**LEGAL AND REGULATORY COMPLIANCE POLICY AND PROCEDURE**

**QHP104**

1. INTRODUCTION

There are numerous legal and regulatory requirements applicable to National Ambulance’s core business and supporting activities. Regulatory requirements have been issued by a range of authorities, at both an emirate and national level. National Ambulance (NA) is obliged to comply with these requirements.

The governing regulations that directly impact NA are federal based, covering the whole of the UAE and mandating certain legal requirements, which are sometimes subsequently further released as decrees.

The principal clinical regulatory authorities for NA are UAE Ministry of Health (MOH) and Health Authority Abu Dhabi (HAAD), and both of these authorities have issued numerous requirements which directly impact NA activities.

National Ambulance also has legal obligations arising from contracts. Specific legal advice has to be sought on individual contracts.

This policy sets out the method to identify the applicable legal and other requirements which apply to National Ambulance, their potential impact and compliance requirements, in addition to providing a current listing of such requirements.

This policy also recognizes the relevance of other requirements that are of a best practice, industry standard or guidance nature that NA may choose to follow to improve quality and safety of its services, or to prepare for possible future mandatory requirements.

This policy is in support of the “Risk Evaluation and Management” and the “Policies and Objectives” Management Components.

1. SCOPE

This policy applies to all NA activities, including emergency medical services in the Northern Emirates, contracts, and supporting activities including pharmacy functions, procurement, logistics, IT, fleet management, office activities, staff accommodation management, HR, finance, clinical education and credentialing, amongst others.

This document can be used to inform preparation or review of procedures and contracts, and to review the impact of changes to existing business services, processes, assets and other resources.

The evaluation of compliance activities are necessary aspects of corporate, clinical and QHSE including business continuity programs, and forms part of National Ambulance’s QHSE (including business continuity) management framework and system.

1. AIMs and OBJECTIVES

This aim of this policy is to provide a framework and process to enable National Ambulance to comply with mandatory legal requirements, and reasonably practicable non-mandatory requirements, through the following objectives:

1. Describe the method to identify legal and other requirements applicable to National Ambulance;
2. Identify the specific compliance requirements from mandatory regulatory instruments and the NA activities that they are relevant to; and
3. Identify requirements from non-mandatory standards and guidelines, or other legislation not currently applicable to NA that may assist future compliance.
4. roles and responsibilities

The following roles and responsibilities are defined for legal compliance activities:

**4.1 Chief Administrative Officer**

* Implementation of overall legal compliance policy and legal register;
* Allocation of competent staff and budget to enable periodic review and update of this policy;
* Ensure provision of external legal advice as required to review this policy and register, review contracts to provide ambulance services as deemed prudent, and advise on other legal compliance requirements as required;
* Ensure compliance reporting to external authorities/ regulator is duly carried out;
* Report significant legal risks and non-compliances to the Chief Executive Officer in a timely manner;
* Direct immediate actions to mitigate risks and impacts from unplanned significant legal non-compliances.

**4.2 Chief Medical Advisor**

* Identification of new clinical legal and other compliance requirements;
* Identification and immediate reporting of significant actual and potential non-compliances with clinical mandatory requirements to the Chief Administration Officer;
* Implementation of clinical requirements, including incorporating into the clinical policies and procedures and ensuring mandatory requirements are stated as such;
* Preparation of external compliance reports required by regulatory instruments, relating to clinical practices.

**4.3 Director of Performance & Evaluation**

* Communication of identified legal requirements to relevant parts of the organization;
* Implementation of QHSE and business continuity legal requirements including incorporating into the clinical policies and procedures and ensuring mandatory requirements are stated as such;
* Preparation of external compliance reports required by regulatory instruments, related to QHSE (including business continuity);
* Identification and reporting of significant actual and potential non-compliances with QHSE and business continuity mandatory requirements to the Chief Administration Officer; Scheduling and coordination of external legal reviews, as and when required;
* Monitoring and review of the implementation of this policy and the legal requirements;
* Periodic reporting to the Chief Administrative Officer on the outcomes of monitoring and review.

**4.4 All Staff**

* Implement and comply with all legal requirements relevant to their duty, unless doing so would cause or would be likely to cause injury, death, sickness, significant environmental harm, or significant property loss or cost to the business. Such a situation must be immediately reported to the staff line manager;
* Report to line manager and/ via the QHSE incident report procedure any actual or expected failure to comply with legal requirements relevant to their normal duties;
* Inform line manager or create QHSE incident report of any new legal requirements that come to their attention, not currently identified in the legal register, or errors with the current register.
* Assisting in data gathering for compliance reporting, and document keeping as may be required by mandatory standards, regulations, decrees or laws.

1. Legal Compliance policy and procedure

National Ambulance will identify new legal requirements through the following processes:

1. Notifications from all staff of new requirements relating to their practice or area of work, via QHSE incident reports or line management reporting;
2. Notifications from senior staff with designated responsibility for identifying new legal requirements pertaining to their area of responsibility (refer Section 4);
3. Liaison of senior staff and management with NA’s regulators – Health Authority Abu Dhabi and Ministry of Health, through meetings, correspondence and participation in industry forums;
4. Annual internal review of the legal compliance policy and legal register as part of the QHSE Management System. This will be achieved through online searches and reviews of the regulators’ websites;
5. Service contracts that oblige NA to provide ambulance services will be assessed by third party legal counsel at the discretion of the Chief Administrative Officer. The legal advice should include likely or potential failures to meet contractual clauses and conditions from either party to the contract, and the risks of such non-compliances.

New or updated mandatory and non-mandatory requirements will be added to QHP109 Legal Register or Legal Register – Requirements from Standards, Guidelines and Other Industry Best Practices (Annex A)

National Ambulance will maintain records of third-party legal advice received, and will consider and adopt it where appropriate.

This legal policy and procedure, including the QHP109 Legal Register, will be available to all staff via the e-Library as a controlled document. Compliance requirements will be addressed in policies, procedures, and other documents where appropriate. Staff will receive training in policies and procedures that apply to their duties, which address legal requirements.

Where a duty to report on compliance to an external authority arises in a regulatory instrument, the responsibility for data collation and preparation of the report will lie with the department mainly responsible for the activity being reported on, and must be submitted in good time to the Chief Administration Officer for review and submission.

Compliance with these requirements will be evaluated annually as per the Audit and Inspection Schedule.

1. LEGAL REGISTER

Mandatory legal requirements are listed in the QHP109 Legal Register. . The assignment within the register of “Responsible Department / Working Group” and “Named Subject Matter Expert” is an indication of the department and area of operations most likely to be affected, however, is not exhaustive list of requirements and may be subject to review/ reassignment outside of the review process for the Legal Register. The regulatory instruments highlighted in grey may contain further specific requirements.

Requirements from standards and guidelines of a non-mandatory nature are set out in Legal Register - Non-mandatory Standards, Guidelines and Best Practice (Annex B).

1. DOCUMENT CONTROL

**7.1 Review Policy**

This policy and procedure is subject to NA’s document control policy. Reviews will be carried out on a periodic basis aligned with NA’s management system reviews and at least on an annual basis, or otherwise as required in response to major external or internal changes or incidents. Examples of situations where a review would be carried out include: major organizational restructure, changes to company core business and functions, issue of new legislative requirements from NA’s regulators, or a major legal non-compliance.

This document ownership for editing is identified as:

* Chief Administrative Officer

**7.2 Change Brief**

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| **Version No.** | **Date** | **Changes** |
| 2 | Dec 2011 | * Inclusion of ISO 14001 and 18001 systems (version 2.0) |
| 3 | Aug 2012 | * Review of Legislation and update requirements table; Formatting and Document name and number change; Update of legislation to reflect current non-legislative requirement to follow EHSMS; |
| 4 | Aug 2013 | * Review of legislation and alignment with scope of services; |
| 5 | Jul 2014 | * Review of legislation and alignment with scope of services; |
| 6 | Jun 2015 | * Revision against scope of services, HAAD and MOH regulations and other authority requirements such as National Qualifications Authority and new information regarding Emiratisation; |
| 7 | Jan 2016 | * **Major revision** of Legal Compliance Policy and Procedure: Changed title to “Legal Compliance Policy and Procedure; Added specific objectives to support the policy aim; added detailed roles and responsibilities; added specific processes and mechanisms to achieve aim and objectives of identifying legal requirements; updated external review process; reformatted document. * **Major revision** of Legal Register - Mandatory Requirements (Annex A): Listed specific regulatory instruments, relevant clauses references, and requirements; identified likely areas of activity and responsibility for each mandatory requirements; listed new regulations/ standards/ laws not previously identified; * Minor revision of Legal Register – Non-mandatory Standards, Guidelines and Best Practice (Annex B): Formatting of table and text. |
| 8 | Aug 2017 | * Hierarchy of legal documentation updated * QHP109 Legal Register Reference. * Amended text for role of Director of Performance and Evaluation - Scheduling and coordination of external legal reviews, as and when required, and reflected as such in other sections |

Review and Approval:

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Wayne Wilkinson

Chief Administrative Officer

**ANNEX A - Requirements from Standards, Guidelines and Other Industry Best Practices**

|  | **Strategic Driver or Best Practice** | **Why Applicable** | **Sponsoring Entity** | **Relevant Guidance/Document/s** | **Relevance/Impact for  National Ambulance** |
| --- | --- | --- | --- | --- | --- |
| 1 | Abu Dhabi Economic Vision 2030 | Establishes a common framework for aligning all policies and plans that contribute to the ongoing development of the Emirate’s economy. It seeks to create significant opportunities for the local and international private sector in the Emirate of Abu Dhabi. | [Executive Council  of Abu Dhabi](http://gsec.abudhabi.ae/Sites/GSEC/Navigation/EN/root.html) | [Abu Dhabi Economic Vision 2030](file:///C:\Users\NZiegman\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\QHSE%20Management%20System\Reference\AD%20Economic%20Vision%202030) | Strategic Planning should align to Abu Dhabi Economic Vision 2030 |
| [Abu Dhabi Council for Economic Development](http://www.adced.ae/en/home/index.aspx) |
| 2 | Towards Innovation Policy in Abu Dhabi | Establishes a common framework for developing knowledge management and innovation across all AD Government Entities. | [Executive Council  of Abu Dhabi](http://gsec.abudhabi.ae/Sites/GSEC/Navigation/EN/root.html) | [Towards Innovation Policy in Abu Dhabi](http://gsec.abudhabi.ae/Sites/GSEC/Content/EN/PDF/innovation-report-pdf,property=pdf.pdf) | This provides a valuable resource to follow and implement within NA where one of its key strengths is the knowledge and expertise of its workforce. |
| 3 | Information and Data Security. | ADSIC Information Security Policy defines best practice and guidelines for protecting, storage and retention of information in accordance with: Article 24 of Federal Law No. (1) of 2006 concerning Electronic Transactions & Commerce,  Federal Law No. 2 of 2006 concerning Cyber Crimes, which establishes the definition of cyber-crimes & associated penalties; & conforms with the AD Govt. Policy Agenda 2007-2008 | N/A | Federal Law No. (1) of 2006 | ADSIC provide guidelines for achieving Information Security Standard and provide appropriate support and overview |
| 4 | JCI, ISO, OSHAS, and NCEMA Standards | National Ambulance wishes to achieve and maintain these standards throughout the organization and supports the reputation of the organization and the quality of services, and coordinates operates in a consistent way with other UAE emergency service providers | Joint Commission International (JCI) Standards ISO/OSHAS  NCEMA 7000:2015 | JCI, ISO, OSHAS and NCEMA Standards | Relevant to continuous quality improvement throughout the organization, supports the reputation of the organization, and maintains coordinated framework for UAE emergency services. |
| 5 | Review of Operations including contracts/policies/insurances etc. | To ensure compliance with contracts, quality, safety and reputation improvement | Stakeholders ISO/OSHAS  JCIA | Contracts for service provision  ISO/OSHAS Standards  JCIA Standards  UAE and Emirate Laws and Regulations | Meet requirements of contract ensure maintenance of best practice standards |
| 6 | Comply with AHA, (American Heart Association) National Qualifications Authority (NQA) and ACTVET (Abu Dhabi Centre for Vocational Education & training) requirements for development and delivery of clinical education | Regulatory Standards apply from November 2014 to attain National Qualifications or Nationally Recognized Qualifications | NQA | Federal Decree No. (1) 2014 to establish and maintain the NQA | No risk as HAAD accreditation currently sufficient, note ACTVET license mentioned in EPS tender, our license currently under renewal |