Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Framework for Policy Documents

Issue Date: 05 May 2023

Together for
Healthier Tomorrows

Framework for Policy Documents

Policy Number 2.135

Policy Function Leadership and Management

Issue Date 05 May 2023

Next Review Date 05 May 2026

Risk Rating High

Summary This policy provides a framework for Justice Health and Forensic Mental Health Network (Justice Health NSW) for developing, reviewing, approving, publishing, disseminating, monitoring, advancing, deferring, rescinding and transferring responsibilities relating to Justice Health NSW policies, procedures and guidelines. The document also outlines requirements for assessing compliance with NSW Health Policy Directives and Guidelines.

Responsible Officer Director, Office of Chief Executive

Applies to
☒ Administration Centres
☒ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☒ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☒ Forensic Hospital

CM Reference POLJH/2135

Change summary
- Significant expansion in scope to include Justice Health NSW procedures and guidelines, in addition to Justice Health NSW policies.
- Development of standardised review/approval process for Justice Health NSW guidelines and procedures.
- Title change.

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

Revision History

#	Issue Date	Number and Name	Change Summary
10	May 2023	2.135 Framework for Policy Documents	• Significant expansion in scope to include Justice Health procedures

			and guidelines, in addition to Justice Health NSW policies. • Development of standardized review/approval process for Justice Health NSW guidelines and procedures. • Title change
9	May 2022	2.135 Policy Framework & Procedures	• Delegation of CE approval to PSC Chair (Executive Director Performance and Planning). • Adjusting AC approval requirements. • Updating Ministry of Health PD/GL compliance allocation process.
8	July 2018	2.135 JH&FMHN Policy Framework & Procedures	• Inclusion of Service Director or Department Head to approve policy prior to review by relevant Administrative Committee. • Removal of Network Executive Team in policy approval process. • Enhance procedures for Justice Health & Forensic Mental Health Network policy frameworks. • Inclusion of framework for ownership transfer of JH&FMHN policy. • Inclusion of new requirement on Aboriginal Health Impact Statement. • Enhanced process for monitoring the compliance assessment of NSW Ministry of Health policies. • Change of title and other minor wordings and edits.
7	November 2014	2.135 Policy Development, Review & Distribution	• Update terminology. • Minor procedural prompts have changed on developing, reviewing, implementing and deleting policies. • Minor wording and grammar changes. • Fully revised Style Guide for use in producing policy documents has been added to the Appendix. • Enhanced guidelines regarding stakeholder consultation within Justice Health & Forensic Mental Health Network.

6	September 2011	2.135 Policy Development, Review & Distribution	• Major rewrite to include a two page policy statement with attached procedures on developing, reviewing, implementing and deleting policies. • Enhanced guidelines around stakeholder consultation within Justice Health.
5	February 2010	2.135 Policy Development, Review and Distribution	• Addressed requirements under NSW Health PD2007_082 and PD2009_029. • Defined the criteria for developing an Implementation Guide to NSW Health policy. • Defined requirements regarding dissemination of policy information to staff. • Established guidelines for providing a revision history for revised policies. • Established guidelines for using Harvard Referencing in Justice Health policies. • Establishing guidelines for version control during the development or revision of policies. • Established guidelines for corporate records management language in policies. • Amended stakeholder review guidelines to require two rounds of review. • Required Executive Committee approval to permanently delete policies.
4	May 2008	2.135 Policy Development and Review	• Minor updates
3	August 2005	2.135 Policy Development and Review	• Title change • Revision required as a result of ACHS survey recommendations and the creation of the Policy Steering Committee.
2	March 2004	6.100 Policy Development and Review Guidelines	• Minor updates
1	April 2002	6.100 Policy Development and Review Guidelines	• New policy

PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.

Always refer to the electronic copy for the latest version.

Justice Health and Forensic Mental Health Network

PO BOX 150 Matraville NSW 2036

Tel (02) 9700 3000

http://www.justicehealth.nsw.gov.au

Table of Contents

1. Preface 8
2. Framework Content 8
2.1 Mandatory Requirements 8
2.2 Application of Justice Health NSW Policies in Privately Operated Centres 8
2.3 Roles and Responsibilities 9
3. Justice Health NSW Policies, Guidelines and Procedures 12
3.1 Definitions 12
3.2 Justice Health NSW Policy, Procedure or Guideline – Review Principles 13
3.2.1 Risk Assessments and Review Periods 13
3.2.2 Responsible Committees: 14
3.2.3 Stakeholder Consultation Principles: 14
3.2.4 Drafting the Document 15
3.2.5 Work, Health and Safety (WHS) 16
3.3 Justice Health NSW Policy Review Process 16
3.4 Justice Health NSW Procedure and Guideline Reviews 19
3.5 Aboriginal Health Impact Statements and Declarations 22
3.6 Development of a New Justice Health NSW Policy, Procedure or Guideline 22
3.7 Advancing or Deferring a Justice Health NSW Policy Document Review Date 23
3.7.1 Advancing or Deferring Justice Health NSW Policy Review 23
3.7.2 Advancing or Deferring Justice Health NSW Procedure or Guidline Review 23
3.8 Policy, Procedure and Guideline Implementation 23
3.9 Transferring Policy, Procedure or Guidelines Ownership 23
3.10 Rescinding Justice Health NSW Policies, Procedures or Guidelines 23
3.11 Urgent Policy, Procedure or Guideline Updates 24
3.12 Record Keeping 24
3.12.1 Justice Health NSW Policies 24
3.12.2 Justice Health NSW Guidelines and Procedures 24
4. Compliance with NSW Health Policy Directives (PDs) and Guidelines (GLs) 25
4.1 Requirements 25
4.2 Seeking Exemption from NSW Health Policy Directives (PDs) and Guidelines (GLs) 26
4.3 Notification of NSW health Information Bulletins (IB) 26
5. Definitions 27

6. Related Documents 28
Appendix 1 29
Appendix 2 30

1. Preface

This framework outlines the principles, processes and requirements relating to Policy Documents in the Justice Health and Forensic Mental Health Network (Justice Health NSW). 'Policy Document' is a collective term referring to policies, procedures, guidelines or other similar types of documents. In addition to Justice Health NSW documents, this framework also outlines the process for assessing Justice Health NSW compliance with NSW Health Policy Directives (PDs) and Guidelines (GLs).

This Framework promotes a consistent approach across Justice Health NSW and supports the effective development, maintenance and review of Justice Health NSW Policy Documents to promote systems for compliance with State and Commonwealth legislation, NSW Health PDs and GLs, accreditation requirements, and other external standards. This ultimately enables Justice Health NSW to deliver effective, safe and accountable health care and further its strategic goals.

2. Framework Content

2.1 Mandatory Requirements

The following principles should guide Justice Health NSW policy, procedure and guideline development, review and maintenance. Justice Health NSW policies, guidelines and procedures:

- should undergo a transparent process of development/review, ensuring appropriate research and stakeholder consultation has occurred to ensure appropriate, current and evidence-based content;
- must use the latest Justice Health NSW policy, procedure or guideline and the formatting of the document must be consistent with the Branding Guide.
- should reference all overarching legislation, NSW Health PDs/GLs, standards or other higher-level governance documents;
- should be available from only one location on the intranet;
- are subject to strict record keeping requirements; and
- where relevant, should align with the National Safety and Quality Health Service (NSQHS) Standards and/or Royal Australian College of General Practitioners (RACGP) (the applicable Standard/s should be referenced in the document). This is important for accreditation purposes.

A Justice Health NSW policy, procedure or guideline may support the implementation of NSW Health Policy Documents, or may impose additional requirements locally, but it must not be inconsistent or duplicative of a NSW Health Policy Document. NSW Health Policy Documents should not be amended, added to, or otherwise altered or rebadged. Should staff lead or assist in the development of NSW Health Policy Documents, they must comply with PD2025_031 *NSW Health Policies and Other Policy Documents*.

2.2 Application of Justice Health NSW Policies in Privately Operated Centres

In applying Justice Health NSW policies, Private Operators should translate Justice Health NSW policies requirements in their settings while upholding Justice Health NSW policy

principles. If a local document is developed to support Justice Health NSW policy implementation, private operators must clearly brand their documents and must not use the Justice Health NSW branding. If a private operator is unable to meet Justice Health NSW policy requirements or principles, the issue must be escalated in accordance with policy 2.012 Communicating with Private Correctional Health Centre Operators. When reviewing **Justice Health NSW** policies that impact on Private Operators, Action Officers (AOs) should include them as stakeholders during the consultation stages in accordance with Appendix A of Policy 2.012.

2.3 Roles and Responsibilities

Executive Directors (EDs) are responsible for:

- signing off on Justice Health NSW policies, ensuring the policy has undergone appropriate consultation and prior approvals (including Legal Department approval if deemed necessary);
- ensuring relevant provisions within Justice Health NSW policies/procedures/guidelines and NSW Health Policy Documents are implemented within their directorate;
- ensuring policies, procedures and guidelines are in place to meet Commonwealth legislation, State legislation, NSW Health PDs/GLs, National Safety and Quality in Health Service Standards, professional standards and other relevant accreditation standards;
- communicating and disseminating all Justice Health NSW and Ministry of Health PDs/GLs, reports and updates within their teams;
- providing approval for CORP058 *Request to Advance/Defer Policy Review* form (for policies only) and CORP059 *Application to Rescind a Justice Health Policy, Procedure or Guideline* form;
- actively monitoring and assessing directorate compliance with Justice Health NSW policies/procedures/guidelines and NSW Health PDs/GLs (including sign off of compliance assessment forms); and providing oversight on Justice Health NSW policy development, review and implementation within their directorate.

Directors are responsible for:

- providing final sign off on Justice Health NSW guidelines and procedures for which they are the designated 'Responsible Manager', ensuring adequate consultation has occurred and content is correct (or delegating this sign off authority for Policy Documents to Service Directors/Department Heads where appropriate and necessary);
- providing endorsement for Justice Health NSW policies for which their service/department is responsible (or delegating this sign off authority for Policy Documents to Service Directors/Department Heads where appropriate and necessary), prior to progression to ED and PSC approval;
- ensuring provisions within Justice Health NSW Policy Documents and NSW Health Policy Documents relevant to their area are implemented;
- actively monitoring and assessing compliance with Justice Health NSW Policy Documents and NSW Health PDs and GLs within their area;
- monitoring the progress of Justice Health NSW policy, procedure and guideline reviews under their portfolio;

- communicating and disseminating all Justice Health NSW and Ministry of Health PDs/GLs and updates within their teams;
- ensuring policies, procedures and guidelines are in place within their directorate to meet commonwealth legislation, state legislation, NSW Health Policy Documents, National Safety and Quality in Health Service Standards, professional standards and other relevant accreditation standards.

Policy Steering Committee (PSC) is responsible for:

- providing oversight of the implementation of this Framework and policy tools;
- reviewing and endorsing Justice Health NSW policies tabled, from the perspective of:
    - the adequacy of stakeholder consultations and inputs,
    - the adequacy of legal and external inputs
    - compliance with policy conventions and standards of documentation
    - the accuracy of the policy risk assessment (and therefore review time period)
    - compliance with this Framework
    - providing endorsement of requests for Section 14 of the *Government Information (Public Access) Act 2009* (GIPA Act) exemptions;
- providing final approval for CORP058 *Request to Advance/Defer Policy Review* form and CORP059 *Application to Rescind a Justice Health Policy, Procedure or Guideline* form (for policies only); and
- providing oversight of Justice Health NSW compliance assessments for NSW Health PDs/GLs and reviewing all Assessment of NSW Health Policy Compliance forms approved by the relevant Executive Director and providing final approval.

Aboriginal Strategy and Culture Unit is responsible for:

- providing timely feedback and/or endorsement of policy-related Justice Health NSW *Aboriginal Health Impact Statement* forms;
- providing advice and guidance to the AO in completing *Aboriginal Health Impact Statement* forms;
- providing advice and guidance to the AO for Aboriginal stakeholder consultation; and
- providing education and assistance to support to the AO in ensuring Aboriginal people's health needs and interests are sufficiently addressed in the development and review process of the Justice Health NSW policies.

Policy Officer (PO) is responsible for:

- providing secretariat support to the PSC;
- acting as the key contact in relation to this Framework;
- maintaining the policy database;
- supporting services and departments in maintaining their own local procedure and guideline databases;

- submitting reports detailing the status of all Justice Health NSW policies and NSW Health policy compliance assessments to Executive Directors;
- receiving CORP066 *Assessments of NSW Health Policy Compliance* for tabling at PSC;
- monitoring Justice Health NSW policy inbox;
- maintaining Justice Health NSW policy intranet pages;
- notifying Justice Health NSW and privately operated correctional health centres of new, amended and rescinded Justice Health NSW policies (via Important Notice and email to EDs) and NSW Health Policy Documents (via email to EDs and private operators).

Services and Departments are responsible for:

- maintaining their own databases for monitoring and reporting guidelines and procedures under their responsibility;
- communicating and disseminating all Justice Health NSW and Ministry of Health Policy Documents and updates within their teams;
- ensuring procedures and guidelines (and all associated documentation) meet record keeping requirements by maintaining procedure/guideline Content Manager containers;
- ensuring guidelines, procedures and policies are reviewed as they fall due;
- supporting AOs during Policy Document reviews (including communicating procedure and guideline updates/changes once completed).

Action Officers (AO) are responsible for:

- ensuring that Justice Health NSW policies, guidelines or procedures allocated to them are developed, reviewed, deferred or rescinded in accordance with this Framework within the nominated review due date;
- ensuring that Policy Documents allocated to them undergo all appropriate approvals;
- ensuring guidelines and procedures are published by the service/department once completed;
- working with the respective service/department to ensure Policy Document updates/reviews are communicated appropriately across Justice Health NSW (including notifying Justice Health NSW Policy Officer once a revised guideline or procedure has been published for broader dissemination); and
- ensuring effective and wide-ranging stakeholder consultation during policy, procedure and guideline reviews.

Policy/guideline/procedure stakeholders are responsible for:

- providing timely input during Policy Document reviews (usually within two weeks) as appropriate for their area and level of expertise; and
- consulting with other stakeholders/experts as/if required.

3. Justice Health NSW Policies, Guidelines and Procedures

Justice Health NSW Policy Documents are divided into:

i. JHFMHN policies

Justice Health NSW policies are high level documents that outline Justice Health NSW position towards a topic area or discipline. Justice Health NSW policies have strict governance requirements (including ED and PSC approval) with centralised administration by Justice Health NSW Policy Officer (PO). Implementation Guides for NSW Health Policy Directives also fall under this category. A Justice Health NSW policy database is maintained by Justice Health NSW PO, who is also responsible for record keeping requirements.

ii. JHFMHN guidelines & procedures

These Policy Documents have specific requirements under this Framework and operate under a more localised model. Justice Health NSW guidelines and procedures are managed by services/departments and require Director level approval during development and review. Like policies, these documents require a standardised Justice Health NSW template. Services/departments are to maintain local databases for their procedures and guidelines, and are also responsible for all record keeping requirements.

iii. Other JHFMHN policy documents including business rules, standard operating procedures, processes, and Safe Work Practices

These include documents that do not fit into the policy, procedure or guideline categories, but still advise staff of best practice, processes, work flows etc. These documents operate under a de-centralised governance and administrative model, that is, all aspects of document development and reviews are managed locally by services and departments. Services and teams are therefore responsible for ensuring these documents remain current, readily available to staff and adhere to record keeping requirements.

3.1 Definitions

'**Policy Document**' is a collective term referring to policies, procedures, guidelines, framework, business rules, standard operating procedures and other similar document types. Specific definitions for policies, guidelines and procedures are provided to guide appropriate classification of these Policy Documents in Justice Health NSW .

Document type	Definition
Policy	Document that outlines Justice Health NSW position towards a topic area or discipline and must be complied with and implemented as a part of Justice Health NSW ongoing operations.
Guideline	Document that establishes best practice in relation to clinical and non-clinical activities and functions. Staff must ensure that sound reasons exist for departing from recommended standards or practices. This must be

	documented where possible.
Procedure	Document that outlines how a policy or a process is to be implemented and provides more detailed and specific instructions than a policy. Compliance with procedures is mandatory.

3.2 Justice Health NSW Policy, Procedure or Guideline – Review Principles

While the review principles are the broadly the same for Justice Health NSW policies, procedures and guidelines, there are some key differences. Policies are considered higher-level documents and are generally more broadly applicable across Justice Health NSW . For this reason, Justice Health NSW policies have more stringent governance requirements. These differences are summarised in the table below:Bullet point.

	Policies	Procedures and Guidelines
Committee Approval	Mandatory for all policy reviews to be tabled at the Policy Steering Committee (PSC) for approval.	Strongly recommended for reviewed documents to be tabled at an appropriate committee for comments and endorsement.
Approval Level	Require approval by the relevant Director, Executive Director and PSC.	Require approval by the relevant Director (or delegated to Service Director/Department Head).
Stakeholder List	Mandatory for stakeholder list to be submitted to the relevant ED for approval prior to document review.	Not required in advance of the review.
Aboriginal Health Impact Statements	Mandatory for policies that have an identified impact on Aboriginal Health (unless the review is considered minor).	Not mandatory. However, can be useful for considering impact on Aboriginal stakeholders.

The process for reviewing policies, procedures and guidelines is outlined further below and summarised in the flowchart in appendix 1.

3.2.1 Risk Assessments and Review Periods

All Justice Health NSW policies, procedures and guidelines are required to have a risk rating allocated using the NSW Health Risk Management Policy risk matrix. The risk rating will determine the due date of the next document review, as per below. There are occasions when an earlier review is necessary, such as when required by Serious Adverse Event Review (SAER) recommendations, a new NSW Health policy is released, changes in legislation or changes in technology.

Risk	Review Period
Extreme	Within 2 year or more frequently if required
High	Within 3 year or more frequently if required
Medium	Within 4 year or more frequently if required
Low	Within 5 year or more frequently if required

3.2.2 Responsible Committees:

For Justice Health NSW **policies**, this will always include the Policy Steering Committee. Submission of all JHFMHN policies for development or review to the Policy Steering Committee is **mandatory**.

For Justice Health NSW **guidelines and procedures**, identification of (and approval by) a Responsible Committee is **strongly recommended** to help ensure appropriate governance but is not mandatory. Responsible Committees for guidelines and procedures can be generic (e.g. Forensic Hospital Policies and Procedures Committee, or Corporate Services Managers Meeting) or topic-specific (e.g. Standard 3 - Infection Prevention & Control Committee).

3.2.3 Stakeholder Consultation Principles:

Effective and meaningful consultation with stakeholders provides the opportunity to identify and address issues in relation to document content, facilitate the generation of appropriate policy options, build partnerships and support effective policy implementation. This means the Policy Document is both relevant to those affected by it and achievable to those who must implement it. It is important that the consultation process is transparent, enables the provision of timely information to interested parties, and allows appropriate input by stakeholders. Stakeholder consultation may be conducted via face to face meetings, focus group/workshop, round table meetings, email correspondence and/or presentations.

The minimum requirement for Justice Health NSW policy, procedure or guideline document consultation is engaging a list of stakeholders (core and user) and recording stakeholder feedback using the PPG Development & Review Form. Decisions about whether feedback is to be incorporated into the document under review should be recorded on the form for transparency. It is important to note that there may be additional consultation requirements depending on the size and breadth of policy, procedure or guideline changes (for instance, communication with unions or other key stakeholders). For advice on whether the document should undergo additional consultation, please discuss with the document's responsible director.

A stakeholder is any person, officer, service or group that may be significantly impacted or can provide meaningful feedback. Stakeholders for Policy Documents may include:

- Justice Health NSW staff and representative organisations - when considering changes to health service arrangements that may affect working conditions or their responsibility for effective implementation of a Justice Health NSW policy.
- Private Operators – when considering policy/process changes that would impact on their operations (accordance with 2.012 *Communicating with Private Correctional Health Centre Operators*). Please contact the Commissioning Unit for advice and/or private operator contact details (commissioningunit@health.nsw.gov.au).
- Consumers – to ensure health services are kept relevant and appropriate to the needs of the population.
- The academic community – when considering latest developments and practice in health service delivery.

- Other relevant NSW agencies, such as Corrective Services NSW, Youth Justice NSW and Local Health Districts – to ensure policy is consistent across agencies when a Justice Health NSW policy has cross agency implications.

Where a Justice Health NSW policy, procedure or guideline undergoes a minor review only (i.e. hyperlinks/reference updates and only minor changes to wording/grammar, but no process or responsibility changes) the document does not require full consultation, but still requires approval. This is elaborated on further in this Framework. It is best practice to have all Policy Documents tabled at relevant committees to ensure relevant staff have an opportunity to comment.

3.2.4 Drafting the Document

When drafting/revising Justice Health NSW policy, procedure or guideline the requirements in section 2.1 should be adhered to.

Justice Health NSW policies, guidelines and procedures must be concise, action-oriented, and use plain language that can be readily understood by the intended audience. Policies, procedures and guidelines should be:

- **Clear, comprehensive and unambiguous** – The reader should be clear about what is meant and all actions that are required.
- **Pitched appropriately** – The language, tone and degree of formality should be appropriate for the target audience.

The AO should consider the following issues during the development and review of a Justice Health NSW policy:

a) Is there is an opportunity to consolidate a number of Justice Health NSW policies, or would this policy be better communicated if separated into two or more policies?

b) Have the potential legal, industrial or other workforce implications been sufficiently addressed in Justice Health NSW policy? The AO must ensure that Justice Health NSW policy is reviewed or developed based on the current best practice and law.

c) Have the contemporary standards of practice such as the National Safety and Quality Health Service Standards and/or the National Standards for Mental Health Services and/or Royal Australian College of General Practitioners been considered?

d) Relevant Coroner's recommendation(s), Root Cause Analysis (RCA)/ Serious Adverse Event Review (SAER), complaints management, Incident Management System (ims+) report, audit report or improvement project must be reflected in Justice Health NSW policy as appropriate.

e) Has the potential impact on patients, consumers or staff of Justice Health NSW been considered and addressed sufficiently in Justice Health NSW policy? This includes:

   - the Aboriginal Community - Please refer to PD2017_034 *Aboriginal Health Impact Statement* and Justice Health NSW *Aboriginal Health Impact Statement*;
   - Justice Health NSW consumer consultants and peer workers, as per the Justice Health NSW Consumer Engagement Framework;
   - People from culturally and linguistically diverse (CALD) communities – Please refer to PD2019_018 *NSW Plan for Healthy Culturally and Linguistically Diverse Communities*: 2019-2013; and

- People with disability - Please refer to *NSW Health Policies, Guidelines and Documents* specific to the care and support of people with disability.

f) Will training be required to inform and assist staff in understanding their roles in implementing Justice Health NSW policy? Please refer to PD2016_048 *Mandatory Training - Criteria for Approval as a NSW Health Requirement*.

g) Are there related forms that need to be reviewed?

h) What are the financial and resource implications of Justice Health NSW policy? Can sufficient funding and resources be obtained to support the implementation if required? AO must ensure that sufficient funding can be obtained to support the implementation. Please refer to *Procurement Policies*.

i) In accordance with Section 14 of the *Government Information (Public Access) Act 2009* (GIPA Act), is there an overriding public interest against public disclosure of Justice Health NSW policy? The AO should consult with the legal advisor for clarification in the case of uncertainty.

The AO must ensure that all hyperlinks and references in Justice Health NSW policies are current and formatted in accordance with the Branding Guide. AO should not replicate information contained in another document when writing a Justice Health NSW Policy in order to maintain the currency of policy content. Instead, a reference and hyperlink to the relevant document should be mentioned in the policy. This is applicable to both internal and external documents.

3.2.5 Work, Health and Safety (WHS)

All Policy Documents that provide instructions to workers must capture WHS roles and responsibilities. Policy Documents must also capture all hazards and risks arising from the activity/task which have the potential to impact on the worker's health and safety. Procedural elements which support work activities and/or tasks must provide clear instruction on how the worker is to undertake the activity/task/process in a safe manner. Where Policy Documents have WHS impacts, additional consultation requirements may exist. For further information please contact the WHS team at [redacted].

3.3 Justice Health NSW Policy Review Process

This section outlines the process for developing or reviewing Justice Health NSW **policies**. For guidelines and procedures, please refer to the next section 3.4. The process is mapped in appendix 1.

Minor Reviews:

Most policy reviews will be subject to all the steps outlined below. However, in situations where a Justice Health NSW policy is reviewed and it is identified that only minor changes are required, then steps 1 and 2 (stakeholder list and formal consultation) are not mandated. In these cases, the policy can be progressed using steps 3 and 4. A minor review refers to hyperlinks/reference updates and only minor changes to wording/grammar, but no process or responsibility changes. The decision to approve a Justice Health NSW policy reviewed in this manner is ultimately at the discretion of the approvers and PSC.

Step 1: Stakeholder List Approval for Justice Health NSW Policies

Before commencing consultation or drafting of the **policy**, a list of stakeholders should be submitted for approval to the relevant ED, using the *PPG Development and Review Form* (section 1 and 2). It is recommended this is done 7 months before the review due date. The stakeholder list is divided into a 'Core Group' and a 'User Group'. The **Core Group** comprise stakeholders that are subject matter experts and have knowledge/experience in the policy content. It is best practice is to identify and consult with 5 to 10 **Core** stakeholders. The **User Group** comprise stakeholders who are affected by the policy but are not necessarily the subject matter experts. These stakeholders should review the policy from a 'usability' perspective. It is best practice is to identify and consult with 4 to 8 **User** stakeholders. If the Justice Health NSW *Aboriginal Health Impact Statement* is relevant, appropriate Aboriginal stakeholder(s) need to be included on the stakeholder list as relevant to the policy. The stakeholder list should routinely include the private operators (please contact the Risk and Assurance Team for contact details at [redacted]. If assistance is needed when compiling a stakeholder list, please contact Justice Health NSW Policy Officer for guidance at [redacted]

Once the stakeholder list (section 1 and 2 of the PPG Development and Review Form) is approved, the AO can commence drafting the document/consultation.

Step 2: Document Drafting and Stakeholder Consultation for Justice Health NSW Policies

The AO should prepare for the document drafting process by conducting research, discussing the document review with relevant staff/managers, and seeking advice from Justice Health NSW Policy Officer if needed. A Word version of the policy can be obtained for editing by contacting the Justice Health NSW Policy Officer ([redacted]). Prior to sending Justice Health NSW policy for consultation, it is recommended that the AO defines the intended outcomes of the consultation and identifies what is being requested from stakeholders. It is essential that this information is communicated to the stakeholders and that stakeholders are advised to provide input that relates to their work area or areas of expertise.

This provides an opportunity for areas to identify the implications of policy provisions (or policy options) in terms of their service configuration and the characteristics and health needs of their population.

Once initial proposed updates to the policy have been made, including updating references and hyperlinks, the recommended stakeholder consultation process is:

i. Ensure that staff nominated in the stakeholder list are current. The staff member consulted is the person who is in the role. The AO must not change the position titles in the stakeholder list but may change the name to reflect the incumbent at the time of consultation.

ii. Commence stakeholder consultation by sending Justice Health NSW policy and copy of the PPG Development and Review Form to the Core User stakeholders (subject matter experts) and User Group stakeholders (for assessment from usability/practicality perspective). It is recommended this is done in two separate emails. The AO should provide a reasonable time for stakeholders to review the policy and provide feedback – usually two weeks.

iii. If an external stakeholder has been identified, they should be contacted separately and requested to provide comments on the proposed Justice Health NSW policy on behalf of the external agency. External stakeholders may provide useful feedback on impacts to the community, industrial implications or consistency with overarching government policy.

iv. Upon conclusion of the consultation:

- Complete section 2 of the PPG Development and Review Form accordingly to reflect if comments are received from the nominated stakeholder. Consider comments raised by stakeholders and where appropriate, incorporate the feedback or proposed revision into Justice Health NSW policy.
- Comments that are not incorporated must be outlined on the PPG Development and Review Form for further consideration by the relevant approvers and Policy Steering Committee to ensure a transparent policy process.
- It is best practice to ensure at least 70% of the Core Group stakeholders provide feedback. An acceptable response includes where a stakeholder notes that they have reviewed the document and do not have any suggested changes. There is no minimum response rate for User Group stakeholders.

v. Once feedback from both stakeholder groups has been considered and revisions incorporated in the policy and review form, the AO will email a summary of the feedback/proposed policy content changes and the policy (with track changes if possible) to the Core Group and provide another one to two weeks to provide any final comments about the changes.

- If contentious issues have arisen during the course of the consultation process, these will need to be managed. The appropriate management of any issues and differences of opinion will depend on the individual situation. This may include going back to the stakeholders and providing a list of options on the matter for their consideration and feedback. Depending on the sensitivity of the options, this may need to be undertaken in a confidential manner and be limited to senior staff within Justice Health NSW. Escalate the issue to management if necessary.

Step 3: Approval Process for Justice Health NSW Policies

Once ready, the following three (3) documents are submitted together through the approval chain:

- the final draft Justice Health NSW policy
- *PPG Development & Review Form*
- Aboriginal Health Impact Statement (if applicable)

The approval chain is as follows:

1. **Director (or delegate Service Director/Department Head)**
2. **Executive Director**

3. **Aboriginal Strategy & Culture Unit:** If an Aboriginal Health Impact Statement is required (i.e. an impact was identified and the review was more than 'minor') then this form requires Director, Aboriginal Strategy & Culture approval via [redacted]
4. **Policy Steering Committee:** Once approved, submit all documents to [redacted] for the Policy Officer to prepare for tabling. Minor changes (such as spelling and sentence structure), hyperlink fixes and formatting changes may be incorporated into Justice Health NSW policy by the PO. Any further actions recommended or changes where clarifications are required will be returned to the AO.

Step 4: Publishing and Dissemination

Once approved and uploaded, the PO will arrange for the publishing of an Important Notice. An email will also be sent by the PO to the Executive Directors outlining Justice Health NSW policies that have recently been updated, and what the changes were (according to the 'Change Summary' of each policy document). Executive Directors will then disseminate as appropriate amongst their managers/staff to further disseminate to the appropriate staff for their awareness. All staff are required to familiarise themselves with policies, procedures and guidelines applicable to them. Managers are responsible for providing any special training to their staff if required/indicated for implementation of Policy Documents. Managers are also responsible for communicating Policy Document updates to their teams via department meetings/huddles if appropriate. The Policy Officer is also required to advise private correctional health centre operators via email of the new or updated Justice Health NSW policy on the intranet.

Proactive Release of the Justice Health NSW Policies under the Government Information (Public Access) Act 2009 Act

Under the *Government Information (Public Access) Act 2009* (GIPA Act), Justice Health NSW policies will be published on the internet. Staff or AOs should contact the Right to Information Officer at JHFMHN-gipainfo@health.nsw.gov.au for any questions or concerns relating to the public release of a Justice Health NSW policy.

3.4 Justice Health NSW Procedure and Guideline Reviews

Minor Reviews:

Most procedure and guideline reviews will be subject to all the steps outlined below. However, in situations where a Justice Health NSW procedure or guideline is reviewed and it is identified that only minor changes are required, then steps 1 and 2 (formal stakeholder consultation) are not mandated. In these cases, the procedure or guideline can be progressed using steps 3 and 4. A minor review refers to hyperlinks/reference updates and only minor changes to wording/grammar, but no process or responsibility changes. The decision to approve a Justice Health NSW policy reviewed in this manner is ultimately at the discretion of the approvers. It is best practice for all reviewed procedures and guidelines to be tabled at a relevant committee.

Step 1: Stakeholder Planning for Procedures and Guidelines

Unlike Justice Health NSW policies, there is no requirement to submit a stakeholder list in advance for procedures and guidelines. Nonetheless, appropriate consultation should be planned in accordance with section 3.2.3 to ensure an open and transparent review process, capturing all required expertise.

The stakeholders list is divided into a 'Core Group' and a 'User Group'. The **Core Group** comprise stakeholders that are subject matter experts and have knowledge/experience in the policy content. The **User Group** comprise stakeholders who are affected by the policy but are not necessarily the subject matter experts. These stakeholders should review the policy from a 'usability' perspective. It is best practice is to identify and consult with 5 to 10 **Core** stakeholders and 4 to 8 **User** stakeholders.

Step 2: Document Drafting and Stakeholder Consultation for Procedures and Guidelines

The AO should prepare for the document drafting process by conducting research, discussing the document review with relevant staff/managers, and seeking advice from Justice Health NSW Policy Officer if needed. Prior to sending Justice Health NSW procedure or guideline for consultation, it is recommended that the AO defines the intended outcomes of the consultation and identifies what is requested from stakeholders. It is essential that this information is communicated to the stakeholders and that stakeholders are advised to provide input that relates to their work area or areas of expertise.

Once initial changes to the procedure/guideline have been made, including updating references and hyperlinks, the stakeholder consultation process for procedures and guidelines is:

i. Ensure that staff nominated in the stakeholder list are current.

ii. Commence stakeholder consultation by sending Justice Health NSW procedure/guideline and copy of the *PPG Development and Review Form* to the Core User stakeholders and User Group. The AO should provide a reasonable time for stakeholders to review the policy and provide feedback. Two weeks is the recommended turnaround time for consultation.

iii. Upon conclusion of the consultation, the AO must:

- Mark section 2 of the *PPG Development and Review Form* accordingly to reflect if comments are received from the nominated stakeholder. Consider comments raised by stakeholders and where appropriate, incorporate the feedback or proposed revision into the document.
- Comments that are not incorporated must be outlined on the form for further consideration by the relevant approvers to ensure a transparent policy process.
- It is best practice to ensure at least 70% of the **Core** Group stakeholders provide feedback.
- An acceptable response includes where a stakeholder notes that they have reviewed the document and do not have any suggested changes.

iv. Once feedback from both stakeholder groups has been considered and revisions incorporated in the policy and review form, the AO will email a summary of the feedback/ proposed content changes and the guideline/procedure document (with track changes if possible) to the Core Group and provide another one to two weeks to provide any final comments about the changes.

- If contentious issues have arisen during the course of the consultation process, these will need to be managed. The appropriate management of any issues and differences of opinion will depend on the individual situation. This may include going back to the stakeholders and providing a list of options on the matter for their consideration and feedback. Depending on the sensitivity of the options, this may need to be undertaken in a confidential manner and be limited to senior staff within Justice Health NSW . Escalate the issue to management if necessary.

Step 3: Approval Process for Procedures and Guidelines

Once ready, the following two documents are submitted together through the approval chain:

- the final draft Justice Health NSW procedure or guideline
- *PPG Development and Review Form*

The approval chain is as follows:

1. **Responsible Committee**: For guidelines and procedures, identification of (and approval by) a Responsible Committee is strongly recommended to help ensure appropriate governance but is not mandatory. Responsible Committees for guidelines and procedures can be generic (e.g. Forensic Hospital Policies and Procedures Committee, or Corporate Services Managers Meeting) or topic-specific (e.g. Standard 3/ Infection Prevention & Control Committee).
2. **Responsible Director (or delegate Service Director/Department Head)**: Providing final sign off on Justice Health NSW guidelines and procedures for which they are responsible, ensuring adequate consultation has occurred, content is correct and any other appropriate approvals have been gained.

Step 4: Publishing and Dissemination

Once approved, submit the PPG Development and Review Form and updated guideline/procedure to the document's responsible service/department to publish (upload to the intranet), complete record keeping requirements and update the local database. Once completed, **please advise Justice Health NSW Policy Officer of the revised document and change summary to facilitate further communication requirements**.

Updates will be periodically provided to Executive Directors about revised Justice Health NSW guidelines and procedures via email from the Policy Officer. Executive Directors are required to disseminate this information to appropriate managers in their directorate for further dissemination, if appropriate (depending on the nature of the guideline/procedure). Managers are responsible for providing any special training to their staff if required/indicated for

implementation of procedures/guidelines. Managers are also responsible for communicating Policy Document updates to their teams via department meetings/huddles if appropriate.

3.5 Aboriginal Health Impact Statements and Declarations

When developing or reviewing Justice Health NSW policies, procedures and guidelines, the needs of the Aboriginal population needs to be considered. When completing the *PPG Development and Review Form*, AOs need to record whether the policy, procedure or guideline has a direct impact on Aboriginal Health.

For **policies**, if an impact is identified and the **policy** underwent more than a minor review, then an *Aboriginal Health Impact Statement* (AHIS) form needs to be completed and approved by the Executive Director and Director, Aboriginal Strategy & Culture Unit (via [redacted]). If there is an impact, but the policy only underwent a minor review, then a new AHIS form is not required to be submitted. Aboriginal Health Impact Statements are **not required for procedure or guidelines**.

If an impact has been identified, then AOs are required to include an Aboriginal stakeholder on the policy stakeholder list and Justice Health NSW *Aboriginal Health Impact Statement* should be completed in consultation with the Aboriginal stakeholder(s). Please refer to PD2017_034 *Aboriginal Health Impact Statement* and Justice Health NSW *Aboriginal Health Impact Statement* for further information.

3.6 Development of a New Justice Health NSW Policy, Procedure or Guideline

All staff, in particular, Executive Directors, Service Directors and Department Heads are accountable for continually reflecting on when a new Justice Health NSW Policy Document is required. The need to develop a new policy document may arise due to:

- issuance of a NSW Health Policy Document that requires a Justice Health NSW Implementation Guide or policy to be developed
- legislative requirements (including legislative changes)
- documented reports such as: Coroner's recommendation, Root Cause Analysis (RCA)/ Serious Adverse Event Review (SAER), complaints management, accreditation, *Incident Management System* (ims+) report, audit report or improvement project,
- new evidence of better practice or operational changes, and/or
- new service or structure of clinical or corporate practice.

Should a need for a new Justice Health NSW policy, procedure or guideline be identified, the Executive Director, Service Director or Department Head must appoint an AO as soon as possible. The AO should possess expertise in the policy area sufficient to develop the content of a Justice Health NSW policy and engage in meaningful consultation with stakeholders.

In order to commence the development of a new Justice Health NSW policy, procedure or guideline, the AO will need to complete an *Application to Develop a New Policy, Procedure or Guideline* form. For new policies, the form requires approval by the relevant Executive Director and PSC. For new procedures and guidelines, the form requires approval from the relevant director/co-director.

Once the policy, procedure or guideline has been drafted, it will undergo the same consultation and approval processes as per a major review, using the *PPG Development and Review*

Form. AOs are required to notify Justice Health NSW PO of newly published procedures and guidelines to allocate unique document number (e.g. PROJH1.234).

The full process is summarised in appendix 1.

3.7 Advancing or Deferring a Justice Health NSW Policy Document Review Date

3.7.1 Advancing or Deferring Justice Health NSW Policy Review

A specific form exists for the deferral or advancement of a Justice Health NSW policy review:

Deferral:

If the need to defer a Justice Health NSW policy review arises, the AO may request for a deferral. The AO is required to complete a CORP058 *Request to Advance/Defer Policy Review* form for approval by the relevant ED and Policy Steering Committee. Policy review deferrals are granted at the discretion of the ED and Policy Steering Committee.

Advancement:

If an established Justice Health NSW policy requires amendments earlier than the nominated review due date, AO is required to complete a CORP058 *Request to Advance/Defer Policy Review* form for approval by the relevant ED and Policy Steering Committee.

3.7.2 Advancing or Deferring Justice Health NSW Procedure or Guidline Review

Unlike Justice Health NSW policies, referral or advancement of Justice Health NSW procedure or guideline reviews do not require submission of any forms. Rather, changes to reviews due dates are to be approved by the Director responsible for the document.

3.8 Policy, Procedure and Guideline Implementation

Preparation for the implementation of a Justice Health NSW policy, procedure or guideline should occur throughout the document development or review process. The mechanisms for implementing policy objectives should be noted in the PPG Development and Review Form.

To maximise compliance with and understanding of the Justice Health NSW policies, procedures and guidelines, all staff must read and understand each Justice Health NSW Policy Document relevant to their area and managers should reinforce expectations outlined in Justice Health NSW policies, procedures and guidelines by communicating requirements to their staff.

3.9 Transferring Policy, Procedure or Guidelines Ownership

From time to time due to functional change or restructure, responsibility for a Justice Health NSW policy, procedure or guideline may need to be reallocated to another AO or functional area. It is the responsibility of the original AO/director to identify when a Justice Health NSW Policy Document should transfer to another AO/director or functional area and liaise with that area to obtain agreement for the transfer. Once an agreement is reached, the original AO should notify the PO via [redacted] and copy the new AO and their respective Service Director or Department Head.

3.10 Rescinding Justice Health NSW Policies, Procedures or Guidelines

Justice Health NSW policies, procedures or guidelines that are no longer required or contain outdated provisions may be considered for temporary or permanent deletion:

- Permanent deletions may be appropriate if the subject matter within Justice Health NSW policy is obsolete (i.e. a replacement policy is not anticipated). This option would also be considered appropriate if a new replacement Justice Health NSW policy, procedure or guidelines has been approved for development.
- Temporary deletions may be appropriate to mitigate any risks from outdated provisions in a Justice Health NSW policy while a replacement policy is being developed. Staff should note that a replacement policy may be 'fast-tracked' as an exceptional release policy if required.

To rescind the document, completion and approval of a CORP059 *Application to Rescind a Justice Health NSW Policy, Procedure or Guideline* form is required. The form will require information to justify the rescinding of the document and will require appropriate approvals. For procedures and guidelines, Director level sign off is required. For policies, Director, Executive Director and Policy Steering Committee sign off is required.

3.11 Urgent Policy, Procedure or Guideline Updates

New or established Justice Health NSW policies, guidelines or procedures can be fast tracked through the approval process for safety or legal reasons. For instance, there may be circumstances where a Serious Adverse Event Review recommendation requires urgent policy changes. In these instances, the *PPG Development & Review Form* should be completed, noting the special circumstances and any consultation that has occurred (e.g. discussion at the Closing the Loop Committee), and submitted through the approval chain. Approvers should consider each application on a case-by-case basis, giving due regard to the magnitude of proposed changes, and safety and legal risks. This ensures documents requiring urgent changes are able to be published in a timely manner by eliminating the need for a full period of stakeholder consultation. A Policy Document that has undergone an update in this manner is still subject to the original review due date prior to the update.

3.12 Record Keeping

3.12.1 Justice Health NSW Policies

Justice Health NSW Policy Officer (PO) is responsible for record keeping requirements for Justice Health NSW Policies. PO will also maintain a central database of Justice Health NSW policies to facilitate policy monitoring and reporting.

3.12.2 Justice Health NSW Guidelines and Procedures

Services and departments are responsible for record keeping requirements for their guidelines/procedures. It is strongly recommended that each guideline and procedure (current and previously published versions) is saved in its dedicated Content Manager container (i.e. GUIJH/XXXX or PROJH/XXXX), along with any related forms, in order to facilitate standardised record keeping practices across Justice Health NSW. New containers are set up by Justice Health NSW Policy Officer upon request.

Services and departments are also responsible for maintaining a database for guidelines/procedures that they are responsible for. This will ensure guidelines and procedures can be monitored, tracked and reported on.

4. Compliance with NSW Health Policy Directives (PDs) and Guidelines (GLs)

4.1 Requirements

In accordance with PD2025_031 *NSW Health Policies and Other Policy Documents*, Justice Health NSW :

1. must comply with all PDs issued by NSW Health;
2. should adhere to Guidelines issued by NSW Health as these represent best practice (sound reasoning must exist for departing from recommended standards within a Guideline); and
3. must ensure that NSW Health Policy Documents are distributed to the relevant areas and notify any external person or organisation that is required to comply, under an agreement or other contractual agreement.

[redacted] is the registered email with Strategic Relations and Communication Branch at NSW Health. The email box will receive all notifications on the updates of NSW Health PDs and GLs issued via the NSW Health's Policy Distribution System. The PO is responsible for monitoring this inbox and notifying all Executive Directors and private correctional health centre operators of all notifications. Executive Directors and private correctional health centre operators are responsible for distributing the information to the relevant areas as appropriate.

All newly issued NSW Health PDs and GLs applicable to Justice Health NSW are to be sent to an appropriate manager as nominated by the Chair of PSC. The manager to whom the NSW Health Policy has been allocated will nominate an AO to complete CORP066 *Assessment of NSW Health Policy Compliance* in accordance with the process below.

1. Within three months of being issued by NSW Health, the nominated AO completes CORP066 *Assessment of NSW Health Policy Compliance* to determine whether the PD or GL is applicable to Justice Health NSW and if applicable, the compliance status for Justice Health NSW . In assessing this, the AO must consider the application of the PD or GL as Justice Health NSW wide rather than unit or directorate wide. If applicable, the compliance status will be either:
    - Compliant – No further action is required as Justice Health NSW has met all the requirements to comply with the relevant PD or GL.
    - Work in progress – Justice Health NSW is currently working towards compliance or seeking an exemption from the relevant PD or GL. AO should assess the expected date Justice Health NSW will be compliant with the PD or GL. To seek exemption, AO must follow section 4.2.
2. The completed CORP066 *Assessment of NSW Health Policy Compliance* form must be forwarded to the relevant Executive Director.
3. Once approved, the compliance assessment form must be submitted to [redacted] for review approval by the PSC. The PSC will provide final assessment on the CORP066 *Assessment of NSW Health Policy Compliance* submitted by the AO.

4. If identified as a 'work in progress', the AO is responsible for tracking progress and submitting another CORP066 *Assessment of NSW Health Policy Compliance* to notify a change in organisational compliance, including once full compliance is reached.

4.2 Seeking Exemption from NSW Health Policy Directives (PDs) and Guidelines (GLs)

In rare circumstances, an exemption from a NSW Health PD/GL may be necessary when they cannot be applied in part or full within the Justice Health and Forensic Mental Health Justice Health NSW setting.

Note: This is different to the PD or GL not being '**not applicable**' to Justice Health NSW , which is not uncommon. In these cases, the form (CORP066) simply needs to be completed to reflect this assessment.

Process for seeking an exemption

1. AO must escalate and consult with their Service Director/Department Head. If supported, a brief needs to be submitted to the relevant Executive Director, Policy Steering Committee and then Chief Executive.
2. If endorsed, the AO will need to seek endorsement and nomination of a senior staff member to liaise with the relevant author branch as noted in the cover page of the PD or GL. The nomination must also be endorsed by the PSC and CE. This can be completed out of session or at the relevant meeting.
3. If following liaison with the NSW Ministry of Health, a decision is made to seek exemption, a brief and formal letter to the relevant head of branch in NSW Ministry of Health is to be drafted for CE signature.
4. Once a formal letter of agreement is received from the NSW Ministry of Health, the outcome must be briefed to the relevant Executive Director, PSC and CE.

   The outcome must be reflected in Justice Health NSW practices and documents as soon as practicable and noted in CORP066 *Assessment of NSW Health Policy Compliance* in accordance with section 4.1.

4.3 Notification of NSW health Information Bulletins (IB)

Unlike NSW Health PDs and GLs, Information Bulletins are not required to be assessed by Justice Health NSW as the information contained in the Information Bulletin is generally for information only. In the rare scenario when Information Bulletin contains information that requires actions from Justice Health NSW, Justice Health NSW shall follow the requirement to the most practicable point.

Information Bulletin is distributed to the Executive Directors as part of the weekly Ministry of Health Policy Distribution System Notification facilitated by the Policy Officer. This will be further distributed to the relevant area by the Executive Directors as appropriate, depending on the nature of the Bulletin.

5. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Policy Document

A collective term referring to policies, procedures, guidelines, framework, business rules, standard operating procedures and other document types managed under policy governance processes.

NSW Health Policy Directives

A NSW Health Policy Document that must be complied with and implemented as a part of ongoing operations.

NSW Health Policy Documents

This includes any policy directive, guideline, or information bulletin issued through the NSW Ministry of Health Policy Distribution System (PDS) and any Policy & Procedure Manual otherwise issued by the NSW Ministry of Health.

NSW Health Guidelines

A NSW Health Policy Document that establishes best practice in relation to clinical and non-clinical activities and functions. A Guideline is to be issued through the Policy Distribution System where it is aimed at general adoption across NSW Health Organisations.

Justice Health NSW Policy

Document that outlines Justice Health NSW position towards a topic area or discipline and must be complied with and implemented as a part of Justice Health NSW ongoing operations. The document has been developed in accordance with this Framework and issued through Justice Health NSW policy library.

Justice Health NSW Procedure

Document that outlines how a policy or a process is to be implemented and provides more detailed and specific instructions than a policy. Compliance with procedures is mandatory.

Justice Health NSW Guideline

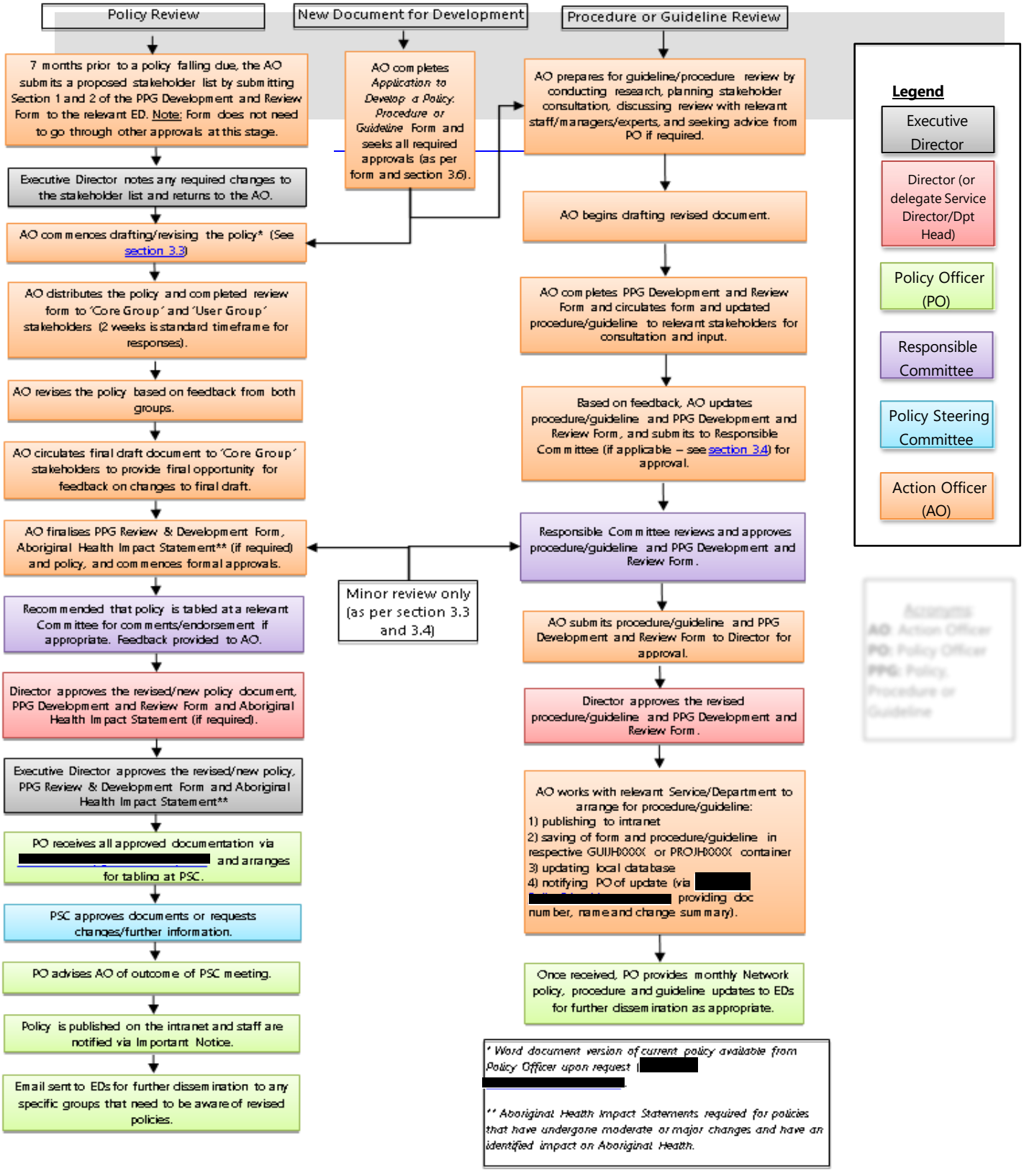
Document that establishes best practice in relation to clinical and non-clinical activities and functions. Staff must ensure that sound reasons exist for departing from recommended standards or practices. This must be documented where possible.

6. Related Documents

Legislations	*Government Information (Public Access) Act 2009* *State Records Act 1998*
Justice Health NSW Policies, Guidelines and Procedures	2.014 *Corporate Records Management* 2.155 *Enterprise-Wide Risk Management* 7.034 *Communicating with Private Correctional Health Centre Operators* *Procurement Policies* *Branding Guide* *Policy Template* *Aboriginal Health Impact Statement*
Justice Health NSW Forms	CORP036 *Policies, Procedures & Guidelines (PPG) Development and Review Form* CORP058 *Request to Advance/Defer a Policy Review* CORP059 *Application to Rescind a Justice Health Policy* CORP066 *Assessment of NSW Health Policy Compliance*
NSW Health Policy Directives and Guidelines	PD2017_034 *Aboriginal Health Impact Statement* PD2025_031 *NSW Health Policies and Other Policy Documents* PD2016_048 *Mandatory Training - Criteria for Approval as a NSW Health Requirement* PD2022_023 *Enterprise-wide Risk Management*
Other documents and resources	*General Retention and Disposal Authority 28 – Administrative Records* *National Safety and Quality Health Services Standards* *National Standards for Mental Health Services 2010 and implementation guidelines* *Australian Guide to Legal Citation* *Harvard Referencing*

Appendix 1

Policy, Procedure & Guideline Development or Review Flowchart



Appendix 2

NSW Health Policy Directives / Guidelines Compliance Assessment

