

Policy Development, Approval, Review and Application

Policy | GOV-POL-003

Document type	Policy
Title	Policy Development, Approval, Review and Application
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Version and status	1.1 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	Adapts ASF Policy 46 and SOP-025, SOP-026, SOP-027, SOP-124
Standards and criteria supported	Standard 2A, criterion 2A.3 (non-negotiable)
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Every policy has one named owner, a version, an approval and a review date.
2. Policies are approved by the governing body or the delegated committee and recorded in the register.
3. Check, at least once a year, that staff can explain how a sample of policies is applied in practice.
4. Act on the results: update the policy, the training or the practice.

Stop and get help straight away if: a policy is in use but has no owner or review date, or staff cannot describe how it applies to their work.

1. Purpose

To make sure policies are written, approved, kept current and applied in practice, not only filed [E-006, EC].

2. Scope

Applies to	Policy owners, the governing body, committees that approve policies, and all staff who apply them
Locations	The whole facility
When	When a policy is written, changed or reviewed; and at the yearly application check
Does not apply to	Clinical protocols issued by professional bodies, which are referenced in the policy rather than rewritten

3. Definitions and abbreviations

Term	Meaning in this SOP
Policy	A statement of what the facility requires and why
Owner	The role responsible for keeping a policy current
Application audit	A check of how staff apply a sample of policies in practice

4. Background and rationale

Policy that is filed but not followed does not protect patients. Criterion 2A.3 requires that staff can explain how policies are applied, and that the facility checks.

This policy governs the lifecycle of all policies. The register of policies is GOV-REG-002; the application audit form is GOV-FRM-002.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Governing body	Approves the policy framework and receives the yearly application report	Governance training
Chief executive	Owens the framework; ensures owners are named	Executive leadership
Policy owners	Write, review and update their policies on time; answer questions on them	Subject competence
Quality lead	Runs the application audit and reports results	Audit competence

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Policy register (GOV-REG-002)	Current	All policies listed with owner and date
Policy template	Standard headings: purpose, scope, responsibilities, procedure, records, evidence, review	Current version

7. Safety and infection prevention

- A policy must not require a practice that breaks the law or places patients at risk. Raise the conflict at once.

8. Before you start

- Check the register for the policy's current version and owner.
- Check whether the policy refers to a professional standard that has changed.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Write the policy on the standard template.	- Use the headings: purpose, scope, responsibilities, procedure, records, evidence and review date. - Cite the evidence and the legal basis for each requirement.	A policy without a reason and a source cannot be defended or updated.
2	Approve and register the policy.	- Send the draft to the approving body, which is the governing body for governance policies and the relevant committee for others. - Record the approval, version and date, and enter it on GOV-REG-002.	Approval is what makes a policy binding. Record it.
3	Tell staff and train them.	- Publish the policy where staff can find it. - Brief staff on the parts that change their work, and record the briefing. - Staff sign the policy acknowledgement (FRM-N10) for policies that set personal duties.	A policy staff have not been told about is not applied.
4	Check application each year.	Choose a sample of at least five policies each year, including the high-risk ones.	The check is in practice, not in the

Step	Action	How to do it	Key point
		- Ask staff from at least two areas how they apply each policy, and observe practice where possible. - Record the results on GOV-FRM-002 with a score for each policy.	file. Asking staff is the test.
5	Act on the results.	- For each gap, decide whether to change the policy, the training or the practice, and set an owner and a date. - Report the results and actions to the governing body yearly.	A finding without an action is only a finding.
6	Review on the set date.	- Review every policy by its review date (at least every two years, or sooner after an incident or change in law). - If a policy is retired, mark it as withdrawn on the register and keep the old version.	Out-of-date policies are dangerous because staff still follow them.

Decision points

- If a policy conflicts with another policy, the more protective requirement applies until the conflict is resolved, and the owners are told.

10. Special situations

Situation	What to do
Urgent change needed	The owner may issue an interim change approved by the chief executive, valid for up to three months, recorded on the register (EC).

11. Problems and escalation

- Gaps in application that affect safety go to the quality lead and the clinical director within 48 hours.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Policies with owner, version and review date	100%	Quarterly	Quality lead	Owner to update within 30 days
Sampled policies applied as written (application audit)	80% or above (EC)	Yearly	Quality lead	Action plan per policy
Policies past review date	0	Monthly	Quality lead	Escalate to governing body

13. Records

Record	Where it is kept	Kept for
Policy register (GOV-REG-002)	Governance file	Current, plus history kept {{facility.records_retention_years}} years
Application audit (GOV-FRM-002)	Quality file	{{facility.records_retention_years}} years

14. Training and competence

- Policy owners are trained in writing policies on the template (EC).
- All staff are briefed on policies relevant to their role at induction and when a policy changes.

15. Related documents

ID	Title	Relationship
GOV-REG-002	Policy Register	Lists every policy
GOV-FRM-002	Policy Application Audit Form	Used for the yearly check
GOV-PLN-002	Quality Improvement Plan	Policies link to the QI plan
SOP-025	Document Amendment Procedure (generic)	Change steps
SOP-026	Document Approval Procedure (generic)	Approval steps
SOP-027	Document Control Procedure (generic)	Control of copies

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2.
E-009	ASF Expert Committee consensus. Review intervals and sample size are EC decisions.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version adapted from ASF Policy 46 and generic SOP-025 to SOP-027	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee