Policy:
FIN 012 Handling Lost Property

Executive or Associate Director lead	Executive Director of Finance
Policy author/ lead	Head of Financial Accounts
Feedback on implementation to	Principal Accountant

Document type	Policy
Document status	Final
Date of initial draft	October 2018 – Revised January 2019
Date of consultation	October 2018 – Revised January 2019
Date of verification	11 February 2019
Date of ratification	21 February 2019
Ratified by	Executive Directors' Group
Date of issue	21 February 2019
Date for review	Review process (including re-ratification) to be scheduled for completion within 3 years of the previous ratification date.

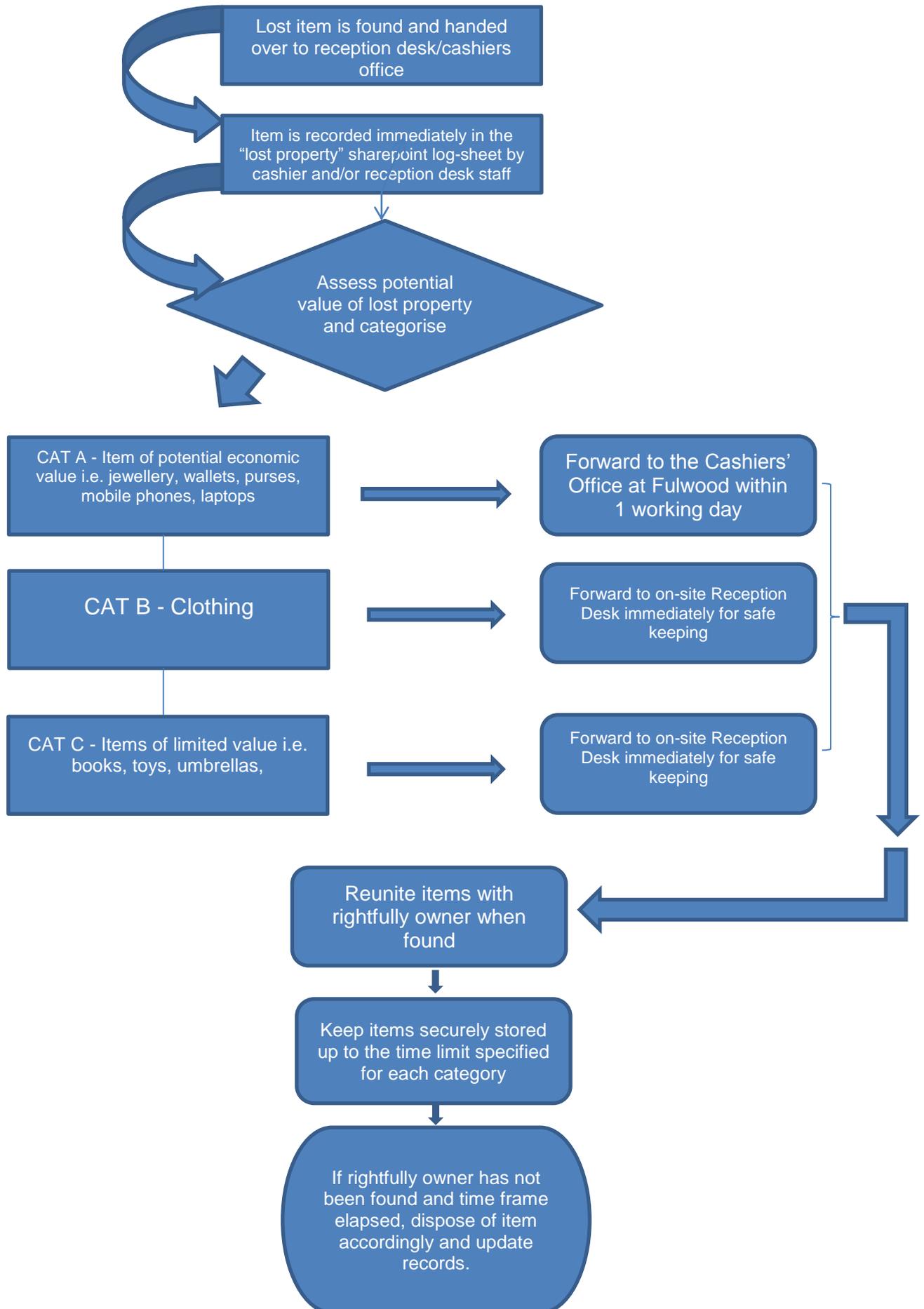| Target audience	Trust staff, service users, the Board of Directors and Council of Governors.

Keywords	Lost property, safe keeping, disposal, sharepoint,

Tracked changes:

v. 1 October 2018: working draft
v. 1.1 January 2019: final version

Contents

Flowchart

```
┌─────────────────────────────┐
│ Lost item is found and handed│
│ over to reception desk/cashiers│
│ office                       │
└─────────────────────────────┘
            ↓
┌─────────────────────────────┐
│ Item is recorded immediately │
│ in the "lost property"       │
│ sharepoint log-sheet by      │
│ cashier and/or reception desk│
│ staff                        │
└─────────────────────────────┘
            ↓
         ◇ Assess potential
           value of lost property
           and categorise ◇
            ↓
```

CAT A - Item of potential economic value i.e. jewellery, wallets, purses, mobile phones, laptops → **Forward to the Cashiers' Office at Fulwood within 1 working day**

CAT B - Clothing → Forward to on-site Reception Desk immediately for safe keeping

CAT C - Items of limited value i.e. books, toys, umbrellas, → Forward to on-site Reception Desk immediately for safe keeping

Reunite items with rightfully owner when found

↓

Keep items securely stored up to the time limit specified for each category

↓

If rightfully owner has not been found and time frame elapsed, dispose of item accordingly and update records.

1. **Introduction**

1.1 The aim of this document is to provide guidance to all Sheffield Health and Social Care NHS Foundation Trust (SHSC) staff on "handling lost property". "Staff" includes clinical, non-clinical, contacted or bank staff, employed full time, part time or volunteers   Due to the size and nature of SHSC it is inevitable that patients, staff and the general public will, from time to time, mislay some personal belongings within both the main building and grounds in any of SHSC's properties. This policy aims to ensure that an effective internal control system exists for the safe handling of lost property, including cash and valuables. This policy applies to all areas of the Trust. The policy for handling lost property should be applied in all instances

1.2 Property left on the ward by inpatients following their discharge from hospital will be handled in accordance with the relevant ward guidelines. Every effort should be made to return any items left behind as soon as possible as this may lead to issues for the patient/family and may result in the Trust being liable for any losses.

2. **Scope**

2.1 This policy covers the following areas at a Policy level.
- Responsibilities
- Types of lost property
- Physical security of lost property
- Recording Procedures
- Disposal of items
- Receipting of Income

3. Definitions

Lost property: is defined as any item found that cannot readily be reunited with its owner.

Safe keeping: to preserve an item from going missing by storing it in a secure location i.e. safe, locked drawer, locked cabinet,

Disposal: is defined by the process of terminating the custody of the item via converting the item into cash i.e. jewellery, or taking the item to a Charity Shop, or recycling site. This should be logged on intranet file with a clear termination date and the processed applied for disposal.

Sharepoint: is the system available via web application from any device such as laptops, smart phones, notepads, ipads, accessible from any location via internet explorer or other which is hosted by the Trust ICT and PMO departments. It is able to host electronic logs, it is a better alternative to keep excel files and various locations.

4. Purpose

The aim of this document is to provide guidance to all Sheffield Health and Social Care NHS Foundation Trust (SHSC) staff on the principles of how to handle lost property throughout the Trust.

5. Duties

5.1 All staff of SHSC are responsible to implement this policy accordingly. To promptly hand over the lost item to the Cashiers' office at Fulwood; or to the Reception Desk on site of the occurrence, in order to promptly and accurately record any items of lost property by Reception Desk or Cashiers office's staff. The lost property log-sheet is located in SHSC's Sharepoint *

5.2 The Financial Accounts team, Finance Directorate, are responsible for operational management of the Cashiers' office at Fulwood, where all "CAT A" lost items of a significant value will be held for safekeeping ensuring adherence to this policy and procedure.

5.3 The Financial Accounts (CAT A) and relevant Reception Desks (CAT B &C) are responsible for the safe keeping of lost items and make it readily available when the rightfully owner is found.

5.5 For valuable items like "jewellery" (CAT A), once items have exceeded their safekeeping time frame; the Financial Accounts team is responsible for obtaining 3 quotes from reputable companies in order to dispose accordingly and maximise any possible income and to update the register accordingly (See appendix "G" disposal form).

* *(under development)*

5.6 For "CAT B" and "CAT C" items, once they have exceeded their safekeeping time frame; the Reception staff is responsible for disposing of items and updating the register accordingly. Items that are in good condition will be taken to a recognised Charity Shop; a receipt will be required for the records. Items that have suffered visible "wear and tear" will be disposed of locally via normal refuse collection or recycling point as appropriate (See appendix "G" disposal form).

5.7 The Financial Accounts team's Cashier is responsible for promptly and accurately record of income. (see also 6.5.2 related to processing income)

5.8 In the event where discrepancies are identified by any member of staff, an investigation should be immediately undertaken. However, where fraud is suspected reference should be made to the Counter Fraud, Bribery and Corruption Policy and the Local Counter Fraud Specialist should be contacted immediately for advice before the investigation commences.

5.9 Where theft is suspected, the Local Security Management Specialist should be consulted. The Security Management Director (SMD) will "take responsibility for security management matters" (SHSC Security Policy Paragraph 6.3)

6. Process

6.1 Finding an item

6.1.1 Items of lost property found by staff or the general public within SHSC building and grounds should be forwarded to the "Cashier's Office" at Fulwood or to the Reception Desk on site of the finding as soon as possible. Staffs at Reception Desk and Cashiers Office are responsible for recording accurately the lost item on Sharepoint Log-sheet and for its safekeeping. All items will be kept securely in a locked cabinet or safe as appropriate.

6.1.2 The lost property sharepoint log-sheet register will be kept of all items found detailing the following:

- Date the item was found
- The location of the find
- The Category the item belong to (Cat A, B or C… see flow chart)
- Accurate description of the item
- Name and contact details of the finder or individual depositing an item of potential or known value e.g. money or jewellery

6.1.3 All items entered in the register will be given a reference number and will be labelled accordingly.

6.1.4 Should an item of property be found outside office hours, it should be retained in a secure place (e.g. locked drawer) by whoever has found the item until the Cashiers Office or Reception Desk reopen. However, if the item is deemed to be of potential monetary value e.g. a piece of jewellery or wallet, it

should be placed in a sealed envelope and be deposited in the ward safe or secure location. The envelope should also contain a brief note providing the details as noted in 6.1.2 above

6.1.5   The finder is responsible for informing their ward/department manager of the nature of the find and its present location within 1 working day.

6.1.6   The ward/department manager is responsible for ensuring that item(s) of lost property are forwarded with details of the ward/or department and date and time found to the Cashiers Office at Fulwood, or to the Reception Desk on site, at the earliest opportunity and within 1 working day of the item(s) being found. They will also inform if such items have been deposited in the ward safe.

6.1.7   Should a found article contain other items inside it e.g. a handbag or wallet, it should be opened by 2 members of Trust staff and a brief note made of its contents. Such information should be kept confidential. This note should then be placed inside the article and brought to the attention of staff when handing the article to the designated office for safekeeping.

6.1.8   Criteria for safekeeping are as follows:

- "CAT A" items of "potential monetary value" such as jewellery, wallets, mobile phones, laptops should be forwarded to the "Cashiers' Office" at Fulwood.
- "CAT B" items of "clothing" will be kept at the "Reception Desk" at the site of the find.
- "CAT C" items of "limited value" such as books, umbrellas, children's toys will be kept at the "Reception Desk" at the site of the find.

If no reception desk is available on the site of the find, then items will be kept at ward level in a locked compartment or safe until an alternative location is found or transferred over to the Cashiers' Office at Fulwood if applicable.

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6.2 Reclaiming Lost Property (see Appendix F Receipt form)

6.2.1 Individuals enquiring about items of lost property should be directed as follows:

(i)   Cashiers Office at Fulwood either in person by appointment or telephone on 0114 271 6763
(ii) SHCS main switchboard to be directed accordingly to relevant help desk by telephone on 0114 271 6310

6.2.2 For items of potential monetary value (CAT A), claimants will be asked to provide satisfactory proof of ownership before an item is released. If this is not available an accurate description of the item and where it has been lost might suffice. Where this is in dispute, staff at the Cashier's Office will seek supporting information from

the relevant staff responsible for the find, and might even seek the advice of a senior member of Finance staff or the Executive Director of Finance.

6.2.3 Details of reclaimed items will also be entered into a paper "receipt form" Appendix F, against the reference number for the item concerned in addition to record the transaction on the "Lost Property" log-sheet hosted on SHSC's Sharepoint. These will include:

- Reference number of item
- The date the item was reclaimed
- The name and signature of the claimant
- Proof of ownership provided (where appropriate)
- Signature of the releasing officer.

6.3 Retention and Disposal of items

6.3.1   Under no circumstances must "cash or valuables" (CAT A) be disposed of at ward/department level.

6.3.2   The length of time an item will be retained as lost property will be dependent upon its classification under the following headings:

- "CAT A" items of "potential monetary value" such as jewellery, wallets, mobile phones, laptops should be forwarded to the "Cashiers' Office" at Fulwood.
- "CAT B" items of "clothing" will be kept at the "Reception Desk" at the site of the find.
- "CAT C" items of "limited value" such as books, umbrellas, children's toys will be kept at the "Reception Desk" at the site of the find.

6.3.3   Items will be retained for the minimum period stipulated in the table below:

Type of item	Period of retention	Method of disposal
"CAT A" Items of potential or known value e.g. money or jewellery	6 months	Financial Accounts team's Cashier to obtain at least 3 quotations from independent reputable companies for disposal in order to maximise potential income for Sheffield Hospitals Charity.
"CAT B" items of	3 months	Recognised Charity

clothing		Shop, shoe banks, or disposal on site if appropriate
"CAT C" items of limited value	3 months	Recognised Charity Shop, local City Council Library, or disposal on site if appropriate

6.3.4 The Electronic Lost Property log-sheet hosted by the Trust's Sharepoint will record the following details of items that have been permanently disposed of for future reference:

- Reference number of item
- Date item disposed of
- Method of disposal
- Name of disposing officer.

6.4 Lost property audit

6.4.1 For "CAT A" items. On a monthly basis an inventory control to be performed by the Cashier and another finance officer against the records and will be signed off accordingly.

6.4.2 For "CAT B and C" items. On a monthly basis an inventory control to be performed by two reception desk staff, or by one reception desk staff and 1 manager against the records and will be signed off accordingly.

6.4.3 For "CAT A" items, security arrangements are detailed in the Cashiering and Petty Cash Operational Procedure.

6.4.4 Discrepancies should be reported immediately, to an immediate senior officer who will immediately undertake a full count with the Cashier/Receptionist, and should the discrepancy be confirmed, an investigation should commence, and access to the items and records immediately restricted to the investigating officer.

6.5 Receipting of Income

6.5.1 Income from disposal of jewellery items should be recorded in full and evidence of sales retained. The procedures outlined in the Cashiering and Petty Cash procedures document should be followed to cash-up and bank the funds.

6.5.2 Income as a result of the disposal of lost property will be donated to "Sheffield Hospitals Charity" within five working days of its receipt and within the same accounting period.

6.5.3 Receipts and cash collection and deposit sheets should be used in strict numerical sequence.

6.5.4 Cash income should be banked within two working days of receipt using the procedure outlined in the accompanying procedure note.

6.6 Disputes

6.6.1 For items of potential monetary value, claimants will be asked to provide satisfactory proof of ownership before an item is released. Where this is in dispute, the Cashier will seek supporting information from the relevant staff responsible for the find, and might even seek the advice of a senior member of Finance staff or the Executive Director of Finance.

7. Dissemination, storage and archiving (Control)

This Policy will be maintained by the Treasury team. Changes will be recorded on the Policy cover sheet.

Dissemination, storage and archiving will be done as per the following plan.

Objective	Task	Executive / Associate Director Responsibility	Timescale
Dissemination	Post final Policy Version on Trust intranet.	Head of Communications	Within 5 working days of ratification.
Storage and archiving	Finance staff to archive previous versions of the policy/procedure documents.	Director of Finance	Within 5 working days of ratification.
Dissemination	All SHSC staff email alert	Director of Finance	Within 15 working days of ratification.
Dissemination	Team Managers to ensure all staff have access to latest version of this policy	Director of Finance	Within 45 working days of ratification.

8. Training and other resource implications

8.1   Advice and guidance should be sought from the Financial Accounts team's Cashier as and when required.

9.   Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) To be reviewed in line with business requirements	Review Policy, analyse requirements or any changes on SFIs	Financial Accounts Team's Cashier	Review every 3 years	Finance Review	Finance Team	Finance Team

10.   Implementation plan

This policy has previously been implemented and this revision comes in line with business requirements affecting the use of Petty Cash across the Trust.

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	*Head of Communications*	*Within 5 working days of ratification*	
A communication will be issued to all staff via the SHSC Weekly Communication email immediately following publication.	*Head of Communications*	*Within 15 working days of ratification*	
A communication will be sent to all Petty Cash Float Managers to review training requirements and make staff aware.	*Head of Financial Services*	*Within 45 working days of ratification*	

See section 7 above:

11. Links to other policies, standards and legislation (associated documents)

11.1 In addition Petty Cash and Cashiers Policy, should read this Policy jointly with the Service Users Property and Monies policy and its accompanying procedure, to ensure they are compliant with the requirements and their responsibilities in terms of holding Service User's Property.

11.4 In all cases, where fraud is suspected reference should be made to the Counter Fraud, Bribery and Corruption Policy and the Local Counter Fraud Specialist should be contacted immediately for advice before the investigation commences.

11.6 Where theft is suspected, the Local Security Management Specialist should be consulted. The Security Management Director (SMD) will "take responsibility for security management matters" (SHSC Security Policy Paragraph 6.3)

11.7 Please also refer to the Trust's policy and procedure documents as follows:

- SHSC Standing Orders, Reservation & Delegation of Powers & Standing Financial Instructions June 2016

- Cashiering and Petty Cash Policy
  https://nww.xct.nhs.uk/index/widget.php?wdg=wdg_policies&letter=C

12. Contact details

Title	Name	Phone	Email
Head of Financial Accounts	Gabriel Recalde	0114 226 4470	Gabriel.Recalde@shsc.nhs.uk
Principal Accountant	Lisa Collett	0114 226 1613	Lisa.Collett@shsc.nhs.uk

13. References

- SHSC Standing Orders, Reservation & Delegation of Powers & Standing Financial Instructions.
- SHSC Cashiering and Petty Cash Operational Procedures.
- SHSC Counter Fraud, Bribery and Corruption Policy
- SHSC Service Users Property and Money Policy.
- SHSC Service Users Property and Money Procedures.
- Patients Monies and Belongings – a practical guide (HFMA 2005).
- Guidance for NHS Organisations on the secure management of patient's property NHS Protect 2013 (Now NHS Counter Fraud Authority)

Appendix A – Version Control and Amendment Log (Example)

(Use Arial bold point 14 for titles)

Version No.	Type of Change	Date	Description of change(s)
1.	New draft policy created	Oct-2018	
1.1	Final version	Jan-2019	Added reference to "Cashier" where applicable. 6.3.3 Added Sheffield Hospitals Charity as recipient of income from disposals. 6.5.2 Changed from fifteen working days to five working days and added "within same accounting period". 6.5.4 Changed from seven working days to two working days. 6.6.1 Removed reference to the "police" in case of disputes. General spelling correction.

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of "all SHSC staff" email	Any other promotion/ dissemination (include dates)
1.1	Within 15 working days from ratification	Within 10 working days from intranet publication	On-going basis

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES –** proceed to stage 3 **YES**

This policy does not impact on staff, patients or the public (insert name and date)

Gabriel Recalde – Jan-19

Stage 3 – **Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	NO	NO	NO
DISABILITY	NO	NO	NO
GENDER REASSIGNMENT	NO	NO	NO
PREGNANCY AND MATERNITY	NO	NO	NO
RACE	NO	NO	NO
RELIGION OR BELIEF	NO	NO	NO
SEX	NO	NO	NO
SEXUAL ORIENTATION	NO	NO	NO

Stage 4 – **Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)
Please delete as appropriate: no changes made.

Impact Assessment Completed by (insert name and date)

Gabriel Recalde – Jan-19

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

 If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached.   To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site
http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf
(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

☑   **Yes. No further action needed.**

☐   **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

☑   **No, no further action needed.**

☐   **Yes, go to question 3**

3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

1.1 What is the policy title? …Handling Lost Property……………………………………..	1
1.2 What is the objective of the policy? To provide guidance to all SHSC's staff.	1
1.3 Who will be affected by the policy? …SHSC Staff, services users and members of the public.	1

Will the policy engage anyone's Convention rights? **2.1** — **NO** →

Flowchart exit

There is no need to continue with this checklist. However,
o   Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right
o   Legal advice may still be necessary – if in any doubt, contact your lawyer
o   Things may change, and you may need to reassess the situation

Will the policy/decision result in the restriction of a right? **2.2** — **NO** →

YES

Is the right an absolute right? **3.1** — **YES** →

NO

Is the right a limited right? **3.2** — **NO** →

4   The right is a qualified right

1)   Is there a legal basis for the restriction? AND
2)   Does the restriction have a legitimate aim? AND
3)   Is the restriction necessary in a democratic society? AND
4)   Are you sure you are not using a sledgehammer to crack a nut?

YES

Will the right be limited only to the extent set out in the relevant Article of the Convention? **3.3**

YES

Policy/decision *is* likely to be human rights compliant

NO →

Policy/decision is *not* likely to be human rights compliant please contact the Head of Patient Experience, Inclusion and Diversity.

BUT

Get legal advice

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. You should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.

Access to legal advice MUST be authorised by the relevant Executive Director or Associate Director for policies (this will usually be the Chief Nurse). For further advice on access to legal advice, please contact the Complaints and Litigation Lead.

Appendix E – Development, Consultation and Verification

The policy has been produced by the Head of Financial Accounts in October 2018.

The Policy Governance Group will verify this on 12th November 2018 (further review advised)

The Policy Governance Group will verify this on 6th February 2019

To be ratified by the Executive Directors' Group on dd mmm 2019.

Consultation period from 1st March 2019 to 30th May 2019

APPENDIX F

LOST ITEM PROPERTY REGISTER

RECEIPT

ITEM REF:

ITEM CATEGORY: ☐ A – Items of potential economic value i.e. jewellery
☐ B – Items of clothing
☐ C – Items of limited value i.e. umbrellas, books, child toys,

ITEM DESCRIPTION:

PROOF OF OWNERSHIP PROVIDED: ☐ YES - ☐ NO
DETAILS:

NAME OF CLAIMANT:

SIGNATURE OF CLAIMANT:

NAME OF SHSC STAFF RELEASING ITEM:

SIGNATURE OF SHSC STAFF:

DATE:

Appendix G

LOST ITEM PROPERTY REGISTER

DISPOSAL

ITEM REF:

ITEM CATEGORY: ☐ A – Items of potential economic value i.e. jewellery
☐ B – Items of clothing
☐ C – Items of limited value i.e. umbrellas, books, child toys,

ITEM DESCRIPTION:

TIME ELAPSED: ☐ 3 Months - ☐ 6 Months
 DATE OF FIND: _ _ / _ _ _ / _ _ (DD/MMM/YY)
DATE OF DISPOSAL: _ _ / _ _ _ / _ _ (DD/MMM/YY)

DISPOSAL METHOD DETAILS:

PROOF OF DISPOSAL (Mandatory for CAT A items): ☐ YES - ☐ NO
DETAILS (IF NO, EXPLAIN WHY NOT):

NAME OF SHSC STAFF DISPOSING OF ITEM:

SIGNATURE:

Appendix H –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet

1. Cover sheet   ☒

All policies must have a cover sheet which includes:

- The Trust name and logo   ☒
- The title of the policy (in large font size as detailed in the template)   ☒
- Executive or Associate Director lead for the policy   ☒
- The policy author and lead   ☒
- The implementation lead (to receive feedback on the implementation)   ☒
- Date of initial draft policy   ☒
- Date of consultation   ☒
- Date of verification   ☒
- Date of ratification   ☒
- Date of issue   ☒
- Ratifying body   ☒
- Date for review   ☒
- Target audience   ☒
- Document type   ☒
- Document status   ☒
- Keywords   ☒
- Policy version and advice on availability and storage   ☒

2. Contents page

3. Flowchart   ☒

4. Introduction   ☒

5. Scope   ☒

6. Definitions   ☒

7. Purpose   ☒

8. Duties   ☒

9. Process   ☒

10. Dissemination, storage and archiving (control)   ☒

11. Training and other resource implications   ☒

12. Audit, monitoring and review   ☒
This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Require-ment	Process for Monitoring	Responsible Individual/ group/ committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan   ☒

14. Links to other policies (associated documents)   ☒

15. Contact details   ☒

16. References   ☒

17. Version control and amendment log (Appendix A)   ☒

18. Dissemination Record (Appendix B)   ☒

19. Equality Impact Assessment Form (Appendix C)   ☒

20. Human Rights Act Assessment Checklist (Appendix D)   ☒

21. Policy development and consultation process (Appendix E)   ☒

22. Receipt form (Appendix F)   ☒

23. Disposal form (Appendix G)   ☒

24. Policy Checklist (Appendix H)   ☒