Health Service Directive Consultation

1. **Statement**

The Department of Health (the Department) shall ensure consultation with Hospital and Health Services (HHSs) and other stakeholders for the development and review of health service directives (directive/s) is conducted in a transparent, collaborative and diligent manner.

2. **Scope**

This standard applies to all employees, contractors and consultants within the Department of Health divisions and commercialised business units.

3. **Requirements**

3.1 **Mandatory Consultation**

3.1.1 The chief executive shall consult with HHSs in developing or reviewing a health service directive (directive) to which they may be subject to.

3.1.2 As a minimum, a draft directive shall be circulated for consultation to affected HHSs in accordance with this standard.

3.2 **Considering other consultation commitments**

3.2.1 Following approval from the chief executive or delegated executive to consult with HHSs on a draft directive (refer to Health Service Directive Management Standard), and prior to approaching HHSs, the health service directive custodian (directive custodian), through discussion with the health service directive registrar (directive registrar), shall ascertain current consultation activity with HHSs and give due regard to the capacity of HHSs to participate in further consultation.

3.3 **Provision of draft directive/s and proposed consultation plan to HHSs**

3.3.1 The directive custodian shall provide HHS chief executive officers (CEOs) with a consultation plan which, at a minimum, shall contain:

- the purpose and intent of the proposed directive
- a draft directive
- the proposed time frames for HHSs to provide feedback on the draft directive
- details of a contact officer for the consultation process
- information to assist the HHSs in determining whether the nature of the directive requires the HHS to consult with clinicians or undertake community engagement, and any consequent impact on timeframes.

3.3.2 The directive custodian shall request, in writing:

- that the HHS CEO nominate a contact officer for the consultation process
- written confirmation within ten (10) business days of proposed consultation timeframes from the HHS Chief Executive
If no response is received within ten business days, it shall be taken as agreement with the proposed consultation timeframes.

3.4 Making minor amendments

3.4.1 If a directive custodian is seeking to make a minor amendment to an existing directive, they may seek written agreement from HHS CEs to circumvent the full consultation requirements of this standard. The directive custodian shall seek agreement that the proposed amendments:

- Are minor in nature
- Do not change the intent or requirements of the directive; and
- Do not require further consultation

3.4.2 If HHS CEs do not agree to the amendment, or do not agree that consultation is not required, the consultation processes described in this implementation standard shall progress.

3.5 Consulting on a draft health service directive

3.5.1 The directive custodian shall:

- Provide each HHS with a draft directive and, at a minimum, twenty (20) business days in which to provide feedback. The twenty day period commences from the conclusion of the ten days within which HHS CE confirmation is to be given. HHSs may negotiate a longer period of consultation if necessary
- Document all feedback and consultation activities
- Seek from each HHS a summary of their feedback suitable for publication on the internet

3.5.2 If no feedback is received within twenty business days or the negotiated period, it shall be recorded that the outcome of consultation was that no issues were raised.

3.6 Outcomes of consultation

3.6.1 The directive custodian shall provide each HHS CE with:

- the draft directive intended for submission to the chief executive
- the summaries of feedback intended for publication received from all HHSs
- an opportunity to confirm or amend feedback from their respective HHS prior to submission to the chief executive for publication on the health service directive internet site if the directive is approved.

3.6.2 The directive custodian shall provide a time frame of ten (10) business days for the HHSs to confirm or amend feedback.

3.6.3 If no feedback is received from a HHS, it shall be taken as confirmation of feedback.

3.7 Publication for transparency

3.7.1 Following completion of consultation, the directive custodian shall provide the directive registrar with a summary of feedback received from HHSs.

3.7.2 The directive registrar shall publish the summary of feedback on the health service directive internet site.
3.8 Responsibilities

3.8.1 The Chief Executive shall:

- ensure consultation with HHSs occurs when developing, reviewing or rescinding a directive

3.8.2 The Health Service Custodian shall:

- give consideration to the consultation burden being placed on HHSs
- produce a consultation plan and provide it to chief executive and HHSs
- request consultation contacts from HHSs
- for minor amendments, seek agreement from HHSs to do so without consultation
- provide HHSs with draft health service directives
- document consultation feedback
- provide consultation feedback summaries to the health service directive registrar for the purposes of publication

3.8.3 The Health Service Directive Registrar shall:

- publish consultation feedback summaries

4. Related documents

4.1 Policies and standards

- Health Service Directive Policy
- Health Service Directive Management Standard

4.2 Forms and templates

- Health Service Directive Consultation Plan Template

4.3 Legislation

- Hospital and Health Boards Act 2011

5. Definition of Terms

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<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Amend</td>
<td>To alter, fix or modify (a health service directive).</td>
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<tr>
<td>Chief Executive</td>
<td>Chief executive of the department administering the Hospital and Health Boards Act 2011.</td>
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<td>Consult/Consultation</td>
<td>In the context of this implementation standard, consultation refers to a “two-way” exchange including dialogue/discussion between the chief executive or delegate (e.g. health service directive custodian) and HHSs (e.g. CEO or board of directors or delegate).</td>
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<td>Term</td>
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<td>Health service directive</td>
<td>A health service directive issued by the chief executive to an HHS under s47 of the <em>Hospital and Health Boards Act 2011</em>. A Health service directive is a formal document that contains mandatory outcomes to be achieved by a HHS and may also contain required actions to be completed.</td>
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<td>Health service directive custodian (directive custodian)</td>
<td>Officer responsible to lead development of a health service directive and/or oversight implementation and review of an approved health service directive. Health service directive custodians are a position, not an individual and will at minimum be a Senior Officer (SO) or equivalent.</td>
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<td>Health service directive register</td>
<td>A single, centrally maintained catalogue or schedule of health service directives and associated critical and historical information. <em>(May use programs such as SharePoint or MS Access).</em></td>
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<tr>
<td>Hospital and Health Service (HHS)</td>
<td>The HHSs are statutory bodies and are the principal providers of public sector health services.</td>
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**Version Control**

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<tr>
<td>2</td>
<td>27/04/2015</td>
<td>Policy Rationalisation Project</td>
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