**“Insert Guideline Title Here”**

|  |  |
| --- | --- |
| **Version:** |  |
| **Ratification Group (eg Clinical network):** |  |
| **Date of Ratification**  |  |
| **Signature of ratifying Group Chair** |  |
| **Author(s) and title** |  |
| **Final PIER approved NHS trust review & governance** |  |
| **Name of final approval group** | Southampton CRSG |
| **Signature of final approval group chair** |  |
| **Date of Approval:** |  |
| **Review date:** |  |
| **Key words:** |  |
| **Main areas affected:** |  |
| **Other stakeholders consulted e.g. other clinical networks, departments** |  |
| **Summary of most recent changes (if updated guideline):** |  |
| **Relevant national or international Guidance e.g. NICE, SIGN, BTS, BSPED** |  |
| **Consultation document completed: see Appendix A** |  |
| **Total number of pages:** |  |
| **Is this document to be published in any other format?** |  |

|  |
| --- |
| **Does this document replace or revise an existing document?** If so please state existing document(s) |

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| 1.4 | Definitions – if needed |  |
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|  | For link to patient information leaflet template SEE HERE |  |
|  |  |  |

**Flowchart**

Please download the Flowchart template from INSERT Link

**1**

**1.1** **Introduction**

**1.2 Scope**

**1.3 Purpose**

**1.4 Definitions**

**2 Additional headings as required eg procedures to be followed**

**3 Implementation**

**4 Process for Monitoring Effectiveness**

Reduced variation in practice has been shown to improve outcomes. Please detail how the impact of this guideline will be measured to demonstrate its effectiveness and identify areas for further development. Where possible this should include patient reported outcomes.

**5 References**

**9 Appendices**

**Appendix A**

**Documentation of regional consultation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trust** | **Name of person consulted\* (print)** | **Designation**  | **Signature** |
| Chichester |  |  |  |
| Dorchester |  |  |  |
| Hampshire Hospitals Foundation Trust |  |  |  |
| Poole |  |  |  |
| Portsmouth |  |  |  |
| Salisbury |  |  |  |
| Southampton |  |  |  |
| IOW |  |  |  |
| Pharmacy |  |  |  |

\*this person agrees they have read the guidelines, consulted with relevant colleagues and members of MDT, managers and patients, young people & their families as appropriate. Any queries raised during consultation and review process should be documented with responses and any changes made to the guideline.