# DEVELOPING ORGANISATION POLICIES

<table>
<thead>
<tr>
<th>Author</th>
<th>Corporate Risk Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Lead Executive Director</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Development &amp; Approval Group / Team</td>
<td>Corporate Policies Short Life Working Group</td>
</tr>
<tr>
<td>Endorsing Body</td>
<td>Corporate Management Team</td>
</tr>
<tr>
<td>Governance or Assurance Committee</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>Original Implementation Date</td>
<td>2010</td>
</tr>
<tr>
<td>Current Version Implementation Date</td>
<td>October 2019</td>
</tr>
<tr>
<td>Version Number</td>
<td>6.0</td>
</tr>
<tr>
<td>Review Date</td>
<td>September 2022</td>
</tr>
<tr>
<td>Responsible Person</td>
<td>Corporate Risk Manager</td>
</tr>
</tbody>
</table>
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## APPENDICES
## CONSULTATION AND DISTRIBUTION RECORD

| **Contributing Author / Authors** | • Carol McGhee, Corporate Risk Manager – Author  
|                                   | • Amanda Minns, Head of Evidence |
| **Consultation Process / Stakeholders:** | • Lee McAdams, FirstPort Development & Support Officer  
|                                   | • Grant Donaghy, Assistant Knowledge Services Manager  
|                                   | • Yvonne Law, Web Editor  
|                                   | • Corporate Management Team |
| **Distribution:** | • NHSL Intranet: Firstport  
|                                   | • Comments sought through Staff Briefing |
### CHANGE RECORD

<table>
<thead>
<tr>
<th>Date</th>
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<td>March 2011</td>
<td>Carol McGhee / Margaret Sinclair</td>
<td>Dedicated library email address included in the following:</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Section 11 of Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Appendix 1 of Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support document “Responsibilities”</td>
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<td>March 2011</td>
<td>Carol McGhee / Margaret Sinclair</td>
<td>Statement added regarding conversion of documents by Library Services from Word to PDF format in the following:</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Support document “Protocol for Posting Policies on FirstPort”</td>
<td></td>
</tr>
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<td>March 2011</td>
<td>Carol McGhee / Margaret Sinclair</td>
<td>Policy Template Document updated to reflect changes in support documents.</td>
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<td>Link directly to “Directorate of Groups” site included in Section 5 of Policy.</td>
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<tr>
<td>April 2013 / May 2013</td>
<td>Carol McGhee</td>
<td>Full review now version 3 Hyperlink to training proforma General housekeeping Change from 3 – 6 months for notification for review</td>
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<td>Jan/Feb 2015</td>
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<td>Recommendations from Internal Audit Report has resulted in a fuller review taking out all hyperlinks and producing reviewed Policy with supporting documentation</td>
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<td>July 2017</td>
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<td>Change front page detail: Chief Executive now Lead Executive Corporate Management Team as the Endorsing Body Audit Committee as the Governance Committee</td>
<td>4.0</td>
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<tr>
<td>November 2017</td>
<td>Amanda Minns</td>
<td>Administrative updates Move FAQ’s to end of policy document Update FAQs to reflect notification for lapsed policies</td>
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<tr>
<td>February 2018</td>
<td>Carol McGhee</td>
<td>Minor amendments, and change to the name of the Policy. Updated Section 8 Quality Improvement for Core Group</td>
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</tr>
<tr>
<td>Date</td>
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<td>Description</td>
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<tr>
<td>May 2018</td>
<td>Carol McGhee</td>
<td>Reviewed against GDPR legislation and Section 3 updated</td>
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<tr>
<td>March 2019</td>
<td>C McGhee / A Minns / J Burns</td>
<td>Review of Appendix 4 – Clinical Route For Endorsing Policies and approved through the QPPGG</td>
<td>5.0</td>
</tr>
<tr>
<td>September 2019</td>
<td>C McGhee / A Minns</td>
<td>Review of Policy (and supporting documents) as part of the overall improvement work in moving policies to the public website</td>
<td>6.0</td>
</tr>
<tr>
<td>September 2019</td>
<td>C McGhee / A Minns</td>
<td>Additional section on Publishing policies added – 4.8</td>
<td>6.0</td>
</tr>
<tr>
<td>October 2019</td>
<td>C McGhee / A Minns</td>
<td>Review of all appendices with removal of previous appendix 2 with renaming all other appendices to align numerically</td>
<td>6.0</td>
</tr>
</tbody>
</table>
1. **INTRODUCTION**

1.1 NHS Lanarkshire has developed a framework for the development, implementation, monitoring, and review process for all new organisation policies and for revision of all policies.

1.2 A policy named as ‘Developing Organisation Policies”, has been designed to provide the responsible staff with the overall statements of intent, with supporting documentation that outlines the necessary standards and procedures required for the corporate identity of all NHSL policies, in that, the presentation is recognisable, easily read, understood and contemporary. All policies will be written to the policy standards using the NHSL electronic policy template:

- the policy standards framework: how to complete the policy template
- the NHSL template

2. **AIM, PURPOSE AND OUTCOMES**

2.1 NHS Lanarkshire (NHSL) aims to provide a corporate approach to the development, endorsement, implementation, monitoring and review of all policies, including archiving and ensuring all NHSL policies are contemporary and within their review dates.

2.2 The policy will enable all staff access to up-to-date policies that have undergone due process in the development and endorsement, ensuring they are fit for purpose, and reflect national and NHSL Board objectives.

3. **SCOPE**

3.1 **Who is the Policy intended to benefit or affect?**

This policy is intended to support the staff that are responsible for contributing to the development of a Policy, the responsible author, the accountable Executive Director and the endorsing committees/groups.

3.2 **Who are the stakeholders?**

This policy applies to all staff within NHSL.

3.3 NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.
4. **PRINCIPAL CONTENT**

This section sets out in context the standards, rules and processes that are required to be undertaken for NHSL to have in place an effective system for Corporate Policy Management. The full cycle can be seen in Appendix 1.

4.1 **Definitions**

There are many definitions of the terms policy, procedure, guideline, protocol, and other documents providing guidance of one kind or another.

For the purpose of this policy the definition described below has been applied:

‘A policy is a specific statement of principles / guiding actions that provide a basis for consistent decision-making and resource allocation. Basically, a course of action established as a guide towards accepted objectives’

Key features of a policy:

- a broad statement of intent
- identifies the target group
- statement of ‘What’ and ‘Why
- applies to all NHS Lanarkshire staff

Definitions of other related documentation:

**Procedure:**

‘A procedure is a series of steps followed in regular order taken to implement a policy’. Procedures can be mapped using a flow chart.’

**Guideline:**

‘Guidelines are often used to underpin a policy. They are a set of standards or rules which assist in the decision on:

- how to apply the policy, or
- manage specific conditions

**Protocol:**

‘A protocol is a set of measurable objective standards to determine a course of action.’

**Strategy:**

‘A strategy sets out a plan of action intended to accomplish a specific goal’
4.2 Policy Document Standards

All NHSL polices, should be written clearly and concisely, in language that is easily understood. For this purpose, there are a key set of standards that must be applied when writing a policy, some of which will be supported by using the electronic template.

- Arial font size 12
- Have a front title page, which includes:
  - author
  - responsible lead Executive Director
  - name of endorsing body
  - name of governance or assurance committee
  - implementations date
  - version number
  - review date
  - responsible person for review

- Header information:
  - name of the policy in top left hand
  - NHS log in top right hand

- Footer information:
  - version number in bottom left hand
  - date in centre
  - page numbers in bottom right hand

- Section headings as defined within template

- ‘Draft’ watermark until fully endorsed then changed to ‘uncontrolled when printed’

4.3 Naming Protocol

There are further rules that require to be applied when naming and referencing the Policy document:

- keep names as short as possible, but ensure they are meaningful
- do not use plurals where they can be avoided
- use British spelling
- use the underscore (_) or hyphen(-) rather than other symbols or spaces
- list elements from general to specific detail of importance
- if adding a date use the rule YYYYMMDD
- if adding a version control to the name, use capital V followed by 2 digits e.g. V1.0
4.4 Notes to Author, Stakeholders and Users

As an author, the status of the policy document will require to be watermarked accordingly. Prior to the endorsement of the policy it should be watermarked ‘draft’.

When the policy is posted on the public website, it will be watermarked with ‘uncontrolled when printed’.

When the policy document requires to be archived, this will be done by Knowledge Services at the request of the author and/or when an updated policy is sent through corporatepolicies@lanarkshire.scot.nhs.uk

Every new policy and revised policy will require to have a:

- communication plan
- monitoring and review plan
- means for comments to be directed back to the author
- completed EQIA

4.5 Keywords & Search Function

All endorsed policies posted on the public website, can be searched for, (albeit a limited function on the homepage search only) by using keywords. It is necessary that the author identifies key words that will help staff to access the right policy at the right time.

Policies are categorised within the following:

- Human Resources
- Public Health: Prevention, Improvement, Harm & Protection
- Clinical Services and Function
- Information Governance and Security, Digital Technology
- Corporate Affairs, Risk & Finance
- Property Support Services

Policies can be searched by short list within the category, or through the full long list in alphabetical order.
4.6 **Endorsing Bodies for Policies**

Policies will require to be fully reviewed by the endorsing bodies to ensure that:

- due process has been followed, (as demonstrated by author completion of Appendix 5)
- receive assurance that the policy is fit for purpose, evidence based and/or meets the relevant national guidance
- there is the opportunity to change and/or amend prior to being received by the relevant governance or assurance committee

The Policy Approval Framework and the Clinical Route can be seen in Appendix 2 and Appendix 3.

4.7 **Review and Fast Track**

Knowledge Services will ensure that authors of policies are notified in advance when the policy is due for review. This will enable a 6 month notification period, to give enough time for the review of the policy, consultation and endorsement to continue the cycle.

Where policies are not reviewed within the time period and may potentially become ‘lapsed’ document, the responsible Executive Director will be immediately notified, and will take relevant action with the author to ensure the policy is quickly updated.

Where a policy requires minimal change only, the fast track procedure can be invoked, where the author and responsible Executive Director can agree these changes and complete the fast track pro forma (Appendix 4). In extenuating circumstances, the lead director can approve a Policy extension. A policy should not be extended more than once.

4.8 **Publishing of Policies**

In general, policies will be posted on to the NHSL public website. Supporting documentation is available through the Policies website on Firstport. Whilst all policies are categorised as OFFICIAL documents, some policies are further categorised as OFFICIAL: SENSITIVE and can be found on the policies website on Firstport. These are exempt from being posted on the public website.
5. **ROLES AND RESPONSIBILITIES**

5.1 **Policy Author**

Within the framework the author, in partnership with the lead Executive Director, takes responsibility to ensure due process is followed. This ensures:

- adequate consultation has taken place
- the policy is evidence based
- where appropriate, accurately reflects national directives
- endorsed through the relevant group/committee
- assurance on due process for the overarching governance committee (complete appendix 5 on behalf of the endorsing group/committee)

The assurance process for corporate policy template (Appendix 5) must be completed by the author to then send with the policy to the relevant governance committee and the corporate policies site for publishing.

5.2 **Lead Executive Director**

The lead Executive Director is accountable for ensuring that:

- the overall management and review of their policies is undertaken through the responsible author
- any significant delays or breaches in the overall management and review of the policies is recognised and addressed timeously

5.3 **Endorsing Bodies**

The designated endorsing body for any policy will:

- receive the new or revised policy
- ensure due process has been followed by receiving a completed assurance process form (see appendix 5)
- be assured that the policy is fit for purpose and is adequately referenced to this effect
- receive reports on the outcomes of any monitoring
- receive updated policies following review with a completed assurance process form (appendix 5)
- update the parent Governance Committee through the completed process assurance form (appendix 5).

5.4 **Governance Committee**

The Governance Committee will:

- receive an assurance process form (appendix 5) report that the policies relevant to the business of the committee are managed within the policies framework and are fit for purpose.
5.5 **Stakeholders**

Stakeholders will be required to engage in an informed and meaningful way. A stakeholder may be the representative for their professional and/or departmental colleagues with the intention of the following outcomes:

- provide a positive contribution
- undertake actions if required
- participate in a structured decision-making process

5.6 **Operational Responsibility and Co-ordination**

Operational staff and managers will support the implementation of the policy awareness and/or training needs, and ensure day to day application of policies.

5.7 **Knowledge Services**

The Knowledge Services team have a pivotal role to play in the:

- Quality checking of policies
- Notification of policy renewal procedure to authors
- Historical archiving and cataloguing of organisational documents
- Facilitation of the transfer of completed policy to public website
- Confirm with the author when the document has been either posted on,
  - removed from the public website

5.8 **IM&T & Communication Department Web and Digital Support**

In pursuit of the aim to have a managed system for all NHSL policies, the IM&T team will:

- bi-annual scan of Firstport to ensure no policies appear on departmental websites
- continuing maintenance of the existing policies Firstport site, hosting all the supporting documentation for policy development and management

Supported by the Communication Department Web and Digital to:

- continuous improvement of the public policy webpage
- ensure access in maintained

5.9 **Users of the Policy**

All users of the policy have a responsibility to work to the policy in the knowledge that it is up-to-date and fit for purpose and can contact the user to appropriately comment on any improvements or omissions that will enhance the policy for the benefit of staff, patients or the public.
6. RESOURCE IMPLICATIONS

This policy does not immediately require any further resources. Significant future improvements will require to be assessed and resourced appropriately.

7. COMMUNICATION PLAN

This policy is posted on the NHS Lanarkshire public website and is accessible by all. From revision of the policy, there will be no further formal programme of introduction or cascade, however, there will be general notification of the revision through the staff briefing process.

8. QUALITY IMPROVEMENT – Monitoring and Review

Internal Audit provides an objective assessment on the adequacy of the organisation policy internal controls, with recommendations and actions overseen by the Corporate Management Team.

CMT receive a monthly report on the overall management of corporate policies and this is forward to the Audit Committee on a quarterly basis.

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT (EQIA)

EQIAs must be completed for all new and reviewed polices. Please see additional guidance available through the NHS Lanarkshire Equality & Diversity web page on Firstport, look for the EQIA folder.

Policies may not be accepted without completion of this section

Confirmation of the completion of the EQIA will be recorded in your process assurance record (Appendix 5). Completed EQIA's should be sent to Hina.sheikh@lanarkshire.scot.nhs.uk
10. **Summary or Frequently Asked Questions (FAQs)**

To help staff understand long or complex polices, please ensure you send a summary or a frequently asked questions list with your completed policy

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where can I access NHS Lanarkshire policies?</td>
<td>All policies can be found on the public website. Policies must not be kept in local department sections but on the policies section only, that will make sure you have the right access to the right version of an endorsed policy.</td>
</tr>
<tr>
<td>What can be on the individual websites?</td>
<td>Websites may hold guidelines and protocols, but where it is an endorsed NHSL policy, there should be signposting to the public website.</td>
</tr>
<tr>
<td>If I am asked to create a policy for the first time what should I do?</td>
<td>Your first step should be to see if a policy already exists on your subject / topic. It may be that it would be better to add information to an existing policy than create a new one. If your policy does not already exist, download the policy template and instructions to create a new one.</td>
</tr>
<tr>
<td>Is there a standard format for policies that I need to follow?</td>
<td>Yes. All policies should follow the standards set out within the policy on Developing Organisation Policies. Policies that do not follow the agreed format will be returned to the responsible author to make the amendments and then resubmit. Policies will not be posted without an EQIA.</td>
</tr>
<tr>
<td>How should completed policies be submitted to be posted on the public website?</td>
<td>After you have ensured that your policy meets all the standards and has been endorsed appropriately, all documents should be sent to <a href="mailto:corporatepolicies@lanarkshire.scot.nhs.uk">corporatepolicies@lanarkshire.scot.nhs.uk</a> Policies should be submitted in word format. All final policies will be uploaded in PDF format – avoid using hyperlinks within your policy document. Where a policy has been categorised as OFFICIAL: SENSITIVE, it will be posted on the internal Firstport policy page.</td>
</tr>
<tr>
<td>In following the policy on Developing Organisation Policies, what happens if I am not sure if what I am writing is a policy?</td>
<td>Some departments have reviewed their ‘policies’ and realised that they may be local procedures or guidelines. It is important for you decide this early on in the process and your document should be renamed to reflect what it is (e.g. guideline) removing the word policy. Look at the definitions within the policy for developing organisation policies to help you.</td>
</tr>
<tr>
<td>Do I need to submit any other documentation with my complete policy?</td>
<td>Yes. You must submit your policy with a completed: • EQIA - equality and diversity impact assessment • plain language summary and / or FAQs document, like you are reading just now • process assurance form (see Appendix 5)</td>
</tr>
<tr>
<td>What if I need access to a previous version of a policy?</td>
<td>Effective from 2012, NHSL has an archive of policies. Requests for access to previous versions of policies can be made through: <a href="mailto:corporatepolicies@lanarkshire.scot.nhs.uk">corporatepolicies@lanarkshire.scot.nhs.uk</a></td>
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<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>What happens when my policy is due to be reviewed?</td>
<td>The named author on the policy will be sent notification from Knowledge Services, that the policy is due for review at 6, 4 and 2 months prior to the review date. It is good practice for you to schedule review periods well in advance of the review date.</td>
</tr>
<tr>
<td>What happens if I cannot get my policy reviewed and approved in the timescale?</td>
<td>It is expected that 6 months notification should be adequate timing to ensure review and consultation within this period, however, if for special reasons this cannot happen, the first thing to do is to email Knowledge Services at <a href="mailto:corporatepolicies@lanarkshire.scot.nhs.uk">corporatepolicies@lanarkshire.scot.nhs.uk</a> and let them know about the delay and give a date when the approved policy will be available. <strong>Policies should not be out of date. It is vital that policies are extant at all times.</strong> An email will be sent to the author and responsible Director as soon as a policy has lapsed.</td>
</tr>
<tr>
<td>I am awaiting national guidance that has been delayed, what should I do?</td>
<td>You must complete a review anyway. Indicate on the change record that the policy is still extant until national guidance is received. The organisation <strong>must have in date policies at all times.</strong> Plan your review even if awaiting further guidance and ensure it goes through the endorsing bodies as usual.</td>
</tr>
<tr>
<td>How do I let staff know about the new or updated policy?</td>
<td>As the responsible author (team/department), it is your responsibility to advertise and seek feedback on your policy. The staff brief is an easy and quick way to share your policy. You should also use the staff brief to let staff know when a policy is under review in case they want to contribute / comment.</td>
</tr>
</tbody>
</table>

11. **Archival of Documents**

When a corporate policy is created by NHS Lanarkshire it becomes an official document and policies must be controlled within the principles for archiving, retention and destruction contained in Scottish Government circular

As an NHS Lanarkshire Board record, corporate policies must be retained permanently and will be managed through the Knowledge Services

12. **References**


Boise State University: Policy and Procedure Writing Guide: [https://policy.boisestate.edu/policy-writing-guide/](https://policy.boisestate.edu/policy-writing-guide/)

Do’s and Don'ts of Policy Writing: Policymedical [https://www.hcca-info.org/Portals/0/PDFs/Resources/library/DOs%20and%20DONTs%20of%20Policy%20Writing.pdf](https://www.hcca-info.org/Portals/0/PDFs/Resources/library/DOs%20and%20DONTs%20of%20Policy%20Writing.pdf)
Appendix 1 - Process Quick Reference Cycle 1 – Where Policy Affects More Than One Area

Stage 1
Need for policy identified

Stage 2

Stage 2A
Author drafts policy on the electronic template

Stage 2B
Identify and consult with key Stakeholders

Review any new evidence in light of evaluation outcomes

Integrated Impact Assessment EQIA

Redraft incorporating changes

No

Stage 3
Approved by Stakeholders?

Yes

Stage 4
Submit to Endorsing body

Stage 5
Approved by Endorsing body?

No

Redraft incorporating changes

Stage 6
eMail to corporatepolicies@lanarkshire.scot.nhs.uk for publishing on the Public Webpage

Stage 7
Author submits a completed process assurance form (appendix 5) to the relevant Governance Committee

Stage 8
Distribution and implementation to the agreed plan

Stage 9
Monitoring and Review
QPPGG will provide a collective scrutiny from membership that includes all ‘Heads of Profession’ in NHS Lanarkshire. This will facilitate executive endorsement that can be noted by HQAIC.

Established Clinical Reference or Governance Group (or ad hoc commissioned SLWGs), should submit any fully developed Clinical Policies for endorsement via this route. (In most instances, it will be expected that the developing/approval group will have the necessary expertise to approve final drafts of proposed policies.)

Renewed Clinical Policies should also be submitted ‘for noting only’, unless there has been significant change which should be highlighted to QPPGG.

QPPGG may (by express agreement with the Chair) agree to take draft policies for early comment.
Appendix 4: Fast Track proforma

This fast track sign off sheet can be used for any policy that has only had minor changes made and negates the need for the full assurance procedure which can lead to delays in publishing policies online. By using and signing this document, you are assuring the organisation that the meaning, context and actions arising from this policy have not changed. Please complete all the details below.

Policies are still required to meet the standards outlined in the policy for ‘Developing Organisation Policy’ found on Firstport. It is the author’s responsibility to summarise the changes that have been made to the policy and to inform the relevant assurance group through completion of the record for ‘assurance process for corporate policies’ (Appendix 5) of the fast track option. This can be done by email or through the governance agenda, with a note retained by the author/s and detail recorded in the change record.

<table>
<thead>
<tr>
<th>Name of Responsible Author</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of lead Executive Director</td>
<td></td>
</tr>
<tr>
<td>Name of Policy</td>
<td></td>
</tr>
<tr>
<td>Summary of changes e.g. policy changes, updated contact details, new review date, move to new template etc.</td>
<td></td>
</tr>
</tbody>
</table>

EQIA – Please confirm that you will update your existing EQIA to reflect any changes □

All fast track sheets must be signed by both the author and responsible director. Please send the updated policy with a copy of the signed fast track sheet to: corporatepolicies@lanarkshire.scot.nhs.uk

| Signature of the Responsible Author | Date --/--/-- |
| Signature of the Lead Executive Director | Date --/--/-- |
NHS LANARKSHIRE ASSURANCE PROCESS FOR CORPORATE POLICIES

Note this assurance process is not applicable for new policies. All new policies must be received in full, with a completed Equality and Diversity Impact Assessment (EQIA) by the designated Assurance Group.

**Policy Assurance Process Report Prepared For:** [insert name of the Committee]

**Date:**
**Name of Policy:**
**Executive Lead:**
**Author(s) of Policy:**

<table>
<thead>
<tr>
<th>Review of Existing Policy</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Policy Been Reviewed Within Timescale</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If No Explain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reviewing Group / Body / SLWG:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Contributors / Reviewers:</th>
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</thead>
</table>

**Assurance of Due Process for Policy Review**

<table>
<thead>
<tr>
<th>The Policy is set out to the NHSL Policy Template</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If No explain why and authorisation by who</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Evidence, Good Practice and/or Legislation Has Been Considered</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referenced where applicable</td>
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</table>
Cost for implementation (if any) have been considered

Outline outcome:

The Change Record is fully updated
The EQIA has been updated at the review period
Updated EQIA attached
An Updated EQIA must be attached, if NO explain why

Approved By Reviewing Group/Body

Confirmed by Author:

Approved By Executive Lead: