

~~Rest~~ Policy for Restorative Clinical Supervision

Appendix E – Procedure Checklist

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
2.	Purpose		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	NA	
4.	Style/format		
	Is the document clear and concise?	Yes	
	Are key terms defined?	Yes	
5.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
6.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
7.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) reviewed the document?	NA	

	Title of document being reviewed:	Yes/No/Unsure	Comments
8.	Implementation Plan		
	Is there an Implementation Plan?	Yes	
	Does the plan clearly state how the procedure will be disseminated?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
9.	Document Control		
	Does the document identify where it will be held?		Intranet
	Have archiving arrangements for superseded documents been addressed?	NA	
10.	Impact Assessment		
	Is the Impact Assessment completed?	Yes	
11.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
12.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name	SARAH ROLFE	Date	18/9/2015
Signature	<i>Sarah Rolfe</i>	Delay in finalising due to AL.	