Review and Implementation of NICE Guidance

POLICY NO & CATEGORY	**CG14**	**Corporate Governance**
VERSION NO & DATE	**3**	**September 2018**
RATIFYING COMMITTEE	**Clinical Governance Committee**	
DATE RATIFIED	**September 2018**	
NEXT ANTICIPATED REVIEW DATE:	**September 2021**	
EXECUTIVE DIRECTOR	**Medical Director**	
POLICY LEAD	**Clinical Governance Manager**	
POLICY AUTHOR *(if different from above)*	**Clinical Governance Manager**	
FORMULATED VIA	**Clinical Effectiveness Committee**	

POLICY CONTEXT:

The purpose of this document is to ensure a BSMHFT wide process for the review,

dissemination and implementation of NICE guidance

POLICY REQUIREMENT (see Section 2)

All guidance published by NICE will be reviewed and implemented according to the procedure set out in the policy.

All staff should be aware of the NICE guidelines applicable to them

1. Introduction:

1.1. **Rationale** The purpose of this document is to ensure a BSMHFT wide process for the review, dissemination and implementation of NICE guidance.

1.2. **Scope** this policy is applicable to all members of staff within the Trust.

1.3. **Principles** The Trust is committed to implementing evidence based practice.

2. The Policy

2.1. **All** guidance published by NICE will be reviewed and implemented according to the procedure set out in section 3.

2.2. **All** staff have a duty to be aware of the NICE guidelines applicable to them

3. Procedures for the review and implementation of NICE Guidance

3.1. Review relevance of the guidance (Implementation Stage 1)

When new NICE guidance is issued the Clinical Governance Manager (CGM) will compile a list of all published guidance and present it to the Clinical Effectiveness Group (CEG).

The group will review the list seeking clarification where necessary and agree which guidance is relevant to the Trust and agree the following:

- The priority level of the guidance according to the below criteria:
- The level of dissemination. Guidelines which staff need to be aware of will be circulated to some or all of the following: Connect news, Clinical Directors or professional leads
- The committee which will hold responsibility for the Clinical Guidelines including recommendations and actions.
- Recommendations as to the profession / type of staff required to participate in the assessment

Priority Levels

a. High priority – limited to guidelines affecting large groups of service users (such as schizophrenia, depression etc.) or core activities (such as management of aggression). This will require a completed baseline assessment within 6 months of the guidance coming to the CEG.

b. Medium priority – guidance does impact on our service users but is limited to a small cohort or secondary to mental health provision and for which we are providing care. This includes some physical health guidance where we provide intervention. There will be a review period of 6-12 months as decided by the CEG and dependent upon the capacity within the work programme.

c. Confirmation of Compliance – guidance which has a significant effect on service users, but for which we are not providing direct care. This will include guidelines relating to physical health where the onus is on the trust to support users to access the required support, for example guidance on obesity or tuberculosis. CEG will identify a lead assessor, who will be asked to complete a confirmation of compliance assessment (appendix 2). A full baseline assessment will not be required, unless significant gaps or concerns are highlighted, in which case CEG may change

allocation to medium priority guidance.
There will be a review period of 3 months from issue and every 3 years thereafter.

- Technology appraisals guidance (TAGs) are recommendations on the new and existing medicines and treatments within the NHS. The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE's technology appraisals, and must make sure it is available within 3 months (unless otherwise specified) of its date of publication. TAG's will therefore be reviewed within 3 months of issue. The review period will be as for all other guidelines.

  The Pharmacological Therapies Committee will retain responsibility for pharmacological TAGS, and will provide assurance and exception reports to the CEG.

  CEG will review the applicability of all non-pharmacological TAGS and these will be reviewed with the assistance of the Clinical Governance departments and relevant subject matter expert.

The agreed list is included in the quarterly report to the Trust Clinical Governance Committee.

3.2. **Dissemination (Implementation Stage 2)** The CGM will:

- Issue the guidance as defined by CEG in stage 1
- Inform the subcommittee who has been tasked with owning the guidance of the requirements and timescales.

3.3. **Baseline Assessment Construction (Implementation Stage 3)**

- A member of the clinical governance department will be identified to support the review of the guideline in conjunction with a lead identified by the committee which has taken responsibility for oversight of the guidance.
- Information will be gathered regarding standards in this area - such as Trust guideline, policies, information on the intranet and reports of common service standards.
- Any evidence as to whether these standards are adhered to will be collected. This could include Insight, RIO, Complaints, Risk Management, incidents, Clinical Audits.
- The construction of the baseline assessment will be carried out in conjunction with senior clinicians who have the relevant expertise in the appropriate areas as identified by CEG in stage 1.
- The baseline assessment will then be presented at the committee identified in stage 1 for agreement and construction of an action plan.
- The report will contain the following information:
  The names and positions of contributors to the baseline assessment

  The information used to establish the position

  The compliance rate of the trust in achieving the recommendations

  The standards which have been assessed as not met or partially met

Highlight priorities to be identified for implementation.

- The Clinical Effectiveness Group (CEG) will oversee the compliance with this process.

3.4. **Review of Baseline Assessment and Action Plans (Implementation Stage 4)**

The baseline assessment and action plan will be presented to the CEG depending on the priority level of the guideline (see section 3.1)

A time period will be identified to report back to the CEG on the progress of implementing the changes required to meet the standards.

Any risks identified will be added to the risk register by the Clinical Governance Manager.

3.5. **Biannual Review (Implementation Stage 5)**

- An overall review of the baseline assessment will happen within 24 months of the baseline/assessment gap analysis date, by the Clinical Effectiveness Group.
- Consideration will be given to incorporating the guidance in the Trust Annual Audit Programme

4. Committee Ownership: The Clinical Governance Committee is accountable for the implementation and review of NICE guidance.

The Clinical Effectiveness Group will manage the day to day running of the implementation and review of nice guidance.

5. Recording decisions not to implement recommendation from either NICE guidance: If a decision is made not to implement a recommendation it will be highlighted, alongside the rationale for this decision, in the baseline assessment. The decision not to implement will be validated by the Clinical Effectiveness Group and escalated to the Clinical Governance Committee for ratification.

The Clinical Governance Manager will ensure that any risk posed by non-implementation is assessed and placed on the appropriate risk register.

6. Responsibilities

Post(s)	Responsibilities
All Staff	**All Clinicians** have a duty to be aware of NICE guidance and ensure their practice reflects the recommendations.
Policy Lead	**The Clinical Governance Manager** will have lead management responsibility for the co-ordination of NICE guidance review and implementation and the review. The CG Manager will report quarterly to the Clinical Governance Committee.

Executive Director	**The Medical Director** will have executive responsibility overall for this policy

The following committees and departments will support the above to carry out their duties

6.1. **The Clinical Governance Department** will maintain a database of NICE guidance, which will contain:

The full title
Date of issue
Date of distribution within BSMHFT
Date of completion of gap analyses and the compliance

6.2. **The Pharmacological Therapies Committee** will ensure that all relevant NICE guidance is incorporated into any prescribing guidance produced.

NICE Review and Implementation Procedure in BSMHFT

Stage 1 Guidance received from NICE. CEG confirmed that guidance is relevant to Trust

Stage 2 Dissemination of guidance

- Guidance publicised on Intranet pages
- Guidance sent to relevant Clinical Directors and appropriate clinicians
- Forward to relevant subcommittees

Stage 3 Constructing Gap analysis

- Complete gap analysis assessment grid supported by clinicians
- Review available information regarding recommendations; clinical audits, incidents, complaints, RIO
- Discuss with relevant members of staff
- Present at the nominated committee for ownership of the Gap analysis conclusions and identification of actions

Stage 4 Review and Action Planning

- Present baseline assessment to the Clinical effectiveness Group within agreed timeframe depending on priority level
- Clinical Effectiveness Group reviews baseline assessment
- Priority implementation areas to be delegated to appropriate lead or committee to oversee changes required to meet the recommendation.
- Risks identified added to the risk register

Trust CGC

- Clinical Quality Committee reports progress quarterly to the Trust CGC

Stage 5 Bi-Annual Review

- The Clinical Effectiveness Group will conduct a review of the guidance within 24 months of the baseline assessment/gap analysis.
- Depending on the outcome of the review, further actions will be identified and monitored via the Trust CGC and The Clinical Effectiveness Committee. Further review timescales will be set.

7. Development and Consultation process consisting of:

Consultation summary	
Date policy issued for consultation	September 2016
Number of versions produced for consultation	1
Committees / meetings where policy formally discussed	
Clinical effectiveness group	November 2016

8. Audit and assurance

8.1. The above procedures will apply to all new guidance from the date of implementation of this policy. All guidance issued prior to this will have a baseline assessment and be reviewed but not within the stipulated timescales.

8.2. The Clinical Governance Manager will maintain a database on all the relevant NICE guidance, their publication and review dates, the level of compliance, and at what stage of the implementation process they are at, as defined on the previous page.

8.3. Every 6 months the Clinical Effectiveness Group will receive a report on the implementation of the NICE guidelines and if the implementation process has been in line with the stages set out on the previous page, to ensure it is compliant with the policy.

8.4. The Clinical Governance Committee will receive quarterly reports from the Clinical Effectiveness Group, this will include a list of all relevant new NICE guidance and a summary of the guidance reviewed in the previous 3 months.

8.5. The Trust Board will receive an Annual NICE implementation report as part of its Board programme approved by the Clinical Governance Committee.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangement
The gap analysis is conducted within the timescales of the policy	CG manager	Report to the clinical effectiveness committee	Bimonthly	Quarterly report to the Trust CGC
Where recommendations from guidelines can't be met they will be escalated to the CGC	CG Manager	Report to the Clinical Governance Committee	Quarterly	Quarterly report to the Trust CGC

9. Related policies ○ Policy Development and Management Policy (includes Clinical Guidelines) ○ New Clinical Procedures policy

10. Reference documents consisting of:

How to put NICE guidance into practice – Pub NICE December 2005 ISBN 1-84629-114-3

Appendix 1- **Equality Analysis Screening Form**

Title of Proposal	**CG 14 Review and Implementation of NICE Guidance**		
Person Completing this proposal	**Clinical Governance Manager**	**Role or title**	**Clinical Governance Manager**
Division	**Corporate**	**Service Area**	
Date Started	**20/07/2018**	**Date completed**	**20/07/2018**

Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation. The purpose of this document is to ensure a BSMHFT wide process for the review, dissemination and implementation of NICE guidance

Who will benefit from the proposal?

All staff will be aware of the NICE guidelines which are applicable to them. Ensures best practice in care is implemented.

Impacts on different Personal Protected Characteristics – *Helpful Questions:*

Does this proposal promote equality of opportunity?	*Promote good community relations?*
Eliminate discrimination?	*Promote positive attitudes towards disabled people?*
Eliminate harassment?	*Consider more favourable treatment of disabled people?*
Eliminate victimisation?	*Promote involvement and consultation?*
	Protect and promote human rights?

Please click in the relevant impact box or leave blank if you feel there is no particular impact.

Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics**
Age	**Yes**			
Including children and people over 65**.** Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	**Yes**			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	**Yes**			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex?. Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	**Yes**			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	**Yes**			
This includes women having a baby and women just after they have had a baby. Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				

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Race or Ethnicity	**Yes**			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees. What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	**Yes**			
Including humanists and non-believers. Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	**Yes**			
Including gay men, lesbians and bisexual people. Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	**Yes**			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	**Yes**			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
How will any impact or planned actions be monitored and reviewed?				

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
Please save and keep one copy and then send a copy with a copy of the proposal to the Equality and Diversity Lead Bina Saini The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

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Appendix 2- Template Compliance Confirmation Form

Dear

Please find attached NICE guideline XX. The Clinical Effectiveness Group have assessed that this guidance has elements which are partially applicable to the trust and your advice is being sought as to the trusts compliance with these elements. Please read the guidance and provide an overall indication of compliance and please highlight any areas of non-compliance or concern.

Please provide the information below by the (6 weeks), when it will be reported back to the Clinical Effectiveness Group on your behalf.

Yours Faithfully

Dr Rowe

Deputy Medical Director

NICE Reference No. ……

Title of Guidance…….

Statement of Compliance

Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

If not fully compliant:

The trust **will** implement the guidance as detailed in the action plan below ☐

The trust is **unable** to implement the guidance, please give detail below ☐

The trust does **not intend** to implement the guidance, please give detail below. ☐

Details regarding non-compliance;

Name ……

Date……..