# Policy for the Development and Management of Policy, Procedures and Guidance Documents

## July 2022

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| **Authorship:** | **Executive Director of Corporate Affairs** |
| **Board / Committee Approval:** | **Integrated Care Board** |
| **Approved Date:** | **1 July 2022** |
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| **Target Audience:** | **Integrated Care Board, Integrated Care Partnership, Committees and Sub-Committees, ICB Staff, agency and temporary staff & third parties under contract** |
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| **Version Number:** | **1.0** |

**The on-line version is the only version that is maintained.
Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.**

## Document Amendments

Amendments to the document will be issued from time to time.

A new amendment history will be issued with each change.

| New Version Number | Issued by | Nature of Amendment | Approving Body | Approval Date | Date Published |
|---|---|---|---|---|---|
| 1.0 | Executive Director of Corporate Affairs | New policy | ICB | **1 July 2022** | 1 July 2022 |
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*The on-line version is the only version that is maintained and valid. If this document has been printed or saved to another location, the reader must check that the version number matches that of the on-line version.*

**Contents**

## 1.0 Introduction

To ensure robust governance, organisations need formal written documents, such as policies, which communicate standard corporate organisational ways of working. These help clarify requirements and ensure consistency within day to day practice and support the achievement of objectives.

NHS Humber and North Yorkshire Integrated Care Board (ICB) has a statutory duty to have in place policies and procedural documents which comply with legislation.

Policies support staff to fulfil the requirements of their role safely and effectively. A common format and approval structure for policies will ensure policies are easier to read and understand and will reinforce the corporate identity of NHS Humber and North Yorkshire ICB.

## 2.0 Purpose

NHS Humber and North Yorkshire ICB will have a systematic and planned approach to the development of policies and their associated guidance documents. Organisational policies should provide a clear understanding of what is expected of employees.

Policies will only be developed when there is a clear identified need for them to enable achievement of objectives and standards which would not be possible without written policy and guidance. This will enable NHS Humber and North Yorkshire ICB to manage and control the development of policy and support other external standards.

This document sets out:

- NHS Humber and North Yorkshire ICB's definitions of policy, procedure, protocol and guidelines.
- The required style and format of policy and guidance documents.
- Accountabilities and responsibilities for policy.
- The process for the development, approval and ratification of documents.

Establishing a clear system for the management of procedural documents is a critical component of a transparent risk management programme and integrated governance.

## 3.0 Style and Format of Policy Documents

All policies and procedures will be developed using the agreed NHS Humber and North Yorkshire ICB policy template to ensure they are easier to read and understand and also to ensure a corporate appearance. Requirements in respect of font style and content are detailed in the template itself. The template also includes advice on sections and headings and contains all the relevant forms for completion.

A well written policy should:

- Be clear, concise, jargon and acronym free and written in straightforward language.
- 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, where appropriate.
- Consider producing appropriate documents (eg public friendly) in languages other than English, dependent on the population group served by the policy.
- All existing document revisions should be carried out using the "Track Changes" tool so that all changes made to the preceding version are clearly visible to the body accountable for ratification.

A corporate appearance should be adhered to using the following style and format:

## 3.1 Style

Arial font, size 12 – all styles are indicated in red instructions in the policy template.

## 3.2 Format

Use the standard headings in the template, as well as the template front and contents page.

## 3.3 Version Control

Ensure there is clear version control of the document, and this is recorded in the version history. New policies will begin at 0.1 until approved, when this will become version 1.0. Subsequent revisions will be 1.1 etc. until again finally approved by the appropriate Committee or person, at which point it will become version 2.0.

All documents, either new or being updated, must clearly be marked as draft by applying a watermark to the document, Documents cease to be draft only after they have been approved by the relevant body.

## 4.0 Definitions

NHS Humber and North Yorkshire ICB aims to have a clear understanding of the terms policy, procedure, protocol and guidelines and a common approach to the development of policy and management of the associated procedural documents.

This document is particularly relevant for those staff responsible for writing or reviewing policies, however it is equally important that all ICB employees understand the relevance of having these in place.

Occasionally policies will be developed through partnership working and may have a different format than that described here. In these instances, the policy itself will be adopted but will still be quality-assured by the relevant manager in consultation with the senior manager of the corporate affairs portfolio with responsibility for policy development against the criteria of this document to ensure that when presented for final approval it meets NHS Humber and North Yorkshire ICB requirements.

## 4.1 Policy

"A policy says what you must know or do."

A policy is a statement of intent, describing an approach or course of action to be adopted or pursued in respect of a particular issue. Each policy should have a purpose and specific requirement as to how the policy is to be accomplished.

A policy is a formal document which enables managers and staff to make correct decisions, comply with relevant legislation and follow specific rules.

The formal policy applies to all staff and compliance with the policy is mandatory and legally binding between employer and employee. Non-compliance with a policy may therefore result in disciplinary action.

## 4.2 Procedure

"A procedure tells you how it must be done."

A procedure is a standardised series of actions / instructions that describe the appropriate method for carrying out tasks or activities to achieve the highest standards possible and to ensure efficiency, consistency and safety.

A procedure is a formal document.

Procedures do not require approval by the Integrated Care Board or a committee; they can be approved by an Executive Director.

## 4.3 Protocol

A protocol is a formal set of procedures which are to be followed in order to achieve specific outcomes.

Protocols do not require approval by the Integrated Care Board or a Committee; they can be approved by an Executive Director.

## 4.4 Guidelines

A guideline is a document that outlines best practice. Guidelines are not mandatory, though staff are expected to follow guidelines except when exceptional circumstances determine otherwise.

Guidelines do not require approval by the Integrated Care Board or a Committee; they can be approved by the relevant Executive Director of the responsible function.

**5.0     Scope of the Policy Document**

The policy applies to NHS Humber and North Yorkshire ICB and all its employees and must be followed by all those who work for the organisation, including those on temporary or honorary contracts, secondments, pool staff, contractors and students.

Where commissioning support services are involved in the development of policy, procedural or guidance documents, they should adhere to the process set out in this document.

**6.0     Duties / Accountabilities & Responsibilities**

The following gives an overview of the duties of individuals, departments and committees, including levels of responsibility for the development of policy and procedural documents.

Policy, procedure and guidance direction is the role of the ICB. The development of all of these documents must be led by the relevant Director, Head of Service or Manager.

**6.1     Chief Executive**

Procedural documents are vital to the organisation for effective management, service delivery and the management of associated risks. It is therefore essential that responsibility is placed at the highest level. The Chief Executive is responsible for ensuring there is a structured approach in place for procedural document development and management.

**6.2     Executive Directors**

Responsibility for procedural document development is delegated to the Executive Directors; however, accountability remains with the Chief Executive.

**6.3     Directors / Deputy Directors / Heads of Service**

Directors / Deputy Directors / Heads of Service must ensure that, through management lines, all staff have an awareness of all policies, with emphasis given to those that are specifically relevant to their area of work.

Directors / Deputy Directors / Heads of Service must ensure employees are aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

**6.4     Managers**

Day to day responsibility for the development and review of procedural documents is with Managers. Each document must have a named responsible officer which will

usually be a Head of Service or a Manager. The responsible officer must ensure that an appropriate author is nominated to develop the policy, procedure or guidance within the requirements of this document.

Managers in consultation with the senior manager of the corporate affairs portfolio with responsibility for policy are responsible for ensuring that policies are reviewed in line with the policy review date. Managers should identify arrangements for any training support for the policy.

## 6.5 Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development

The Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development will support the development of policies and will assist in ensuring policies are quality assured against the criteria of this document to ensure that when presented for final approval it meets NHS Humber and North Yorkshire ICB requirements.

They are responsible for confirming the process and timescale for approval.

They will maintain a central database of policies with review dates and contact the responsible officer prior to the policy review date to highlight that the policy is due for review.

## 6.6 Commissioning Support Services

Where NHS Humber and North Yorkshire ICB has a service level agreement with providers of Commissioning Support Services for the development and review of policies, they will be responsible for producing an initial draft and submitting it to NHS Humber and North Yorkshire ICB for internal consideration, consultation, local tailoring and final approval through NHS Humber and North Yorkshire ICB governance processes outlined in this document.

Where NHS Humber and North Yorkshire ICB has a shared service agreement with another organisation for the development and review of policies, they will be responsible for producing an initial draft and submitting it to NHS Humber and North Yorkshire ICB for internal consideration, consultation, local tailoring and final approval through NHS Humber and North Yorkshire ICB governance processes outlined in this document. It is acceptable for NHS Humber and North Yorkshire ICB to adopt another organisation's policies, however this must be formally approved and adopted by the appropriate ICB body.

## 6.7 All Employees

All staff have a responsibility to work in line with NHS Humber and North Yorkshire ICB approved procedural documents and should:

- Be aware of how to access them.

- Be aware of those which are relevant to their area of work.

- Act in accordance with them.

- Attend any relevant training which is offered in relation to them.

- Report any issues affecting compliance with them to their line manager, in order that these can be taken account of.

All staff need to ensure they are aware of the system for policy dissemination (section 12.0). This includes a requirement on receipt of new policies to review their contents and assess the relevance to their role.

All staff must be aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

Directors / Deputy Directors / Heads of Service must also ensure that, through management lines, all staff have an awareness of all policies, with emphasis given to those that are specifically relevant to their area of work.

## 6.8    Committees Responsible for the Approval of Policies

### The ICB and its Committees

The ICB or named Committees are required to approve policies, as detailed within the ICB's Scheme of Delegation and Reservation.

The ICB will receive formal notification from the relevant committees of policies that have been approved via minutes or through key messages reports.

The NHS Humber and North Yorkshire ICB will be responsible for the formal approval of policies that sub-committees deem require ICB approval.

## 7.0    Development of New or Existing Policies

All policies must be compliant with current legal and statutory requirements that are relevant to their development. There must also be compliance with NHS policies/ guidance, this policy and the NHS Humber and North Yorkshire ICB policy template (including the standard style and format as outlined in appendix 1).

The Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development a responsibility to ensure the implementation of the process for the development of policies and the author should liaise with them if they have any queries or concerns regarding the process.

The author should ensure that the relevant expertise and advice is sought where necessary. Whilst it is good practice to review policies from other similar organisations, it is vital to ensure NHS Humber and North Yorkshire ICB needs are fully met and the policy remains appropriate to this organisation.

## 7.1 New Policy

An author may be requested to develop a new policy based on organisational needs, changes in legislation or national requirements. The author should check that they are not duplicating any work undertaken locally or nationally. They should also notify the Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development that a policy or procedure is being developed and confirm the process and timescale for approval.

## 7.2 Revision of an Existing Policy

An author who is reviewing an existing policy is expected to review the contents of the current version for its continued relevance and update to reflect organisational requirements, legislation or national obligations.

The author will also be responsible for monitoring any trends relating to the protected characteristics under the 2010 Equality Act (see more detail under section 8).

## 8.0 Public Sector Equality Duty & Impact Assessments

The Equality Act 2010 includes a general legal duty to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations between people who share a protected characteristic and people who do not share it.

As a public body NHS Humber and North Yorkshire ICB must demonstrate due regard to the general duty. This means active consideration of equality must influence the decision/s reached that will impact on patients, carers, communities and staff.

An Equality Impact Assessment (EIA) and a Quality Impact Assessment (QIA) should be completed for every policy and in accordance with the ICB's EIA and QIA toolkits. The EIA is a way of systematically analysing a new or changing policy, strategy, process etc. to identify what effect, or likely effect, it could have on 'protected groups'.

Potential adverse impact on any protected group identified through the EIA/QIA will be monitored as part of the routine work to monitor compliance with the policy.

The General Data Protection Regulation (GDPR) / Data Protection Act 2018 includes the requirement to complete a Data Protection Impact Assessment for any processing that is likely to result in a high risk to individuals.

Consideration should be given to any impact the policy may have on individual privacy; please consult NHS Humber and North Yorkshire ICB Data Protection Policy.

The ICB is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the Data Protection & Confidentiality Policy and related policies and procedures. If you are commissioning a project or undertaking work that requires the processing of personal data you must complete a Data Protection Impact Assessment.

A Sustainability Impact Assessment should be completed for all policies.

The Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development is the lead for ensuring all Impact Assessments are completed for policies.

## 9.0     Bribery Act Guidance

Use the Bribery Act Guidance to help you consider whether the Bribery Act is relevant. Policies where the Bribery Act will have a significant impact are mainly those relating to procurement, sponsorship and business conduct.

Include the standard statement - The relevance of the Bribery Act 2010 must be considered in respect of every policy.

If the bribery is relevant to the policy included the following:

It is considered the Bribery Act 2010 to be relevant to this policy.   Under the Bribery Act it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other

  advantage to induce them to perform improperly a relevant function or

  activity, or as a reward for already having done so; and

- Be bribed by another person by requesting, agreeing to receive or accepting

  a financial or other advantage with the intention that a relevant function or

  activity would then be performed improperly, or as a reward for having

  already done so.

To bribe a foreign public official - A person will be guilty of this offence if they promise, offer or give a financial or other advantage to a foreign public official, either directly or through a third party, where such an advantage is not legitimately due.

If commercial organisations fail to embed preventative bribery measures.  This applies to all commercial organisations which have business in the UK. Unlike corporate manslaughter this does not only apply to the organisation itself; individuals and

employees may also be guilty.

These offences can be committed directly or by and through a third person and other related policies and documentation when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist.

If the Bribery Act is not relevant then include the following statement:

The relevance of the Bribery Act 2010 must be considered in respect of every policy.

The ICB follows good NHS business practice as outlined in the Business Conduct Policy and the Conflicts of Interest Policy and has robust controls in place to prevent fraud, bribery and corruption. Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist. (add link to website)

## 9.0     Process for Monitoring Compliance

The policy should describe how the policy will be monitored and its effectiveness measured and evaluated. It should also state how non-compliance will be reported.

The responsible officer will monitor compliance with this policy, supported by the Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development who will highlight any issues of non-compliance to the Executive Directors.

## 9.1     Key Performance Indicators

Where relevant procedural documents should contain a section describing auditable standards and/or key performance indicators, and state how these will assist the ICB in the process for monitoring compliance.

## 10.0    Consultation

Once the author is confident that the draft policy is in a reasonable condition they will then proceed to wider consultation to ensure all appropriate views are considered. The ICB expects all stakeholders, including patients and staff where relevant, to be involved in the development of policies and procedural documents.

Consultation should be to secure the support and experience from all relevant

individuals and groups. Expertise and experience of all relevant parties should be considered, particularly those who will be expected to implement the requirements of the policy. Consultation should involve appropriate expert groups and other stakeholders where appropriate and it is the responsibility of the author to ensure relevant people have been consulted. Groups to consult may be:

- Key staff including staff representatives from the professional associations and trade unions (as appropriate).

- Staff Forum.

- Patient/user representatives (as appropriate).

- Carer representatives (as appropriate).

- and other organisations/Trusts (as appropriate).

- Third sector (voluntary and community) organisations relevant to the subject.

The consultation process is an opportunity to influence the policy content and a draft policy when sent out to stakeholders should be as near to the 'final' draft version as possible whilst still at a stage to make changes. It should 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. An appropriate length of time should be allotted to facilitate consultation.

Once the consultation has been completed, the author should update the review log and version number to outline any changes made to the policy as a consequence of consultation. As part of the consultation, the author should keep a record of any discussions with supporting documentation.

## 11.0 Approval Process

Once a policy is ready for approval the Director / Deputy Director / Head of Service, in consultation with the Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development, shall determine the appropriate route for reviewing and approving the policy. This should be in line with the organisation's Scheme of Reservation and Delegation (SoRD).

Once the approval process is completed, the Director / Deputy Director / Head of Service should forward an electronic copy of the agreed policy to the Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development

Boards / Committees / Sub-Committees / Groups approving policies must record approval in the minutes.

## 12.0 Dissemination and Implementation

## 12.1 Dissemination

The Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development is responsible for the effective dissemination of the policy and should make arrangements for the dissemination of policies as follows:

- ensure the policy is added to the ICB website where relevant
- ensure the policy is added to the ICB intranet / drive where relevant
- undertake any additional methods of dissemination as appropriate. These may include email, staff bulletin, staff briefing etc.

For documents other than policies, the Director / Deputy Director / Head of Service should consider the most appropriate means of dissemination. It would not normally be appropriate for procedure and guidance documents to be placed on the ICB website, for example, but should be available on the intranet.

## 12.2 Implementation

Policies should include how any training that is needed in order to ensure policy implementation will be delivered, how it can be accessed and describe who should attend training, frequency of updates and who provides the training.

## 13.0 Review and Revision Arrangements

All documents should be reviewed at least every four years from the date of ratification or earlier on changes of legislation/guidance. The document author is responsible for the review and updating of the document.

Managers are responsible for ensuring that policies are reviewed in line with the policy review date. The Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development will keep a central database of all policies, procedures and guidance to enable the monitoring of review dates for all policies.

This policy will be reviewed at least every four years by the author noted on the cover sheet.

## 13.1 Version Control / Archiving Arrangements

Whilst a policy is in the development and draft stage the author should use version control to keep track of the latest addition (see 3.3). However, once the policy has been formally approved and before the policy is disseminated, the version control information will be completed.

If an existing policy is reviewed and amended it will be given a new version number, but if there are no changes made to it, its version number does not need to change.

## 13.2 Storage and Archiving

The Senior Manager of the Corporate Affairs portfolio with Responsibility for Policy Development will ensure the upkeep of a central register of all current policy

documents, together with a master file of electronic copies.

**14.0    Associated Documentation**

This policy should be read in conjunction with the following ICB policies, procedures and guidance:

- ICB Constitution and Standing Orders.
- Scheme of Reservation and Delegation.
- Other policies and procedures, as required.

**15.0    Appendices**

- **Policy Template**

**Appendix 1: Policy Template**

# Policy Name

**Style = Title (centred in Arial Bold, Size 24)**
**For Styles go to the Home tab, styles section, put your cursor in the paragraph, click on Title if you see it and the formatting will happen automatically, if not click on the down arrow to see more styles**

# Date Policy Approved

**Style = Subtitle**
**(Month and Year only centred in Arial Bold, Size 18)**

Single line spacing
Each page must have a footer (included in this template) where each page of the document is numbered and the name of the document will appear on each page in the footer

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|---|---|
| **Authorship:** | Job Title, Organisation |
| **Committee Approved:** | Insert |
| **Approved date:** | Month / Year |
| **Review Date:** | Month / Year |
| **Equality Impact Assessment:** | Completed |
| **Target Audience:** | ICB and its Committees and Sub-Committees, ICB Staff, agency and temporary staff & third parties under contract |
| **Policy Number:** | Insert |
| **Version Number:** | 0.1 |

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# POLICY AMENDMENTS

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| New Version Number | Issued by | Nature of Amendment | Approving Body | Approval Date | Date Published on Website |
|---|---|---|---|---|---|
| 0.1 | [Insert Role Title] | New Document | [Insert] | [Insert] | [Insert] |
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**Contents**

Whilst this is not an exhaustive list, and can be adapted to each individual document, the policy as a minimum must include all the sections detailed below:

(Below is a Table of Contents generated automatically from the style Heading 1 – to update the table, click in it, right click and select update entire table – if there are changes which just impact the page numbers you can select, update page numbers only – once you have done this if there are sections missing you need to make sure the headings are styled at Heading 1 – then update the table of contents and they will appear)

# 1.0 Introduction

<span style="color:red">(The style for the numbered heading is Heading 1 which will appear in the automatically generated table of contents. The style for the text underneath it is Body Text – where styles change, these are indicated below)</span>

This section should give an overview of the policy document and its particular context.

# 2.0 Purpose

Outline the aims and objectives of the policy. Explain why the ICB needs this policy document. Refer to any relevant legislation / guidance/ national policy.

Ensure the policy does not duplicate work elsewhere.

# 3.0 Definitions / Explanation of Terms

Add in any definitions or explanation of terms or language used in the context of the procedural document if appropriate.

# 4.0 Scope of the Policy

Who does this policy apply to? Usually the text below will apply.

The policy applies to NHS Humber and North Yorkshire and all its employees and must be followed by all those who work for the organisation, including the Integrated Care Board, Integrated Care Partnership, those on temporary or honorary contracts, secondments, pool staff, contractors and students.

State the consequence of non-compliance with the policy if appropriate.

# 5.0 Duties / Accountabilities and Responsibilities

## 5.1 Duties within the organisation

<span style="color:red">(The style for any headings under any of the main Heading 1s, ie 5.1, 5.2 etc. is Heading 2 NB: this will not appear in the table of contents)</span>

Set out the duties within NHS Humber and North Yorkshire for the responsibility for the development and management of each policy.

For example:

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## 5.2 Chief Executive

This is the person with overall responsibility for this policy.

## 5.3 Head of Service

(Individual Person for the area the policy relates to).

This is the person responsible for the administrative co-ordination of this policy.

Heads of Service must ensure that members of staff are aware of this policy and processes to be followed.

## 5.4 Responsibilities for Approval

Set out which groups / committees are responsible for the approval of this policy document.

## 6.0 Policy Document Requirements Details

Describe the operational detail of the policy document. This would contain the main section of the policy and may take up a significant section of the document.

## 7.0 Public Sector Equality Duty

All policies should include a statement that NHS Humber and North Yorkshire 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 is required that a Equality Impact Assessment (QEIA) is carried out on a new policy that is likely to impact on patients, carers, communities or staff. The QEIA toolkit is attached at Appendix A/can be found at (and insert link).

Potential adverse impact on any protected group identified through the QEIA will be monitored as part of the routine work to monitor compliance with the policy.

## 8.0 Consultation

Describe how consultation will take place with internal and external stakeholders.

Once the consultation has been completed, the author is required to complete the 'Stakeholders Consulted' section of the policy. This will identify

any individual or group that has been consulted.

## 9.0    Training

Identify staff groups who may/will need training and how this training need will be met.

## 10.0    Monitoring Compliance with the Document

Outline how the ICB will monitor compliance with the policy and the frequency of this. Be specific about the following:

- Responsibilities for conducting monitoring.

- Process for reviewing results of monitoring; identifying any learning and ensuring improvements in performance occur.

- Any key performance indicators which will assist the ICB monitoring compliance with the policy.

(The style for bullet points is Bullet 1)

## 11.0    Arrangements for Review

State the frequency of review of the document (minimum every two years) and who / which group will be responsible. Ensure the review log is updated.

## 12.0    Dissemination

Explain how the policy document will be circulated, including arrangements to record distribution, receipt (where required) and review of the document.

For revisions to previous documents, ensure outdated copies are removed and staff are aware and have access to the new document.

## 13.0    Associated Documentation

Cross refer to any other related organisational policies, related procedural documents and state that the procedural document should be read in conjunction with these.

## 14.0    References

Provide evidence base for the document with up to date references, citing these in full. Include any reference materials reviewed in the development of the procedural document.

## 15.0 Appendices

List appendices (as required) for the policy, ensuring these are referred to appropriately in the document and list these on the contents page.

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