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SUMMARY	<p><i>The SESLHD Framework for Legislative Compliance</i> provides a structure on how legislation is to be incorporated into relevant SESLHD (South Eastern Sydney Local Health District) policies and outlines how compliance obligations are to be managed and reported on.</p> <p>The <i>Framework</i> also provides guidance to Legislative Compliance Champions, Line Managers, Employees and Directors on how to manage their legislative obligations.</p>

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Feedback about this document can be sent to SESLHD-ExecutiveServices@health.nsw.gov.au

SESLHD Framework for Legislative Compliance

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Section 1 – Background

The SESLHD Legislative Framework (The Framework) provides a structure for incorporating legislation into relevant SESLHD policies. It also outlines staff member's responsibilities.

Adhering to this *Framework* is mandatory and will assist in ensuring legislative compliance responsibilities for the District are met.

The associated *SESLHD Legislative Register (The Register)* identifies legislation with which SESLHD must comply and assigns primary responsibility for ensuring compliance with each piece of legislation.

The *Framework* and *Legislative Register* forms part of the SESLHD's corporate governance arrangements and is intended to complement existing policies and procedures including the [SESLHDHB/019 - SESLHD Framework for Policies, Procedures, Guidelines and Business Rules](#).

SESLHD's corporate governance requirements are outlined in *The Corporate Governance & Accountability Compendium for NSW Health (the Compendium)* and the *Service Agreement between the Secretary, NSW Health and the South Eastern Sydney Local Health District*.

The Compendium states all persons employed by, or providing a service to, a public health organisation have legislative obligations, whether they are clinicians caring for patients/clients, contractors, administrative or support staff, senior managers or board members.

The *Compendium* also states:

Health organisations should ensure that: The legal and policy obligations of the organisation are identified and understood; and responsibilities for compliance are allocated.

Furthermore, the *Service Agreement between the Secretary, NSW Health and the South Eastern Sydney Local Health District* states *The Boards of Districts, Networks and Support Organisations are responsible for having governance structures and processes in place to fulfil statutory obligations and to ensure good corporate and clinical governance, as outlined in relevant legislation, NSW Health policy directives and policy and procedure manuals.*

This Framework is a procedural document to assist with compliance of the above.

Section 2 - Principles of the Framework

1. The Chief Executive is accountable and responsible for ensuring that all legislative requirements are complied with and reported on, as required.
2. The *NSW Health Legal Compendium* provides a guide to key legal obligations of agencies forming part of NSW Health. The Legal Compendium provides links to laws and related NSW Health Policy Directives in a range of subject areas. <http://www.health.nsw.gov.au/legislation/Pages/legal-compendium.aspx>
3. A Legislative Compliance Champion is to be assigned to monitor compliance with the legislation that falls under the Portfolio of each Director.
4. All Managers will be responsible for providing their staff with information about existing, new and altered legislation, and maintaining evidence that they have done so.
5. All Managers will be responsible for compliance with legislation and maintaining evidence to support compliance.
6. The Audit and Risk committee will review the legislative compliance obligations to ensure the District is recording compliance with all relevant legislation.
7. *The Framework* outlines the responsibilities of staff members to ensure legislation is implemented, complied with and reported on, where necessary.
8. *The Framework* will be located on the District's Electronic Records Management System (Content Manager) and published on the SESLHD website policy page.
9. *The Register* will be sourced via in the District's Electronic Records Management System (Content Manager) using specified fields, saved searches and compiling information into reports.

Section 3 - Definitions

Business rule (BR): a document that describes a process, reporting line or use of resources in a particular site, service or department. These can be clinical or administrative business rules. Business rules must be endorsed by the site, department, facility or service manager or Director and must not contravene legislation or policy.

Local Business rules should not be developed where it is describing a practice that should be consistent across the LHD.

Executive Sponsor: the person in charge of a portfolio.

Executive Clinical Sponsor: the person in charge of a clinical portfolio – the director of a clinical stream or district wide clinical service (such as the Director of Mental Health, or the Director of the Cancer Services Clinical Stream).

Chief Executive: the Chief Executive of SESLHD, the person responsible to the Board for management of its recognised establishment and services.

Compliance: adhering to the requirements of laws and regulations, organisational standards, codes and principles of good governance and accepted community and ethical standards (Australian Standard AS3606-2006: Compliance Programs).

Compliance Framework: a series of activities that when combined are intended to achieve compliance.

Corporate Governance & Accountability Compendium for NSW Health: provides a summary of the key governance requirements applying to NSW Health agencies that apply at both a system and whole of Government level.

Consequence: the outcome of an event that has a positive or negative effect on objectives.

Executive Services Consultant: works in Executive Services and is responsible for facilitating the development of policies, procedures and guidelines within SESLHD and maintaining the legislative compliance register.

Governance: the action or manner of governing an organization.

Legislation: is the act or process of making or enacting laws.

Line Managers: Nursing Unit Managers, Team Leaders and others responsible for managing a cost centre, ward, team or group of staff.

NSW Health: means public health organisations, the NSW Ministry of Health, the Ambulance Service of NSW, and all other organisations under the control and direction of the Minister for Health or the Secretary of Health.

NSW Health organisation: A public health organisation as defined under the *Health Services Act 1997*, NSW Ambulance, Health Infrastructure, HealthShare NSW, eHealth NSW, NSW Health Pathology, any other administrative unit of the Health Administration Corporation and all organisations under the control and direction of the Minister for Health or the Minister for Mental Health or the Secretary, NSW Health.

NSW Health Policy Directive (PD): a document that contains material that is expected to be understood by relevant staff and must be complied with, and implemented, by the NSW public sector health system.

NSW Health Guideline (GL): a document that provides advice or guidance but does not require compliance. Such documents are required to be accountable and subject to review and removal from the system if out dated.

NSW Health Information Bulletin (IB): a document that provides a mechanism for the distribution of information within the NSW public health system. Information Bulletins are not to be used for policy or guideline matters, although they may be used to advise the existence or changes in status of such documents. Information Bulletins can cover:

- Industrial award variations
- Fee increases (gazetted under legislation)
- Advice re introduction of new legislation
- Training courses
- Public holidays

Portfolio: contains policies, procedures and guidelines within a broad category.

Remedial action: is intended to correct something that is wrong.

Senior Management: (with delegation for document approval within their portfolio of responsibility)

Chief Executive, Director of Programs and Performance, Director of Finance, Director of Improvement and Innovation, Director of Clinical Governance, Director of Mental Health, Director of Planning, Population Health and

Equity, Director Nursing and Midwifery, General Manager St George Hospital, Medical Executive Director, District Director Medical Services, General Manager Prince of Wales and Sydney/Sydney Eye Hospital, Director of Primary and Integrated Health, Director of Allied Health, Chief Information Officer, Director of Capital Redesign, Manager Media and Communications, Director Internal Audit, Director Professional Practice, Director of Workforce Services, and Chief Information Officer. General Manager Royal Hospital for Women, General Manager Sutherland Hospital, General Manager Garrawarra, General Manager Organ and Tissue Donation Service, Manager Executive Services.

SESLHD: South Eastern Sydney Local Health District

SESLHD Legislative Framework (The Framework): outlines compliance responsibilities and assigns responsibility for ensuring compliance with each Act and provides a process for reporting on legislative compliance, (if required).

SESLHD Legislative Register (The Register): list of legislation the District is required to comply with.

Staff: any person working in a casual, temporary or permanent capacity in NSW Health, including volunteers, consultants, contractors, board members and any person performing a public official function whose conduct could be investigated by an investigating authority.

Section 4 - Responsibilities

The Chief Executive is responsible for:

- SESLHD's compliance with all relevant legislation.

Tier 2 Directors / Executive Sponsors / Service Managers / Clinical Stream Directors and Senior Managers are responsible for:

- Ensuring their portfolio is compliant with the requirements of legislation. (These responsibilities are to be incorporated into the relevant officer's *Performance Agreement* with their Manager).
- Ensuring that staff administering legislation are fully aware of their roles and responsibilities, including any duties and obligations.
- Deciding when a District procedure is required to support the implementation of a new/amended legislation that falls within the confines of their portfolio. – (see [SESLHDHB/019 - SESLHD Framework for Policies, Procedures, Guidelines and Business Rules](#) for the relevant process to follow).
- Assigning responsibilities to Legislative Compliance Champions and ensuring they are fulfilling their responsibilities.
- Facilitating discussion about new/amended legislation in a regular minuted forum and retaining records of these meetings for accreditation, compliance recording and incident investigation.
- Establishing processes to identify changed compliance requirements in their portfolio arising from new/amended legislation.
- Developing strategies to manage any non-compliance and reporting non-compliance via the Executive Services Manager to the Chief Executive.
- Liaising with Internal Audit and the Audit Office in relation to compliance issues.

Line Managers are responsible for:

- Distributing information about new/amended legislation to their staff and maintaining a record of such action.
- Facilitating discussion about new/amended legislation in a regular minuted forum such as a staff meeting and retaining records of these meetings for compliance, accreditation and incident investigation purposes.
- Developing strategies to manage non-compliance and reporting this to their Director / Service Managers / Clinical Stream Directors and Senior Managers.
- Reporting non-compliance into IIMS.
- Monitoring compliance with policies, procedures or guidelines where legislation is to be complied with
- Providing reports as required.

Employees are responsible for:

- Complying with all legislation and reporting non-compliance to their line manager.
- Assisting with the development or review, of policies, procedures or guidelines as directed by their line manager when new or amended legislation is released.

Audit and Risk Management Committee are responsible for:

- Ensuring risks relating to legislative compliance are incorporated into the risk framework as outlined in the NSW Health Enterprise Risk Management Framework.

Internal Audit are responsible for:

- Maintaining a rolling schedule of legislative compliance audits across the District.
- Reporting to the Chief Executive on the results of these audits, including details of recommended remedial actions.

Executive Services Consultants are responsible for:

- Reviewing all 'Active' Ministry of Health policies and determining what legislative requirements, if any, are associated with the policies.
- Reviewing all 'Active' SESLHD policies and determining what legislative requirements, if any, are associated with the policies.
- Ensuring the Ministry of Health and SESLHD policies are correctly mapped to all relevant legislation.
- Review the *Monthly Policy Report* to determine legislative requirements from new, amended policies and update the Legislative Register accordingly.
- Providing any necessary support to the person/s responsible for compliance with the legislation.
- Working with the Directors to nominate Legislative Compliance Champions.
- Providing training to Legislative Compliance Champions regarding compliance.
- Reviewing legislation updates obtained from external sources.
- Compiling the *Monthly Legislation Notification Email* and emailing to the Directors/General Managers and their nominated Legislative Compliance Champion/s.
- Organising quarterly Legislative Compliance Information Sessions with Champions to discuss legislative topics of interest.
- Maintaining a master register that records all legislation the SESLHD must comply with in the District's Electronic Records Management System (Content Manager).
- Providing reports on adherence with legislation compliance, or non-compliance, to the CE/NSW Health as required.
- Maintaining the Legislative Compliance information on the SESLHD intranet.
- Ensuring *this Framework, Register, the Legislation Compliance Task List*, and all associated *Working Instructions* are accurate and updated as required.

Legislative Compliance Champions are responsible for:

- Attending the quarterly Legislative Information Sessions.
- Completing the *Legislation Implementation and Compliance Checklist* for each piece of new legislation that impacts their portfolio.
- Confirming with their Director/General Manager if there is a need for the development, or amendment of a SESLHD policy, procedure or guideline due to a new/amended legislation. (see [SESLHDHB/019 - SESLHD Framework for Policies, Procedures, Guidelines and Business Rules](#) document for guidance).
- If developing a new SESLHD policy the Champion is to ensure the Legislation requirements are considered and the mapping to legislation/s has occurred via the Executive Services Consultant.
- Compiling a plan to assist the Director/General Manager with implementation, communication and compliance with the new/amended legislation, if required.
- Assisting the Director/General Manager with legislation compliance and reporting obligations, if required.
- Ensure any documentation relating to legislation compliance or reporting is related to the relevant Legislative Container in Content Manager, or emailed to Executive Services to complete this process.
- Escalate issues involving reportable non-compliance to the Director/General Manager responsible.
- Register incident into IIMS or ERMS.

Section 5 - Portfolios

Policies, procedures and guidelines fall within broad categories called Portfolios that are managed by an Executive Sponsor. Where there is legislation mapped to a policy document, responsibility is assigned in line with the portfolio. A report can be run in Content Manager listing the legislation that falls under each Executive Sponsor.

Senior Management: (with delegation for document approval within their portfolio or responsibility)

EXECUTIVE SPONSOR	PORTFOLIO CONTENTS	EXECUTIVE SPONSOR	PORTFOLIO CONTENTS
<i>Director Finance</i>	Financial Systems Management Revenue Management Financial Internal reporting Financial Accounting Liaison with HSS Fleet Services Statutory Reporting Billing Services Assets and Energy Taxation Services Salary Packaging Business Intelligence Performance Unit Service Level Agreements Property Management Business Development	<i>Director Allied Health</i>	Allied Health Policy Advice Allied Health Standards and Professional Governance Allied Health Workforce Management Cerner Allied Health Data System
<i>Director Clinical Governance</i>	Clinical Quality and Safety Management Clinical Audit Liaison with CEC Clinical Incidents and Complaints Management	<i>Director Health ICT</i>	Liaison with e Health Information Technology Systems Website management
<i>Director Internal Audit</i>	ICAC matters Public Interest Disclosure Complaints against staff Internal review of practices and organisational activity Risk Management	<i>Director Mental Health</i>	Clinical and corporate provision of Mental Health services
<i>Director Nursing and Midwifery</i>	Nursing and Midwifery Services Nursing and Midwifery Workforce Nursing and Midwifery Practice Development Nursing and Midwifery Standards and Professional Governance Clinical redesign Clinical Streams Lord Howe Island Services Referrals Liaison with ACI Access and Surgical Performance Paediatric general surgery	<i>Director Primary Integrated and Community Health</i>	Aboriginal Health Child, Youth and Family Health Child Protection Child Sexual Assault CHIME Management Chronic Care Drug and Alcohol Families NSW General Practice Liaison Homelessness Health Interagency Liaison Keeping them Safe Multicultural Health Oral Health Primary and Community Health Programs State Dementia Policy Unit Women's Health / Sexual Assault
<i>General Manager Prince of Wales and Sydney / Sydney Eye</i>	POWH and SSEH Hospital Services Community Health Services INR (Interventional Neuroradiology)	<i>General Manager St. George</i>	STG Hospital Services Community Health Services
<i>Director Workforce Services</i>	Human Resources Advisory Service Health, Safety and Wellbeing Workforce Transactions and Information Services	<i>Medical Executive Director</i>	Medical Policy Advice

EXECUTIVE SPONSOR	PORTFOLIO CONTENTS	EXECUTIVE SPONSOR	PORTFOLIO CONTENTS
	Employee Relations		
<i>Director Planning Population Health and Equity</i>	Community Partnerships District Falls Prevention HIV and Related Programs Health Promotion Public Health Planning Sexual Health NGO Grant Management Equity	<i>Director Professional Practice</i>	Coronial and legal matters
<i>General Manager Royal Hospital for Women</i>	RHW Hospital Services	<i>General Manager Sutherland Hospital</i>	TSH Hospital Services Community Health Services
<i>Manager Media and Communications</i>	Communication with Minister for Health Liaison with MPs Media Liaison District Communication	<i>Manager Executive Services</i>	Corporate Governance District Corporate Record Keeping GIPA Act Policy Framework Parliamentary Liaison and Correspondence Legislative Compliance Framework
<i>Director Improvement and Innovation</i>	Improvement Academy Innovation Organisational Development and Learning Improvement Programs	<i>District Director Medical Services</i>	Disaster Management HSFAC – disaster response Research Governance Medical Workforce

Executive Clinical Sponsors are the Directors of the Clinical Streams in SESLHD

EXECUTIVE CLINICAL SPONSOR	PORTFOLIO CONTENTS	EXECUTIVE CLINICAL SPONSOR	PORTFOLIO CONTENTS
<i>Director Aged Care and Rehabilitation</i>	Community Health (Aged and Carer and Rehabilitation) Extended Care General Rehabilitation Geriatric Medicine Geriatric Rehabilitation Neuro-Rehabilitation Spinal Rehabilitation	<i>Director Cancer Services</i>	Adolescent and Young Adult BreastScreen NSW Cancer Service Haematology Medical Oncology Non - Malignant Haematology Non- Malignant Palliative care Palliative Care Radiation Oncology
<i>Director Cardiac and Respiratory</i>	Cardiology Cardiothoracic Surgery Cardiac Rehabilitation Heart Failure Perfusion Pulmonary Rehabilitation Respiratory Medicine Sleep Medicine	<i>Director Critical Care and Emergency Medicine</i>	Biomedical Engineering Clinical Engineering Emergency Medicine High Dependency Hyperbaric Medicine Intensive Care Trauma Surgery
<i>Director Mental Health</i>	Acute Mental Health Child and Adolescent Mental Health Community Mental Health Mental Health Rehabilitation Older People Mental Health Aboriginal mental health Perinatal and infant mental health Multicultural mental health Eating disorders (mental health) Consumer, Community, Carer Programs mental health Intellectual disability mental health Youth mental health	<i>Director Medicine</i>	Dermatology Endocrinology Gastroenterology General Medicine Hepatology Immunology Infectious Diseases Neurology Renal Rheumatology Stroke
<i>Director Surgery and Anaesthetics</i>	Acute and Chronic Pain Anaesthetic Services Colorectal Endocrine Endoscopy ENT General GI Hand Head and Neck Hepatobiliary Maxillofacial Neurosurgery Neuro-Vascular Surgery Ophthalmology Oral Surgery Orthopaedic Perioperative Services Plastics Reconstructive Spinal Surgery Sterilising Urology Vascular	<i>Director Women's and Children's</i>	Adolescent Health Child and Adolescent Community Child Health Health Feto-maternal Services Gynaecology Gynaecological Oncology Paediatric Services Perinatal Services Maternity and Obstetrics Neonatology Women's Health Women's and Babies Health

Section 6 – Compiling of new/amended Legislation

The following two methods outline how new/amended legislation is recorded in Executive Services:

1. The Executive Services Consultants source updates when new/or amended legislation changes are provided via the following sources;
 - SAI Global email updates
 - NSW Legislation updates: <http://www.legislation.nsw.gov.au/#/notifications>

This information is consolidated into the *Monthly Legislation Notification Email* for monthly distribution. The Email includes links to new Acts or Regulations that may be relevant to the District.

A second column called 'Affects the following legislation' advises which legislation will be **affected** when this new/amended legislation is enforced. Reviewing this column helps to determine which legislation changes **may** affect your Portfolio.

See *Annexure B* as an example.

The links should be reviewed by all to determine if compliance, or reporting requirements is required by their Portfolio.

Bill's that have been read in Parliament that may be of interest to the District, or will require compliance if enacted, will be listed for information only.

NOTE: Legislative compliance containers are not created at this stage.

2. New legislation is identified during the monthly policy review process. Executive Service Consultants (ESC) consolidate the list of policy directives that have been released by NSW Health and SESLHD during the previous month into the Monthly Policy Report:

NSW Health - policies are reviewed by Executive Services Consultants to determine what legislative requirements are listed, if any.

SESLHD - at the creation of a policy the author completes the *National Standards and Legislation Declaration Form*, which identifies legislation and forwards the form to Executive Services for mapping into the Legislative Register.

Legislative containers are only created when new legislation is identified in a policy or overarching governance document, that SESLHD must comply with. If the legislation has been previously recorded in the Register than the policy directive numbers will be recorded in the notes field and the NSW Health policy directives will be 'related' to the Legislative container.

Working Instruction T17/65659 has been created to assist Executive Services Consultants with this process.

Section 7 – Dissemination of new/amended Legislation

New/amended legislation listed in the *Monthly Legislation Notification Email* is sent to the Directors/General Managers and their nominated Legislative Champion/s for distribution and implementation, in conjunction with the *Monthly Policy Report*.

The Legislative Compliance Champion (or Director/GM) is to review the legislation and determine if any changes will impact their Portfolio, such as compliance or reporting. If compliance is determined the *Legislation Implementation and Compliance Template* is to be completed. This is to be completed within two months and signed by their Director/General Manager. If there are issues regarding compliance, a brief is to be completed outlining the issues, and remedial steps, and sent to Manager Executive Services and the Chief Executive.

Specifically targeted communication plans may be required in some circumstances, particularly where new, or amended legislation will result in a change in practice.

Local facilities should have a process in place for the dissemination of new legislation.

This information is to be tabled at all relevant meetings, including staff meetings, to ensure all members of staff are made aware of their responsibilities and accountabilities. Managers are required to keep records regarding staff notification for the purposes of accreditation and incident investigation.

Section 8 – Publication

The *Monthly Legislation Notification Email* will be emailed to the Directors/General Managers and their nominated Legislative Compliance Champions at the start of the following month. The *Notification* will also be published on the Intranet.

Section 9 – Monitoring, Compliance and Review

Executive Sponsors are responsible for monitoring compliance with relevant legislation that fall within their Portfolio. A system to monitor compliance/non-compliance should be established that include, a record of actions taken to facilitate future compliance. This may include monitoring particular incidents, actions taken and outcomes, and monitoring trends in compliance.

Undertaking trend analysis and documenting any changes made to improve / enhance existing practices should assist with demonstrating positive outcomes toward compliance.

Compliance with legislative requirements that are listed in NSW Health policies or SESLHD policy/procedure/guideline/s will be measured through a number of approaches:

- targeted audits as determined by the relevant SESLHD Governance Committee
- running reporting / compliance reports from the Legislative Register
- in response to requests from NSW Health
- through review of incident notifications
- through investigation of complaints, and
- any other process which may be deemed necessary by the governance committee or Executive Sponsor.

Assessing staff knowledge on legislative compliance may involve staff surveys based on organisational needs, for example:

- for staff working in medical records - seeking to confirm that they understand privacy legislation
- for staff working in HR and payroll services - assessing their knowledge of industrial relations legislation
- incorporating specific questions into staff performance reviews, and
- incorporating questionnaires / surveys into staff development and training programs, or online assessments.

Legislation Implementation and Compliance Checklist

The *Legislation Implementation and Compliance Checklist* is available for the Legislative Compliance Champion to complete on receipt of the *Monthly Legislation Notification Email*.

The Checklist is only completed after the review of the email determines compliance with new legislation is required. The timeframe for completion is two months from the date the *Monthly Legislation Notification Email* was issued. This should provide an adequate amount of time to **commence** any changes that are required in procedural documents for example, due to a change in legislation.

The purpose of the template is to advise what, if any, compliance or reporting requirements are to be completed and the policies that will require a revision.

If a piece of legislation falls under more than one Director's Portfolio then the *Legislation Implementation and Compliance Checklist* will need to be completed by each Portfolio.

Reporting a breach of compliance

Any Employee who becomes aware that a statutory responsibility or obligation may have been breached, should report the breach to their line manager and consult with their line manager to determine whether the breach constitutes reportable non-compliance.

Any line manager who considers that an incident of reportable non-compliance has occurred, should immediately report the matter to their Director. A brief is to be submitted to the Director and copied to Executive Services noting details of recommended remedial action. . Executive Services will save the Brief in the related legislation container.

If the breach is an incident, the line Manager is to register the incident into IIMS as outlined in the [NSW Ministry of Health Policy Directive - PD2014_004 Incident Management Policy](#)

If the breach is considered a risk, the line manager is to register the risk with the District's Risk Management Unit, as required by the [NSW Ministry of Health Policy Directive - PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework - NSW Health](#).

Confirmation that the incident/risk has been logged is to be saved into the legislation container. A confirmation email can be sent to Executive Services advising of this.

If the line manager is unsure whether any particular breach constitutes reportable non-compliance, they should assume that it does.

If the breach is NOT a reportable non-compliance the line manager should:

- take any steps to remedy the potential breach as soon as practicable as agreed with their Director, and/or
- Director should seek advice from Legal Branch, if necessary.

As stated in the NSW Health Code of Conduct – ‘Observe all laws, professional codes of conduct and ethics relating to their profession’: Failing to do so would be seen as a Breach of the Code of Conduct. Please refer to [NSW Ministry of Health Policy Directive - PD2015_049 NSW Health Code of Conduct](#).

Section 10 – Documentation, References, Revision & Approval History

Documentation

The Legislative Implementation and Compliance Checklist, Identification Form and Champion Training Package can be found on the [Templates and Forms page](#) of the SESLHD Intranet:

The following documents are available in Content Manager. Contact Executive Services if you need access to the following:

- Work Instructions – Legislative Compliance Notifications
- Work Instructions – Monthly Policy Report – determining legislative requirements
- Work Instructions – Creating Legislative Compliance containers in Content Manager
- Work Instructions – Running Legislative Reports
- Monthly Legislation Notification Email
- Flowcharts

References

- [NSW Health Corporate Governance and Accountability Compendium](#)
- [NSW Ministry of Health Policy Directive - PD2015_049 NSW Health Code of Conduct](#)
- [NSW Ministry of Health Policy Directive - PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework - NSW Health](#)
- [NSW Ministry of Health Policy Directive - PD2014_004 Incident Management Policy](#)
- [SESLHDHB/019 - SESLHD Framework for Policies, Procedures, Guidelines and Business Rules](#)

Revision and Approval History

Date	Revision no:	Author	Approval
January 2018	DRAFT	Executive Services Consultant	
March 2018	1	Executive Services Consultant	Approved by SESLHD Executive Council for publishing.
May 2018	1	Executive Services Consultant. Minor review based on Feedback received from Legislative Compliance Training Sessions	Minor wording update approved by Manager Executive Services.
November 2018	2	Executive Services Consultant. Updated Executive Sponsor. Reallocated Director Programs and Performance and Director Capital Redesign portfolio contents. Updated links.	
June 2020	3	Updated the Executive Sponsor title, by removing 'Acting' from the Chief Executive position.	

Appendix B: Monthly Legislation Notification Email Example

Below is the April 2018 Legislation Notification Email sent to Directors, General Managers, Legislative Compliance Champions and Clinical Stream Managers on 2 May 2018 advising of notifications received during April 2018.

Good morning,

Following are the legislation notifications received during the month of April 2018. This update is provided for information, no action is required unless the legislation listed below directly affects your portfolio.

Please review the legislation below to determine if any changes will affect the legislation that your portfolio is required to comply with.

New legislation or amendments to existing legislation:

Link:	Affects the following legislation:
Treasury Laws Amendment (2018 Measures No. 1) Act 2018 No. 23 (COM)	Long Service Leave (Commonwealth Employees) Act 1976 No. 192
Appropriation Act (No. 4) 2017-2018 2018 No. 19 (COM)	None listed
Transport Administration Amendment (Sydney Metro) Bill 2018 (NSW)	Work Health and Safety Regulation 2017 No. 404
Social Services Legislation Amendment (Welfare Reform) Act 2018 No. 26 (COM)	Disability Discrimination Act 1992 No. 135
Intelligence Services Amendment (Establishment of the Australian Signals Directorate) Act 2018 No. 25 (COM)	Australian Human Rights Commission Act 1986 No. 125 Privacy Act 1988 No. 119 Work Health and Safety Act 2011 No. 137
Safety, Rehabilitation and Compensation Legislation (Defence Force) Consequential Amendment Regulations 2018 (COM)	Safety, Rehabilitation and Compensation Regulations 2002 No. 56

Bills:

Link:	Affects the following legislation:
Coal Industry Amendment Bill 2018 (NSW)	Workers Compensation Act 1987 No. 70 Workplace Injury Management and Workers Compensation Act 1998 No. 86
Smoke-free Environment Bill 2018	Smoke-free Environment Act 2000 Public Health (Tobacco) Act 2008 Passenger Transport (General) Regulation 2017

Please do not hesitate to contact Christine Shoobert, Executive Services Consultant on 9540 7376 if you have any questions, or wish to provide feedback.

Kind regards

Freda Pierce
Manager Executive Services