1. Statement

The Department of Health (DoH) takes a coordinated approach across divisions to identify and monitor legislative obligations and to proactively identify and respond to potential breaches of legislation. The Minister for Health, via the Agencies within the Health Portfolio is responsible for the administration of a number of Acts of the Queensland Parliament. Reporting on legislation compliance is undertaken to support both the Minister’s and the Department of Health’s legislation responsibilities.

2. Scope

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within a guideline. The monitoring of other agencies and statutory bodies (e.g. Hospital and Health Service’s) is out of scope for this policy. Roles and responsibilities relating to Portfolio Legislation are outlined in the Regulatory Compliance Policy.

3. Requirements

The principles outlined in the Policy underpin the actions outlined in this Procedure. The SBAR Model (Situation, Background, Assessment, Recommendation) has been chosen to help organise, prioritise and facilitate the effective transfer of information. It is already extensively used throughout the health system in Queensland and internationally and is easily adapted for non-clinical activities.

Process – refer also to flow chart (Attachment 1)

An actual or potential breach in legislation is identified

1. Staff member shall:
   a) Refer to policy or procedure relevant to the breach where available and take relevant immediate action
   b) Inform their line manager/supervisor of the situation as soon as possible.

2. Line Manager/Supervisor shall:
   a) Consider if actual or potential breach has occurred, then:

   Actual Breaches
   b) Develop and implement management action plan which:
      i. Describes the breach and implications (actual and potential)
      ii. Re-establishes/implements actions to regain compliance and reduce risk of recurrence
      iii. Addresses requirements prescribed by legislation and DoH policy or related expectations
      iv. Includes measures to monitor progress e.g. compliance regained and determine success of other management strategies
         a) If a potential for recurrence is identified:
i. Undertake risk assessment and risk treatment planning in accordance with the Risk Management Procedure
ii. Document in QHRisk
iii. Attach a copy of the QHRisk Risk Register Report to the Breach Notification Report.

b) Forward Breach Notification Report and Risk Register Report if applicable to the Compliance Manager and responsible DDG/CE
   i. Significant breach – within 1 working day of being notified
   ii. All other breaches – within 5 working days of being notified

Potential Breaches
   a) Undertake risk assessment and risk treatment planning in accordance with the Department of Health Procedure for Risk Assessment and Treatment
   b) Document in QHRisk
   c) Forward a copy of the Risk Register Report of any high or very high risks to the Compliance Manager within 5 working days of being notified.

3. Compliance Manager shall:
   a) Review Breach Notification and Risk Register Reports to ensure appropriate action taken
   b) Provide advice on the Risk Register Report as required
   c) Identify if risks identified have implications for other areas or the Health System as a whole
   d) Ensure Breach Reports and any high or very high risks have been communicated to DDG level and discuss any actions/communication requirements
   e) Sign Breach Notification Report and send copy to Risk and Governance Unit via email (QHIRM@health.qld.gov.au) and the reporting Line Manager/Supervisor within 5 working days of receipt of report
   f) Maintain a record of breaches, investigations, actions and outcomes.

4. Risk and Governance Unit is to:
   a) Enter Breach Notification Reports into the Legislation Compliance Register within 5 working days of receipt of report.

4. Legislation
   • General Legislation Compliance Policy
   • General Legislation Standard

5. Supporting documents
   • Template – Legislation Compliance Statement
   • Form - Legislation Breach Notification Report
   • Procedure – Risk Management
   • Policy – Regulatory Policy
6. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Agency</td>
<td>A department of government or independent body that reports to the Minister for Health e.g. Department of Health.</td>
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<tr>
<td>Breach</td>
<td>For the purposes of this Guideline, the term ‘breach’ includes failure to comply with legislation or other requirement under this Guideline.</td>
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<tr>
<td>Compliance Manager</td>
<td>Nominated senior officer responsible for monitoring and reporting compliance for a particular Act of part of an Act.</td>
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<tr>
<td>Departmental Employees</td>
<td>Individuals employed in the Department on a permanent, temporary and casual basis.</td>
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<tr>
<td>General Legislation</td>
<td>Legislation that applies across government that is listed in Schedule 2 of the Department of Health Portfolio and General Legislation Schedules.</td>
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<tr>
<td>Portfolio Legislation</td>
<td>Legislation that a Minister administers as part of the Minister’s portfolio responsibilities under an Administrative Arrangements Order and is listed in Schedule 1 of the Department of Health Portfolio and General Legislation Schedules.</td>
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<tr>
<td>SBAR Model</td>
<td>A structured Communication Tool which improves the quality of information and interaction (Situation, Background, Assessment, Recommendation). Source: OSSIE Guide to Clinical Handover Improvement, Australian Commission on Safety and Quality in Health Care: 2010.</td>
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<tr>
<td>Significant Breach</td>
<td>Failure to comply with obligations in General Legislation that could result in discipline or suspension, or termination of employment of the officer(s) involved and/or penalties under legislation.</td>
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Version Control

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Process Map: General Legislation Breach Reporting

**Staff member:**
- Potential/actual breach of General Legislation identified
- Take relevant immediate action
- Inform Manager / Supervisor as soon as possible

**Manager / Supervisor:**
- Notify compliance manager of any ‘High’ or ‘Very High’ compliance risks (within 5 days)
- Complete risk assessment and treatment planning (document in QHRisk)
- Actual or potential?
- Develop and implement management action plan
- If risk of reoccurrence – Complete risk assessment and treatment planning (document in QHRisk)
- Complete and email breach report (and if applicable, risk register report) to Compliance Manager and responsible DDG/CE
- Within 1 day – Significant Breach
- Within 5 days – other breaches

**Compliance Manager:**
- Review Risk Register Report and ensure risk has been communicated to responsible DDG/CE
- End

**Risk & Governance Unit:**
- Enter breach report into legislation compliance register (within 5 days)
- Review breach report
- Discuss any further action/communication requirements
- Ensure breach report and any high/very high risks have been communicated to the responsible DDG/CE
- Copy to Risk and Governance Unit via QHRM@health.qld.gov.au and reporting area line manager/supervisor within 5 days
- End

**Procedure for Reporting Actual/Potential Breaches of General Legislation**

1. **Enter breach report into legislation compliance register (within 5 days)**
2. **Discuss any further action/communication requirements**
3. **Ensure breach report and any high/very high risks have been communicated to the responsible DDG/CE**
4. **Copy to Risk and Governance Unit via QHRM@health.qld.gov.au and reporting area line manager/supervisor within 5 days**
5. **Review breach report**