Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

NICE Guidance Implementation Policy

POLICY

Reference	G/NICE		
Approving Body	Patient Safety Committee		
Date Approved	9 June 2021		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	x		
Issue Date	9 June 2021		
Version	3		
Summary of Changes from Previous Version	Section 6.1 - added requirement to identify relevant related Trust internal clinical documents that may require amendment Changes to role and meeting titles Updated web links to relevant documents Noted processes in place instead of in development		
Supersedes	2.2 Approved November 2016		
Document Category	Governance		
Consultation Undertaken	Medical Director Clinical Chairs Associate Director of Service Improvement		
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Date of Environmental Impact Assessment (if applicable)	N/A		
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Target Audience	Divisional and Corporate Services Management Teams and Safety & Governance Leads		
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Sponsor (Position)	Medical Director		
Author (Position & Name)	Risk and Assurance Manager		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Risk Management		
Position of Person able to provide Further Guidance/Information	Risk and Assurance Manager		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
See section 10 – Evidence base and related document	
Template control	June 2020

CONTENTS

APPENDICES

1. INTRODUCTION

The National Institute for Health and Care Excellence (NICE) was established as a Special Health Authority in April 1999 and is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. In April 2013 NICE also gained responsibilities for providing guidance for those working in social care. NICE currently develop and publish the following types of guidance:

- Technology Appraisals Guidelines (TA)
- Highly Specialised Technologies (HST)
- NICE Guidelines which includes:
    - Clinical Guidelines (CG);
    - Public Health Guidelines (PH);
    - Social Care Guidelines (SC);
    - Medicines Practice Guidelines (MPG); and
    - Safe Staffing Guidelines (SG)
- Interventional Procedures Guidance (IPG)
- Medical Technologies Guidance (MTG)
- Diagnostic Technologies Guidance (DG)
- Key Therapeutic Topics (KTT)

Further details on all the above types of guidance can be found within the definitions, see section 3.

NICE also publish Quality Standards (QS) which are concise sets of statements, with accompanying metrics, designed to drive and measure priority quality improvements within a particular area of care. They are derived from best available evidence such as NICE guidance and other evidence sources accredited by NICE. They are developed independently by NICE, in collaboration with NHS and social care professionals, their partners and service users. They also address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

Quality Standards for the NHS are reflected in the Commissioning Outcomes Framework and will inform payment mechanisms and incentive schemes such as the Quality and Outcomes Framework (QOF) and Commission for Quality and Innovation (CQUIN) Payment Framework.

Within the Trust, the Quality Standards can be used to help with monitoring current practice and compliance of associated NICE guidance, which have usually been assessed for relevance/compliance prior to the related Quality Standard being published. They can help identify what requirements are in place in order to meet the quality statements or identify any shortfalls and the actions; timescales; and risks associated with not meeting/measuring them. The intent is to focus on areas of quality improvement.

For Technology Appraisals and Highly Specialised Technologies which are relevant to Trusts, there is a statutory duty for the recommendations to be implemented within 3 months.

The Trust has the responsibility for ensuring there is a process and system in place to ensure that when NICE guidance is published:

- It is identified (through accessing the NICE website and being logged on

the central NICE database)
- The Trust is informed (using the 'Allocation Proforma' via the Divisions/Specialties)
- A Guidance Lead (Named Lead) is identified/named through the 'Allocation Process'
- The guidance is assessed by the Named Lead for relevance and where relevant assessed against current practice for structural compliance (and the outcome recorded on the assessment form)
- If there are any gaps (i.e. 'partially compliant' or 'non-compliant' is recorded on the NICE Guidance Assessment Form) an action plan is developed by the Named Lead which is actively monitored by the service or specialty to ensure that actions are undertaken to close the gaps towards being structurally compliant

The Trust has the responsibility for implementing relevant NICE guidance in order to ensure that:
- Patients experience the most up-to-date clinically and cost effective care
- Patients experience equity by the consistent application of appropriate national best practice guidance
- The Trust supports compliance with regulatory bodies including the Department of Health, NHS England and the requirements for its registration with the Care Quality Commission (CQC).

The Trust has in place a process for the allocation of leads and implemented an 'Assessment Form' with an emphasis on the following four types of guidance:
- Technology Appraisals Guidelines (TA)
- Highly Specialised Technologies (HST)
- Clinical Guidelines (CG/NG)
- Interventional Procedures Guidance (IPG)

Other types of NICE Guidance are distributed as 'for information' for the Divisions and Specialties, and marked as 'information only' on the central NICE database.

All patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution for England. NICE guidance is written to reflect these. Treatment and care should take into account individual needs and preferences. Patients should have the opportunity to make informed decisions about their care and treatment in partnership with their healthcare professionals.

The Trust is expected to take NICE recommendations fully into account to ensure a continuous review of services to provide the best outcomes of care as set out by the Care Quality Commission (CQC) regulations for acute hospitals. The process and systems in place for responding to best practice guidance published by NICE will help support the Trust in developing high quality services to meet the CQC inspection standards of services ensuring they are: Safe, Effective; Caring; Responsive; and Well Led.

This policy clearly identifies the structures and processes within the Trust to respond effectively to NICE guidance recommendations by ensuring there is a clear and consistent approach to support the assessment and where identified prioritise, subsequently implement and monitor them. As well as helping the Trust meet the standards set by the Care Quality Commission, it will also support the Trust's CARE values, standards and behaviours; governance framework; and provide assurance through exception/escalation reporting through the governance structures to the Trust Board of Directors as required.

‘This policy is issued and maintained by the Medical Director (the sponsor) on behalf of the Trust; the issue defined on the front sheet supersedes and replaces all previous versions.’

2. POLICY STATEMENT

The purpose of this policy is to ensure that the Trust has robust systems and processes in place for the dissemination, assessment, implementation and monitoring of NICE guidance relevant to the organisation. This includes the identification of any relevant recommendations which the services are not currently able to deliver/implement, the assessment of the associated risk, action planning required to close the gaps and thus ensuring continual improvement in the quality of services provided against evidenced best practice standards.

The policy provides guidance for:

1. Identifying and assessing relevance of newly published NICE guidance
2. Assessing structural compliance, undertaking an organisational gap analysis (and action planning where required)
3. Compliance status agreement and minuting
4. NICE Guidance and patient quality improvement

Related Trust policies/guidelines and other Trust documents:

- Risk Management and Assurance Policy
- Clinical Audit Policy

Equality Impact Assessment

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status. An EIA of this policy/guideline has been conducted by the author using the EIA tool developed by the Diversity and Inclusivity Committee. (10-09-2014).

3. DEFINITIONS/ ABBREVIATIONS

The following definitions/abbreviations apply within this policy:

The Trust	The Sherwood Forest Hospitals NHS Foundation Trust
Staff	All employees of the Trust including those managed by a third party organisation on behalf of the Trust.

NICE – Technology Appraisals (TA)	Guidance on the use of new and existing medicines and treatments within the NHS. These can be: • Medicines; • Medical devices, such as hearing aids or inhalers; • Diagnostic techniques, tests used to identify diseases; • Surgical procedures; or • Health promotion activities such as ways of helping people with diabetes manage their condition.
NICE – Highly Specialised Technologies (HST)	These are recommendations on the use of new and existing highly specialised medicines and treatments within the NHS in England. The highly specialised technologies programme only considers drugs for very rare conditions.
NICE – Clinical Guidelines (CG/NG)	NICE clinical guidelines are 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. Clinical guidelines are also important for health service managers and those who commission NHS services. Clinical guidelines can cover any aspect of a condition. This may include recommendations about providing information and advice, prevention, diagnosis, treatment and longer-term management.
NICE – Public Health Guidelines (PH)	Public health guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve heath. The guidance may focus on a particular topic (such as smoking), a particular population (such as schoolchildren) or a particular setting (such as the workplace). NICE public health guidance is aimed at public health professionals and practitioners and others with a direct or indirect role in public health within the NHS, local authorities and the wider public, voluntary, community and private sectors
NICE – Social Care Guidelines (SC)	The primary role of NICE social care guidelines is to provide recommendations on “what works” in terms of both the effectiveness and cost-effectiveness of social care interventions and services. The approach taken in social care is different to the more clinically-focused guidelines; people using the social care system and the workforce providing those services have different priorities and needs. Therefore NICE has ensured that the methods and processes have been developed in close collaboration with the adults and children’s care sectors.

NICE – Medicines Practice Guidelines (MPG)	NICE medicines practice guidelines provide recommendations for good practice for those individuals and organisations involved in governing, commissioning, prescribing and decision-making about medicines. The outputs have a wide range of audiences across both health and social environments.
NICE – Safe Staffing Guidelines (SG)	Following the Report of the Francis Inquiry and the Berwick Review into Patient Safety, NICE has been asked by the Department of Health and NHS England to produce guidelines on safe staffing in the NHS. Initial guidance is for adult in-patient wards in acute settings, but future guidance is planned for maternity settings, Accident and Emergency settings and others.
NICE – Interventional Procedures Guidance (IPG)	This guidance recommends whether interventional procedures used for diagnosis or treatment are effective and safe for use in the NHS. An interventional procedure is a procedure used for diagnosis or for treatment that involves: • Making a cut or hole to gain access to the inside of a patient's body • Gaining access to a body cavity without cutting into the body; or • Using electromagnetic radiation (x-rays, lasers, gamma-rays and ultraviolet light) The guidance protects patients' safety and supports people in the NHS so that it is possible for new treatments and tests to be introduced into the NHS in a responsible way. Many procedures looked at are new but NICE also looks at more established procedures if there is uncertainty about their safety or how well they work.
NICE – Medical Technologies Guidance (MTG)	Is designed to help the NHS adopt clinically and cost effective medical devices and diagnostics more rapidly and consistently. NICE medical technologies guidance addresses specific technologies notified to NICE by manufacturers. The 'case for adoption' recommendations are based on the claimed advantages of introducing the specific technology compared with current management of the condition. This 'case' is reviewed against the evidence submitted and expert advice. If the case for adopting the technology is supported, then the technology has been found to offer advantages to patients and the NHS. The specific recommendations on individual technologies are not intended to limit use of other relevant technologies which may offer similar advantages.

NICE – Diagnostic Technologies Guidance (DG)	Is designed to help the NHS adopt clinically and cost effective medical diagnostic technologies more rapidly and consistently. The programme concentrates on pathological tests, imaging, endoscopy and physiological measurement, since these represent most of the investigations performed on patients. Diagnostic technologies may be used for various purposes: diagnosis, clinical monitoring, screening, treatment triage, assessing stages of disease progress and risk stratification.
NICE – Key Therapeutic Topics (KTT)	Quality-assured summaries of the evidence base on topics identified to support medicines optimisation. These topics are selected and prioritised therapeutic areas where there are potential opportunities for maintaining or improving quality and improving value from our use of medicines. Releasing resources from one area of health care while maintaining or improving quality of care means those resources are available for use elsewhere, for example - the prescribing of innovative medicines.
NICE – Quality Standards, for health, social care and public health (QS)	NICE Quality Standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited to NICE. They are developed independently by NICE, in collaboration with health and social care professionals, their partners and service users.
Specialty guidance	Refers to NICE guidance which is for a single specialty to lead on (but on occasions may require collaboration with other specialties/ divisions). Guidance which is for both adults and paediatrics may also be categorised as specialty as two leads are identified for their respective patient groups.
Trust-wide guidance	Refers to NICE guidance which is relevant to the majority of our patients. This may include adult patients across the majority of specialties and may also include maternity/paediatric patients. For some Trust wide guidance, cross divisional working and/or a 'task and finish group' may be required. Some Trust wide guidance may also fall under the remit of a Trust wide sub-committee/group.
Division	Refers to the Trust's organisational structure and includes clinical and non-clinical divisions e.g. • Surgery • Women & Children • Urgent & Emergency Care • Medicine • Diagnostics & Outpatients • Others as required e.g. Corporate – Human Resources / Corporate – Nursing
Lead Division	The most appropriate Division within the Trust to take overall lead for a particular piece of NICE guidance.

Lead Specialty	The most appropriate Specialty/Department/Service within the Trust to take overall lead for a particular piece of NICE guidance.
Named Lead	A named individual, identified as being the most appropriate member of staff to take overall responsibility for progressing a particular piece of NICE guidance through the Trust processes.
Tools	Include: • Allocation Proforma • Assessment Form • Baseline Assessment Tool (BAT) (published and issued by NICE for associated clinical guidelines) • NICE databases
Gap Analysis	A technique for determining the steps to be taken in moving from a current state to a desired future state: • Where we are • Where we want/need to be • The gaps between the two • Culminating in an action plan for how we are going to get there – including the person responsible for the action and timescale for completion
Open Guidance	A published NICE guidance which is going through the process and is: • Not yet recorded as being 'Trust complies' or 'Trust complies with caveats'; or • In the allocation process; or • Issued to a lead and is 'under assessment'
Implementation	Implementation is the carrying out, execution or practice of a plan, a method, or any design, idea, model, specification, standard or policy for doing something. As such, implementation is the action that must follow any preliminary thinking in order for something to actually happen. In more simple terms, it is: the process of putting a decision or plan into effect.
Compliance (Structural and Practice)	Compliance is about obeying / conforming. Structural compliance: refers to having the appropriate requirements in place in order to achieve practice compliance. Practice compliance: refers to having evidence of undertaking some form of monitoring to ascertain if something is actually happening, which could be through use of clinical audit; data collection; metrics; observation or other valid methodology. Practice compliance can only be stated at the time the monitoring is undertaken. Ongoing compliance may need to be monitored at designated frequencies which will be dependent on the findings/ subject matter. In more simple terms, it is about knowing if the process of putting a decision or plan into effect is actually being put in place and therefore being obeyed / conformed with.

4. ROLES AND RESPONSIBILITIES

The following roles and responsibilities apply to the application of this policy and along with the appropriate evidence and, where applicable, can support the revalidation process:

4.1 Chief Executive is accountable for the implementation of this policy and ensuring that the Trust has the systems and processes to support the assessment, implementation and monitoring of published NICE guidance.

4.2 Board of Directors will ensure that the Trust operates effectively and efficiently and fulfils all its statutory duties and responsibilities in accordance with the approved *Scheme of Delegation*, to the Patient Safety Committee. The process will be managed by the Risk Management Department on behalf of the Advancing Quality Programme.

4.3 Medical Director (MD) has delegated responsibility from the Board of Directors for implementation of relevant NICE guidance across the Trust.

4.4 Divisional General Manager has overarching responsibility with support from **the Divisional Governance Lead** (Responsible Officer) to ensure:

- Implementation of relevant NICE guidance at divisional level
- Confirming proposed/nominating appropriate named leads where guidance is identified as being relevant to their respective division
- Ensuring NICE guidance is a standing agenda item at their respective Divisional Clinical Governance Steering Forums, overseeing the development and update of action plans for divisional/specialty specific guidance

4.5 Heads of Service / Specialty Clinical Governance Leads

Ensuring that the Named Lead within their division/specialty under their remit completes the Trust process for:

- Reviewing to ascertain relevance and structural compliance of NICE guidance
- Completing the relevant documentation (Assessment Form and baseline assessment tools if being used)

4.6 Chief Pharmacist has responsibility for:

- Overseeing the NICE Guidance allocated to their service and liaising with other key stakeholders including the Drugs & Therapeutics Committee / Medicines Management Committee; Area Prescribing Committee; Commissioners
- Providing advice, support and clarity to staff as required regarding recommendations relating to medicines

4.7 Reporting to the Advancing Quality Programme.

4.8 Named Leads, once nominated as the responsible lead, are responsible for leading and ensuring guidance under their remit and completing the Trust process for:

- Reviewing to ascertain relevance and structural compliance of

recommendations
- Completing the relevant documentation (Assessment Form / baseline assessment tools if being used)
- Signing off guidance where 'Trust complies' or 'Trust complies with caveats' is attained
- Working collaboratively where required, including across divisions/specialties
- Contributing to discussions/decisions about the operational and cost implications with other colleagues/departments e.g. The Business Support Unit
- Consider risk assessing any recommendations with which the requirements are not in place in order to meet/implement them and adding them to the risk register as required

4.9 Quality Governance Leads are responsible for:
- Supporting the process through the dissemination of divisional/specialty reports
- Working with the Risk and Compliance Support Officer to identify guidance which is 'clearly' not relevant to the Trust and proposing Divisional and Specialty leads as required). This information is recorded on the 'Allocation Proforma'

4.10 Advancing Quality Programme, through its Chair has responsibility for:
- Ensuring that effective structures and policies are in place to manage the Trust's NICE Guidance processes, particularly the 'NICE Guidance Implementation Policy'
- Reviewing the overall status of NICE guidance, by supporting/reviewing which are 'open'
- Identifying, agreeing and monitoring priority NICE Guidance audits

4.11 Risk & Compliance Support Officer has responsibility for:
- Co-ordinating the processes for NICE guidance
- Maintaining the relevant information on the NICE database
- Generating reports for the various guidance types at the required frequencies for the Divisions/Specialties (and where required Committees/Groups), the Advancing Quality Programme and other reports as required.

4.12 Clinical Audit & Improvement Department has responsibility for
- Maintaining the relevant audit information against specific NICE guidance on the Clinical Audit Rolling Programme / Clinical Audit Database as appropriate

4.13 All Staff are responsible for implementing NICE guidance recommendations relevant to their role and making evidence based decisions about treatment and health care.

5. APPROVAL

A formal process for consultation and approval is required for both the initial production and subsequent reviews of this policy.

For version 2:

Name of individuals; groups of staff; Trust groups/committees	Timing(s)
Clinical Audit & Effectiveness Group – which includes: • Executive Medical Director, Dr Andy Haynes • Chief Pharmacist or representative • Clinical Audit & Effectiveness Officer, Russell Mason • Divisional Representatives (PCS, ECM, D&R, NH)	July 2015
• Clinical Governance Co-ordinator – PCS with responsibility for NICE & Clinical Polices/ Guidelines, Paula Arnold • Clinical Governance Lead, Denise Berry	July 2015
Divisional Clinical Directors/ Clinical Governance Co-ordinators and members of the Divisional Clinical Governance Steering Forums: • Planned Care & Surgery, Mr Richard Hind + Paula Arnold • Emergency Care & Medicine, Dr Ben Owens + Jenny Aldred • Diagnostics & Rehabilitation, Dr Shafiq Gill + Donna Staples • Newark, Dr Muhammed Noor and Tracey Wall + Alison Clarke	July 2015
Clinical Audit & Effectiveness Sub Committee – which includes: • Head of Governance • Chief Pharmacist/ Trust Lead for NICE Guidance, Steve May • Clinical Audit & Effectiveness Officer, Russell Mason • Divisional Representatives (PCS, ECM, D&R, NH)	Final Draft Sept 2015
Clinical Quality & Governance Committee	October 2015

For version 2.1:

Name of individuals; groups of staff; Trust groups/committees	Timing(s)
Core Governance Interface Meeting to verbally discuss revised process regarding the 'allocation process' and redefining the decision regarding the recording of non-compliant guidance on to the risk register. Where initial partial/ non-compliance is identified, timescales and initial draft of new 'assessment form' with:	17.06.2016

• Divisional Clinical Governance Leads
  ○ Dr Colin Dunkley
  ○ Dr Bob Coupe (Urgent/ Emergency Care)
  ○ Mr Krishnamurthy Badrinath (Surgery)
• Clinical Governance Lead, Denise Berry
• Clinical Policies & Guidelines Officer, Sue Dale
• Clinical Governance Coordinator for D&O, Donna Staples	

Clinical Audit & Effectiveness Sub Committee – which includes circulation to: • Executive Medical Director • Chief Pharmacist/ Trust Lead for NICE Guidance • Head of Governance • Clinical Audit & Effectiveness Officer • Divisional Clinical Governance Leads	28.09.2016

For version 2.2:

Name of individuals; groups of staff; Trust groups/committees	Timing(s)
Head of Governance	03.10.2017

For version 3:

Name of individuals; groups of staff; Trust groups/committees	Timing(s)
Meg Haselden, Head of Nursing for Quality Governance	December 2020
Ceri Feltbower, Associate Director of Service Improvement	April 2021
David Selwyn, Medical Director	May 2021

Following formal approval, this policy will be published to, and form part of, the Trust's suite of 'Governance Policies' accessible to all staff via the intranet.

Once published, information regarding its issue will be emailed to the following staff for information, dissemination and action as needed:

- Medical Director / Policy Sponsor / Chair Patient Safety Committee
- Chief Nurse
- Divisional General Managers
- Chief Pharmacist
- Divisional Clinical Directors / Divisional Representatives
- Head of Nursing for Quality Governance
- Chair of the Advancing Quality Programme
- Quality Governance Leads / Deputies
- Divisional Heads of Nursing
- Members of the Advancing Quality Programme

6. DOCUMENT REQUIREMENTS

6.1 Notification of newly published NICE guidance and monitoring responses

All steps are electronically completed using the tools provided (along with email confirmation on occasions) enabling an audit trail of evidence to support the process.

The Risk and Compliance Support Officer will review the NICE website to identify any guidance published and provide supplementary information to assist with compliance with the guidelines.

Wherever possible, NICE Guidance will be aligned to the most appropriate clinical lead and reporting on the status/progress will be through their respective clinical specialty/divisional or governance structure. For some Trust-wide guidelines, there may also be an appropriate Trust sub-committee or group identified to support the requirements.

The Risk and Compliance Support Officer will circulate the 'Allocation Proforma' to the individual Divisional Clinical Governance Leads (DCGLs) with a request for completion/return within 2 weeks. Where a response is not received within the two week timeframe from the division, an appropriate Named Lead from the relevant division/specialty will be notified and issued with the guidance.

It is the responsibility of the clinical divisions to ensure they have their own robust process in place to ensure the completion of the 'Allocation Proforma' and that the

response is returned by the date requested.

The Risk and Compliance Support Officer will disseminate the published Guidance with the Assessment Form to the Named Lead requesting them to review the guidance and assess the Trust's structural compliance against it (i.e. the extent the Trust services are in line with the recommendations); complete the relevant documentation; and return within the given timescales which are detailed in 6.3 of this document.
Any NICE publication that requires the amendment of Trust policies will referred to the relevant policy lead for action.

6.2 Assessing Structural Compliance, Undertaking an Organisational Gap Analysis (and action planning where required)

In order to assess and ascertain structural compliance and the extent to which services are in line with NICE guidance the Named Lead/s will review the guidance to firstly ascertain relevance for the Trust. For those recommendations which have been identified as relevant, the Trust will require verification regarding what requirements are in place to enable the implementation of the NICE guidance recommendations.

The Named Lead will collate the information and provide an overall status regarding: the relevance, structural compliance achieved and highlight any shortfalls which may require subsequent action plans to close the gaps.

Where guidance/ recommendations are relevant, the review and assessment process enables the Leads to compare current practice, to help identify if anything needs to be changed in order to implement and be structurally compliant with the NICE guidance.

Leads should include/seek views from colleagues regarding the provision of care, treatment and services by all relevant departments across all sites. In their responses consideration of the following may be required:

- Patient numbers
- Staffing
- Equipment and training
- Budget planning
- Configuration of services

Once the guidance has been reviewed and relevant recommendations have been identified and assessed, the Named Lead is required to record the outcome using one of the following statuses of the Assessment Form:

- 'Trust Complies'
- 'Trust Complies with caveats'
- 'Partially Compliant'
- 'Non-Compliant'

In the context of this policy, 'caveats' refers to recommendations within the NICE guidance which are relevant to the Trust but are not going to be implemented whereby the risks are either accepted or an alternative solution implemented. Caveats are an exception and where all possible avenues for achieving compliance have been explored.

Named Leads are required to provide information regarding such recommendations, any associated clinical risk, reason for not implementing and if the risk is being accepted or details of the alternative solution.

Where partial or non-compliance is identified, an action plan must be developed and agreed which includes as a minimum:

- What the issues are (i.e. the element/recommendation)
- What actions are required to close the gaps to enable structural compliance
- Any clinical risks associated with the recommendations
- Who is responsible for the actions
- A timescale for completion

The action plan must also be actively monitored through the appropriate division/specialty lead.

6.3 Guidance (and Action Plan) Discussion, Agreement and Minuting

Progression of the process and status of the assessment should be discussed and minuted in the relevant divisional/specialty clinical governance meeting. Discussions may be assisted by using; the initial assessment (gap analysis), presentation of a baseline point prevalence audit (to test compliance), the completed Assessment Form, and the action plans.

Any decisions made not to implement relevant NICE guidance / caveats in relation to particular recommendations must be agreed and minuted at the relevant divisional/specialty clinical governance meeting and if required, escalated for agreement and minuting through the appropriate governance structures.

There must be justifiable reasons not to implement NICE guidance / recommendations.

6.4 Return of Completed Documentation

Following the assessment, discussion and minuting of the progress/status for the NICE guidance, the Named Lead must return the completed Assessment Form to the Risk and Compliance Support Officer within the specified deadline as follows:

- **Clinical guidelines and Interventional Procedure Guidance (CG/NG/IPG)**
  - 3 months from the issue of the guidance to the Named Lead
- **Technology Appraisals / Highly Specialised Technologies (TA/HST)**
  - 3 months from the date of publication by NICE (this is a legal deadline).

6.5 Reporting progress with structural compliance of NICE guidance

The NICE Guidance Database will be used for generating reports with details of ‘open guidance’ (as a minimum every 3 months) as follows:

- Divisions/Specialties (and where necessary Committees/Groups)
- The Advancing Quality Programme

Onwards escalation / exception reporting ‘from ward to Board’ is via the Trust’s governance structures as necessary.

Reports generated for Quality meetings will be provided post meeting as and when required. Reports should be signed off by the Trust prior to being provided to external bodies, (e.g. to our Commissioners, CQC, etc.).

6.6 NICE Guidance and Clinical Audit / Monitoring, Practice Compliance and Effectiveness

Clinical audits that are aligned to NICE Guidance must be planned and prioritised in line with the process detailed in the Trust's Clinical Audit Policy and once approved added to the Clinical Audit Rolling Programme.

Information from within any existing audit tools (internal/external) or related Quality Standards, where available, will be taken into consideration when planning a Trust clinical audit for NICE Guidance.

As an alternative/addition to audit, monitoring, compliance and effectiveness with NICE Guidance another method may also be undertaken, e.g.:

- General data collection
- Observation
- Review of documentation
- Another valid methodology depending on the subject matter.

It is the responsibility of the Named Lead / lead specialty to provide assurance that NICE guidance is being followed in practice and to determine the timing and methodology used.

6.7 NICE Stakeholders

Organisations and services relevant to health and social care, who register as NICE Stakeholders, are able to provide feedback related to new and updated topics during the guidance consultation period. More information is available on the NICE website.

Trust employees who wish to participate as NICE stakeholders will be acting on behalf of the Trust and will need to demonstrate consultation and work collaboratively with appropriate colleagues.

7. MONITORING COMPLIANCE

The following arrangements will be used to monitor compliance with the process steps within this policy:

WHO **Is going to monitor this element**	**WHAT** **element of the document/ practice will be monitored**	**HOW** **will this element be monitored**	**WHEN** **will this element be monitored**	**REPORTING** **Which committee/ group will the resultant report (including any areas of good practice) and action plan be reported to**
Duties to be addressed by the monitoring activities below				
Risk and Compliance Support Officer	NHSLA 2.8 (2013/14) – All organisations must have an approved documented process for taking into account agreed best practice as defined in NICE clinical guidelines.	Evidencing a current and up to date "NICE Guidance Implementation Policy" by: • Obtaining an electronic copy of the meeting minutes from the relevant approval committee which reflect approval • Accessing the approved policy on the intranet which shows it is within its review date • Obtaining a copy of the electronic communication regarding the issue of the policy	Annual	Advancing Quality Programme
Risk and Compliance Support Officer	NHSLA 2.8b (2013/14) how the organisation identifies which NICE guidelines are relevant to its services	Monitor completion/return of 'Allocation Proformas'	Annual	Advancing Quality Programme
Risk and Compliance Support Officer	NHSLA 2.8c (2013/14) – how a gap analysis is conducted to identify shortfalls	Monitor completion/return of Assessment Forms	Annual	Advancing Quality Programme

Risk and Compliance Support Officer supported by Quality Governance Leads / Head of Nursing for Quality Governance / Specialty Governance Lead	NHSLA 2.8d (2013/14) – how action plans are created to address any shortfalls, including recording decisions not to implement NICE guidelines/ recommendations	Monitor completion of action plans; meeting minutes relating to decisions not to implement NICE Guidance; and risk registers.	Annual	Advancing Quality Programme
Risk and Compliance Support Officer supported by Quality Governance Leads/ Head of Nursing for Quality Governance / Specialty Governance Lead	NHSLA 2.8e (2013/14) – how the organisation monitors compliance with all of the above	Completion of a report to include information of the above.	Annual	Advancing Quality Programme

8. TRAINING REQUIREMENTS

No specific training requirements are associated with the application of this policy.

All staff involved in any aspect of the processes for NICE Guidance must be aware of and be able to access this policy. They should be familiar with the content of this policy, particularly their responsibilities and the tools provided.

Please direct any queries to / seek advice from:

- Head of Nursing for Quality Governance
- Quality Governance Lead
- Risk and Compliance Support Officer

9. IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix Ai.

This document is not subject to an Environmental Impact Assessment.

10. EVIDENCE BASE AND RELATED SFHFT DOCUMENTS

Evidence Base:

- CQC (March 2015) How CQC Regulates: NHS and independent acute hospitals provider handbook.
- NHSLA Risk Management Standards for Acute Trusts April 2013/14
- Care Quality Commission – Criteria for Assessing Core Standards – July 2009
- NICE website http://www.nice.org.uk
- NICE (Dec 2007) How to change practice: understand, identify and overcome barriers to change
- Darzi(June 2008) High Quality Care For All: NHS Next Stage Review Final
- NICE (April 2013) NICE Charter
- DH (March 2015) https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england
- NICE (April 2013, updated May 2014) Into practice guide: Using NICE Guidance and Quality Standards to improve practice

Related SFHFT Documents:

- NICE Allocation Proforma Template
- NICE Guidance Assessment Form Template
- NICE Action Plan Template
- NICE Guidance Escalation Process SOP
- NICE Guidance Assessment Form Completion – ‘how to’ guide
- NICE Guidance Implementation SOP
- NICE Guidance Extension of Compliance Due Date

11. COMMUNICATION

Information regarding the initiation and subsequent updates of this policy will be communicated via:

Weekly Trust Staff Bulletin and/or other agreed communication method.

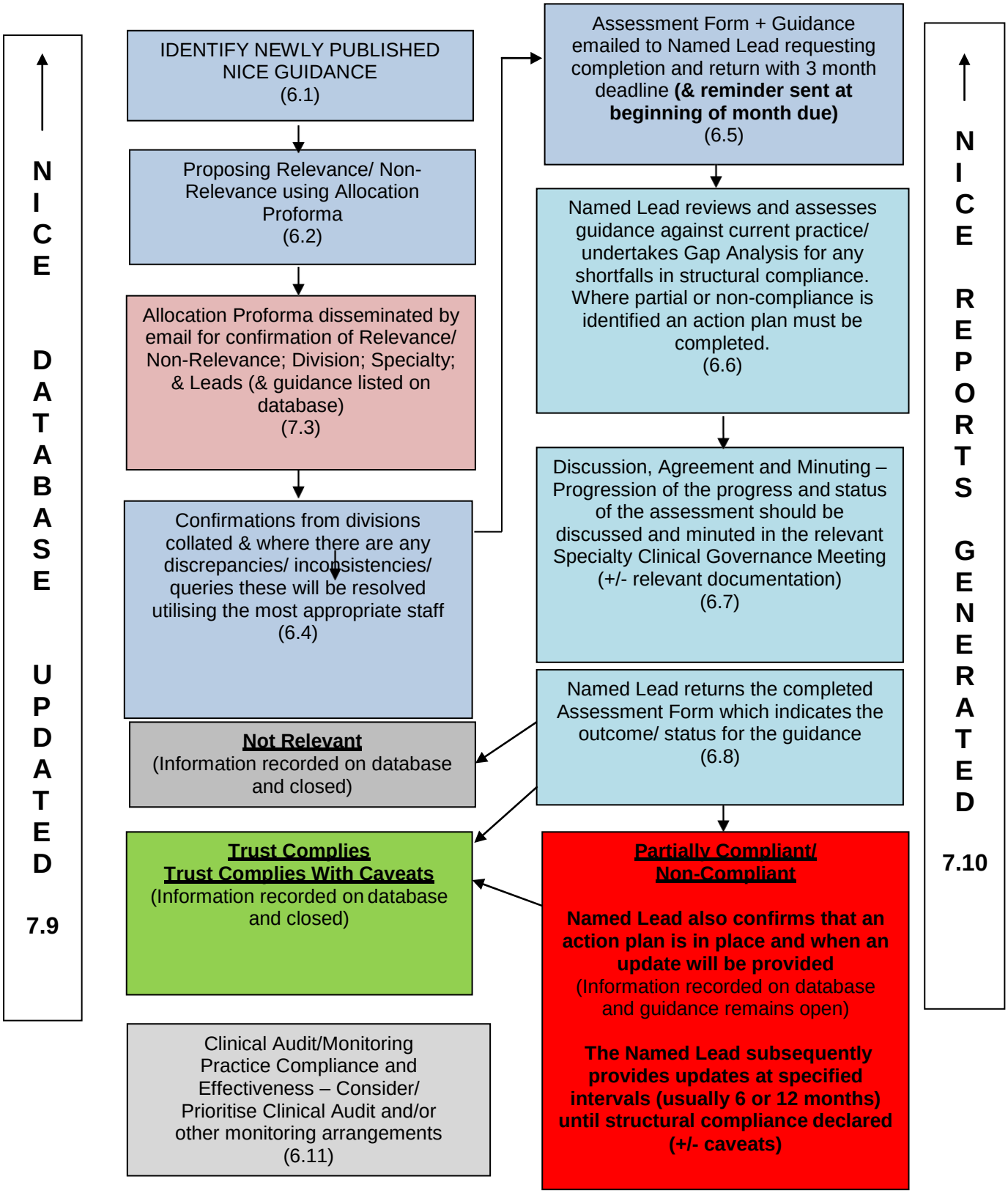
APPENDIX Ai - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: NICE Guidance Implementation Policy			
New or existing service/policy/procedure: New			
Date of Assessment: 06/01/2020			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	No potential inequalities identified	None
Gender	None	No potential inequalities identified	None
Age	None	No potential inequalities identified	None
Religion	None	No potential inequalities identified	None
Disability	None	No potential inequalities identified	None
Sexuality	None	No potential inequalities identified	None
Pregnancy and Maternity	None	No potential inequalities identified	None
Gender Reassignment	None	No potential inequalities identified	None
Marriage and Civil Partnership	None	No potential inequalities identified	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	No potential inequalities identified	None

What consultation with protected characteristic groups including patient groups have you carried out? None. This is an internal process management policy.
What data or information did you use in support of this EqIA? None.
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No.
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: ~~High Level of Impact/Medium Level of Impact/~~Low Level of Impact *(Delete as appropriate)* For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.
Name of Responsible Person undertaking this assessment: Neil Wilkinson, Risk and Assurance Manager
Signature: Neil Wilkinson
Date: 06/01/2020

Appendix Aii: NICE Guidance Process Flowchart: Allocation, Relevance, Dissemination and Compliance – Clinical Guidelines and Interventional Procedures Guidance

For full explanation of process steps, see Narrative 6.1 – 6.11



Appendix Aiii: NICE Guidance Process Flowchart: Allocation, Relevance, Dissemination and Compliance – Technology Appraisals / Highly Specialised Technologies

For full explanation of process steps, see Narrative 6.1 – 6.1