

Appendix O

Checklist for Approval and Ratification Boards Procedural Documents

Policy Name: THE MEDICAL GASES POLICY

Action Requested: Ratification by OMB

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1	Format & Layout		
	Is the policy in Font (Verdana 10 point)?	Yes	
	Are the Appendices separate and in a Pdf format?	Yes	
	The Trust approved logo is in the header [on first page of policy] of each appendix	Yes	
	'Appendix' at top right of each appendix first page, sequenced using letters, not numbers	Yes	
	A standard page footer [on each page of policy and] separately on each Appendix	Yes	
2	Mandatory Appendix		
	Does the Policy have the following:		
	Equality Impact Assessment	Yes	
	An Approved Privacy Impact Assessment	Yes	Policy is a review of an existing
	Implementation Plan	Yes	policy
3	Title and Rationale		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
	Are reasons for development of the document stated?	Yes	
	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	Not by name, by title
	Is there evidence of consultation with stakeholders and users?	Yes	
4	Content		
	Is the objective of the document and intended outcomes clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the statements clear and unambiguous?	Yes	
5	Evidence Base		
	Is the type of evidence to support the policy identified explicitly?	Yes	
	Are key references cited?	Yes	

	Title of docum	nent being reviewed:		Yes/N Unsu		Comments		
	Are supporting	documents referenced?			Yes			
6	Approval							
	Does the docum	nent identify which committee/group will ap	prove it?		Yes			
		nave the joint Human Resources/staff side co proved the document?	ommittee (or		Yes			
7	Dissemination	ination and Implementation						
	Does the plan i compliance?	Does the plan include the necessary training/support to ensure compliance?			Yes			
		r who will be responsible for co-ordinating the dissemination, entation and review of the document?			Yes			
		plementation plan specify where the document is to be r staff/public access?			Yes			
8	Document Control							
	Does the document identify where the original will be held?				Yes			
	Have archiving	Have archiving arrangements for superseded documents been addressed?						
	Is the version r	s the version number correct and in compliance with Trust Policy?						
9	Process to Monitor Compliance and Effectiveness							
		are there measurable standards to support the monitoring of compliance with and effectiveness of, the document?						
	Is there a plan	n to review or audit compliance with the document?			Yes			
10	Review Date	•						
	Is the frequency of review identified? If so is it acceptable?				Yes			
	Post Holder responsible for the Policy/Document Approval							
	The Post Holder as identified within the document submitted, should sign here to confirm their approval of the document and their authority for its submission to the board/committee stated above. This document must then be submitted to the board/committee with the original documents and all appendices.							
	Name	Terry Cropp	Da	te:	10 th	October 2018		
	Signature							
	Board/Committee Approval If the board/committee is happy to approve this document, the Chair of the board/committee should sign and date it here. Please send this original document to the Information Governance Department.							
	Name		Date					
	Signature		I					
	Board/Com	Board/Committee Ratification						
	If the committee is happy to ratify the approval of this document, the Chair of the board/committee should sign and date it here. Please send this original document to the Information Governance Department.							
	Name		Date					
	Signature							