



NSS Policy Development Framework

March 2025

Document control

Name	NSS Policy Development Framework
Summary	Sets out ways of working to develop organisational policies within NSS excluding Once For Scotland National Workforce Policies; SNBTS Clinical Policies; or any other Once for Scotland Policy
Target audience	All NSS staff who are involved in the development or review of organisational policies within their remit. All NSS staff to provide transparency in approach.
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Approving committee/group	NSS Board
Document owner	Associate Director Corporate Governance

POLICY DEVELOPMENT FRAMEWORK

1. INTRODUCTION

1.1 [The NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance Second Edition](#) requires NHS National Services Scotland (NSS) to establish and maintain a robust framework for the development, approval and management of policies and other associated documents.

1.2 This framework aims to ensure that:

- There is a consistent and clear approach to policy development, consultation, approval, dissemination and communication;
- Policies in use are current, relevant, up to date, have clear ownership, and formal approval and are always easily accessible by staff;
- The impact of policies is fully assessed and understood;
- There is a well-controlled process (see Appendix 4) for the development and governance of policies as it is central to a robust system of internal control;
- NSS complies with relevant legislation, governance, audit and controls assurance requirements;
- NSS adheres to the requirements set out in the Blueprint for Good Governance.

2. PURPOSE AND SCOPE

2.1 This Policy Development Framework sets out the corporate approach to developing and approving corporate policy documents within NSS (see 2.3 for any policy excluded from this process). It applies to the creation and revision of all corporate policies and applies to all staff involved in the writing, reviewing, approving and implementing policies.

2.2 The Framework also extends to procedures and guidelines that act as implementation tools for policies and are contained within their appendices. The Framework does not apply to stand-alone procedures and guidelines.

2.3 In addition to policies developed by NSS, there are also [Once for Scotland National Workforce Policies](#) which are mandated for use across all of NHS Scotland. This Framework does not apply to any NSS Workforce; Health and Safety; or Once for Scotland National policies which will be considered by the Workforce Policy Terms and Conditions (WPTC) or Occupational Health and Safety (OSHAC) Committees.

2.4 The Framework does also not apply to Scottish National Blood Transfusion Service (SNBTS) clinical policies.

2.5 Although the policies noted in 2.3 and 2.4 are excluded from this Framework, all final policies should be submitted to the Associate Director of Corporate Governance (Board Secretary) for inclusion on the Corporate Policy Register and for inclusion in assurance reports to the Executive Management Team (EMT) and the NSS Board.

3. DEFINITIONS

3.1 **Policy** – A policy is a written corporate document which gives direction and approach around a clearly defined subject/area. It enables management and staff to make correct decisions, deal effectively and comply with relevant legislation, Scottish Government circulars, organisational rules and good working practices.

3.2 **Procedure** - A procedure is a standardised series of actions taken to achieve a task so that everyone undertakes it in an agreed and consistent way to achieve a safe, effective outcome.

3.3 **Guidelines** - Guidelines provide standards and principles to assist staff in demonstrating actions and behaviours that are consistent and adhere with a particular policy.

4. POLICY DEVELOPMENT PRINCIPLES

4.1 All Board Policies (with the exception of Once for Scotland Policies) must meet the following principles and standards:

- are aligned to the NSS Values and Strategic Objectives;
- are evidence-based;
- have a clear rationale with reasons for having a specific policy clearly articulated;
- is clear about its scope;
- meets the requirements set out in this Policy Development Framework in relation to consultation and engagement, working in partnership, impact assessment, format and style, approval pathways, communication and dissemination, and review.

4.2 In considering the effectiveness of the policy, Policy Leads should:

- ensure that objectives, outcomes, inputs, processes, impacts and implementation are monitored, and be clear about the purpose and goals.
- establish what will be monitored and why. If the policy structure is clear, and the provisions are focused, monitoring will be more manageable.
- monitor the objectives of the policy within a continuous cycle of review to ensure the highest quality provision for all patients and staff.

5. ROLES AND RESPONSIBILITIES

5.1 Scheme of Delegation

5.1.1 Areas of responsibility are set out in the [Scheme of Delegation](#) which delegates power to individual officers within the management structure.

5.2 Executive Lead

5.2.1 The Executive Lead (policy owner) is responsible for:

- ensuring ownership of the appropriate policies under their area of responsibility;
- initiating and/or approving the development of a new policy and supporting procedure documents and guidelines for NSS;
- ensuring that the policy is developed in a robust way, the requirements of the Policy Development Framework are followed, and Assurance Checklist (Appendix 1) is complete;
- allocating a Policy Lead (see 5.3 for definition) to lead the development of a new policy;
- providing advice to their nominated Policy Lead throughout the policy development process;
- notifying the Associate Director of Corporate Governance (see 5.4 for definition) of the policy to be developed with an indicative timescale for completion;
- ensuring that policies within their area of responsibility are reviewed within the agreed review period, or agreeing an extension if appropriate;
- identifying the need for any required policy amendments e.g., guidance or legislation changes and appoint a Policy Lead to take forward changes.
- present the draft policy to EMT and relevant Standing Committee, as required.

5.3 Policy Lead

5.3.1 The Policy Lead is responsible for:

- meeting the requirements for consultation, review of evidence, impact assessments and document format as set out in the Policy Development Framework;
- ensuring that the policy is approved by the appropriate approval body in line with the NSS Standing Committee Terms of Reference;
- the implementation of the policy, including timescales for roll-out, training, ongoing communication and review;
- providing the Associate Director for Corporate Governance with materials for a policy consultation to be launched via appropriate and effective NSS Communication channels;
- ensuring that the policy is reviewed at the stated date.

- present the draft policy to the Corporate Governance Oversight Group.

5.4 Associate Director of Corporate Governance

5.4.1 The Associate Director is responsible for policy management within NSS. This includes:

- overall responsibility for Policy Development Framework;
- providing advice on the policy framework and processes through the Corporate Governance function;
- ensuring implementation of the framework, including the development and maintenance of a policy management system;
- reviewing the framework and processes to ensure it remains fit for purpose;
- ensuring a system is in place for staff access to all policies;
- alerting Executive Leads (see 5.2 for definition) 6 months before a policy expires (and monthly reminders thereafter);
- Ensuring regular communications go out to staff via appropriate NSS Communication channels on policy consultations and new policies.

5.5 Line Managers

5.5.1 Line managers are responsible for:

- ensuring policies are accessible for all their staff;
- ensuring staff have read and understood the relevant policies;
- ensuring systems exist to identify staff training needs on the implementation of new and updated policies.

5.6 Employees

5.6.1 Employees are responsible for:

- ensuring that they have read and understood the policies;
- ensuring that their working practices cohere with all policies relevant to their area of work. Where an employee feels that this does not happen, they should raise this with their line manager, in the first instance.

5.7 Corporate Governance Oversight Group

5.7.1 The Corporate Governance Oversight Group will review all policies, with the exception of NSS Workforce; Health and Safety; or Once for Scotland National policies, before they are added to the Corporate Policy Register. This group will confirm the governance route for all policy development within its remit.

6. CORPORATE POLICY DEVELOPMENT

- 6.1 The development of a corporate policy must be authorised by an Executive Lead who will allocate a Policy Lead to lead the policy development.
- 6.2 The Policy Lead must ensure the development of the corporate policy follows the relevant route map detailed in Appendix 4.
- 6.3 Policy Leads will be expected to examine the existing policy landscape and provide assurance of the absence of duplication. Where there is potential overlap in content, the Policy Lead will be required to liaise with other relevant Policy Leads to ensure coherence. Policy Leads should also pay cognisance to complementary policies in their particular area of business in order to promote a wider suite of policies within their published document, as necessary.
- 6.4 The Policy Lead should establish a short life working group to progress the corporate policy development. The short life working group should consist of organisational experts who will be able to support the drafting of the policy – ensuring that it is reflective of statutory and regulatory requirements.

6.5 Consultation and Engagement

- 6.5.1 All new and existing corporate policies must be developed with the involvement of key stakeholders and undergo appropriate consultation on their content prior to seeking approval for the policy. All staff consultations will be available to review and comment on, on the Corporate Governance SharePoint site. All staff communications, via appropriate corporate communications will be issued advising staff of any open policy consultations.
- 6.5.2 **All consultations should be proportionate to the level of change** (e.g. minor changes mid review (e.g. changes to job titles, committee names and dates).
- 6.5.3 Policies can cover any area within NSS's remit. Policy Leads must identify and appropriately and proportionately involve all relevant stakeholders, both affected by the policy, and responsible for its implementation.
- 6.5.4 The Policy Lead must consider the target audience of the Policy and consult, as appropriate, with the groups, and staff side, which will be impacted by the policy and/or need to comply with the policy. The target audience should be recorded on the Policy.
- 6.5.5 The Policy Lead must advise the [Associate Director of Corporate Governance](#) if the policy requires all staff consultation for inclusion on the Corporate Governance SharePoint site and via appropriate corporate communication channels.

- 6.5.6 Examples of appropriate consultation may include individual(s) with expertise in their fields, working groups which includes staff side representatives, or service user groups.
- 6.5.7 Executive Leads should also consider if the corporate policy should go to the Executive Management Team for consultation, if so, this should be done through Informal Executive Management Team (EMT). The Chief Executive will approve items which will be considered at Informal EMT.
- 6.5.8 If an Executive Lead decides to take a draft policy to EMT for consideration, this should be submitted to the [Associate Director of Corporate Governance](#). If you are unsure about whether a policy should be presented to the EMT, please contact the [Associate Director of Corporate Governance](#).

6.6 Public Consultation

- 6.6.1 Policy Leads must also ensure that any statutory requirements for public consultation and involvement are complied with where required and should consult [Planning with People: Community Engagement and Participation Guidance](#).
- 6.6.2 Consideration should be given to the need for formal public consultation where a significant change to services is proposed, with the considerations and process for this set out within the guidance.

6.7 Format

- 6.7.1 All new corporate policy documents, with the exception of the policies which fall under the remit of the WPTC, must be written in line with the Policy Document Template (Appendix 2).
- 6.7.2 To ensure that corporate policies can be found easily the title should start with a key word, and not the word policy. Changing the name of a policy should be avoided as this can cause confusion, however, where this is required, the previous policy title should be clearly stated.
- 6.7.3 All corporate policy documents must be written in a style which is concise and plain English. Consideration should be given to the expected audience for the policy and the level of understanding of technical terms. To ensure clarity, the definitions section of the policy should be used to make these more accessible.
- 6.7.4 Policies should be in a standard format which meets disability access standards, in accordance with the template at Appendix 2.

- 6.7.5 A corporate policy must use definite terms such as ‘must, will, is’ and avoid words such as ‘should’ and ‘may’. A full Proof-Reading Checklist is available at Appendix 3.

6.8 Impact Assessment

- 6.8.1 Impact assessment is an integral part of the process of developing a corporate policy. As a minimum, all policies must consider the following:

- **Quality and Value** – this should provide details of any positive and negative impact on the quality and value of services. Further guidance is available at this link: [Delivering Value Based Health and Care](#)
- **Equality and Diversity, including health inequalities** – confirmation that an Equality Impact Assessment has been undertaken and found no risks or issues or an Equality Impact Assessment has been undertaken and identified x issues/risks. Where the latter is the case, the assessment clearly showing mitigations should be included.

[Equalities Impact Assessment \(EQIA\)](#) is a legal requirement under the Public Sector Equality Duty for policy development or review. Policy Leads must complete an EQIA to ensure policies:

- eliminate unlawful discrimination, harassment and Victimisation;
 - advance equality of opportunity between groups of people with different protected characteristics;
 - foster good relations between different protected characteristic groups.
-
- **Data Protection and Information Governance** – NSS is legally obliged to ensure that NSS and/or your local Data Protection Officer are involved in all matters relating to how we process and protect personal data. Personal data is defined as “information that relates to an identified or identifiable individual.” In this section, you should include details of:
 - The consultation with your Directorate Data Protection lead and, where appropriate relevant experts and data processors (those who process data on your behalf), especially where you are introducing new, or substantial changes to existing, systems and processes that handle personal data; training programmes and operational procedures that impact the appropriate handling of personal data.

- A summary of the actions taken to help you identify and minimise the data protection risks of what you want to do before you start the processing of personal data, including a link to your data protection impact assessment.
- **Finance and Workforce Impacts** – Advice should be sought from the relevant Finance and HR persons, where required, regarding cost and workforce implications.
- **Climate Change and Sustainability** – Policy Leads should ensure that Sustainability and Environmental Social Governance (ESG) considerations are holistically integrated into policy development to support a strong sustainability culture within the organisation:
 - Environment: Negative and positive impacts on a policy and its respective area of operations will have on the natural environment and what controls will be put in place to mitigate the impacts.
 - Social: Consider elements that can affect societal wellbeing for patients, staff and visitors and if this can be improved.
 - Economic: Improve financial performance through economic sustainability. Examples include recycling and/or re-using valuable materials to lower operating costs and reduce the intensity of resource consumption.
- **United Nations Convention on the Rights of the Child (UNCRC)** – Policy leads should ensure that UNCRC considerations are holistically integrated into policy development to support the legislative requirements.

6.9 Assessing Risk

- 6.9.1 Policy Leads are required to complete the [Integrated Risk Management Approach](#) (IRMA) in order to inform their policy development or review.
- 6.9.2 The (IRMA) is designed to assist the lead in articulating the risk management impacts of any new policy development, including:
 - detailing any risks that may emerge as a by-product of this new policy;
 - planned actions to mitigate those risks;

- the extent to which the new policy supports the mitigation of existing corporate risks.

and, if relevant:

- the risk to the organisation were this policy to be withdrawn and not replaced.

6.9.3 Guidance on completing the risk assessment is also available via the link above. Completed assessments should be submitted along with the Assurance Checklist in Appendix 1.

6.10 Assurance

6.10.1 An Assurance Checklist, to ensure all of the requirements have been considered, is provided at Appendix 1. The completed checklist should be made available to the relevant CGOG when presenting the policy, along with the separate EQIA/DPIA and Risk Assessment. A Policy cannot be presented to an CGOG without a fully completed Assurance Checklist and associated assessments. The policy owner must ensure that the completed Equality Impact Assessment and the policy approval checklist accompany the policy for approval by the relevant Policy Oversight Group.

7. CORPORATE POLICY APPROVAL AND IMPLEMENTATION

7.1 Scrutiny and Approval

- 7.1.1 [The Blueprint for Good Governance in NHS Scotland, Second Version](#) is clear that *Boards should ensure that operational policies are subject to approval and regular review by the Board and the standing committees.*
- 7.1.2 The Corporate Governance Oversight Group will review all policies, (with the exception of any NSS Workforce; Health and Safety Once for Scotland National policies and SNBTS Clinical Policy) before they are added to the Corporate Policy Register. This group will advise of the formal approval route which in most instances will require approval (and recommendation to a Board Standing Committee for final approval) by EMT to ensuring oversight and implementation and then to one of the Board Standing Committees for final approval. At this point the Board Standing Committee will seek assurance that the policy has been developed in line with the Policy Framework.
- 7.1.3 When the consultation process has taken place (see section 6.1) and policy drafted or reviewed, the draft policy should be submitted to the [Associate Director of Corporate Governance](#). In advance of submission to the Corporate Governance Oversight Group, the Corporate Governance Team will carry out a quality assurance check, which will ensure it is compliant with the defined style and format in this process document.
- 7.1.4 The Corporate Governance Team will review the completed checklist and liaise with the Policy Lead regarding any queries prior to submission to the Corporate Governance Oversight Group.
- 7.1.5 The Corporate Governance Oversight Group will advise the Executive Lead and Policy Lead of the outcome of their review.
- 7.1.6 It is then the Executive Lead's responsibility to submit the final draft policy and completed checklist (see Appendix 1) to EMT and/or appropriate Standing Committee for final approval and onward implementation.
- 7.1.7 The Executive Lead will notify the Corporate Governance Team of the approval to allow the Team to update the policy register and publish the approved policy.

7.2 Assurance

- 7.2.1 The Corporate Governance Oversight Group will produce reports for the NSS Executive Management Team (EMT) to provide assurance that policies are being effectively developed within NSS. This report will provide an overview of all new policies before they are submitted to the relevant NSS Standing Committee and those due for review in the following six months.
- 7.2.2 EMT can request that any policy (new or for review) goes to Informal EMT for a formation discussion or EMT for review before going to the relevant standing committee.
- 7.2.3 An annual report will be presented to the NSS Board.

7.3 Communication

- 7.3.1 Following approval, the Executive Lead will ensure the policy is provided to the Corporate Governance Team for publication on the Corporate Governance SharePoint Site and, where appropriate, ensure information is included in the appropriate NSS Communication channel.
- 7.3.2 The Executive Lead will also have responsibility for highlighting the consultation to any relevant stakeholders.

7.4 Implementation

- 7.4.1 Although staff will be alerted regularly to new policies through Corporate communication channels, managers are also required to put in place communication and implementation plans for their area of responsibility to ensure that all staff who the policy is relevant to are made aware of it and their individual responsibilities in relation to its implementation.

8. AMENDMENTS TO CORPORATE POLICY

- 8.1 For amendments, which can either be minor or extensive, the process is detailed in the route map at Appendix 4.

9. REVIEW OF CORPORATE POLICY

- 9.1 All policies should be reviewed every three years as a minimum, or sooner if there is a specific legislative or service requirement or change in guidance, law or practice. It is the Executive Lead's responsibility to act on any requirements resulting in potential changes to policies they have responsibility for.

9.2 When policies are due for review the Associate Director for Corporate Governance will advise the Executive Lead and Policy Lead six months in advance of the policy review date. A reminder will be sent out each month following the initial notification. The Policy Lead must follow the route map. The Equality Impact Assessment also must be reviewed as part of this process.

9.3 Reviews should take account of:

- the effectiveness of the current policy;
- changes to organisational and national policy and context;
- the ongoing requirement for the policy.

9.4 A guide to undertaking policy evaluation is available from [the Scottish Government: Evaluation for policy makers - A straightforward guide](#)

9.5 Authorised Extensions

9.5.1 If the review of the policy will take longer than the six-month review period, but the policy guidance is still current, the policy owner should seek authorisation from the Corporate Governance Oversight Group. The Associate Director for Corporate Governance will ensure the extension request is considered by the Group.

9.5.2 If the policy has breached its review date without a request for an extension and with no explanation as to the reason, the matter will be brought to the attention of the Corporate Governance Oversight Group for discussion and action.

10. IMPLEMENTATION OF THE CORPORATE POLICY DEVELOPMENT FRAMEWORK

10.1 This framework will be approved annually by the Board as part of the Corporate Governance Framework.

11. KEY CONTACT

Associate Director Corporate Governance
NHS National Services Scotland
Gyle Square, 1 South Gyle Crescent,
Edinburgh
EH12 9EB
Kyle.Clark-Hay@nhs.scot

ASSURANCE CHECKLIST

All draft policy documents, with the exception of NSS workforce; Health and Safety; or Once for Scotland National policies, must be submitted along with a copy of this completed checklist for quality assurance prior to being put forward for approval.

This checklist also extends to procedures and guidelines that act as implementation tools for policies. This checklist does not require to be completed for stand-alone procedures and guidelines.

CHECKLIST	
Title of Policy	
Brief description of document being developed and its purpose:	
Please tick the box that best describes the document being developed	
Policy A corporate document which gives direction and approach around a clearly defined subject/area.	
Procedure A standardised series of actions taken to achieve a task so that everyone undertakes it in an agreed and consistent way to achieve a safe effective outcome.	
Guideline A standard or principle to assist staff in demonstrating actions and behaviours that are consistent and adhere with a particular policy.	
Policy Lead:	
Executive Lead (policy approver):	
Date approved for development:	

DEVELOPMENT OF POLICY (IF RELEVANT)					
Name and duration of working group set up to develop the policy;					
Members of the working group:					
Comments from working group:					
CONSULTATION ON POLICY					
Has the document been developed in partnership?			YES		NO
If no, please explain why:					
If yes, comments from Staff Side representatives:					
Which groups or committees have been consulted on the draft document?					
Actions and comments received from consultation	Actions adopted				Reason for not adopting
	Yes		No		
	Yes		No		
	Yes		No		
	Yes		No		
	Yes		No		

Impact Assessments		
Have the following been considered:	YES	NO
Quality and Care		
Equality Impact Assessment		
Data Protection Impact Assessment		
Finance and Workforce Impacts		
Risk Assessment		
Climate Change and Sustainability		
If no, please explain why:		
APPROVAL ROUTE (To be completed by the by Corporate Governance Team following consideration by the Corporate Governance Oversight Group)		
Date considered by the Corporate Governance Oversight Group		
Comments from the Corporate Governance Oversight Group		
PUBLICATION SITES OF POLICY		
Where the policy will be published or made available externally, it should include a clear statement on how alternative formats (e.g. alternative languages, large print, audio CD) can be requested, including contact details, in line with the Board's Accessible Information Policy. Electronic versions of policies, including those placed on the intranet, should be in PDF files where possible or read-only. Publication will also be in line with the 2024 NSS Model Publication Scheme V1		
Policy SharePoint site (will be actioned by the Corporate Governance Team)	Yes – all policies to be available here	
HRConnect	Yes/No	
NSS website *	Yes/No	
All staff communications* (will be actioned by the Corporate Governance Team)	Yes/No	

POLICY DOCUMENT TEMPLATE (to be completed for all NSS Policies, including NSS Workforce and Health and Safety policies (but with the exception of those under the Once for Scotland Framework))



Printed copies must not be considered the definitive version

DOCUMENT CONTROL			
Policy Name			
Policy Lead			
Executive Lead			
Scope (applicability)		Version No.	
Status:		Implementation date:	
Last review date:		Next review date:	
Approved by:		Approval date:	
Equality Impact Assessed:		Assessment date:	
Data Protection Impact Assessed:		Assessment date:	

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2. Scope

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3. Definitions

3.1

4. Roles and Responsibilities

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5. Process/Procedures

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6. Consultation

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7. Training and Support

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8. Monitoring

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9. Review

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Proof Reading Checklist

Please consider the following when proofreading your document, before submitting them to a peer, manager, or another stakeholder. This helps maintain a consistent approach and reduces work at a later stage in the process.

Area to Review	Consideration to be given	Check
Abbreviations and acronyms	Ensure acronyms are written in full the first time you use them, including what the acronym will be later in the report, such as Executive Management Team (EMT). Thereafter you can just use the initials.	
Accessibility	All policies must be fully accessible to the intended audience. Word has a function that checks this automatically.	
	The general presentation is simple and clear.	
	There are no sentences I need to read more than once to understand.	
	The policy is easy to navigate.	
	Page numbering is consistent.	
	Number pages X of Y.	
	Paragraph numbering is consistent throughout.	
Bullet Points	Minimise the use of technical language or point the reader to a glossary if further information or explanation is required.	
	All bullets use the same characters.	
	All bullets are aligned throughout the policy.	
Formatting	Spacing is consistent.	
	The text must be Arial 12 point.	
	Heading font and spacing are consistent.	
	Margins are consistent throughout.	
Grammar	Tables are simple and in the same format throughout.	
	Refer to NSS's style guide.	
	Sentences are complete with the correct use of subjects (nouns or pronouns) and verbs.	
	Subject and verb agreement e.g. singular subject and singular verb.	
	Correct and consistent tense is used throughout.	
	Sentence length is appropriate – read aloud, which should help identify if the sentence is too long or does not make sense. Ensure you use punctuation as appropriate – use a colon: or a semi-colon; correctly to split a sentence (if this is appropriate) or if more appropriate, to split one sentence into two	

	shorter sentences without stiling how the paragraph flows.	
Numbers	In the text, the numbers one to nine should be typed in full. Numbers 10 and above should be in the figures. A comma should be used after the thousands in numbers with four digits or more. A number at the start of a sentence should always be typed as a word. When numbers are mentioned in more than one place (in a table, in the text, in the introduction, on a graph), are they consistent? Are the correct signs used (+, -)?	
Punctuation	No incorrect apostrophes have been used e.g., grocer's, grocers,' grocers.	
	Every quotation and bracket used opens and closes.	
	Capital letters are used ONLY when required and not spuriously (e.g. for proper names).	
Referencing	All cross-referencing refers to the correct appendix, figure, or page.	
Spelling	Spell check has been run.	
	Check any special terminology.	
	Check for typos not picked up in spell check - from/form etc.	
	Check correct usage – effect/affect; there/their.	
Tables	Is the use of a table the best way to present information?	
Version Number	Update the version number after each time something is edited.	
Vocabulary	Does the file name make sense?	
	Do you know the meaning of all the words used and are they used correctly?	
	Has the same word been used too often – find an alternative.	
	Is the language used appropriate i.e. is it relevant to the document?	

Review of Corporate Policy Process

Appendix 4

Review of an NSS Policy document is required due to:

- (a) Policy Review date approaching;
- (b) Changes to an existing policy are necessary

Appropriate Lead Executive Director to appoint a Policy Lead to review existing document and determine whether required changes are minor, major or the document is no longer required

Minor changes mid review
(e.g., changes to job titles, committee names and dates)

Policy Lead to make minor amendments necessary and seek approval of the updated policy from the Lead Executive Director

Policy Lead to forward updated policy and Executive Lead's approval to Corporate Governance Team who will present to the CGOG for review.

The Executive Lead and Policy Lead will be advised of the outcome of the CPOG review and any further actions required.

If no further action is required, The Corporate Governance Team will update the policy register with minor changes made

The Corporate Governance Oversight Group will review and advise the Policy Lead (via the Corporate Governance Team) of the approval route – CGOG approved, requires to go to EMT, requires Standing Committee or alternative action is required.

If EMT or Standing Committee approval is required, Executive Lead to progress.

Executive Lead to advise the AD of the EMT/Standing Committee decision.

AD publishes final version as indicated on the checklist and updates policy register

Major changes and full review (e.g. changes to practice/staff responsibilities)

Policy Lead to undertake a full review of the existing policy document following the requirements of the Policy Development Framework

Policy Lead to effectively consult and engage with relevant stakeholders as set out in the Policy Development Framework

Policy Lead to send draft document to Corporate Governance Team along with the checklist for quality assurance.

Corporate Governance Team to raise any queries regarding the checklist, the Policy Lead to update the checklist and draft policy document as appropriate

The Corporate Governance Team will submit the final draft policy along with the updated checklist to the Corporate Governance Oversight Group for review

Not required (e.g. document no longer needed)

Policy Lead to undertake a full review of the existing policy document following the requirements of the Policy Development Framework

Policy Lead to seek Lead Executive Director's approval to withdraw the document including clear rationale for this request on the policy checklist

Request for the withdrawal of the policy and confirmation of the Lead Executive Director's approval to be forwarded to the Corporate Governance team, who will submit the request to the CGOG for review.

Corporate Governance team will archive the document, remove from the hosting area and note on the Corporate Policy Register

