy the eligibility requirements of the Community Grants Program.

Approval of the full funding request in these circumstances would be inconsistent with the requirements of Council's adopted Community Grants Policy and Community Grants Guidelines.

Financial / Budget Implications

Funding for this application will be allocated from the 2026/27 Community Grants Program budget.

Description	Option A	Option B
Total Community Grants Budget	$150,000	$150,000
Funds Committed to Date	$34,500	$34,500
Current Budget Remaining	$115,500	$115,500
Proposed Grant Allocation	Nil	Up to $5,000
Remaining Budget Following Decision	$115,500	$110,500

Under Option A, no funding allocation is recommended and the remaining Community Grants budget would remain at $115,500.

Under Option B, approval of the maximum reduced allocation of $5,000 would reduce the remaining Community Grants budget to $110,500.

Any funding approved under Option B would not be released until all conditions contained within Council's resolution had been satisfactorily met.

Consultation/engagement

- The Community Grants Program is publicly advertised through Council's website and communication channels and remains open for applications until annual funding is fully allocated.
- Council officers are available to provide guidance and support to prospective applicants throughout the application process.
- The application has been assessed by Community Services officers in accordance with the Community Grants Policy and Guidelines.
- The applicant has been contacted on seven occasions by email since 4 September 2025 regarding the outstanding acquittal for the 2025 Hughenden Campdraft grant.
- At the time of preparing this report, the required acquittal had not been submitted or approved. The applicant therefore does not meet the requirement to have satisfactorily acquitted previous Council grant funding before further funding is considered.

Risk Implications

Medium Risk:

- Governance and Compliance Risk- Approving funding for an application that does not satisfy the program's eligibility requirements may be inconsistent with Council's adopted Community Grants Policy and Community Grants Guidelines. Option A provides the strongest alignment with Council's adopted grant requirements.

- Financial Accountability Risk - Providing further funding while a previous grant remains unacquitted may weaken the accountability controls applying to Council's community funding programs. The conditions proposed under Option B would reduce this risk by preventing the release of funds until the outstanding acquittal and other requirements have been satisfactorily addressed.
- Equity and Precedent Risk - Approval of an ineligible or late application may create a precedent for other organisations seeking funding despite not meeting acquittal, eligibility or application timeframe requirements. This may result in perceptions that grant requirements are not being applied consistently across community organisations.
- Reputational Risk - Declining funding for a longstanding community event may result in concern or dissatisfaction from the applicant or sections of the community. Conversely, approving funding despite identified non-compliance may create broader concerns regarding transparency, fairness and the consistent administration of public funds.
- Acknowledgement Risk - As the 2026 Hughenden Campdraft has already occurred, the applicant may be unable to provide the same level of acknowledgement and promotional recognition that would ordinarily be required as a condition of Council support. Under Option B, post-event acknowledgement would be required where practicable

Strategic Impacts

The officer recommendation supports Council's commitment to:

- Transparent and accountable decision-making;
- Responsible stewardship of public funds;
- Equitable access to Council grant programs;
- Consistent application of adopted policies and guidelines;
- Effective governance and financial management; and
- Supporting community organisations to meet appropriate accountability and reporting standards.

The Hughenden Campdraft contributes to community participation and the social, cultural and economic wellbeing of the Flinders Shire. However, these benefits must be considered alongside Council's responsibility to administer public funding consistently and transparently.

Conclusion

The Hughenden Campdraft is a valued community event that has contributed to the social, cultural and economic wellbeing of the Flinders Shire for more than 40 years. Council acknowledges the substantial volunteer effort required to deliver the event and its longstanding importance to the community.

Notwithstanding these benefits, assessment of the application identified that the Hughenden Campdraft Association has not submitted the required acquittal for Council funding received for the 2025 event. The application was also submitted outside the required timeframe, the event has now occurred, and the application did not explain the intended use of the Association's reported and projected surplus funds.

Under Council's Community Grants Policy and Community Grants Guidelines, applicants must meet all previous reporting and acquittal obligations before being eligible for further funding.

Accordingly, Option A is the officer recommendation. Declining the application would ensure the Community Grants Program is administered fairly, transparently and consistently in accordance with Council's adopted requirements.

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31/08/2026 – 9:00 AM
McNAMARA BOARDROOM

2.05 PEOPLE, SAFETY AND GOVERNANCE

2.05.01 ANNUAL CLOSE DOWN 2026/2027

Author: Director People Safety and Governance
Authorising Officer: Chief Executive Officer
Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION
That Council:
agree to set the dates for the annual close down period as follows:

- Council facilities (Main Office, Community Services, Flinders Discovery Centre, Library, Human Services (Centrelink) and Community Care) to close at 5.00pm on Tuesday 22 December 2026 and re-open on Monday 4 January 2027. Council's Indoor Workforce required to take leave during this period.
- Council's Outdoor Workforce to cease work at close of business on Friday 18 December 2026 and take leave until they return to work on Monday 4 January 2027.
- Directors to ensure that staff are consulted and have appropriate arrangements in place to maintain essential services and to react to emergent matters during, and following, the closed down period.

Executive Summary

The *Queensland Local Government Industry Award – State 2017* has provision for an employer to close down its operations or a section or sections for the purposes of allowing annual leave to all or the bulk of the employees.

It is proposed to "close down" Council facilities and operations during a period over Christmas and New Year 2026/2027

Background

Traditionally Flinders Shire Council has a block closed down period over the Christmas / New Year break where facilities close and all staff are required to take leave. Typically, only a skeleton crew were in place over this period to maintain essential services.

The Outdoor Workforce had two different stand-down periods with the Road Construction, Road Maintenance, and Concrete crews having an extended period of an additional 2 weeks to the rest of the workforce.

During, and following the 2025/2026 stand down period it became apparent that this arrangement did not fulfil community needs, workplace needs (particularly around management of leave for new staff), and emergent needs due to the severe weather event which commenced from 24 December 2026.

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It is proposed that a more flexible arrangement be put in place for the 2026/2027 close down period. The proposal includes that the entire workforce have a similar compulsory leave period with the outdoor workforce having a slightly earlier commencement due to their rostered day off arrangements. Individual staff members can apply for leave around their personal situation and also be involved in a skeleton crew or on-call roster arrangement.
The proposed close down period is as follows:

- Council facilities (Main Office, Community Services, Flinders Discovery Centre, Library, Human Services (Centrelink) and Community Care) to close at 5.00pm on Tuesday 22 December 2026 and re-open on Monday 4 January 2027. Council's Indoor Workforce required to take leave during this period.
- Council's Outdoor Workforce to cease work at close of business on Friday 18 December 2026 and take leave until they return to work on Monday 4 January 2027.
- Directors to ensure that staff are consulted and have appropriate arrangements in place to maintain essential services and to react to emergent matters during, and following, the closed down period.

Statutory/Compliance Matters

- *Queensland Local Government Industry Award – State 2017*

Financial / Budget Implications

N/A

Consultation/engagement

- ELT
- Individual work groups by Directors

Risk Implications

- Adequate staffing must be in place for essential services to meet community expectations.
- In the event of emergent matters such as disaster management, appropriate arrangements including call-back provisions are in place to react.

Strategic Impacts

N/A

Attachments

N/A

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3. CLOSED BUSINESS

- Nil Resolutions Required

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31/08/2026 – 9:00 AM
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The meeting closed at

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Kate Peddle
Mayor
Flinders Shire Council