

<b>Title</b>	<b>NWNODN Guideline Ratification Process</b>		
<b>Reference Number</b>	<b>PD-ODN-05</b>		
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<b>Target Audience</b>	<b>All Provider Trusts within the North West Neonatal Operational Delivery Network</b>		
<b>Ratified by</b>	<b>SMT</b>		
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<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Notes</b>
31/8/20	0.1	C.Nash	Shared with SMT for final comments
9/10/20	0.2	C.Nash	Minor amendments following feedback
25/11/21	0.3	CN/KH	Minor changes to process and simplification of flow chart

# **North West Neonatal Operational Delivery Network (NWNODN)**

## **Ratification of NWNODN Guidelines and Procedural Documents**

### **1. Introduction**

The following document sets out the process for developing and reviewing NWNODN procedural documents, i.e. Guidelines, pathways, strategies and processes.

### **2. Purpose**

To provide an agreed process and document template to facilitate a structured, systematic, consistent approach when developing and reviewing NWNODN guidelines/procedural documents.

The aim of this document is to ensure there is a process whereby procedural documents are consistent in format, compilation, ratification and dissemination. It will eliminate duplication and establish if there is an actual need to develop new documents.

### **3. Scope**

All providers of neonatal care in the North West Neonatal Operational Delivery Network.

### **4. Responsibilities**

#### **4.1. Providers:**

- To follow the correct process when requesting a locality or NWNODN wide guideline
- To consult with unit colleagues following the sharing of draft guidelines and to feedback via the local Clinical Effectiveness Group (CEG), Neonatal Steering Group (NSG) or Senior Management Team (SMT)
- To ensure the implementation of ratified guidelines within their neonatal unit

#### **4.2. NWNODN Team:**

- To oversee the management of locality or NWNODN process documents, to ensure new documents are created & existing documents reviewed in-line with agreed process for ratification.
- To track all guidelines and ensure those which are due to expire are reviewed and re-ratified in a timely manner. All procedural documents will be reviewed on a 3 yearly basis, apart from Terms of References which will be up-dated every two years.
- To ensure all ratified process documents are shared at NSG meetings and uploaded onto the NWNODN website so all units have access to the same documentation.

#### **4.3 Authors and Group Leads who produce draft documents:**

- To ensure that the document is in the correct format.

The required template is as follows:

- NWNODN standard front page
  - 1. Summary / Introduction
  - 2. Purpose
  - 3. Scope
  - 4. Responsibilities
  - 5. Process/procedure/guidance etc. (main body)
  - 6. Monitoring & Audit
  - 7. Details of attachments (e.g. list of appendices)
  - 8. Details of other relevant or associated documents (including links)
  - 9. Supporting references & national guidance
  - 10. Definitions / glossary
  - 11. Consultation with Stakeholders
- To follow the flowchart in appendix 1, ensuring stakeholder involvement where appropriate.

## **5. Development of a Procedural Document**

### **5.1 Identification of need**

- Before starting the development of a new procedural document, a request will be made via CEG or NSG and a decision will be made by the SMT whether the document will be locality specific, NWNODN wide or the responsibility of a specialised group, for example the Cardiac Network.
- Procedural documents must be evidence-based and referenced, wherever possible. Reference must also be made to any associated national guidance where available.
- References and associated documents must be checked when reviewing an existing procedural document, to ensure they are still current and relevant.

### **5.2 Identification of and Consultation with Stakeholders**

- All key stakeholders should be included in the consultation process and given the opportunity to feedback before the final draft document is shared at CEG, NSG or SMT. This may include members of the wider multidisciplinary team, for example Allied Health Professionals, pharmacists, obstetric/maternity colleagues & education leads
- Parents should be identified as key stakeholders in relation to all guidelines and NWNODN documents unless a clear reason is identified that this is inappropriate. Therefore, parent feedback will be sought from the Parent Advisory Groups (PAG), via the Quality Improvement Lead Nurse, as part of the consultation process.
- Consultation with relevant stakeholders will improve the accuracy and quality of the procedural document and facilitate effective implementation when ratified.
- Names and job titles of those involved in the consultation process must be listed in the final draft document.
- The Guideline & Document Consultation Response Form (see Appendix 2) will be issued with all guidelines or documents to give stakeholders the opportunity to comment and give feedback.

### **5.3 Validation and Ratification Process**

- Refer to the flowchart in Appendix 1 for the full process
- When a procedural document is ratified it will be formally recorded in the minutes of the appropriate meeting, e.g. SMT, NSG etc.
- Final documents will be shared via NSG, Local Maternity System/Strategic Clinical Network, quarterly reports or NWNODN board meetings as appropriate and uploaded onto the NWNODN website.

#### 5.4 Documents for review only

- The review date for each procedural document developed will be documented on the front page of the procedural document template.
- Documents must be reviewed at least every 3 years. The review date may alter if significant changes are made or there is a decision to adhere to the new national guidance.
- The NWNODN Lead Nurse will facilitate the process of review and ensure that all documents are submitted to the Author & CEG/SMT for review prior to their review dates.
- The author will be alerted 3 months prior to the review date and asked to review the content. This is to ensure that the procedural document remains valid.

#### 6. Monitoring Systems

Monitoring and Audit	Frequency	By Whom	Reported to
	Annually	NWNODN Team	SMT

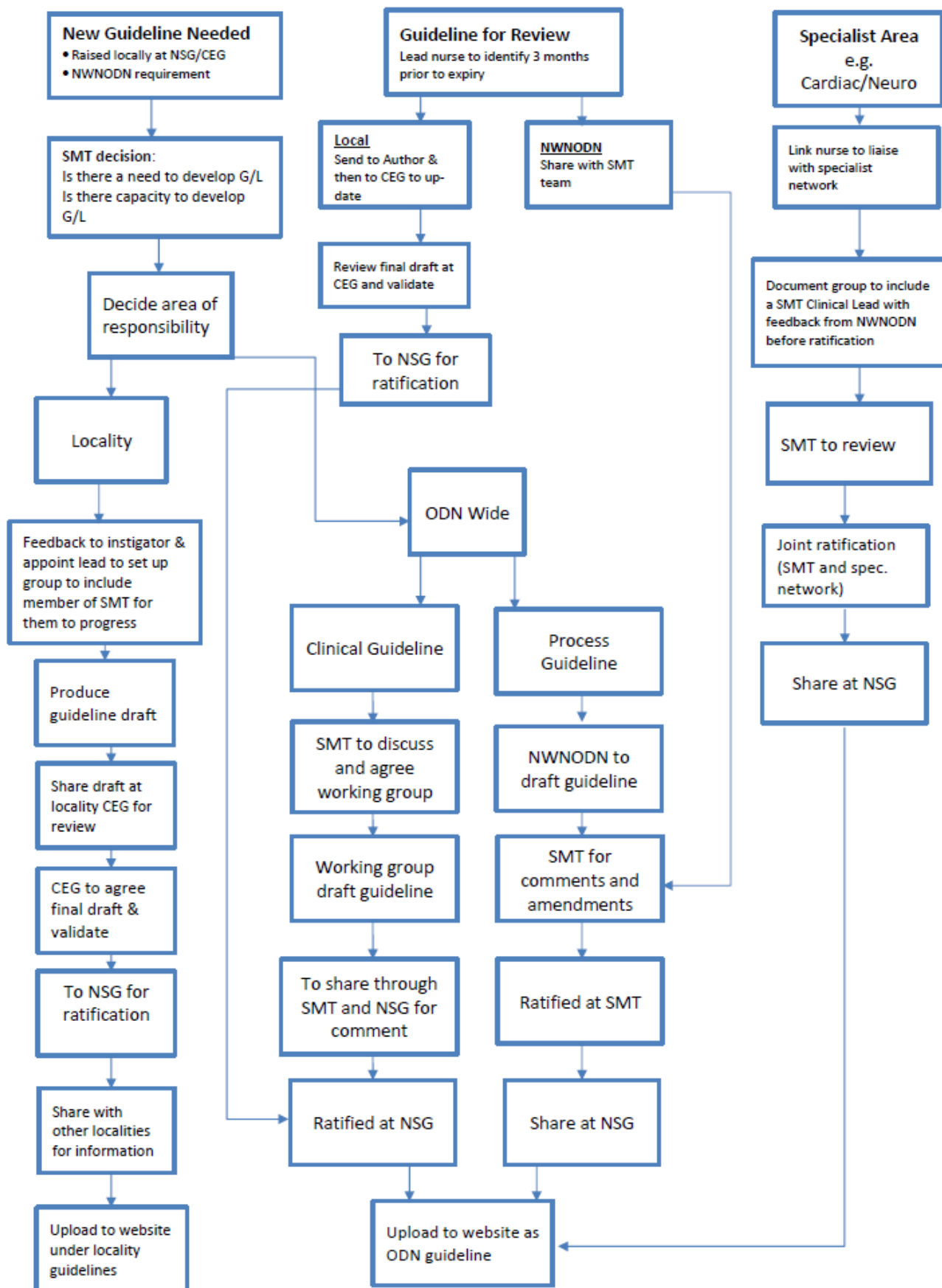
It will be the responsibility of individual Trusts to complete any impact assessments, if required.

#### Attachments

Appendix 1 – Ratification process flowchart

Appendix 2 – Feedback form

# Appendix 1: Development & Ratification of Documents Process





# GUIDELINE & DOCUMENTATION CONSULTATION RESPONSE FORM

Appendix 2

**Document Title:**

**Closing date for responses:**

**Please return this form to:**

Your name:		
Unit:		
Page number/ heading / general comments	Line number/ 'general' for comments	Comments  (Please insert each new comment in a new row)

Please add extra rows as needed