

# COMPLIANCE MANAGEMENT FRAMEWORK POLICY®

## DOCUMENT SUMMARY/KEY POINTS

- The Sydney Children's Hospitals Network (SCHN) is committed to conducting our operations in accordance with applicable laws and regulations.
- Applicable laws and regulations, are incorporated into NSW Health Policy Directives and Guidelines.
- The [NSW Health Legal Compendium](#) provides a guide to key legal obligations of agencies forming part of NSW Health, including links NSW Health Policy Directives.
- All policy documents applicable to the NSW Health system are issued by the Ministry of Health through the [Policy Distribution System](#) (PDS).
- The SCHN Clinical Governance Unit Policy Administration team monitors the PDS and notifies relevant Directorates and updates the SCHN Policy Register.
- Tier 2 Directors must ensure SCHN local policies, procedures, guidelines and business rules reflect changes in policy directives, ensure compliance, manage and report non-compliance. Tier 2 Directors will be required to attest annually to these requirements.
- Line Managers must cascade policies, procedures, and guidelines to their teams, facilitate discussion, monitor compliance, and manage and report non-compliance to their tier 2 Director.
- In line with NSW Health Code of Conduct (PD2015\_049) employees must:
  - Comply with all applicable NSW Health policies and procedures, and those of the NSW Health agency where they work
  - Observe all laws, professional codes of conduct and ethics relating to their profession

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> May 2024	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Manager, Internal Audit	<b>Area/Dept:</b> Internal Audit

<h1>CHANGE SUMMARY</h1>
<ul style="list-style-type: none"> <li>• N/A - new policy</li> </ul>

<h1>READ ACKNOWLEDGEMENT</h1>
<ul style="list-style-type: none"> <li>• All Tier 2 Directors are required to read and acknowledge this document as part of the annual attestation.</li> <li>• All other managers to be aware of this policy</li> </ul>

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## 1 Introduction

The Sydney Children's Hospitals Network (the Network) compliance management framework ensures the Network's operations are **conducted in accordance with legislative requirements and NSW Health Policy Directives**.

SCHN must ensure<sup>1</sup>:

- That all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.
- Services are delivered in a manner consistent with the [NSW Health Corporate Governance and Accountability Compendium](#).

A guide to key legal obligations of public health organisations is available on the NSW Health website at: [www.health.nsw.gov.au/aboutus/legal/legal.asp](http://www.health.nsw.gov.au/aboutus/legal/legal.asp)

## 2 Purpose

The Framework assists the Network to:

- Demonstrate our commitment to the highest standards of ethics and compliance;
- Embed a culture of compliance;
- Integrate effective policy, systems, controls and delegations of authority necessary to ensure compliance;
- Inform staff of mechanisms to facilitate compliance; and
- Establish and maintain an assurance program to monitor and report on compliance activities.

## 3 Compliance Principles

The Network is committed to conducting our operations in accordance with applicable laws and regulations.

## 4 Roles and responsibilities

### Chief Executive

- Compliance with all relevant legislation
- Via the Office of the Chief Executive notify NSW Health of non-compliance that constitute a 'Significant Legal Matter' ([PD2017\\_003](#)).

<sup>1</sup> Sydney Children's Hospital Service Agreement

## **Tier 2 Directors**

- Ensure their Directorate's SCHN coversheets / policies remain current with latest applicable NSW Policy Directives.
- Ensure their Directorate is compliant with policy directives through local policies, procedures, guidelines and business rules.
- Manage and report non-compliance to the Chief Executive via the Office of the Chief Executive.
- Liaise with Internal Audit and the Audit Office in relation to compliance issues as required.

## **Line Managers**

- Cascade relevant information, and facilitate discussion, about new/amended policies to their staff and maintain a record of such action.
- Manage and report non-compliance to their tier 2 Director. Note: Non-compliance can be recorded in ims+ (*Use L1-Organisation and Management; L2-Service planning and oversight; and L3-Noncompliance with regulations or standards*)
- Monitor compliance with policies, procedures or guidelines.

## **Employees (per the NSW Health Code of Conduct (PD2015 049)):**

- Comply with all applicable NSW Health policies and procedures, and those of the NSW Health agency where they work.
- Observe all laws, professional codes of conduct and ethics relating to their profession.

## **Policy Administrators in CGU**

- Monitor NSW Health Policy Distribution System and update SCHN Policy Register
- Notify relevant senior position in Directorate or Clinical Stream.

## **Audit and Risk Management Committee**

- Responsible for (refer [Model Charter for the Audit and Risk Committee](#)):
  - Review the effectiveness of the system for monitoring the SCHN's compliance with applicable laws, regulations and associated government policies.
  - Seek assurance that changes in key laws, regulations, internal policies and applicable standards affecting the agency's operations are being monitored at least once a year, and appropriately addressed.

## **Internal Audit**

- Issue Legislative Compliance Declaration on an annual basis for sign-off by Tier 2 Directors and report results to Audit and Risk Committee along with IIMS report.

# **5 NSW Health**

[NSW Health Legal and Regulatory Services](#) provides legal services to the Minister(s) and provides specialist legal advice resource and prepares the Legislative Program for the NSW Health system.

The [NSW Health Legal Compendium](#) provides a guide to key legal obligations of agencies forming part of NSW Health, including links to laws and related NSW Health Policy Directives in each subject area.

All policy documents applicable to the NSW Health system are issued by the Ministry 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.

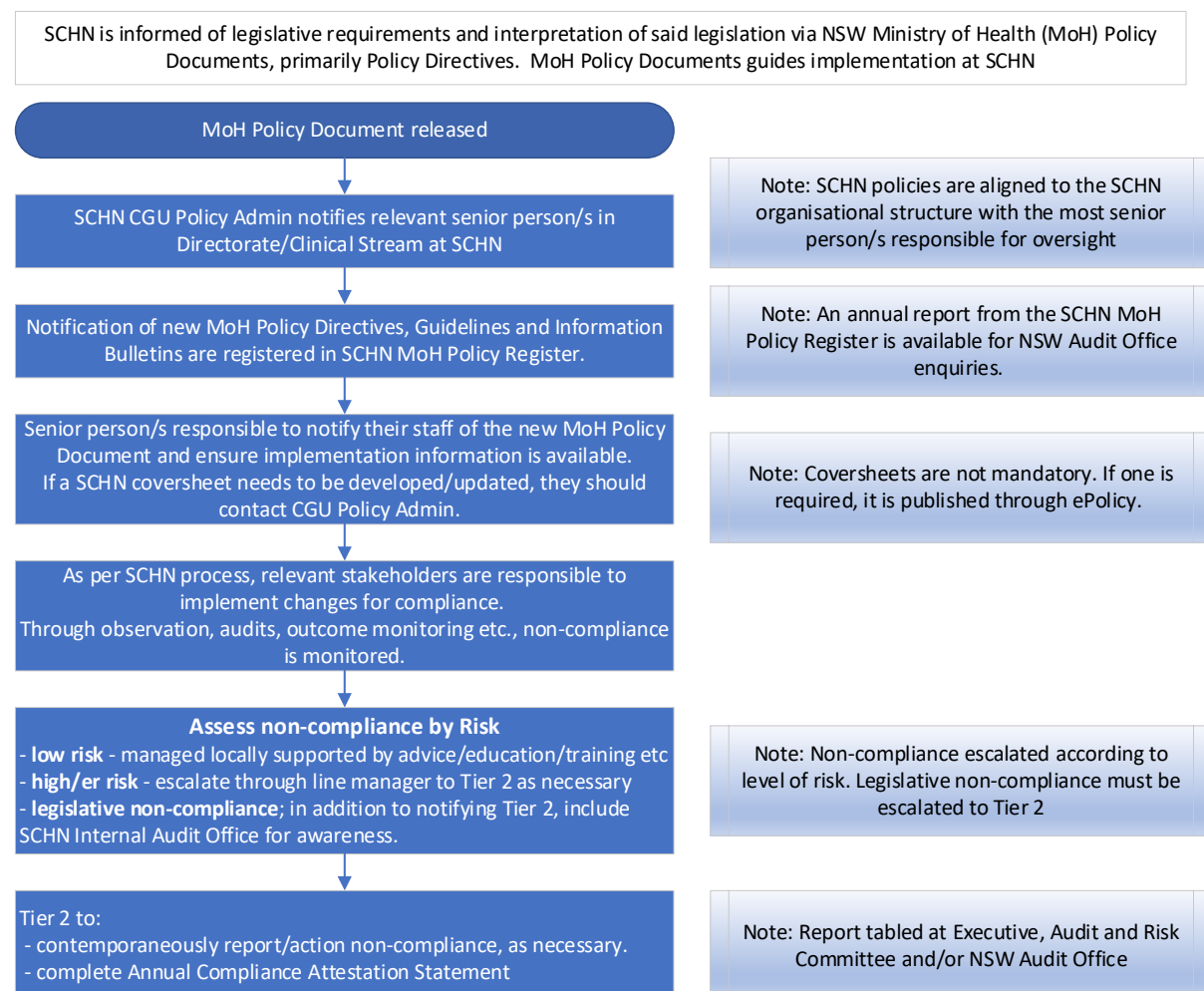
Refer [NSW Health Policies and Other Policy Documents](#) PD2022\_047\_for more information.

## 6 SCHN Policy Distribution Process

Tier 2 Directors must be familiar with legislative requirements and NSW Health Policy Directives within their areas of responsibility and must ensure there are adequate up to date local policies, procedures, guidelines and business rules to ensure compliance.

Line Managers must cascade relevant information, and facilitate discussion, about new / amended policies, procedures, guidelines and business rules to their teams.

### Flowchart – SCHN Policy Distribution Process and compliance monitoring



Also refer [Policy Compliance FAQ](#)

## 7 Monitoring and Reporting

Line Managers must monitor compliance with policies, procedures or guidelines; manage and report non-compliance to their tier 2 Director.

**Note:** Non-compliance can be recorded in *ims+* (Use L1-Organisation and Management; L2-Service planning and oversight; and L3-Noncompliance with regulations or standards).

Tier 2 Directors must manage and report non-compliance to the Chief Executive via the Office of the Chief Executive.

### 7.1 Managing non-compliance

Any instance of potential or actual non-compliance should be managed:

- Implement appropriate corrective action in consultation with the Network's Compliance Coordinator and the Ministry's Legal Counsel where appropriate<sup>2</sup>;
- Assess, document and monitor the timeframe and implementation of corrective actions; and
- Continue to report on non-compliant matters until rectified.

### 7.2 Annual Attestation

The Network's Board and the Chief Executive are required to report to the Ministry in the annual Corporate Governance Attestation Statement that the Network has complied with the relevant legislation and regulations in the preceding 12 months. To facilitate this, and verify compliance more generally, each Tier 2 Director head will be required to complete a Compliance Attestation Statement and submit it to the Manager Internal Audit after 30 June each year. See [Appendix A](#).

The Manager Internal Audit Network Compliance Coordinator shall consolidate these reports into a single, unified Legislative Compliance Report for the Board, the Chief Executive and the Audit & Risk Committee by 31 July each year.

**Table: Tier 2 Legislation Responsibilities**

Subject area (per Legal Compendium)	SCHN Executive
<a href="#">Children, young persons and perinatal</a>	Executive Director Clinical Operations Director Medical Services and Clinical Governance
<a href="#">Consent to treatment</a>	Executive Director Clinical Operations Director Medical Services and Clinical Governance
<a href="#">Drug and alcohol</a>	Executive Director Clinical Operations Director Medical Services and Clinical Governance
<a href="#">Employment, industrial relations, work health and safety</a>	Director People and Culture
<a href="#">End of life issues</a>	Executive Director Clinical Operations Director Medical Services and Clinical Governance
<a href="#">Environment and health care facilities</a>	Director of Finance and Corporate Services
<a href="#">Health administration and governance</a>	Director of Strategy and Innovation Director of Finance and Corporate Services

<sup>2</sup> Note: corrective actions taken should be proportionate and commensurate to the residual risk of the non or partial compliance (refer to the Network's Enterprise Risk Management Framework). A flexible approach should be adopted based on risk.

	Director Medical Services and Clinical Governance Office of the Chief Executive Director of People and Culture
<a href="#">Health professionals</a>	Executive Director Clinical Operations Director Medical Services and Clinical Governance
<a href="#">Health services, poisons and therapeutic goods</a>	Executive Director Clinical Operations Director Medical Services and Clinical Governance
<a href="#">Human tissue, anatomy and disposal of bodies</a>	Executive Director Clinical Operations Director Medical Services and Clinical Governance
<a href="#">Incident management, complaints, protected disclosures and disciplinary/grievance procedures</a>	Director Medical Services and Clinical Governance Office of the Chief Executive Director of People and Culture
<a href="#">Medico-legal</a>	Director Medical Services and Clinical Governance
<a href="#">Mental health</a>	Director of Mental Health
<a href="#">Privacy</a>	Director of Strategy and Innovation Director of People and Culture Director of Finance and Corporate Services
<a href="#">Procurement and tenders</a>	Director of Finance and Corporate Services
<a href="#">Public health and infectious diseases</a>	Executive Director Clinical Operations Director Medical Services and Clinical Governance
<a href="#">Record management, data collections, registers and reporting</a>	Director of Strategy and Innovation Director of People and Culture Director of Finance and Corporate Services
<a href="#">Research</a>	Director of Research
<a href="#">Victims of crime and domestic violence</a>	

## 8 Training & Awareness

Tier 2 Directors are responsible for ensure their policies, procedures, guidelines and business rules reflect the latest NSW Policy Directives. Line Managers must cascade relevant information, and facilitate discussion, about new/amended policies, procedures guidelines and business rules to their team.

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## Appendix A: Annual Compliance Attestation Statement

Each Tier 2 Director shall submit an annual Compliance Attestation Statement using the following template:

### COMPLIANCE ATTESTATION STATEMENT YEAR END 20XX

I, <name> <title>, attest that <directorate> is aware of relevant legislation and policy directives and have performed the following in line with the Compliance Management Framework:

- Up to date SCHN coversheets / policies, procedures, guidelines and business rules that reflect the latest applicable NSW Policy Directives.
- Cascaded relevant information, and facilitated discussion, about new / amended NSW Policy Directives.
- Monitored compliance with policies, procedures and guidelines.
- Managed any non-compliance.
- Reported the following, greater than medium risk, instances of non-compliance to the Chief Executive via the Office of the Chief Executive:

Date of non-compliance	Description of non-compliance (include Policy Directive reference)	Remedial Action	Status, Responsibility, and Due Date

Attested by:

<Signature>

<Title>

<Date>