

South Australia

Health Care Act 2008

An Act to provide for the administration of hospitals and other health services; to establish the Health Performance Council and Health Advisory Councils; to establish systems to support the provision of high-quality health outcomes; to provide licensing systems for ambulance services and private hospitals; to make related amendments to other Acts; to repeal the *Ambulance Services Act 1992*, the *Hospitals Act 1934* and the *South Australian Health Commission Act 1976*; and for other purposes.

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Legislative history

The Parliament of South Australia enacts as follows:

Part 1—Preliminary

1—Short title

This Act may be cited as the *Health Care Act 2008*.

2—Commencement

This Act will come into operation on a day to be fixed by proclamation.

3—Interpretation

- (1) In this Act, unless the contrary intention appears—

ambulance means a vehicle that is equipped to provide medical treatment or to monitor a person's health and that is staffed by persons who are trained to provide medical attention during transportation;

ambulance service means the service of transporting by the use of an ambulance a person to a hospital or other place to receive medical treatment or from a hospital or other place at which the person has received medical treatment;

Chief Executive means the Chief Executive of the Department and includes a person for the time being acting in that position;

Department means the administrative unit of the Public Service that is, under the Minister, responsible for the administration of this Act;

domestic partner—a person is a domestic partner of another if the person is a domestic partner of the other within the meaning of the *Family Relationships Act 1975*, whether declared as such under that Act or not;

emergency ambulance service means an ambulance service that—

- (a) responds to requests for medical assistance (whether made by 000 emergency telephone calls or other means) for persons who may have injuries or illnesses requiring immediate medical attention in order to maintain life or to alleviate suffering; and
- (b) is set up to provide medical attention to save or maintain a person's life or alleviate suffering while transporting the person to a hospital;

employing authority means—

- (a) subject to paragraph (b), the Chief Executive; or
- (b) if the Governor thinks fit, a person, or a person holding or acting in an office or position, designated by proclamation made for the purposes of this definition;

HAC means a Health Advisory Council established under Part 4;

health service means—

- (a) a service associated with:
 - (i) the promotion of health and well-being; or
 - (ii) the prevention of disease, illness or injury; or
 - (iii) intervention to address or manage disease, illness or injury; or
 - (iv) the management or treatment of disease, illness or injury; or
 - (v) rehabilitation or on-going care for persons who have suffered a disease, illness or injury; or
- (b) a paramedical or ambulance service; or
- (c) a residential aged care service; or
- (d) a service brought within the ambit of this definition by the regulations,

but does not include a service excluded from the ambit of this definition by the regulations;

HPC means the Health Performance Council established under Part 3;

hospital means, according to the context—

- (a) an entity (whether corporate or unincorporated and including a partnership or other structure) by which health services are provided, being health services that include services provided to persons on a live-in basis;
- (b) a site at which activities of an incorporated hospital are undertaken;

hospital bed means the bed and associated facilities provided by a hospital for the provision of health services to a patient on a live-in basis;

incorporated hospital means a hospital incorporated under this Act;

liability includes contingent liability;

medical treatment includes all medical or surgical advice, attendances, services, procedures and operations;

non-emergency ambulance service means an ambulance service other than an emergency ambulance service;

private hospital means a hospital other than an incorporated hospital;

relative—a person is a relative of another if the person is a spouse, domestic partner or parent of the other of or over 18 years of age and a brother, sister, son or daughter of the other;

relevant interest has the same meaning as in the *Corporations Law*;

repealed Act means the *South Australian Health Commission Act 1976*;

restricted ambulance service licence means a licence under Part 6 Division 2 authorising the provision of non-emergency ambulance services;

right includes a right of action;

SAAS means the SA Ambulance Service Inc;

spouse—a person is a spouse of another if they are legally married;

vehicle includes an aircraft or a boat.

- (2) The Governor may, for the purposes of the definition of **employing authority**—
 - (a) designate different persons as employing authorities with respect to different classes of employees (or potential employees);
 - (b) in making a designation under paragraph (a), include the Chief Executive;
 - (c) from time to time as the Governor thinks fit, vary or revoke a proclamation, or make a new proclamation for the purposes of the definition.

4—Objects of Act

The objects of the Act are—

- (a) to enable the provision of an integrated health system that provides optimal health outcomes for South Australians; and

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- (b) to facilitate the provision of safe, high-quality health services that are focussed on the prevention and proper management of disease, illness and injury; and
 - (c) to facilitate a scheme for health services to meet recognised standards.

5—Principles

The following principles are to be applied in connection with the operation and administration of this Act:

- (a) the protection of the public and the interests of people in need of care related to their health should be the highest priorities in the provision of health services;
- (b) Aboriginal people and Torres Strait Islanders should be recognised as having a special heritage and the health system should, in interacting with Aboriginal people and Torres Strait Islanders, support values that respect their historical and contemporary cultures;
- (c) the planning and provision of health services should take into account the situation and needs of people who live or work in the country or regional areas of the State, including through the support of health professionals who provide services in those areas;
- (d) support should be given to encouraging responsibility at community and individual levels for the promotion and development of healthy communities and individuals, and to ensure that people are able to make informed decisions about their health;
- (e) health services or programs should be accessible on a State-wide or community basis;
- (f) health services should be provided as part of an integrated system—
 - (i) that includes all aspects of health promotion and disease, illness and injury prevention so as to maximise community health and well-being; and
 - (ii) that supports services or programs designed to promote early intervention in detecting and responding to disease, illness or injury; and
 - (iii) that provides for the effective and safe management and treatment of disease, illness or injury, including through self-management of chronic or other diseases; and
 - (iv) that supports improved health outcomes for communities with particular health needs; and
 - (v) that promotes a whole of Government approach to advance and improve health status within the community; and
 - (vi) that seeks to reduce in-patient hospitalisation and dependence on emergency and out-patient services within hospitals; and
 - (vii) that promotes the efficient and economic provision of services;
- (g) health services should meet the highest levels of quality and safety;

- (h) service providers should seek to engage with the community in the planning and provision of health services, including through the encouragement or involvement of volunteers;
- (i) recognition should be given to the fact that there is a significant public benefit in having a single emergency ambulance service that provides an efficient use of assets, a highly-responsive service, and high levels of integration with other health services provided within the public health system.

Part 2—Minister and Chief Executive

6—Minister

- (1) The Minister's functions in connection with the operation of this Act include the following (to be performed to such extent as the Minister considers appropriate):
 - (a) to ascertain the requirements of the community, or sections of the community, in the field of health and health services and to determine how those requirements should be met to the best advantage of the community;
 - (b) to plan, implement or support the provision of a system of health services that is comprehensive, co-ordinated and readily accessible to the public;
 - (c) to establish health services within the community;
 - (d) to act to ensure that hospitals established under this Act, or that hospitals or other health services established, maintained or operated by or with the assistance of the Government of the State, are operated in an efficient and economical manner;
 - (e) to ensure the proper allocation of resources across health services established under this Act;
 - (f) to ensure that emergency ambulance services are provided in an efficient and effective manner through SAAS;
 - (g) to promote or support—
 - (i) research in the field of health and health services; and
 - (ii) the collection of data, statistics and other information in relation to health and health services; and
 - (iii) the provision of education, instruction or training in professional or other fields associated with health and the provision of health services;
 - (h) to promote and encourage the participation of volunteers in the provision of health services;
 - (i) to disseminate information and knowledge for the benefit of the health of the public;
 - (j) to establish mechanisms to keep the policies and standards of health and health services developed by the Department under evaluation and review;
 - (k) to promote a positive relationship between the public, private and other health sectors;

- (1) such other functions assigned to the Minister by or under this or any other Act, or considered by the Minister to be relevant to the operation of this or any other relevant Act.
- (2) The Minister has the power to do anything necessary, expedient or incidental to—
 - (a) performing the functions of the Minister under this Act; or
 - (b) administering this Act; or
 - (c) furthering the objects of this Act.
- (3) The Minister cannot give a direction concerning the clinical treatment of a particular person.

7—Chief Executive

- (1) The Chief Executive's functions in connection with the operation of this Act include the following:
 - (a) to assist the Minister in connection with the administration of this Act and to exercise statutory powers conferred by this Act;
 - (b) to be responsible to the Minister for the overall management, administration and provision of health services within the Minister's portfolio, to assume direct responsibility for the administration of incorporated hospitals and to ensure that the Department undertakes a leadership role in the administration of health services;
 - (c) to ensure that appropriate standards of patient care and service delivery are adopted and applied in the delivery of health services;
 - (d) to facilitate the efficient and economic operation of the public health system;
 - (e) to ensure that the Department establishes and maintains processes to consult with members of the community, volunteers, carers and health care providers on health care needs and service priorities within the public health system;
 - (f) to ensure that the Department values a highly trained workforce within the health system, and to provide support to maintain high levels of commitment in the provision of services;
 - (g) to provide advice to the Minister in relation to the operation or administration of this Act, the provision of health services within the State, or the protection or promotion of public health within the State;
 - (h) at the request of the Minister, to provide advice on any other matter in relation to which the Minister considers that the advice of the Chief Executive should be available;
 - (i) such other functions assigned to the Chief Executive by or under this or any other Act, or assigned to the Chief Executive by the Minister in connection with the operation of this or any other relevant Act.
- (2) The Chief Executive has the power to do anything necessary, expedient or incidental to performing the functions of the Chief Executive.
- (3) Subject to this Act, the Chief Executive is, in the performance and exercise of the Chief Executive's functions and powers, subject to the control and direction of the Minister.

- (4) The Chief Executive cannot give a direction concerning the clinical treatment of a particular person.

8—Delegations

- (1) The Minister may delegate a function or power conferred on the Minister under this Act—
 - (a) to a specified person or body; or
 - (b) to a person occupying or acting in a specified office or position.
- (2) The Chief Executive may delegate a function or power conferred on the Chief Executive under this Act—
 - (a) to a specified person or body; or
 - (b) to a person occupying or acting in a specified office or position.
- (3) A delegation—
 - (a) may be made subject to conditions or limitations specified in the instrument of delegation; and
 - (b) if the instrument of delegation so provides, may be further delegated by the delegate; and
 - (c) is revocable at will and does not prevent the delegator from acting personally in a matter.

Part 3—Health Performance Council

9—Establishment of Health Performance Council

- (1) The *Health Performance Council (HPC)* is established.
- (2) HPC is to consist of up to 15 persons appointed by the Governor on the recommendation of the Minister who together, in the opinion of the Minister—
 - (a) have a high level of knowledge of, and expertise in, the provision of health care or the administration of health services; and
 - (b) are able to represent the diversities of South Australia's communities; and
 - (c) have such experience, skills and qualifications to enable HPC to carry out its functions effectively.
- (3) The Minister must consult with prescribed bodies, in accordance with the regulations, before making a recommendation under subsection (2).
- (4) The Minister must ensure, as far as practicable, that the persons appointed under subsection (2) consist of equal numbers of women and men.
- (5) An act or proceeding of HPC is not invalid by reason only of a vacancy in its membership or a defect or irregularity in, or in connection with, the appointment of a member.

10—Provisions relating to members, procedures and committees and subcommittees

Schedule 1 has effect with respect to HPC.

11—Functions of HPC

- (1) The functions of HPC are—
 - (a) to provide advice to the Minister about—
 - (i) the operation of the health system; and
 - (ii) health outcomes for South Australians and, as appropriate, for particular population groups; and
 - (iii) the effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes; and
 - (b) to provide reports to the Minister in accordance with the requirements of this Act; and
 - (c) to provide advice to the Minister about any matter referred to it by the Minister or any matter it sees fit to advise the Minister about in connection with its responsibilities under this Act; and
 - (d) such other functions assigned to HPC under this or any other Act, or assigned to HPC by the Minister.
- (2) HPC should, in the performance of its functions, seek to obtain, to such extent as is reasonable and relevant in the circumstances, the views of—
 - (a) Health Advisory Councils; and
 - (b) advisory committees established by the Minister to assist HPC in the performance of its functions.
- (3) HPC must, in the performance of its functions, take into account the strategic objectives that have been set or adopted within the Government's health portfolios.
- (4) Without limiting subsection (3), HPC must, in providing any advice with respect to the provision of any health services (including proposed services), take into account—
 - (a) the net benefit provided by the services, the cost effectiveness of services, and available resources; and
 - (b) the net impact that the adoption of the advice would have on other services, or on the community more generally; and
 - (c) the value placed on any relevant services by members of the public who use those services.
- (5) The Minister must establish arrangements to meet with HPC on a regular basis.
- (6) HPC cannot, in the performance of its functions, give directions to the Chief Executive, the Department, a hospital or a HAC.
- (7) HPC may request the Chief Executive to provide it with specified information in order to assist it in the performance of its functions.
- (8) The Chief Executive may impose conditions that HPC must observe in relation to the receipt, use or disclosure of information provided under subsection (7).

12—Annual report

- (1) HPC must, within 3 months after the end of each financial year, deliver to the Minister a report on the operations of HPC during that financial year.

- (2) The Minister must, within 12 sitting days after the receipt of a report under this section, cause a copy of the report to be laid before both Houses of Parliament.

13—4-yearly report

- (1) HPC must, on a 4-yearly basis, furnish to the Minister a report that assesses the health of South Australians and changes in health outcomes over the reporting period.
- (2) The report must—
 - (a) identify significant trends in the health status of South Australians and consider future priorities for the health system having regard to trends in health outcomes, including trends that relate to particular illnesses or population groups; and
 - (b) review the performance of the various health systems established within the State in achieving the objects of this Act; and
 - (c) identify any other significant issues considered relevant by HPC; and
 - (d) conform with any requirements of the Minister as to the form of the report and other matters to be addressed by the report.
- (3) The Minister must, within 12 sitting days after receipt of a report under this section, cause a copy of the report to be laid before both Houses of Parliament.
- (4) The Minister must, within 6 months after receipt of a report under this section, cause a formal response to the report to be laid before both Houses of Parliament.
- (5) The first report under this section must be completed by a day to be fixed by the regulations.

14—Use of facilities

HPC may, with the approval of the responsible Minister or, if relevant, a responsible public sector instrumentality, make use of the staff, services or facilities of an administrative unit or another public sector instrumentality.

Part 4—Health Advisory Councils

Division 1—Establishment of Councils

15—Establishment of Councils

- (1) The Minister may, by notice in the Gazette, establish a Health Advisory Council (a *HAC*) to undertake an advocacy role on behalf of the community, to provide advice, and to perform other functions, as determined under this Act, in relation to any of the following:
 - (a) the Minister;
 - (b) the Chief Executive;
 - (c) an incorporated hospital;
 - (d) SAAS;
 - (e) any other body involved in the delivery of health services in connection with this Act.

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- (2) Without limiting subsection (1), the Minister may establish and maintain a HAC, constituted by persons who have experience in providing ambulance services as volunteers, with functions that include to provide advice to SAAS in the performance of its functions.
- (3) The notice published under subsection (1) may—
- (a) designate the entity or entities in relation to which the HAC is established; and
 - (b) make provision with respect to the functions of the HAC; and
 - (c) declare whether the HAC is to be an incorporated or unincorporated body and assign a name to the HAC (which must, if the HAC is to be incorporated, end with the abbreviation "Inc"); and
 - (d) make provision with respect to the powers of the HAC; and
 - (e) make such other provision as the Minister thinks fit (including by relating the functions of the HAC to a designated area of the State).
- (4) The Minister may, by subsequent notice in the Gazette—
- (a) vary a notice under this section;
 - (b) amalgamate 2 or more HACs;
 - (c) dissolve a HAC.
- (5) However, the Minister—
- (a) must consult with the members of the relevant HAC or HACs in the manner prescribed by the regulations before acting under subsection (4); and
 - (b) must not act under subsection (4)(b) or (c) unless—
 - (i) the Minister is satisfied that there has been a reasonable level of consultation within the community; and
 - (ii) the Minister is satisfied that it is appropriate to do so on a ground prescribed by the regulations.
- (6) If 2 or more HACs are amalgamated under subsection (4)(b), the Minister may—
- (a) exercise any power under a preceding subsection in relation to the HAC established by the amalgamation (including by declaring whether the HAC is to be an incorporated or unincorporated body); and
 - (b) dissolve the HACs that were the separate entities before the amalgamation.
- (7) If 2 or more HACs are amalgamated under subsection (4)(b), the assets, rights and liabilities of the HACs that were the separate entities before the amalgamation vest in or attach to the HAC formed by the amalgamation by operation of this subsection (unless a contrary provision is relevant under subsection (8)).
- (8) A reference in a testamentary disposition or other instrument to a HAC that is a party to an amalgamation under subsection (4)(b) will be taken to be (subject to any provision of the testamentary disposition or other instrument to the contrary) a reference to the HAC formed by the amalgamation.

- (9) If a HAC is dissolved under subsection (4)(c), the Minister may, as the Minister thinks necessary or appropriate, exercise a power under section 20 (subject to complying with the requirements of that section).
- (10) The Minister may, by notice in the Gazette, make other provisions that in the opinion of the Minister are necessary or expedient in connection with taking action under subsection (4).
- (11) To avoid doubt, the Minister may establish more than 1 HAC in relation to a particular entity under subsection (1).

16—Status

- (1) If a HAC is to be an incorporated body by virtue of a declaration of the Minister—
 - (a) the HAC is, by force of this section, a body corporate with perpetual succession and a common seal; and
 - (b) subject to the provisions of this Act and its constitution, the HAC—
 - (i) is capable of holding, acquiring, dealing with, and disposing of, real and personal property (including the power to enter into leases); and
 - (ii) is capable of acquiring or incurring other assets, rights or liabilities; and
 - (iii) is capable of entering into contracts; and
 - (iv) is capable of suing and being sued; and
 - (v) is capable of administering any property on trust or accepting gifts (and, if any gift is affected by a trust, is empowered to carry out the terms of the trust); and
 - (vi) has the rights, powers, authorities, functions, duties and obligations prescribed by or under this Act or its constitution.
- (2) If a HAC is not to be a body corporate by virtue of a declaration of the Minister, the HAC has the rights, powers, authorities, functions, duties and obligations prescribed by or under this Act or its rules.
- (3) A HAC is an instrumentality of the Crown.
- (4) Subject to subsection (5), a HAC holds its property on behalf of the Crown.
- (5) Subsection (4) does not apply to the extent that a HAC holds any property on trust.
- (6) Without limiting subsection (5), in the event of an inconsistency between the operation or effect of a provision under this Part and the duties or responsibilities of a HAC as a trustee, the provisions of this Part will not apply to the extent of the inconsistency.
- (7) Subject to any provision made in its constitution or rules, a HAC may exercise its powers within or outside the State.

17—Constitution and rules

- (1) A HAC that is incorporated under this Act will have a constitution determined by the Minister.

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- (2) A constitution—
- (a) must address the appointment of persons as the members of the governing body of the HAC (including by determining the number of members) and, in respect of those members—
 - (i) the method by which they may be appointed, and their terms of office; and
 - (ii) the conditions of appointment, or a method by which those conditions will be determined; and
 - (b) may provide for the appointment of deputies of members of the governing body of the HAC; and
 - (c) must specify the functions of the HAC and may, in doing so, provide for functions of the HAC that are in addition to those specified under Division 2, or limit or regulate the functions or powers of the HAC under this Act; and
 - (d) may make any other provision that, in the opinion of the Minister, is necessary or expedient in connection with the functions, powers or activities of the HAC.
- (3) A HAC that is not incorporated under this Act will have rules determined by the Minister.
- (4) A set of rules—
- (a) must address the appointment of persons as members of the HAC (including by determining the number of members) and, in respect of those members—
 - (i) the method by which they may be appointed, and their terms of office; and
 - (ii) the conditions of appointment, or a method by which those conditions will be determined; and
 - (b) may provide for the appointment of deputies of members of the HAC; and
 - (c) must specify the functions of the HAC and may, in doing so, provide for functions of the HAC that are in addition to those specified under Division 2, or limit or regulate the functions or powers of the HAC under this Act; and
 - (d) may make any other provision that, in the opinion of the Minister, is necessary or expedient in relation to the functions, powers or activities of the HAC.
- (5) If a HAC is established in relation to an incorporated hospital established to provide services within the country areas of the State, the constitution or rules of the HAC (as the case may be) must provide that a majority of members of the governing body of the HAC (in the case of an incorporated HAC) or a majority of members of the HAC (in the case of a HAC that is not incorporated) are persons who are selected or appointed on the basis of being members of the local community.
- (6) The Minister may publish a constitution or set of rules in such manner as the Minister thinks fit.
- (7) The Minister may, as the Minister thinks fit, vary a constitution or set of rules from time to time.

- (8) For the purposes of facilitating the operation of this section, the Minister must develop a model constitution and a model set of rules (and may then vary or replace any such model from time to time).
- (9) The Minister must, in varying or replacing a model, undertake the consultation required by the regulations.
- (10) To avoid doubt, the Minister may depart from a model in a particular case.

Division 2—Functions and powers

18—Functions

- (1) The functions of a HAC may include 1 or more of the following:
 - (a) to act as an advocate to promote the interests of the community, or a section of the community;
 - (b) to provide advice about any relevant aspect of the provision of health services from the perspective of consumers of those services, any carers or volunteers or the community more generally;
 - (c) to provide advice about relevant health issues, goals, priorities, plans, and other strategic initiatives;
 - (d) to provide advice or assistance in undertaking the development or implementation of systems or mechanisms designed to support the delivery of health services or programs;
 - (e) to provide information to, and to consult broadly with, the consumers of any relevant services, any relevant carers or volunteers, and the community more generally;
 - (f) to encourage community participation in programs associated with supporting the provision of health services, and to promote the importance of carers and volunteers in assisting in achieving successful outcomes;
 - (g) to consult with other bodies that are interested in the provision of health services within the community;
 - (h) to provide advice to the Minister about any matter referred to it by the Minister or the Chief Executive;
 - (i) to participate in the consultation or assessment processes associated with the selection of senior staff of a relevant entity;
 - (j) in the case of a HAC that is incorporated—
 - (i) to act as a trustee or to assume other fiduciary functions or duties;
 - (ii) to participate in budget discussions and financial management or development processes;
 - (iii) to undertake fund-raising activities;
 - (k) in the case of a HAC that is not incorporated—
 - (i) to provide advice in relation to the management of resources available for relevant health services;

- (ii) to provide assistance with fund-raising activities in accordance with its rules;
- (l) such other functions—
 - (i) assigned to the HAC under this or any other Act; or
 - (ii) assigned to the HAC by the Minister; or
 - (iii) adopted by the HAC with the approval of the Minister.
- (2) Subject to this Act, a HAC must, in the performance of its functions, take into account the strategic objectives (including any health care plan or plans) that have been set or adopted within the Government's health portfolios.
- (3) A HAC that is incorporated under this Act must, with respect to an entity in relation to which it is established—
 - (a) support and foster the activities and objects of the entity; and
 - (b) subject to this Act, hold its assets for the benefit, purposes and use of the entity on terms or conditions determined or approved by the Minister.

19—Specific provisions in relation to powers

- (1) Subject to this Act, a HAC has the power to do anything necessary, expedient or incidental to performing its functions.
- (2) Without limiting subsection (1), a HAC that is incorporated under this Act may establish any fund (including a *gift fund*) or account.
- (3) A HAC must not do any of the following without the approval of the Minister:
 - (a) acquire or dispose of real property, or an interest in real property;
 - (b) borrow money or grant a mortgage or create any other form of charge over its property;
 - (c) grant a lease over any real property;
 - (d) enter into any form of guarantee or grant any indemnity;
 - (e) engage a person under a contract for the provision of services;
 - (f) anything else identified under the constitution or rules of the HAC as being within the operation of this subsection.
- (4) The Minister may, in granting an approval under subsection (3), impose such conditions as the Minister thinks fit.
- (5) Subsection (3) does not apply in any circumstances excluded from the operation of that subsection—
 - (a) by the regulations; or
 - (b) by the constitution or rules of the HAC.
- (6) A HAC does not have the power to employ any person.

Division 3—Related matters

20—Specific provisions in relation to property

- (1) Subject to this section, the Minister may, by notice in the Gazette—
 - (a) transfer the assets, rights and liabilities of a HAC (either as a whole or in separate parcels specified in the notice)—
 - (i) to a Minister; or
 - (ii) to another HAC; or
 - (iii) to an incorporated hospital; or
 - (iv) to SAAS; or
 - (v) to the Crown, or to another agent or instrumentality of the Crown; or
 - (vi) with the agreement of the person or body—to a person or body that is not an agent or instrumentality of the Crown; and
 - (b) make other provisions in relation to the property of the HAC that in the opinion of the Minister are necessary or expedient in the circumstances.
- (2) The Minister may, by notice in the Gazette, transfer to and vest in a HAC any assets, rights or liabilities of another entity.
- (3) The Minister—
 - (a) must not act under subsection (1) to transfer any assets or rights of a HAC unless the Minister is acting at the request of the HAC, or the Minister has taken reasonable steps to consult with the HAC; and
 - (b) must not act under subsection (2) unless the Minister is acting at the request of the other entity.
- (4) Subsection (1) does not apply to any property that a HAC holds on trust to the extent that a transfer under that subsection would be inconsistent with the terms or conditions of the trust.
- (5) In addition, if the Minister is proposing to transfer any real property of a HAC that has been used for the purposes of an incorporated hospital (other than at the request of the HAC) and the Minister has not obtained the concurrence of the HAC under subsection (3)(a)—
 - (a) the matter must be referred to an independent person for mediation in accordance with guidelines established by the Minister for the purposes of this provision (with the Minister being represented in those proceedings by a person nominated by the Minister); and
 - (b) if the concurrence of the HAC is not obtained through mediation under paragraph (a), the Minister may only proceed to make the transfer under subsection (1) if—
 - (i) the transfer is to another HAC; and
 - (ii) the Minister has given public notice of the proposed transfer by notice published in the Gazette at least 2 months before making the transfer.

- (6) A notice published in the Gazette under subsection (5)(b)(ii) must set out the reasons for the Minister's decision to proceed.

21—Accounts and audit

- (1) A HAC must cause proper accounts to be kept of its financial affairs and financial statements to be prepared in respect of each financial year (unless the HAC did not deal with any money or property or otherwise undertake any financial activity in the financial year).
- (2) The accounts and financial statements required under subsection (1) must comply with any requirements issued by the Minister.
- (3) The accounts and financial statements of a HAC incorporated under this Act, other than a prescribed HAC, must be audited at least once in every year by an auditor approved by the Auditor-General.
- (4) The accounts and financial statements of a prescribed HAC incorporated under this Act must be audited at least once in every year by the Auditor-General.

22—Annual report

- (1) A HAC must, within 3 months after the end of each financial year, deliver to the Minister a report on the operations of the HAC during that financial year.
- (2) The report must incorporate the audited accounts and financial statements of the HAC for the financial year (if relevant).
- (3) The Minister must, within 12 sitting days after the receipt of a report under this section, cause a copy of the report to be laid before both Houses of Parliament.
- (4) This section only applies to a HAC that is not incorporated under this Act if the rules of the HAC declare that this section will apply to the HAC.

23—Use of facilities

A HAC may, with the approval of the responsible Minister or, if relevant, a responsible public sector instrumentality, make use of the staff, services or facilities of an administrative unit or another public sector instrumentality.

24—Delegations

- (1) Subject to subsection (2), a HAC may delegate a function or power conferred on the HAC—
 - (a) to a specified person or body; or
 - (b) to a person occupying or acting in a specified office or position.
- (2) A delegation—
 - (a) may not be made if contrary to any limitation or exclusion imposed by the Minister by notice in writing furnished to the HAC; and
 - (b) subject to paragraph (a)—
 - (i) may be made subject to conditions or limitations specified in the instrument of delegation; and
 - (ii) if the instrument of delegation so provides, may be further delegated by the delegate; and

- (iii) is revocable at will and does not prevent the HAC from acting in a matter.

25—Access to information

- (1) A HAC is entitled to request such information as it considers to be necessary or expedient to assist it in the performance of its functions.
- (2) Subsection (1) does not extend to information excluded from the operation of that subsection—
 - (a) by the regulations; or
 - (b) by the Chief Executive.
- (3) The Chief Executive may impose conditions that a HAC must observe in relation to the receipt, use or disclosure of information provided under subsection (1).

26—Common seal

Where an apparently genuine document purports to bear the common seal of a HAC incorporated under this Act, it will be presumed, in the absence of proof to the contrary, that the common seal of that HAC was duly fixed to that document.

27—Schedule 2 has effect

Schedule 2 has effect with respect to a HAC.

28—Administration

- (1) The Minister may, if satisfied that it is appropriate to do so on a ground prescribed by the regulations, by notice in the Gazette, remove all members of a HAC from office and—
 - (a) appoint new members; or
 - (b) appoint a person as administrator until new members are appointed.
- (2) A person will be appointed under subsection (1)(b) on conditions determined by the Minister.
- (3) A person appointed under subsection (1)(b)—
 - (a) will be able to act in the management or affairs of the HAC (so that an act done or a decision made by the person as administrator is an act or decision of the HAC); and
 - (b) will have all the powers conferred on the members of the HAC (including as its governing body) by the constitution or rules of the HAC.
- (4) The Minister may appoint new members under subsection (1)(a) or (b) if or when the Minister thinks fit but in any event must appoint new members within 12 months after the removal of the previous members under subsection (1).

Part 5—Hospitals

Division 1—Incorporation

29—Incorporation

- (1) The Governor may, by proclamation—
 - (a) establish an incorporated hospital to provide services and facilities under this Act and assign a name to the incorporated hospital;
 - (b) transfer the whole or a part of the undertaking of a body providing services or facilities to an incorporated hospital under this Act.
- (2) A proclamation under subsection (1) that provides for an incorporated hospital to take over from any other body the function of providing health services provided by that other body may provide that any incorporation of that other body is dissolved, and the proclamation will have effect according to its terms.
- (3) If the incorporation of a body is dissolved by a proclamation, the real and personal property and rights and liabilities of that body are, according to the terms of a proclamation, transferred to and vested in 1 or more incorporated hospitals specified by proclamation.
- (4) An incorporated hospital may not take over functions from another body under subsection (1) unless agreement has been reached between the Minister and the other body on the transfer of functions.
- (5) The Governor may, by proclamation—
 - (a) alter the name of an incorporated hospital;
 - (b) dissolve an incorporated hospital.
- (6) The Governor may, by a proclamation under subsection (5)(b) or by a separate proclamation—
 - (a) transfer the assets, rights and liabilities of an incorporated hospital dissolved under this section (either as a whole or in separate parcels specified by proclamation)—
 - (i) to a Minister; or
 - (ii) to another incorporated hospital; or
 - (iii) to the Crown, or to another agent or instrumentality of the Crown; or
 - (iv) with the agreement of the person or body—to a person or body that is not an agent or instrumentality of the Crown; and
 - (b) make other provisions that in the opinion of the Governor are necessary or expedient in connection with the dissolution of an incorporated hospital under this section.

30—Hospital to serve the community

An incorporated hospital must be administered and managed on the basis that its services will address the health needs of the community but may, in so doing, focus on 1 or more areas or sections of the community if so determined by the Minister or the Chief Executive.

Note—

It is recognised that some groups within the community should be able to access special or enhanced health services due to their special needs. Examples of these groups include veterans, Aboriginal people and Torres Strait Islanders.

31—General powers of incorporated hospital

- (1) An incorporated hospital is a body corporate with perpetual succession and a common seal and, subject to any determination of the Minister—
 - (a) is capable of holding, acquiring, dealing with, and disposing of, real and personal property (including the power to enter into a lease); and
 - (b) is capable of acquiring or incurring other assets, rights or liabilities; and
 - (c) is capable of entering into contracts; and
 - (d) is capable of suing and being sued; and
 - (e) is able to promote the formation of a company under the *Corporations Act 2001* of the Commonwealth and to hold shares or other interests in any body corporate; and
 - (f) is capable of administering any property on trust or accepting gifts (and, if any gift is affected by a trust, is empowered to carry out the terms of the trust); and
 - (g) has the functions, rights, powers, authorities, duties and obligations conferred, imposed or prescribed under this or any other Act (and including such powers necessary or expedient for, or incidental to, the performance of any function).
- (2) An incorporated hospital may hold a licence or any other form of authority or accreditation (including a licence, authority or accreditation issued under a law of the Commonwealth or of another State or a Territory).
- (3) An incorporated hospital is an instrumentality of the Crown.
- (4) Subject to subsection (5), an incorporated hospital holds its property on behalf of the Crown.
- (5) Subsection (4) does not apply to the extent that an incorporated hospital holds any property on trust.
- (6) Without limiting subsection (5), in the event of an inconsistency between the operation or effect of a provision under this Part and the duties or responsibilities of an incorporated hospital as a trustee, the provisions of this Part will not apply in a particular case to the extent of the inconsistency.
- (7) Without limiting any other provision, an incorporated hospital may establish any fund (including a *gift fund*) or account.
- (8) An incorporated hospital may exercise its powers within or outside the State.

- (9) An incorporated hospital may not exercise its power under subsection (1)(e) without the approval of the Governor.

32—Common seal

Where an apparently genuine document purports to bear the common seal of an incorporated hospital, it will be presumed, in the absence of proof to the contrary, that the common seal of that hospital was duly affixed to that document.

Division 2—Management arrangements

33—Management arrangements

- (1) The Chief Executive is responsible for the administration of an incorporated hospital.
- (2) The Chief Executive may, by instrument in writing, appoint—
- (a) a specified person; or
 - (b) a person occupying a specified office or position,
- as the chief executive officer of an incorporated hospital.
- (3) An appointment under subsection (2) is revocable at will and does not prevent the Chief Executive from acting personally in a matter.
- (4) In addition, a person acting under subsection (2) is subject to the control and direction of the Chief Executive (although the Chief Executive cannot give a direction concerning the clinical treatment of a particular person).
- (5) An act done or decision made by the Chief Executive, or a person acting under subsection (2), in the administration or management of an incorporated hospital (including by exercising a power of the incorporated hospital under this or any other Act) is an act or decision of the incorporated hospital.
- (6) This section operates subject to Schedule 3.

Division 3—Employed staff

34—Employed staff

- (1) An employing authority may employ persons to perform functions in connection with the operations or activities of an incorporated hospital.
- (2) The terms and conditions of employment of a person under subsection (1) will be fixed by the employing authority and approved by the Commissioner for Public Employment.
- (3) A person employed under this section will be taken to be employed by or on behalf of the Crown (but will not be employed in the Public Service of the State unless brought into an administrative unit under the *Public Sector Management Act 1995*).
- (4) An employing authority may direct a person employed under this section to perform functions in connection with the operations or activities of another incorporated hospital, or any other public sector agency, specified by the employing authority (and the person must comply with that direction).
- (5) An employing authority is, in acting under this section, subject to direction by the Minister.

- (6) However, no Ministerial direction may be given by the Minister relating to the appointment, transfer, remuneration, discipline or termination of a particular person.
- (7) An employing authority may delegate a power or function under this section.
- (8) A delegation under subsection (7)—
 - (a) must be by instrument in writing; and
 - (b) may be made to a body or person (including a person for the time being holding or acting in a specified office or position); and
 - (c) may be unconditional or subject to conditions; and
 - (d) may, if the instrument of delegation so provides, allow for the further delegation of a power or function that has been delegated; and
 - (e) does not derogate from the power of the employing authority to act personally in any matter; and
 - (f) may be revoked at any time by the employing authority.
- (9) A change in the person who constitutes an employing authority under this Act will not affect the continuity of employment of a person under this section.
- (10) An incorporated hospital must, at the direction of the Minister, the Treasurer or an employing authority, make payments with respect to any matter arising in connection with the employment of a person under this section (including, but not limited to, payments with respect to salary or other aspects of remuneration, leave entitlements, superannuation contributions, taxation liabilities, workers compensation payments, termination payments, public liability insurance and vicarious liabilities).
- (11) An incorporated hospital does not have the power to employ any person unless specifically authorised by the Minister.
- (12) An incorporated hospital may, under an arrangement established by the responsible Minister or, if relevant, approved by a responsible public sector entity, make use of the staff, services or facilities of an administrative unit or another public sector agency.
- (13) On the incorporation of a hospital under this Part, any Public Service employees who had, before the date of incorporation, been assigned by the Chief Executive to work in the hospital and have been designated by the Chief Executive as employees to whom this subsection applies will become persons employed by the employing authority under this section on terms and conditions fixed by the Chief Executive (without reduction of salary or status).
- (14) In this section—

public sector agency has the same meaning as in the *Public Sector Management Act 1995*.

35—Superannuation and accrued rights etc

- (1) An employing authority may enter into arrangements contemplated by section 5 of the *Superannuation Act 1988* with respect to a person employed at an incorporated hospital.

- (2) If a person commences employment by an employing authority at an incorporated hospital after ceasing to be employed—
- (a) in the Public Service of the State; or
 - (b) by the employing authority or another employing authority at any incorporated hospital; or
 - (c) as a member of the staff of SAAS,

and that employment at the incorporated hospital follows immediately on the cessation of that previous employment, then—

- (d) the person's existing and accruing rights immediately before the cessation of that previous employment in respect of recreation leave, sick leave and long service leave continue in full force and effect as if that previous employment had been employment by the employing authority at the incorporated hospital; and
 - (e) the person is not entitled to payment in lieu of those rights.
- (3) Except where subsection (2) applies, if a person commences employment by an employing authority at an incorporated hospital within 3 months after ceasing to be employed—
- (a) in the Public Service of the State; or
 - (b) by the employing authority or another employing authority at an incorporated hospital; or
 - (c) as a member of the staff of SAAS; or
 - (d) in prescribed employment,

the person's existing and accruing rights immediately before the cessation of that employment in respect of recreation leave, sick leave and long service leave continue, to the extent directed by the employing authority and subject to such conditions as may be determined by the employing authority, as if that previous employment had been employment by the employing authority at the hospital.

Division 4—Accounts, audits and reports

36—Accounts and audit

- (1) An incorporated hospital must cause proper accounts to be kept of its financial affairs and financial statements to be prepared in respect of each financial year.
- (2) The Auditor-General may at any time, and must in respect of each financial year, audit the accounts and financial statements of an incorporated hospital.

37—Annual report

- (1) An incorporated hospital must, within 3 months after the end of each financial year, deliver to the Minister a report on the operations of the incorporated hospital during that financial year.
- (2) The report must incorporate the audited accounts and financial statements of the incorporated hospital for the financial year.

- (3) The Minister must, within 12 sitting days after the receipt of a report under this section, cause a copy of the report to be laid before both Houses of Parliament.

Division 5—Sites, facilities and property

38—Ability to operate at various sites

An incorporated hospital may be established or undertake its activities in relation to various sites.

39—Ability to provide a range of services and facilities

- (1) An incorporated hospital may establish, maintain and operate—
- (a) sites that provide a variety of health services;
 - (b) health and community care services for all or specific sections of the community, including residential services for the aged and other vulnerable groups, or for persons who must interact with the public health system;
 - (c) other forms of service or facilities (including services and facilities that benefit (directly or indirectly) staff, patients or visitors, and services and residential facilities for the aged and other forms of accommodation).
- (2) The Minister may establish guidelines about the services or facilities that may be provided under subsection (1)(c) (and may, in so doing, provide that the Minister's approval is required before a service or facility of a specified kind is established at a hospital).

40—Acquisition of property

- (1) The Minister may, subject to and in accordance with the *Land Acquisition Act 1969*, acquire land for the purposes of an incorporated hospital.
- (2) This section does not limit or affect the power of the Minister, or of an incorporated hospital, to acquire land, or an interest in land, by agreement.

Division 6—Delegations

41—Delegations

- (1) An incorporated hospital may delegate a function or power conferred on the incorporated hospital—
- (a) to a specified person or body; or
 - (b) to a person occupying or acting in a specified office or position.
- (2) A delegation—
- (a) may be made subject to conditions or limitations specified in the instrument of delegation; and
 - (b) if the instrument of delegation so provides, may be further delegated by the delegate; and
 - (c) is revocable at will and does not prevent the delegator from acting in a matter.

Division 7—By-laws and removal of persons

42—By-laws

- (1) An incorporated hospital may make, alter and repeal by-laws for all or any of the following purposes:
 - (a) to prohibit persons from trespassing on the grounds of the hospital;
 - (b) to define parts of the grounds of the hospital as prohibited areas and to prohibit persons from entering any part of any such prohibited area or to provide for the removal of persons from any such area;
 - (c) to prevent damage to the property, buildings or grounds of the hospital;
 - (d) to regulate the speed at which vehicles may be driven within the grounds of the hospital;
 - (e) to prohibit dangerous or careless driving of vehicles within the grounds of the hospital;
 - (f) to prescribe the routes to be followed by traffic within the grounds of the hospital;
 - (g) to prohibit or regulate the standing, parking or ranking of vehicles within the grounds of the hospital and to provide for the removal of vehicles from the grounds;
 - (h) to require drivers of vehicles within the grounds of the hospital to comply with traffic directions;
 - (i) to regulate traffic of all kinds within the grounds of the hospital;
 - (j) to prohibit disorderly or offensive behaviour within the hospital or the grounds of the hospital;
 - (k) to regulate, restrict or prohibit the consumption of alcoholic liquor or unlawful substances within the hospital or the grounds of the hospital;
 - (l) to prohibit or regulate the smoking of tobacco;
 - (m) to prevent undue noise within the hospital or the grounds of the hospital;
 - (n) to provide for the appointment of authorised officers, and to confer functions and powers on authorised officers and other persons, in connection with the administration of the hospital or the operation or enforcement of the by-law;
 - (o) to prescribe any other matters necessary or expedient for the maintenance of good order, the protection of property of the hospital or the prevention of hindrance to, or interference with, any activities conducted within the hospital or its grounds;
 - (p) to prescribe fines, not exceeding \$1 000, for contravention of any by-law (including any direction given under any by-law);
 - (q) to fix expiation fees, not exceeding \$200, for alleged offences against the by-laws.
- (2) A by-law made under this section must be submitted to the Minister for approval.

- (3) On approval of a by-law under this section, the by-law must be transmitted to the Governor for confirmation and, on confirmation by the Governor, comes into force.
- (4) In any proceedings relating to an offence against a by-law—
 - (a) an allegation in a complaint that any specified place is or was within the grounds of a hospital will be taken to be proved in the absence of proof to the contrary;
 - (b) an allegation in a complaint that a person named in the complaint was the owner of a vehicle referred to in the complaint will be taken to be proved in the absence of proof to the contrary;
 - (c) where it is proved that a vehicle was parked within the grounds of a hospital in contravention of a by-law, it will be presumed, in the absence of proof to the contrary, that the vehicle was so parked by the owner of the vehicle.
- (5) The Minister may exclude or limit an incorporated hospital from the ability to make by-laws under this section.

43—Removal of persons

- (1) This section applies to a person—
 - (a) who is present at a site at which an incorporated hospital provides any health services; and
 - (b) who—
 - (i) is considered by an authorised officer to be acting in a manner that constitutes disorderly or offensive behaviour; or
 - (ii) is considered by an authorised officer on reasonable grounds to be a threat to another person at the site; or
 - (iii) is suspected by an authorised officer on reasonable grounds of being unlawfully in possession of an article or substance; or
 - (iv) without limiting a preceding subparagraph, is suspected by an authorised officer on reasonable grounds to have committed, or to be likely to commit, an offence against any Act or law.
- (2) An authorised officer may exercise 1 or more of the following powers in relation to a person to whom this section applies:
 - (a) the authorised officer may require the person to provide the person's name and address, and to answer questions;
 - (b) the authorised officer may require the person to submit to a search of his or her clothes, or of anything in his or her possession;
 - (c) the authorised officer may seize anything in the person's possession that the authorised officer believes on reasonable grounds—
 - (i) could be used to harm a person on the site; or
 - (ii) constitutes an article or substance the possession of which is unlawful in the circumstances;

- (d) the authorised officer may require the person to leave the site and, if the person does not immediately do so, the authorised officer may use reasonable force to remove the person;
 - (e) the authorised officer may require that the person not return to the site for a period (not exceeding 24 hours) specified by the authorised officer.
- (3) An authorised officer must, before acting under subsection (2)(d) or (e), take reasonable steps to ensure that the person is not in need of medical assistance.
- (4) An authorised officer may restrain a person to the extent necessary to exercise a power under subsection (2).
- (5) In the exercise of powers under this section, an authorised officer may be assisted by such persons as may be necessary or desirable in the circumstances.
- (6) A person who—
- (a) without reasonable excuse, fails to comply with a requirement of an authorised officer under this section; or
 - (b) uses abusive, threatening or insulting language to an authorised officer, or a person assisting an authorised officer; or
 - (c) without reasonable excuse, fails to answer, to the best of the person's knowledge, information and belief, a question put by an authorised officer,
- is guilty of an offence.
- Maximum penalty: \$10 000.
- (7) A person is not obliged to answer a question under this section if to do so might incriminate the person.
- (8) In this section—
- authorised officer* means an authorised officer appointed under a by-law made by an incorporated hospital under this Division.

Division 8—Fees

44—Fees

- (1) The Minister may, by notice in the Gazette, set fees (including differential fees) to be charged by any incorporated hospital in respect of any service provided by it.
- (2) Without limiting the effect of subsection (1), the Minister may provide that no fee is payable in respect of a service of a specified class or a service provided to a person of a specified class.
- (3) Fees payable to a hospital (whether regulated under this section or not) for a service provided by it may be recovered from—
- (a) the person to whom the service was provided; or
 - (b) the spouse or domestic partner of that person; or
 - (c) if the service was provided to a person under the age of 18 years, the parent or parents of that person.

- (4) If fees are recovered from a person under this section, he or she may recover as a debt from any other person who is jointly liable for the payment of the fees a contribution fixed by the court in which proceedings for recovery of the contribution are taken.

Division 9—Rights of hospitals against insurers

45—Interpretation

In this Division—

accident to which this Division applies means an accident—

- (a) caused by, or arising out of, the use of a motor vehicle; and
- (b) in which some person has suffered bodily injury;

bodily injury includes mental or nervous shock;

designated entity means—

- (a) any hospital, whether incorporated under this Act or not; or
- (b) SAAS;

insurer means any person, or association of persons, carrying on the business of insurance;

owner, in relation to a motor vehicle, means the person registered as the owner of the vehicle.

46—Report of accidents to which this Division applies

- (1) The Commissioner of Police must, on receipt of a report that an accident to which this Division applies has occurred, furnish the Minister with such of the prescribed particulars of the accident as are known to the Commissioner.
- (2) An insurer must, within 7 days after receipt of a report that an accident to which this Division applies has occurred, furnish the Minister with such of the prescribed particulars of the accident as are known to the insurer.
Maximum penalty: \$2 500.
- (3) The prescribed particulars of an accident to which this Division applies are—
 - (a) the nature of the accident and the time and place at which it occurred; and
 - (b) the name and address of each person injured in the accident; and
 - (c) the name and address of the driver of each vehicle involved in the accident; and
 - (d) the name and address of the owner of each vehicle involved in the accident; and
 - (e) the name and address of any insurer who has insured the owner or driver (or both) of a vehicle involved in the accident in respect of bodily injury caused by, or arising out of, the use of the vehicle.

47—Notice by designated entity to insurer

- (1) If a person suffers bodily injury in an accident to which this Division applies and a designated entity provides a health service to that person in respect of that bodily injury, the designated entity may give, personally or by post, to an insurer notice stating that the person has been provided with a health service by the designated entity and that the designated entity has a claim for payment for the health service that has been provided.
- (2) A notice may be given under this section notwithstanding that the person who has been provided with the health service has died.

48—First claim of designated entity

- (1) If a notice has been given by a designated entity to an insurer under this Division, the designated entity has first claim on any money to be paid by the insurer in respect of the bodily injury of the person to whom the notice relates.
- (2) If an insurer on whom a notice has been served under this Division proposes to pay money in respect of the bodily injury of the person to whom the notice relates (whether or not the money is to be paid in pursuance of an order of the court or voluntarily by the insurer, with or without an admission of liability), the money must be applied by the insurer—
 - (a) first, in or towards satisfaction of the claim of the designated entity; and
 - (b) as to any residue, in the same manner as if this Division had not been enacted.
- (3) If notices have been served under this Division on an insurer by 2 or more designated entities in respect of the same patient and the money to be paid by the insurer is not sufficient to meet the claims of both or all of those designated entities, the money must be divided between the designated entities in proportion to their respective claims.
- (4) If an insurer fails to make a payment to a designated entity as required by this section, the designated entity may, by action in a court of competent jurisdiction, recover the amount of the payment that should have been made to the designated entity as a debt due to it from the insurer.

Part 6—Ambulance services**Division 1—South Australian Ambulance Service (SAAS)****49—Continuation of SAAS**

- (1) The *SA Ambulance Service Inc (SAAS)* continues in existence (as the same body corporate but now to be constituted under this Act).

Note—

The *SA St John Ambulance Service Inc*, incorporated on 1 July 1993 under the *Associations Incorporation Act 1985* for the purpose of carrying on the business of providing ambulance services, continued in existence under the *Ambulance Services Act 1992* under the name *SA Ambulance Service Inc (SAAS)*.

- (2) SAAS—
 - (a) is a body corporate; and

- (b) has perpetual succession and a common seal; and
 - (c) is capable of suing and being sued; and
 - (d) has all the powers of a natural person that are capable of being exercised by a body corporate; and
 - (e) has the functions and powers assigned or conferred by or under this or any other Act.
- (3) SAAS is an agency of the Crown and holds its property on behalf of the Crown.
 - (4) Subsection (3) does not apply to the extent that SAAS holds any property on trust.
 - (5) SAAS will have a constitution determined (from time to time) by the Minister.
 - (6) The staff of SAAS will be constituted by—
 - (a) persons employed under this Division to perform functions in connection with the operations or activities of SAAS (subject to any direction or arrangement under this Division); and
 - (b) volunteers who are appointed by SAAS to perform functions in connection with the operations or activities of SAAS.

50—Management arrangements

- (1) The Chief Executive is responsible for the administration of SAAS.
- (2) The Chief Executive may, by instrument in writing, appoint—
 - (a) a specified person; or
 - (b) a person occupying a specified office or position,as the chief executive officer of SAAS.
- (3) An appointment under subsection (2) is revocable at will and does not prevent the Chief Executive from acting personally in a matter.
- (4) In addition, a person acting under subsection (2) is subject to the control and direction of the Chief Executive (although the Chief Executive cannot give a direction concerning the medical treatment of a particular person).
- (5) An act done or decision made by the Chief Executive, or a person acting under subsection (2), in the administration or management of SAAS (including by exercising a power of SAAS under this or any other Act) is an act or decision of SAAS.

51—Functions and powers of SAAS

- (1) The functions of SAAS are—
 - (a) to provide ambulance services envisaged by this Part (making use of the services of both volunteer and employed staff); and
 - (b) to carry out any other functions assigned or conferred to SAAS by or under this or any other Act.
- (2) SAAS may, if an identified major incident, a major emergency or a disaster is declared under the *Emergency Management Act 2004*, direct a person holding a restricted ambulance service licence to assist with the provision of response and recovery operations in such a manner as the SAAS sees fit.

- (3) SAAS should confer with the person before taking steps to issue a direction to a person under subsection (2).
- (4) SAAS may, for the purpose of performing its functions, exercise any powers that are necessary or expedient for, or incidental to, the performance of its functions.
- (5) SAAS may, for example—
 - (a) enter into any form of contract or arrangement;
 - (b) acquire, hold, deal with and dispose of real and personal property;
 - (c) provide and maintain appliances and equipment;
 - (d) establish, maintain or monitor alarm systems;
 - (e) make representations and provide advice relating to ambulance services;
 - (f) publish or disseminate information.
- (6) SAAS is capable of administering any property on trust or accepting gifts (and, if any gift is affected by a trust, is empowered to carry out the terms of the trust).
- (7) Without limiting any other provision, SAAS may establish any fund (including a *gift fund*) or account.
- (8) SAAS may exercise its powers within or outside the State.

52—Employed staff

- (1) An employing authority may employ persons to perform functions in connection with the operations or activities of SAAS (and accordingly to be a member of the staff of SAAS, subject to the operation of this section).
- (2) The terms and conditions of employment of a person under subsection (1) will be fixed by the employing authority and approved by the Commissioner for Public Employment.
- (3) A person employed under this section will be taken to be employed by or on behalf of the Crown (but will not be employed in the Public Service of the State unless brought into an administrative unit under the *Public Sector Management Act 1995*).
- (4) An employing authority may direct a person employed under this section to perform functions in connection with the operations or activities of an incorporated hospital, or any other public sector agency, specified by the employing authority (and the person must comply with that direction).
- (5) An employing authority is, in acting under this section, subject to direction by the Minister.
- (6) However, no Ministerial direction may be given by the Minister relating to the appointment, transfer, remuneration, discipline or termination of a particular person.
- (7) An employing authority may delegate a power or function under this section.
- (8) A delegation under subsection (7)—
 - (a) must be by instrument in writing; and
 - (b) may be made to a body or person (including a person for the time being holding or acting in a specified office or position); and
 - (c) may be unconditional or subject to conditions; and

- (d) may, if the instrument of delegation so provides, allow for the further delegation of a power or function that has been delegated; and
 - (e) does not derogate from the power of the employing authority to act personally in any matter; and
 - (f) may be revoked at any time by the employing authority.
- (9) A change in the person who constitutes an employing authority under this Act will not affect the continuity of employment of a person under this section.
- (10) SAAS must, at the direction of the Minister, the Treasurer or an employing authority, make payments with respect to any matter arising in connection with the employment of a person under this section (including, but not limited to, payments with respect to salary or other aspects of remuneration, leave entitlements, superannuation contributions, taxation liabilities, workers compensation payments, termination payments, public liability insurance and vicarious liabilities).
- (11) SAAS does not have the power to employ any person unless specifically authorised by the Minister.
- (12) SAAS may, under an arrangement established by the responsible Minister or, if relevant, approved by a responsible public sector entity, make use of the staff, services or facilities of an administrative unit or another public sector agency.
- (13) In this section—

public sector agency has the same meaning as in the *Public Sector Management Act 1995*.

53—Accrued rights for employees

- (1) If a person commences employment by an employing authority as a member of the staff of SAAS after ceasing to be employed—
- (a) in the Public Service of the State; or
 - (b) by the employing authority or another employing authority at an incorporated hospital,
- and that employment as a member of the staff of SAAS follows immediately on the cessation of that previous employment, then—
- (c) the person's existing and accruing rights immediately before the cessation of that previous employment in respect of recreation leave, sick leave and long service leave continue in full force and effect as if that previous employment had been employment by the employing authority at SAAS; and
 - (d) the person is not entitled to payment in lieu of those rights.
- (2) Except where subsection (1) applies, if a person commences employment by an employing authority as a member of the staff of SAAS within 3 months after ceasing to be employed—
- (a) in the Public Service of the State; or
 - (b) by the employing authority or another employing authority at an incorporated hospital; or
 - (c) in prescribed employment,

the person's existing and accruing rights immediately before the cessation of that employment in respect of recreation leave, sick leave and long service leave continue, to the extent directed by the employing authority and subject to such conditions as may be determined by the employing authority, as if that previous employment had been employment by the employing authority as a member of the staff of SAAS.

54—Delegation

- (1) SAAS may delegate a function or power conferred on SAAS under this or any other Act—
 - (a) to a specified person or body; or
 - (b) to a person occupying or acting in a specified office or position.
- (2) A delegation—
 - (a) may be made subject to conditions or limitations specified in the instrument of delegation; and
 - (b) if the instrument of delegation so provides, may be further delegated by the delegate; and
 - (c) is revocable at will and does not prevent the delegator from acting in a matter.

55—Accounts and audit

- (1) SAAS must cause proper accounts to be kept of its financial affairs and financial statements to be prepared in respect of each financial year.
- (2) The Auditor-General may at any time, and must in respect of each financial year, audit the accounts and financial statements of SAAS.

56—Annual report

- (1) SAAS must, within 3 months after the end of each financial year, deliver to the Minister a report on the operations of SAAS during that financial year.
- (2) The report must incorporate the audited accounts and financial statements of SAAS for the financial year.
- (3) The Minister must, within 12 sitting days after the receipt of a report under this section, cause a copy of the report to be laid before both Houses of Parliament.

Division 2—Provision of ambulance services

57—Emergency ambulance services

- (1) A person must not provide emergency ambulance services unless—
 - (a) the services are carried out by SAAS; or
 - (b) the services are provided by a person or a person of a class, or in circumstances, prescribed by regulation; or
 - (c) the services are provided under an exemption granted by the Minister under this Part.

Maximum penalty: \$20 000.

- (2) A person holding a restricted ambulance service licence may, despite subsection (1), provide an emergency ambulance service if—
- (a) the person is acting within the scope of an authorisation given by SAAS (either in relation to specified cases, or in relation to a particular case, and subject to such conditions as may be prescribed by the regulations or determined by SAAS); or
 - (b) the person has reason to believe that failure to provide such a service will put at risk the health or safety of a particular person, or of a section of the public more generally, and the person providing the service has taken such action as is reasonable in the circumstances to contact SAAS to seek an authorisation under this section; or
 - (c) the person is acting at the direction or request of SAAS.
- (3) If a person acts under subsection (2)(b), the person must, at the request of SAAS, furnish to SAAS a written report on the circumstances of the particular case within a time specified by SAAS.
- Maximum penalty: \$5 000.
- (4) A person must not display the term "Emergency Ambulance" on a motor vehicle driven on a public road unless the vehicle is being used—
- (a) by SAAS; or
 - (b) by a person in circumstances prescribed by the regulations.

Maximum penalty: \$5 000.

58—Licence to provide non-emergency ambulance services

- (1) A person must not provide non-emergency ambulance services unless—
- (a) the services are carried out—
 - (i) by SAAS; or
 - (ii) by a person acting under the direction or request of SAAS; or
 - (b) the person holds a licence under this section (a *restricted ambulance service licence*); or
 - (c) the services are provided by a person or a person of a class, or in circumstances, prescribed by regulation; or
 - (d) the services are provided under an exemption granted by the Minister under this Part.
- Maximum penalty: \$20 000.
- (2) An application for a licence under this section—
- (a) must be made to the Minister; and
 - (b) must conform to the requirements of the Minister about its form, contents and the manner in which it is made; and
 - (c) must be accompanied by the fee fixed by the Minister.
- (3) An application for a licence must set out details of services proposed to be provided under the licence.

- (4) The Minister may, by written notice, require the applicant—
- (a) to provide further information, documents or records relevant to the application; or
 - (b) to allow persons authorised by the Minister to inspect premises, vehicles, plant or equipment proposed to be used by the applicant in connection with activities proposed to be authorised by the licence.
- (5) The Minister may refuse the application if the applicant does not comply with a requirement under subsection (4).
- (6) The Minister may, pending determination of an application for licence, grant a temporary licence under this section.
- (7) A temporary licence operates for a term not exceeding 6 months and on conditions determined by the Minister.
- (8) The Minister may grant a licence to a person under this section if, in the Minister's opinion—
- (a) the services proposed to be provided under the licence are non-emergency ambulance services; and
 - (b) the person has the capacity to provide those services at a standard appropriate for the licence; and
 - (c) the person is a fit and proper person to hold the licence.
- (9) The Minister may, if he or she thinks fit, grant a licence to an applicant for an indefinite period or for a limited term specified in the licence.
- (10) A licence is not transferable.
- (11) The Minister may attach such conditions to a licence as the Minister thinks fit.
- (12) The Minister may, on giving notice in writing to the holder of a licence—
- (a) vary the existing conditions of the licence or attach new conditions to the licence;
 - (b) revoke a condition of the licence.
- (13) A person who contravenes or fails to comply with a condition of a licence is guilty of an offence.
Maximum penalty: \$20 000.
- (14) The Minister may, by the terms or conditions of a licence, limit the scope of a licence to specified services or classes of services.
- (15) If, in the opinion of the Minister—
- (a) a person has contravened, or failed to comply with, a provision of this Act or a condition of a licence; or
 - (b) action should be undertaken under this section in the public interest,
- the Minister may, by notice in writing to the holder of the licence, suspend or revoke a licence under this section.
- (16) A suspension under subsection (15) may be—
- (a) for a period specified by the Minister; or

- (b) until the Minister removes the suspension by further notice to the holder of the licence.
- (17) A person who objects to a decision of the Minister under this section—
- (a) refusing to grant a licence to the person; or
 - (b) attaching conditions to, or varying conditions of, a licence granted to the person; or
 - (c) suspending or revoking a licence granted to the person,
- may appeal against the decision to the Administrative and Disciplinary Division of the District Court.

Division 3—Miscellaneous

59—Fees for ambulance services

- (1) Fees for ambulance services will be fixed by the Minister from time to time by notice in the Gazette.
- (2) A notice under subsection (1) may fix different fees for different classes of ambulance service or for ambulance services provided in different parts of the State.
- (3) A person who charges, or accepts payment of, a fee for an ambulance service that exceeds the fee fixed by the Minister is guilty of an offence.
Maximum penalty: \$20 000.
- (4) The fee for an ambulance service is payable by the patient transported to, or from, a hospital or other place whether or not he or she consented to the provision of the service.
- (5) If the identity and address of a patient is disclosed to the holder of a licence under this Act to enable recovery of a fee for an ambulance service, the disclosure will not constitute the breach of any Act or other law and will not be in breach of any principle of professional ethics.

60—Holding out etc

- (1) A person must not hold himself or herself out as a person who carries on the business of providing ambulance services unless he or she carries on that business and is either licensed under this Part or is a person who is not required to be licensed under this Part in relation to services provided in the course of carrying on that business.
Maximum penalty: \$20 000.
- (2) A person must not hold himself or herself out as a person who is engaged in the provision of ambulance services unless he or she is a member of the staff of a provider of ambulance services acting in accordance with the other provisions of this Part.
Maximum penalty: \$10 000.

61—Power to use force to enter premises

- (1) A person who is a member of the staff of SAAS may use reasonable force to break into any place if the person believes that it is necessary to do so—
 - (a) to determine whether any person is in need of medical assistance; or

- (b) to provide any person with medical assistance.
- (2) A member of the staff of SAAS acting under subsection (1) must comply with any protocols or procedures established by SAAS for the purposes of this section.

62—Exemptions

- (1) The Minister may, by notice in the Gazette, confer exemptions from this Part or specified provisions of this Part—
- (a) on specified persons or persons of a specified class; or
 - (b) in relation to specified services or services of a specified class.
- (2) An exemption under subsection (1) may be granted by the Minister on such conditions as the Minister thinks fit.
- (3) The Minister may, at any time, by further notice in the Gazette—
- (a) vary or revoke an exemption;
 - (b) vary or revoke a condition of an exemption or attach new conditions to an exemption.
- (4) A person who contravenes or fails to comply with a condition imposed under this section is guilty of an offence.
- Maximum penalty: \$20 000.

Part 7—Quality improvement and research

63—Preliminary

- (1) In this Part, unless the contrary intention appears—

authorised activity means an activity within the ambit of a declaration under section 64;

authorised person means a person within the ambit of a declaration under section 64, including by being the member of a group (or committee) as it may be constituted from time to time;

confidential information means—

- (a) information relating to a health service in which the identity of a patient or person providing the service is revealed;
- (b) other information declared by the regulations to be confidential information for the purposes of this Part;

court includes a tribunal, authority, board or person having power to require the production of documents or the answering of questions;

disclose, in relation to information, means to give, reveal or communicate in any way;

governing body of an entity means the person or body (however named or described) having the general direction or control of the operations of the entity;

prescribed health-sector body means—

- (a) a college, professional association or university; or
- (b) a body established wholly or partly for the purposes of research; or

- (c) a hospital (including a private hospital); or
 - (d) the Department; or
 - (e) SAAS; or
 - (f) any other entity concerned with the provision of health services; or
 - (g) any other entity brought within the ambit of this definition by the regulations;
- produce* includes permit access to;
- research ethics committee* means—
- (a) a committee established in accordance with guidelines or other requirements published by the National Health and Medical Research Council and recognised by the Minister by notice published in the Gazette for the purposes of this definition; or
 - (b) a committee, or a committee of a class, designated by the regulations for the purposes of this definition.
- (2) The purpose of this Part is to allow the authorisation of activities associated with undertaking or making assessments, evaluations or recommendations with respect to the practices, procedures, systems, structures or processes of a health service—
- (a) where the purpose of any such activity is wholly or predominantly to improve the quality and safety of health services; and
 - (b) where the public disclosure of, or public access to, information is restricted in order to achieve the best possible outcomes associated with the improvement of health services.
- (3) This Part has effect despite the *Freedom of Information Act 1991*.
- (4) If the provisions of this Part are inconsistent with any other Act or law, this Part prevails to the extent of the inconsistency.

64—Declaration of authorised activities and authorised persons

- (1) Subject to this Part, the Minister may, by notice published in the Gazette—
- (a) declare an activity described in the declaration to be—
 - (i) an authorised quality improvement activity; or
 - (ii) an authorised research activity;
 - (b) declare a person or group of persons (including a group formed as a committee) described in the declaration to be an authorised entity for the purposes of carrying out—
 - (i) an authorised quality improvement activity; or
 - (ii) an authorised research activity.
- (2) The Minister must—
- (a) in the case of a declaration under subsection (1)(a)(i)—relate the declaration to any activity that involves—

- (i) an assessment or evaluation of the quality of services provided by prescribed health-sector bodies, including by assessing or evaluating clinical practices or by conducting studies of the incidence or causes of conditions or circumstances that may affect the quality of any such services; or
 - (ii) the making of recommendations about the provision of services provided by prescribed health-sector bodies after taking into account the outcome of any activity of a kind described in paragraph (a); or
 - (iii) the monitoring of the implementation of any recommendations or other initiatives that are relevant to improving the quality of services provided by prescribed health-sector bodies;
- (b) in the case of a declaration under subsection (1)(a)(ii)—relate the declaration to research activities that relate to the causes of mortality or morbidity;
- (c) in the case of a declaration under subsection (1)(b) that relates to a person—ensure that the person holds an appropriate authorisation from the governing body of the prescribed health-sector body and, if relevant, an appropriate approval from a research ethics committee;
- (d) in the case of a declaration under subsection (1)(b) that relates to a group of persons—ensure—
 - (i) that the group is established in accordance with the rules of the governing body of the prescribed health-sector body; and
 - (ii) that the functions of the group include activities involved in carrying out a quality improvement activity or research activity within the contemplation of this Part; and
 - (iii) that each member of the group will hold a qualification or have experience or training that is relevant to the performance of its functions in relation to a quality improvement activity or research activity; and
 - (iv) if the relevant rules so require—that the group holds an appropriate authorisation from the governing body of the prescribed health-sector body and, if relevant, an appropriate approval from a research ethics committee.
- (3) The Minister must, in acting under this section, make the health and safety of the public the primary consideration.
- (4) In addition, the Minister must not make a declaration under this section unless satisfied—
 - (a) that the performance of an activity within the ambit of the declaration, or the functions or activities of a person or group of persons within the ambit of the declaration, would be facilitated by the making of the declaration; and
 - (b) that the making of the declaration is in the public interest.
- (5) The Minister must also take into account any criteria prescribed by the regulations for the purposes of this section.

- (6) To avoid doubt, the Minister may—
- (a) make a declaration under subsection (1)(a) without specifying a particular person or group of person as being an authorised entity to which the declaration is to apply at that particular time;
 - (b) make a declaration under subsection (1)(b)—
 - (i) without specifying a particular authorised quality improvement activity or authorised research activity that is to be carried out by the authorised entity at any particular time;
 - (ii) by defining the group rather than by specifying particular members (on the basis that the constitution of the group may change from time to time).
- (7) A declaration under this section does not confer authority on a person or group of persons to conduct an investigation for the purpose of determining the competence of a particular person in providing services.
- (8) The Minister may, by subsequent notice in the Gazette, vary or revoke a declaration under this section.
- (9) A declaration, unless sooner revoked, ceases to be in force at the end of 3 years after it is made, but this subsection does not prevent the Minister from making a further declaration in respect of the same activity or person or group of persons.
- (10) The Minister may, as the Minister thinks fit, determine various protocols or procedures that must be complied with by a person or group of persons acting under this Part.

65—Provision of information

Information (including confidential information) may be disclosed for the purposes of an authorised activity without the breach of any law or principle of professional ethics.

66—Protection of information

- (1) This section applies to—
- (a) a person who is, or has been, an authorised person; or
 - (b) a person—
 - (i) who provides, or has provided, technical, administrative or secretarial assistance to an authorised person or in connection with an authorised activity; or
 - (ii) who receives or gathers information on behalf of an authorised person in connection with an authorised activity.
- (2) A person to whom this section applies must not—
- (a) make a record of information gained as a result of, or in connection with, an authorised activity; or
 - (b) make use of or disclose information gained as a result of, or in connection with, an authorised activity,
- except—

- (c) to the extent necessary for the proper performance of the authorised activity; or
- (d) in pursuance of any reporting requirements of a prescribed kind to a governing body of an entity; or
- (e) as part of making a disclosure to another authorised person; or
- (f) to the extent allowed by the regulations.

Maximum penalty: \$60 000.

- (3) Without limiting subsection (2), a person to whom this section applies cannot be required—
 - (a) to produce to a court, agency or other body any document that has been brought into existence for the purposes of an authorised activity; or
 - (b) to disclose to a court, agency or other body any information that has become known for the purposes of an authorised activity.
- (4) Subsections (2) and (3) do not apply to any information or document that does not identify, either expressly or by implication, a particular person or particular persons.
- (5) This section does not prohibit a disclosure of information if the person, or each of the persons, who would be directly or indirectly identified by the disclosure consents to that disclosure of the information.

67—Protection from liability

No act or omission of a person in good faith for the purposes of an approved activity, or for the purposes of an activity that the person reasonably believes to be an approved activity, gives rise to any liability against the person, or against any governing body or other entity involved in authorising or managing a person or group of persons involved in an authorised activity (or a purported authorised activity) under this Part.

Part 8—Analysis of adverse incidents

68—Preliminary

- (1) In this Part, unless the contrary intention appears—

adverse incident means an incident relating to the provision of health services by a health services entity or health services entities that falls within a class of incident specified by the Chief Executive by notice in the Gazette;

authorised quality improvement body means a person or group of persons that is an authorised entity under section 64(1)(b);

designated authority means—

- (a) the general manager or chief executive officer of a health service entity (however described); or
- (b) a person who is appointed by a health service entity to exercise the powers of a designated authority under this Part; or
- (c) an authorised quality improvement body;

health services entity means—

- (a) a hospital (including a private hospital); or
- (b) an entity involved in the provision of a health service that is brought within the ambit of this definition by the regulations;

RCA team means a team appointed under section 69.

- (2) This Part has effect despite the *Freedom of Information Act 1991*.
- (3) If the provisions of this Part are inconsistent with any other Act or law, this Part prevails to the extent of the inconsistency.

69—Appointment of teams

- (1) If an adverse incident involving a health services entity is reported to, or comes to the attention of, a designated authority, the designated authority may appoint a team (a *root cause analysis* or *RCA team*) to undertake an investigation and to provide reports in relation to the incident in accordance with this Part.
- (2) The RCA team may be constituted by such persons as the designated authority may determine after taking into account any requirements prescribed by the regulations.
- (3) The designated authority must ensure that a written record is kept of the persons appointed as members of the RCA team.
- (4) The purpose of an investigation is to identify issues within the system that contributed to or resulted in the occurrence of the adverse incident and to provide recommendations for measures to prevent a reoccurrence of a similar incident.
- (5) The procedures and processes adopted for the purposes of an investigation will be determined—
 - (a) by the regulations; or
 - (b) to the extent that the regulations do not regulate a particular matter—by the relevant team (taking into account any relevant protocols authorised by the health services entity or professional standards or requirements).

70—Restrictions on teams

- (1) An RCA team must not conduct an investigation into the competence of a person in providing health services.
- (2) If an RCA team has reason to suspect that its investigations may relate to an adverse incident that involves a prescribed act, the RCA team must suspend its activities and comply with the procedures prescribed by the regulations (and must not recommence its activities unless or until authorised under the provisions of the regulations).
- (3) In this section—

prescribed act means—

- (a) an act that is an offence under the law of the State that appears to have been committed by a member of the staff of the health services entity; or
- (b) an act that is attributable to a member of the staff of the health services entity, or any other person involved in the adverse incident, being medically unfit; or
- (c) an act that constitutes the abuse of a patient; or

- (d) an act that appears to be a deliberately unsafe act (other than an act that might be reasonably undertaken in the provision of a health service); or
- (e) an act brought within the ambit of this definition by the regulations.

71—Provision of information

Information (including confidential information) may be disclosed to an RCA team without the breach of any law or principle of professional ethics.

72—Reports

- (1) An RCA team will, at the completion of its investigation of an adverse incident, prepare 2 reports—
 - (a) one report that contains—
 - (i) a description of the adverse incident, based on facts that, in the opinion of the RCA team, are known independently of its investigation; and
 - (ii) the recommendations of the RCA team as to the need for changes or improvements in relation to a procedure or practice associated with the incident; and
 - (b) a second report that contains 1 or more of the following elements, as the RCA team thinks fit:
 - (i) a description of the adverse incident;
 - (ii) a *flow* diagram;
 - (iii) a *cause and effect* diagram;
 - (iv) a *causation* statement;
 - (v) the recommendations of the RCA team;
 - (vi) the working documents associated with the RCA team's investigation and processes (incorporated as attachments);
 - (vii) any other material considered relevant by the RCA team.
- (2) The report under subsection (1)(a) may be released publicly.
- (3) The report under subsection (1)(b) may only be released by the RCA team to—
 - (a) a person who provides expert, technical, administrative or secretarial assistance to a member of the RCA team, or to the RCA team;
 - (b) a person who is a member of an authorised quality improvement body;
 - (c) in the case of that part of the report that constitutes the causation statement—a designated authority;
 - (d) a prescribed person, or a person of a prescribed class, who is entitled to receive the report, or a prescribed part of the report, in accordance with the regulations.

73—Protection of information

- (1) This section applies to—
 - (a) a person who is, or has been, a member of an RCA team; or
 - (b) a person—
 - (i) who provides, or has provided, expert, technical, administrative or secretarial assistance to a member of an RCA team, or to an RCA team, or in connection with the activities of an RCA team; or
 - (ii) who acts, or has acted, for the purposes of receiving or gathering information on behalf of an RCA team; or
 - (c) a person who receives a report under section 72(3).
- (2) A person to whom this section applies must not—
 - (a) make a record of information gained as a result of, or in connection with, the activities of an RCA team; or
 - (b) make use of or disclose information gained as a result of, or in connection with, the activities of an RCA team,

except—

- (c) to the extent necessary for the proper performance of the activities of the RCA team (including as to the preparation of the reports required at the conclusion of the investigation); or
- (d) in pursuance of any reporting requirements of a prescribed kind; or
- (e) to the extent allowed by the regulations.

Maximum penalty: \$60 000.

- (3) Without limiting subsection (2), a person to whom this section applies cannot be required—
 - (a) to produce to a court, agency or other body any document that has been brought into existence for the purposes of the activities of an RCA team; or
 - (b) to disclose to a court, agency or other body any information that has become known for the purposes of the activities of an RCA team.
- (4) Subsections (2) and (3) do not apply to—
 - (a) information contained in the report of the RCA team that may be released publicly; and
 - (b) any information or document that does not identify, either expressly or by implication, a particular person or particular persons.

74—Immunity provision

No act or omission of a person in good faith for the purposes of the activities of an RCA team, or for the purposes of an activity that the person reasonably believes to be the activity of an RCA team, gives rise to any liability against the person, or against any governing body or other entity involved in authorising an RCA team to act under this Part.

75—Victimisation

- (1) A person commits an act of victimisation against another person (the *victim*) if he or she causes detriment to the victim on the ground, that the victim has provided, or intends to provide, information or other assistance to an RCA team in connection with an investigation under this Part.
- (2) An act of victimisation under this section may be dealt with—
 - (a) as a tort; or
 - (b) as if it were an act of victimisation under the *Equal Opportunity Act 1984*, but, if the victim commences proceedings in a court seeking a remedy in tort, he or she cannot subsequently lodge a complaint under the *Equal Opportunity Act 1984*, and conversely, if the victim lodges a complaint under that Act, he or she cannot subsequently commence proceedings in a court seeking a remedy in tort.
- (3) Where a complaint alleging an act of victimisation under this section has been lodged with the Commissioner for Equal Opportunity and the Commissioner is of the opinion that the subject matter of the complaint has already been adequately dealt with by a competent authority, the Commissioner may decline to act on the complaint or to proceed further with action on the complaint.
- (4) In this section—

detriment includes—

 - (a) injury, damage or loss; or
 - (b) intimidation or harassment; or
 - (c) discrimination, disadvantage or adverse treatment in relation to the victim's employment or business; or
 - (d) threats of reprisal.

Part 9—Testamentary gifts and trusts

76—Interpretation

In this Part—

prescribed entity means—

- (a) a hospital or health centre incorporated under the repealed Act; or
- (b) an entity incorporated under another Act which performs functions related to the provision of a health service, other than a private hospital; or
- (c) an entity incorporated under this Act,

but does not include any entity excluded from the ambit of this definition by the regulations.

77—Application of Part

- (1) This Part applies to a testamentary disposition or trust made or created before or after the commencement of this Part.
- (2) This Part is in addition to, and does not derogate from, the *Trustee Act 1936*.

- (3) However, references in section 69B of the *Trustee Act 1936* to the original purposes of a trust will, if relevant to an application under that section, be construed after taking into account the operation of this Part.

78—Testamentary gifts and trusts

- (1) If—
- (a) a testamentary disposition has been made in favour of, or a trust has been created for the benefit of, a prescribed entity; and
 - (b) the prescribed entity has been dissolved (whether before or after the commencement of this section); and
 - (c) either—
 - (i) all of the functions of the prescribed entity have been transferred to an incorporated hospital under this Act; or
 - (ii) the Minister has, by instrument published in the Gazette, certified that, in his or her opinion, a major proportion of the functions of the prescribed entity have been transferred to an incorporated hospital under this Act,

then the disposition will be taken to be made, or the trust will be taken to be created, (as the case requires) in favour of—

- (d) in a case where paragraph (c)(i) applies—
 - (i) subject to subparagraph (ii) of this paragraph—the relevant incorporated hospital; or
 - (ii) if the constitution of an incorporated HAC provides that the HAC is to assume the benefit of any testamentary disposition or trust to which this section applies in substitution for the hospital (named in the constitution) that would otherwise obtain the benefit of this section under subparagraph (i)—that HAC;
 - (e) in a case where paragraph (c)(ii) applies—an incorporated hospital or an incorporated HAC, as designated by the Minister by notice in the Gazette.
- (2) The Minister must consult with the Attorney-General before making a designation under subsection (1)(e).
- (3) If—
- (a) a testamentary disposition has been made in favour of, or a trust has been created for the benefit of, the patients or residents of a prescribed entity; and
 - (b) the prescribed entity has been dissolved (whether before or after the commencement of this section); and
 - (c) either—
 - (i) all of the functions of the prescribed entity have been transferred to an incorporated hospital under this Act; or

- (ii) the Minister has, by instrument published in the Gazette, certified that, in his or her opinion, a major proportion of the functions of the prescribed entity have been transferred to an incorporated hospital under this Act,

then the disposition will be taken to be made, or the trust will be taken to be created, (as the case requires) in favour of, the patients or residents of the incorporated hospital.

- (4) A testamentary disposition or trust that is subject to the operation of this section must be administered in a manner that accords, as far as is reasonably practicable, with the spirit of the original purposes of the disposition or trust.
- (5) Nothing in this section operates to defeat the intention reflected by the provisions or terms of a testamentary disposition or trust that provide that, should the beneficiary cease to exist, the testamentary disposition or trust was to lapse or was to be in favour of some other person or body.
- (6) Nothing in this section invalidates the execution, declaration or creation of a testamentary disposition or trust made or effected before the commencement of this section.
- (7) Nothing in this section—
 - (a) affects the operation of any order or determination of a court made before the commencement of this section; or
 - (b) affects the operation or validity of an act or decision of an executor or executrix, or a trustee, lawfully taken or made before the commencement of this section.
- (8) This section operates subject to any exclusions prescribed by the regulations.
- (9) For the purposes of this section, a reference to a *testamentary disposition* includes a reference to a surrender or release effected by a testamentary disposition.

Part 10—Private hospitals

79—Prohibition of operating private hospitals unless licensed

- (1) Health services must not be provided by a private hospital except at premises in respect of which a licence is in force under this Part.
- (2) If health services are provided by a private hospital in contravention of subsection (1), the person or each person constituting the private hospital is guilty of an offence.
Maximum penalty: \$60 000.
- (3) This section does not apply in relation to premises licensed under the *Supported Residential Facilities Act 1992*.

80—Application for licence

- (1) A person may apply to the Minister for a licence under this Part.
- (2) An application for a licence must—
 - (a) conform to the requirements of the Minister about its form, contents and the manner in which it is made; and

- (b) contain a statement of the maximum number of hospital beds sought to be provided pursuant to the licence and any other information required by the Minister; and
- (c) be accompanied by the fee fixed by the Minister.

81—Grant of licence

- (1) Subject to this section, if application is made under this Part for a licence in respect of premises or proposed premises, the Minister must determine whether a licence should be granted or refused and, if granted, what conditions should be imposed, having regard to—
 - (a) the suitability of the applicant to be granted the licence; and
 - (b) the standards of construction, facilities and equipment of the premises or proposed premises; and
 - (c) the scope and quality of the health services to be provided in pursuance of the licence; and
 - (d) the location of the premises or proposed premises and their proximity to other facilities for the provision of health services; and
 - (e) the adequacy of existing facilities for the provision of health services to persons in the locality; and
 - (f) any proposals for the provision of health services to persons in the locality through the establishment of new facilities or the expansion of existing facilities; and
 - (g) whether the prescribed limit of hospital beds for the State, or for the particular region in which the premises or proposed premises are or will be situated, has already been reached or exceeded; and
 - (h) any other relevant matter.
- (2) The Minister has full power, if the prescribed limit of hospital beds for the State or the particular region in which the proposed hospital is to be situated has been reached or exceeded—
 - (a) to refuse absolutely to grant a licence; or
 - (b) to refuse to grant a licence unless the number of existing hospital beds in the State or the particular region is to be reduced by a number that corresponds to the maximum number of hospital beds sought to be provided pursuant to the licence or a specified lesser number.
- (3) If the Minister determines under this section that the licence should be granted and, in the case of an application in respect of proposed premises, subsequently is satisfied that the premises have been established substantially in accordance with proposals approved by the Minister, the Minister will, on payment of a fee fixed by the Minister, grant the licence to the applicant.

82—Conditions of licence

- (1) The Minister may attach such conditions to a licence under this Part as the Minister thinks fit.

- (2) Without limiting the matters with respect to which conditions may be imposed, the Minister may impose conditions in respect of a licence—
 - (a) limiting the kinds of health services that may be provided pursuant to the licence;
 - (b) fixing the maximum number of hospital beds that may be provided pursuant to the licence;
 - (c) preventing the alteration or extension of the premises without the approval of the Minister;
 - (d) preventing the installation or use of facilities or equipment of a specified kind, either absolutely or without the approval of the Minister;
 - (e) requiring the installation or use of facilities or equipment of a specified kind not otherwise required by or under this Act;
 - (f) requiring that the premises be in the charge of a person with specified qualifications, and otherwise regulating the staffing of the premises.
- (3) The Minister may, by notice in writing given to the holder of a licence, vary or revoke a condition of the licence or impose a further condition.
- (4) If the Minister imposes a further condition under subsection (3), the condition will not, except with the agreement of the licensee, take effect until the expiration of the period of 30 days after service of the notice imposing the condition.
- (5) If a licensee seeks to have the number of hospital beds that may be provided pursuant to the licence increased, the Minister has full power, if the prescribed limit of hospital beds for the State or the particular region in which the hospital is situated has been reached or exceeded—
 - (a) to refuse absolutely to so vary the conditions of the licence; or
 - (b) to refuse to so vary the conditions of the licence unless the number of existing hospital beds in the State or the particular region is to be reduced by a number that corresponds to the increase sought or a specified lesser number.

83—Offence for licence holder to contravene Act or licence condition

The holder of a licence under this Part must not contravene, or fail to comply with, a provision of this Act or a condition of the licence.

Maximum penalty: \$60 000.

84—Duration of licences

- (1) Subject to this Part, a licence remains in force until—
 - (a) the licence is surrendered; or
 - (b) the holder of the licence dies or, in the case of a body corporate, is dissolved.
- (2) The holder of a licence under this Part must, not later than the prescribed day in each year—
 - (a) pay to the Minister the annual licence fee fixed by the Minister; and
 - (b) lodge with the Minister an annual return containing the prescribed information.

- (3) If the holder of a licence fails to pay the annual licence fee or lodge the annual return in accordance with subsection (2), the Minister may, by notice in writing, require the holder to make good the default.
- (4) If the holder of a licence fails to comply with a notice under subsection (3) within 14 days after service of the notice, the licence is, by force of this subsection, suspended until the holder complies with the notice.
- (5) If a licence has been suspended by virtue of subsection (4) for a continuous period of 6 months, the licence is, by force of this subsection, cancelled.

85—Transfer of licence

- (1) An application may be made to the Minister for the transfer of a licence under this Part.
- (2) An application for the transfer of a licence must—
 - (a) conform to the requirements of the Minister about its form, contents and the manner in which it is made; and
 - (b) contain the information required by the Minister and conform with such other requirements determined by the Minister; and
 - (c) be accompanied by the fee fixed by the Minister.
- (3) An applicant must furnish the Minister with such further information as the Minister may require to determine the application.
- (4) The Minister will, on application under this section and payment of the fee fixed by the Minister, transfer the licence to the proposed transferee if the Minister is satisfied as to the suitability of the person to hold a licence under this Part.

86—Surrender, suspension and cancellation of licences

- (1) The holder of a licence under this Part may, at any time, surrender the licence (and the licence then ceases to be of force or effect).
- (2) The Minister may, after giving 30 days notice in writing to the holder of a licence to show cause why the licence should not be suspended or cancelled, suspend or cancel the licence, if the Minister is satisfied—
 - (a) that the grant or transfer of the licence was obtained improperly; or
 - (b) that the holder of the licence has contravened, or failed to comply with, a provision of this Act or a condition of the licence.
- (3) If the Minister suspends a licence, the Minister may order that the suspension be for a specified period or until the fulfilment of stipulated conditions or until further order.
- (4) If the Minister cancels a licence, the Minister may order that the cancellation have effect at a specified future time and impose conditions as to the provision of health services in pursuance of the licence until that time.
- (5) If a condition is imposed in relation to a licence under subsection (4), the holder of the licence must not contravene, or fail to comply with, the condition.

Maximum penalty: \$60 000.

- (6) A licence—
 - (a) that is suspended under subsection (2) ceases to be of force or effect for the period of the suspension; or
 - (b) that is cancelled under that subsection ceases to be of force or effect.

87—Appeal against decision or order of Minister

- (1) A right of appeal to the Supreme Court lies against a decision or order of the Minister under this Part.
- (2) The appeal must be instituted within 1 month of the making of the decision or order appealed against, but the Supreme Court may, if it is satisfied that it is just and reasonable in the circumstances to do so, extend that period (whether or not it has already expired).
- (3) The Supreme Court may, on the hearing of the appeal, do 1 or more of the following, according to the nature of the case:
 - (a) affirm, vary or quash the decision or order appealed against or substitute, or make in addition, any decision or order that should have been made in the first instance;
 - (b) remit the subject matter of the appeal to the Minister for further consideration;
 - (c) make any further or other order as to costs or any other matter that the case requires.
- (4) The Minister must, if so required by a person affected by a decision or order made by the Minister under this Part, state in writing the reasons for the decision or order.
- (5) If the reasons of the Minister are not given in writing at the time of making a decision or order and the appellant then requests the Minister to state the Minister's reasons in writing, the time for instituting the appeal runs from the time when the appellant receives the written statement of those reasons.
- (6) If the Minister or the Supreme Court is satisfied that an appeal against an order of the Minister has been instituted or is intended, the Minister or the Supreme Court may suspend the operation of the order until the determination of the appeal.
- (7) If the Minister has suspended the operation of an order under subsection (6), the Minister may terminate the suspension and, where the Supreme Court has done so, the Supreme Court may terminate the suspension.

88—Inspectors

- (1) The Minister may appoint suitable persons to be inspectors for the purposes of this section.
- (2) An inspector appointed under subsection (1) may, at any reasonable time, enter the premises of a private hospital and, while on the premises, may—
 - (a) inspect the premises or any equipment or other thing on the premises; and
 - (b) require any person to produce any documents or records; and
 - (c) examine any documents or records and take extracts from, or make copies of, any of them.

- (3) A person must not refuse or fail to comply with a requirement made pursuant to this section.

Maximum penalty: \$10 000.

- (4) A person must not hinder or obstruct an inspector in the exercise by the inspector of the powers conferred by this section.

Maximum penalty: \$10 000.

Part 11—Miscellaneous

89—Application of PSM Act

- (1) The Governor may, by proclamation, declare that specified provisions of the *Public Sector Management Act 1995* apply, with such modifications as may be prescribed in the proclamation, in relation to persons employed as a member of the staff of an incorporated hospital, or any class of such persons.
- (2) A proclamation has effect according to its terms.
- (3) The Governor may, by subsequent proclamation, vary or revoke a proclamation under this section.

90—Recognised organisations

- (1) The following organisations are recognised organisations for the purposes of this section:
- (a) any organisation declared to be a recognised organisation by the regulations;
 - (b) any other organisation declared to be a recognised organisation under subsection (2).
- (2) If an employing authority is of the opinion that an organisation (being an association registered under the *Fair Work Act 1994*) represents the interests of a significant number of persons employed under this Act, the employing authority must, by notice published in the Gazette, declare that organisation to be a recognised organisation for the purposes of this Act.
- (3) Any such recognised organisation has the right to make submissions to the employing authority and incorporated hospitals on any matter arising out of, or in relation to, the performance or exercise of any of their functions or powers under this Act.

91—Duty of Registrar-General

- (1) The Registrar-General must, on application by the Minister, an incorporated hospital or an incorporated HAC, and on being satisfied that an interest in land has vested in the Minister, an incorporated hospital or an incorporated HAC under this Act, and on production of duplicate certificates of title (if any) relating to the land, issue such new certificates of title, or make such entries and notations on existing certificates of title, as may be necessary to evidence vesting of the relevant interest.
- (2) If an application has been made under this section, the Registrar-General may require the applicant to furnish—
- (a) any instrument evidencing former title to the land or any existing or former interest in the land; and

- (b) a plan of the land to which the application relates, certified by a licensed surveyor.

92—Conflict of interest

- (1) If a conflict or possible conflict arises between a health employee's private interests and the duties of his or her employment, the health employee—
 - (a) must, as soon as practicable after becoming aware of the conflict or possible conflict, report the matter to the appropriate authority; and
 - (b) must not act further in the matter from which the conflict or possible conflict arises except as authorised by the appropriate authority.

- (2) A health employee who contravenes or fails to comply with a requirement of subsection (1) is guilty of an offence.

Maximum penalty: \$10 000.

- (3) In this section—

appropriate authority, in relation to a health employee, means—

- (a) the employee's employer; or
- (b) some person authorised by the employer to act as the appropriate authority under this section;

health employee means a person employed at an incorporated hospital or as a member of the staff of SAAS.

93—Confidentiality and disclosure of information

- (1) For the purposes of this section, a person is engaged in connection with the operation of this Act if the person is—
 - (a) an officer or employee of the Department engaged in the administration of this Act; or
 - (b) a person employed by an employing authority under this Act; or
 - (c) a member of the staff of SAAS; or
 - (d) a person otherwise engaged to work at an incorporated hospital or in connection with the activities of SAAS.

- (2) Subject to subsection (3), a person engaged or formerly engaged in connection with the operation of this Act must not disclose personal information relating to a person obtained while so engaged except to the extent that he or she may be authorised or required to disclose that information—
 - (a) by the Chief Executive or his or her employer; or
 - (b) in the case of information obtained while working at an incorporated hospital or SAAS—by the hospital or SAAS (as the case requires).

Maximum penalty: \$10 000.

- (3) Subsection (2) does not prevent a person from—
 - (a) disclosing information as required by law, or as required for the administration of this Act or a law of another State or a Territory of the Commonwealth; or

- (b) disclosing information at the request, or with the consent, of the person to whom the information relates or a guardian or medical agent of the person; or
 - (c) disclosing information to a relative, carer or friend of the person to whom the information relates if—
 - (i) the disclosure is reasonably required for the treatment, care or rehabilitation of the person; and
 - (ii) there is no reason to believe that the disclosure would be contrary to the person's best interests; or
 - (d) subject to the regulations (if any)—
 - (i) disclosing information to a health or other service provider if the disclosure is reasonably required for the treatment, care or rehabilitation of the person to whom the information relates; or
 - (ii) disclosing information by entering the information into an electronic records system established for the purpose of enabling the recording or sharing of information between persons or bodies involved in the provision of health services; or
 - (iii) disclosing information to such extent as is reasonably required in connection with the management or administration of a hospital or SAAS (including for the purposes of charging for a service);
 - (e) disclosing information if the disclosure is reasonably required to lessen or prevent a serious threat to the life, health or safety of a person, or a serious threat to public health or safety; or
 - (f) disclosing information for medical or social research purposes if the research methodology had been approved by an ethics committee and there is no reason to believe that the disclosure would be contrary to the person's best interests; or
 - (g) disclosing information in accordance with the regulations.
- (4) Subsection (3)(c) does not authorise the disclosure of personal information in contravention of a direction given by the person to whom the information relates.
- (5) Subsection (4) does not apply to a person who is subject to an order under the *Mental Health Act 1993*.
- (6) In this section—

personal information means information or an opinion, whether true or not, relating to a natural person or the affairs of a natural person whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

94—Offences by bodies corporate

If a body corporate is guilty of an offence against this Act, every person who is a member of the governing body of the body corporate is guilty of an offence and liable to the same penalty as is prescribed for the principal offence unless the person proves the general defence under this Act.

95—General defence

It is a defence to a charge of an offence against this Act (the *general defence*) if the defendant proves that the alleged offence was not committed intentionally and did not result from any failure on the part of the defendant to take reasonable care to avoid the commission of the offence.

96—Evidentiary provision

In any proceedings for an offence against this Act, an allegation in the complaint—

- (a) that a specified person was, or was not, the holder of a licence under this Act at a specified time; or
- (b) that a specified provision was, at a specified time, a condition imposed in relation to a licence under this Act held by a specified person; or
- (c) that a specified person was, or was not, an authorised person or inspector under this Act at a specified time,

will, in the absence of proof to the contrary, be taken to have been proved.

97—Administrative acts

- (1) No liability attaches to the Minister by virtue of the fact that the Minister has issued a licence, authorised an activity or granted an exemption under this Act.
- (2) No liability attaches to SAAS by virtue of the fact that SAAS has issued a direction, made a request or granted an authorisation under this Act.

98—Forms of Ministerial approvals

- (1) The Minister may give an approval under this Act—
 - (a) in relation to a specific case or circumstance; or
 - (b) in relation to a class of cases or circumstances specified by the Minister.
- (2) The Minister may give an approval subject to such conditions as the Minister thinks fit.
- (3) The Minister may, as the Minister thinks fit, vary or revoke an approval previously given under this Act.

99—Gift funds established by Minister

The Minister may, as the Minister thinks fit—

- (a) establish 1 or more *gift funds* in connection with the provision or support of health services within the State;
- (b) subject to the regulations (if any), make any provision with respect to the management, operation or winding up of any gift fund established by the Minister.

100—Regulations

- (1) The Governor may make such regulations as are contemplated by this Act or as are necessary or expedient for the purposes of this Act.

- (2) Without limiting the generality of subsection (1), the regulations may—
- (a) prescribe conditions under which research in the field of health and health services is to be conducted under this Act; and
 - (b) require any hospital to collect, and furnish the Minister or the Department with, data and statistics in relation to health and health services; and
 - (c) require any hospital to make prescribed inquiries with a view to ascertaining the requirements of the public, or any section of the public, in relation to any aspect of health care, and to furnish the Minister or the Department with the results of those inquiries; and
 - (d) prescribe rules relating to the management, operation or winding up of any gift fund, or other funds or accounts; and
 - (e) prescribe conditions under which financial or technical assistance may be given by the Minister for the establishment, maintenance or operation of a health service; and
 - (f) regulate the publication and dissemination of information by the Minister or the Department in relation to health and health services; and
 - (g) provide for the reporting of cases of specified diseases and disabilities to the Minister or the Department; and
 - (h) prescribe any course of education, training or instruction in professional or other fields of knowledge or expertise related to health services provided, or to be provided, by the Minister, the Department or any hospital; and
 - (i) prescribe standards to be observed by the Minister, the Department and hospitals in providing services for the prevention of disease, the improvement of health, the care and rehabilitation of the sick or the general well-being of the public; and
 - (j) provide for the establishment and operation of policies, protocols or practices in order to assess the clinical competencies of any health care provider and to determine the appropriate scope of a health care provider's practice in a particular setting or circumstance; and
 - (k) in relation to RCA teams—make provision for or with respect to—
 - (i) the functions of RCA teams;
 - (ii) the procedures of RCA teams, and the manner in which they are to exercise their functions;
 - (iii) the ability for RCA teams to act in relation to various entities, including so that a RCA team appointed by one entity may act in relation to an incident that involves another entity; and
 - (l) prescribe standards of construction, facilities and equipment for the premises of private hospitals; and
 - (m) prescribe standards to be observed by private hospitals in the provision of health services; and
 - (n) prescribe the records to be kept by private hospitals; and

- (o) prescribe a limit on the number of hospital beds that may be provided by incorporated hospitals or private hospitals in the State or in a particular region; and
 - (p) prescribe fines not exceeding \$10 000 for contravention of any regulation.
- (3) The regulations may—
- (a) make different provision according to the persons, things or circumstances to which they are expressed to apply; and
 - (b) be of general or limited application; and
 - (c) provide that a matter or thing is to be determined, dispensed with, regulated or prohibited according to the discretion of the Minister or another prescribed authority.

101—Review of governance arrangements—Country regions of State

- (1) HPC must, within a reasonable time after the third anniversary of the commencement of this Act, furnish to the Minister a report on the operations, over the 3-year period from the commencement of this Act, of the HACs established in relation to any incorporated hospital or hospitals established to provide services in the country areas of the State.
- (2) The report must—
 - (a) review the effectiveness of the relevant HACs in promoting the interests of local communities; and
 - (b) review the level of satisfaction with the governance arrangements between the relevant HACs and any relevant hospital from the perspective of the members of the HACs, the local community, and the hospital; and
 - (c) identify any other significant issues relating to the operations of the HACs considered relevant by HPC.
- (3) The Minister must, within 12 sitting days after receipt of a report under this section, cause a copy of the report to be laid before both Houses of Parliament.
- (4) The Minister must, within 6 months after receipt of a report under this section, cause a formal response to the report to be laid before both Houses of Parliament.

Schedule 1—Health Performance Council

1—Chairperson and Deputy Chairperson

- (1) The Governor is to appoint 2 of the members of HPC (by their respective instruments of appointment or by other instruments executed by the Governor) as Chairperson and Deputy Chairperson of HPC, respectively.
- (2) The Governor may remove a member from the office of Chairperson or Deputy Chairperson of HPC at any time.
- (3) A person holding office as Chairperson or Deputy Chairperson of HPC vacates that office if the person—
 - (a) is removed from that office by the Governor; or
 - (b) resigns by written notice to the Minister; or

- (c) ceases to be a member of HPC.

2—Deputies

- (1) The Governor may, from time to time, appoint a suitable person to be the deputy of a member of HPC, and the Governor may revoke any such appointment.
- (2) In the absence of a member, the member's deputy—
 - (a) is, if available, to act in the place of the member; and
 - (b) while so acting, has all the functions of the member and is taken to be a member.
- (3) The deputy of a member who is Chairperson or Deputy Chairperson of HPC does not (because of this clause) have the member's functions as Chairperson or Deputy Chairperson.

3—Term of office

- (1) Subject to this Schedule, a member of HPC holds office for such period (not exceeding 4 years) as may be specified in the member's instrument of appointment and is eligible for reappointment at the expiration of a term of office.
- (2) However, a member may not hold office for consecutive terms that exceed 8 years in total.

4—Allowances

A member of HPC is entitled to fees, allowances and expenses approved by the Governor.

5—Vacancy in office of member

- (1) The Governor may remove a member from office—
 - (a) for breach of, or non-compliance with, a condition of appointment; or
 - (b) for neglect of duty; or
 - (c) for mental or physical incapacity to carry out duties of office satisfactorily; or
 - (d) for dishonourable conduct; or
 - (e) if serious irregularities have occurred in the conduct of HPC's affairs or HPC has failed to carry out its functions satisfactorily and the Minister considers that HPC should be reconstituted for that reason.
- (2) The office of a member of HPC becomes vacant if the member—
 - (a) dies; or
 - (b) completes a term of office and is not reappointed; or
 - (c) resigns by written notice to the Minister; or
 - (d) becomes an insolvent under administration within the meaning of the *Corporations Act 2001* of the Commonwealth; or

- (e) is convicted in South Australia of an offence that is punishable by imprisonment for a term of 12 months or more, or is convicted elsewhere than in South Australia of an offence that, if committed in South Australia, would be an offence so punishable; or
 - (f) is removed from office under subclause (1).
- (3) If the office of a member of HPC becomes vacant, a person may, subject to this Act, be appointed to fill the vacancy.

6—Procedures of HPC

- (1) The procedure for the calling of meetings of HPC and for the conduct of business at those meetings is, subject to this Act and the regulations, to be as determined by HPC.
- (2) The quorum for a meeting of HPC is a majority of its members for the time being.
- (3) The Chairperson or, in the absence of the Chairperson, the Deputy Chairperson or, in the absence of both, another member elected to chair the meeting by the members present, is to preside at a meeting of HPC.
- (4) A conference by telephone or other electronic means between the members of HPC will, for the purposes of this Act, be taken to be a meeting of HPC at which the participating members are present if—
 - (a) notice of the conference is given to all members in the manner determined by the members of HPC for that purpose; and
 - (b) each participating member is capable of communicating with every other participating member during the conference.

7—Committees and subcommittees

- (1) HPC may establish committees or subcommittees as HPC thinks fit to advise HPC on any aspect of its functions, or to assist HPC in the performance of its functions.
- (2) A committee or subcommittee established under subclause (1) may, but need not, consist of, or include, members of HPC.
- (3) The procedures to be observed in relation to the conduct of business of a committee or a subcommittee will be—
 - (a) as prescribed by regulation; or
 - (b) insofar as the procedure is not prescribed by regulation—as determined by HPC; or
 - (c) insofar as the procedure is not prescribed by regulation or determined by HPC—as determined by the relevant committee or subcommittee.

Schedule 2—Health Advisory Councils

1—Term of office

Subject to this Schedule, a member of a HAC holds office for such period (not exceeding 3 years) as may be determined by the constitution or rules of the HAC and is eligible for reappointment at the expiration of a term of office.

2—Vacancy in office of member

- (1) The Minister may remove a member from office—
 - (a) for breach of, or non-compliance with, a condition of appointment; or
 - (b) for neglect of duty; or
 - (c) for mental or physical incapacity to carry out duties of office satisfactorily; or
 - (d) for dishonourable conduct; or
 - (e) if serious irregularities have occurred in the conduct of the HAC's affairs or the HAC has failed to carry out its functions satisfactorily and the Minister considers that the HAC should be reconstituted for that reason; or
 - (f) on any other ground specified by the constitution or rules of the HAC.
- (2) The office of a member of a HAC becomes vacant if the member—
 - (a) dies; or
 - (b) completes a term of office and is not reappointed; or
 - (c) resigns by written notice to the Minister; or
 - (d) becomes an insolvent under administration within the meaning of the *Corporations Act 2001* of the Commonwealth; or
 - (e) is convicted in South Australia of an offence that is punishable by imprisonment for a term of 12 months or more, or is convicted elsewhere than in South Australia of an offence that, if committed in South Australia, would be an offence so punishable; or
 - (f) is removed from office under subclause (1).
- (3) If the office of a member of a HAC becomes vacant, a person may, subject to this Act, be appointed to fill the vacancy.

3—Duties of members

A member of a HAC that has not been incorporated under this Act will be taken to be an advisory body member within the ambit of Part 2 Division 4 of the *Public Sector Management Act 1995* despite the fact that the HAC is not comprised of members appointed by the Governor or a Minister.

4—Presiding member

The Minister must appoint a member of a HAC to be the presiding member of the HAC.

5—Procedures

- (1) The procedure for the calling of meetings of a HAC and for the conduct of business at those meetings is, subject to this Act and the constitution or rules of the HAC, to be as determined by the HAC.

- (2) A conference by telephone or other electronic means between the members of a HAC will, for the purposes of this Act, be taken to be a meeting of the HAC at which the participating members are present if—
 - (a) notice of the conference is given to all members in the manner determined by the members of the HAC for that purpose; and
 - (b) each participating member is capable of communicating with every other participating member during the conference.

6—Committees and subcommittees

- (1) A HAC may establish committees or subcommittees as the HAC thinks fit to advise the HAC on any aspect of its functions, or to assist HPC in the performance of its functions.
- (2) A committee or subcommittee established under subclause (1) may, but need not, consist of, or include, members of the HAC.
- (3) The procedures to be observed in relation to the conduct of business of a committee or a subcommittee will be—
 - (a) as determined by the HAC; or
 - (b) insofar as the procedure is not determined by the HAC—as determined by the relevant committee or subcommittee.

7—Interpretation

A reference in this Schedule to a member of a HAC will, in the case of a HAC that has been incorporated under this Act, be taken to be a reference to a member of the governing body of a HAC (unless the contrary intention appears).

Schedule 3—Special provisions relating to the Repatriation General Hospital Incorporated

1—Interpretation

In this Schedule—

approved constitution means a constitution for RGH determined by the Minister from time to time for the purposes of this Schedule;

RGH means the Repatriation General Hospital Incorporated.

2—Management of RGH

- (1) RGH will be administered by a board of directors constituted in accordance with the approved constitution.
- (2) The board may delegate a function or power arising under the approved constitution—
 - (a) to a specified person or body; or
 - (b) to a person occupying or acting in a specified office or position.
- (3) A delegation—
 - (a) may be made subject to conditions or limitations specified in the instrument of delegation; and

- (b) if the instrument of delegation so provides, may be further delegated by the delegate; and
 - (c) is revocable at will and does not prevent the delegator from acting in a matter.
- (4) An act done or decision made by the board, or a person acting under a delegation, in the administration or management of RGH (including by exercising any power of RGH as an incorporated hospital under this Act) is an act or decision of RGH.
- (5) The members of the board must comply with any requirements prescribed by the regulations with respect to the disclosure of any interests that may cause conflict with their functions or duties as members of the board.
- (6) The Minister may remove a member of the board from office on any ground prescribed by the regulations.
- (7) No liability attaches to a member of the board for an act or omission by the member or RGH in good faith and in performance or exercise, or purported performance or exercise, of the member's or RGH's functions or powers.

3—Power of direction

- (1) The board will, in the administration of RGH, be subject to direction by the Minister.
- (2) The Minister cannot give a direction—
 - (a) concerning the clinical treatment of a particular person; or
 - (b) for the sale or disposal of real property or equipment that is not held by the Crown; or
 - (c) relating to the employment of a particular person or the assignment, transfer, remuneration, discipline or dismissal of a particular employee.
- (3) A direction under this clause must be given in writing and must be published in the Gazette.
- (4) Particulars of directions given under this clause must be included in RGH's annual report.

4—Dissolution of board

- (1) The Minister may, at the request of the board, dissolve the board.
- (2) If the board is dissolved under this clause, the Governor may, by proclamation, fix a day for the expiry of this Schedule (and that proclamation will then have effect according to its terms).
- (3) If the Governor makes a proclamation under subclause (2), the Governor may, by proclamation, make any ancillary or related provision with respect to the dissolution of the board or the expiration of this Schedule.

Schedule 4—Related amendments, repeals and transitional provisions

Part 1—Related amendments

1—Amendment provisions

In this Schedule, a provision under a heading referring to the amendment of a specified Act amends the Act so specified.

Part 2—Amendment of *Children's Protection Act 1993*

2—Amendment of section 52V—Powers of review

Section 52V(3)(d)—delete paragraph (d) and substitute:

- (d) a request cannot be validly made of a person to disclose or allow access to information that is subject to the operation of Part 7 or 8 of the *Health Care Act 2008*.

Part 3—Amendment of *Chiropractic and Osteopathy Practice Act 2005*

3—Amendment of section 3—Interpretation

Section 3(1), definition of *exempt provider*, (a)—delete paragraph (a) and substitute:

- (a) an incorporated hospital or private hospital under the *Health Care Act 2008*; or

Part 4—Amendment of *Controlled Substances Act 1984*

4—Amendment of section 4—Interpretation

Section 4(1), definition of *the Health Commission*—delete the definition

Part 5—Amendment of *Coroners Act 2003*

5—Amendment of section 23—Proceedings on inquests

Section 23(6)—delete "section 64D of the *South Australian Health Commission Act 1976*" and substitute:

Parts 7 and 8 of the *Health Care Act 2008*

Part 6—Amendment of *Dental Practice Act 2001*

6—Amendment of section 3—Interpretation

Section 3(1), definition of *exempt provider*, (a)—delete paragraph (a) and substitute:

- (a) an incorporated hospital or a private hospital under the *Health Care Act 2008*; or

Part 7—Amendment of *Drugs Act 1908*

7—Amendment of section 5—Interpretation

Section 5, definition of *the Health Commission*—delete the definition

8—Amendment of section 17—Advisory committee

Section 17(1)—delete "The chairman of the Health Commission" and substitute:

The Chief Executive of the Department of the Minister

Part 8—Amendment of *Family and Community Services Act 1972*

9—Amendment of section 112—Provision for blood tests

Section 112(7)—delete "on the recommendation of the Chairman of the South Australian Health Commission"

Part 9—Amendment of *Health and Community Services Complaints Act 2004*

10—Amendment of section 82—Protection of certain information

Section 82—delete "section 64D of the *South Australian Health Commission Act 1976*" and substitute:

Part 7 or 8 of the *Health Care Act 2008*

Part 10—Amendment of *Institute of Medical and Veterinary Science Act 1982*

11—Amendment of section 3—Interpretation

Section 3(1), definition of *the Health Commission*—delete the definition

12—Amendment of section 7—Council

Section 7(2)(a)(ii)—delete subparagraph (ii) and substitute:

- (ii) 2 will be persons nominated by the Minister, being persons who have been actively involved in the provision of health services; and

13—Amendment of section 18—Superannuation, accrued leave rights etc

(1) Section 18(2)(b)—delete paragraph (b) and substitute:

- (b) under the *Health Care Act 2008*,

(2) Section 18(3)(b)—delete paragraph (b) and substitute:

- (b) under the *Health Care Act 2008*; or

Part 11—Amendment of *Local Government Act 1934*

14—Amendment of section 595—Regulations

- (1) Section 595(1)—delete "on the recommendation of the South Australian Health Commission" and substitute:

on the recommendation of the designated chief executive
- (2) Section 595—after subsection (3) insert:
 - (4) In this section—

designated chief executive means the Chief Executive of the administrative unit of the Public Service that is, under the relevant Minister, responsible for the administration of the *Health Care Act 2008*.

15—Amendment of section 596—Provisions applicable to outside areas

- (1) Section 596—delete "the South Australian Health Commission" and substitute:

designated Minister
- (2) Section 596—after its present contents as amended by this section (now to be designated as subsection (1)) insert:
 - (2) In this section—

designated Minister means the Minister responsible for the administration of the *Health Care Act 2008*.

Part 12—Amendment of *Medical Practice Act 2004*

16—Amendment of section 3—Interpretation

Section 3(1), definition of *exempt provider*, (a)—delete paragraph (a) and substitute:

- (a) an incorporated hospital or private hospital under the *Health Care Act 2008*; or

Part 13—Amendment of *Occupational Therapy Practice Act 2005*

17—Amendment of section 3—Interpretation

Section 3(1), definition of *exempt provider*, (a)—delete paragraph (a) and substitute:

- (a) an incorporated hospital or private hospital under the *Health Care Act 2008*; or

Part 14—Amendment of *Optometry Practice Act 2007*

18—Amendment of section 3—Interpretation

Section 3(1), definition of *exempt provider*, (a)—delete paragraph (a) and substitute:

- (a) an incorporated hospital or private hospital under the *Health Care Act 2008*; or

19—Amendment of section 38—Prohibition on provision of optometry treatment by unqualified persons

Section 38(2)(b)—delete "or a recognised hospital, incorporated health centre or private hospital within the meaning of the *South Australian Health Commission Act 1976*" and substitute:

or an incorporated hospital or a private hospital under the *Health Care Act 2008*

Part 15—Amendment of *Physiotherapy Practice Act 2005*

20—Amendment of section 3—Interpretation

Section 3(1), definition of *exempt provider*, (a)—delete paragraph (a) and substitute:

- (a) an incorporated hospital or private hospital under the *Health Care Act 2008*; or

Part 16—Amendment of *Podiatry Practice Act 2005*

21—Amendment of section 3—Interpretation

Section 3(1), definition of *exempt provider*, (a)—delete paragraph (a) and substitute:

- (a) an incorporated hospital or private hospital under the *Health Care Act 2008*; or

Part 17—Amendment of *Public and Environmental Health Act 1987*

22—Amendment of section 3—Interpretation

- (1) Section 3(1)—after the definition of *building* insert:

Chief Executive means the Chief Executive of the Department and includes a person for the time being acting in that position;

- (2) Section 3(1), definition of *the Commission*—delete the definition

23—Amendment of section 6—Delegation

- (1) Section 6(1)—delete "The Commission or a" and substitute:

A

- (2) Section 6—after subsection (1) insert:

(1aa) The Chief Executive may, by instrument in writing, delegate any of the Chief Executive's powers or functions under this Act.

- (3) Section 6(4)—delete "Commission" and substitute:

Chief Executive

24—Amendment of section 12—Functions of Council

- (1) Section 12(1)—delete "of the Commission or the Minister" and substitute:

of the Minister or the Chief Executive

- (2) Section 12(1)—delete "to the Commission or the Minister" and substitute:
to the Minister or the Chief Executive

25—Amendment of section 31—Power of Chief Executive to require a person to undergo an examination

- (1) Section 31(1)—delete "the Commission" wherever occurring and substitute in each case:
the Chief Executive
- (2) Section 31(5)—delete "the Commission" and substitute:
the Department

26—Amendment of section 32—Power of Chief Executive, in the interests of public health, to detain persons suffering from diseases

- (1) Section 32(1)—delete "Commission" wherever occurring and substitute in each case:
Chief Executive
- (2) Section 32(4)(a)—delete "Commission" and substitute:
Chief Executive

27—Amendment of section 33—Power of Chief Executive to give directions to persons suffering from diseases

- (1) Section 33(1)—delete "Commission" wherever occurring and substitute in each case:
Chief Executive
- (2) Section 33(2)—delete "Commission" wherever occurring and substitute in each case:
Chief Executive

28—Amendment of section 36—Action to prevent the spread of infection

- (1) Section 36(1)—delete "Commission" wherever occurring and substitute in each case:
Chief Executive
- (2) Section 36(5)—delete "Commission" and substitute:
Chief Executive
- (3) Section 36(6)—delete "Commission" and substitute:
Crown
- (4) Section 36(7)—delete "Commission" and substitute:
Chief Executive
- (5) Section 36(9)—delete "Commission" and substitute:
Chief Executive

29—Amendment of section 40—Immunity from liability

- Section 40(1)(b)—delete "Commission" and substitute:
Chief Executive

30—Amendment of section 41—Power to require information

Section 41(1)—delete "Commission" and substitute:

Chief Executive

31—Amendment of section 47—Regulations

(1) Section 47(2)(f)—delete "Commission" and substitute:

Chief Executive

(2) Section 47(2)(i)—delete "Commission" and substitute:

Chief Executive

(3) Section 47(7)(d)—delete "Commission" and substitute:

Chief Executive

Part 18—Amendment of *Supported Residential Facilities Act 1992*

32—Amendment of section 4—Application of Act

Section 4(2)(b)—delete paragraph (b) and substitute:

- (b) any premises that form part of an incorporated hospital or private hospital under the *Health Care Act 2008*; or

Part 19—Repeal of Acts

33—Repeal of Acts

The following Acts are repealed:

- (a) the *Ambulance Services Act 1992*;
(b) the *Hospitals Act 1934*;
(c) the *South Australian Health Commission Act 1976*.

Part 20—Transitional provisions

34—Incorporated hospitals

(1) In this clause—

SAHC hospital means an incorporated hospital under the *South Australian Health Commission Act 1976* in existence immediately before the commencement of this clause.

- (2) Subject to this clause, a SAHC hospital continues as an incorporated hospital under this Act (without affecting any function, power, accreditation or other aspect of the operations of the hospital).
- (3) To avoid doubt, the board of directors of a SAHC hospital under section 29 of the *South Australian Health Commission Act 1976* will be dissolved on the commencement of this clause.
- (4) The Governor may, by proclamation, designate a SAHC hospital as an incorporated hospital that is not to continue under this Act.

- (5) If the Governor designates a hospital under subclause (4)—
 - (a) the hospital is dissolved by force of this clause; and
 - (b) the undertaking of the hospital, including its assets, rights and liabilities—
 - (i) will vest in or attach to a body, or will be divided between 2 or more bodies, specified by the Governor by proclamation (according to the terms of the proclamation);
 - (ii) to the extent that any assets, rights or liabilities do not fall within the ambit of a proclamation under subparagraph (i)—will vest in or attach to the Minister.
- (6) If a hospital is dissolved under subclause (5), the Governor may, by proclamation, provide for the continuity of employment of persons employed to perform functions in connection with the operations or activities of the hospital (and the proclamation will have effect according to its terms).
- (7) Nothing that takes effect under this clause—
 - (a) constitutes a breach of, or default under, an Act or other law; or
 - (b) constitutes a breach of, or default under, a contract, agreement, understanding or undertaking; or
 - (c) constitutes a breach of a duty of confidence (whether arising by contract, in equity or by custom) or in any other way; or
 - (d) constitutes a civil or criminal wrong; or
 - (e) terminates an agreement or obligation or fulfils any conditions that allows a person to terminate an agreement or obligation, or give rise to any other right or remedy; or
 - (f) releases a surety or any other obligee wholly or in part from an obligation.

35—Incorporated health centres

- (1) In this clause—

SAHC health centre means an incorporated health centre under the *South Australian Health Commission Act 1976* in existence immediately before the commencement of this clause.
- (2) A SAHC health centre is dissolved by force of this clause.
- (3) The undertaking of a SAHC health centre, including its assets, rights and liabilities—
 - (a) will vest in or attach to a body, or will be divided between 2 or more bodies, specified by the Governor by proclamation (according to the terms of the proclamation);
 - (b) to the extent that any assets, rights or liabilities do not fall within the ambit of a proclamation under paragraph (a)—will vest in or attach to the Minister.
- (4) The Governor may, by proclamation, provide for the continuity of employment of persons employed to perform functions in connection with the operations or activities of a SAHC health centre (the proclamation will have effect according to its terms).

- (5) Nothing that takes effect under this clause—
- (a) constitutes a breach of, or default under, an Act or other law; or
 - (b) constitutes a breach of, or default under, a contract, agreement, understanding or undertaking; or
 - (c) constitutes a breach of a duty of confidence (whether arising by contract, in equity or by custom) or in any other way; or
 - (d) constitutes a civil or criminal wrong; or
 - (e) terminates an agreement or obligation or fulfils any conditions that allows a person to terminate an agreement or obligation, or give rise to any other right or remedy; or
 - (f) releases a surety or any other obligee wholly or in part from an obligation.

36—By-laws

- (1) A by-law made by the board of an incorporated hospital under section 38 of the *South Australian Health Commission Act 1976* in force immediately before the commencement of this subclause will continue as a by-law under this Act (and may then be altered or repealed under the provisions of this Act).
- (2) Subclause (1) does not apply to any by-laws excluded from the ambit of that subclause by proclamation.
- (3) Subject to subclauses (4), (5) and (6), any by-law of a designated health centre under section 57AA of the *South Australian Health Commission Act 1976* in force immediately before the dissolution of the health centre (including a dissolution before the commencement of this subclause) will have full force and effect pursuant to the provisions of this clause.
- (4) The Minister may, by notice in the Gazette, alter or repeal a by-law under subclause (3), or make a substitute or new by-law in connection with any aspect of the former undertaking of the relevant designated health centre (and may by subsequent notice in the Gazette alter or repeal a by-law made under this subclause).
- (5) Section 57AA of the *South Australian Health Commission Act 1976* will continue to apply to any by-laws under subclause (3) or (4) subject to such modifications as may be prescribed by the regulations (and the regulations will have effect according to their terms).
- (6) A by-law in force under subclause (3) or (4) will expire by force of this subclause on the second anniversary of the commencement of this subclause unless sooner repealed by the Minister under subclause (4).
- (7) In this clause—
designated health centre means a health centre (including a health centre dissolved before the commencement of this clause) designated by the Governor by proclamation as a designated health centre for the purposes of this clause.

37—Private hospitals

- (1) A licence in force under Part 4A of the *South Australian Health Commission Act 1976* immediately before the commencement of this clause will continue in force as a licence under Part 10 of this Act (and will then be subject to the provisions of this Act).
- (2) An application under Part 4A of the *South Australian Health Commission Act 1976* that has not been finally determined under that Part before the commencement of this clause will be taken to be an application under Part 10 of this Act (and will be dealt with from the point reached at the time of commencement).

38—Disclosure of confidential information

- (1) An authorisation under section 64D of the *South Australian Health Commission Act 1976* in force immediately before the commencement of this clause will be taken to be an authorisation under Part 7 of this Act on that commencement (even if not within the ambit of a declaration of the Minister under that Part and including for the purposes of any other Act).
- (2) An authorisation that continues under this Act by virtue of subclause (1) will expire on a day fixed by the Minister by notice in the Gazette.
- (3) The Minister may, in acting under subclause (2)—
 - (a) fix different days for different authorisations, or classes of authorisations; and
 - (b) publish a series of notices for the purposes of fixing different days that are to apply under that subclause.
- (4) An authorisation that does not expire under the terms of a notice under subclauses (2) and (3) will expire in any event by force of this subclause on the third anniversary of the commencement of this clause.
- (5) The Minister may, by notice in the Gazette, determine that a specified provision of Part 7 of this Act will not apply to an authorisation during its continuation under this clause (and the determination will have effect according to its terms).

39—SAAS

- (1) SAAS ceases to be an association under the *Associations Incorporation Act 1985* on the commencement of this clause.
- (2) The Governor may, by proclamation, provide for the continuity of employment of persons employed to perform functions in connection with the operations or activities of SAAS (and the proclamation will have effect according to its terms).

40—Licences—ambulances

- (1) A licence in force under the *Ambulance Services Act 1992* immediately before its repeal by this Act will remain in force for 12 months after the repeal of that Act.
- (2) A licence referred to in subclause (1)—
 - (a) will be subject to those provisions of this Act prescribed by the regulations, with any necessary or prescribed modifications; and
 - (b) will authorise the holder of the licence to continue to provide services under the terms and conditions of the licence while the licence remains in force; and

- (c) unless surrendered at an earlier time by the holder of the licence, will expire at the expiration of 12 months after the commencement of this clause.
- (3) An application for a licence under Part 2 of the *Ambulance Services Act 1992* that has not been finally determined under that Part before the commencement of this clause will be taken to be an application under Part 6 of this Act (and that Part will apply in relation to the application subject to such modifications as may be prescribed by the regulations).
- (4) SAAS will not require a licence under this Act.

41—Public and environmental health

- (1) A notice, application, decision, determination, authorisation or other act of the Commission under the PEH Act will continue to have full force and effect as if given, made or taken by the Chief Executive under that Act as amended by this Act.
- (2) Any right of action or proceedings vested in or commenced by the Commission under the PEH Act may be pursued or continued by the Chief Executive under that Act as amended by this Act.
- (3) The Chief Executive may perform any other function or exercise any other power of the Commission conferred on or vested in the Commission under the PEH Act before its amendment by this Act.
- (4) In this clause—

Chief Executive means the Chief Executive under the PEH Act, as amended by this Act;

Commission means the South Australian Health Commission;

PEH Act means the *Public and Environmental Health Act 1987*.

42—Other provisions

- (1) The Governor may, by regulation, make additional provisions of a saving or transitional nature consequent on the enactment of this Act.
- (2) A provision of a regulation made under subclause (1) may, if the regulation so provides, take effect from the commencement of this Act or from a later day.
- (3) To the extent to which a provision takes effect under subclause (2) from a day earlier than the day of the regulation's publication in the Gazette, the provision does not operate to the disadvantage of a person by—
 - (a) decreasing the person's rights; or
 - (b) imposing liabilities on the person.
- (4) The *Acts Interpretation Act 1915* will, except to the extent of any inconsistency with the provisions of this Schedule (or regulations made under this Schedule), apply to any amendment or repeal effected by this Act.

Legislative history

Notes

- For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes or www.legislation.sa.gov.au.

Principal Act

Year	No	Title	Assent	Commencement
2008	3	<i>Health Care Act 2008</i>	13.3.2008	uncommenced