

Policy Distribution System (PDS) for NSW Health

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Functional Sub group Corporate Administration - Governance

Summary All policy documents applicable to the NSW Health system are issued by the Department of Health through the Policy Distribution System. NSW Health organisations must have systems in place to distribute policy documents to staff and organisations under their control and to monitor compliance. This policy directive provides the policy and procedures for approving and distributing policy documents that apply to NSW Health agencies.

Replaces Doc. No. Policy, Guideline and Information Bulletin Distribution System for the NSW Department of Health [PD2005_481]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, NSW Ambulance Service, NSW Dept of Health

Audience Administration, Chief Executives, Directors, Boards

Distributed to Public Health System, NSW Ambulance Service, NSW Department of Health

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Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

POLICY DISTRIBUTION SYSTEM FOR NSW HEALTH (PDS)

PURPOSE

This policy statement and the associated procedures are intended to ensure that:

- (a) directions and requirements issued by the Department of Health are presented in a clear and consistent manner;
- (b) all relevant agencies and individuals are notified of directions and requirements that apply to or affect them; and,
- (c) mechanisms are in place to monitor the implementation of Departmental directions and requirements.

MANDATORY REQUIREMENTS

Directions and requirements issued by the Department

Directions and requirements applicable to NSW Health agencies are to be issued by the Department of Health in the form of policy directives, guidelines and information bulletins and are also published in policy and procedure manuals¹.

In all NSW Health agencies, the Chief Executive, or the Board where the agency is governed by a Board, must ensure the observance of directions and requirements as laid down in policy directives and in policy and procedure manuals issued by the Department of Health².

Whilst not requiring mandatory compliance, NSW Health agencies must have sound reasons for not implementing standards or practices set out within guidelines issued by the Department of Health.

Presentation, approval and publication of policy documents

All policy directives, guidelines and information bulletins must be published through the Policy Distribution System (PDS) managed by the Corporate Governance and Risk Management Branch (CGRM Branch) of the Department of Health.

Policy directives and guidelines must be prepared using the PDS document templates and be approved by the Director-General of the NSW Department of Health or by a Deputy Director-General. Information Bulletins must be prepared using the Information Bulletin document template and may be approved by a Director within the Department of Health.

Distribution of policy documents

NSW Health agencies must have mechanisms in place to notify or distribute policy directives, guidelines and information bulletins and updates to policy and procedure manuals to relevant facilities, managers and staff within the agency and to any person or organisation that must comply with them as a condition of an agreement or contract with the agency.

¹ Definitions for the terms *NSW Health agency*, *policy directive*, *guideline*, *information bulletin* and *policy and procedure manual* are provided in the attached procedures at section 1.2.

² Paragraph 1.3, *Accounts and Audit Determination for Public Health Organisations*, NSW Department of Health, 2005, available: http://www.health.nsw.gov.au/resources/policies/manuals/a_ad.asp.

IMPLEMENTATION

From 1 July 2009:

- The Department will discontinue the distribution of hard-copy policy directives, guidelines and information bulletins. NSW Health agencies and any other relevant agency that the document applies to will be notified by email when a new policy directive, guideline or information bulletin is published on the internet or a policy and procedure manual is amended.
- NSW Health agencies will be responsible for notifying and/or distributing policy documents to facilities, managers and staff within their control and to any individuals or organisations that are obliged to comply with them as a result of a contract or other agreement with the agency.

Roles and responsibilities of the NSW Department of Health:

In accordance with the associated procedures, Department of Health Branches or any other entity preparing policy documents to be issued through the PDS must ensure:

- Policy directives, guidelines and information bulletins are prepared using the PDS document templates (s2.1) available at:
http://internal.health.nsw.gov.au/cgrm/rmra/policy_directives.html
- NSW Health agencies and other relevant bodies (such as related private service providers, Departments, unions, and industry groups) are consulted on policy requirements where they have significant funding or policy impact (s2.2 - Step 1).
- The Legal and Legislative Services Branch and Finance and Business Management Branch are consulted where a document includes interpretation of legal requirements or requires new funding or a reallocation of funds (s2.2 - Step 1).
- Any policy directive, guideline or information bulletin is reviewed by the CGRM Branch and approved by the relevant authority prior to being issued through the PDS (s2.2 - Steps 2 - 4).
- Systems are in place to monitor the implementation of policy requirements (s3.3).

Roles and responsibilities of NSW Health agencies:

In accordance with the associated procedures, NSW Health agencies must ensure:

- A current email address is registered with the CGRM Branch for the notification of new policy directives, guidelines and information bulletins (s3.1).
- Systems are in place to distribute policy directives, guidelines, information bulletins and amendments to policy and procedure manuals within the agency (s3.2).
- Systems are in place to ensure that any individuals or organisations that must observe directions and requirements of the Department as a result of a contract or other agreement with the agency are advised of those requirements (s3.2).
- Hard copies of NSW Health policy and procedure manuals held by the organisation are regularly reviewed and are up-to-date (s3.2).
- Systems are in place to monitor the implementation of policy requirements identified in policy directives and policy and procedure manuals (s3.3).

REVISION HISTORY

Version	Approved by	Amendment notes
Feb-2005 (PD2005_481)	DDG Health System Support	Introduced the Department's system for issuing policy directives, guidelines and information bulletins.
May-2009 (PD2009_029)	DDG Health System Support	<i>Introduces:</i> <ul style="list-style-type: none">• Approval of at least a Deputy Director-General required for the issue of guidelines in addition to Policy Directives.• Electronic distribution of policy documents by email to NSW Health agencies.• Standard document templates for all policy documents.

ASSOCIATED DOCUMENTS

1. Policy Distribution System for NSW Health (PDS): Procedures.

Policy distribution system for NSW Health (PDS)



Issue date: May-2009

PD2009_029

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1 INTRODUCTION

1.1 About this document

This document outlines mandatory procedures for:

1. drafting, seeking approval and issuing policy directives, guidelines and information bulletins that apply to or are for use by NSW Health agencies (**Section 2**); and,
2. distributing and implementing the requirements of a policy directive, guideline or information bulletin when it is notified by the Department (**Section 3**).

All NSW Health policy directives, guidelines and information bulletins are published on the internet and notified to NSW Health agencies via an email from the Corporate Governance and Risk Management Branch (CGRM Branch) of the NSW Department of Health. Section 2 of this document outlines this process. Authors of policy documents for the NSW Health system should read and be familiar with the requirements of section 2 of this document.

NSW Health agencies must have processes in place to ensure that policy documents that apply to them are distributed to relevant facilities and staff within their agency and to ensure that policy directives are being complied with. The requirements regarding these processes are outlined in section 3. Section 3 of this document should be read and understood by those responsible for distributing policy documents and for monitoring compliance with them.

Attachments 1 and 2 to this document provide checklists for use by Department of Health Branches or Health agencies in reviewing implementation of requirements outlined throughout the procedures.

1.2 Key definitions

In this document the term:

- **must** – indicates a mandatory action required that must be complied with.
- **should** – indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

NSW Health agency

Throughout this document the term **NSW Health agency** is used to describe entities that this policy directive applies to. These organisations include those entities within the public health system as defined by s.6 of the *Health Services Act 1997* and the Department of Health. Specifically, these include:

- The Department of Health, NSW;
- Area Health Services;
- Statutory Health Corporations;
- Affiliated Health Organisations in respect of their recognised establishments and recognised services; and,
- Those organisations established as entities of the Health Administration Corporation (the Ambulance Service of NSW, Health Support Services, Health Infrastructure, etc).

Policy document

For ease of reference throughout this document, policy directives, guidelines and information bulletins are referred to from this point on as **policy documents**.

Policy Directive

A *policy directive* is any document that contains material that must be understood by, complied with and implemented across NSW Health as a part of ongoing operations whether it be a short term or permanent direction. All policy directives must include a policy statement outlining the purpose, mandatory requirements and implementation responsibilities associated with the policy position taken by NSW Health.

The determining factor as to whether a document is issued as a policy directive is whether compliance with any part of its content is mandatory.

Guideline

A *guideline* is any document that establishes best practice for NSW Health agencies.

Whilst not requiring mandatory compliance, NSW Health agencies must have sound reasons for not implementing standards or practices set out within guidelines issued by the Department of Health. Guidelines are issued with a guideline summary outlining the purpose, key principles and the application of the guideline.

Information bulletin

An *information bulletin* is a type of document that provides information on a change in the status of policy, legislation or other administrative arrangement.

Policy and procedure manual

A *policy and procedure manual* is a document published by the Department containing content derived from policy directives, guidelines, information bulletins and Government policy on a particular subject.

Local operating procedure or protocol

Local operating procedures or protocols are documents prepared by NSW Health agencies or facilities to provide specific and more detailed instructions that must be followed within that agency or facility in order to implement a NSW Health policy directive or guideline. A local operating protocol or procedure may be required to provide specific direction regarding accountabilities specific to the organisational structures within an agency, facility or site.

Tier 2 Officer

A Tier 2 officer is one that reports directly to the Chief Executive of a NSW Health agency.

1.3 The policy distribution system (PDS)

Status of NSW Health policy documents and NSW Health policy manuals

As a condition of funding, NSW Health agencies must observe directions and requirements of the Director-General and the Department of Health as laid down in policy directives and policy and procedure manuals³.

The Department of Health also publishes a range of guidelines for use by NSW Health agencies. Whilst not requiring mandatory compliance as a condition of subsidy, NSW Health agencies must have sound reasoning for not implementing recommended standards established within a guideline.

To ensure a central repository for policy documents and to ensure that all policy documents are approved by the appropriate authority within the Department of Health, all policy documents are issued through the PDS, managed by the CGRM Branch. As part of the PDS, approved documents are published on the website at www.health.nsw.gov.au/policies.

The site can be accessed through the NSW Health intranet and the NSW Health internet and provides search and browse functions for current policy directives and guidelines by date, title and functional group. Information Bulletins issued through the system can be browsed by date of issue.

Obsolete, rescinded or replaced documents are also available for browsing in the policy archive section on the site. Archived documents are not included in any general search function on the Department's site.

NSW Health policy manuals

NSW Health policy and procedure manuals are available on the NSW Health intranet and the NSW Health internet websites at:

www.health.nsw.gov.au/policies/manuals.

Manuals are updated by the CGRM Branch when a policy document issued by the Department affects their content. All new policy documents issued after 1 July 2009 will include a reference to policy manuals that are updated as a result of their issue.

It is the responsibility of NSW Health agencies to ensure that any hard copy manuals held within their agency are up-to-date and/or staff have access to such material electronically. A table of amendments for each manual is available on the policy manuals website.

³ Paragraph 1.3, *Accounts and Audit Determination for Public Health Organisations*, NSW Department of Health, 2005, available: http://www.health.nsw.gov.au/resources/policies/manuals/a_ad.asp.


2 DRAFTING AND ISSUING POLICY DOCUMENTS

2.1 Format and content of policy documents

Standard cover page for all policy documents

All NSW Health policy documents are issued with a cover page generated by the PDS that includes, amongst other things, a brief summary of the document; who the document applies to; and, who the document has been distributed to. For policy directives the cover page includes a statement indicating that compliance with the policy directive is mandatory.

The cover page (see example below) is generated using the information provided in the cover page template that must be completed by authors as a part of the approval procedure outlined in section 2.2.

Policy Directive		 <small>Department of Health, NSW 73 Miller Street North Sydney NSW 2060 Locked Mail Bag 961 North Sydney NSW 2059 Telephone (02) 9391 9000 Fax (02) 9391 9101 http://www.health.nsw.gov.au/policies/</small>
Policy, Guideline and Information Bulletin Distribution System for the NSW Department of Health		
Document Number	PD2005_481	
Publication date	24-Feb-2005	
Functional Sub group	Corporate Administration - Governance	
Summary	Introduces and details the Department's new system for issuing policy directives, guidelines and information bulletins. The system incorporates details regarding categorisation, retrieval, review, archiving and accountabilities.	
Author Branch	Corporate Government and Risk Management	
Branch contact	Gary Sly 9391 9405	
Applies to	Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, NSW Dept of Health, Public Health Units, Public Hospitals	
Audience	ALL	
Distributed to	Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes	
Review date	24-Feb-2010	
File No.	04/4905	
Previous reference	N/A	
Status	Active	
 Director-General		
Compliance with this policy directive is mandatory.		

Format and content of Policy Directives

Policy directives must include the following components:

- A cover page (generated by the PDS using the cover page template)
- A policy statement of no more than two pages
- A revision history and list of associated documents (if required)
- Procedures, standards or other documentation that are mandatory and must be read in order to implement requirements identified within the policy statement.

Policy directives will be published as a PDF document with all of the above parts.

Policy statement

The policy statement is intended to outline the principles and expectations of the Department of Health on a particular subject and identify the mandatory requirements and roles and responsibilities of key parties. There are three mandatory headings within the policy statement:

1. Purpose

The 'purpose' section of the policy statement should provide the reader with a succinct outline of the intended outcomes of the policy position of NSW Department of Health. This section must articulate in 3 to 4 sentences what the policy is about. This may include information why the policy exists and what it is designed to achieve.

2. Mandatory requirements

The 'mandatory requirements' section of the policy articulates what must be undertaken to achieve the objectives of the policy. The critical requirements should be summarised within this section and a reference, including section number, provided if an associated document must be read and understood.

This section must make clear to readers of the policy what must be undertaken as a result of the policy position taken by the Department.

3. Implementation

The 'implementation' component of the policy statement provides an overview of the roles of key parties in implementing the policy. This section should allow the audience of the policy to understand the requirements of the policy as it relates to them and what they must do as a result of the policy requirements.

The positions or bodies with responsibility for delivering the requirements of this policy should be listed with bullet points indicating their key responsibilities.

If a responsibility that is listed within this section refers to information provided in the attached documentation, a reference to the relevant information should be provided in brackets eg. (section 1.2) or (sections 1.2 - 1.4).

The policy statement **must not exceed 2 pages**. Additional information necessary to be understood to carry out or comply with the policy statement must be detailed in an associated procedure, standard or other document and issued together with the policy statement as an associated document. Templates for preparing procedures or standards are available on the CGRM Branch intranet site.

Format and content of Guidelines

Guidelines must include the following components:

- A cover page (generated by the PDS using the cover page template)
- A guideline summary of no more than two pages
- A revision history and list of associated documents (as required)
- Relevant guideline documentation.

Guidelines will be published on the PDS as a single PDF document containing all of the above components.

Guideline summary

Guidelines issued by the Department of Health usually take the form of a detailed tool-kit, report or handbook. The guideline summary is intended to summarise guidance provided by the Department of Health on a particular subject and be issued as a cover to a more detailed guideline document.

The guideline summary must include the following mandatory headings:

1. Purpose

The 'purpose' section of the summary should provide the reader with a succinct outline of the intended outcomes of the guideline. This section must articulate in 3 to 4 sentences what the guideline is about. This may include information why the guideline exists and what it is designed to achieve.

2. Key principles

The 'recommended standards' section of the guideline articulates what should be undertaken to achieve the objectives of the guideline. The key recommendations should be summarised within this section and a reference, including section number, provided if an attached document needs to be read and understood.

This section must make clear to readers of the guideline what should be undertaken as a result of the position taken by the Department.

3. Use of the guideline

The 'use of the guideline' component of the guideline summary provides an overview of the actions that should be taken by parties that the guideline applies to. This section should allow the audience of the guideline to understand the recommended standards/actions as a result of the guideline as they relate to them.

The positions or bodies that the guideline affects should be listed with bullet points indicating how the guideline should be used.

If a responsibility that is listed within this section refers to information provided in the attached documentation, a reference to the relevant information should be provided in brackets eg. (section 1.2) or (sections 1.2 - 1.4).

The guideline summary **must not exceed 2 pages**.

Format and content of Information Bulletins

Information Bulletins should be kept brief and written in plain language. Information Bulletins are to contain the following headings:

1. Purpose

The 'purpose' section of the information bulletin should provide the reader with a succinct outline of the intended outcomes of the information bulletin. This section must articulate in 3 to 4 sentences what the information bulletin is about. This may include information why the information bulletin exists and what it is designed to achieve.

2. Key information

The key information to be provided to the health system should be summarised within this section and a reference, including section number, provided if an attached document needs to be read and understood.

3. List of attachments

A 'list of attachments' is OPTIONAL.

With headings 1 and 2 being mandatory.

Document Templates

Policy Statements, Guideline Summaries and Information Bulletins must be prepared using PDS document templates available in Microsoft Word format at:

<http://internal.health.nsw.gov.au/cgrm/>

Use of logos

Policy documents issued by the Department of Health should not generally be issued with any logos other than that of NSW Health. Exceptions to this rule should be discussed with CGRM Branch.

Revision history and list of associated documents

A document information page including a revision history and a list of associated documents must be provided with all policy directives and guidelines and is included in the policy statement or guideline summary templates. The revision history indicates previous versions of the document and any relevant changes.

A list of associated documents should also be included where procedures, standards or other related documentation are provided with a policy directive, guideline or information bulletin. The term associated documents refers to documents that include procedures or standards that implement the requirements outlined within the policy statement. Other documents that relate to the policy statement are referred to as *related documents*.

Implementation checklists

A blank range of implementation checklists are provided on the CGRM Branch intranet site with the PDS document templates. The inclusion of an implementation checklist within a policy directive or guideline is not mandatory however it is recommended in order to provide a tool for reviewing the implementation of a policy directive or guideline.

2.2 Procedure for approving and issuing policy documents

To issue a policy document applicable to NSW Health, authors must:

1. Consult with relevant stakeholders.
2. Submit final draft and completed cover page to CGRM Branch.
3. Obtain formal approval.
4. Submit to the CGRM Branch for publication and issue through the PDS.

An author's checklist is provided on the Department of Health intranet (as shown at attachment 4) to guide authors through the process and must be submitted with the final approval documentation.

The author's checklist can be accessed via the Department of Health intranet at:

http://internal.health.nsw.gov.au/cgrm/rmra/policy_directives.html.

Step 1: Consult with relevant stakeholders

It is the responsibility of authors to ensure that relevant Area Health Services, Statutory Health Corporations and Department of Health Branches have been appropriately consulted on policy requirements as they are being developed.

Authors should ensure that appropriate planning is undertaken to ensure that the policy document being issued takes account of the following:

1. The existing workloads of those that will be responsible for implementing the requirements, procedures or standards articulated within the document.
2. Any existing policy documents that could be consolidated.
3. The competency and training requirements for managers and staff that will be required to implement a policy directive or use a guideline and the cost of ensuring these requirements are met.
4. The direct and indirect financial implications of introducing a new policy requirement or by establishing new guidelines.
5. The resource implications of monitoring, measuring and reporting on the implementation of the policy directive or guideline.

NSW Health agencies must be provided an opportunity for input into policy directives and guidelines where the introduction of a new requirement will create a significant financial impact or where there is a significant departure from current policy. If Chief Executives have not been provided an opportunity for comment during the development of a policy directive or guideline that has a significant impact, consultation should be completed prior to the final draft being reviewed and endorsed by the CGRM Branch.

All final drafts that have potential legal impacts must be referred to the Director Legal and Legislative Services in the NSW Department of Health for endorsement prior to being reviewed and endorsed by the CGRM Branch.

Policies that require new funding or a significant reallocation of funds must be endorsed by the Chief Financial Officer before being submitted to CGRM Branch.

Step 2: Submit final draft and completed cover page to CGRM Branch

Prior to approval, the final draft policy documents together with a completed cover page template must be submitted electronically to cgrm@doh.health.nsw.gov.au.

The cover page template is available from the CGRM intranet site.

Authors are required to indicate who the document applies to and whether the document needs to be distributed to other organisations for information only. If a document is rescinding a previously issued document then the new document must be distributed to at least the same level as the rescinded document.

The CGRM Branch will review the following:

- The mandatory requirements or key information is clearly presented.
- That the document type is correctly identified.
- References made to existing policies are correct.
- Whether there are other existing documents that relate to the subject.
- If the draft should replace any existing document or documents.
- Whether the document should be included in a policy and procedure manual.
- Functional groups selected are appropriate.
- Keywords selected are appropriate.
- The first word of the title allows the document to sit in a suitable a-z list.
- Applies to and distribution lists are appropriate.

Any recommended changes will be discussed with author branches.

Step 3: Obtain formal approval

Once endorsement from the CGRM Branch is received, the author is responsible for making any agreed changes to the document and submitting it for approval by the Director-General or by a Deputy Director-General before the document will be issued.

Note: Information Bulletins only require approval by a Director (or equivalent).

Step 4: Submit to the CGRM Branch for publication and issue through the PDS

Once approved, a final copy of the document should be emailed to CGRM Branch. A copy of the approval, the CGRM endorsed cover page and a completed author's checklist must also be submitted to CGRM Branch before the document is published. The approved document will be published on the internet/intranet and notified to NSW Health agencies by email in line with the nominated distribution lists.

Each time a document is issued, whether it be an amended version or new version of a previous document, it is allocated a unique document number which is used for version control. The document number consists of a prefix; a year and three digits. The document type determines the prefix; the year refers to the year the document was issued and document number is generated sequentially by the PDS system.

2.3 Policy support tools and other publications

Other tools, information or publications may also be made available by the Department of Health to support the implementation of a NSW Health policy directive or guideline. The tools etc should be referenced within a policy directive or guideline.

These support tools may include forms, brochures, booklets, posters, internet/ intranet materials or checklists developed to promote requirements within a policy document.

Support tools of this nature do not need to be issued through the PDS and may be issued as publications on the NSW Health internet or through Branch intranet sites. Where a support tool or publication includes information from a NSW Health policy directive or guideline, a reference citing the document number of the source information should be included in the support tool or publication.

All publications should be submitted to the CGRM Branch for review to determine if they contain information that must be incorporated into the PDS. Any general publication or support tool that contains new information that directs or guides NSW Health agencies must be issued through the PDS as either a policy directive or guideline.

2.4 Review date for policy directives and guidelines

The current mandatory review date of 5 years will remain for all policy directives and guidelines. Three months prior to the review date an e-mail will be generated by the system to advise the author branch that the policy directive or guideline requires review. The review must establish if a document remains active, is revised or obsolete. The author branch must undertake a review of the policy directive or guideline and advise CGRM Branch prior to the review date of the outcome of the review.

If a document is to remain active, the review date will be reset for a further 5 years or a date determined by the author branch. The original document number will be retained if the document is to remain active.

If a document is not to continue, it will be removed from the active document lists and placed in the archive. The author branch must prepare an Information Bulletin to be issued, using the same distribution list, to advise that the document is no longer current. If the document is rescinded by a new policy directive, an Information Bulletin is not necessary.

If the content of a document requires amendment the author branch must process a replacement document.

3 DISTRIBUTION AND IMPLEMENTATION OF POLICY DOCUMENTS

3.1 Notification process

From 1 July 2009, when a new policy document is published, agencies that the document applies to or that an author branch has identified that it should be distributed to, will be notified by email from the CGRM Branch.

NSW Health agencies should ensure that the CGRM Branch has an up-to-date generic email account for the notification of new policy documents.

A quarterly notice of documents issued through the PDS in the previous three months, including information on policy manual updates, will also be issued to NSW Health agencies by the CGRM Branch.

3.2 Distribution of policy documents within NSW Health agencies

The notification of a new policy document from the CGRM Branch will include the title of the new document and a hyperlink to the documents' location in the PDS. Each policy document published in the PDS will indicate on its cover page the facility types that the document applies to.

It is the responsibility of NSW Health agencies to ensure that policy documents are notified to and/or distributed to those facilities controlled by the agency that the documents apply to. NSW Health agencies must also ensure that any person or organisation that is required to comply with NSW Health policy directives or policy and procedure manuals as a result of an agreement or other contractual arrangements are notified of any new or amended policy requirements. A suggested process is provided at Attachment 3.

CGRM Branch will also notify agencies of situations where a policy document has been previously distributed to a facility type but it no longer applies. In these situations, the agency is responsible for ensuring that the relevant facility management is aware that a document they may be using is no longer current.

When distributing NSW Health policy documents, they must not be redrafted or rebadged by NSW Health agencies to incorporate local operating procedures or protocols.

Where NSW Health policy documents are printed by the agency and distributed in hard-copy, local operating procedures or protocols should be provided as an attachment or as an addendum to the NSW Health document.

Where NSW Health agencies use electronic methods of document distribution, any local operating procedures or protocols should include a reference to the NSW Health policy document and appropriate links to the NSW Health intranet or internet site.

Similarly, Department of Health requirements to central agency circulars should form an attachment.

Tier 2 officer to be nominated as responsible

It is a requirement of this policy directive that a Tier 2 level officer within each NSW Health agency be nominated as responsible for managing the notification and/or distribution of policy documents to relevant facilities controlled by the agency and other persons or organisations required to comply with them. The nominated Tier 2 officer should ensure that:

- responsibilities for reviewing policy documents issued to the agency and notifying or distributing them to facilities that they apply to are articulated and assigned;
- a mechanism is in place to assign responsibility for implementing policy directives and policy and procedure manuals and to report the implementation of policy requirements to the Board and/or Chief Executive;
- regular reports on policy directives and policy and procedure manuals applicable to the agency and who they have been distributed to, and their stage of implementation, is provided to the Board and/or Chief Executive and the Department (as requested).

Policy document and distribution records

NSW Health agencies should maintain a record of policy documents applicable to the agency, who they have been notified and/or distributed to and who is responsible for their implementation. In maintaining a record of the distribution of policy documents, NSW Health agencies should ensure they can readily identify:

- Each policy directive and guideline that applies to the organisation.
- Information bulletins received by the organisation.
- The facilities, networks or units each document has been distributed to.
- The officer or officers within the organisation responsible for implementing the requirements associated with each document.

Documents that apply to the Department of Health

Where a policy document that applies to the Department of Health is approved for issue, the CGRM Branch will notify Department of Health Branches and Deputy Directors-General via email that a policy document has been published. When notified of a new policy document, Branch heads should have processes in place to:

1. Identify and assign responsibility for implementing policy requirements applicable to the Branch.
2. Distribute documents to relevant staff within the Branch and to any other persons or organisations that are required to comply as a result of a funding agreement or other contractual obligation managed by the Branch.
3. Ensure that relevant staff within the Branch are aware of policy requirements and understand their obligations.
4. Identify competency and training requirements of staff within the branch and ensure proper strategies are in place to meet them.
5. Assess the risks associated with the implementation of policy obligations and develop mitigation or control strategies as appropriate.
6. Report the implementation of policy obligations to author branches, as required.

3.3 Monitoring implementation of policy directives and guidelines

Department of Health Branches are responsible for monitoring the implementation of policy directives and guidelines authored by them and for providing advice and assistance to NSW Health agencies or other Department of Health Branches regarding their implementation.

Any reporting requirements established to review the implementation of policy documents should be discussed with relevant NSW Health agencies and Department of Health Branches as a part of the policy development process.

Compliance with policy requirements by NSW Health agencies

For each policy document and for each policy and procedure manual applicable to a NSW Health agency, a suitable officer should be identified and assigned the responsibility for implementing and monitoring relevant obligations of the agency.

Officers that are assigned responsibility for implementing policy directives and policy and procedure manuals should be responsible for:

1. Ensuring that relevant managers and staff are aware of and understand their policy obligations.
2. Identifying competency and training requirements of managers, staff and other persons within the agency and ensuring proper strategies are in place to meet them.
3. Assessing the risks associated with the implementation of policy obligations within the agency and developing mitigation or control strategies as appropriate.
4. Monitoring the implementation of policy obligations and reporting compliance to the Board or Chief Executive either directly or through the Audit and Risk Management Committee.

Review of distribution and implementation by CGRM Branch

Two implementation checklists to assist with the monitoring of compliance with policy requirements established by this policy directive are attached at Attachments 1 and 2.

The CGRM Branch will undertake a review of systems established within NSW Health agencies to distribute policy documents in the second half of 2010.

An annual review of the implementation of policy directives will also be coordinated by the CGRM Branch and a report provided to the Director-General. This review will involve a request from CGRM Branch to responsible Department of Health Branches for a report on the implementation of policy directives they are identified as the owner of. Reporting on the implementation of policies will be undertaken on a priority basis, that is, reporting will be required for policies of a high priority or where non-compliance presents an extreme risk to the Health System.

4 LIST OF ATTACHMENTS

1. Implementation Checklist - Department of Health Branches
2. Implementation Checklist - NSW Health agencies
3. Suggested process for notification and implementation
4. Author approval checklist

Attachment 1: Implementation checklist – Department of Health

This checklist can be used to review the implementation of this policy directive in NSW Department of Health Branches.

Assessed by:		Date of Assessment:	
IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
1. Officers responsible for drafting NSW Health Policy Directives, Guidelines and Information Bulletins are aware of the requirements of this policy directive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
2. All policy documents issued by the Branch to the NSW Health system have been issued through the policy and guideline distribution system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
3. The Director has a system in place to review the implementation of policy directives <u>issued by the Branch</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
4. The Director has nominated an officer within the Branch to be responsible for reviewing NSW Health Policy Directives, Information Bulletins and Guidelines <u>issued to the Branch</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
5. The Director has established a system to review implementation/compliance with significant or high risk policy directives <u>that apply to the Branch</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
6. Regular reports are provided to the Director on compliance with significant or high risk policy directives <u>by the Branch</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			

Attachment 2: Implementation checklist – NSW Health agencies

This checklist can be used to review the implementation of this policy directive in NSW Health agencies.

Assessed by:		Date of Assessment:	
IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
1. A Tier 2 officer is delegated responsibility for managing the system for distribution of NSW Health Policy Directives, Information Bulletins and Guidelines within the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
2. A Tier 2 officer has been identified as responsible for the implementation of each NSW Health Policy Directive, Guideline and Information Bulletin relevant to the organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
3. A register has been established to record the distribution of NSW Health Policy Directives, Information Bulletins and Guidelines and the responsible Tier 2 officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
4. The register shows that all Policy Directives, Information Bulletins and Guidelines have been distributed to controlled and related parties AND a relevant Tier 2 officer has been nominated as responsible for implementation of each.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
5. A system is in place to review the implementation of policy directives and policy manuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
6. Regular reports are provided to the Board or the Chief Executive regarding the distribution and implementation of policy directives (the regularity of reporting should be determined by the CE).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		

Attachment 3: Suggested process for notification and implementation

1. NSW Health policy directive is issued and notification received at the agency.
2. The agency Tier 2 level officer designated for managing the review and distribution of policy documents (or an officer directed by the designated Tier 2 officer) notifies the agency executive of the new policy via e-mail, providing a link to the policy document.
3. The executive should have a process in place to assign an appropriate Tier 2 officer to take responsibility for implementing new policy directives. This process could involve a Policy Committee, Team or Officer that provides a recommendation to the executive or makes a decision regarding the appropriate Tier 2 officer to manage the implementation of a policy directive.
4. Initial advice to the entire agency of a new policy may automatically occur via an e-mail broadcast from the relevant Tier 2 officer (or a suitably directed officer) within the agency, a section on the intranet site or newsletter. This advice should also include the contact details of the person/team responsible for implementation where it is known. A process to make this information available to staff without email or intranet access and VMOs or casual staff should also be considered. This may include kiosk computers or hard copy distribution of policy notices.
5. The implementation team/person reviews the policy; an implementation plan or local operating protocols or procedures for the agency may be prepared if it is not already part of the policy document. An implementation plan should include communication, education, resources, and monitoring compliance. If additional detail is needed to support local implementation or the policy directs that a local procedure or protocol be prepared this should take the form of a support document to the DoH policy document.
6. The implementation plan and any supporting documents should be supported/approved by health service executive or policy committee prior to implementation.
7. Progress of policy implementation should be monitored and updates provided periodically to the policy committee, the 'officer responsible' or the Chief Executive as appropriate. Monitoring implementation should continue until implementation has been finalised.
8. Reporting to the Chief Executive on policy implementation and compliance should occur at a minimum annually on all policy directives received that year.

