




Review and Implementation of NICE Guidance

Policy number and category	CG14	Corporate Governance
Version number and date	5	July 2024
Ratifying committee or executive director	Clinical Governance Committee	
Date ratified	August 2024	
Next anticipated review	August 2027	
Executive director	Executive Medical Director	
Policy Lead	Clinical Effectiveness Manager (CEM)	
Policy author <i>(if different from above)</i>	As above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

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.

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1.0 Introduction

1.1. Rationale – The purpose of this document is to ensure there is a Trust-wide process for the review, dissemination, and implementation of NICE guidance.

1.2. Scope – This policy applies to all staff working within BSMHFT (who take part in NICE reviews).

1.3. Principles – The Trust is committed to compliance with evidence-based practice and ensuring the review process is as inclusive as possible.

2.0 The Policy

All guidance will be monitored through the Clinical Effectiveness Advisory Group (CEAG) under the leadership of the Clinical Effectiveness Manager (CEM).

All new and updated NICE guidance will be checked monthly via the 'New NICE Guidance' agenda item in CEAG.

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

All guidance either checked by CEAG in the 'New NICE Guidance' agenda item or reviewed by a member of staff/team will be added to the AMaT.

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

All staff have a duty to engage in NICE reviews when required (and when capacity allows).

All guidance will be added to AMaT (Compliance and Effectiveness System) to allow for increased accessibility, visibility, and coordination in the Trust.

3.0 The Procedure

3.1. The Priority System – An Overview

This section looks at the new system to be used for NICE guidance management (AMaT), as well as the different priorities of NICE guidance.

AMaT – System for NICE Guidance Management

AMaT is a system procured in early 2024 for use by the whole Trust in any effectiveness or compliance processes (except Quality Improvement). This includes NICE guidance management. The module for NICE guidance compliance is to be used for all reviews (both retrospective and future). The module itself can be used by anyone who takes part in NICE guidance compliance reviews. It also allows for easy report generating so that overviews or specific insights can be shown in meetings throughout the Trust.

The use of AMaT means that individual processes for reviewing will need adjusting on all priority levels. These changes are explained throughout the document.

Information on how AMaT pulls data from NICE and what this means for NICE review processes can be found in **Appendix 9**.

Information on the migration of all previous NICE reviews can be found in **Appendix 9**.

Information on AMaT Terminology can also be found in **Appendix 9**.

3.2 NICE Guidance Priorities

High Priority Guidance

Any piece of NICE guidance that is considered core business for one or more directorates is categorised as a high priority guidance. This can include guidance relating to core treatment pathways within the Trust (such as schizophrenia, depression etc.), as well as core issues (such as management of aggression). This is scoped at CEAG in terms of classification of priority.

These guidelines will require a full baseline assessment with relevant clinical teams, an open session with service users / carers / Experts by Experience, and a report that is disseminated to CEAG and relevant service areas.

Discussions will be held around developing actions to close any gaps. Once agreed, these actions will be added to the AMaT Action Planner by the CEM. Ownership of actions will be made clear during this process. Actions will be updated by the action owners. General updates of progress on NICE actions will be brought to CEAG on a quarterly basis.

Medium Priority Guidance

Any piece of NICE guidance that is considered a commonality in one or more directorates (but does not fall under a core treatment pathway) is considered a medium priority. This includes guidance relating to diabetes, obstetrics, obesity etc.

Disorders such as social anxiety disorder or ADHD would also fall under medium priority. These are disorders which are seen within the Trust but are not part of our primary treatment pathways.

If gaps are identified, the reviewer will be requested to attend CEAG and discuss the guidance with the group. The CEAG group can then assist with creating reasonable actions plans (where possible). If actions are agreed, they will be added to the AMaT Action Planner by the CEM. Actions will be updated by the action owners. General updates of progress on NICE actions will be brought to CEAG on a quarterly basis.

Resource (For Information Only) Guidance

Any piece of NICE guidance that may not directly relate to services the Trust offers (but has potential relevance for clinicians) is considered a resource (also known as For Information Only on AMaT). This includes guidance relating to cancer recognition and referral, physical health morbidities such as hypertension, fractures etc. Guidance in this category should be available on Connect for clinicians to view as and when required.

Resource guidance does not require a review as in medium and high priority. Once checked in CEAG during the 'New NICE Guidance' agenda item, the group will determine if it can be labelled resource during the meeting, or if it will need to go to a staff member with expertise in that area for checking. Once confirmed, the resource is added to AMaT where it can be sent to relevant staff to be made aware of.

Quality Standards are another form of guidance issued by NICE. These are a set of quality statements taken from the original guidance that aim to drive improvement in key areas. From the NICE website:

“NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.”

For example, NG17 and NG28 relate to Diabetes Type 1 and Type 2 diagnosis and management. There is also a QS208 and QS209, which relate to Diabetes Type 1 and Type 2. The quality standards pick out key statements that have the same or similar characteristics within the original NG guidance.

When we review guidance, any associated quality standards will be registered as FIO where the stakeholder reviewing the main guidance can read over and add any comments to AMaT.

Technology Appraisals Guidance (TAGs)

These recommendations also come from NICE and are for new and existing medicines/treatments used in the NHS. The NHS is legally obliged to fund and resource medicines/treatments recommended by NICE’s TAGs and must make sure it is available within 3 months (unless otherwise specified) of its publication date. TAGs will therefore be reviewed within 3 months of issue. In agreement with the Pharmacological Therapies Committee (PTC), they will oversee this type of guidance.

Not Relevant NICE Guidance

Guidance that comes through CEAG via the ‘New NICE Guidance’ agenda item can be determined as not relevant if the guidance does not apply to the Trust. This can include guidance for treatment such as cancer treatment, prenatal/antenatal and fractures.

If the guidance is deemed not relevant, it will be selected as ‘Not Applicable’ on AMaT.

3.3 The Review Process

3.3.1 Review Process for New Guidance

Identification of New Guidance

The review process for new guidance that comes through to CEAG is overseen by the Chair of CEAG and the Clinical Effectiveness Manager.

Review progress is tracked by the Clinical Governance Facilitator for CEAG.

Processing of New Guidance

New guidance will be processed as below:

- Any new guidance will be checked via the ‘New NICE Guidance’ agenda item in CEAG. This occurs monthly, so any new guidance that is sent out by NICE will not be missed by the Trust.

- New guidance can be found on the NICE website ([Published guidance, NICE advice and quality standards | Guidance | NICE](#)) where new/updated guidance can be filtered by the current month.
- If a piece of guidance is brand new to the Trust, it will first be checked for relevance in CEAG. If this cannot be achieved during the meeting, the Clinical Governance Facilitator (CGF) will send the guidance to staff with expertise in that area to confirm relevance.
- Once relevance is confirmed, the NICE guidance will be assigned a priority (High, Medium, Resource (FIO), Not Relevant).
- If a review is deemed necessary (i.e., if the guidance is categorised into medium/high priority), a review will then take place as outlined in **section 3.3**.
- The piece of guidance will then be added to AMaT if given High, Medium or Resource (FIO) priority.

3.3.2 Process for Reviewing High Priority Guidance

Assessing Relevant Stakeholders

The start of the review process involves identifying the relevant stakeholders. Depending on the guidance, this may involve one directorate or several. For example, a high priority review of the guidance for dementia (NG97) would be conducted with the Dementia and Frailty directorate only. A review for Generalised Anxiety Disorder (CG113) would require input from most directorates.

The CEM is responsible for ensuring the correct stakeholders are identified, and this can be done through CEAG if there are difficulties in finding the correct staff. There will be one or more CGFs assisting in a high priority review. Once stakeholders are identified, the CGFs will contact them to let them know their input is required for the review.

If a review for the guidance has been completed before, the stakeholders from that review may be contacted and added to AMaT as stakeholders for the new review.

Clinical leads from the relevant areas will be notified of the review and are jointly responsible for ensuring participation from their teams.

Baseline Assessments (Workshops)

Baseline assessments will be organized by the CEM/CGFs, with the sessions also being supported by them. Please refer to the flowchart (**appendix 8**) for a clear visualization of the process described below. Due to there currently being divergence at certain points (dependent on AMaT availability), the flowchart itself helps to breakdown each aspect of the high priority review process.

In the case of high priority reviews, stakeholders will often be teams / services rather than individuals.

If the Baseline Assessment Tools (BATs) **are** available on AMaT, all baseline assessments with each team/staff can be done through AMaT.

If the BATs **are not** currently available, the following process will need to be adhered to:

Download the baseline assessment tool in spreadsheet form (from the NICE website) and make some slight adjustments in preparation for the workshops:

- Change colours of tables to make different sections easier to distinguish, as well as the writing stand out for each recommendation.
- Remove irrelevant columns (Columns G to J on the downloaded assessment tool for the guidance).

- Adjust any rows which are cutting off sentences from the recommendation.

Amending the tool makes for an easier process of going through each recommendation in the workshops (as seen in **appendices 5 and 6**).

The workshops should be held over Teams or in person. Teams will often be easier if the stakeholders are based at different locations. Some teams will prefer to do the sessions in person. This will require the CEM/CGFs to travel to their preferred location and go through the baseline assessment there.

Workshop sessions should be no longer than 2 hours in duration. If there are a large number of recommendations, it is likely that more than one workshop session will be required for each team / staff member. It is best to see what the stakeholders are able to make time for within their work schedule.

There should be a separate baseline assessment tool for each different group of staff / individual staff. For example, if there are 5 teams involved in the review, there should be 5 different baseline assessment tools.

Assessing Level of Compliance through Baseline Assessments

In the baseline assessment template (**appendix 5**), row E is the column 'Recommendation Met?'. In this column, you have five options. Depending on the view from the participants in the workshops, one of the five options will be selected. The same five options are available in the AMaT BATs documents. The criteria for each option are as follows:

- **Met** – The service participating in the workshop can provide reasonable explanations and evidence that the recommendation is being met by their area.
- **Partial** – Partially met can mean either:
 - Partial (Acceptable)** – The trust is compliant in some aspects of the recommendation, and non-compliant in other aspects of the recommendation. In these cases, we can also include a risk assessment if needed.
 - Partial (Improvement Required)** – In these instances, there is improvement required on this recommendation, and reasonable actions should be agreed on for these.
- **Not met** – The team or service requires significant work/changes in order to become compliant in that recommendation.

If these BATs were completed with AMaT, the system will show overall levels of compliance and where there are any gaps.

If these BATs were completed without AMaT, either the CEM or CGF is to upload all BATs for that guidance onto AMaT.

Open Sessions for Service Users / Carers / Experts by Experience (EBEs)

Open sessions are to be considered for each high priority review. These involve inviting service users / carers / EBEs to an informal session at a suitable location (often Uffculme) where the CEM and CGFs can ask them about their experiences pertaining to the guidance being reviewed.

These sessions are to be discussed with the leads of the teams taking part in the review. They may have suggestions for which cohort of service users / carers are suitable for this invitation.

The EBE service leads can also assist in arranging this session. They will send out invitations for EBEs who are suitable for the guidance being reviewed. For example, if the review being conducted is in relation to Generalised Anxiety Disorder, suitable EBEs would be service users who have experience in anxiety treatment within the Trust.

The session should also include discussion around reasonable recommendations, that in turn can become logged actions for the Trust to accept.

When the session is complete, a summary document should be added to AMaT.

N.B. Whilst an open session must always be considered, it may sometimes be inappropriate to hold a session for the review. It may be that the service users are not in the correct frame of mind for this kind of interaction at that point in time. We can consider a relevant EBE or carer or contact the service lead to see if they already have a process in place for obtaining service user feedback.

Writing the Report

Once the baseline assessments have been collated, and the EBE session has taken place (if suitable), the report will need to be produced.

If using AMaT, you have the option of generating a report that includes your review elements put together. Any information you wish to add manually can be done so by adding a document with the below elements included. Once added, when you generate the report, the document with your additional context will be available within the PDF report. In essence, if you have used AMaT, you will be adding in any context whilst saving time by not having to include compliance status (as this will already be included in the AMaT report).

If not using AMaT, there is a template that can be used which will be broken down into each section (**appendix 4**):

- Introduction – This is a short paragraph that mentions any previous reviews for this guidance in terms of compliance, and the sources of information for the report itself.
- Performance against each standard – This paragraph details the standards identified in the baseline assessment as relevant to the Trust, and how the Trust fared against them. A table then follows this which shows where the Trust met or did not meet the standards. If the BATs were completed using AMaT,
- Current activity within the Trust that may be relevant to this guideline review – Within this section contains ongoing work/activities in the Trust related to the guideline being reviewed. This may be work within service areas, audits related to that guidance, Trust policies/guidelines, and the training available to staff.
- What is going well?
This is an opportunity to talk about activities/processes that highlight some of the good work going on within the Trust in relation to the guidance being reviewed.
- Recommendations for partially met / not met standards.
In this section, recommendations made by staff / CEM / CGFs / Open Session Attendees can be written here. These can simply be pulled from the BATs as potential actions are often discussed in workshops.

Dissemination of Report

All high priority reviews must be brought to CEAG and/or Clinical Governance Committees (CGCs) for discussion. Actions that have been suggested can be reviewed by the committees for review.

For example, a review on dementia guidance would generate effective discussion at the Dementia & Frailty CGC.

It may also be necessary to hold a meeting outside of CEAG which involves the main stakeholders of the review to ensure accuracy of actions and that the correct staff members have been assigned ownership of said actions.

It is also important to ensure that any stakeholders (which includes attendees from the open session) should be invited to these meetings as their input on action development is essential.

Developing and Monitoring Actions (Responsibilities)

During the review process of baseline assessment workshops and open sessions, actions may be suggested. These will be included in the final report for discussion at committees / relevant meetings.

Actions should follow the SMART acronym – Specific, Measured, Achievable, Relevant, Time-based.

Formalised actions, once added to the AMaT Action Planner, will then need monitoring. Responsibility of reporting the progress on these actions falls to the CEM, who will report them to CEAG on a quarterly basis.

The responsibility of the actions themselves falls to the action owners, which will have been agreed when the actions were formally registered on the AMaT Action Planner.

Length of Time to Review / Review Period

Review periods for high priority reviews need to consider that there is significant work required to organise workshops, open sessions, write the report and then disseminate effectively. With that in mind, the length of time given to each high priority review is between **6 months** to **12 months**.

At **24 months**, the NICE guidance will flag as due for review soon. The Trust will then have **12 months** to begin the review process (a total of **36 months** after the initial review).

By providing enough time to complete the review, the Trust can ensure that there is sufficient capacity to complete the review effectively.

If the staff required to review are unable to complete the review at the time requested, an extension may be provided. NICE guidance reviews take time to complete and so ensuring that the staff are given enough time to plan out when they can complete the review is important.

3.3.3 Process for Reviewing Medium Priority Guidance

Assessing Relevant Stakeholders

In a similar fashion to the high priority review process, medium priority reviews diverge at certain points of the process depending on whether AMaT can be used to its full extent or not. Medium priority reviews are organised by the CGF for CEAG.

Please refer to the flowchart (**appendix 7**) for a clear visualisation of the process described below.

The start of the review process for medium priority guidelines involves identifying the relevant stakeholders. The CEM is responsible for ensuring the correct stakeholders are identified, and this can be done through CEAG if there are difficulties in finding the correct staff. If a previous review exists, the stakeholders from those reviews can be contacted and added to AMaT as stakeholders for the new review.

The CGF for CEAG is responsible for contacting the stakeholders and informing them about the medium priority review process, and what is expected of them.

The overall responsibility of ensuring medium priority reviews are kept up-to-date and completed falls to the CEM, however the process of contacting stakeholders, requesting reviews, and ensuring they are sent back falls to the CGF.

Reviewing the Guidance

The medium priority reviews require the stakeholders to look through the standards in the guidance and summarise how their Team/Service is performing in relation to compliance. Rather than do baseline assessments, the stakeholders are to look through the guidance and look for general compliance, whilst noting areas of compliance their Team/Service excels in, or is struggling in.

In similarity with high priority reviews (where BATs pulled from the NICE API are required for AMaT use), if the compliance elements of the guidance in question are available on AMaT, all aspects of the review can be completed on the NICE module.

If the compliance elements are not available, the report template (**appendix 2**) can still be added to AMaT.

N.B. The review system on AMaT is the same as described in section 4.3.3, i.e. full compliance, partial (acceptable), partial (improvement required) and non-compliance, so the process for going through each element is the same whether you are reviewing it using the Trust template (appendix 2) or reviewing it using the AMaT NICE module.

Writing the Report

Medium priority reviews require a less intense process than high priority reviews. If AMaT had the guidance elements available, then the reporting in terms of compliance is calculated automatically on the system. A report consisting of the review elements can be produced as a PDF instantly.

If AMaT was not used, the expectations of the stakeholders are to complete a template (**appendix 2**) that looks at three key areas with regards to compliance:

1. Areas the Trust does well in/ previous progress made – This section should contain information about key standards where the Team/Service are performing well in with regards to compliance.

2. Areas of the guideline not met by the Trust/things to be aware of – This section is for anything relating to recommendations that are not being met.

3. Actions the Trust needs to take in order to meet this guideline: (only if the guideline is partially or not met) – This final section should have information on how the Team/Service can improve their lack of compliance noted above.

After completing these sections, the reviewer will need to tick one of four options as shown below:

Compliance Level	Colour Code	Definition	Please tick the appropriate compliance level
Full Compliance	GREEN	The Trust is fully compliant across all recommendations within the NICE guidance.	<input type="checkbox"/>
Partial Compliance - Acceptable	PALE GREEN	The Trust is fully compliant in some recommendations, and partially compliant in others. The partial compliance in this case is due to limitations such as capacity/funding/resource/non-relevance.	<input type="checkbox"/>
Partial Compliance (Improvement Required)	AMBER	The Trust is partially compliant in areas that can be improved by the Service/Area reviewing the guidance.	<input type="checkbox"/>
Non-Compliance (One or more areas of total non-compliance)	RED	The Service/Area has one or more recommendations where they have total non-compliance. Actions are to be generated at CEAG in order to improve compliance.	<input type="checkbox"/>

Full Compliance – If this option is ticked then there are no further actions required on this guidance review.

Partial Compliance (Acceptable) – If this option has been ticked, it means that there are one or more areas where there is not full compliance, however it has been agreed by the reviewers and the CEAG committee that no reasonable actions can be taken to improve this further. Limitations such as capacity/funding/resource may be some of the reasons for this. There will also be some guidance that have recommendations pertaining specifically to primary care, in which case they would not apply to the Trust.

Partial Compliance (Improvement Required) – If this option has been ticked, there are some recommendations where the Trust are not fully compliant, but actions can be generated to improve the level of compliance.

Partial Compliance (One or more areas of total non-compliance) – If this option has been ticked, there will be one or more recommendations that have no compliance by that Service/Area. Actions will also need to be generated in this case to bring the Trust to a greater level of compliance on those recommendations.

Disseminating the Report

For medium priority reviews, the report must be presented at CEAG. The decision of who presents the report is based on whether the review has concluded as fully compliant or not.

If AMaT was used for completing the compliance statements, the report can be produced as a PDF by the system.

If the review was completed using the medium priority template (i.e.) without AMaT, If the review is showing the service/area as fully compliant, the CEM or CGF for CEAG can present the report to the committee.

If there is anything other than full compliance, the reviewer(s) will be requested to present the report to the CEAG committee. If the reviewer(s) are presenting to CEAG, this will allow discussion to be generated around the areas of poor/non-compliance, and what could be done to help improve it.

The team reviewing may also wish to discuss at their local meetings (such as CGCs). This can also help generate discussions around areas of non-compliance and how they may be improved (where possible).

Developing and Monitoring Actions (Responsibilities)

If the review notes areas of non-compliance, there will be discussions around whether there are reasonable actions that can be agreed on to increase the compliance.

The reviewer(s) may already have noted that the areas where compliance is low are unable to be changed. As long as reasoning is provided within the review as to why these areas cannot be improved, this an acceptable outcome of the process. The reasonings are often related to capacity/resource/non-relevance.

Best practice for action development follows the SMART acronym (Specific, Measurable, Achievable, Relevant, Time-Based).

Any actions agreed upon in CEAG will be added to the AMaT Action Planner for progress monitoring. This will be overseen by the CEM, with support from the CGF for CEAG. This will be overseen by the CEM, with support from the CGF for CEAG.

Length of Time to Review / Review Period

Medium priority reviews should be completed every **3 years**. When that period is close, the CGF for CEAG will send out to the relevant stakeholders for a re-review. Re-reviews will require revisiting the initial review and looking for any changes (whether they are improvements or regression).

The period of time to send out for review, receive the report back, disseminate to committees and generate potential actions is **3-6 months**.

If the staff required to review are unable to complete the review at the time requested, an extension may be provided. NICE guidance reviews take time to complete and so ensuring that the staff are given enough time to plan out when they can complete the review is important.

3.3.4 Process for Updated Guidance / Re-Reviews

Updated Guidance

Guidance is sporadically updated by NICE. When the monthly NICE update is provided at CEAG, any updated guidance that pertains to guidance already reviewed by the Trust (and is within its review period), will be sent to the stakeholder(s) who reviewed that guidance to check for relevance in the updates. This will be added as an action on AMaT under that specific guidance, with the stakeholder(s) added as the action owners.

If the update is small, the guidance can be checked and completed as reviewed through the action described above. If the update is large involving many changes, the CEAG committee will determine if a new review is required.

The CGF for CEAG will send an email to the stakeholder(s) to inform them of what is required in either situation.

Re-Review Process for High Priority Guidance

When the review period for a high priority NICE guidance is coming up, a re-review will need to be completed. These second (and third etc.) reviews require a level of review closer aligned to a gap analysis rather than a pure baseline assessment as in the first review.

The stakeholders involved in the original review will be approached to arrange workshops. However, in these workshops, the focus will be slightly different:

- The original report will be looked at alongside their baseline assessment on AMaT.
- The stakeholders will look at the recommendations they deemed as compliant with to check this is still the case.
- If there were partial/not met recommendations pertaining to their service/area, there will be discussion around whether this is still the case, or if the actions have been completed and can be considered as compliant. As per with the action planning, this may already have been done prior to the re-review.
- If there are any updates to the guidance which have not been reviewed, check for relevance with the service/area and if relevant, also check for compliance.
- Updates to recommendations on the BATs can be added onto the original with the date of the updated review to show the different review periods.

In the same manner as a new high priority review, if the BATs are available on AMaT, these updates can be done directly on there. If the BATs were not available on AMaT, the BAT templates uploaded to AMaT can be updated and reuploaded.

The reporting stage following the workshops follows the same process as described in **section 3.3.2**.

The report will then be presented to CEAG and relevant CGCs/Committees where discussions will be held about any actions required to improve compliance in noted partial/not met recommendations.

Any actions agreed upon will be added to the AMaT Action Planner and monitored for progress by the CEM.

Re-Review Process for Medium Priority Guidance

When the review period for a medium priority NICE guidance is coming up, a re-review will need to be completed. These second (and third etc.) reviews will require using the original review completed (using the medium priority template) and looking for any progress/regression in compliance.

The CGF will approach the original stakeholders and ask them to look through the original review. They will use the medium priority re-review (gap analysis) template to note any changes (or maintenance of compliance).

Changes in the re-review (gap analysis) template include:

- An extra row in the first table to allow for the attachment of the original review.

NICE Reference No.	Link to Guidance
Previous Review	

- An extra row in the review table for comments on the previous review. This is to include any changes in compliance, both improvements and/or regressions. This section is also to include completed actions from the previous review (if there were any).

Once this review has been completed, it will need to be returned to the CGF for CEAG. In similarity with the original review, if the box is ticked which indicates actions are required, the reviewers will be requested to attend CEAG to discuss what SMART actions can be created to help improve compliance. Any actions agreed upon in CEAG will be added to the AMaT Action Planner for progress monitoring. This will be overseen by the CEM, with support from the CGF for CEAG.

If there are no actions and the Trust either remain compliant or are now fully compliant, the CGF can present the review to CEAG.

3.3.5 NICE Database Maintenance

This is currently maintained via a spreadsheet. This requires extensive manual effort to maintain, whilst the accessibility is low due to the complexity of the document.

With AMaT being rolled out into the Trust, this database will eventually move over on to the NICE module within AMaT. This will be viewable by any staff with administrator access. For the CEM/CGF, any report required for meetings (e.g. for CEAG) such as number of ongoing reviews, number of completed reviews etc. can be pulled from the NICE module.

Throughout 2024 all NICE reviews are being migrated onto the AMaT system. Once this is complete, the policy will be amended to reflect this change.

The contents of the database are described in **section 9.1**.

3.4. Sharing Learning

Trust CGC – Quarterly NICE updates are given at Trust CGC. This is also considered a form of escalation that is presented by the Deputy Medical Director. The CEM is responsible for producing the slides with summarising information on the current work related to NICE guidance compliance. This includes an outlook on the total number of high and medium priority reviews, summaries of any recent completed reviews, and any issues with engagement.

NHSE Reports (Provider Collaborative) – Some contract reports for specialized commission services / ICB. A short summary of ongoing NICE work and KPIs is required for this report.

Any other Trust sub-boards upon request.

3.5. Escalation Processes for Engagement Difficulties

Escalation process for Reviewer Engagement Difficulties

As stated in **section 4.0**, all staff whose input is required for reviews are expected to engage with CEAG, the CEM and the CGF for CEAG.

During the scouting in the initial stages for the review process of both high and medium priority guidelines, discussions at CEAG will help identify the relevant stakeholders. If the CEM or CGF are unable to obtain a response within a reasonable timeframe, it will first need to be escalated to the Chair of CEAG (Deputy Medical Director). If there is still difficulty in obtaining a response, this will then be escalated through the Trust CGC Quarterly Updates.

Escalation Process for Action Progress Engagement Difficulties

Once actions are assigned owners and added to the AMaT Action Planner, it is expected that progress is made (when capacity allows). The CEM is responsible for overseeing timely updates for each set of actions. The CGF for CEAG will assist the CEM in obtaining responses (where required).

Quarterly updates are to be given on overall action progress in CEAG.

If the CEM or CGF are unable to obtain a response within a reasonable timeframe, it will first need to be escalated to the Chair of CEAG (Deputy Medical Director). If there is still difficulty in obtaining a response, this will then be escalated through the Trust CGC Quarterly Updates.

4.0 Responsibilities

The table below covers the responsibilities of staff within the Trust:

Post(s)	Responsibilities	Ref
Executive Director	The Medical Director will have executive responsibility for NICE guidance compliance within the Trust.	
Deputy Medical Director	The Deputy Medical Director will have oversight of NICE guidance compliance work within the Trust (via CEAG).	

Clinical Effectiveness Manager (Policy Lead)	The Clinical Effectiveness Manager is responsible for the day-to-day work involving NICE guidance compliance within the Trust. This includes organising and managing reviews for both high and medium priority guidance.	
Clinical Governance Facilitators	The CGF for CEAG is responsible for ensuring medium priority reviews are completed (under the guidance of the CEM). CGFs from other directorates will be expected to assist on high priority reviews when required.	
Executive Director	The Medical Director will have executive responsibility for NICE guidance compliance within the Trust.	

Any actions that are generated from post-review discussions are assigned owners during the process of adding them to the AMaT Action Planner. It is expected of staff to provide updates when requested to do so (quarterly) by the CEM, so that an overall update can be given at CEAG.

5.0 Development and Consultation Process

Consultation summary		
Date policy issued for consultation	May 2024	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Dates	
Supervisions with Line Manager	February, March, April 2024	
Clinical Effectiveness Advisory Group	April 2024	
Quality Improvement & Clinical Effectiveness Monthly	April 2024	
Where received	Summary of feedback	Actions / Response

6.0 Reference Documents

No documents referred to other than own work.

7.0 Bibliography

Sources of inspiration for new policy –

- NICE Website - [NICE | The National Institute for Health and Care Excellence](https://www.nice.org.uk/)

- AMaT Website - <https://bsmhft.amat.co.uk/trust/>
- AMaT Academy for NICE Guidance - [Tutorials - Audit Management and Tracking \(amat.co.uk\)](#)
- Presentation by Madaline Bleau on Moving Away from % Compliance in NICE Reviews

8.0 Glossary

No terminology to include in this section. Any acronyms / terms are explained within context of being used throughout the document.

9.0 Audit and Assurance

Element for monitoring	Lead	Tool	Frequency	Reporting Committee
Progress of medium priority reviews	CEM	AMaT	Monthly	CEAG
Progress of high priority reviews	CEM	AMaT	Monthly	CEAG
Continuation of EBE / Service User / Carer involvement in high priority reviews	CEM	AMaT	Per high priority review	CEAG
Review of AMaT / NICE API integration	CEM	AMaT	During monthly check-ins with AMaT Team	CEAG
Action implementation and monitoring	Deputy Medical Director for Quality / Chair of CEAG	AMaT	Quarterly updates with CEM	CEAG / Trust CGC

9.1 Maintenance of Database and Assurances (Including Auditing)

The database is maintained by the CEM via a spreadsheet. This contains information on all guidelines assessed in CEAG, including:

- Theme (e.g. pharmacy, physical health, eating disorders)
- Guidance Number
- Title of Guidance
- Priority
- Published Date and Last Updated Date
- Review Plan (for progress notes)
- Date Accepted at CEAG
- Date Review is Due
- In Progress
- Action Plan Confirmed
- Action Plan Owner
- Facilitator
-

With the database now being moved over to AMaT, the information stored on there will consist of:

- Guidance Lead (CGF for CEAG)
- Statement Lead/Stakeholder
- Statement Status
- Business Unit (Directorate)
- Speciality (Team)
- Action Plans
- Risks
- Barriers
- Resource / FIO Status
- Guidance Date Parameters
- Statement Due Date Parameters
- Statement Review Due Date Parameters
- Guidance details (Number, Title, Link, Published Date, Last Updated Date)

With the ease of accessibility and reportability that comes with AMaT, auditing aspects of NICE guidance management data (as mentioned in the previous paragraph) can be done simply by either the CEM or CGF (for CEAG) through the reporting system on AMaT.

With regards to assurances, this NICE policy is overseen by the CEAG committee, who are committed to being open and transparent about the NICE reviews that take place within the Trust.

The CEM will ensure that NICE reviews are completed in a timely, reasonable manner. Escalation processes as detailed in **section 4.2** will be followed if there are issues with engagement.

The Deputy Medical Director (who is also Chair of CEAG) will ensure that escalations are taken forward to Trust CGC when required.

The Trust's commitment to inclusiveness has helped form a crucial part of the NICE review process as showcased via the open sessions for EBEs/Service Users/Carers.

There is a robust governance process in place whereby reviews can be discussed at CEAG and service-specific committee meetings such as CGCs.

This policy is designed to help the Trust follow evidence-based, best practice in the form of NICE guidance.

The processes detailed in this policy will also help to ensure that there are regular updates of the status of NICE reviews being completed across the Trust.

The Pharmacological Therapies Committee will ensure that all relevant NICE guidance is incorporated into any prescribing guidance produced (alongside any other guidance they rely on).

N.B. Once AMaT is fully operational, the maintenance of this database will be done solely through AMaT. All reports can be pulled instantly from the NICE module on there. The policy will be amended to reflect this with screenshots of how the system looks (once available).



10.0 Appendices

Document Title	Appendix No.
Equality Assessment	1
NICE Medium Priority Report - Template	2
NICE Medium Priority (Re-Review) Report - Template	3
NICE High Priority Report - Template	4
NICE Baseline Assessment Template (Unchanged)	5
NICE Baseline Assessment Template (Example)	6
NICE Medium Priority Review Process	7
NICE High Priority Review Process	8
AMaT Data, Migration and Terminology Information	9

Appendix 1 - Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Policy	NICE Guidance Policy		
Person Completing this policy	Jonny Cook	Role or title	Clinical Effectiveness Manager
Division	Corporate	Service Area	N/A
Date Started	January 2024	Date completed	May 2024
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
To ensure a fixed process for oversight and management of NICE guidance compliance for the Trust.			
Who will benefit from the policy?			
Staff will benefit from review processes that give them greater insight into peer-reviewed processes for treatment pathways. Service users will also benefit from an effective NICE guidance process.			
Does the policy affect service users, employees or the wider community?			
Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward			
It has a two-way effect on service users. High priority reviews include service users, EBEs, and carers in the process. Improvements in NICE guidance compliance will also benefit them.			
Does the policy significantly affect service delivery, business processes or policy?			
How will these reduce inequality?			

Potentially. NICE reviews will show how compliant we are as a Trust for a specific guidance. Any gaps identified will have actions created in order to try and close them (where possible).				
Does it involve a significant commitment of resources?				
<i>How will these reduce inequality?</i>				
No.				
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
No.				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this policy promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
		<i>Protect and promote human rights?</i>		
Please click in the relevant impact box and include relevant data				
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	x			Some guidance is applicable to all ages. Some guidance is specific to age groups (e.g. older adults, under-16s).

<p>Including children and people over 65</p> <p>Is it easy for someone of any age to find out about your service or access your policy?</p> <p>Are you able to justify the legal or lawful reasons when your service excludes certain age groups</p>				
Disability	x			<p>It is anticipated that disability will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their disability. However, reasonable adjustments should be offered where required.</p>
<p>Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues</p> <p>Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?</p> <p>Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?</p>				
Gender	x			<p>It is anticipated that gender will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their gender.</p>
<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another</p> <p>Do you have flexible working arrangements for either sex?</p> <p>Is it easier for either men or women to access your policy?</p>				
Marriage or Civil Partnerships	x			<p>It is anticipated that marriage / civil partnerships will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their marriage / civil partnerships.</p>

<p>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters</p> <p>Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</p>				
Pregnancy or Maternity	x			<p>It is anticipated that pregnancy / maternity will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their pregnancy / maternity.</p>
<p>This includes women having a baby and women just after they have had a baby</p> <p>Does your service accommodate the needs of expectant and post natal mothers both as staff and service users?</p> <p>Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?</p>				
Race or Ethnicity	x			<p>It is anticipated that race will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their race. If a service user / carer / EBE does not speak English as their first language, a translator would be arranged through the EBE service leads.</p>
<p>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees</p> <p>What training does staff have to respond to the cultural needs of different ethnic groups?</p> <p>What arrangements are in place to communicate with people who do not have English as a first language?</p>				
Religion or Belief	x			<p>It is anticipated that religion will not have a negative impact in terms of discrimination as this policy ensures that all employees</p>

				should be treated in a fair, reasonable and consistent manner irrespective of their religion.
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	x			It is anticipated that sexual orientation will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their sexual orientation.
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	x			It is anticipated that gender will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their gender.
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 policy or service?				
Human Rights	x			This policy is written to promote equality and remove any discrimination to ensure that everyone can fulfil their full potential

				within a Trust that is inclusive, compassionate, and committed. This is keeping in line with our Trust values, the NHS People's Plan commitment to equality, diversity and inclusion and reflects the provisions of the Equality Act 2010.
<p>Affecting someone's right to Life, Dignity and Respect?</p> <p>Caring for other people or protecting them from danger?</p> <p>The detention of an individual inadvertently or placing someone in a humiliating situation or position?</p>				
<p>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)</p>				
	Yes	No		
<p>What do you consider the level of negative impact to be?</p>	High Impact	Medium Impact	Low Impact	No Impact
				x
<p>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.</p> <p>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.</p> <p>If the policy 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.</p>				
<p>Action Planning:</p>				

How could you minimise or remove any negative impact identified even if this is of low significance?
Continue with process of being inclusive in all aspects of the review process.
How will any impact or planned actions be monitored and reviewed?
There are no actions.
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact on other people as a result of their personal protected characteristic.
N/A.
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. 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

Appendix 2 – NICE Medium Priority Report - Template



NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

Dear all,

Your advice is being sought as to the Trust's compliance with a piece of NICE guidance relating to **TITLE OF GUIDANCE HERE.**

The Clinical Effectiveness Advisory Group have assessed that this guideline is applicable to a specific cohort of patients within our trust. Please see below for the link to the NICE guideline.

Please read the guidance and provide an overall indication of compliance, highlighting any areas of non-compliance or concern.

There are three boxes to fill out which cover areas the Trust are doing well in, areas where there may not be full compliance, and actions that can be generated to improve compliance.

Once those three boxes are filled out, please tick one of the four options in the compliance table. An important thing to note is that if you are ticking the box for 'Partial Compliance – Acceptable,' it will be worth considering whether there are any potential risks associated to those areas of non-compliance.

The final section 'CEAG Comments' is for anything discussed when this review is brought to CEAG (such as actions).

Many thanks,

Sunita Tura (on behalf of)

Dr Sadira Teeluckdharry - Deputy Medical Director

NICE Reference No.	Link to Guidance

Areas the Trust does well in/ previous progress made:

Areas of the guideline not met by the Trust/things to be aware of:

Actions the Trust needs to take in order to meet this guideline: (only if the guideline is partially or not met)

Statement of Compliance

Compliance Level	Colour Code	Definition	Please tick the appropriate compliance level
------------------	-------------	------------	--

Full Compliance	GREEN	The Trust is fully compliant across all recommendations within the NICE guidance.	<input type="checkbox"/>
Partial Compliance (Acceptable)	PALE GREEN	The Trust is fully compliant in some recommendations, and partially compliant in others. The partial compliance in this case is due to limitations such as capacity/funding/resource/non-relevance.	<input type="checkbox"/>
Partial Compliance (Improvement Required)	AMBER	The Trust is partially compliant in areas that can be improved by the Service/Area reviewing the guidance.	<input type="checkbox"/>
Non-Compliance (One or more areas of total non-compliance)	RED	The Service/Area has one or more recommendations where they have total non-compliance. Actions are to be generated at CEAG in order to improve compliance.	<input type="checkbox"/>

Name(s):

Date:

CEAG Comments

Appendix 3 – NICE Medium Priority (Re-Review) Report - Template



Dear all,

Your advice is being sought as to the Trust's compliance with a piece of NICE guidance relating to **TITLE OF GUIDANCE HERE**. Please note this is a re-review (gap analysis) of this guidance.

The Clinical Effectiveness Advisory Group have assessed that this guideline is applicable to a specific cohort of patients within our trust. Please see below for the link to the NICE guideline.

Please read the guidance and provide an overall indication of compliance, highlighting any areas of non-compliance or concern.

There are three boxes to fill out which cover areas the Trust are doing well in, areas where there may not be full compliance, and actions that can be generated to improve compliance.

Once those three boxes are filled out, please tick one of the four options in the compliance table. An important thing to note is that if you are ticking the box for 'Partial Compliance – Acceptable,' it will be worth considering whether there are any potential risks associated to those areas of non-compliance.

The final section 'CEAG Comments' is for anything discussed when this review is brought to CEAG (such as actions).

Many thanks,

Sunita Tura (on behalf of)

Dr Sadira Teeluckdharry - Deputy Medical Director

NICE Reference No.	Link to Guidance
Previous Review	Please attach previous review here

Comments on previous review (any changes to compliance either improvements/regression:

Areas the Trust does well in/ previous progress made:

Areas of the guideline not met by the Trust/things to be aware of:

<p>Actions the Trust needs to take in order to meet this guideline: (only if the guideline is partially or not met)</p>
--

Statement of Compliance

Compliance Level	Colour Code	Definition	Please tick the appropriate compliance level
Full Compliance	GREEN	The Trust is fully compliant across all recommendations within the NICE guidance.	<input type="checkbox"/>
Partial Compliance (Acceptable)	PALE GREEN	The Trust is fully compliant in some recommendations, and partially compliant in others. The partial compliance in this case is due to limitations such as capacity/funding/resource/non-relevance.	<input type="checkbox"/>
Partial Compliance (Improvement Required)	AMBER	The Trust is partially compliant in areas that can be improved by the Service/Area reviewing the guidance.	<input type="checkbox"/>
Partial Compliance (One or more areas of total non-compliance)	RED	The Service/Area has one or more recommendations where they have total non-compliance. Actions are to be generated at CEAG in order to improve compliance.	<input type="checkbox"/>

Name(s):

Date:

CEAG Comments

Appendix 4 - NICE High Priority Report - Template

NICE Guideline XXX – High Priority Review – Baseline Assessment

Date of Committee:	
Date of Report:	

Item:	Baseline Assessment of the NICE Guideline Link for guideline goes here
To be Reported by:	

PURPOSE OF REPORT:

- To report to the Clinical Effectiveness Advisory Group (CEAG) the results of the baseline assessment of the trusts performance against the **NICE GUIDELINE TITLE HERE**.

1. Introduction

The 'XXX' guideline was issued by NICE in X Date. The Trust previously reviewed this guideline in Xth 2020. In the previous review **X** recommendations were considered relevant to the trust. Of the **X** recommendations which were applicable, **X** were met, and **X** were not met.

The sources of information for the below report include:

- Trust policies, guidelines, directorates etc.

2. Performance against each standard

There are **X** standards identified in the baseline assessment which are applicable, of which the trust meets **X**. There are **X** partially met standards and **X** that are not met.

There are **X** recommendations which are not relevant to the trust as they relate to using other NICE guidelines as these are being reviewed elsewhere.

Standard	Met	Partial	Not Met	N/A
1.1				
1.2				
1.3				
1.4				
1.5				
1.6				
1.7				
1.8				

3. Current activity within the Trust that may be relevant to this guideline review:

Work within Service Areas

Audits related to Guideline

Trust Policies and Guidelines

Training Available to Staff

4. What is going well

5. Service User / Carer / EBE Open Session

6. Quality Standard

Quality Standards		Source Reference	Met?
1			

2			
3			
4			
5			
6			
7			
8			

7. Recommendations for partially met / not met standards

Reference	Status	Standard	Current activity/Recommendation

8. Action plan

No	Recommendations/ issue to be addressed	Success measure/ expected improvement	Action to be taken (SMART)	Action Lead (job title)	Start date and target end date	Examples of Evidence of progress and completion

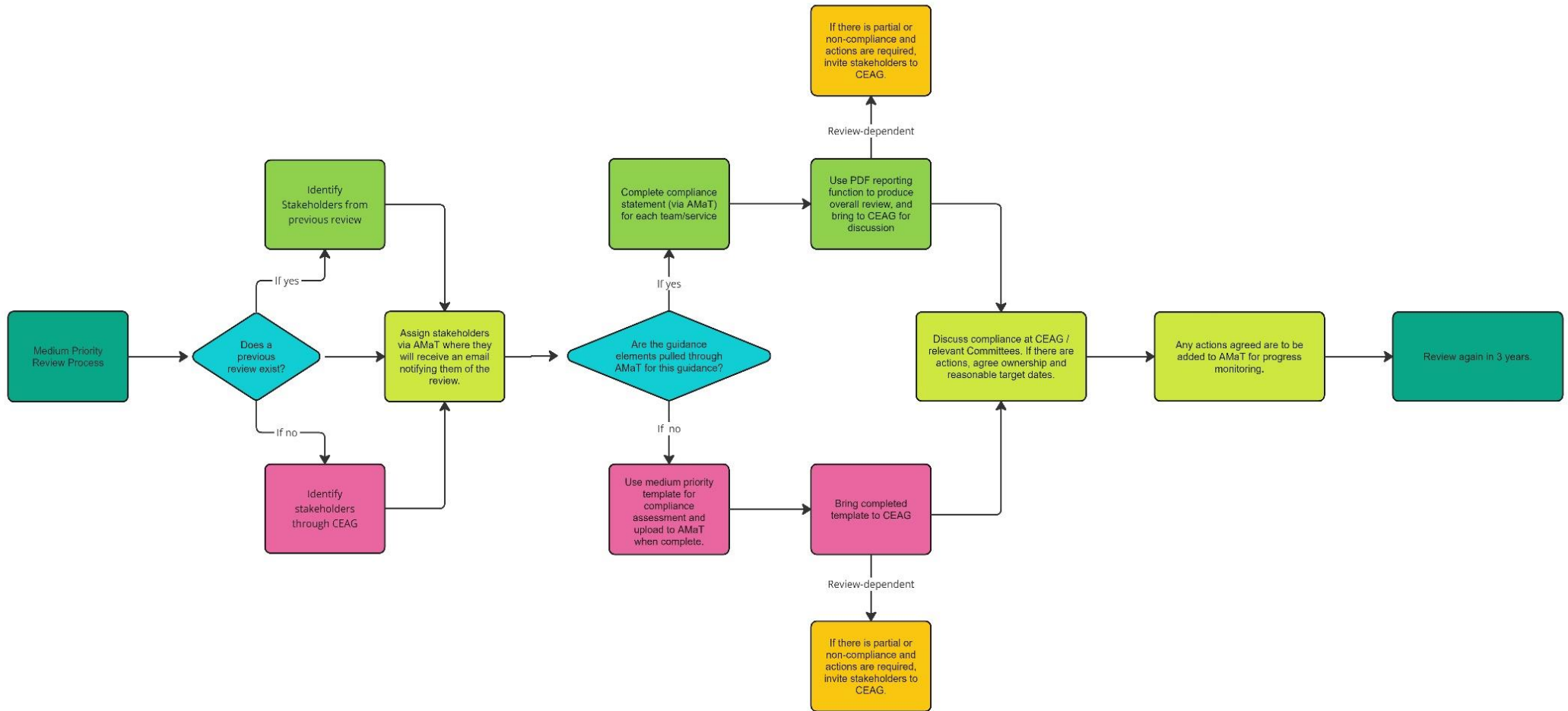
Appendix 5 – NICE Baseline Assessment Template (Unchanged)

Baseline assessment tool for service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (NICE clinical guideline CG136)										
		Guideline reference	Is the recommendation relevant?	Current activity/evidence	Recommendation met	Actions needed to implement recommendation	Is there a risk associated with not implementing this recommendation?	Is there a cost or saving?	Deadweight	
Number of relevant or partially relevant recommendations									0	
Number of recommendations met									0	
Number of recommendations partially met									0	
Percentage of recommendations met										
Percentage of recommendations partially met										
1.1 Care and support across all points on the care pathway										
Relationships and communication										
Work in partnership with people using mental health services and their families or carers. Offer help, treatment and care in an atmosphere of hope and optimism. Take time to build trusting, supportive, empathic and non-judgemental relationships as an essential part of		1.11								
When working with people using mental health services: • aim to foster their autonomy, promote active participation in treatment decisions and support self-management • maintain continuity of individual therapeutic relationships wherever possible • offer access to a trained advocate.		1.12								
When working with people using mental health services and their family or carers: • ensure that you are easily identifiable (for example, by wearing appropriate identification) and approachable • address service users using the name and title they prefer • clearly explain any clinical language and check that the service user understands what is being said • take into account communication needs, including those of people with learning disabilities, sight or hearing problems or language difficulties and provide independent interpreters (that is, someone who does not have a relationship with the service user) or communication aids (such as using pictures, symbols, large print, Braille, different		1.13								
When working with people using mental health services: • make sure that discussions take place in settings in which confidentiality, privacy and dignity are respected • be clear with service users about limits of confidentiality (that is, which health and social care professionals have access to information about their diagnosis and its treatment and in what circumstances this may be shared with others).		1.14								
Providing information										
When working with people using mental health services: • ensure that comprehensive written information about the nature of, and treatments and services for, their mental health problems is available in an appropriate language or format										

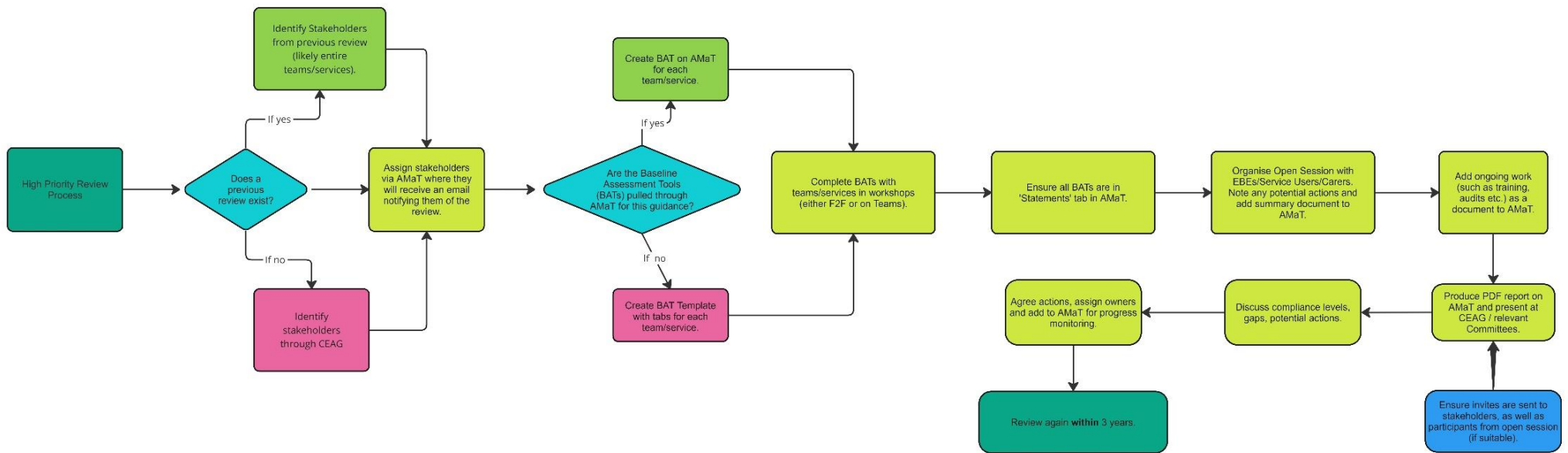
Appendix 6 – NICE Baseline Assessment (Example)

Baseline assessment tool for service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (NICE clinical guideline CG136)					
Number of relevant or partially relevant recommendations	0				
Number of recommendations met	0				
Number of recommendations partially met	0				
Percentage of recommendations met					
Percentage of recommendations partially met					
NICE recommendation	Guideline reference	Is the recommendation relevant?	Current activity/evidence	Recommendation met	Actions needed to implement recommendation
1.1 Care and support across all points on the care pathway					
Relationships and communication					
Work in partnership with people using mental health services and their families or carers. Offer help, treatment and care in an atmosphere of hope and optimism. Take time to build trusting, supportive, empathic and non-judgemental relationships as an essential part of	1.11				
When working with people using mental health services: <ul style="list-style-type: none"> aim to foster their autonomy, promote active participation in treatment decisions and support self-management maintain continuity of individual therapeutic relationships wherever possible offer access to a trained advocate. 	1.12				
When working with people using mental health services and their family or carers: <ul style="list-style-type: none"> ensure that you are easily identifiable (for example, by wearing appropriate identification) and approachable address service users using the name and title they prefer clearly explain any clinical language and check that the service user understands what is being said take into account communication needs, including those of people with learning disabilities, sight or hearing problems or language difficulties and provide independent interpreters (that is, someone who does not have a relationship with the service user) or communication aids (such as using pictures, symbols, large print, Braille, different 	1.13				
When working with people using mental health services: <ul style="list-style-type: none"> make sure that discussions take place in settings in which confidentiality, privacy and dignity are respected be clear with service users about limits of confidentiality (that is, which health and social care professionals have access to information about their diagnosis and its treatment and in what circumstances this may be shared with others). 	1.14				
Providing information					
When working with people using mental health services: <ul style="list-style-type: none"> ensure that comprehensive written information about the nature of, and treatments and services for, their mental health problems is available in an appropriate language or form 					

Appendix 7 – Medium Priority Review Process Flowchart



Appendix 8 - High Priority Review Process Flowchart



Appendix 9 - AMaT Data, Migration and Terminology Information

Key Information on How AMaT Uses Data from NICE

An important aspect to note with regards to the NICE guidance module specifically: AMaT pulls data from the NICE website API. For guidance formally updated from around 2020/2021 onwards, AMaT can pull the specific elements within each guidance. For example, a piece of guidance that was updated in 2021 and has 17 elements/recommendations would have all 17 pulled through to that guidance tab within AMaT. When this occurs, either the CEM or CGF can add review comments from the relevant staff members into each individual element.

If the guidance has **NOT** been updated since 2020/2021, AMaT are unable to pull this specific data through. As an example, if the guidance was last updated in 2017, and had 25 elements, these will not show in AMaT. In these cases, the process for reviewing will be to fill out the templates mentioned for high / medium priorities, and simply upload them to the guidance tab. This way, you are still able to pull an overall report for that guidance review.

This is also the case for Baseline Assessment Tools (BATs). BATs are used in high priority review processes. If the guidance has not been updated since the beginning of 2024, they are not available to use for the review.

This is something AMaT are currently trying to resolve with NICE. If they can pull through all elements in the future, the policy will be updated accordingly.

N.B. This means that currently reviews for high priority and medium priority processes will diverge at certain points depending on what is available on AMaT, however all reviews completed by the Trust can still be added to the AMaT system. The result is that all NICE reviews, regardless of priority, and regardless of whether the NICE API was available, will be available in one place on AMaT. This is explained clearly through the flowcharts in appendices 7 and 8.

Migration of NICE Work over to AMaT – Summary

The overarching aim of AMaT is to begin moving all NICE reviews onto the system. Whilst there are currently issues with the NICE API data being pulled for certain guidance, you are still able to add all reporting documents to that guidance on AMaT.

Throughout the policy, and in particular **section 3**, there will be descriptions for both processes, using AMaT and not using AMaT. In either situation, the resulting work can always be added to AMaT, allowing you to keep all work related to that guidance in one place.

The Trust will eventually have all NICE work in one place (on AMaT). If reports are needed on guidance reviews that are in date, out of date etc. this can be pulled with ease from the system. All actions resulting from reviews will also be on AMaT, with relevant stakeholders added onto their actions. This allows them to receive notifications about updates, review due etc.

Any current actions on Eclipse Action Planner will also be migrated to the new system.

As the NICE API is improved as time continues, the percentage of guidance reviews that can be completed using solely AMaT will also increase, reducing the administrative load required in the review processes.

AMaT Terminology/Reference Points

Compliance Review – The review that staff members complete, involving going through the recommendations for the guidance and looking at level of compliance for each one.

Statements of Compliance – If a guidance has been selected as ‘Statements of Compliance’, it means this guidance is requiring either a medium priority or high priority review.

For Information Only – If a guidance has been selected on AMaT as ‘FIO’, it means this guidance has been determined as not relevant enough for a medium or high priority review.

Baseline Assessment Tool – Named the same as the Baseline Assessment Tool used by the Trust in high priority reviews.

Tabs –



The tabs above are in essence the core of the NICE guidance review elements on AMaT.

Guidance details – Contains basic details of the guidance, including a link to the NICE website, code, when it was updated etc. This is also the page where you have the option to select either ‘Statements of Compliance’ or ‘For Information Only’.

Statements – Any statements completed by staff members / teams are to be either added or completed on here (dependent on availability of elements as referred to in **3.1.0**)

Actions –

This action must be given a RAG rating, roll over or select a rating to view the description of that RAG for your organisation.

Key	Action RAG rating	Description
●	Red	This is a critical action that has an impact on patient or staff safety must be completed promptly.
●	Amber	This is an important action, perhaps related to training, documentation or escalation that must be completed by the due date.
●	Green	This action should be completed by the due date, and is related to sharing information and raising awareness of results

Actions

Documents – This section is where you can add any related documents such as previous reviews, related policies, related ongoing work such as training etc.

Related Guidance & Projects – This section will display any related guidance, projects (such as clinical audits, service evaluations) that have tagged the guidance in their project.

Reports & Review Forms – This section allows you to instantly produce PDF reports which includes all review elements for that guidance.

Notes – Any edits, changes, or items for stakeholders to be aware of can be added here.