

Policy for Managing Policies and Related Procedural Documents

Policy ID	CG01
Version:	2
Date agreed by Audit Committee	14 October 2015
Author	Justin Dix, Governing Body Secretary
Last review date:	August 2015
Next review date:	October 2017

Version History

V1.0	01/10/13	First draft
V1.1	02/10/13	Table of contents added
V1.2	03/10/13	References to risk management inserted at new paragraph 1.5 and added to the checklist at appendix 1.
V1.3	04/10/13	2.1 reworded to enhance individual responsibilities in relation to policies; 12.1 amended to make it clear that policies are not valid until displayed on the intranet.
V1.4	07/10/13	Definition of “procedure” inserted in Section 3; additional references to an equality scheme added in Section 6; Creation of an Appendix 3 to give a flowchart for policy approvals.
V1.5	10/10/13	Minor wording changes to 6.1 for sentence coherence; changes to 10.3 and 12.1 to add reference to CCG web site as well as intranet; Equality duties added in 2.9; list of headings added to Appendix 2.
V2.0	August 2015	Revised as follows: Section 1.4 clarified as to the purpose of policies 2.1: greater emphasis on the importance of using policies at team level 2.2: Role of staff forum and heads of service added 2.6 – 2.17: Delegation and reservation of policies is substantially expanded and clarified 2.18 – 2.23 – Roles of officers and teams is clarified (new sections on role of comms team and head of legal) 5 – Equality section expanded to include both quality and equality 7.4 GP practices – minor updating for clarification 13.3 added to ensure that policies not needed are noted and a rationale given

		Throughout – consistent use of language around approval / agreement / ratification
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Equality statement

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

Equality analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).	No	
	Disability A person has a disability if s/he has a physical or mental impairment which	No	

	has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.		
	Gender reassignment The process of transitioning from one gender to another.	No	
	Marriage and civil partnership In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).	No	
	Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.	No	
	Race Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins	No	
	Religion and belief	No	

	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition		
	Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment
Jade Brelsford	Oct 2015
Justin Dix	

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Appendix 1: Policy Checklist

Appendix 2: Standard Policy Cover Sheet

Appendix 3: Approvals Flowchart

1. Introduction

- 1.1. Good governance requires Surrey Downs CCG to have a suite of formal documents (mainly policies but sometimes other procedural documents) that set out agreed ways of working.
- 1.2. The CCG's policies are the responsibility of the Governing Body, its committees, managers and staff. Although the Governing Body is accountable overall, most policies and procedures are designed by managers and agreed by committees of the Governing Body.
- 1.3. Policies should be always up-to-date and easy to read. The aim of this document is to advise authors on the expectations regarding common formats and the process for agreement and subsequent review. This will be consistent with corporate identity and avoid confusion.
- 1.4. Policies and procedures have a key role in enabling the CCG to:
 - Ensure that the day to day operations of the CCG support its agreed business objectives in any given year
 - balance and manage strategic and operational risk by ensuring that there are clear expectations in all the areas that could impact on its objectives and its day to day business
 - Give clarity to staff about what is expected of them
 - Allow the organisation to be held to account against a systematic set of processes that set standards in key areas
 - Ensure that the legal framework within which the CCG works is clarified and turned into simple guidance
- 1.5. Policies and procedures may give detailed requirements for areas of governance set out elsewhere, for instance in the constitution and its appendices, and in the scheme of delegation. In some cases (such as clinical policies for Continuing Health Care) they will be specific to particular areas and of necessity technical in nature.
- 1.6. Policies that are developed in collaboration with other CCGs, the local authority or other bodies may differ from the proscribed Surrey Downs format. In these instances the policy itself will be adopted but will be subject to a separate assurance review to ensure it meets other CCG's requirements.

2. Roles and responsibilities

Responsibilities of staff

- 2.1. All CCG and CSU staff need to ensure they are aware of the Surrey Downs processes set out in this document for policy development. Specifically it is the responsibility of all staff to ensure that:
- Individual teams are aware of policy priorities in their specific area
 - Policies are read and reviewed
 - Individuals assess its relevance to their role
 - Further guidance is sought if any aspects are unclear
 - The need for training is incorporated into personal development plans
- 2.2. The CCG is indirectly liable for the actions of all employees carried out during the normal course of their employment. It is therefore essential that staff are consulted with and made aware of all new policies. This will be done through the CCG's staff forum and through consultation with Heads of Service, who are expected to consult in turn with their own teams.
- 2.3. Wilful or negligent disregard of any policy will be investigated and potentially treated as a personal development issue, and in some cases a disciplinary offence.

Responsibilities of the Governing Body and its Committees

- 2.4. The CCG Governing Body has overall responsibility for ensuring that the CCG has a robust system in place for policies covering all of its activities. The responsibility of the GB is to ensure that the process for review, revision and agreement is adequate. At the time of writing the CCGs committees are:
- The Executive Committee
 - The Finance and Performance Committee
 - The Primary Care Committee
 - The Quality Committee
 - The Audit Committee
 - The Remuneration and Nominations Committee

- 2.5. Any policies produced externally i.e. in collaboration with the local authority or other CCGs, must still be reviewed by one of the above committees before being passed to the Governing Body for agreement.

Policy approvals reserved to the Council of Members

- 2.6. The Conflict of Interest Policy, as it forms part of the constitution, must be agreed by the Council of Members.

Policy Approvals Reserved to the Governing Body

- 2.7. The Governing Body is responsible for giving formal agreement to new and existing policies where the Chief Officer considers that the importance of the policy merits it at that time – for instance policies that have been revised due to a national or local incident which has highlighted actual or potential failure of governance.
- 2.8. The Governing Body will agree any policies that are shared with other CCGs
- 2.9. The Governing Body will agree the annual review of the risk management strategy and any revisions to this policy on the creation and development of policies and procedural documents.
- 2.10. All other policies will be delegated to specific committees for agreement as set out below. However, should there be an urgent need to fast track a policy because of identified issues of legal or practical compliance, agreement can be remitted to the next available meeting of either the Executive Committee or the Audit Committee, or a special committee can be convened (including by teleconference) to agree the policy.
- 2.11. All policy approvals will be minuted and a record of agreement held in corporate records.

Quality Committee

- 2.12. The responsibility of this Committee is to develop, review and agree any policies that relate to clinical quality or broader patient experience, including policies relating to access to services that the CCG commissions.

Audit Committee

- 2.13. The responsibility of this Committee is to develop, review and agree any policies that relate to systems of internal control or probity, including those related to counter fraud.

Remuneration and Nominations Committee

- 2.14. The responsibility of this Committee is to develop, review and agree any policies that relate to Human Resources, including the remuneration of Very Senior Managers.

The Executive Committee

- 2.15. The responsibility of this Committee is to develop, review and agree any policies that relate to operational matters such as information governance, health and safety, and business continuity.

The Finance and Performance Committee

- 2.16. This committee will be responsible for any policies relating to finance and performance including financial policies, policies for procurement etc

The Primary Care Committee

- 2.17. This committee will agree any policies relating to the CCG's role in management of primary care.

Accountable Officer (Chief Operating Officer)

- 2.18. The Chief Officer, as the accountable officer, is ultimately responsible for ensuring that the CCG has an adequate system of policies as part of the system of internal control and will reflect this in the Annual Governance Statement.

Executive sponsor

- 2.19. Every policy must have a named sponsor who is an Executive Officer of the CCG or reports directly to an Executive Officer. The sponsor must ensure that an appropriate author is nominated to take responsibility for the policy. These sponsors must also ensure that the responsible committee is identified.

Policy Authors

- 2.20. Authors are responsible for ensuring that policies they are developing are in line with this policy and the Policy Assurance Checklist (Appendix 2) gives a guide to what is required. Specifically policy authors should ensure:

- There is a clear rationale for the need for a policy or policy review in line with the checklist
- The relevant Executive Director has agreed and signed off the need for the policy and authorised it to be developed

Governing Body Secretary

- 2.21. The Governing Body Secretary will provide support in the development of policies and all aspects of this document. In order to ensure a co-ordinated approach to policy development and to avoid duplication, staff wishing to develop or modify a policy should notify the Governing Body Secretary before commencing any work. Specifically they will ensure that

- There is a proactive approach to policy development and policy governance in line with the UK corporate governance code and NHS standards
- There is good liaison with external advisers e.g. counter fraud, CSU, where relevant
- The review or development is included in the corporate policy register
- Old policies are archived
- Sponsors, authors and committees are aware of upcoming review dates
- The Governing Body and Audit Committee are enabled to undertake their role in relation to overseeing policies
- The accountable officer is kept up to date

Head of Legal

- 2.22. Where required, the head of legal will check all policies from a legal perspective and / or be involved with policy drafting as appropriate. This will be at the direction of the relevant Executive Director.

Communications and engagement team

- 2.23. The team will ensure that
- policies are clearly displayed on appropriate intranets and web sites.
 - Advice is given on any corporate branding or accessibility issues (see “House Style” below).

3. Definitions

“Policy”

- 3.1. A policy is a Governing Body approved document that sets out the expectations of the organisation in respect of the area covered by that policy. It applies to all relevant staff, compliance with which is legally binding on all staff as part of their contract of employment.

“Procedure”

- 3.2. A procedure is a document written to support a policy. A Procedure is designed to describe Who, What, Where, When, and Why by means of establishing corporate accountability in support of the implementation of a policy. A procedure would normally set out the steps and the order in which they will be taken as part of a logical approach to task completion.

“Strategy”

- 3.3. A strategy is a plan designed to achieve a particular long-term aim. Strategies usually cover 2-5 years, are endorsed by the Governing Body, and are designed to achieve specific goals or objectives. A strategy is often supported by other policies and procedures.

“House Style”

- 3.4. House Style relates to the presentation of all policies and procedures. All policies and any related procedures will be developed using the CCG Policy Template held by the Governing Body Secretary and appended to this policy. Requirements in respect of style and format are detailed on the template itself.

“Statutory and mandatory requirements”

- 3.5. Each policy must be compliant with all current legal requirements that are relevant to their development. There must also be compliance with NHS policies that are mandatory or otherwise recommended as best practice.

4. Guidance on writing policies

- 4.1. A well written policy should be clear, concise, and free of jargon. Use of acronym's should be minimised and explained in the first instance of their use. Policies and procedures should be written in straightforward language and take account of the relevant views of stakeholders where appropriate be sound / evidence based have clear objectives specify how it will be implemented, monitored and audited describe a consequence of any breaches
- 4.2. Authors should avoid using excessive blocks of text and make use of subheadings and bullet points to help readers navigate the document. Language should be as objective as possible and refer to the CCG in the third person.
- 4.3. All source documents should be fully referenced and a clear distinction made between statutory, mandatory and best practice requirements.

Revision of An Existing Policy

- 4.4. An author who is reviewing an existing policy is expected to review the contents of the current version for its continued relevance and to ensure that the organisational history, where necessary, is carried forward to the new policy.

5. Quality and Equality Analysis

- 5.1. All public bodies are required by the Equality Act 2010 to show that they understand and have paid due regard to how their policies and practices impact on equality and prevent discrimination. The organisation does this in part through the Equality Analysis (EA) which is part of the wider systematic approach to equality in the CCG's Equality Objectives. This should normally be completed before the policy is submitted for agreement and final agreement. Policies that have been update or amended should only require a new EqIA where there is felt to be a genuine change in potential impact.
- 5.2. The Equality Analysis Tool is designed to help check that the CCG is not unfairly discriminating against groups or individuals and that it is doing all it can to give people equality of opportunity and access to services. It allows the CCG to reflect on how it impacts on the public, service users, staff and partners. Appropriate changes can be made to prevent or limit detrimental impact on these groups.
- 5.3. The EA helps to embed equality and diversity into practice by encouraging everyone to embed equality principles into policy development process. The EA is also important to enable the CCG to provide evidence to the public, other public bodies, the Government and the Equality and Human Rights Commission
- 5.4. The CCG also has a duty to consider how changes may affect the quality of services it commissions and its wider responsibilities to ensure safe and effective services. A single process is in place for both the above.

6. Consultation

- 6.1. The consultation process should be used to secure the support and input of all relevant individuals and groups. The consultation process is an opportunity to influence the policy content and should not be considered only as an exercise to satisfy the checklist requirements.
- 6.2. A draft policy when sent out to stakeholders should be as near to the 'final' draft version as possible and include all relevant references with details of associated documentation. This will help to ensure that the stakeholders are able to review and make appropriately informed comments.
- 6.3. A list of all staff and stakeholders consulted during the policy development will be included within the relevant section. Once the consultation has been completed, the author is required to complete the 'List of Stakeholders

Consulted' section of the policy, which is part of the Policy Template. This will identify any individual or group that has been consulted and whether comments were received and adopted within the policy.

- 6.4. Appropriate expert groups and other stakeholders should be consulted in the drafting of policies before they are presented for agreement.
- 6.5. In some cases it will be appropriate for the policy to be shared with a group or committee who will act as a body of expertise for the purposes of the review. They will be asked to give a group/committee considered view. The author should link with the group chair to facilitate this.
- 6.6. In all instances it is important to identify every internal stakeholder who could have an interest in the policy and authors should use local expertise to do this. Consideration also needs to be given to who the policy will affect, both directly and indirectly.

7. Implementing policies

Local Induction

- 7.1. There is a requirement as part of local induction to ensure that staff are made aware of the importance of policies and procedures and their adherence to them.

Sponsors

- 7.2. Individual executive sponsors will take responsibility for overseeing the implementation of policies within their areas of responsibility.

Heads of Service, Managers and team leaders

- 7.3. Managers in a leadership role are expected, as part of their management role, to actively use policies and related procedures as part of normal team processes, staff meetings and appraisal. The Governing Body Secretary can advise on team level training where appropriate.

Member GP Practices

- 7.4. Where relevant, for instance in relation to standards of conduct and conflict of interest, member practices, either individually or when operating through the localities, will need to have an understanding of the CCG policies and procedures and adhere to these when undertaking CCG business. Practices will have their own policies and procedures relating to the management of their practice and their use of and adherence to CCG policies relates to their membership status not their local practice environment.

8. Associated Documentation

- 8.1. The author is required to provide details of supporting or linked strategy, policy, procedural or other documents within the organisation that may need to be read in conjunction with the policy or for staff to be aware of their existence.

9. Failure to comply

- 9.1. Failure to comply with a policy is a breach of organisational process with potential legal consequences. Should a material failure be identified by any member of staff it should be brought to the attention of their line manager and if significant may need to be recorded as an incident or Serious Incident Requiring Investigation (SIRI). Examples include:

- Failure to comply with financial policies and associated documents such as the scheme of delegation that cause a financial loss to the CCG.
- Failure to comply with HR policies that breaches the employer's duty or the employee's contractual conditions.
- Failure to comply with a clinical policy that results in harm to patients

10. Version Control

- 10.1. Version control is the process for which different editions or adaptations of a document are managed. It provides an audit trail for the revision and update of finalised versions.

- 10.2. Whilst a policy is in the consultation phase the author can use version control in order to keep track of the latest edition. However, once the policy is in its final draft form and ready to take forward for formal agreement and agreement the author should remove all references to previous draft versions.
- 10.3. When the policy has been formally ratified the version control information will be completed before it is added to the staff intranet / and or CCG website.

11. Process for agreement

Normal agreement

- 11.1. Once the policy has been fully consulted upon and comments considered it is ready for formal agreement. The should formally complete the Policy Assurance Checklist (attached) which is required to be submitted to the Committee and subsequently to the Governing Body with the policy.
- 11.2. It is the author's responsibility to contact the appropriate Committee Chair to arrange for the policy to be added to the agenda of the next most convenient and appropriate meeting.
- 11.3. The author will be invited to attend the Committee meeting to present the policy and respond to any queries in relation to the document.
- 11.4. If the policy is not deemed to be ready for formal agreement, the committee will agree with the author where amendment or clarification is required. The author will then re-submit to the next meeting if appropriate. If the policy is deemed ready for final agreement (with or without minor amendments), then it will be ratified and recommended to the CCG Governing Body for final agreement.

Fast Track agreement

- 11.5. There will be occasions due to an urgency or immediacy where the process of formal agreement needs to be accelerated, but this should be on an exceptional basis only. In these circumstances Chair's Action should be sought for agreement to be completed outside of the normal process. If necessary, the policy can be formally approved by the CCG Governing Body Chair under Emergency Powers. In either case, the policy should be resubmitted within six months following normal agreement procedures.

- 11.6. A flowchart which sets these processes out graphically is attached at Appendix 3

12. Dissemination and communication to staff

- 12.1. The Governing Body Secretary and the Head of Communications will arrange for all ratified policies to be added to the staff intranet page and / or web site and staff will be notified of all policy activity through the CCG's internal communication system. A policy is not considered valid until it has been added to this site.
- 12.2. Consideration will be given to the provision of alternative formats of policies where staff with disabilities may be adversely impacted or disadvantaged by receiving them in the corporate style described in this document. Advice can be sought from the Head of Communications on this issue.

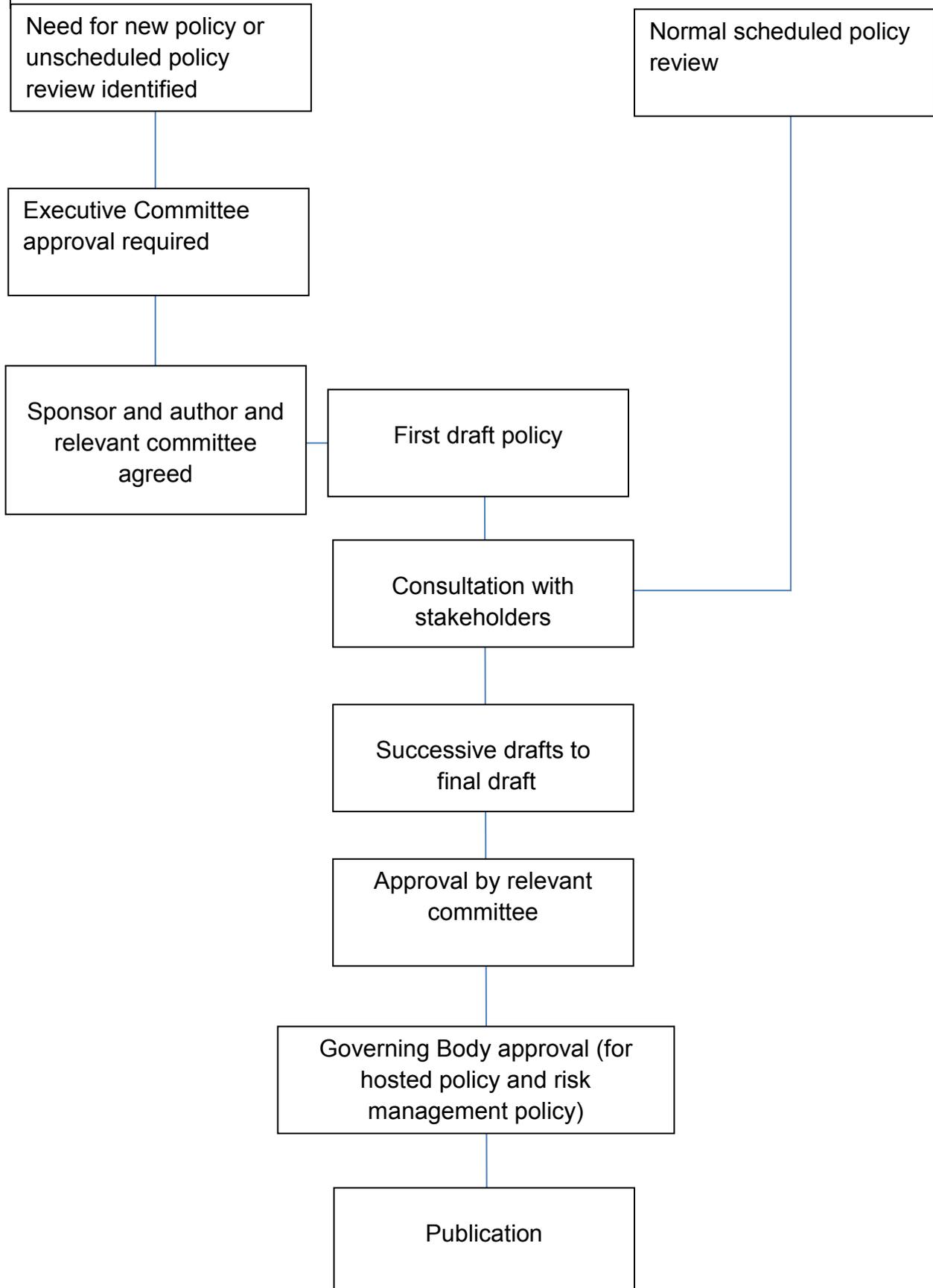
13. Policy Review

- 13.1. All policies will be subject to a review every two years as standard, or sooner if required by relevant external guidance, a change in legislation or other similarly pressing development.
- 13.2. A policy register is maintained by the Governing Body Secretary and presented to each committee to ensure that policies due for review are identified.
- 13.3. The policy register will include a list of potential policies that have been considered but have not been prioritised for action, with a rationale of this
- 13.4. The Governing Body Secretary will ensure that the policy author and sponsor is aware of policy review dates in advance to ensure that a timely review is undertaken.

14. Compliance

- 14.1. Each committee and the Governing Body as a whole will monitor compliance with this policy and will be responsible for ensuring that policy development is compliant with this policy through the monitoring of the author's completed checklist.

APPENDIX 3 – POLICY FLOWCHART



Name of policy

Policy ID	
Version:	
Author	
Last review date:	
Next review date:	
Date agreed by (NAME OF COMMITTEE)	

Version History

V.	Date	Status and/ or amendments
V1.0		First draft

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	Gender reassignment The process of transitioning from one gender to another.		

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<p>Pregnancy and maternity</p> <p>Pregnancy is the condition of being pregnant or expecting a baby.</p> <p>Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>		
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	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes		
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For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment

Contents

1. Introduction

(Include in this section: reason for development of the policy; how it links with service priorities, national and other requirements; confirmation that implementation is achievable; confirmation that it does not duplicate other policies; names of policies that it supersedes)

2. References

3. Definitions

4. Purpose and Scope

5. Duties

6. Target Audience

7. Policy Specific Information (please title as appropriate)

8. Monitoring Compliance

9. Associated Documentation

10. Appendices

POLICY TEMPLATE

POLICY TEMPLATE

Appendix 1: Policy Checklist		
Question	Y/N	Comments
Could this policy be incorporated within an existing policy:		
Does this policy follow the style and format of the agreed template within the 'Policy for Policies'?		
Has the front sheet been completed? (with the exception of the ratification information)		
Is there an appropriate review date?		
Does the Contents Page reflect the body of the document?		
Have performance indicators been identified to monitor effectiveness of the policy, and has an appropriate audit tool been identified?		
Are all appendices appropriate / applicable?		
Have all appropriate stakeholders been consulted and has the stakeholder list been populated with all relevant information?		
Has an Equality Analysis (EA) been undertaken?		
Has the policy been reviewed to reflect any recommendations made from the EA?		
Is there a clear indication of how the policy will be implemented?		
Does the policy recognise the impact on organisational resources (finance, staff time for training, capital funding)?		
Has the policy been considered within the scope of the Risk Management Policy and its contribution to an effective system of internal controls been considered?		