NHS TAYSIDE - POLICY/STRATEGY APPROVAL CHECKLIST

This checklist must be completed and forwarded with policy to the appropriate forum/committee for approval.

POLICY/STRATEGY AREA: (See Intranet Framework) Clinical POLICY/STRATEGY TITLE: Retention of Pharmacy Records LEAD OFFICER: Lucy Burrow

Why has this policy/strategy been developed?		Policy was developed for local application of national guidance.	
Has the policy/strategy been developed in accordance with or related to legislation? – Please give details of applicable legislation.		This policy has been developed in accordance with NHS MEL (1993) 152 and the MEDICINES ACT 1968	
Has a risk control plan been developed? Who is			
the owner of the risk? Who has been involved/consulted in the		No	
development of the policy/strategy?		All Staff	
Has the policy/strategy been assessed for Equality and Diversity in relation to:-		Has the policy/strategy been assessed For Equality and Diversity not to disadvantage the following groups:-	
Race/Ethnicity Gender Age Religion/Faith Disability Sexual Orientation	Yes ⊠ No □ Yes ⊠ No □	Minority Ethnic Communities (includes Gypsy/Travellers, Refugees & Asylum Seekers) Women and Men Religious & Faith Groups Disabled People Children and Young People Lesbian, Gay, Bisexual & Transgender Community	Yes ⊠ No □ Yes ⊠ No □
Does the policy/strategy contain evidence of the Equality & Diversity Impact Assessment Process?		YES 🖂	NO 🗆
Equality & Diversity impact Assessment Process?			
Is there an implementation plan?		YES 🖂	NO 🗌
Which officers are responsible for implementation?		Lead Pharmacy Technicians	
When will the policy/strategy take effect?		Immediately	
Who must comply with the policy/strategy?		All Pharmacy staff	
How will they be informed of their responsibilities?		Through line managers	
Is any training required?		YES 🛛	NO 🗌
If yes, has any been arranged?		YES 🖂	NO 🗌
Are there any cost implications?		YES 🛛	NO 🗌
If yes, please detail costs and note source of funding		N/A	
Who is responsible for auditing the implementation of the policy/strategy?		David Coulson	
What is the audit interval?		2 yearly	
Who will receive the audit reports?		Sheena Macgregor and Lorna Scahill	
When will the policy/strategy be reviewed and by whom? (please give designation)		Annual - Authors	

Name: _____

Date: _____