



SOUTH WEST NEONATAL
OPERATIONAL DELIVERY
NETWORK

GUIDANCE ON THE ODN
DEVELOPMENT OF GUIDELINES,
POLICIES, PROTOCOLS AND
PROCEDURES

V1.0

Author: SW Neonatal ODN (drawn from EOE and Thames Valley and Wessex Guidance)

Date ratified: Dec 2015

Review date: Dec 2018



Contents

1. Aim.....	3
2. Scope of Guidance.....	3
3. Overview.....	3
3.1 Review.....	4
4. Process for Development in the ODNs.....	4
4.1 ODN Board.....	4
4.2 Overview of Process.....	4
5. Assessment of resource requirement.....	5
6. References.....	5
Appendix One: Flowchart for Agreeing Documents.....	6
Appendix Two: Formal Opt - Out Form for South West Neonatal Operational Delivery Network Policies.....	7
Appendix Three: Definitions and Best Practice Principles for the Development of a Guidelines Policy.....	8/9



1. Aim

The aim of this Policy is to assist the Network in the development and compliance of Network Policies to aid clinical and operational practice. It will clarify the requirements for the development of Network Policies for South West Neonatal Operational Delivery Network and the process for corporate agreement of ratified Network Policies for Provider Trusts within the Network.

This Policy will ensure that there is a consistent process to facilitate consistency in format, compilation and dissemination of all Network Policy documents. This Policy will ensure that the Network meets its governance responsibilities and conforms to risk management standards, therefore ensuring a high level of safety and effectiveness in line with the DH/NHS 'Toolkit for High Quality Neonatal Services' (2009), NICE Specialist Neonatal Standards (2010), National Neonatal Critical Care Service Specification, National Service Specification for Operational Delivery Networks and the Operational Delivery Network Governance Framework.

2. Scope of Guidance

The Policy applies to all Network Policy documents developed, which relate to Neonatal Units and Maternity Units covered by the South West Neonatal Operational Delivery Network. This includes the following Hospitals:

- Gloucester Royal Hospital NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust (Truro)
- Taunton and Somerset NHS Foundation Trust (Musgrove)
- North Devon Healthcare NHS Trust (Barnstaple)
- Great Western Hospitals NHS Foundation Trust (Swindon)
- Royal Devon and Exeter NHS Foundation Trust
- University Hospitals Bristol NHS Foundation Trust (St Michael's)
- Yeovil District Hospital NHS Foundation Trust
- Royal United Hospital NHS Foundation Trust (Bath)
- North Bristol NHS Trust (Southmead)
- Plymouth Hospital NHS Trust (Derriford)
- South Devon Healthcare Foundation Trust (Torbay)

3. Overview

The NHS Constitution¹ informs that patients have a right for quality and excellence and claims that the NHS will put the interests of patients first by working across organisational boundaries. The development of best practice Guidelines, Policies and Procedures is one way in which staff within any healthcare setting can identify that their practice is evidence based.

¹ Department of Health (2013) The NHS Constitution. Crown copyright.

3.1 Review

The South West Neonatal ODN Team will review this Policy every 3 years or within 3 months of any relevant and significant changes that should or may occur in the future. (Definitions and best practice principles for development of policies are contained within Appendix Three.) The development of Guidelines, Policies and Procedures is based on a number of precursors for example the need to:

- Meet legal requirements
- Comply with National guidance
- Improve patient care
- Incorporate new research/evidence into practice
- Clinical audit recommendations
- Proactive and reactively manage risk
- Standardisation of practice (benchmarking)

4. Process for Development in the ODNs

4.1 ODN Board

The SW Executive Board is formed of appointed Clinical, Nursing and Managerial Leads representing the region for Neonatal Services, the ODN Team and representatives from obstetric services, NHS England, the ODN Host Trust and the SCN. The SW ODN Team will ensure that a log of all Guidelines, Policies and Procedures that are Network-related is maintained within the shared files hosted at University Hospitals Bristol and published on the SW Neonatal Network Website. All Guidelines, Policies and Procedures will be ratified by the SW Operational Delivery Network Executive Board Chair prior to implementation.

4.2 Overview of Process

(See Appendix One for Flow Chart)

- If no suitable National product is available then local ODN development will be necessary. Network development of Policies/Procedures/Guidelines/Protocols promotes ownership and collaborative working.
- The ODN clinical groups and associated work streams will identify and prioritise documents for implementation. The Clinical Lead, Nursing Lead and ODN Manager will be responsible for overseeing development, supported by a defined lead for the specific topic.
- Current practice reviews will help to identify practice in the Network. A comprehensive literature review should be undertaken to establish the evidence base or best practice principles where evidence or research is not available.
- The evidence base will be augmented by the group reaching a consensus of opinion about best practice.
- The draft Guideline should be disseminated to all members of the relevant clinical groups for comment. Comments will be reviewed and added as agreed to the draft document.
- Final versions will be agreed by the clinical leads.
- A multi-professional dissemination and implementation strategy should be agreed at each organisation or on an ODN-wide basis.

- All ratified Policies/Procedures/Guidelines/Protocols will be made available on the relevant ODN Website. Provider organisations should have a shortcut to this site for ease of access. The ODN Office will hold a comprehensive list of all documents saved on a shared server which can be accessed by members of the ODN Team.
- Once ratified by the Board Chair the document availability will be communicated with all relevant ODN stakeholders.
- In exceptional circumstances only, organisations may not be able to adhere to the Guideline, Policy, Protocol or Procedure and will need to complete an “Exception Form” and provide rationale for not following the ODN agreed document (as contained in Appendix Two). This must be supported and signed by the local Trust Director of Nursing or Medical Director.

5. Assessment of resource requirement

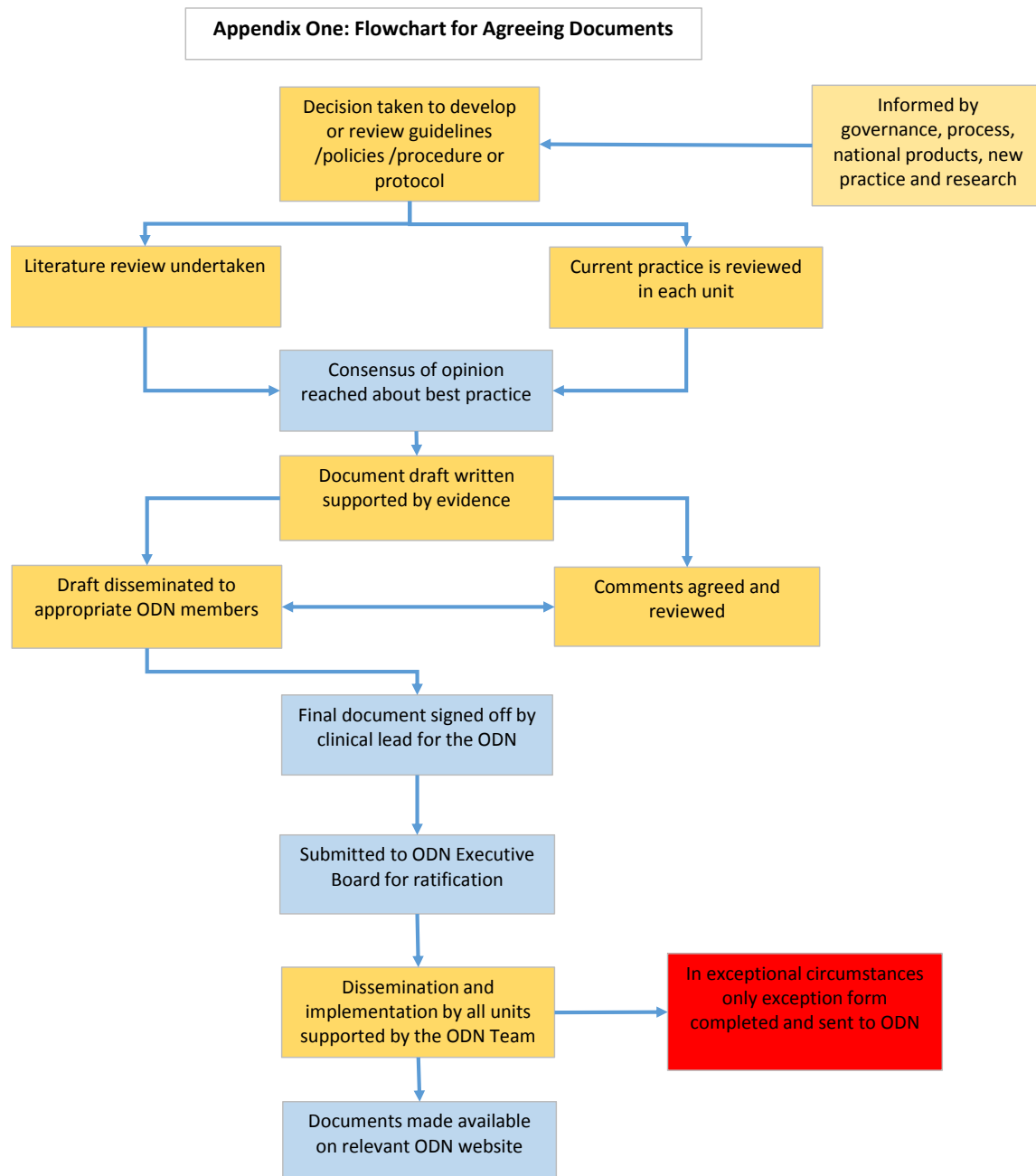
Assessing likely resource requirements will be important when planning the timescales for implementation of the Guideline, Procedure, Policy or Protocol. Organisations within the Network will need to review this at a local level.

Where the Guideline has a significant resource requirement this should be the subject of a cost-benefit analysis. Project resource will be agreed by the specific ODN and approved by the ODN Board. This will need to be within the limitations of the allocated ODN budget.

6. References

- 1 2 NICE (2014) <http://www.nice.org.uk/About/What-we-do/Our-Programmes/NICE-guidance/NICE-guidelines/NICE-clinical-guidelines> Online [accessed September 2014]
- 3 Anderson, Chris.(1995) What's the Difference Between Policies and procedures?, Bizmanualz,
- 4 Mulhall A, Alexander C, Le May A (1997) Prescriptive Care? Guidelines and Protocols Nursing Standard 11(18) pp43-46
- 5 Hamer S & Collinson G (1999) Achieving Evidence-based Practice: A handbook for practitioners Bailliere Tindall, London

Appendix One: Flowchart for Agreeing Documents





Appendix Two: Formal Opt - Out Form for South West Neonatal Operational Delivery Network Policies

To be completed by the provider Trust Please complete in BLOCK CAPITALS	
Provider Trust:	
Guideline, Policy Opt – Out Title :	Rationale for Opt - Out :
Signature of Clinical Lead : Signature: _____ Print Name: _____ Date: _____ Email address: _____	Medical Director Trust : Signature: _____ Print Name: _____ Date: _____ Email address: _____
Date Received by the Network Team : _____	
Send signed copy to: South West Neonatal Operational Delivery Network Level 3, Birch Corridor St Michael's Hospital Southwell Street Bristol BS2 8EG Or email scanned signed copy to: judy.horner@uhbristol.nhs.uk, or swneonatalnetwork@uhbristol.nhs.uk	

Appendix Three

Definitions and Best Practice Principles for the Development of a Guidelines Policy.

Clinical Guidelines

NICE² define Clinical Guidelines as “systematically-developed recommendations on how healthcare and other professionals should care for people with specific conditions. The recommendations are based on the best available evidence.” While Guidelines assist the practice of healthcare professionals, they do not replace their knowledge and skills.

Policies

A Policy describes the overall aims and objectives in a particular area. It is a statement of the standard of service that is to be provided. A Policy is implemented as a Procedure or Protocol³. ODN Policies enable staff to make correct decisions and to deal effectively and comply with relevant legislation, clinical standards and good working practices. Policies clearly describe what is expected of practice and service delivery. Each Policy should have a purpose and specific steps as to how the Policy is to be accomplished (these are usually described within supporting ODN procedures).

Procedures

A procedure is a series of instructions that if followed in a systematic way, achieve a specific outcome. Procedures differ from Guidelines in that they are generally prescriptive, not evidence-based and they do not allow for professional interpretation under individualised circumstances.

Protocols

Protocols are precise Guidelines with a structured and logical approach to a closely specified clinical problem⁴. Generally seen as more specific and prescriptive than a Guideline⁵. A term also used for defining locally adapted National Guidelines.

Best Practice Principles for Development

- The development of Clinical Policies/Procedures/Guideline/Protocols should be focused on the patient-care group of the ODN rather than on a professional staff group. The driver for Policy/Procedure/Guideline/Protocol preparation should be identified as one of the following:
 - Research and audit findings
 - Management of clinical risk
 - New practices
 - Standardising best practice for the benefit of patients

² NICE (2014) <http://www.nice.org.uk/About/What-we-do/Our-Programmes/NICE-guidance/NICE-guidelines/NICE-clinical-guidelines> Online [accessed September 2014]

³ Anderson, Chris.(1995) What's the Difference Between Policies and procedures?, Bizmanualz,

⁴ Mulhall A, Alexander C, Le May A (1997) Prescriptive Care? Guidelines and Protocols Nursing Standard 11(18) pp43-46

⁵ Hamer S & Collinson G (1999) Achieving Evidence-based Practice: A handbook for practitioners Bailliere Tindall, London



- Adherence to changes in legislation/National guidance and products.
- All Policies and Procedures should be produced on the basis that they can be achieved.
- All Policies and Procedures should be underpinned with current evidence or best practice principles.
- All Policies and Procedures should be validated. The review process for clinical Policies and Procedures should include the use of a recognised tool for appraisal.
- The management, including agreement of Policies/Procedures/Guidelines should be overseen with a multi-professional ODN forum, which preferably has a clinical governance remit.
- Patient, carer and public involvement is a key feature of the NHS constitution strategy for improving quality in the NHS⁶. It is therefore advocated that where possible parents, patients and carers are included in the development of Guidelines, thus ensuring they are patient/client-centred. This involvement may be via collaboration/partnerships; consultation; interviews, questionnaires or surveys or qualitative techniques⁷.

⁶ Department of Health (2013) The NHS Constitution. Crown copyright.

⁷ NICE (2014) <http://www.nice.org.uk/About/What-we-do/Our-Programmes/NICE-guidance/NICE-guidelines/NICE-clinical-guidelines> Online [accessed September 2014]