Mid Essex Hospital Services NHS
NHS Trust

Implementation of National Clinical Guidance	**Policy** **Register No: 08080** **Status: Public**

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Consulted With	**Post/Committee/Group**	**Date**
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Related Trust Policies (to be read in conjunction with)	Clinical Audit Strategy and Policy Risk Management Strategy and Policy Learning from Experience Policy Introduction of New Technologies and Procedures Management of External Agency Visits

Document Review History

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1.0	Helen Clarke	30.10.2008
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1.2 changes to reflect governance restructure and add process for national audit	Helen Clarke	30 September 2009
2.0	H Clarke	8 December 2010
2.1` Amendments to reflect restructure, timescales and monitoring	H Clarke	October 2011
3.0	Helen Clark	4th July 2014
4.0	A Finlinson	7th June 2016

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1.0 Purpose

1.1 The Trust strives to provide high quality care that consistently improves by taking account of best practice. In order to achieve this, national clinical guidance must be disseminated, reviewed and, where appropriate, implemented within the Trust.

1.2 The purpose of this policy is to describe the Trust's systematic approach to the review of national guidance. This includes the process for:

- Identifying and disseminating relevant documents;
- Developing an implementation project plan;
- Ensuring recommendations are acted upon; and/or
- Documenting any decision not to implement guidance.

2.0 Background

2.1 National Institute for Health and Care Excellence (NICE) and other national guidance including National Confidential Enquiries, are developed through robust processes of consultation and engagement.

2.2 There is an expectation that NHS organisations will take account of national clinical guidance and the Trust is committed to consistently improving the quality of services through the review and, where appropriate, implementation of identified best practice.

2.3 Benchmarking against NICE quality standards and other relevant guidance will inform the Care Quality Commission's assessment of the effectiveness provider's services.

3.0 Scope

3.1 This policy should be adhered to by all staff employed by the Trust involved in the delivery of care or services or in monitoring that the organisation meets with or implements national guidance.

3.2 This policy relates to national clinical guidance for best practice including NICE guidance, National Confidential Enquiries and National Strategies or Service Frameworks.

3.3 Participation in relevant National Clinical Audits and review of resultant reports offers another opportunity to improve the quality of services provided. For further details of the process for the review of National Clinical Audit Reports refer to the Clinical Audit Strategy and Policy.

4.0 Definitions

4.1 National Institute for Health and Care Excellence (NICE) guidance

NICE is an independent organisation and their role is to improve outcomes for people using the NHS and other public health and social care services. They do this by:

- Producing evidence based guidance and advice for health, public health and social care practitioners.
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services.
- Providing a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care.

Since 1999, they have provided the NHS, and those who rely on it for their care, with an increasing range of advice on effective, good value healthcare, and have gained a reputation for rigour, independence and objectivity.

The guidance is provided in different forms:

- **NICE guidelines** (for example Clinical Guidelines) make evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions, improving health and managing medicines in different settings, to providing social care to adults and children, and planning broader services and interventions to improve the health of communities. These aim to promote integrated care where appropriate, for example, by covering transitions between children's and adult services and between health and social care.

- **Technology appraisals guidance** assess the clinical and cost effectiveness of health technologies, such as new pharmaceutical and biopharmaceutical products, but also include procedures, devices and diagnostic agents. This is to ensure that all NHS patients have equitable access to the most clinically - and cost-effective treatments that are viable.

- **The medical technologies** and **diagnostics guidance** help to ensure that the NHS is able to adopt clinically and cost effective technologies rapidly and consistently.

- **Interventional procedures guidance** recommends whether interventional procedures, such as laser treatments for eye problems or deep brain stimulation for chronic pain are effective and safe enough for use in the NHS.

- **Quality Standards** are concise sets of statements, with accompanying metrics, designed to drive and measure priority quality improvements within a particular area of care. These are derived from the best available evidence, particularly NICE's own guidance and, where this does not exist, from other evidence sources accredited by NICE.

4.2 National Confidential Enquiries (NCEs)

These enquiries are designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. There are four types of NCE's;

- The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) which reviews all areas of medicine and surgery (except Obstetrics) through confidential surveys making recommendations aimed at improving care;

- The Confidential Enquiry into Maternal and Child Health (CEMACH) which aims to improve the health of mothers, babies and children; and

- The Confidential Enquiry into Suicide and Homicide by People with Mental Illness (CISH) which considers all instances of suicide and homicide that occur within Mental Health Services in the UK. Although the focus is on mental health services, the Trust must consider the implications for acute services.

- The Mothers and Babies – Reducing Risk through Audit and Confidential Enquires (MBRRACE) aims to improve the care provided to women and their families during pregnancy, childbirth, the newborn period and early childhood as well as promoting the effective use of resources by perinatal health services.

5.0 Roles and Responsibilities

5.1 Board of Directors

The Board will endeavour to implement national guidance where it is deemed appropriate and available resources permit. In particular, NICE Technology Appraisals will be implemented within 3 months of their issue unless there are exceptional circumstances for not doing so.

5.2 Chief Executive

The Chief Executive is ultimately accountable for ensuring that an effective system exists to disseminate, implement and monitor adherence with national guidance.

5.3 Chief Medical Officer

The Chief Medical Officer has delegated responsibility for ensuring that an effective system exists to disseminate, implement and monitor adherence with national guidance.

5.4 Patient Safety and Quality Committee (PS&QC)

The Patient Safety and Quality Committee is a subgroup of the Trust Board and will receive twice yearly exception reports relating to non-response and non-action to national guidance.

5.5 Clinical Governance Group

The Clinical Governance Group will contribute to the provision of safe, high quality services and a culture of continuous quality improvement bypromoting the benchmarking of Trust services against published national guidance and monitoring and reporting the Trust's response

This group will receive a an update report on compliance with the requirements of this policy quarterly within the CA report. A 6 monthly report to the PS&QC will provide an update on review of national guidance together with information on progress with implementation of recommendations.

5.6 ADO's, Clinical Directors, Clinical Leads, Heads of Nursing, Heads of Department

In their areas of responsibility, these staff will ensure the following:

- Review of new guidance within timescales to identify whether guidance is relevant and whether services have fully implemented appropriate recommendations.

- Assign guidance to relevant staff within their area and inform the clinical audit team of the new lead.

- A project plan is undertaken where services are implementing recommendations and ensuring any organisational risk is identified on the divisional / Directorate / Divisional Risk Assurance Framework.

- Staff in their areas are aware of the guidance and what changes are being made; including Clinical Governance leads, facilitators

5.7 Directorate / Divisional Audit Leads

The Directorate / Divisional Audit Leads should encourage and prioritise clinical audit projects which assess the implementation with national guidance.

5.8 Clinical staff

All medical and nursing staff and allied health professionals must take national guidance into account when exercising their clinical judgement. However every clinical presentation must be assessed on an individual basis as there may be cases where following recommendations from national guidance is inappropriate.

5.9 Clinical Audit Team

The Clinical Audit Team are responsible for disseminating published national guidance to Clinical Directors and maintaining records of relevance and implementation of recommendations. The Team will also provide twice yearly National Guidance Implementation exception reports to the Patient Safety and Quality Committee and quarterly status update reports to the Clinical Governance Group.

5.10 Clinical Governance Facilitators

Facilitators will provide regular updates on NICE guidance responses to Clinical Directors or Heads of Department via their governance meetings.
The Facilitators will also update the Clinical Audit Team with progress and amendments to the guidelines database.

5.11 Medicines Optimisation and Safety group and the Area Prescribing Committee

The Trust Medicines Optimisation and Safety group and the Area Prescribing Committee will review all single technology appraisals (TAGs) relating to medicines to ensure appropriate formulary status and compliance with the guidance.

5.11 Local National Confidential Enquiry Reporter (LNCER)

The local reporter is responsible for facilitating and overseeing the timely submission of NCE requested data and review of published reports..

6.0 Identification and Dissemination of National Guidance

6.1 Identification

- The Clinical Audit Team are notified directly of NICE guidance issued each month.

- The Trust's Local National Confidential Enquiry Reporter (LNCER) will receive published reports and will identify, with the Chief Medical Officer, the appropriate Clinical Lead to review the report and inform the Clinical Audit Team.

6.2 Dissemination

- The Clinical Audit Team email the Clinical Director details of the national clinical guidance along with the trust guidance questionnaire on relevance and implementation as well the project plan action plan template where required (refer to appendices 1 and 2). These will be sent to the relevant Associate Chief Nurse, Directorate / Divisional Audit Leads and Clinical Governance Facilitators as appropriate.

- Where NICE Guidance relates to drug prescribing, the Clinical Audit Team will copy in the Chief Pharmacist to provide updates on Medicines Optimisation and Safety group and the Area Prescribing Committee decisions.

- The Clinical Director/ identified lead is responsible for ensuring relevant guidance is disseminated to staff.

- Refer to the flow chart in Appendix 3

7.0 Implementation Monitoring

7.1 Implementation Questionnaire

7.1.1 The Clinical Director/Identified Lead should confirm whether the guidance is relevant to the Trust. After determining the relevance the CD is to confirm within 2 weeks of receipt;

- if the Trust meets the guidance,
- If the guidance is to be implemented,
- Or the guidance is for information only.

7.1.2 Where the guidance is relevant and implementation is required, the Clinical Director/Identified Lead will complete the Trust Guidance Questionnaire confirming that the guidance is relevant to the Trust and identifying whether the care provided is compliant with the guidance.

7.1.3 The completed questionnaire should be returned to the Clinical Audit Team within 4 weeks who will update the National Clinical Guidance database.

7.1.3 If the Clinical Lead fails to respond, the relevant Clinical Director will be notified by the Clinical Audit Team. Further escalation to the Chief Nurse and/or the Deputy Medical Director will be considered.

7.1.4 The Medicines Optimisation and Safety group and the Area Prescribing Committee will review all single technology appraisals and ensure full implementation, if appropriate.

7.1.5 The Health Technology Appraisal Group will ensure that no new technologies are approved for specialties where there are outstanding national guidance responses.

7.2 Organisational Project Plans

7.2.1 Where the Trust does not meet the published guidance and the recommendations are to be implemented within the Trust, the Clinical Director/Identified Lead should complete a project plan. The template in Appendix 2 can be used or alternatively tools provided within the NICE or NCEPOD guidance can be used to define the gaps in service and the resources required to address these. The assessment should include:

- a status update for each applicable recommendation;
- the evidence available to support implementation;
- the level of risk associated with the Trust not fully implementing the recommendation; and
- the action required to achieve full implementation, with identified leads and timescales for implementation and review.

7.2.2 Review dates must be identified and the project plan copied to the Clinical Director and the Clinical Audit Team.

7.2.3 Where the scope of guidance is wide, consideration should be given to the establishment of an implementation group, however responsibility will remain with the identified Clinical Lead.

7.2.4 Where a decision is made not to implement National Clinical Guidance, either in part or in full, the Clinical Audit Team should be informed of the rationale and the database updated.

7.2.5 Where the Trust substantially meets the guidance and there are no significant risks associated with non-implementation, no further action will be required, provided all evidence is given to the Clinical Audit Team.

7.2.6 Where non-implementation represents a risk to the organisation for whatever reason, the issue should be added to the Directorate / Divisional /department Risk Assurance Framework and escalated to the Standards Group. Where the risk is sufficiently high, it should be recorded on the the Trust Risk Assurance Framework.

8.0 Ensuring recommendations are acted upon

8.1 Lessons learnt from the review of national guidance will be disseminated by the identified clinical lead to all appropriate staff.

8.2 Progress to implement a guideline and the identified actions should be monitored at Directorate / Divisional Governance Meetings.

8.3 Progress with guidelines and any associated outstanding actions will also be reported within the quarterly Directorate/Divisional reports to the CGG meeting for review and escalation.

8.4 This may involve the development of new internal guidelines or amendments to existing procedures or development of educational material.

8.5 Audit proposals developed to assess “implementation” of national guidance should be prioritised within Directorate / Divisional in accordance with the Clinical Audit Strategy and Policy and presented at Directorate / Divisional or Trust wide audit meetings.

8.6 The Clinical Governance Facilitators will include project plans for implementation of national guidance within the reports for the Directorate / Divisional Governance Meetings, highlighting outstanding actions on the implementation of the guidance.

8.7 Where new procedures have been approved via the Health technologies Approval Process or Authority to Invest, there should be an audit of adherence to national compliance measures. There should also be an audit of practice after a specified time (6/12 or 12/12) to confirm clinical and cost effective introduction of the procedure based on the initial presented business case.

9.0 Monitoring implementation of relevant recommendations

9.1 Where the Trust does not meet with the national guidance, and the risks associated with non-implementation are deemed to be significant, the issue will be recorded on the Divisional / Directorate / Divisional Risk Assurance Framework. This will ensure regular review at Divisional / Directorate / Divisional governance meetings, and where the risk rating is greater than 15, Trust Board of Directors Meetings.

9.2 The Clinical Governance Facilitators will provide regular monitoring reports on national guidance implementation to Clinical Directors via the Directorate / Divisional Governance Meetings.

9.3 The Clinical Audit Team will submit 6 monthly reports to the Patient Safety and Quality Committee and quarterly the Clinical Governance Group.

11.0 Communication & Implementation

11.1 The policy will be available to staff and the public on the Trust’s intranet site and website.

12.0 References

NICE A guide to implementation for organisations
http://www.nice.org.uk/media/848/D0/HowtoputNICEguidanceintopracticeFINAL.pdf

NICE Guidance Process Flowchart