NSW Health Policies and Other Policy Documents

Summary This Policy Directive provides information on how to develop and manage Policy Documents on the Policy Distributed System.

Document type Policy Directive

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Functional group Corporate Administration - Governance

Applies to Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Government Medical Officers, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals, Environmental Health Officers of Local Councils

Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Environmental Health Officers of Local Councils, Private Hospitals and Day Procedure Centres, Health Associations Unions, Tertiary Education Institutes

Audience All Staff of NSW Health

Secretary, NSW Health

NSW Health

POLICY DIRECTIVE

NSW Health Policies and Other Policy Documents

POLICY STATEMENT

All NSW Health policy documents must be approved by the appropriate authority and maintained in a central repository.

Policy documents include policy directives, guidelines, information bulletins and policy and procedure manuals published by the NSW Ministry of Health. They do not include local protocols and procedures prepared by an individual NSW Health organisation, health service or facility which provide specific and more detailed instructions that apply within that organisation, service or facility.

SUMMARY OF POLICY REQUIREMENTS

All NSW Health organisations must have processes in place to monitor policy documents issued through the Policy Distribution System and to communicate and implement the requirements of those documents.

The development of a policy document must be sponsored by a senior executive of the NSW Health organisation with system-wide leadership responsibility of the policy or subject area.

A proposal to develop a policy and procedure manual must be reviewed and endorsed by the Executive Director, Legal and Regulatory Services, NSW Ministry of Health prior to development.

Authors are responsible for ensuring stakeholders can contribute to, and provide feedback on, the development of a policy document.

All policy documents must be clear and concise, use plain English and be issued only in the approved formats.

When using or adapting content developed and published by others, it is the responsibility of the author to ensure they have proper permission to use the material.

It is the responsibility of the author to conduct a quality review of the policy document before submitting to the Corporate Governance and Risk Management Unit seeking endorsement for approval.

Any amendments or updates to policy documents already issued through the Policy Distribution System require the allocation of a new document number.

Authors must ensure the timely review of all policy documents for which they are responsible. If the content of, or need for a policy document becomes obsolete, the author must take timely action to rescind it.

Where the responsibility for a policy document is to be reassigned to another author, it is the responsibility of the current author to coordinate the transfer.

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2022_047 October 2022	Deputy Secretary, People, Culture and Governance	Structural and content review to clarify requirements. Aligns advice with the Accounts and Audit Determination that compliance with policy and procedure manuals is mandatory as a condition of subsidy.
PD2016_049 November 2016	Deputy Secretary, Governance, Workforce and Corporate	The policy directive has been amended to update reference to Policy Directive *Mandatory Training - Criteria for approval as a NSW Health Requirement*. Revisions also include minor corrections which do not affect the material substance of the content and are typographical and grammatical in nature.
PD2016_014 May 2016	Deputy Secretary, Governance, Workforce and Corporate	Revisions have been made to allow minor corrections to existing policy documents that do not affect the material substance of the content and are typographical or grammatical in nature, to be approved by the Executive Director of the Author Branch or Chief Executive of a Health Service. The Policy Directive has also been updated to correct outdated information relating to changes of position titles.
PD2014_043 November 2014	Deputy Secretary, Governance, Workforce and Corporate	The mandatory requirements outlined in this PD have been developed from PD2009_029. The operational requirements outlined in PD2009_029 are addressed in the Policy Documents - Standard. • The document replaces the Department with Ministry and includes Pillars as entities with responsibilities.
PD2009_029 May-2009	Deputy Director General, Governance, Workforce and Corporate	Introduces: • 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
PD2005_481 February-2005	Director General	Introduced the Department's system for issuing Policy Directives, Guidelines and Information Bulletins.

CONTENTS

1. BACKGROUND

Policy documents play a critical role in the governance of an organisation. At a basic level, they:

- communicate on behalf of an authority
- ensure public accountability
- influence behaviours and actions of people working in the organisation, and, in some cases, the behaviours and actions of the organisation's stakeholders
- are a way of reducing risk.

Importantly, policy documents also influence organisational culture. They communicate what is important, support 'sense-making' and create a foundation for consistent and observable patterns of behaviour.

1.1. NSW Health policy documents

A NSW Health policy document includes any policy directive, guideline, or information bulletin issued through the Policy Distribution System platform and published on the Policy Distribution System (PDS) webpage of the NSW Health website, as well as NSW Health policy and procedure manuals published on the Policy & Procedure Manuals webpage of the NSW Health website. Policy documents set out the obligations to be followed by all NSW Health organisations.

All policy documents issued through the Policy Distribution System have a system-generated cover page that includes a summary of the purpose for the document, the document type, document number, publication date, author branch, branch contact phone number, review date, records management system file number and status.

The Ministry of Health's Corporate Governance and Risk Management Unit (CGRM) have overall responsibility for the Policy Distribution System and provide guidance for authors developing and/or reviewing state-wide policies.

1.1.1. Policy Directives and Policy and Procedure Manuals

Policy Directives establish the position of NSW Health on a policy area. They outline the minimum standards, behaviours and/or requirements of the NSW Health workforce, and of the systems, processes and supporting actions required from NSW Health organisations to facilitate those minimum standards.

Policy and Procedure Manuals contain a compilation of resources and advice on a specific subject and are utilised where there is a large body of information on the critical function or set of functions.

As a condition of funding, NSW Health organisations must observe and comply with the requirements of Policy Directives and Policy and Procedure Manuals, as a part of ongoing operations. Affiliated Health Organisations are required to comply to the extent that they are able to under the law (see Accounts & Audit Determination for Public Health Entities in NSW).

All policy directives and policy and procedures must be approved by the Secretary or relevant Deputy Secretary prior to being issued, rescinded or marked as obsolete on the Policy Distribution System.

1.1.2. Guidelines

Guidelines establish recommended practices in relation to clinical and non-clinical activities and functions and are to be adopted and implemented by NSW Health organisations. Sound reasons must exist for a NSW Health organisation to depart from the recommended practices within a guideline issued through the Policy Distribution System.

All Guidelines must be approved by the Secretary or relevant Deputy Secretary prior to being issued, rescinded or marked as obsolete on the Policy Distribution System.

1.1.3. Information Bulletins

Information Bulletins are for moment-in-time communications and contain information on new or amended requirements of NSW Health organisations. For example, an Information Bulletin might describe changes to statutory, award or other legal provisions, or contain broader Government policy requirements from sources such as Premier's Memoranda, Treasurer's Directions or Federal Government initiatives.

Information Bulletins are no longer used to notify the system that a Policy Directive or Guideline has been rescinded or marked as obsolete.

1.2. Requirements of NSW Health organisations

All NSW Health organisations receive a weekly email with relevant publications. Organisations are to:

- inform the NSW Health PDS administrator (NSWH-Policy@health.nsw.gov.au) of any changes to their registered generic email account for the distribution of new policy documents
- ensure that policy documents are distributed to relevant facilities, units and services controlled by the organisation
- ensure that any external person or organisation that is required to comply, under an agreement or other contractual arrangement, is notified of any new or amended requirements
- ensure that relevant facilities, units or services controlled by the organisation, and relevant contractors, are notified of rescission of obsolete policy documents.

Where necessary, organisations may develop local protocols and procedures to support implementation. Those protocols and procedures must be consistent with the relevant policy document(s) and may impose additional local requirements.

Local protocols and procedures are not published via the Policy Distribution System and must not be branded in such a way that could create a perception that the document is a state-wide policy document. NSW Health policy documents must not be locally amended, added to, or otherwise altered or rebadged.

1.3. Key definitions

Author	The branch within the NSW Ministry of Health, or the relevant NSW Health organisation, with system-wide leadership responsibility of the policy or subject area. For existing policy documents, the author is identified as the 'Author Branch' on the NSW Health Policy Distribution System.
Mandatory Training	Mandatory Training is training in a defined subject matter which specified NSW Health staff must complete. There is a rigorous process to endorse any proposed mandatory training.
NSW Health organisations	Refers to local health districts, statutory health corporations, affiliated health organisations and administrative units within the Health Administration Corporation, such as the NSW Ambulance Service, HealthShare NSW and the Ministry of Health.
Review Date	The date by which a policy document is to be reviewed and replaced by an updated policy document, marked as obsolete, or, for Information Bulletins, archived, in the Policy Distribution System.

2. DEVELOPING A POLICY DOCUMENT

2.1. Executive sponsorship

A proposal to develop a Policy Directive, Policy and Procedure Manual, Guideline or Information Bulletin must be sponsored by the Executive Director of the author branch or the Chief Executive for non-Ministry of Health authors of the NSW Health organisation with system-wide leadership responsibility of the policy or subject area.

In certain circumstances, special additional approvals are required prior to development:

- in-principle approval is required from the Secretary, NSW Health for contentious or significant matters
- has a financial impact, in-principle approval is required from the Chief Financial Officer (CFO) and Deputy Secretary, Financial Services and Asset Management, NSW Ministry of Health
- has a significant legal impact, in-principle approval is required from the Executive Director, Legal and Regulatory Services and General Counsel
- industrial, or other workforce impact, in-principle approval is required from the Executive Director, Workplace Relations or Workforce Planning and Talent Development

A proposal to develop a policy and procedure manual must be reviewed and endorsed by the Executive Director, Legal and Regulatory Services, NSW Ministry of Health to establish that the subject area is appropriate for a manual, prior to development.

2.2. Prior to writing or updating a policy document

Prior to writing or reviewing a policy document, authors are encouraged to review the questions outlined in the appendices to ensure writing process is as efficient as possible and has factored in all the necessary considerations, consultations and approvals.

Authors are also encouraged to contact the Corporate Governance and Risk Management Unit early in the development or review process via NSWH-Policy@health.nsw.gov.au for further advice and guidance.

2.3. Privacy obligations

Authors must consider whether the policy involves the management of any personal or health information so that privacy obligations can be addressed. This might include personal, or health information collected from patients, staff, contractors or others and it is important that systems are in place to appropriately manage that information.

The principles set out in the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* must be built into all NSW Health policies and procedures relating to the collection, storage, use or disclosure of personal and health information.

Further information is available via the NSW Health Privacy Manual for Health Information and NSW Health Policy Directive *Privacy Management Plan* (PD2015_036).

For further advice or assistance, contact MOH-privacy@health.nsw.gov.au.

2.4. Completing the Aboriginal Health Impact Statement

When a policy document is developed, it is a requirement of the NSW Health Policy Directive *Aboriginal Health Impact Statement* (PD2017_034) that the potential impacts on the health of Aboriginal people are considered and documented. This process includes the identification of both positive and negative impacts, steps to address or mitigate any negative impacts and processes for ongoing monitoring throughout the initiative.

Authors must complete the Aboriginal Health Impact Statement when preparing any Policy Directive, Guideline, or Policy and Procedure Manual, even if the subject matter of the document has no impact on Aboriginal people.

The Ministry of Health's Centre for Aboriginal Health can provide guidance and support if there is uncertainty about whether engagement with Aboriginal stakeholders is appropriate, in contacting Aboriginal stakeholders and providing information about partnerships and existing governance mechanisms.

Further information is available via MOH-CentreForAboriginalHealth@health.nsw.gov.au.

2.5. Consultation

Policy document authors, with guidance from the executive sponsor, are responsible for determining the extent of consultation required and ensuring stakeholders (including staff from NSW Health organisations) can actively contribute to and provide feedback on the development of a policy document.

Consultation for Policy Directives, Policy and Procedure Manuals and Guidelines must include, as a minimum:

- relevant NSW Ministry of Health branches, for example, matters that involve nursing are reviewed by the Nursing & Midwifery Office
- Medical Services Committee, if affecting, or likely to affect patients or medical practitioners
- Chief Financial Officer, if financial matter
- Executive Director, Legal and Regulatory Services, if legal matter
- Director, Internal Audit Branch, Ministry of Health, for policy documents with auditing requirements
- Workforce Planning and Talent Development, for Policy Directives with a mandatory training or workforce requirement.

Further, there is an expectation that NSW Government agencies will involve the community in decision making on policy, services and projects. Where the document will directly affect patients and/or the delivery of health services, patients, families and carers, consumer representatives, and/or the general public are to be included in the consultation process.

2.5.1. Consultation with the Medical Services Committee

All NSW Health organisations and Ministry branches are required to consult with the Medical Services Committee on proposed policy and legislative changes affecting medical practitioners and their patients.

The Medical Services Committee is an independent ministerial advisory body established under the *Health Administration Act 1982* (NSW). The Committee's role is to advise and consult with the Minister for Health and Medical Research and the Ministry on matters affecting the practice of medicine (other than in relation to industrial matters). This includes matters relating to existing and proposed policies, including proposed changes to policies, affecting, or likely to affect, patients or medical practitioners.

All executive sponsors are to ensure that consultation includes the Medical Services Committee on all proposed policy affecting, or likely to affect, patients or medical practitioners.

Draft policies that require consultation with the Medical Services Committee can be sent to chairperson@nswmsc.com.au.

2.5.2. Consultation with the Mandatory Training Standing Committee

The NSW Health Mandatory Training Standing Committee (MTSC) oversees standards for mandatory training in NSW Health. Policy Directives that include mandatory training must be endorsed by the MTSC prior to publication, as outlined in the NSW Health Policy Directive *Mandatory Training – Criteria for Approval as a NSW Health Requirement* (PD2016_048). This includes new policies and revised policies where training was previously mandated.

Authors are strongly encouraged to consult with Workforce Planning and Talent Development Branch early in the policy development process if a policy directive will, or may potentially,

include mandatory training. Further information and support is available by emailing MOH-mandatorytrainingsecretariat@health.nsw.gov.au.

2.6. Content and structure

All policy documents must be clear and concise, use plain English (see the NSW Health Plain English Writing Guide), and be implementable. Writing styles are to be directive and inform the reader of the behaviours, tasks and actions required. Narratives and persuasive writing styles are not appropriate for policy documents.

Policy Directives, Guidelines and Information Bulletins must only be published in the most current format issued by the Ministry of Health's Corporate Governance and Risk Management Unit.

Templates are available from http://internal.health.nsw.gov.au/cgrm/pds/templates.

2.6.1. Structure of Policy Directives

Policy Directives include a Policy Summary section and Policy section. The length of a Policy Directive title is limited to 100 characters, including spaces. As Policy Directives are mandatory, all requirements must be written as a minimum standard or expectation and language must be prescriptive.

Policy Summary section

The Policy Summary section may be up to two pages, with additional pages added for the revision history, if required. There are three set headings within the Policy Summary section:

- Policy Statement
- Summary of Policy Requirements
- Revision History

The Policy Statement is a brief statement (less than 4 lines) that articulates the position of NSW Health in relation to the policy or subject area. An additional paragraph may be included in this section to clarify the scope of the policy area.

The Summary of Policy Requirements section outlines the key components of the Policy Procedure and gives the reader an overview of the actions to support compliance with the policy statement.

The Revision History indicates previous versions of the document and any relevant changes. It must be provided with all Policy Directives.

Policy section

The Policy Procedures section details the minimum standards, behaviours and/or requirements of the NSW Health workforce, and of the systems, processes and supporting actions required from NSW Health organisations to facilitate those minimum standards. This section must be logically structured, clearly signposted and give the reader clear direction on what is required.

Policy procedures must not be unnecessarily prescriptive about roles and responsibilities, as the responsibility for managing the implementation and ensuring compliance rests with the individual NSW Health organisations.

Appendices, such as information or resources to support implementation and/or inform actions, may be added at the end of the policy procedures. Content in the appendices are not considered mandatory on their own, however the policy procedures may mandate the use of items in the appendices.

Where content in the appendices is, or may be, subject to periodic updates, authors are encouraged to instead consider locating that information beyond the policy document, such as on an appropriate page of the NSW Health website or intranet, to avoid having to reissue the document following each update.

2.6.2. Structure of Guidelines

Guidelines include the Guideline Summary and the Guideline. The length of a Guideline title is limited to 100 characters, including spaces.

Guideline Summary section

The Guideline Summary section may be up to two pages, with additional pages added for the revision history, if required. There are three set headings within the Guideline Summary:

- Guideline Summary
- Key Principles
- Revision History

The Guideline Summary must articulate the purpose of the guideline and provide a succinct outline of the intended outcomes. It must be clear and concise.

The Key Principles section is to clearly articulate the recommended actions to be undertaken by the reader / NSW Health organisation. A reference to the relevant section number within the guideline may be provided at the end of each principle, but it is not a requirement.

The Revision History indicates previous versions of the document and any relevant changes. It must be included and updated for all guidelines.

Guideline section

The Guideline section details the recommended standards, behaviours and/or requirements of the NSW Health workforce, and of the systems, processes and supporting actions required from NSW Health organisations to facilitate those recommended standards. This section must be logically structured, clearly signposted and give the reader clear direction on what is recommended.

Guidelines must not be unnecessarily prescriptive about roles and responsibilities, as the responsibility for implementation and following the recommended actions rests with the individual NSW Health organisations.

Appendices, such as information or resources to support implementation and/or inform actions, may be added at the end of the Guideline. Where content in the appendices is, or may be, subject to periodic updates, authors are encouraged to instead consider locating that

information beyond the policy document, such as on an appropriate page of the NSW Health website or intranet, to avoid having to reissue the guideline following each update.

2.6.3. Structure of Information Bulletins

The length of an Information Bulletin title is limited to 100 characters, including spaces. Information Bulletins are intended to be no longer than 3 pages and contain the following headings:

- Purpose
- Key Information
- Revision History (where required – see below).

The Purpose section is to provide the reader with a succinct outline of the intended outcomes of the information bulletin. This may include information on why the information bulletin exists and what it is designed to achieve.

The core message and summary of actions required are contained under the Key Information heading. It may include references or hyperlinks to further information or other material that is relevant.

The Revision History heading and section is to be included when an Information Bulletin replaces a Policy Directive or Guideline, or when an Information Bulletin is being rescinded and replaced. It is not required for any other Information Bulletins.

2.6.4. Structure of policy and procedure manuals

Like Policy Directives, NSW Health Policy and Procedure Manuals outline the minimum standards, behaviours and/or requirements of the NSW Health workforce, and of the systems, processes and supporting actions required from NSW Health organisations to facilitate those minimum standards.

As these manuals bring together a large amount of information, they must be logically structured, clearly signposted, provide linkages to relevant policy directives and guidelines, and give the reader clear direction on what is required in each section. The revision history must be included in all policy and procedure manuals.

All Policy and Procedure Manuals must meet the requirements of the NSW Health and NSW Government Brand Guidelines. Authors may use approved templates from the NSW Health Intranet, develop inhouse, or outsource the design of a policy and procedure manual.

Further advice is available from the NSW Ministry of Health's Communications team via publishing@health.nsw.gov.au.

All NSW Health Policy and Procedure Manuals are to be reviewed by the Legal Unit and have final approval from the Executive Director, Legal & Regulatory Service Branch, and Secretary or Deputy Secretary.

The publication of, or revisions to, a Policy and Procedure Manual may also be supported by the release of an Information Bulletin to generate a system notification via the PDS.

2.6.5. Use of third-party content

When using or adapting content developed and published by others, it is the responsibility of the author to ensure they have proper permission to use the material. While it is appropriate to reference a statistic or statement of fact from a third party, the use or adaptation of key concepts, content, tables and diagrams must have permission in writing from the owner of the content prior to submitting the document for approval for publication.

Staff are reminded that the author of third-party content may not be owner of the content. For example, the owner of the content of a journal article or textbook is more likely to be the publisher; not the listed author.

Authors who do not seek and receive permission from the content owner to reproduce or adapt that content may be in breach of Intellectual Property and Copyright law.

Where third-party content is used in a policy document, this is to be noted in the brief for executive approval and confirm that permission to adapt or reproduce the content has been received from the content owner.

3. QUALITY REVIEW, APPROVAL AND PUBLICATION

3.1. Review, approval and publication of Policy Directives and Guidelines

It is the responsibility of the author to conduct a detailed review for content accuracy, spelling and grammar, as well as a basic review of formatting before submitting to the Corporate Governance and Risk Management Unit (CGRM) for review. Where the author is a registered user of the Policy Distribution System, documents are to be submitted via the System.

CGRM will review the documents, ensuring:

- the document type is appropriate for the content and intent of the document
- the structure is appropriate, content is clearly signposted, and the purpose, requirements and key information are clearly presented
- there are appropriate linkages to related documents
- any documents to be replaced are identified
- keywords listed in the Cover Page form are appropriate
- stylistic compliance, for example, current templates used, font sizes, footers, policy numbers, document formatting, obvious grammatical errors, hyperlinks, excessive use of abbreviations and acronyms.

Documents will be returned to the author for amendment and resubmission, if required. Where major issues or significant non-compliance with any of the above items are identified, CGRM may contact the executive sponsor and request a detailed revision and resubmission for initial review.

Where the review requires no further changes, CGRM will endorse the documents for approval and return the endorsed copies of the policy documents to the author for their inclusion in the approval brief to the Secretary or relevant Deputy Secretary.

Once approved, copies of the approved brief, the Aboriginal Health Impact Statement, updated Author Checklist and final documents are sent to CGRM for publication. Where the author is a registered user of the Policy Distribution System, documents are to be submitted via the System.

Table 1: Summary of two-stage submission process for policy directives and guidelines

Stage 1: SUBMIT FOR REVIEW BY CGRM		Stage 2: SUBMIT FOR PUBLICATION BY CGRM	
Stage 1 Actions: • CGRM review documents and provide feedback • Author makes amendments and sends updated documents back to CGRM for review **Once endorsed by CGRM, the document is ready to go through the approval process.**	**Required documents:** • Cover Page • Policy Summary or Guideline Summary • Procedures or Guideline • Aboriginal Health Impact Statement • Endorsement from Mandatory Training Standing Committee, where there is any mandatory training. • Author Checklist	**Stage 2 Actions:** • CGRM conducts final checks and finalises publication • CGRM sends email notification to author confirming publication • Policy Directive or Guideline sent to the nominated distribution list in the weekly notification email.	**Required documents:** • Completed Cover Page, final version of the Policy Summary / Guideline Summary, and the final Procedures / Guideline document • Author Checklist • Signed approval brief from Secretary or Deputy Secretary

3.2. Review, approval and publication of Information Bulletins

It is the responsibility of the document author to conduct a detailed review for content accuracy, spelling and grammar, as well as a basic review of formatting of the Information Bulletin before submitting to the Corporate Governance and Risk Management Unit (CGRM) for review. Where the author is a registered user of the Policy Distribution System, documents are to be submitted via the system.

CGRM will review the documents, ensuring:

- that an information bulletin is appropriate for the content and intent of the document
- the purpose and key information are clearly presented
- there are appropriate linkages to related documents
- any documents to be replaced are identified
- keywords listed in the Cover Page form are appropriate
- stylistic compliance, for example, current templates used, font sizes, footers, policy numbers, document formatting, obvious grammatical errors, hyperlinks, excessive use of abbreviations and acronyms.

Information Bulletins will be returned to the author for amendment and resubmission, if required. Where major issues or significant non-compliance with any of the above items are identified, CGRM may contact the executive sponsor and request a detailed revision and resubmission for initial review.

Where the review requires no further changes, CGRM will endorse the documents for approval and return the endorsed copies of the policy documents to the author for their inclusion in the approval brief.

A request to issue a new Information Bulletin may be approved by an executive director or chief executive (for non-Ministry authors). If an Information Bulletin is to rescind, mark as obsolete, or archive either:

- an existing Information Bulletin; or
- any other document type in the Policy Distribution System

that was originally approved by the Secretary or a Deputy Secretary (or equivalent positions, e.g. Director-General), approval must be obtained from the same level position.

Once approved, copies of the approved brief, the final documents are sent to CGRM for publication. Where the author is a registered user of the Policy Distribution System, documents are to be submitted via the System.

Table 2: Summary of two-stage submission process for Information Bulletins

Stage 1: SUBMIT FOR REVIEW BY CGRM		Stage 2: SUBMIT FOR PUBLICATION BY CGRM	
Stage 1 Actions: • CGRM review documents and provide feedback • Author makes amendments and sends updated documents back to CGRM for review **Once endorsed by CGRM, the document is ready to go through the approval process**	**Required documents:** • Cover Page • Information Bulletin	**Stage 2 Actions:** • CGRM conducts final checks and finalises publication • CGRM sends email notification to author confirming publication • Information Bulletin sent to the nominated distribution list in the weekly notification email.	**Required documents:** • Completed Cover Page, final version of the Information Bulletin, and any supporting documents • Signed approval brief from the Executive Director or Chief Executive

3.3. Review, approval and publication of Policy and Procedures Manuals

It is the responsibility of the document author to conduct a detailed review for content accuracy, spelling and grammar, as well as a basic review of formatting before submitting to the Corporate Governance and Risk Management Unit (CGRM) via email for review.

CGRM will review the documents, ensuring:

- the structure of the document is appropriate, and content is clearly signposted

- the purpose, requirements and key information are clearly presented
- correct references are made to existing policy documents
- there are appropriate linkages to related documents
- any documents to be replaced are identified and, for revisions of existing Manuals, the revision history is updated
- stylistic compliance, for example, compliance with NSW Government Brand Guidelines (if not already reviewed and approved by the Ministry's Design and Publication team), obvious grammatical errors, hyperlinks, excessive use of abbreviations and acronyms.

Documents will be returned to the author for amendment and resubmission, if required. Where major issues or significant non-compliance with any of the above items are identified, CGRM may contact the executive sponsor and request a detailed revision and resubmission for initial review.

Where the review requires no further changes, CGRM will endorse the documents for approval and return the endorsed copies of the manual to the author for their inclusion in the approval brief for endorsement by the Executive Director, Legal and Regulatory Services Branch, and then for approval by the Secretary or relevant Deputy Secretary.

Once approved, copies of the approved brief, the Aboriginal Health Impact Statement, and final documents are sent to CGRM via email for publication.

Table 3: Summary of two-stage submission process for Policy and Procedure Manuals

Stage 1: SUBMIT FOR REVIEW BY CGRM		Stage 2: SUBMIT FOR PUBLICATION BY CGRM	
Stage 1 Actions: • CGRM review documents and provide feedback • Author makes amendments and sends updated documents back to CGRM for review **Once endorsed by CGRM, the document is ready to go through the approval process**	**Required documents:** • Policy and Procedure Manual • Aboriginal Health Impact Statement • Endorsement from Mandatory Training Standing Committee, where there is any mandatory training. • Information Bulletin – *optional* (See section 3.3)	**Stage 2 Actions:** • CGRM conducts final checks and loads documents onto Policy and procedure manuals webpage. • CGRM publishes Information Bulletin via PDS, if required (see section 3.3).	**Required documents:** • Endorsed Policy and Procedure Manual • Signed Aboriginal Health Impact Statement • Signed approval brief from Exec. Director, Legal & Regulatory Services Branch, and Secretary or Deputy Secretary

3.4. Allocation of policy document numbers

Each time a Policy Directive, Guideline or Information Bulletin is published through the Policy Distribution System, 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 is issued, a document number is generated sequentially (PD2020_XXX, GL2020_XXX or IB2020_XXX).

3.5. Amending policy documents following publication

Once a policy document is published, the document cannot be amended or altered without reissuing the document on the system with a new document number and updating the revision history of the document. All publications must be done on the current policy document template.

If the amendments are spelling corrections, are grammatical in nature or involve minor changes, for example, updating a URL, addressing a formatting issue, and do not impact on any of the requirements of, or guidance within, the policy document, the change can be briefed for approval by the Executive Director (or by the Chief Executive, for non-Ministry of Health authors).

Where amendments do impact on any of the requirements of, or guidance within, the policy document (no matter how minor the change), a detailed review of the document is to be undertaken, briefed back through the relevant channels and approved by the Secretary or relevant Deputy Secretary.

On receipt of the signed approval brief, CGRM will publish the amended document via the Policy Distribution System.

4. NOTIFICATION AND DISTRIBUTION

4.1. Notification and distribution within NSW Health

Each week, the Ministry of Health notifies all NSW Health organisations of the Policy Directives, Guidelines and Information Bulletins that have been published, archived, rescinded or made obsolete through the Policy Distribution System (PDS), via email. Deputy Secretaries and all NSW Ministry of Health branches also receive the email notification.

All NSW Health organisations are to have processes in place to:

- identify and assign responsibility for implementing policy document requirements applicable to the organisation
- distribute policy documents to relevant staff within the organisation 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 organisation
- ensure that relevant staff in the organisation are aware of the requirements and understand their obligations
- identify competency and training requirements of staff within the organisation and ensure proper strategies are in place to meet them
- assess the risks associated with the implementation of policy document obligations and develop mitigation or control strategies as appropriate
- report on the implementation of policy document obligations, as required.

4.2. Support and advice following publication

Each author is responsible for providing support and advice to NSW Health organisations regarding the implementation of their respective policy documents, and for collecting and responding to feedback on those documents.

5. REVISING AND UPDATING POLICY DOCUMENTS

5.1. Requirement to review

Authors must ensure the timely review of all policy documents they have issued. The maximum review period for Policy Directives and Guidelines is five years. Policy Directives and Guidelines are to be reviewed and updated by their review date and may be updated earlier if there are changes in law, policy or practice requiring an amendment or rescission.

Twelve, six, and three months prior to the review date, a system-generated email is sent advising the author of the approaching review date. The author must establish whether the document is to be updated, replaced with a different document type, or made obsolete.

Where a Policy Directive or Guideline is to be updated, the author is to follow the steps outlined in Section 2 and Section 3.

Where it is determined that no major changes are required to an existing Policy Directive or Guideline, the document is to be reviewed and any outdated information (such as references to other policy documents or external sources) is to be updated. Once updated, the document is to be submitted through the review and approval steps outlined in Section 3.1.

Once the review has been finalised and the briefing approved by the Secretary or relevant Deputy Secretary, the existing document will be rescinded and replaced by the new version and issued with a new document number for version control.

5.1.1. Extending review dates

In some circumstances it may be appropriate or necessary to extend the review date of a policy document. A once-off extension of the review date by a period of 12 months may be approved by the Executive Director (or by the Chief Executive, for non-Ministry of Health authors).

Where the review date needs to be extended for a period of more than 12 months, or a further extension is required after the once-off extension, the extension must be approved by either the Deputy Secretary or Secretary.

5.2. Archiving policy documents

Policy documents may be rescinded or marked as obsolete at any stage. Policy documents are generally rescinded because the requirements or advice have changed, and the document has been replaced with a newer revision. Policy documents are marked as obsolete when the document is no longer required, and it is not replaced in the Policy Distribution System.

5.2.1. Archiving Policy Directives and Guidelines

All Policy Directives and guidelines remain active until either formally rescinded or marked as obsolete, irrespective of the prescribed review date. If the content of, or need for, a Policy Directive or Guideline becomes obsolete, the author must take timely action to rescind it through a formal approval to the Secretary or the relevant Deputy Secretary.

Once approved, the Policy Directive or Guideline will be removed from the active document lists and placed in the archive library on the Policy Distribution System.

5.2.2. Archiving Information Bulletins

It is recommended that information bulletins are only active for a period of 12 months, reflecting the moment-in-time nature of the document.

Marking an Information Bulletin as obsolete is not to be interpreted as the subject matter relating to the Information Bulletin also being obsolete, unless clearly stated. It only reflects that the need for the communication has passed. For example, if an Information Bulletin is issued to notify the system of the release of a new five-year strategy document, archiving or marking the Information Bulletin as obsolete while the strategy is still current does not make the strategy obsolete.

Information Bulletins may also be rescinded and replaced with a new version if the original advice issued requires amendment.

A recommendation to rescind or mark an Information Bulletin as obsolete is to be approved by the relevant executive director (or Chief Executive, for non-Ministry authors). Once approved, the information bulletin will be removed from the active document lists and placed in the archive library.

5.3. Transferring responsibility for policy documents

From time to time, it may be appropriate to reassign the responsibility for a policy document from one author to another. Where these circumstances occur, it is the responsibility of the current author to liaise with the proposed author to obtain agreement for the transfer.

Once agreement is reached, a "Transfer Form" is to be completed and approved by both the current author and the new author and submitted to CGRM for update. Transfers may be approved by the respective Executive Directors (or Chief Executive, for non-Ministry authors).

5.3.1. Transferring responsibility following a restructure

Where the change in responsibility arises due to either a change of branch name or a restructure, the relevant Executive Director or Deputy Secretary is to include a listing of all policy documents that the current author is responsible for and nominate the new author for each policy document, with the submission for restructure approval to the Secretary. Once the restructure is approved, the record is to be submitted to CGRM for updating in the Policy Distribution System.

6. RECORDS MANAGEMENT

It is the responsibility of the author to ensure all records relevant to the development, update or revision of the policy document are retained and stored on the organisation's approved content management system (such as TRIM, Content Manager). This must include the final Word version of the policy documents, approvals, the Aboriginal Health Impact Statement, other stakeholder feedback and endorsements, and any other relevant documentation.

7. APPENDICES

1. Issues to consider prior to development (or updating)
2. Issues to consider during development
3. Questions to consider when review a policy document

7.1. Issues to consider prior to development (or updating)

- What is the issue or risk you are trying to address?
- Is there is a need for a state-wide approach or is the issue better addressed locally?
- What type of policy document is suitable to address the issue – Policy Directive, Guideline, Information Bulletin or Manual?
- What are the potential implications for patients or consumers of the NSW Health Service?
- What are the potential implications for NSW Health organisations, including local health districts and specialty health networks?
- Is the proposal contentious? (If so, the in-principle approval of the Secretary of NSW Health is required prior to development)
- Are there any privacy implications? Is health information or other personal information being collected, stored, used or disclosed. Who will have access to any health or personal information and is the information appropriately secured? (If significant, the in-principle approval of the General Counsel and Deputy Secretary People, Culture & Governance, NSW Ministry of Health, is required prior to development
- Is there a need to bring together an advisory group to support the development of the document?
- Does the advisory group need representation from select groups such as patients and families, Aboriginal and Torres Strait Islander people, or people from culturally and linguistically diverse backgrounds? How will you select participants and ensure diversity?
- What are the potential financial or other resource implications? (if significant, the in-principle approval of the CFO and Deputy Secretary, Financial Services and Asset Management, NSW Ministry of Health, is required prior to development)
- What are the potential legal implications of the proposal? (If significant, the in-principle approval of the Deputy Secretary, People, Culture and Governance, is required prior to development)
- What are the potential industrial or other workforce implications of the proposal? (If significant, the in-principle approval of the Deputy Secretary, People, Culture and Governance is required prior to development)
- What is the appropriate consultation process?
- Is there a genuine need for periodic reporting from NSW Health organisations back to the Author Branch? What is the frequency and likely administrative burden this will create?
- How will you evaluate the impact and outcomes, both intended and unintended, from the policy document?

7.2. Issues to consider during development

- Do any of the writers of the policy document, or any of the potential contributors, have an actual or potential conflict of interest? (See PD2015_045)
- Is the issue best addressed by a new policy document or the amendment of an existing document?
- Is there an opportunity to consolidate several policy documents?
- What are the direct and indirect financial or other resource implications of the proposal, including sources of funds and any Activity Based Funding implications?
- Are the proposed requirements as cost effective as they can be while still achieving the intended purpose?
- Have the potential legal, industrial or other workforce implications of the proposal been addressed?
- What are the potential implications on patients or consumers of the NSW Health Service?
- What is the impact, if any, on the health and wellbeing of Aboriginal people? Have you consulted with individuals identifying as Aboriginal and Torres Strait Islander?
- Is there an Aboriginal service delivery and/or Aboriginal workforce aspect to the policy document?
- Does the policy document reflect the NSQHS National Standards User Guide for Aboriginal and Torres Strait Islander Health?
- Has an Aboriginal Health Impact Statement been prepared?
- Have the relevant stakeholders been consulted, including local health districts and specialty health networks?
- If the introduction of the proposed requirement will create a significant financial or other resource impact, or where there is a significant change from existing processes, have NSW Health organisations been provided an opportunity for input?
- What are the training requirements for managers and staff who will be required to implement the actions, and what are the costs, both direct and indirect, of ensuring these requirements are met?
- Are the proposed requirements or standards achievable and practical?
- What will be the resource implications of monitoring, measuring and reporting on the implementation of the policy document? Are they as cost effective, reasonable and practical as they can be?
- Is there a need to develop or update a State Form as part of the policy document? If so, endorsement must be received from the State Forms Management Committee (See the NSW Health Policy Directive *State Health Forms* - PD2009_072). Does the Electronic Medical Record (eMR) also need to have any forms developed or updated?

7.3. Questions to consider when reviewing a policy document

- What was the issue or risk that the policy document was designed to address, and is the issue or risk still relevant / current?
- What impact has the existing policy document had? What were the unintended consequences? What issues and gaps remain?
- What feedback was received from the system on the existing policy document after it was published?
- Is there still a need for a state-wide approach? Is the issue better addressed locally?
- Have any instruments core to the document, such as legislation or NSW Government policy, been issued or updated since the document was first issued?
- Is the kind of policy document still the most suitable means to address the issue? Should the document be changed to a Policy Directive, Guideline, Information Bulletin, or Manual, or are there other more appropriate methods and channels?
- What are the ongoing direct and indirect financial or other resource implications of the policy document?
- Are the policy document requirements as cost effective as they can be, while still achieving the intended purpose?
- What are the ongoing competency and training requirements for managers and staff, and what is the cost of ensuring these requirements are met?
- What are the ongoing resource implications of monitoring, measuring and reporting on the implementation of the policy document?
- If the policy document is to be updated, are there other policy documents that can be consolidated as part of this review?
- What further considerations can be engaged as part of continuous quality improvement processes?
- Does the policy document need to be transferred to another author Organisation/ Branch?

If the policy document is to be updated, refer to Appendix 1 and Appendix 2.