

OFFICIAL

SA Health

Guideline

Policy Governance

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Government
of South Australia

SA Health

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1. Name of guideline

Policy Governance Guideline.

2. Relationship to parent policy

The [Policy Governance Policy](#) is the parent policy to this [Policy Governance Guideline](#).

3. Guideline statement

SA Health's approach to managing policies and guidelines is outlined in the [SA Health Policy Framework](#) and is mandated through the [Policy Governance Policy](#). This guideline provides information and tools to assist SA Health staff to understand, and effectively implement the [Policy Governance Policy](#). It provides practical guidance about the system-wide SA Health policy development and management activities outlined in the policy.

4. Applicability

This Guideline applies to all employees and contractors of SA Health; that is all employees and contractors of the Department for Health and Wellbeing, Local Health Networks (including state-wide services aligned with those Networks¹) and SA Ambulance Service.

Wellbeing SA and the Commission on Excellence and Innovation in Health have also agreed to adopt this guideline, as relevant and applicable.

In this document any reference to 'SA Health' includes Attached Offices to the extent that they continue to exist and adopt this guideline.

5. Guideline details

The information below sets out the processes that support the development, approval, distribution and management of SA Health system-wide policies and guidelines, in line with the [Policy Governance Policy](#) and the [SA Health Policy Framework](#).

5.1. SA Health policy hierarchy

The [SA Health Policy Framework](#) organises system-wide policies and guidelines within a hierarchy which creates an order of precedence and supports a consistent understanding and approach to implementation. In practice this means that:

- > Documents at the top of the hierarchy always take precedence over any documents which are lower in the hierarchy, and
- > Documents lower in the hierarchy are always consistent with those documents higher in the hierarchy.

The Policy Framework is made up of two tiers: **policies** and **guidelines**. The difference between them relates to compliance. Compliance with **policies** is **mandatory**. Compliance with **guidelines** is **non-mandatory**.

Figure 1 provides an overview of where policies and guidelines sit in the context of the broader SA Health policy environment.

¹ 'Statewide services' includes Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

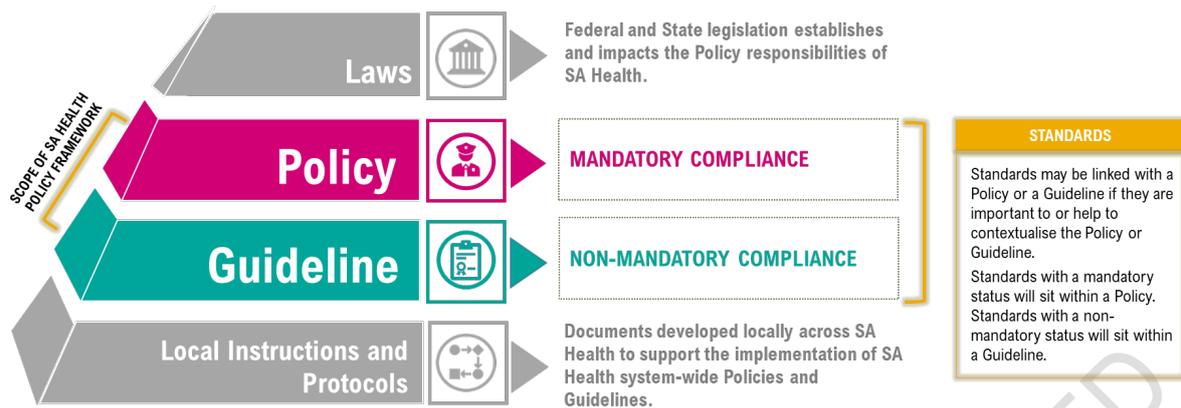


Figure 1: SA Health policy hierarchy

Table 1 defines the different types of documents within the hierarchy, and provides an example to illustrate the difference between them.

Table 1: SA Health policy hierarchy document types

Document	Description	Example
Policy	<ul style="list-style-type: none"> > A document that directs conduct and decision-making across SA Health and is aligned with the organisation’s legislative imperatives and strategic objectives. Includes clinical and corporate policies. Compliance with a policy is mandatory. > SA Health uses 2 types of policy: <ul style="list-style-type: none"> ○ A policy that is specific to SA Health, which sets out requirements for managing a policy matter across SA Health. ○ A policy that communicates that SA Health is adopting a state/national policy, position or other approach as a mandatory requirement for SA Health. > A policy may include a Mandatory Instruction to provide additional mandatory detail about how aspects of the policy should be implemented to support policy compliance. Approval must be given for a policy to include Mandatory Instruction. 	<ul style="list-style-type: none"> > The Policy Governance Policy outlines the mandatory requirements for developing and managing system-wide policies and guidelines across SA Health. > It describes the mandatory processes that must be followed when developing and managing policies and guidelines, and the associated approval processes. > All aspects of the policy must be complied with. It advises the reader to refer to the Policy Governance Guideline (this document) for best practice guidance on how to implement the policy effectively.
Guideline	<ul style="list-style-type: none"> > A best practice exemplar document that supports the implementation of a policy. > Compliance with a guideline is not mandatory, however as a best practice policy implementation exemplar, adaption or adoption of a guideline is encouraged. > A guideline may incorporate elements such as step-by-step guides, examples, templates, forms, quick reference guides etc. that will help SA Health staff implement the requirements of the policy. 	<ul style="list-style-type: none"> > The Policy Governance Guideline (this document) provides practical information and tools to assist staff across SA Health to understand and effectively implement Policy Governance Policy at the local level. > It provides, for example: <ul style="list-style-type: none"> ○ Guidance on writing a principles-based policy; ○ A process flow for the SA Health policy lifecycle; ○ Key considerations for each stage of the SA Health Policy Framework, and

Document	Description	Example
		<ul style="list-style-type: none"> ○ Links to templates and forms for use in the development of SA Health policies and guidelines.
Local Instructions and Protocols	<ul style="list-style-type: none"> > Documents developed locally by individual areas within SA Health to support the implementation of system-wide policies and guidelines. > These documents help to make sure the policy is implemented in a way that aligns with local contexts. 	<p>Local Instructions developed to support local implementation of the Policy Governance Policy might include, for example:</p> <ul style="list-style-type: none"> > An internal approval process an LHN will implement for any request the LHN may make to the Department for the development of a new system-wide policy; > An internal process the LHN will implement to monitor its compliance with system-wide policies, and > A template the LHN will use for satisfying a policy requirement, such as a form that is used for staff making a declaration or for collecting certain information from staff.

An SA Health policy or guideline may also reference a ‘**standard**’ to contextualise and support compliance with a policy or guideline. A Standard is a set of specifications and other information published to ensure services, systems or products are consistent, reliable, and safe. A Standard may be developed by SA Health or a third party (international, state, industry-based standards), and may or may not be mandatory.

5.2. Applicability of system-wide policies and guidelines

Unless otherwise stated, all SA Health policies and guidelines apply to all employees and contracted staff of SA Health; that is all employees and contracted staff of:

- > Department for Health and Wellbeing;
- > Local Health Networks;
- > All statewide services aligned with Local Health Networks including Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks, and
- > SA Ambulance Service.

In addition, Wellbeing SA and the Commission on Excellence and Innovation in Health (which are ‘Attached Offices’ under the *Health Care Act 2009*) have each signed a Memorandum of Agreement with the Minister for Health and Wellbeing to adopt SA Health policies and guidelines, as relevant and applicable. In practice this means that:

- > Unless otherwise stated, all SA Health policies and guidelines also apply to the Attached Offices;
- > The Attached Offices may choose not to adopt some SA Health policies and guidelines;
- > The Attached Offices may develop their own policies and guidelines;
- > It is important that the Attached Offices are consulted on the development, amendment and review of any SA Health policies and guidelines that may impact them, and
- > Any information about new, amended or rescinded policies and guidelines must be communicated with the Attached Offices to the extent that it is relevant.

The policy and guideline templates contain standard text detailing the general applicability principle above, however this may be modified if necessary to suit specific policies. For example, there may be

other specific groups that a policy also applies to such as volunteers or students, or a policy may only apply to particular groups such as medical practitioners or Governing Boards.

5.3. When is a system-wide policy needed?

SA Health's approach to policy development and management strikes a balance between setting the foundations for the way SA Health operates as a whole, and allowing individual services to operate locally in the most effective and relevant way. For this reason, in the policy development process, it is critical that careful consideration is given to whether a policy is actually required, or if there are other approaches that could be considered.

Whether a policy is needed depends on individual circumstances and the system-wide approach that may be determined by the Minister or Chief Executive of the Department. It should be made on a case-by-case basis, be underpinned by the right subject matter expertise, and be informed by the right engagement and consultation across the system. Table 2 below highlights some of the key factors to consider when determining if a system-wide policy is needed.

Table 2: Key factors in determining the need for a system-wide policy

Reasons to develop a system-wide Policy	Questions to ask when considering if a new policy is required
<ul style="list-style-type: none"> > To align the work of SA Health to new or amended government policy or legislation. > To codify a system-wide policy position or address a policy gap in a specific subject matter area. > To simplify and support a consistent system-wide understanding of complex and critical legislative or other obligations in a specific topic area. For example, public sector integrity. > To ensure system-wide equity and consistency on a topic or ways of working. > To support the SA Health system in meeting external compliance requirements. > To minimise or avoid ambiguity about matters of significance to the SA Health system. > To address significant issues and risks identified through reviews, audits, or inquiry processes. > To make it explicit that SA Health is adopting a state/national policy, position or other approach as a mandatory requirement for SA Health. 	<ul style="list-style-type: none"> > Could the matter be managed by amending an existing policy, without needing to develop an entirely new policy? > Could a mechanism such as a legislative Direction be used instead of a system-wide policy response (i.e. under the <i>Health Care Act 2008</i> or legislation such as the <i>South Australian Public Health Act 2011</i>)? > Is there an existing agreement in place that covers the field appropriately (e.g. National Partnership Agreement)? > Should an existing legislative requirement be left to speak for itself? Is there really a legitimate need to include the requirement in a policy response? > Is there an existing state/national policy, position or other approach that SA Health could adopt instead of developing a SA Health-specific policy on the matter?

5.4. Principles-based policy

SA Health takes a principles-based approach to the development of policy. This means:

- > It uses general principles to express the outcomes a policy is intended to achieve, and
- > It does not outline detailed, prescriptive rules and processes about how the policy must be met.

The advantages of a principles-based policy approach are that it:

- > Sets out the principles and mandatory requirements of a policy and gives flexibility to individual areas of SA Health to find the most efficient or innovative way of achieving the policy outcome at a local level;

- > Helps to make compliance with a policy easier because it is very clear what the policy is trying to achieve overall, and what the mandatory requirements of the policy are, and
- > Helps to increase the longevity of a policy because prescriptive rules and requirements are kept to a minimum.

5.5. Tips for writing a principles-based policy

- > Consider what ultimate outcome the policy is trying to achieve. This will be high level, and from the perspective of the SA Health system as a whole;
- > Determine the things that must happen, without exception, as a result of the policy. These will dictate the mandatory requirements of the policy;
- > Only set out in the policy 'what' is required in terms of mandatory requirements and not 'how' these are to be locally implemented;
- > Use a guideline to accompany the policy if it is necessary to provide more extensive guidance/advice/recommendation/tools to support best practice implementation of the policy;
- > If a policy involves more detailed mandatory requirements and there is a need to be specific about these to ensure system-wide compliance with requirements, a Mandatory Instruction may (if approved) be included as an appendix to the policy. Note however that a Mandatory Instruction will only be approved in limited circumstances where an additional level of detail is critical from a system-wide perspective;
- > Use clear and concise language to outline the mandatory requirements. Use terms such as 'must' and 'required to' to make it very clear what is required;
- > Avoid using terms such as 'may' and 'should' which may be perceived as meaning that something is optional, and
- > Consider how compliance with the policy will be demonstrated. This may assist with identifying or refining the mandatory requirements for the policy.

The '*How to determine where to place content when drafting an SA Health policy*' flowchart provided in **Appendix 1** is a useful resource authors can refer to when drafting a policy to assist with determining if particular information should be included in the policy itself, a mandatory instruction or guideline.

5.6. SA Health Policy Lifecycle

The [SA Health Policy Framework](#) outlines the SA Health Policy Lifecycle which applies to the development of all SA Health system-wide policies and guidelines. The Lifecycle is made up of four phases, as shown in Figure 2 below.

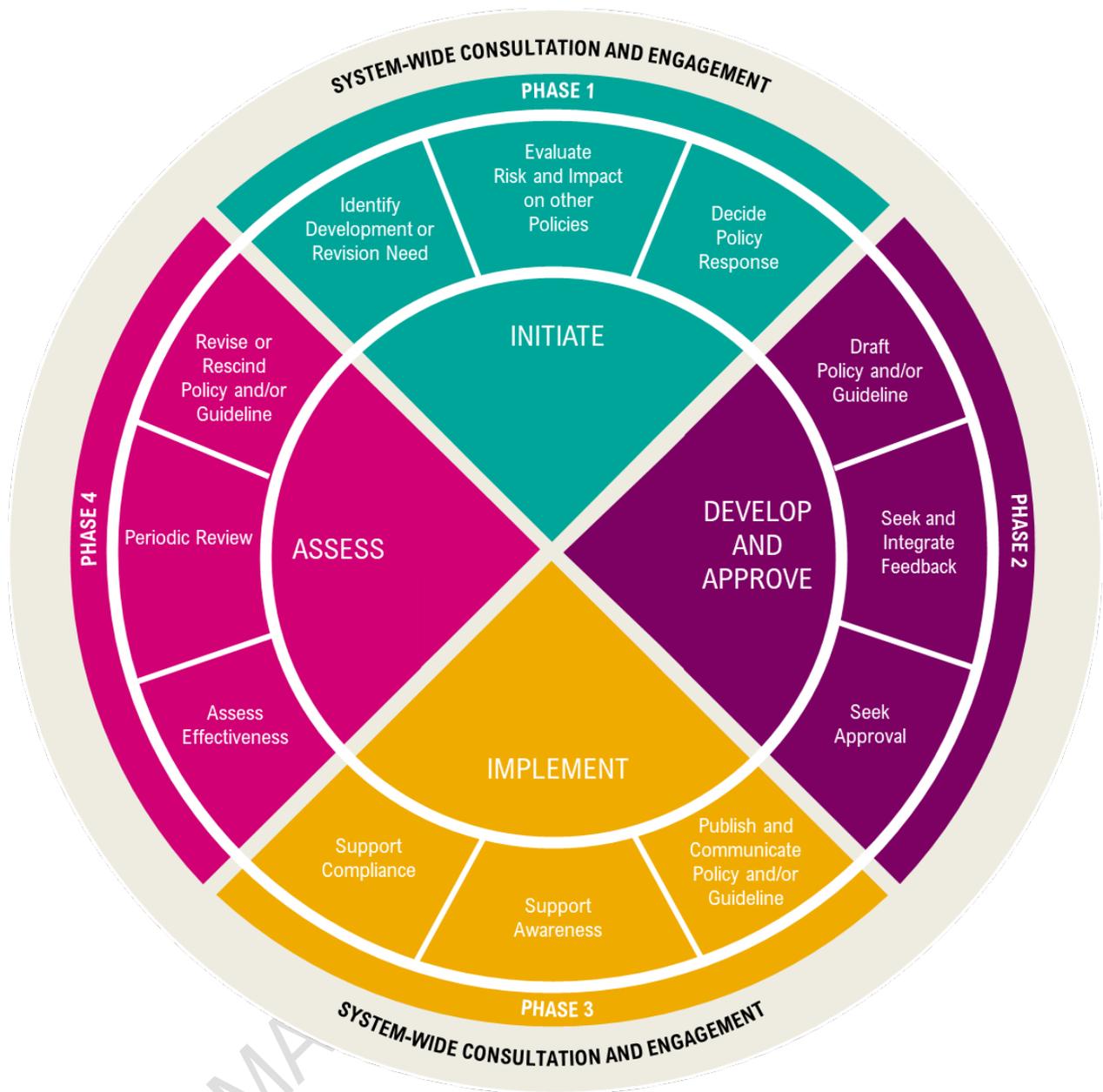


Figure 2: SA Health Policy Lifecycle

Each phase in the lifecycle has a series of steps that must be followed, and a set of approvals that must be obtained to progress to the next phase. Progression through the lifecycle typically occurs in a chronological order, however consideration of the broad lifecycle is encouraged at every phase. For example, implementation factors should be considered when a new policy or guideline is being initiated.

A description of the key tasks that should be undertaken in each of the four phases of the lifecycle, and key considerations for each phase, are provided as **Appendix 2: Detailed breakdown of SA Health Policy Lifecycle phases**.

A process flow that summarises the steps required to progress through each phase of the lifecycle, as well as the approval pathways and templates and forms to be used at each step, is provided as **Appendix 3: SA Health Policy Lifecycle Process Summary**.

5.7. Roles and responsibilities

Table 3 summarises the roles and responsibilities of the key parties involved in the development and management of system-wide policy and guidelines across SA Health.

Table 3: SA Health policy development and management roles and responsibilities

Role	Description	Responsibility
Policy author/manager	The staff member ² who undertakes the work required to develop or manage an SA Health system-wide policy or guideline.	<ul style="list-style-type: none"> > Initiates and oversees the phases required to develop or amend a policy or guideline. > Includes leading drafting, implementation, or review activities, and obtaining the necessary approvals.
Chief Policy Contacts	Each area of SA Health has a nominated central point of contact ('Chief Policy Contact') for the purposes of consultation and engagement on system-wide policy-related matters.	<ul style="list-style-type: none"> > Act as the central point for consultation and engagement for their area of SA Health on system-wide policy-related matters. > Identify the appropriate person/people within their area to provide advice or input on a particular policy or guideline-related matter.
Other stakeholders	<p>Staff of SA Health who are/may be affected by a policy or guideline issue. These stakeholders may be known, or will be nominated by the Chief Policy Contacts.</p> <p>This also includes any external stakeholders that need to be consulted on a policy or guideline issue e.g. unions, consumer alliance, other government agencies etc.</p>	<ul style="list-style-type: none"> > Contribute to consultation processes on proposed policy/guidelines and associated matters, where requested. > Provide feedback on the implementation of a policy/guideline, and raise any policy compliance issues.
Domain Custodian	The relevant Department for Health and Wellbeing Executive team member who is accountable for the day-to-day management and oversight of the Domain.	<ul style="list-style-type: none"> > Ensures the effective day-to-day operation and management of a nominated Policy Domain. > Considers and endorses a request relating to a policy or guideline that is being submitted to the relevant Executive Lead within the Department for approval. > Monitors, assesses and reviews policies and guidelines to ensure they remain up to date, fit for purpose and are effective.
Executive Director, Corporate Affairs	The SA Health Executive team member with responsibility for the effective and coordinated system-wide implementation and operation of the SA Health Policy Framework .	<ul style="list-style-type: none"> > Ensures that any policy or guideline related requests to an Executive Lead within the Department meet the requirements of the SA Health Policy Framework > Ensures and supports the effective implementation of, compliance with, and monitoring of the SA Health Policy Framework across the system.
SA Health Policy Advisory Panel	A Panel of SA Health representatives that supports effective implementation and operation of the SA Health Policy Framework.	<ul style="list-style-type: none"> > Provides strategic whole-of-system advice and decision-making about policy and guideline development and management and the operation of the Policy Framework as a whole. > Provides strategic advice, leadership and assurance over policy development and management when convened by the Executive Director, Corporate Affairs for that purpose.

² SA Health policies and guidelines are developed by the Department for Health and Wellbeing, with the exception of specific policies relating to children which are developed by the Women and Children's Health Network.

Role	Description	Responsibility
		> Considers and recommends the approval of a request.
Executive Lead	The relevant Executive Lead is the Executive position within the Department to whom a Domain Custodian reports. This will either be a Deputy Chief Executive, the Chief Psychiatrist, the Chief Digital Health Officer or the Chief Public Health Officer.	<ul style="list-style-type: none"> > Provides a final decision on any system-wide policy and guideline development-related matter that falls within his/her ambit of responsibility (i.e. safety and quality, governance etc). > Considers recommendations from a relevant Domain Custodian and/or the Executive Director Corporate Affairs/SA Health Policy Advisory Panel (when convened) when making a final decision about a policy/guideline-related matter.
Director, Legal and Legislative Policy	The position within the Department that has responsibility for managing the publication of SA Health policies and guidelines, and associated processes.	<ul style="list-style-type: none"> > Manages the publication of a new or amended policy/guideline, and the withdrawal of a rescinded policy/guideline on the intranet and internet. > Manages associated system-wide notifications about the publication/withdrawal of policies/guidelines.

5.8. Consultation and engagement

System-wide consultation and engagement is fundamental to the SA Health Policy Lifecycle. Key points to note are:

- > It is a requirement that appropriate consultation and engagement (at the right time and with the right people across SA Health and with external stakeholders where relevant) has been undertaken throughout the process to develop any system-wide policy or guideline. The exception to this is in the case of a policy that is communicating SA Health's adoption of a state/national policy, position or other approach, where stakeholder consultation may be deemed unnecessary;
- > Plans about who will be consulted, when they will be consulted and how, must be provided as part of the process for obtaining approval to develop or amend a policy or guideline;
- > A summary of the stakeholder consultation that has been undertaken and key feedback received must also be provided when seeking approval for the newly developed or amended policy;
- > The [Chief Policy Contacts](#) for each area of SA Health should be the first point of contact when consultation is required. This will then enable the most appropriate individual/s within each area of SA Health to be identified to provide input;
- > Consistent with SA Health's [Aboriginal Health Impact Statement Policy](#), which seeks to ensure that Aboriginal stakeholders are engaged in the decisions that affect their health and wellbeing, appropriate consideration must specifically be given to Aboriginal perspectives when developing and reviewing policy. This requires engagement with relevant Aboriginal stakeholders where necessary, and application of the Aboriginal Health Impact Statement assessment;
- > If any area of SA Health has any concerns about consultation or engagement on a policy or guideline-related matter, this should be raised with the Domain Custodian. The Domain Custodian is ultimately responsible for overseeing the relevant policy/guideline.

5.9. Approvals

The [SA Health Policy Framework](#) outlines the endorsement and approvals required to move a policy or guideline through key phases of the Policy Lifecycle, this is summarised in Table 4 below.

The table describes the key steps requiring **endorsement/approval** through the process only, and does not capture all steps.

Table 4: SA Health Policy Framework approvals

Policy Lifecycle Phase	Key Activity	Domain Custodian	Exec Director, Corporate Affairs (or Policy Advisory Panel)*	Exec Lead*
Phase 1: Initiate	Request to develop a new policy and/or guideline or make a material amendment# to an existing policy and/or guideline	E	R	A
	Request to make a non-material^ amendment to a policy and/or guideline	A		
Phase 2: Develop and Approve	Request approval of a new or materially amended# policy and/or associated guideline	E	R	A
	Request approval of a non-materially^ amended^ policy and/or associated guideline	A		
Phase 3: Implement	Request to upload/withdraw a policy/guideline on the SA Health intranet/internet by Corporate Affairs (once approval granted)	A		
	Transfer of a policy (and associated guideline if it exists) from one Policy Domain to another Policy Domain	A		
Phase 4: Assess	Request approval to rescind a policy/guideline (note: a guideline cannot exist without a parent policy)	E	R	A

Endorse (E) | Recommend (R) | Approve (A)

Notes:

* The Executive Director, Corporate Affairs may convene the Policy Advisory Panel as needed for advice on matters involving complexity and/or system wide impact or relating to effective implementation of the Policy Framework. In such case the Policy Advisory Panel will assume the same authority to make recommendations to an Executive Lead as the Executive Director, Corporate Affairs.

+ Executive Lead refers to a Deputy Chief Executive, the Chief Psychiatrist, the Chief Digital Health Officer or the Chief Public Health Officer. The relevant Executive Lead is the Executive position to whom the Domain Custodian reports.

^ Edits or other changes which do not impact the essential nature of a policy (and guideline if relevant) or its requirements.

Edits or other changes which have an impact on the nature of a policy (and guideline if relevant), what it requires, who it impacts across the system and/or implementation requirements.

5.10. Templates

Official templates and forms must be used for creating and managing SA Health policies and guidelines. The suite of templates and forms that must be used are summarised in Table 5 below.

Table 5: SA Health Policy and Guideline Templates

Activity	Template/Form
Drafting a new policy	<i>SA Health Policy Template</i>
Drafting a new guideline	<i>SA Health Guideline Template</i>
Seeking approval to develop or amend a policy or guideline	<i>Approval to develop or amend a policy or guideline form</i>
Seeking approval of a new or amended policy or guideline	<i>Approval of a new or amended policy or guideline form</i>
Requesting publication of an approved new or amended policy or guideline, or withdrawal of a policy or guideline that has been approved for rescission	<i>Policy upload or withdrawal form</i>
Seeking approval to rescind a policy or guideline	<i>Approval to rescind a policy or guideline form</i>
Seeking approval to transfer responsibility for a policy or guideline to a new Policy Domain	<i>Transfer of a policy/guideline between Domains form</i>

Templates | Additional Notes

- > Templates have instructions embedded within them to help staff with drafting;
- > Templates must not be modified, and staff are required to always access templates from the intranet to ensure that the most current version of a template is being used;
- > There are different [SA Health Policy Templates](#) that must be used for the two different types of SA Health policy:
 - SA Health Policy Template (SA Health specific)
 - SA Health Policy Template (Adoption of state/national policy, position or other approach);
- > An exemplar SA Health specific system-wide policy can be found [here](#);
- > An exemplar SA Health system-wide guideline can be found [here](#), and
- > These exemplars are intended to provide a general guidance to staff when developing or updating policy and/or guideline documents. Any queries or concerns relating to the templates listed above should be raised with the Corporate Affairs Branch within the Department via Health.PolicyFramework@sa.gov.au

5.11. Amending a policy or guideline

Amendments to policies or guidelines are managed through the same process for developing a new policy or guideline. This ensures there is appropriate consultation on any proposed changes to a policy or guideline, and that any changes, whether minor or significant, are approved through the appropriate channel.

The approval process to amend a policy or guideline varies depending on whether the required amendments are material or non-material. It is therefore important to establish the nature of any proposed amendments. The table below provides examples of the different amendment types.

Table 6: Types of amendments

Activity	Description	Examples
Material amendment	Edits or other changes which have an impact on the nature of a policy (and guideline if relevant), what it requires, who it impacts across the system and/or implementation requirements.	<ul style="list-style-type: none"> > Changes to the scope or principles of a policy to reflect legislative or other change. > Changes to mandatory elements of the policy. Examples include roles and responsibilities, reporting obligations, implementation requirements etc.
Non-material amendment	Edits or other changes which do not impact the essential nature of a policy (and guideline if relevant) or its requirements.	<ul style="list-style-type: none"> > Correction of typographical or other errors. > Minor update to content of policy or supporting guideline.

The approval processes required to seek approval to amend a policy or guideline, whether the amendment is material or non-material, are set out in *Table 4: SA Health Policy Framework Approvals*.

5.12. Publication and notifications

- > All approved SA Health policies and guidelines (new or amended) are published on the intranet and on the SA Health website. The exception to this is where a policy or guideline contains sensitive or contentious information that is not for public disclosure, and approval is given for it to be published on the intranet only;
- > Publication of a policy or guideline is initiated by the policy author/manager as part of completion of the [Approval of a new or amended policy or guideline form](#). The form includes specific provision for the approver to confirm that the policy or guideline is approved for publication and, where relevant, to specify any conditions that must be met before the policy or guideline is published;
- > Prior to publication, a policy or guideline must be given an ISBN to identify the approved document;
- > The ISBN must be sourced from the SA Health Library via health.library@sa.gov.au. The [SA Health Policy Framework Quick Reference Guide](#) is a useful resource which includes detail about when an ISBN is required;
- > The [SA Health Policy Framework](#) requires that all SA Health staff are notified via a [Policy Update](#) of:
 - New system-wide policies and guidelines and their commencement date.
 - Significant amendments to existing policies and guidelines.
 - Policies and guidelines that have been rescinded.
- > Ensuring there is timely communication across SA Health is the responsibility of Corporate Affairs within the Department. This involves developing email and other correspondence to support appropriate system-wide communication, and
- > In addition to this, if it is decided that there needs to be any additional targeted communication to a particular group or groups across SA Health about a policy or guideline, it is the responsibility of the policy author/manager to do this.

5.13. Review of a policy or guideline

The implementation of SA Health policies and guidelines should be continuously assessed to determine if there are compliance issues, inefficiencies or gaps that need to be addressed.

Consistent with this, the [SA Health Policy Framework](#) outlines the requirements for the periodic review of a policy or guideline. In summary these are:

- > Domain Custodians may initiate a review of a policy/guideline in their Policy Domain at any time to support legislative, operational or other environmental changes. At a minimum, it will be the responsibility of each Domain Custodian to establish a review cycle for all policies and guidelines in their nominated Domain/s;
- > New policies or guidelines to be reviewed within 12 months from the date of approval, and
- > All other policies to be reviewed at least every five years after the first year of operation.

There are **three possible outcomes** of a policy/guideline review:

Table 7: Outcomes of a policy/guideline

Outcome	Action required
No change required to the policy/guideline.	Determine new review date for policy/guideline.
Revision required to be made to the policy/guideline to address a gap, improve its efficacy, improve its accuracy or incorporate new or updated information.	Seek approval to make an amendment to the policy/guideline, following the process flow and approval pathway illustrated in <i>Appendix 3: SA Health Policy Lifecycle Process Summary</i> .
Policy/guideline to be rescinded if it is determined that it has become obsolete (refer below for further information).	Seek approval to rescind policy/guideline, following the process flow and approval pathway illustrated in <i>Appendix 3: SA Health Policy Lifecycle Process Summary</i> .

5.14. Policy compliance

Once a system-wide policy is approved and published it is binding and must be implemented at the local level by those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment.

Domain Custodians will provide assistance and advice as required in relation to the local implementation of a policy that sits within their Policy Domain. They will also consider and work towards establishing systems, as necessary to demonstrate compliance with a policy, in accordance with the requirements of the [System-wide Integrated Compliance Policy](#).

If non-compliance with a policy is identified, it should be reported to the Domain Custodian for the policy, and the Domain Custodian for the Risk, Compliance and Audit Policy Domain to consider the issues and risks and determine whether remediation is required. If necessary, the Domain Custodian/s may be referred to the SA Health Policy Advisory Panel and/or the relevant Executive Lead for a decision.

5.15. Rescinding a policy or guideline

All policies and guidelines will remain active until formally rescinded, irrespective of the prescribed review date. Possible reasons why a policy or guideline may be rescinded include:

- > A new policy or guideline is developed that replaces the original policy or guideline;
- > The policy or guideline is consolidated with another policy or guideline to make it more effective, and
- > There is no longer a need for a policy or guideline, due to a change of legislation, operational policy etc.

If a policy or guideline becomes obsolete (there is no longer a need for it), approval must be requested to rescind it using the [Approval to rescind a policy or guideline form](#). If the request is approved, the policy or guideline will be removed from the SA Health intranet and SA Health website (if relevant) by the SA Health Legal and Legislative Policy Unit. A communication will also be issued across SA Health via a [Policy Update](#) to advise that the policy or guideline is no longer active.

5.16. Transferring a policy or guideline to a new Domain

There may be instances where it is necessary for a policy and its associated guideline (if one exists) to be transferred from one Policy Domain to another. This means that the overarching responsibility for the policy/guideline also moves from one Domain Custodian to another.

Instances where a transfer may be necessary include where:

- > There is a change to the SA Health Policy Domain structure (i.e. the addition of a new Domain, or removal of an existing Domain) which requires realignment of some policies/guidelines to a new Domain;
- > A decision is made to group together certain congruent policies/guidelines under the same Policy Domain that individually may have initially been aligned to several different Policy Domains, and
- > A policy/guideline could arguably (due to its scope and the issues it deals with) be aligned with one or more Domains, and a decision is taken over time that the policy/guideline more logically sits under a different Domain to the one that it is currently aligned with.

Where the need to transfer a policy/guideline between Domains is identified, approval to initiate a transfer must be sought using the [Transfer of a policy/guideline between Domains form](#). A separate form should be completed for each policy that is being transferred. Approval for the transfer must be given by both the existing Domain Custodian for the policy/guideline, and the Domain Custodian of the Domain it is proposed the policy/guideline will transfer to.

6. Supporting information

- > [SA Health Policy Framework Snapshot](#) (for SA Health internal use only)
- > [SA Health Policy Framework Quick Reference Guide](#) (for SA Health internal use only)

7. Definitions

- > **Guideline:** a best practice exemplar document that supports the implementation of a policy. Compliance with a guideline is not mandatory, however as a best practice policy implementation exemplar, adaption or adoption of a guideline is encouraged.
- > **Policy:** a document that directs conduct and decision-making across SA Health and is aligned with the organisation's legislative imperatives and strategic objectives. Includes clinical and corporate policies. Compliance with a policy is mandatory.
- > **SA Health Policy Framework:** the document that sets out the structure and approach for the development and management of system-wide policy across SA Health. It describes the structure and processes in place to support the development, approval, distribution and management of all SA Health system-wide policies and guidelines.

8. Document ownership

Guideline owner: Executive Director, Corporate Affairs as Domain Custodian for the Legal and Corporate Governance Policy Domain

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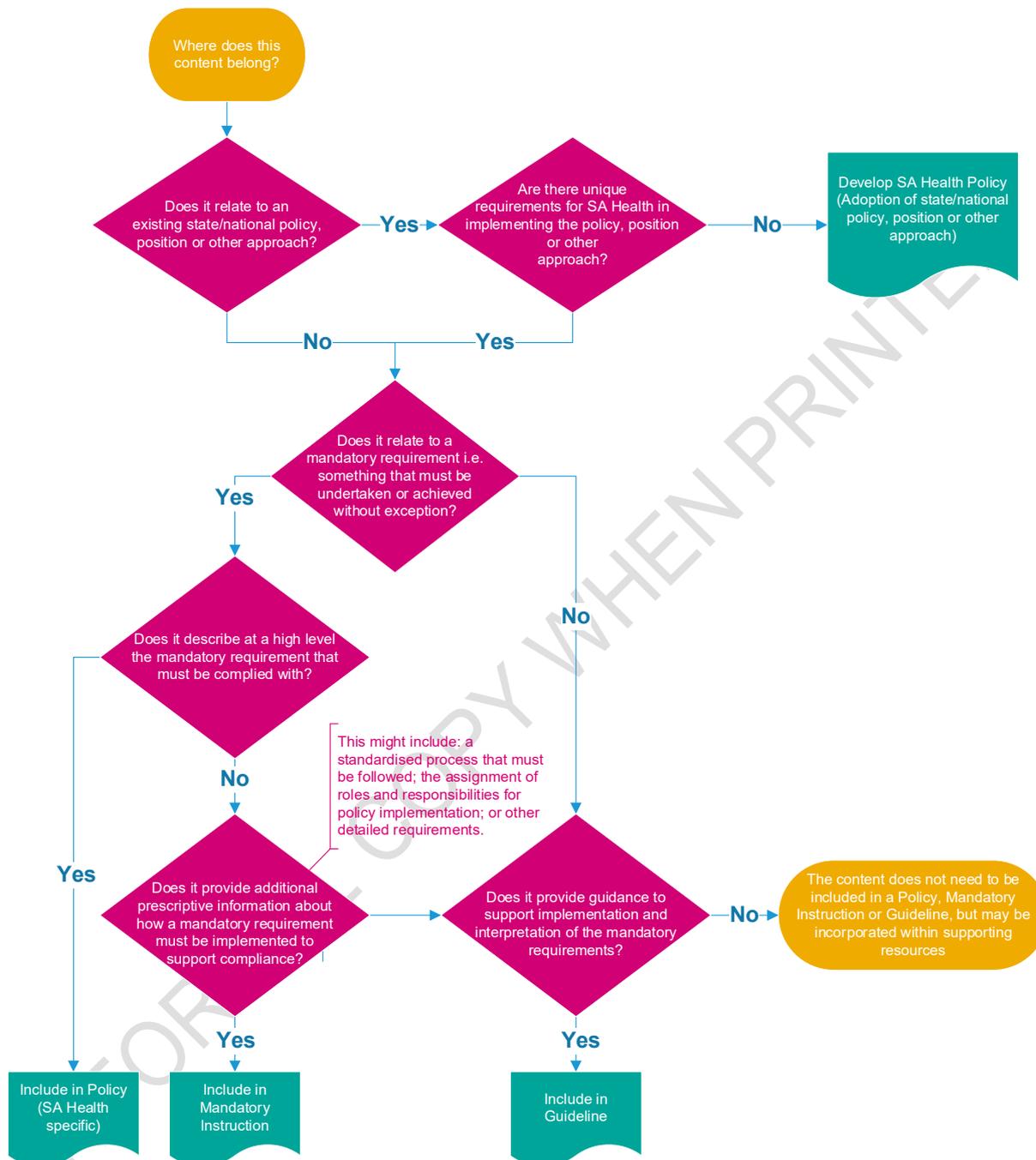
9. Document history

Version	Date approved	Approved by	Amendment notes
1.0	01/02/21	Executive Director, Corporate Affairs	N/A
2.0	04/05/2021	Executive Director, Corporate Affairs	Updated to align with amendments to Guideline template; change references to 'Mandatory Procedure' to 'Mandatory Instruction' and streamline 'SA Health Policy Framework Approvals' table (Table 4)
3.0	25/08/2021	Executive Director, Corporate Affairs	Updated to include: reference to Aboriginal Health Impact Statement Policy requirements; explanation of the 2 types of SA Health policy; information about policy/guideline applicability, and the process to transfer a policy/guideline between Domains; inclusion of new Appendix 1 (drafting flowchart); updated information about compliance.

10. Appendices

1. *How to determine where to place content when drafting an SA Health policy flowchart*
2. *Detailed breakdown of SA Health Policy Lifecycle Phases*
3. *SA Health Policy Lifecycle Process Summary*

Appendix 1: How to determine where to place content when drafting an SA Health policy



Document types

Policy | a document that directs conduct and decision-making (by setting mandatory requirements) across SA Health and is aligned with the organisation's legislative imperatives and strategic objectives. Includes clinical and corporate policies. Compliance with a policy is mandatory. There are 2 types of policy:

- A policy that is SA Health specific, which sets out requirements for managing a policy matter across SA Health.
- A policy that communicates SA Health's adoption of a state/national policy, position or other approach as a mandatory requirement for SA Health.

Mandatory Instruction | an optional part of a policy that provides additional detail about how aspects of the policy must be implemented to support policy compliance. Inclusion of a Mandatory Instruction within a policy is by exception only, and requires specific approval. Compliance with a Mandatory Instruction is mandatory.

Guideline | a best practice exemplar document that supports the implementation of a policy. Compliance with a guideline is not mandatory, however as a best practice policy implementation exemplar, adaption or adoption is encouraged. A Guideline must be associated with a Policy, and cannot exist in isolation.

Appendix 2: Detailed breakdown of SA Health Policy Lifecycle phases

The tables below provide additional information about the four phases of the policy management lifecycle, together with key questions and issues for consideration in relation to each phase. It should be noted that some of the steps in the Lifecycle may not apply, or may be truncated, for policies that are the adoption of a state/national policy, position or other approach. For example, stakeholder consultation may not be considered necessary.

		<h3>Phase 1: Initiate</h3> <p>This phase involves considering whether a new policy or guideline is needed to address a particular issue/need and any associated risks or impacts.</p>	
No	Sub-phase	Description	Questions or issues to consider
1.1	Identify development or revision need	<ul style="list-style-type: none"> > Identify the issue/need that needs to be addressed through a policy response. > Consult with stakeholders to understand the extent of the issue/need, how it is currently being addressed, and other key factors for consideration. > Identify and consult with the relevant Domain Custodian regarding the potential need to develop a new policy/guideline or amend an existing policy/guideline to address the identified issue/need. > Consider the requirements for initiating a policy development process to ensure all processes are met, including early engagement and consultation on the need for a policy response. 	<ul style="list-style-type: none"> > Is a new policy/guideline needed? Why? What are the triggers? > Is there an opportunity to amend an existing policy/guideline to address the issue/need rather than developing a new policy/guideline? > Is there an opportunity for SA Health to consider adopting a state/national policy, position or other approach as a mandatory requirement for SA Health, instead of developing a new SA Health-specific policy? > Will a new policy/guideline or amendment to an existing policy/guideline assist to address the issue/need and drive the desired outcome? > Does the issue/need meet the SA Health definition/requirements of a policy or guideline, or could it be addressed via another means (i.e. a local instruction etc)? > What are the consequences for SA Health if a policy/guideline is not developed/amended to address the issue/need? > If an amendment to an existing policy/guideline is being considered, is the amendment 'material' or 'non-material' (i.e. does it affect the policy/guideline in a fundamental way or is it more minor in nature?)

			<ul style="list-style-type: none"> > Who will be the primary audience for the new/amended policy/guideline and who is likely to be most impacted by it? > Who needs to be consulted to assist in determining whether a new policy/guideline or amendment to an existing policy/guideline is required? Consider stakeholders across all parts of the SA Health system as well as any relevant external stakeholders. > Does specific consideration need to be given to Aboriginal perspectives on the proposed policy or guideline, consistent with Aboriginal Health Impact Statement Policy requirements? > Which Policy Domain does the issue/need align with? > Who is the Domain Custodian for the policy area the issue/need relates to? > What is the preliminary view of the Domain Custodian (or delegate) about the issue/need a policy is being proposed for?
1.2	Evaluate risk and impact on other policies	<ul style="list-style-type: none"> > Determine who in SA Health will be impacted by the proposed new/amended policy/guideline. > Determine whether the proposed new/amended policy/guideline will impact on other existing SA Health policies or processes. > Evaluate the risk to SA Health of not having a policy/guideline regarding the issue in place. 	<ul style="list-style-type: none"> > If a new/amended policy/guideline is put in place, what system-wide impacts need to be considered? > What are the risks/impacts for the SA Health system if a policy/guideline is not developed/amended to address the issue? > Who needs to be consulted to assist in determining the risk and impact of the proposed new/amended policy/guideline on other policies? > Is there a need to seek legal advice regarding the policy/guideline scope and requirements? > How quickly is a policy response required?
1.3	Decide policy response	<ul style="list-style-type: none"> > Determine the best course of action to address the issue: <ul style="list-style-type: none"> ○ develop a new policy ○ amend an existing policy ○ develop a guideline for an existing parent policy ○ amend an existing guideline for a parent policy ○ adopt an existing state/national policy, position 	<ul style="list-style-type: none"> > What form needs to be completed to seek approval to develop/amend a policy/guideline? > What are the key steps to be followed to initiate, develop, and seek approval for a new/amended policy/guideline?

		<p>or other approach as a mandatory requirement for SA Health</p> <ul style="list-style-type: none"> ○ resolve issue through alternative means. <p>> Identify who needs to endorse/approve the proposal to proceed with the development/amendment of a policy/guideline as per governance arrangements.</p> <p>> Seek the necessary approval to proceed with the development/amendment of a policy or guideline in line with governance arrangements</p>	
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Phase 2: Develop and Approve

This phase involves developing a policy or guideline and having it approved for release and implementation. This includes: early engagement to inform the content of the policy/guideline, appropriate consultation on any draft developed, and navigation of approval and governance processes to have the policy/guideline approved for final release.

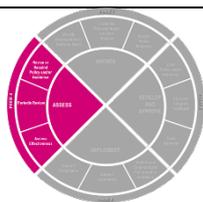
No	Sub-phase	Description	Questions or issues to consider
2.1	Draft policy and/or guideline	<ul style="list-style-type: none"> > Appoint policy owner or team to take responsibility for drafting the policy/guideline. > Prepare draft new/amended policy/guideline using the official approved template. > Identify key stakeholders and seek their input into the drafting of the policy/guideline. > Undertake research and seek expert advice as required to inform the drafting process. 	<ul style="list-style-type: none"> > What template is required to be used for a new policy/guideline? > Who is responsible for drafting the policy/guideline? What level of expertise is required? > Who will be the primary audience for the policy/guideline? > Which SA Health stakeholders should be consulted in the drafting process to ensure their input is considered early? Who would expect to be consulted? > Is there a need to seek legal advice regarding scope and specific requirements? > Will the policy need to incorporate a Mandatory Instruction? (Note: inclusion of a Mandatory Instruction will need to be specifically approved as part of the overall policy development / amendment approval process and will only be granted in limited circumstances when an additional level of

			<p>detail is critical from a system-wide perspective).</p> <ul style="list-style-type: none"> > Are there particular areas of SA Health that need to be consulted early from a practicality perspective? e.g. Finance, ICT, HR? > Are there any external stakeholders or subject matter experts that need to be engaged or consulted when drafting the policy/guideline? > What is the evidence base that informs the draft policy/guideline? > Are there any policies/guidelines that address the same or similar issue that have been developed by another department/jurisdiction/sector, and/or other publicly available information that could inform the drafting process?
2.2	Seek and integrate feedback	<ul style="list-style-type: none"> > Invite stakeholders to provide comment on the new/amended draft policy/guideline. > Record all stakeholder feedback. > Integrate any stakeholder feedback and refine draft policy/guideline. 	<ul style="list-style-type: none"> > Which SA Health stakeholders need to be consulted about the draft policy/guideline? Who would expect to be consulted? Will any areas be surprised when the policy/guideline is published if they have not been consulted? > Does specific feedback on the draft policy/guideline need to be obtained from an Aboriginal perspective, consistent with Aboriginal Health Impact Statement Policy requirements? > Are there any external stakeholders to be consulted on the policy/guideline? i.e. unions, consumer alliance, other government agencies etc. > What is the most effective way to consult with identified stakeholders about the draft policy/guideline? > How much time is required to enable an appropriate and reasonable degree of consultation to be undertaken? > Is a second consultation process required to confirm any changes made to address stakeholder feedback before the draft is finalised? > Is it important/helpful to provide stakeholders with a response to their

			feedback to demonstrate how their views have been considered/addressed?
2.3	Seek approval	<ul style="list-style-type: none"> > Seek approval to publish the new/amended policy/guideline in line with the governance arrangements. > Amend policy/guideline if required to address any feedback, undertaking additional consultation if required. 	<ul style="list-style-type: none"> > What is the process for seeking approval of a new/amended policy/guideline? > Have all policy/guideline process requirements been met? > What are the timeframes for submission? > What form needs to be completed when submitting a new/revised policy/guideline for approval? > What information is important for approvers to know about the policy/guideline when considering its approval approving? e.g. the breadth and extent of research/consultation undertaken. > If stakeholder consultation is required on any amendments, are all stakeholders required to be consulted, or can this be targeted through consultation with stakeholders who will be most impacted?

		<h2 style="margin: 0;">Phase 3: Implement</h2> <p style="margin: 0;">This phase involves publishing and communicating a new policy or guideline, making sure its intent, purpose and requirements are well understood and that expectations for compliance are understood.</p>	
No	Sub-phase	Description	Questions or issues to consider
3.1	Publish and communicate policy and/or guideline	<ul style="list-style-type: none"> > Publish the policy/guideline on the intranet and the SA Health website, unless it is determined that a policy/guideline is not suitable for public disclosure. > Communicate with stakeholders about the new/amended policy/guideline via standard mechanisms. > Educate stakeholders about the new/amended policy/guideline through the provision of relevant supports. 	<ul style="list-style-type: none"> > Does the policy/guideline contain sensitive or contentious information that makes it unsuitable for public disclosure on the SA Health website? > Who needs to receive information about the policy/guideline across the SA Health system? (i.e. at a minimum, the Chief Policy Contacts across SA Health or other leads identified by the Policy Contacts). > What is the most effective mechanism/s to communicate with stakeholders who need to know about the policy/guideline, in addition to standard communication mechanisms?

			<ul style="list-style-type: none"> > Are there any potential barriers to the successful communication and implementation of the policy/guideline?
3.2	Support awareness	<ul style="list-style-type: none"> > Develop policy/guideline implementation and distribution Plans. > Consider how to support staff awareness and implementation of the new/amended policy/guideline. > Plan and prepare to support implementation of the new/amended policy/guideline. 	<ul style="list-style-type: none"> > Is there a need to provide information sessions, training or other support to stakeholders impacted by the new or amended policy/guideline? > Is there a need to create or update associated documents or other tools to facilitate implementation of the policy/guideline? (i.e. training material, forms, templates, intranet information). > What resources will be required to distribute and implement the policy/guideline? > Are there other policies/guidelines required to be developed/amended to support implementation of the policy/guideline? > What support needs to be in place, and what other actions need to occur before the policy/guideline can be published and communicated? > Who will be responsible for distributing and communicating about the policy/guideline?
3.3	Support Compliance	<ul style="list-style-type: none"> > Provide information and advice as required about how to achieve policy compliance at local level. > Consider, and where necessary establish systems to assist with demonstrating local level compliance with the policy, in accordance with the requirements of the System-wide Integrated Compliance Policy. > Address any identified compliance issues. 	<ul style="list-style-type: none"> > Do staff understand what they must do to comply with the policy? > Is there a need to provide additional communication, education and/or support to ensure staff know what they must do to comply with the policy? > Does advice need to be sought from Risk, Assurance & Integrity Services about policy compliance approaches? > Are there any instances where it would be reasonable for there to be an exception granted for the policy/guideline to be complied with?



Phase 4: Assess

This phase involves ongoing monitoring, assessment and review of SA Health system-wide policies and guidelines to ensure they remain up to date, fit for purpose and are effective in achieving their aims.

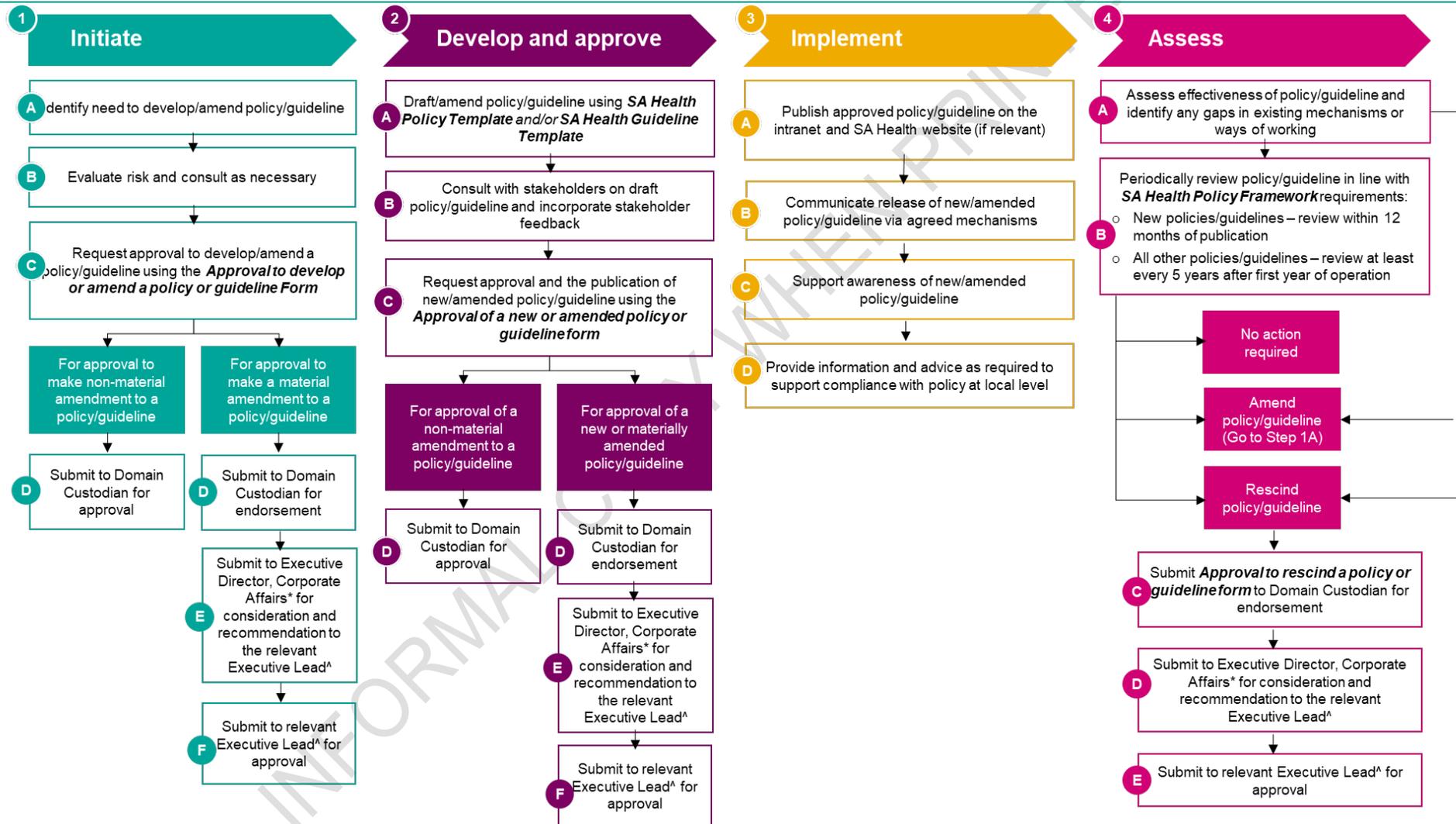
No	Sub-phase	Description	Questions or issues to consider
4.1	Assess effectiveness	<ul style="list-style-type: none"> > Assess policy/guideline awareness and identify any gaps in existing mechanisms or ways of working. > Identify any non-compliance and strategies to resolve this. 	<ul style="list-style-type: none"> > Is the policy/guideline achieving what was intended? > How do staff feel about the policy, how easy it is to implement, and its overall effectiveness? > Are there examples where non-compliance has occurred which indicate a need to change the policy or associated processes?
4.2	Periodic review	<ul style="list-style-type: none"> > Initiate a review of the policy/guideline. > Confirm the scope and intent of the review. > Request feedback on the policy from a range of users across the SA Health system to determine its level of use and effectiveness. 	<ul style="list-style-type: none"> > What aspect/s of the policy/guideline should be reviewed? Examples may include the policy's currency, relevancy, scope, adoption, effectiveness? > What method can be utilised to assess each of the different aspects for review? > Who will lead the review? Is a review team required, or will it be undertaken by one person in consultation with stakeholders? > Which stakeholders should be involved in the review? Who are the main users of the policy/guideline? How can their views best be captured? What other perspectives, besides the users of the policy/guideline, should be considered in the review? Is it necessary to obtain an Aboriginal perspective, consistent with Aboriginal Health Impact Statement Policy requirements?
4.3	Revise or rescind policy and or/guideline	<ul style="list-style-type: none"> > Revise or rescind a policy/guideline based on the outcome of a periodic review. > Seek endorsement/approval for a policy/guideline to be rescinded in line with the governance arrangements. 	<ul style="list-style-type: none"> > What is the evidence for a decision to revise/rescind a policy/guideline? > What process is required to be followed to seek approval to revise or rescind a policy/guideline? This must include consideration of any system-wide engagement and consultation required to ensure proposed revocation is identified across the system and any impacts similarly identified and addressed.

			<ul style="list-style-type: none"> > What steps need to be taken to communicate the rescission of a policy/guideline to stakeholders? > What steps needs to be taken to rescind a policy/guideline?
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Appendix 3: SA Health Policy Lifecycle Process Summary

SA Health Policy Lifecycle | Process Summary



Notes:

*Executive Director, Corporate Affairs - may convene the SA Health Policy Advisory Panel where necessary to undertake this step

[^]Executive Lead - refers to a Deputy Chief Executive, the Chief Psychiatrist, the Chief Digital Health Officer or the Chief Public Health Officer. The relevant Executive Lead is the Executive position to whom the Domain Custodian reports.

Material amendments – refers to edits or other changes which have an impact on the nature of a policy/guideline, what it requires, who it impacts across the system and/or implementation requirements

Non-material amendment – refers to minor edits or other changes which do not impact the essential nature of a policy/guideline or its requirements.