SA Health

SA Health
Policy Framework

Version 4.0

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Government
of South Australia

SA Health

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1. Introduction

We are committed to achieving our purpose of South Australians experiencing the best health in Australia. Establishing ways of working which promote a cohesive approach to the delivery of high-quality services no matter where a person may live, is fundamental to that purpose. This *SA Health Policy Framework* (this Policy Framework) makes an important contribution towards this.

This Policy Framework sets out the structure and approach for the development and management of system-wide policy across our public health system.

1.1. Purpose

The purpose of this Policy Framework is to:

> Provide a structured and consistent approach to the development of principles-based system-wide policies and guidelines across SA Health;

> Drive consistency and focus about the appropriate use of system-wide policies and guidelines to support the more effective operation of our public health system;

> Establish strong governance and accountability through clarity of roles and responsibilities to reduce organisational risk, and

> Set out the way that system-wide policies and guidelines will be managed to ensure consistency of approach, ease of access and rigour around monitoring and review.

1.2. Scope

This Policy Framework describes the structure and processes in place to support the development, approval, distribution and management of all SA Health system-wide **corporate policies** and **guidelines**, and **clinical policies**.

Clinical Guidelines, including Clinical Practice Guidelines which provide guidance for clinicians in the delivery of care are however exempt from the Policy Framework due to their specialised nature.

This Policy Framework does not extend to operating instructions, processes, procedures, and other documents that may be developed by SA Health entities to support the local translation and operationalisation of an SA Health system-wide policy. However, this Policy Framework establishes a consistent approach to policy development and management at a system-wide level which is intended to support local implementation.

1.3. Applicability

This Policy Framework, and unless otherwise stated, all SA Health policies 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

> SA Ambulance Service.

Wellbeing SA and the Commission on Excellence and Innovation in Health are 'Attached Offices' which are separate Administrative Offices established under the *Public Sector Act 2009* with their own Chief Executives. As at the date of this Framework and by way of separate Memorandums of Agreement between the Attached Offices and the Minister for Health and Wellbeing, the two Attached Offices have agreed to adopt SA Health system-wide policies and guidelines, as relevant and applicable. While this is the case, the Attached

Offices may choose to develop their own policies over time, as appropriate, or adopt a combination of both SA Health system-wide policies and their own policies. SA Health and Attached Offices will consult with each other on the development of new policies which are relevant to, or may impact on each other.

In this document:

- LHNs, statewide services and SAAS are referred to collectively as 'Health Services'.
- Health Services and the Department are referred to collectively as 'SA Health'.
- Any reference to 'SA Health' includes reference to Attached Offices, to the extent that they continue to exist, and have agreed to adopt any or all SA Health policies and guidelines.

A Note on Policy Framework compliance responsibilities

Under this Policy Framework the Department, Local Health Networks and SA Ambulance Service:

— Must comply with all policies that apply to them that are approved in accordance with the Policy Framework

— Are encouraged to adapt or adopt guidelines that are linked to policies that apply to their entities given they represent best practice exemplar documents, and

— Must comply with the system-wide policy that mandates this Policy Framework.

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2. Context

This Policy Framework is underpinned by the legislative and strategic context within which SA Health operates.

2.1. Legislative context

This Policy Framework reflects the hierarchy of decision-making established through the structure of SA Health and supports the fulfilment of the principles and responsibilities set out in the *Health Care Act 2008* (SA) so that:

> The **Minister for Health and Wellbeing** can fulfil functions to ensure the public health system provides services that are comprehensive, coordinated and readily accessible to the public;

> The Department (through the **Chief Executive**) can fulfil functions to set the strategic directions for the health system, provide system leadership, leadership in the administration of health services, and leadership in planning functions;

> The **LHN Governing Boards** can fulfil their functions and obligations to provide overall governance and oversight of local service delivery by the Local Health Networks, and

> **LHNs** can fulfil their functions to have responsibility for local health service delivery and the **SAAS** over the provision of ambulance services.

The SA Health legislative context is illustrated in Figure 1 below.

Health Care Act 2008

Health services provided as part of an integrated system that:

- Promotes a whole of government approach to advance and improve the health status within the community
- Achieves an effective balance between local decision-making in relation to incorporated hospitals and health system planning, integration and management

Public Sector Act 2009

- Mechanism through which the Department for Health and Wellbeing staff are employed
- Outlines what is expected of the public sector and its employees
- Sets out principles to guide public sector operations

Minister for Health and Wellbeing

- Ensures the public health system meets the requirements of the SA community including thorough planning, implementation and supporting a system of services that are comprehensive, coordinated and readily accessible
- Establishes mechanisms to keep the policies and standards of health and health services developed by the Department for Health and Wellbeing under review

Local Health Network Governing Boards

- Responsible for the overall governance and oversight of local service delivery by the LHNs, including performance and budget achievement, clinical governance, safety and quality, risk management
- Must comply with any direction of the Minister or Chief Executive; and with any policies of the Department for Health and Wellbeing specified by the Minister or the Chief Executive to apply to a governing board in the performance of its functions

Chief Executive, Department for Health and Wellbeing

- The employing authority under the *Health Care Act 2008**
- Assists the Minister in connection with the administration of the *Health Care Act 2008*, including in relation to policies and standards of health and health services developed by the Department for Health and Wellbeing
- Responsible for the overall management, administration and provision of health services and to ensure the Department for Health and Wellbeing undertakes a leadership role in the administration of health services
- Ensures appropriate standards of patient care and service delivery are adopted and applied and the efficient and economic operation of the public health system

Local Health Networks

- Responsible for governance over local health service delivery, with oversight and governance from Governing Boards
- Manage the delivery of public hospital services and other community-based health services as determined by the state government

SA Ambulance Service

- Responsible for providing ambulance services and carrying out any other function assigned or conferred to SAAS
- May exercise powers or functions inside or outside of the State
- The Chief Executive of the Department is responsible for the administration of SAAS and may appoint a Chief Executive Officer of SAAS

*Excludes SA Pathology for which the CEO CALHN is the employing authority

Figure 1: SA Health legislative context

2.2. Strategic context

The *South Australian Health and Wellbeing Strategy 2020-25* outlines the key focus areas for development of our health system to ensure its ongoing relevance to the people of South Australia. Together with our key system-wide clinical services frameworks, this provides the foundation stone for our strategic vision for public health services across the State.

This Policy Framework considers our broader system-wide strategic and clinical services direction. It has been designed to support the right balance between rigour and agility so that we can develop the policy platform needed to support the implementation of our strategic and clinical services ambitions, both now and into the future.

3. Principles

This Policy Framework is underpinned by six key principles that serve as the foundation for development and management of policies and guidelines across SA Health.

The principles promote a consistent and effective approach to the approval, development and management of policies and guidelines. They support good governance, quality policy making and the effective discharge of compliance responsibilities.
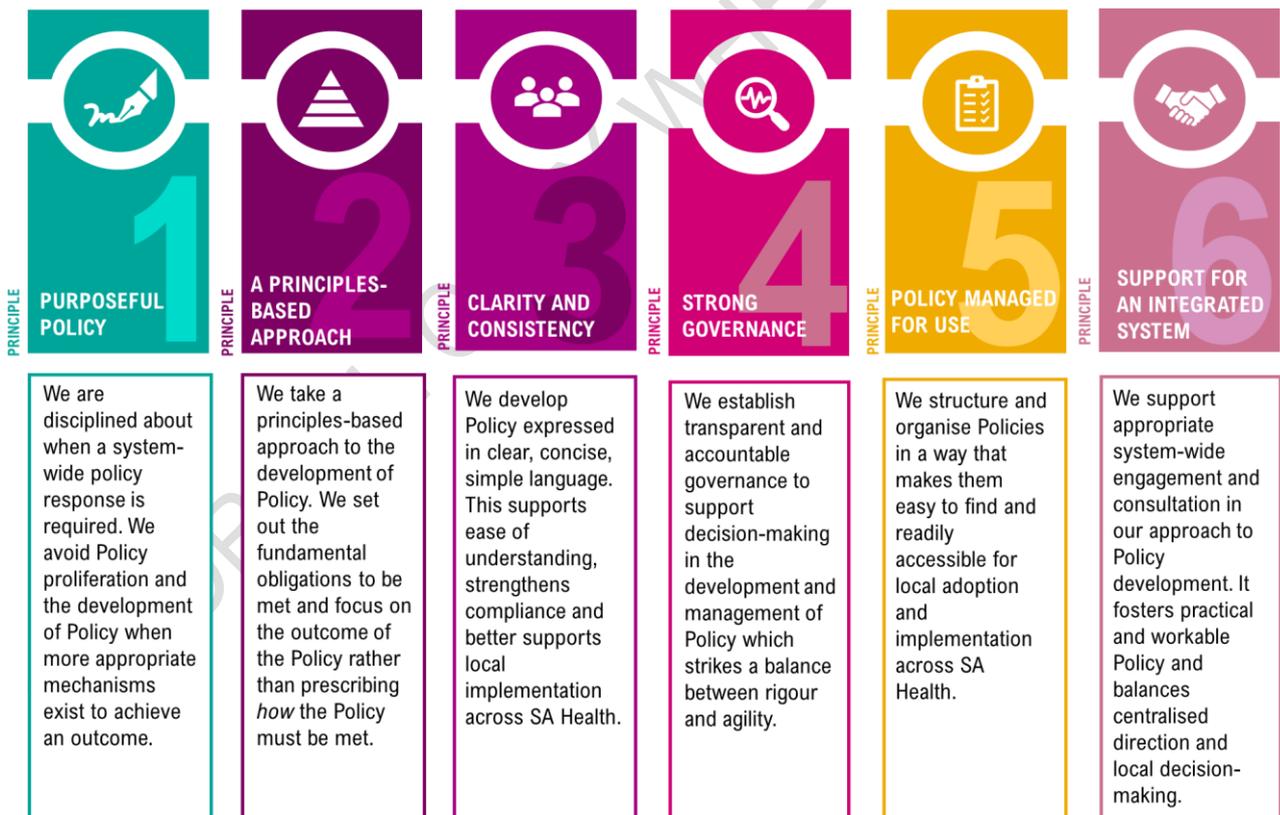

PRINCIPLE 1
PURPOSEFUL POLICY

We are disciplined about when a system-wide policy response is required. We avoid Policy proliferation and the development of Policy when more appropriate mechanisms exist to achieve an outcome.

PRINCIPLE 2
A PRINCIPLES-BASED APPROACH

We take a principles-based approach to the development of Policy. We set out the fundamental obligations to be met and focus on the outcome of the Policy rather than prescribing *how* the Policy must be met.

PRINCIPLE 3
CLARITY AND CONSISTENCY

We develop Policy expressed in clear, concise, simple language. This supports ease of understanding, strengthens compliance and better supports local implementation across SA Health.

PRINCIPLE 4
STRONG GOVERNANCE

We establish transparent and accountable governance to support decision-making in the development and management of Policy which strikes a balance between rigour and agility.

PRINCIPLE 5
POLICY MANAGED FOR USE

We structure and organise Policies in a way that makes them easy to find and readily accessible for local adoption and implementation across SA Health.

PRINCIPLE 6
SUPPORT FOR AN INTEGRATED SYSTEM

We support appropriate system-wide engagement and consultation in our approach to Policy development. It fosters practical and workable Policy and balances centralised direction and local decision-making.

Figure 2: SA Health Policy Framework principles

4. Framework foundations

This Policy Framework is made up of two key components:

> a **hierarchy of policy documents, and**

> a structured and integrated approach to the **development and management of system-wide policies and guidelines**.

4.1. Policy hierarchy

System-wide policies and guidelines are established and organised 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.

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

Figure 3 below depicts where policies and guidelines sit in the context of the broader SA Health policy environment.

Figure 3: Context of the *SA Health Policy Framework*

📌 A Note on Local Instructions and Protocols

This Policy Framework recognises that SA Health will often put in place local organisational-wide instructions, protocols, procedures and other documents to support the local implementation of a system-wide policy. This is done to make sure the policy is implemented in a way that aligns with local contexts. For the avoidance of confusion, SA Health cannot reference any locally developed documents as 'policies'. If there is a need to convey the mandatory nature of a decision taken about local operations or ways of working, other nomenclature must be used. Examples include 'Board Directive', 'Mandatory Protocols' etc.

The development and management of local instructions and protocols is the responsibility of individual SA Health. They are also responsible for ensuring compliance with local documents across their respective organisations.

When is a policy needed?

The premise of the *Health Care Act 2008* (SA) is the provision of health services provided as part of an integrated system. The development of system-wide policy supports this and ensures the application of consistent principles and ways of working.

Appropriate system-wide policy development strikes a balance between setting the foundations for the way SA Health operates and allowing individual services to operate locally in the most effective and relevant way.

Whether a policy response 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 and informed by the right subject matter expertise and the right engagement and consultation. Reasons for a system-wide policy response may include:

> To align the work of the organisation 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;

> To support external compliance requirements;

> To minimise ambiguity about matters of significance, and

> 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.

Does a policy alternative exist?

Whether a new system-wide policy is needed also depends on whether a more appropriate alternative approach exists:

► Could the matter be managed by amending an existing policy, without needing to develop a new policy?

► Could a mechanism such as a legislative direction be used instead of a system-wide policy response i.e. under the *Health Care Act 2008* (SA) or legislation such as the *South Australian Public Health Act 2011* (SA)?

► Is there an existing agreement in place that covers the field (e.g. National Partnership Agreement)?

► Should an existing legislative requirement be left to speak for itself without the need for a policy response?

Asking these questions before a policy is developed is fundamental to the effective operation of this Policy Framework. It also avoids SA Health being a system that promotes the proliferation of system-wide policy when the development of a policy may not be the most appropriate response.

A Note on Standards

Standards

Standards are specifications and other information published to ensure services, systems or products are safe, consistent, and reliable for use. Standards may be developed by SA Health, but are more commonly developed by third parties at a State, national or international level.

Referencing Standards

SA Health may decide to reference a standard as part of a policy or guideline. This may be done to contextualise the policy or guideline; ensure consistency in its application and/or to cement the status of a standard across SA Health.

It is not necessary that every standard that applies to or is relevant to SA Health is linked to a specific policy or guideline. It is a question of whether referencing a standard might improve the context for a policy or guideline or improve its operation.

Status of a standard

Whether a standard is mandatory or is intended to provide non-mandatory guidance will depend on the independent status of the standard. It will also depend on how the standard is incorporated into an SA Health policy or guideline. For example:

► A standard published by the Australian Commission on Safety and Quality in Health Care and which is required to be complied with as part of hospital accreditation, is effectively mandatory. It might therefore be identified <u>as a Mandatory Document</u> as part of a system-wide policy.

► An industry specific standard that SA Health recognises and encourages adoption of across the system may be referenced as a supporting document within a guideline. It may also be used to inform the contents of the guideline. In this context <u>compliance with the standard would not be mandatory.</u>

4.2. Policies and guidelines

The distinction between a **policy** and a **guideline** under this Policy Framework is summarised below, together with a summary of the format of each.

Policy

A document that directs operational conduct and decision-making across SA Health and is aligned with the organisation's legislative imperatives and strategic objectives.

COMPLIANCE WITH A POLICY IS MANDATORY.

Types of POLICY

SA Health uses two types of policy:

► A policy that is **specific to SA Health** which sets out requirements determined by SA Health for managing a policy matter (e.g. immunisation requirements for health care workers who work for 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. An example may include where SA Health states a best practice guideline developed by the Office of the Commissioner for Public Sector Employment for the management of gifts and benefits by public sector employees and agencies <u>must</u> be adhered to by SA Health.

► Separate templates must be used for the different types of policy. Typically, less information will be required in a policy that is communicating the adoption of a state/national policy, position or other approach as the existing state/national policy requirements will usually be self-explanatory/speak for themselves.

► The sections below provide an overview of the key characteristics of a policy, and the headings and types of information that must be included in an SA Health specific policy. Some headings do not apply for a policy that is adopting a state/national policy, position or other approach, as indicated in the template for this type of policy.

Key characteristics of a POLICY

► Developed to set requirements for behaviour and ways of working across SA Health to further key operational objectives (effective legislative compliance, quality outcomes, reduce/mitigate institutional risk etc).

► Is issue/topic specific.

► Expresses mandatory requirements and consequences of non-compliance.

► Is focussed on desired results ('what' is required, not the means of implementation 'how').

► Is succinct in describing what is required.

► Is expressed in plain language and is easy to read, understand and implement.

► Allocates responsibilities for meeting stated mandatory requirements.

► May include Mandatory Instruction.

A Mandatory Instruction within a policy

► Provides additional mandatory detail to support policy compliance. Approved

What a POLICY will contain

Name of policy
A clear and concise policy title.

Policy Statement
States in a short paragraph what the policy is about, why it exists, and any consequences of non-compliance (i.e. disciplinary action).

Applicability
Describes who the policy applies to.

Policy Principles
Lists a succinct set of principles which underpin the content and operation of the policy.

Policy Requirements
Sets out the essential requirements of the policy, including assigned responsibilities. Where approved, may also include a Mandatory Instruction (i.e. additional level of succinct but prescriptive information) to support compliance. Justification for inclusion of a Mandatory Instruction might include: policy topics where complex compliance requirements apply or a where a high system-wide risk profile exists.

Mandatory Related Documents
Lists any related documents which are mandatory pursuant to the policy (i.e. Treasurer's Instructions, National Safety and Quality Health Service Standards) including part/section/chapter references as far as possible.

Supporting Information
Lists any other information which is not mandatory as part of the policy but may be useful to support implementation of the policy (i.e. guidelines, check lists, tool kits, websites).

by exception if demonstrated as required.

► Example: system-wide Integrity Policy includes a Mandatory Instruction (extra prescriptive detail). Instruction sets out specific mandatory reporting requirements which apply under legislation. Detail needed because legislation is complex and the Mandatory Instruction minimises the risk that compliance obligations will be missed or inconsistently applied.

Definitions

Definitions of words which are critical to understanding the policy.

Compliance

Provides information about policy compliance responsibilities, and how to report a breach of the policy.

Document Ownership

Lists the policy owner (Domain Custodian), review date and contact for enquiries.

Document History

Lists the history of the policy (approvals, amendments etc).

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.

Key characteristics of a GUIDELINE

► Must be associated with a 'parent' policy. Cannot exist in isolation.

► Serves as an exemplar of best practice policy implementation.

► Is developed to support the implementation of a policy.

► Can be applied flexibly and to the extent required across SA Health. May be adapted or adopted to support local implementation of policy.

► Although compliance is not mandatory, as a best practice policy implementation exemplar, adaption or adoption of a guideline across SA Health is recommended/encouraged.

What a GUIDELINE will contain

Name of guideline

A clear and concise title that links the guideline to its parent policy.

Relationship to parent policy

References the parent policy the guideline relates to.

Guideline Statement

A summary that states in a short paragraph what the guideline is about and its purpose in connection with its parent policy.

Applicability

A statement that the guideline is not mandatory but provides actions/ steps to assist local implementation of the parent policy.

Guideline Details

Sets out best practice actions/steps to support implementation of the parent policy.

Supporting Information

Lists any other documents which are not mandatory but may support or be read with the guideline to support implementation of the parent policy.

Definitions

Definitions of any words which are critical to an understanding of the guideline.

Document Ownership

Lists the guideline owner (Domain Custodian), review date and point of contact for enquiries.

Document History

Lists the history of any amendments made to the guideline and associated and approvals.

4.3. Policy management system

This section articulates the way that SA Health policies and guidelines are organised and managed to ensure consistency of approach, ease of access and rigour.

4.3.1. Policy Domains

All system-wide policies and guidelines are organised under a set of **18 Policy Domains**, which enables policies and their associated guidelines and any supporting documents to be categorised by topic area. Every policy and guideline is aligned to one Policy Domain, based on the key topic area that the policy or guideline addresses. This does not mean however that a policy or guideline cannot have direct or indirect links with other domains.

Each Domain has a **Domain Custodian** with accountability for the day-to-day management and oversight of the Domain. A Domain Custodian is an appropriate Department Executive Team member with knowledge of or subject matter expertise in the relevant Policy Domain topic area. A Domain Custodian may be assigned more than one Policy Domain by the Chief Executive of the Department or nominee. In the case of larger Policy Domains, some responsibilities may be delegated from the nominated Domain Custodian to other senior leaders or executives to ensure manageability from an operational perspective. However, ultimate accountability will rest with the Domain Custodian. More information about the role and function of Domain Custodians is set out in Section 5 – Policy Governance.

Alignment of policies and guidelines by principal subject matter area rather than by SA Health Directorate or organisational structure will help to ensure this Policy Framework does not become redundant each time there is a change to governance or organisational structure across SA Health.

Figure 4: Policy domains

4.3.2. Domain features

Each of the 18 Policy Domains has a form of 'table of contents' or electronic 'landing page' which summarises key information about the Policy Domain. This information includes a description of the scope of the Policy Domain, the purpose of the domain, the key principles that underpin the domain and a list of the SA Health policies and guidelines associated with the domain. From this Policy Domain 'list/table of contents' users are able to navigate to any of the policies and guidelines aligned with that Policy Domain and within those policies and guidelines, any associated mandatory documents (in the case of policies only) and supporting documents (in the case of both policies and guidelines). A snapshot of the information included as part of the table of contents for each domain (otherwise referenced as 'domain features') is summarised in Figure 5.
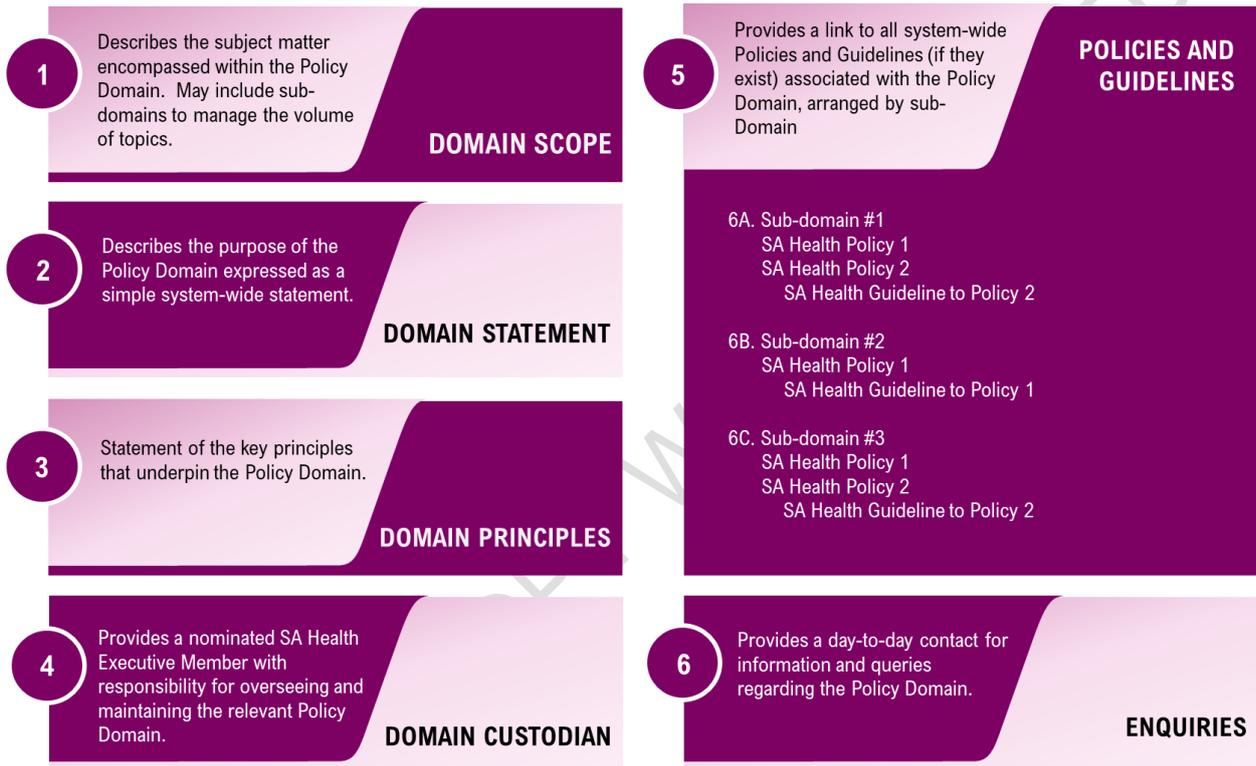

1 Describes the subject matter encompassed within the Policy Domain. May include sub-domains to manage the volume of topics.
DOMAIN SCOPE

2 Describes the purpose of the Policy Domain expressed as a simple system-wide statement.
DOMAIN STATEMENT

3 Statement of the key principles that underpin the Policy Domain.
DOMAIN PRINCIPLES

4 Provides a nominated SA Health Executive Member with responsibility for overseeing and maintaining the relevant Policy Domain.
DOMAIN CUSTODIAN

5 Provides a link to all system-wide Policies and Guidelines (if they exist) associated with the Policy Domain, arranged by sub-Domain
POLICIES AND GUIDELINES

6A. Sub-domain #1
SA Health Policy 1
SA Health Policy 2
SA Health Guideline to Policy 2

6B. Sub-domain #2
SA Health Policy 1
SA Health Guideline to Policy 1

6C. Sub-domain #3
SA Health Policy 1
SA Health Policy 2
SA Health Guideline to Policy 2

6 Provides a day-to-day contact for information and queries regarding the Policy Domain.
ENQUIRIES

Figure 5: Domain features

4.4. Policy Lifecycle

The SA Health Policy Lifecycle (the Lifecycle) applies to the development of all system-wide policies and guidelines. It ensures the development of informed, robust, system-wide policies and guidelines that are fit for purpose. The Lifecycle is made up of four phases as set out in Figure 6.
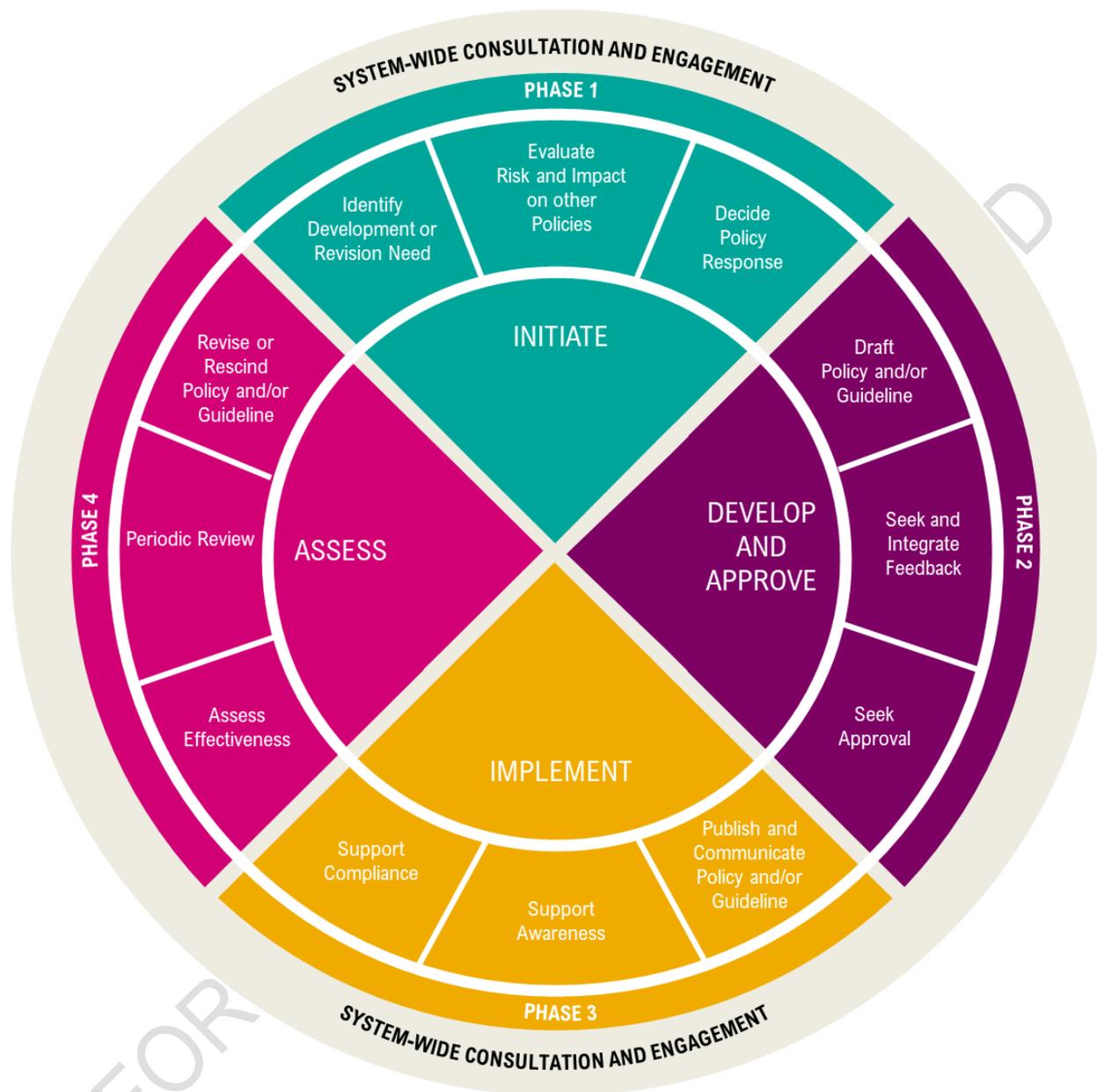

Figure 6: SA Health policy lifecycle

System-wide consultation and engagement is fundamental to the Lifecycle. It is a requirement for any system-wide policy or guideline developed in line with this Policy Framework 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. This includes ensuring sufficient time is allowed for meaningful engagement and consultation, and the provision of feedback.

In addition, consistent with SA Health's *Aboriginal Health Impact Statement Policy* 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 to ensure that Aboriginal stakeholders are engaged in the decisions that affect their health and wellbeing.

A summary of each of the phases of the Lifecycle is provided below. 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 necessary.

Phase 1: Initiate

This phase involves considering whether a new policy or guideline is needed to address a particular issue/need and any associated risks or impacts.

Note: Initiating a proposed new system-wide policy response is not reserved for the Department or nominated Domain Custodian/s.

A request may be initiated by any part of SA Health through relevant local governance structures to the Domain Custodian for the Policy Domain to which the proposed policy response most closely aligns. If it is not clear which Domain is most appropriate, then a request can be submitted to the Executive Director, Corporate Affairs via the requestor's local governance/approval structure. Refer to Section 5 – Policy Governance for more information.

Key activities include:

- **Identify development need**

  — Identify the issue/need that may require a policy-related response.

- **Evaluate risk and impact on other policies**

  — Evaluate risk in context of:

    - Regulatory mandates and accreditation;
    - Key impacted areas across the SA Health system, and
    - How quickly a policy response is needed.

  — Evaluate impact on other policies and guidelines.

- **Decide Policy Response**

  — Determine the best course of action including whether to:

    - Amend an existing policy to address the new issue/need;
    - Develop a new policy;
    - Develop a guideline for an existing parent policy;
    - Amend an existing guideline for a parent policy, and
    - Address the issue/need through alternative means (a non-policy response).

  — This activity includes seeking approval using the *Approval to develop or amend a policy or guideline form* to proceed with the development of a new policy or guideline in line with the governance arrangements for Policy Management set out in Section 5 - Policy Governance. Preconditions for approval will take into account the outcomes of the key activities that form part of Phase 1 - Initiate: need for the proposed policy or guideline; consideration of risk and impact; and validation that the development of a new policy or guideline is the most appropriate policy response.

This phase requires consultation with areas across SA Health that will be or may be impacted by the proposed new or amended policy or guideline via their nominated key policy contact. Consultation with relevant external stakeholders may also be important at this point. This includes engaging with relevant stakeholders where necessary to ensure specific consideration is given to Aboriginal perspectives on the proposed policy or guideline, consistent with *Aboriginal Health Impact Statement Policy* requirements.

Early identification of potential risks and impacts enables these to be evaluated before a decision is made to develop a new policy or guideline.

It is also a critical step to avoid any unintended or unanticipated impacts which may either influence the decision about whether to introduce a new policy, or the scope of a policy and how it is drafted.

System-wide engagement and consultation will be important in most cases in Phase 1 - Initiate. There may be some cases where a policy or guideline may need to be developed irrespective of whether it is supported through consultation. One example may be to meet a legislative requirement or to address a specific recommendation made by a court or commission of inquiry.
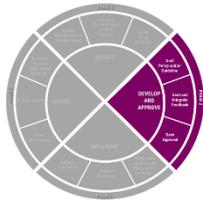
A Note on Points of Contact

Each area of SA Health will nominate a central point of contact ('chief policy contact') for the purposes of consultation and engagement on system-wide policy-related matters. Having an identified chief policy contact supports more effective engagement and consultation and helps to ensure the right stakeholders are consulted on the right subject matter.

While it may not be the identified chief policy contact who is the appropriate person to provide advice or input on a particular matter, it is the role of the chief policy contact to identify the appropriate person or persons to be consulted within their organisation.

Phase 2: Develop and Approve

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

Note: It is important to remember that a guideline must be associated with a parent policy and cannot exist in isolation.

Key activities include:

- **Draft Policy or Guideline**
  - Prepare draft policy using the relevant *SA Health Policy Template*.
  - Prepare draft guideline using the *SA Health Guideline Template*.

- **Seek and Integrate Feedback**
  - Seek feedback about the draft policy or guideline from appropriate SA Health stakeholders who will be responsible for implementing the new policy or guideline at a local level. This includes seeking Aboriginal perspectives on the draft policy or guideline, where necessary, consistent with *Aboriginal Health Impact Statement Policy* requirements.
  - Seek feedback from external stakeholders where relevant i.e. Unions, consumer alliance, other government agencies etc.
  - Integrate feedback on a draft policy or guideline.

- **Seek Approval**
  - Seek approval for release of policy or guideline in line with the governance for Policy Management set out in Section 5 - Policy Governance, using the appropriate approval template.
  - Address engagement and consultation that has been undertaken, and the proposed implementation approach for policy or guideline.
  - The ability to demonstrate timely and appropriate engagement and consultation on a draft policy or guideline will be a critical precondition to the approval process. This includes:
    - Demonstrating that the appropriate consultation and engagement channels have been used (i.e. through the nominated chief policy contact for each key SA Health area);
    - Summarising key feedback received and identifying how it has been incorporated into the draft policy or guideline, and
    - If key feedback has not been accepted and/or incorporated, explaining why and satisfying the relevant decision-maker from a system-wide risk mitigation perspective that the approach is sound.

A Note on Templates

SA Health system-wide policies and guidelines must be developed using the approved *SA Health Policy Template* and *SA Health Guideline Template*.

Each template includes detailed instructions about how to populate the template. Templates are managed and maintained by the Corporate Affairs Branch within the Department.

Phase 3:
Implement

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 also understood.

Key activities include:

- **Publish and Communicate Policy or Guideline**
    — Publish policy or guideline on SA Health intranet and internet (if applicable).
    — Communicate release of policy or guideline using agreed mechanisms (i.e. Policy Update).

- **Support Awareness**
    — Take steps to support system-wide awareness of the policy or guideline (i.e. update materials for induction of staff or general policy development training, if relevant; add new system-wide policy developments to system-wide periodic meetings or forums).

- **Support Compliance**
    — Provide information and advice, as required, about how to achieve compliance with the policy at the local level.

A Note on notifying the System about a new policy or guideline

Effective operationalisation of this Policy Framework will support early system-wide engagement and consultation on proposed new policies and guidelines. In practice this means that the impending release of a new policy of system-wide significance and impact should not come as a surprise to the SA Health system.

Notification will be generated across SA Health via a Policy Update of:

- New system-wide policies and guidelines
- Significant amendments to existing policies and guidelines, and
- Policies and guidelines that have been rescinded.

Other mechanisms may be employed over time to expand system-wide reach of communication about system-wide policy management.

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.

Key activities include:

- **Assess Effectiveness**
  - Consider compliance with system-wide policies/guidelines generally.
  - Assess policy awareness and identify any gaps in existing mechanisms or ways of working.

- **Periodic Review**
  - Implement mechanisms to ensure the review of any new policy or guideline within at least 12 months of release to ensure operational workability, identify any anomalies or gaps to be addressed, any need for a policy to be transferred to a different Policy Domain etc.

- **Revise or Rescind Policy or Guideline**
  - After the first year, review policies/guidelines at least every five years in line with a Policy Review Schedule established by the relevant Domain Custodian and ensure appropriate revision or rescission of a policy or guideline as and when appropriate.

A Note on review of policies and guidelines

All policies and guidelines must be reviewed periodically to ensure they remain relevant and up to date.

Domain Custodians may initiate a review of a policy or guideline in their 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 aligned with their nominated domain/s which meets the minimum requirements below.

Policy	Review requirement	Purpose of review
New Policies and Guidelines	To be reviewed within 12 months from the date of approval	▶ Ensure fit for purpose ▶ Consider any feedback across the system about usability or ease of implementation ▶ Consider any amendments needed to strengthen policy or guideline (ease of understanding or workability).
All other Policies and Guidelines	To be reviewed at least every five years after the first year of operation	▶ Ensure ongoing fit for purpose ▶ Confirm policy or guideline still required ▶ Consider any changes to policy landscape to be reflected (changes to relevant legislation, standards, transfer to a different Policy Domain etc).

4.4.1. Amendment to policies and guidelines

The process for amendments to an existing policy or guideline will depend on whether the change is material or non-material. That is, whether the proposed change will alter the policy or guideline and/or its implementation across the system in any significant way. In cases where material changes are made to a policy or guideline, these will be communicated across the system via a Policy Update and otherwise in line with established mechanisms.

Table 1: Types of amendments to policies and guidelines

Non-material changes	
Edits or other changes which do not impact the essential nature of a policy (and guideline if relevant) or its requirements.	Examples include: ▶ correction of typographical or other errors, and ▶ minor update to content of policy or supporting guideline.
Material changes	
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.	Examples include: ▶ changes to the scope or principles of a policy to reflect legislative or other change, and ▶ changes to mandatory elements of the policy. Examples include roles and responsibilities, reporting obligations, implementation requirements etc.

5. Policy governance

The governance over SA Health system-wide policy development and management reflects the need for an effective balance between rigour and agility.

Effective policy development and management requires appropriate quality assurance and consistency of approach. At the same time, there is a need to make sure the structures in place facilitate effective and timely access to subject matter expertise and guidance.

To achieve this balance, the governance of system-wide policy and guideline development and management across the Department involves three approval gateways:
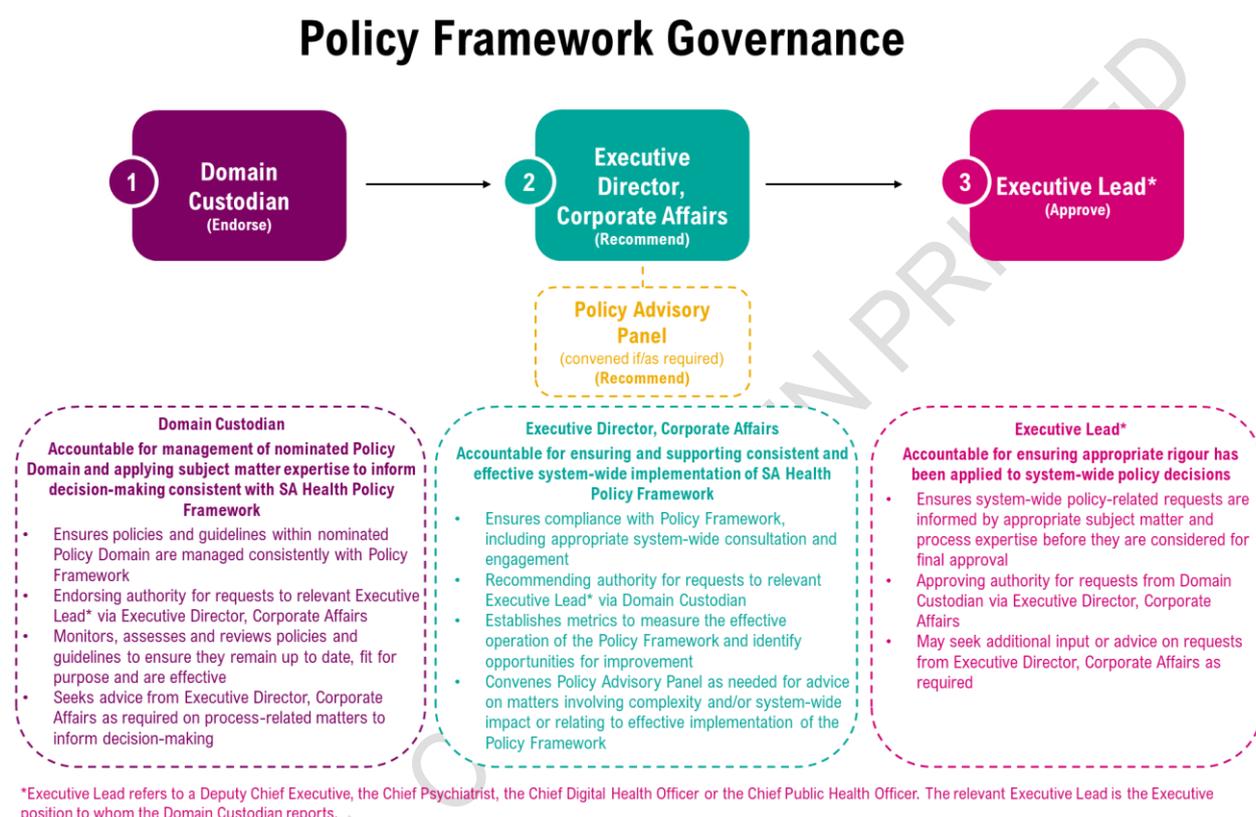
Policy Framework Governance

```
1  Domain          →    2  Executive       →    3  Executive Lead*
   Custodian              Director,                 (Approve)
   (Endorse)              Corporate Affairs
                          (Recommend)

                          Policy Advisory
                          Panel
                          (convened if/as required)
                          (Recommend)
```

Domain Custodian

Accountable for management of nominated Policy Domain and applying subject matter expertise to inform decision-making consistent with SA Health Policy Framework

- Ensures policies and guidelines within nominated Policy Domain are managed consistently with Policy Framework
- Endorsing authority for requests to relevant Executive Lead* via Executive Director, Corporate Affairs
- Monitors, assesses and reviews policies and guidelines to ensure they remain up to date, fit for purpose and are effective
- Seeks advice from Executive Director, Corporate Affairs as required on process-related matters to inform decision-making

Executive Director, Corporate Affairs

Accountable for ensuring and supporting consistent and effective system-wide implementation of SA Health Policy Framework

- Ensures compliance with Policy Framework, including appropriate system-wide consultation and engagement
- Recommending authority for requests to relevant Executive Lead* via Domain Custodian
- Establishes metrics to measure the effective operation of the Policy Framework and identify opportunities for improvement
- Convenes 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

Executive Lead*

Accountable for ensuring appropriate rigour has been applied to system-wide policy decisions

- Ensures system-wide policy-related requests are informed by appropriate subject matter and process expertise before they are considered for final approval
- Approving authority for requests from Domain Custodian via Executive Director, Corporate Affairs
- May seek additional input or advice on requests from Executive Director, Corporate Affairs as required

*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.

Figure 7: Policy Framework governance

5.1. Roles and responsibilities

The tables below provide a summary of the role and function of each step in the governance structure in supporting the practical operation of this SA Health Policy Framework. It is expected that roles and responsibilities will be exercised to ensure compliance with the key principles and activities underpinning the SA Health Policy Lifecycle.

5.1.1. Domain Custodian

Domain Custodian

A **Domain Custodian** is accountable for the management and oversight of a nominated Policy Domain/s (noting that an Executive may be nominated as the custodian for more than one Policy Domain).

In that capacity it is the Domain Custodian who initiates key decisions associated with a particular Policy Domain. In some limited circumstances a Domain Custodian has the authority to 'approve' system-wide policy-related matters relevant to their Policy Domain. In all other cases a Domain Custodian has the authority to 'endorse' a decision for consideration and approval of their relevant Executive Lead via the Executive Director, Corporate Affairs.

A Domain Custodian must be a member of the Executive Team within the Department. They must have appropriate knowledge and expertise relevant to the Policy Domain to which they have been nominated. A Domain Custodian should also have a strong working knowledge of the operations of SA Health to support informed and considered decision-making about system-wide policy issues that may arise.

Table 2: Role and responsibilities of Domain Custodian

Role	Responsibilities of Domain Custodian

The primary role of a **Domain Custodian** is to ensure the effective day-to-day operation and management of a nominated Policy Domain	Responsibilities include:
	• Accountable for day-to-day oversight of a nominated Policy Domain
	• Ensure the management of the Policy Domain in line with the principles and terms of this Policy Framework including:
	   o Establish effective systems and processes to support the development and review of policy or guideline documents across the Policy Domain. Typically, this will be through the Executive or Manager responsible for a service area in which a draft policy or guideline or other related document has originated;
	   o Ensure the appropriate level of cross-system and external engagement and consultation on policy and guideline development and implementation-related matters across the full Policy Lifecycle, and
	   o Establish systems and processes for the periodic review of policies and guidelines within the Policy Domain and update/rescind these as required in line with approval processes under this Policy Framework.

	• **Endorse** requests to the relevant Executive Lead via the Executive Director, Corporate Affairs to:
	   o Develop a new policy or guideline;
	   o Make a material amendment to an existing policy or guideline;
	   o Rescind a policy or guideline;
	   o Approve and release a new or materially amended policy or guideline;

Role	Responsibilities of Domain Custodian
	• **Consider** and **approve** non-material amendments to an existing policy or guideline (within agreed parameters), and • **Approve** the transfer of a policy (and associated guideline if relevant) to a new Policy Domain to operationalise a broader organisational or other decision made by the Department that has precipitated the transfer.
	• **Monitor** and **manage** day-to-day risks arising within a nominated Policy Domain; • Escalate any serious issues or risks within a nominated Policy Domain to the relevant Executive Lead via the Executive Director, Corporate Affairs; • Recommend to the Executive Director, Corporate Affairs where it is believed that a policy or guideline-related matter should be escalated to the Policy Advisory Panel for consideration, and • Monitor, assess and review policies and guidelines to ensure they remain up to date, fit for purpose and are effective.

5.1.2. Executive Director, Corporate Affairs

2 — Executive Director, Corporate Affairs

The **Executive Director, Corporate Affairs** is accountable for ensuring and supporting the consistent and effective system-wide implementation and operation of this Policy Framework.

As the Executive Sponsor of this Policy Framework, the Executive Director, Corporate Affairs provides a central coordination, oversight and advisory function for system-wide policy development and management.

While a Domain Custodian has accountability for the oversight and management of a nominated Domain/s, the Executive Director, Corporate Affairs has accountability for ensuring the effective operation of this Policy Framework as whole. This includes making sure that all Domain Custodians manage their Policy Domains in line with the principles, Policy Lifecycle and governance and approval processes set out in this Policy Framework. This oversight and management function is needed to ensure this Policy Framework is operationalised in a consistent, coordinated and effective way.

A key function of the Executive Director, Corporate Affairs is to validate that a system-wide approach has been taken to the development of a new policy or guideline (or the significant amendment of an existing policy or guideline). This includes validating that engagement and consultation has been undertaken at the right time with the right representatives across SA Health, and external stakeholders as required, aligned with the policy development lifecycle.

The Executive Director, Corporate Affairs may decide to convene the **Panel** in cases where a broader, system-wide lens and advice is required about a specific policy-related matter or about the implementation of this Policy Framework overall. More information about the **Panel** is set out in section 5.1.3 below.

Table 3: Role and responsibilities of Executive Director, Corporate Affairs

Role	Responsibilities of Executive Director, Corporate Affairs

The primary role of the **Executive Director, Corporate Affairs** is to ensure the effective and coordinated system-wide implementation and operation of this Policy Framework	Responsibilities include:
	
	• Accountable for the effective implementation and operation of this SA Health Policy Framework, including:
	
	   o Provide support and advice as needed to support the effective operation of this Policy Framework, including to Domain Custodians and their delegates, policy writers and members of the SA Health Executive;
	
	   o Ensure that there is a demonstrated need for any requests endorsed by a Domain Custodian for a new system-wide policy;
	
	   o Ensure that any policy-related requests endorsed by the Domain Custodian comply with the principles and Policy Lifecycle set out in this Policy Framework;
	
	   o Ensure that any requests endorsed by a Domain Custodian are underpinned by a level of engagement and consultation that is appropriate relative to the nature of the request;
	
	   o Ensure that systems and processes established for the operation of this Policy Framework are correctly and consistently followed, and
	
	   o Take into account and address if and as appropriate any feedback received about the implementation of this Policy Framework to maximise its practical operation.

	• Consider and **recommend** policy-related requests from Domain Custodians to the relevant Executive Lead including to:
	
	   o Develop a new policy or guideline;
	
	   o Make a material amendment to an existing policy or guideline;
	
	   o Rescind a policy or guideline, and
	
	   o Approve and release a new or materially amended policy or guideline.

	• Determine when to convene the **Panel**; for the purpose of seeking additional advice and input into specific policy or guideline-related matters and/or relating to the operation of this Policy Framework as a whole (this includes when a Domain Custodian has recommended that the **Panel** be convened).
	• Monitor and manage day-to-day risks associated with the operation of this Policy Framework and seek advice from the **Panel** as required and/or escalate to the relevant Executive Lead.
	• Monitor the role and performance of Domain Custodians, and provide direction and advice on their role and responsibilities as required.
	• Escalate any matters relating to the role and performance of Domain Custodians generally or specifically to the relevant Executive Lead with advice and input from the **Panel** if required.

Role	Responsibilities of Executive Director, Corporate Affairs
	• Establish performance and reporting metrics to measure the successful implementation of this Policy Framework and monitor annual performance. This includes the establishment of periodic checkpoints during the first 12 months of the operation of this Policy Framework to ensure it is operating as intended. Metrics to be signed off by Policy Advisory Panel for final approval by the Deputy Chief Executive to which the Executive Director, Corporate Affairs reports.
	• Report to the Department Executive as required on the operation of this Policy Framework.
	• Manage and oversee any reviews or evaluations of this Policy Framework.
	• Identify and establish ongoing improvement opportunities to strengthen the effectiveness of this Policy Framework.
	• Make a recommendation to the relevant Executive Lead regarding the nomination of a Domain Custodian to a Policy Domain.

5.1.3. Policy Advisory Panel

The **Panel** provides strategic whole-of-system advice and decision-making about policy and guideline development and management, and the operation of this Policy Framework as a whole.

The Panel is convened at the discretion of the Executive Director, Corporate Affairs as needed. Typically, though not exclusively, this will be when policy-related matters arise with potential wide-ranging system impacts or complexities.

The Panel is chaired by the Executive Director, Corporate Affairs and comprises a small number of standing members. Where a need arises for the Panel to access additional subject matter expertise about a key policy or guideline development issue being considered, membership of the Panel will be expanded to include relevant representatives from across SA Health.

To ensure appropriate input and advice can be accessed in a timely manner, each area of SA Health will nominate a senior representative to be on stand-by to provide advice that may be needed at any given time by the Panel. This will support the Panel in convening at short notice, if required, and maximising its decision-making capacity and agility.

More information about membership and the role of the Policy Advisory Panel is set out in Table 4.

Table 4: Policy Advisory Panel membership

POLICY ADVISORY PANEL | MEMBERSHIP		
Role	**Position**	**Purpose**
Chair	• Executive Director, Corporate Affairs (the Department)	• Convene and lead Panel
Standing Membership	• Group Director, Risk, Assurance and Integrity Services (the Department) • Executive Director, Provider Commissioning and Performance Branch (the Department) • Executive Director, Workforce (the Department)	• Ensure coordination and alignment between policy-related decision making and wider organisation compliance and safety and quality considerations
Supplementary membership as required	• Chief Medical Officer (the Department) • Chief Nurse and Midwifery Officer (the Department)	• To be invited to join the Panel for any matters related to clinical policy • Provide input and insights regarding practical operation and potential impacts of a proposed or revised clinical policy
	• Representatives from LHNs, SAAS or other Statewide Services	• Nominated 'stand-by' representatives may be called to provide specific system-wide input or subject-matter expertise/advice • Provide a strengthened system-wide focus and ensure appropriate subject matter expertise is leveraged when it is needed and from where it is needed
Invitee	• Domain Custodian	• Provide subject matter expertise or guidance regarding a particular policy-related matter

It is open to a Domain Custodian to recommend to the Executive Director, Corporate Affairs that a particular matter be referred to the Policy Advisory Panel for reasons including complexity and potential system-wide impact.

Where a Domain Custodian has made a recommendation for referral to the Panel and the Executive Director, Corporate Affairs disagrees with this recommendation, the request for referral must be put to the Panel by the Executive Director, Corporate Affairs for visibility and a final decision. In this case the Panel may decide either:

- that the matter should be referred to it (the Panel) for consideration and final decision; or
- that the matter can be appropriately considered and a recommendation made by the Executive Director, Corporate Affairs.

Table 5: Responsibilities of Policy Advisory Panel

Role	Responsibilities of Policy Advisory Panel
The primary role of the **Policy Advisory Panel** is to provide strategic advice, leadership and assurance over policy development and management and the effective system-wide operation of this Policy Framework as required	Responsibilities include: • Provide strategic, system-wide advice and decision-making related to policy development and management as required. • Consider and **make recommendations about any** policy-related matter or request referred to it, including related to: o Development of a new policy or guideline; o Making a material amendment to an existing policy or guideline; o Rescission of a policy or guideline, and o Approval and publication of a new or materially amended policy or guideline. • Monitor and advise on issues and risks escalated to the Panel relating to system-wide policy development, implementation, and compliance. • Provide advice and input about the implementation of this Policy Framework including performance and reporting metrics and annual performance monitoring.

5.1.4. Executive Lead

3 Executive Lead

The relevant **Executive Lead** is the ultimate decision point for any policy-related matter referred by a Domain Custodian (via the Executive Director, Corporate Affairs). The relevant Executive Lead is the Executive position to whom the Domain Custodian reports, in line with the existing Department governance model. This will either be a Deputy Chief Executive, the Chief Psychiatrist, the Chief Digital Health Officer or the Chief Public Health Officer.

The role of the relevant Executive Lead is to ensure that:

- The right subject matter expertise has been applied to any policy-related request, and
- The right process has been followed for any policy-related request (i.e. that this Policy Framework has been complied with).

The relevant Executive Lead is not themselves required to have the right subject-matter or process expertise. They are required however to ensure that the information presented to them meets necessary requirements before any approval is given.

It is open to an Executive Lead to refer a policy-related matter back to the Executive Director, Corporate Affairs for further advice on a particular issue or for the purposes of convening the Policy Advisory Panel to consider and provide advice on the issue.

For any matters relating to the operation of this Policy Framework as a whole, it will be the Deputy Chief Executive to whom the Executive Director, Corporate Affairs reports who is the final decision-maker.

More information regarding the role of the Executive Lead is provided in Table 6 below.

Table 6: Role and responsibilities of Executive Lead

Role	Responsibilities of Executive Lead

The primary role of an **Executive Lead** is to make final decisions about specific policy-related matters or relating to the operation of this Policy Framework as a whole	Responsibilities include:
	
	• Ensure system-wide policy-related requests are informed by appropriate subject matter expertise.
	
	• Ensure that system-wide policy-related requests have followed the correct process in line with this Policy Framework, including in relation to appropriate consultation and engagement.
	
	• Consider and approve policy-related requests from Domain Custodians via the Executive Director, Corporate Affairs. Requests may include but are not limited to:
	
	    o Development of a new policy or guideline;
	
	    o Making a material amendment to an existing policy or guideline;
	
	    o Rescission of a policy or guideline, and
	
	    o Approval and publication of a new or materially amended policy or guideline.
	
	• Consider and approve policy-related requests from the Executive Director, Corporate Affairs regarding operation of this Policy Framework as a whole, including in relation to performance metrics.
	
	• Refer matters back to Executive Director, Corporate Affairs (or Policy Advisory Panel) where additional advice or input is required on a particular matter to inform decision-making.
	
	• Approve the appointment of a nominated Domain Custodian to a Policy Domain.

5.2. Policy approval process

Table 7 below summarises the endorsement and approvals required to move a policy or guideline through key phases of the Policy Lifecycle. It is not intended to capture all steps in the approval process. Instead, it captures the key steps requiring approval/endorsement through the process only.

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
Policy Framework Governance	Approve performance and reporting metrics for the implementation of this Policy Framework		R	A
	Request to appoint a nominated Domain Custodian		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 this Policy Framework. In such cases the 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. Refer to Phase 4 of the Policy Lifecycle for examples of 'non-material' changes.

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. Refer to Phase 4 of the Policy Lifecycle for examples of 'material' changes.

6. Definitions

In the context of this Framework:

> **Attached Offices**: refers to Wellbeing SA and the Commission on Excellence and Innovation in Health, established as Attached Offices to the Department for Health and Wellbeing effective from 6 January 2020 (pursuant to Section 27 of the *Public Sector Act 2009* (SA) with the Minister for Health and Wellbeing designated as the Minister responsible.

> **Department:** the Department for Health and Wellbeing.

> **Domain Custodian:** an appropriate Department for Health and Wellbeing (the Department) Executive Team Member that is accountable for the day-to-day management and oversight of policies and guidelines within a nominated Policy Domain.

> **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.

> **Health Services**: Local Health Networks (LHNs), SAAS and Statewide services aligned with those networks, including Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA, Rural Support Office and any other Statewide services that fall under the governance of LHNs.

> **Local Instructions and Protocols:** documents developed locally by SA Health to support the implementation of SA Health system-wide policies and guidelines.

> **Mandatory Instruction:** an additional level of prescriptive information included within a policy about how a policy must be implemented to support compliance.

> **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.

> **Policy Domain:** a grouping of policies, guidelines, and associated documents with a common topic. SA Health has 18 Policy Domains which categorise SA Health policies, guidelines and associated documents.

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

7. Document ownership

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8. Document history

Version	Date approved	Approved by	Amendment notes
1.0	01/02/2021	Executive Director, Corporate Affairs	N/A
2.0	25/02/2021	Executive Director, Corporate Affairs	Updated Domains from 17 to 18 to reflect the addition of the "Governing Board Operations" Domain.
3.0	04/05/2021	Executive Director, Corporate Affairs	Updated to change references to 'Mandatory Procedure' to 'Mandatory Instruction'; make reference to SA Health Practice Guidelines and Clinical Guidelines being out of scope; streamline 'Approval process for Key Policy Lifecycle activities' table (Table 7); update format of Document Ownership and History sections.
4.0	23/08/2021	Executive Director, Corporate Affairs	Updated to include: reference to AHIS Policy requirements; reference to two SA Health policy types; clarification regarding applicability of Framework and policies in relation to Attached Offices; clarification of Domain Custodian role in relation to compliance; updates to policy lifecycle in relation to compliance requirements.