

Policy Management Implementation

Department of Health Standard

QH-IMP-042

1. Statement

The Policy Management Implementation Standard (the Standard) identifies the mandatory requirements for managing policies, standards and guidelines that are under the [Department of Health policy framework](#) (the Framework).

2. Scope

The Framework applies to divisions and business units making corporate and operational policies for the Department of Health. The development, review and rescission of these policies, standards and guidelines must comply with the Policy Management Policy (PMP) and this Standard.

Compliance with policies developed under the Framework is mandatory for employees, contractors and consultants within the Department of Health. Where other frameworks or legislative requirements apply, policies may also be mandatory for Hospital and Health Services (HHSs).

The Framework does not apply to:

- Queensland Health standalone guidelines that are not linked to a specific policy developed under the Framework.
- Information and Communications Technology (ICT) policies.
- Policies, standards and guidelines forming part of the [Queensland Health Employment Framework HR Policy A1: QH-POL-205](#)
- Queensland Ambulance Service (QAS) policies developed and managed under the *QAS Corporate Governance Procedure for Development and Management of QAS Management Documents*.

3. Requirements

3.1. Key criteria

- 3.1.1. All policies, standards and guidelines must be presented in the approved templates and adhere to the [Queensland Health editorial style guide](#).
- 3.1.2. A policy can be a stand-alone document or supported by standards and/or guidelines. However, a standard or guideline cannot be a stand-alone document and must have an overarching policy.

- 3.1.3. All policies must have a policy custodian who is at Senior Officer (SO) level or above.
- 3.1.4. The [Queensland Health policy site](#) is the only location where current and approved Department of Health policies developed under the Department of Health's Policy Management Framework and supporting documents are published.
- 3.1.5. All policies are registered on the Queensland Health policy register. The Queensland Health policy register informs the Queensland Health policy site.

3.2. Initiating a policy

- 3.2.1. When initiating the development of a new policy, consideration must be given to whether or not a policy is the appropriate instrument to use to address the policy issue. New policies should only be created when there is a significant, demonstrated need for the document.
- 3.2.2. In developing a new policy, stakeholders must be identified and consulted.
- 3.2.3. When identifying and consulting with stakeholders, policy custodians should consider diverse groups, including, but not limited to, women, people with disability, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, young people and older people.
- 3.2.4. If a policy is relevant to the QAS, QAS must be consulted during policy development via QAS.correspondence@ambulance.qld.gov.au.
- 3.2.5. Policies must establish the mandatory requirements and identify responsibilities and/or accountabilities for meeting those requirements, including who is responsible for the monitoring of compliance with the policy and any associated standard.
- 3.2.6. When creating a new policy, proper consideration must be given to human rights.
- 3.2.7. Policy content must be written in plain English and avoid the overuse of technical terminology.

3.3. Policy approval

- 3.3.1. Only a Deputy Director-General (DDG) equivalent can approve a new or reviewed policy, or rescission of a policy.
- 3.3.2. It is suggested that the policy author and/or custodian consult the policy registrar prior to seeking ADG/DDG level approval to ensure policy documents are compliant with the Policy Management Policy and this Standard.
- 3.3.3. Once approved by the relevant ADG/DDG, the final approved policy documents and completed policy registration form must be provided to the policy registrar for registering and publishing.

3.3.4. Where the policy is not compliant with the requirements of the PMP and this Standard, the documents will be returned to the policy author by the policy registrar.

3.3.5. The policy author will be requested to make amendments to the policy to ensure they are compliant with the PMP and this Standard by the policy registrar.

3.4. Policy implementation

3.4.1. New, reviewed, and rescinded policies must be communicated to impacted stakeholders by the policy custodian.

3.4.2. A copy of this communication must also be provided to the policy registrar as soon as practicable following stakeholder communication.

3.5. Policy review

3.5.1. All policies must be reviewed, at a minimum, every three years. Policies may also be reviewed following legislative or other changes that impact the policy.

3.5.2. The review of a policy document must be initiated by the policy custodian.

3.5.3. When reviewing an existing policy, proper consideration must be given to human rights and the impact on Aboriginal and Torres Strait Islander stakeholders.

3.5.4. Once the policy has been reviewed and finalised, the approval process must be followed, as per section 3.3 of this Standard.

3.5.5. The reviewed policy and evidence of policy custodian and relevant DDG approval must be provided to the policy registrar for registering and publishing.

3.5.6. Once published, the policy custodian must notify impacted stakeholders, as per section 3.4 of this Standard.

3.6. Rescinding a policy

3.6.1. A policy document can be rescinded at any time.

3.6.2. To rescind the policy document, the policy registration form must be completed and signed by the policy custodian.

3.6.3. The relevant ADG/DDG must approve the rescission.

3.6.4. The completed policy registration form and evidence of DDG approval (e.g. copy of approved brief) must be provided to the policy registrar for registering and rescinding.

3.6.5. Once rescinded, the policy custodian must notify impacted stakeholders, as per section 3.4 of this Standard.

3.7. Changing the policy custodian

- 3.7.1. Both the existing policy custodian and the proposed policy custodian must be aware of the proposal to change the custodian unless the existing custodian role no longer exists.
- 3.7.2. A policy custodian may apply to change the custodianship of a policy at any time.
- 3.7.3. The relevant ADG/DDG must approve the change of policy custodian.
- 3.7.4. To change the policy custodian, the policy registration form must be completed and forwarded to the policy registrar with evidence of ADG/DDG approval (e.g. copy of approved brief).
- 3.7.5. If a custodian change is done at the time of a policy review, only one policy registration form is required to indicate the review approval and the custodian change.

3.8. Standards and Guidelines

- 3.8.1. The process to initiate, review, rescind a standard or guideline or change a custodian for a standard or guideline must follow the steps outlined above in this Standard, as if the document were a policy.
- 3.8.2. Standards outline minimum mandatory requirements requiring departmental employee compliance.
- 3.8.3. Guidelines outline best practice information that is not mandatory for departmental employee compliance.

3.9. Record keeping and transparency

- 3.9.1. The policy registrar will maintain appropriate records on the Department's electronic records management system for all information relating to the approval of policies, standards and guidelines under the Framework, including copies of rescinded and superseded versions of policies, standards and guidelines.
- 3.9.2. The policy registrar will make copies of rescinded and superseded versions of policies, standards and guidelines under the Framework available to any person within or outside of Queensland Health, in accordance with relevant provisions of the *Right to Information Act 2009* and *Information Privacy Act 2009*.

4. Key accountabilities

Position	Responsibility	Audit criteria
DDG*	<p>Approving development of a new policy.</p> <p>Approving new or amended policy in line with the requirements in this Standard including the publication of policy documents.</p> <p>Approving the rescinding of policies.</p> <p>*refers to DDG or suitable authority, as reflected in the DoH organisational chart e.g. Chief First Nations Health Officer, Chief Health Officer.</p>	<p>Approved policy has been developed in accordance with the requirements in this Standard.</p> <p>DDG approval</p>
Policy custodian	<p>Ensuring that any policy for which they are the appointed custodian is managed in accordance with the requirements in this Standard.</p> <p>Reviewing policies every three years, in addition to monitoring policy environment and bringing forward review of policies, as required.</p> <p>Progressing requests for policy approval, review or rescission as appropriate to the ADG/DDG of their division.</p> <p>Submit a completed policy registration form to the policy registrar to enable the publishing or removal of documents on the Queensland Health policy site or to notify policy registrar of any changes in policy custodianship.</p> <p>Ensure documents submitted for publishing to the Queensland Health policy site comply with requirements in Web Publishing Policy.</p> <p>Ensure new, reviewed or rescinded policies are appropriately communicated to stakeholders to which they apply.</p> <p>Oversighting compliance of policies within custodianship and reporting on compliance when required.</p> <p>Providing all versions of policies and related documents to the policy registrar, as required under this Standard.</p>	<p>Policy being submitted for approval has been developed in accordance with the requirements in this Standard.</p> <p>Policy reviews are conducted as required.</p> <p>Policy compliance is monitored and reported, and remedial action developed as required.</p> <p>Rescinded and superseded policy is accessible for audit and other business purposes.</p>

Position	Responsibility	Audit criteria
Policy author	<p>Undertake tasks associated with the management, development, review or rescission of a particular policy, as directed by the policy custodian.</p> <p>Consult with the policy registrar throughout the development of the policy document.</p>	
Policy registrar	<p>Maintaining the Queensland Health policy site and Policy Register.</p> <p>Provide advice to divisions and business units to support implementation of the Framework.</p> <p>Maintain records associated with all policies under the Framework.</p>	<p>Policy register is current.</p> <p>Accurate advice is provided in a timely manner.</p> <p>Rescinded and superseded policy is accessible for audit and other business purposes.</p>

5. Human rights

Human rights are not engaged by this policy, however, should be given proper consideration when initiating, reviewing, or rescinding a Departmental policy.

6. Legislation

- *Public Sector Act 2022*
- *Public Records Act 2002*
- *Right to Information Act 2009*
- *Information Privacy Act 2009*
- *Human Rights Act 2019*

7. Supporting documents

- [Policy Management Policy](#) (QH-POL-042)
- [Approval form](#)
- [Policy template](#)
- [Standard template](#)

- [Guideline template](#)
- [Policy Registration form](#)
- [Human Rights Decision Tool](#)
- [Web Publishing Policy](#) (QH-POL-064)
- [Queensland Health Editorial Style Guide](#)

8. Definitions

Term	Definition
Department of Health policy framework	Outlines the types of policy documents (policy, standard, guideline) governing the Department of Health. The framework consists of the Policy Management Policy and Policy Management Standard.
Policy author	Officer assigned tasks by the policy custodian to support completion of the policy processes outlined in this Standard.
Policy custodian	Officer responsible to lead development of a policy and oversight implementation and review of a policy. Policy custodians are a position, not an individual and will at minimum be a Senior Officer (SO) or equivalent.
Policy registrar	An employee in the System Governance Strategy Branch who is responsible for the administration of the Policy Management Policy QH-POL-042 and Policy Management Standard QH-IMP-042.
Queensland Health policy register	A single, centrally maintained catalogue or schedule of policies, standards and guidelines and associated critical and historical information.
Queensland Health policy site	Internet site owned by Queensland Health which houses all policies, standards and guidelines under the framework.

9. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
Executive Director, Governance, Assurance and Information Management Branch	GAIM-corro@health.qld.gov.au	22 October 2024	Deputy Director-General, Corporate Services Division

10. Version control

Version	Date	Comments
Version 1	24 February 2012	New document
Version 2	23 April 2013	Version 2
Version 3	1 July 2015	Version 3
Version 4	22 May 2023	Updated to make minor amendments to refine and maintain currency. Updated policy custodian information.
Version 5	4 January 2024	Updated as the result of a full review
Version 6	22 October 2024	Updated policy custodian information.