|  |  |  |
| --- | --- | --- |
| **Purpose** | This document provides clear authorities for delegation on all levels of the organisation. | |
| **Scope** | The guidelines recorded in this document apply to all staff and roles. | |
| **Policy** | If a staff/Board member or Director is unable to perform their role due to illness, annual leave or other reasons the delegation according to this document will be implemented. | |
| **Evaluation** | A 3-yearly review of the effectiveness of the delegation processes will be conducted.  The evaluation results are collected and analysed by ……….  Any non- adherence to the documented directives will be investigated and analysed.  Required service improvement measures are initiated and monitored by ………. | |
| **References** | | |
| **Service documents** | | Position Descriptions |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delegated Authorities/Responsibilities** | | | | |
| **Role** | **Area of Responsibility** | **Delegation To** | **Tasks Delegated** | **Tasks not Delegated** |
| **Board of Trustees Chair Person**  **Director(s)** | Oversight of Financial Management |  |  |  |
| Strategic Planning |  |  |  |
| Governance |  |  |  |
| Purchases |  |  |  |
| Health and Safety |  |  |  |
| Organisational Risk Management |  |  |  |
| Annual Meeting |  |  |  |
| **Manager/CEO** | Contract Management |  |  |  |
| Business Development |  |  |  |
| Emergency Management |  |  |  |
| Facility Management |  |  |  |
| Health and Safety |  |  |  |
| Human Resource Management |  |  |  |
| Certification |  |  |  |
| Monthly Financial Management  (budget, expenditures) |  |  |  |
| Networking |  |  |  |
| Operational Management |  |  |  |
| Performance Management |  |  |  |
| Purchases up to ………. |  |  |  |
| Requests For Proposal |  |  |  |
| Recruitment |  |  |  |
| Reports to the Board/Directors |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delegated Authorities/Responsibilities** | | | | |
| **Role** | **Area of Responsibility** | **Delegation To** | **Tasks Delegated** | **Tasks not Delegated** |
| **Administration Manager** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Support Workers** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Health and Safety Representative** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Quality Role** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Infection Prevention and Control Coordinator** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Delegated Authorities/Responsibilities** | | | | |
| **Role** | **Area of Responsibility** | **Delegation To** | **Tasks Delegated** | **Tasks not Delegated** |
| **Registered Nurse** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Allied Health Professional** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Maintenance Staff** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Consultation

|  |  |
| --- | --- |
| Group/Role | Date |
|  |  |
|  |  |
|  |  |
|  |  |