NICE Implementation Policy
(N-026)

Version Number:	8.03
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Executive Lead (name & job title):	Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Name of approving body:	Quality Committee
Date full policy approved:	March 2021 (v8.0)
Date Ratified at Trust Board:	April 2021
Next Full Review date:	May 2027

Minor amendments made prior to full review date above (see appended document control sheet for details)	
Date approved by Lead Director:	*16th May 2024 (QPaS)*
Date EMT as approving body notified for information:	*May 2024*

Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. INTRODUCTION

The National Institute for Health and Care Excellence (NICE) issues a range of guidance and standards on current best practice related to health technologies, clinical management of specific conditions and the safety and efficacy of interventional procedures for a wide range of health issues, including those relevant to clinical services provided by Humber Teaching NHS Foundation Trust. This guidance comes in different formats which are summarised in Appendix 1.

NHS Trusts have an obligation to consider NICE guidance, when appropriate, in planning and delivering services to the public. This obligation to consider and implement NICE Guidance forms part of NHS Trusts' assessment under the Care Quality Commission (CQC) Standards, and the NHS Litigation Authority (NHSLA) Standards.

When exercising their judgement, professionals and practitioners are expected to take relevant NICE guidelines fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian. However, reasons for non-compliance with applicable NICE guidance must be clearly recorded or exception reporting (variance) completed.

2. SCOPE

This policy applies to all staff, students and volunteers working within the Trust.

3. POLICY STATEMENT

This policy relates to:

- Identifying which NICE guidelines are relevant to the organisation
- Disseminating relevant guidance to staff whom it applies
- Conducting a gap analysis to identify shortfalls in the pathway and interventions provided by our services
- Identifying gaps in commissioning
- Identifying where any "do nots" are being practiced and eliminating these
- Creating action plans to address shortfalls, including recording decisions about not implementing guidelines
- Evidencing compliance with the above

Appendix 2 contains a flowchart describing the process for the review, dissemination, and the implementation of new guidelines.

4. DUTIES AND RESPONSIBILITIES

Executive Director of Nursing, Allied Health and Social Care Professionals is responsible via the Quality and Patient Safety (QPaS) Group for ensuring that the Trust has effective systems, processes, and procedures in place to monitor NICE compliance.

Deputy Director of Nursing, Allied Health and Social Care Professionals is responsible for:

- Acting as delegated lead for NICE implementation and compliance
- Ensuring the policy is implemented and reviewed.
- Seeking assurance via the AEG in relation to the implementation of NICE Guidance.
- Escalating gaps in assurance to QPaS.

The NICE and Clinical Audit Team reports directly to AEG and is responsible for:

- providing leadership and oversight ensuring NICE priorities are agreed with the divisions and clinical network groups and implemented as relevant to Trust services.
- receiving and reviewing the applicability and compliance responses from the clinical network groups to ensure that all new/updated guidance is reviewed in a timely way by the Trust.
- ensuring a co-ordinated review is undertaken when guidance crosses several service areas, and a lead clinical network is identified to undertake the gap analysis/baseline audit.
- supporting clinical networks in identifying the appropriate level of audit required to identify compliance and/or gaps (i.e. full baseline audit or NICE Compliance Review).
- ensuring that the organisation can report on its current position regarding all relevant guidance and related quality standards.
- identifying any significant “do nots” within the guidance that need to be distributed via a Blue Light alert or included in The Global, escalating these to the Clinical Risk Management Group (CRMG) for approval/sign off.
- monitoring progress against agreed action plans to address gaps in compliance.
- updating the NICE module on InPhase and providing reports for clinical network, divisional and corporate meetings

Clinical Networks are responsible for:

- ensuring appropriate systems are in place for the timely dissemination and review of NICE guidance and that systems and processes are functioning effectively.
- identifying named leads for each piece of relevant guidance and related quality standards and completing the NICE Compliance Review form returning to the CAF within 1 month.
- following the completion of NICE Compliance Review form the clinical network groups will determine if a full baseline assessment is required including recording decisions relating to applicability, assurance, variance, and risk.
- following the completion of NICE Compliance Review form where additional assurance regarding compliance is required a baseline assessment tool should be completed within 3 months of the guidance being published.
- developing action plans to address gaps in provision.
- checking that appropriate financial or commissioning arrangements are in place to deliver services that are compliant with NICE guidelines (Divisions)
- reviewing the monthly action tracker at each meeting and recording updates within the network minutes
- ensuring delivery against the action plans.

Clinical Network Leads are responsible for:

- the clinical network leads will be accountable for ensuring all relevant NICE Guidance is subject to review and that compliance with standards is clearly documented within the network minutes.
- ensuring that NICE guidance is a standing agenda item of the clinical network meeting(s).
- ensuring effective reporting systems are in place to share the reviews undertaken within the clinical networks.
- ensuring that relevant guidance is disseminated to relevant service areas.

Clinicians are responsible for:

- ensuring they discuss the implications of the guidance for their practice with their clinical supervisor and colleagues.
- ensuring they identify the implications of the guidance for their professional development with their clinical supervisor.
- ensuring that if they identify any required changes in their clinical practice (to meet the guidance) that they cannot implement, due to any significant factor, that they give brief details of this as a variance to their team manager/lead who must ensure that issues are fed into their clinical network/team for further action and co-ordination.

The Clinical Audit Facilitator (CAF) is responsible for:

- registering with NICE as the Trust point of contact to receive announcements and updates directly.
- coordinating a review by the NICE Implementation Working Group of all published guidance to establish applicability within Humber Teaching NHS Foundation Trust
- ensuring guidance and related quality standards that are deemed as being applicable are disseminated to the relevant clinical networks for the CNGs to complete a NICE Compliance Review form within 1 month.
- ensuring a copy of the NICE Compliance Review form is held in the V-drive and distribute to staff as required.
- where a clinical network group determines a full baseline assessment is required the CAF will support a nominated person within the clinical network to complete within 3 months of the guidance being issued
- providing a monthly InPhase status report to clinical networks, divisions, and AEG (NICE Summary Status List) detailing the position of clinical networks in relation to the progress with applicability and compliance reviews
- providing a monthly tracker in relation to improvement actions developed in response to identified gaps.
- providing a six-monthly report to AEG and QPaS showing Trust compliance/gaps.
- utilising InPhase to ensure all NICE guidance compliance related activity is recorded and tracked.

5. PROCEDURES

Role of the NICE and Clinical Audit Team

- The Trust has adopted the InPhase software system to record the distribution and monitoring of compliance with NICE. New and updated guidance is automatically entered on to InPhase as it is released.
- On a monthly basis all NICE Guidance and Quality Standards as reported on InPhase will be reviewed by the NICE and clinical audit team.
- The audit team coordinate which guidance and quality standards are applicable to each clinical network.
- The audit team will populate the NICE Compliance Review form with key information and send to the appropriate clinical networks along with the full guidance for the assigned person within the clinical network group to review and complete.
- The CAF (or deputy) will attend all clinical network group meetings to discuss relevant guidance and quality standards.
- Where a clinical network has determined that a full baseline assessment is required the CAF will support an appointed lead from within the network to ensure the timely completion of the baseline assessment template
- The CAF will receive the completed baseline assessment template and NICE report and send to the clinical network group for review and agree the quality improvement action plan.
- The CAF will ensure all baseline assessments and NICE reports and action plans are held on InPhase.
- The CAF will add any quality improvement actions onto InPhase, these actions will be monitored by the clinical network group through to implementation.
- Progress updates from all clinical networks are collated by the CAF who updates InPhase.
- All relevant published guidance will be shared with the Clinical Advisory Group.
- If the clinical audit team consider it appropriate to communicate any “do nots”, these will be escalated through CRMG for inclusion in the Global or released as practice notes.
- NICE reports and Quality Improvement Action plans will be sent by the CAF to NICE Implementation Working Group.

Role of the NICE Applicability and Implementation Working Group

The NICE Applicability and Implementation Working Group is accountable to AEG, and is responsible for:

- Determining which guidance and quality standards are applicable to each clinical network.
- Overseeing the initial review and implementation of NICE guidance.
- Where multiple divisions have determined that a baseline assessment is required the NICE Applicability and Implementation Working Group will coordinate this across the network groups and select an appropriate lead.
- Identifying and monitoring NICE implementation priorities including priority clinical audits.
- Monitoring actions being taken on non-compliance; and escalate significant NICE implementation and compliance concerns to the Trust's AEG, as appropriate.

A monthly **NICE Implementation Working Group meeting** is held to ensure all NICE guidance published during the preceding month is reviewed and included in reports for discussion at relevant clinical network groups. Some items of guidance may be identified for corporate review or wider discussions on applicability, as appropriate.

Role of the Clinical Network

- The clinical network will review any NICE guidance deemed as being relevant to them by the clinical audit team and complete the NICE Compliance Review form returning to the Clinical Audit Facilitator within one month
- The completed NICE Compliance Review form will provide details of applicability and compliance against the guidance and will determine whether a full baseline assessment is to be undertaken by the clinical network
- Due to a high proportion of published NICE guidance being deemed relevant to the primary care network it is acknowledged that the primary care network does not have the capacity to undertake baseline assessments on most of its applicable guidance. The primary care clinical network group will ensure applicable guidance is disseminated to relevant clinicians. This will be tagged on InPhase as 'Applicable and shared for information'. The primary care network will identify any key guidance which requires further review or baseline assessment. See Appendix 3 for the process as agreed by the primary care clinical network group.
- All NICE Compliance Review forms will be discussed at the clinical network group meeting.
- Following a high-level review of the guidance/standard and upon completion of the NICE Compliance Review form, where it has been determined there is an adequate level of assurance against the published guidance, a full baseline assessment may not be required.
- Following a high-level review of the guidance and upon completion of the NICE Compliance Review form where it has determined there is an inadequate level of assurance against published guidance a full baseline assessment is recommended however, the clinical network group may decide not to undertake a full baseline assessment having thoroughly assessed the clinical risk and implications of not doing so which will be recorded in the minutes of the clinical network group meeting.
- Where a full baseline assessment is to be completed this will be completed by the clinical network within 3 months and the completed NICE report and Quality Improvement Action plan will be sent to the CAF.
- NICE report and Quality Improvement Action plans will be reviewed and monitored through to completion by the clinical network

6. MONITORING/GOVERNANCE

Quality Committee

Provides oversight and assurance to the Board in relation to all activities relating to Quality and Patient Safety on behalf of the Trust Board.

Provides assurance to the Trust Board that risks, and governance issues of all types are identified, monitored, and controlled to an acceptable level.

Quality and Patient Safety Group (QPaS)
Oversee the implementation of NICE guidance and ensure sound systems for clinical quality improvement and clinical governance are in place in line with statutory requirements, national policy and guidance.
Provide oversight and support to the AEG subgroup reporting arrangements to maximise trust wide compliance with national guidance and quality standards and agree actions and responsibilities to address shortcomings.
Consider areas of significant clinical risk to the achievement of the Trust objectives in relation to clinical quality improvement and patient safety.
Advise on the robustness of mitigation plans and oversee the implementation, escalating risks as appropriate to the Quality Committee

Audit and Effectiveness Group (AEG)
Provides leadership and is responsible for ensuring NICE implementation priorities are agreed and implemented as relevant to Trust services.
To monitor compliance with NICE guidelines and quality standards, reporting compliance levels and action to be taken for non-compliance and gaps in assurance and report to the Quality and Patient Safety Group.

Drugs and Therapeutics Group (DTG)
Drug and Therapeutics Group approves and monitors action plans to achieve medicine-related standards issued by NICE

Divisional Governance Groups
The divisional governance meetings will have oversight of compliance against relevant NICE guidance seeking assurance from the clinical network groups within their division
The division will identify key priorities within their division

Risks associated with gaps/variance from guidance in priority areas should be entered on the relevant divisional risk registers

7. Process for meeting NICE guidance where significant variance is identified following clinical network review

Where a baseline assessment demonstrates that the service is currently not in line with NICE guidance the following should be considered as part of a programme of quality improvement, which should be articulated within the divisional quality improvement plans.

Presentation to the clinical network and senior management team of the division to identify:

a) Gaps in services and identification of mitigation for meeting current deficits
b) Potential risks to patients, service, organisation with consideration for escalation onto risk register and engagement with commissioners on the priority areas for improvement
c) Prioritise the level for quality improvement for the relevant NICE guideline – consider quality improvement project team related to specific NICE guidance. It must be acknowledged that the development and implementation of NICE guidance may take considerable time depending on the degree of variance. Prioritisation may be required where there are considerable developments required on several NICE guidelines.

8. EQUALITY AND DIVERSITY

An equality impact assessment has been undertaken for this policy. There are no identified equality or diversity issues identified with regard to this policy.

9. IMPLEMENTATION

This policy will be disseminated by the method described in the Document Control Policy.

The leads for implementation of this policy will be the deputy director of nursing in collaboration with the clinical networks, including clinical specialists and medics.

10. MONITORING AND AUDIT

This policy will be monitored via reports to QPaS.

11. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

NICE Into practice guide 2015

12. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

- Patient and Carer Experience Strategy 2018-2023
- Clinical Audit and Service Evaluation Policy and Procedure

Appendix 1: Types of NICE Guidance

NICE's 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 information services for commissioners, practitioners, and managers across the spectrum of health and social care.

NICE guidance takes several forms:

NICE guidelines (NGs), formerly CGs, 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 (TAs) 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.

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.

Quality Outcomes Framework (QOF) NICE undertakes the development of an annual menu of potential indicators for inclusion in the clinical component of the QOF, the quality element of the contract the NHS has with general practitioners. They also recommend whether existing indicators should continue or be retired.

Appendix 2: NICE Process timeline

Week 1

NICE publications are loaded automatically onto InPhase when published

Weeks 1-4

- NICE publications reviewed by the NICE Implementation Working Group to determine applicability
- The audit team to identify any 'do nots' and communicate to staff through blue light alert or practice note
- Relevant guidance to be shared through the Clinical Advisory Group for information only.
- The audit team will populate the NICE Compliance Review form with key information and send to the appropriate clinical networks along with the full guidance for completion within the following four weeks.
- NICE Compliance Review forms will be returned to the Clinical Audit Facilitator (CAF)

Weeks 4-8

- The Trust NICE Status report is discussed at each clinical network group
- Upon receipt, the NICE Compliance Review forms will be sent by the CAF to the relevant clinical network group for review
- Clinical Network Groups will determine if full baseline assessment is required based on level the of assurance, compliance and risk
- The Clinical Network Groups will allocate a lead reviewer to complete the baseline assessment template and NICE report
- The CAF will provide support to the lead reviewer

Weeks 4-16

The identified lead with the support of the CAF will complete the baseline assessment template and NICE report within three months of the guidance being published:

- Identifying any gaps
- Confirming actions needed in order to ensure compliance with "do nots"
- Where services do not comply, to describing what the current pathway is
- Making recommendation for any areas that need to be addressed

The NICE report and recommendations will be submitted to the clinical network for review and development of any quality improvement actions.

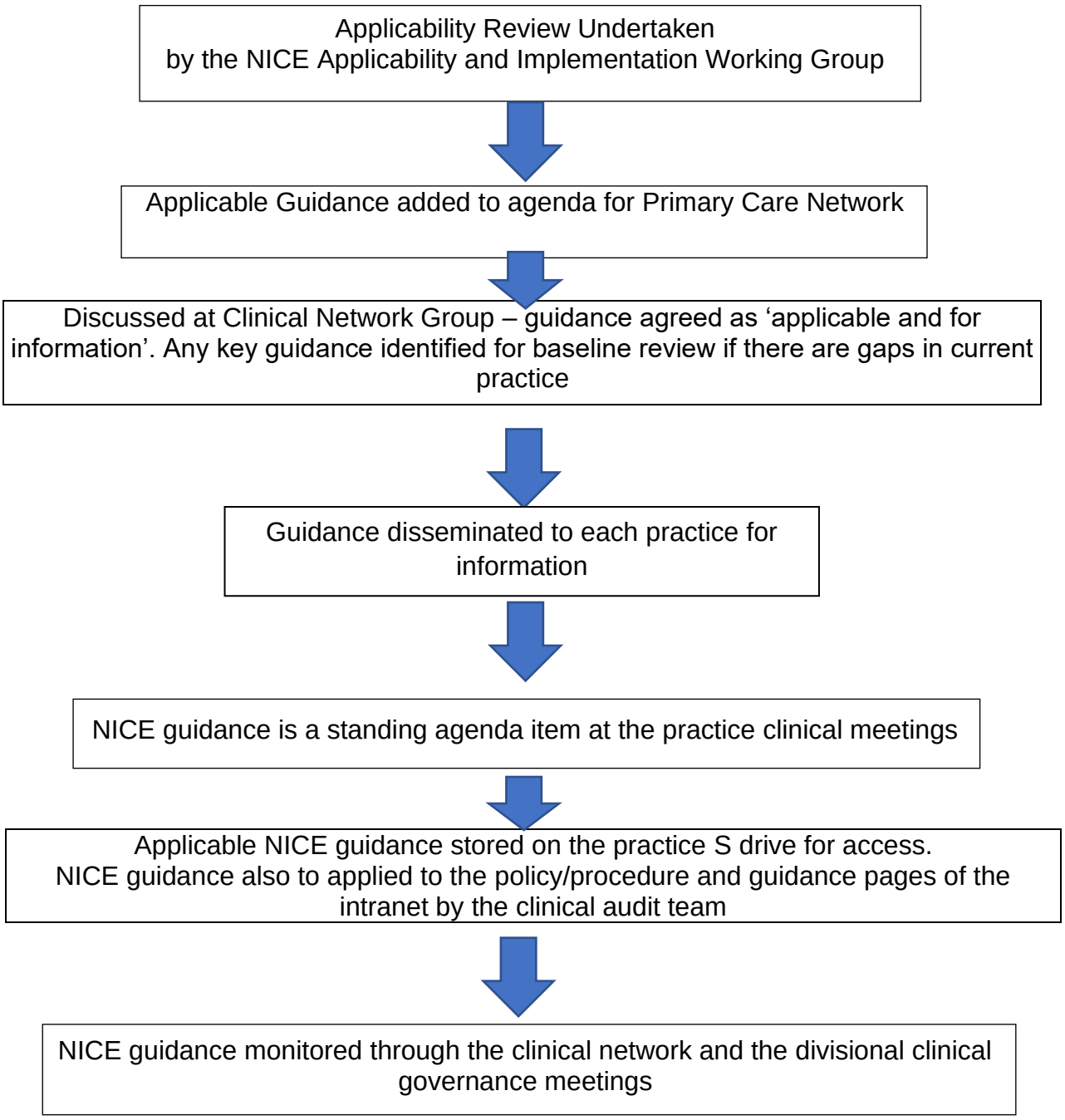
By Week 16

The CAF will submit the NICE status report and action plan to NICE Implementation Working Group

Progress with quality improvement action plans is monitored by the divisions and discussed by NICE Implementation Working Group who will report NICE implementation and compliance concerns into AEG which in turn reports to QPaS.

Copies of any templates or reports or support and advice can be obtained by emailing hnf-tr.niceguidance@nhs.net

Appendix 3: Process for monitoring NICE guidance in Primary Care



Appendix 4: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	NICE Implementation Policy (N-026)		
Document Purpose	This policy relates to: • Identifying which NICE guidelines are relevant to the organisation • Disseminating relevant guidance to staff whom it applies • Conducting a gap analysis to identify shortfalls in the pathway and interventions provided by our services • Identifying gaps in commissioning • Identifying where any "do nots" are being practiced and eliminating these • Creating action plans to address shortfalls, including recording decisions about not implementing guidelines • Evidencing compliance with the above		
Consultation/Peer Review:	Date:	Group / Individual	
List in right hand columns consultation groups and dates	Feb-2023	QPaS	
	May-2024	QPaS	
Approving Committee:	Quality Committee	Date of Approval:	March 2021
Ratified at:	Trust Board	Date of Ratification:	April 2021
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*	Training is offered as part of current programme	Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [✓]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	*Describe implementation plans below*		
	This policy will be disseminated by the method described in the Policy for the Production, Approval and Review of Policies. The leads for implementation of this policy will be the deputy director of nursing in collaboration with the clinical networks, including clinical specialists and medics.		
Monitoring and Compliance:	The policy will be monitored via reports to QPaS		

Document Change History:			
Version Number / Name of procedural document this supersedes	*Type of Change i.e. Review / Legislation*	*Date*	*Details of Change and approving group or Executive Lead (if done outside of the formal revision process)*
3.01	*Review*	*3/08/2011*	*Minor revisions*
3.02	*Review*	*6/8/2012*	*Minor revisions – Changes in job titles due to service redesign*
3.03	*Review*	*3/12/2012*	*Minor amendments following NHSLA assessors visit to 5.1 and 5.3*

4.00	*Review*	*5/07/2016*	*Reviewed with major changes*
5.00	*Review*	*10/09/16*	*Reviewed by new lead with major changes*
6.00	*Review*	*11/10/16*	*Further revisions and inclusion of appendices*
6.00	*Review*	*03/11/2016*	*Further revisions following changes to NICE process, use of HealthAssure and proposed dissolving of Clinical Audit and Effectiveness Committee*
6.01	*Review*	*8/11/2016*	*Addition of flowchart and minor amendments*
6.02	*Review*	*22/11/2016*	*Minor amendment following discussion at NCAR on 16 November*
6.03	*Review*	*23/12/2016*	*Minor amendments following discussion at QPaS on 6 December*
6.04	*Review*	*17/03/2017*	*Amendment due to needing a more robust response outlining action to be taken when NICE guidance not being adhered to*
7.00	*Review*	*Dec-18*	*Section on gap analysis removed and other minor amendments.*
8.00	*Review*	*March 2021*	• *Policy updated in line with new meeting structure and procedure:* • *NCAR replaced by Audit Team* • *QPaS replaced by Audit and Effectiveness Group* □ *Minor amendment to responsibilities for:* • *Director of Nursing, Allied Health and Social Care Professionals* • *The Clinical audit team* • *Clinical Audit Facilitator* • *Clinical Networks* • *Clinical Network Leads* • *Clinicians* • *Major amendment to Procedures – terminology and process updated* • *Minor amendment to Appendix 2: NICE Process timeline wording* • *Addition of hyperlinks to updated NICE compliance Review Form and updated NICE report template.*
8.01	*Review*	*July 2021*	*Minor amendments* *Process for Primary Care added in section 5.2 and appendix 3*

8.02	*Review*	*March 2023*	*Minor changes including update of author and:-*
			• *Amendments to section 4, 5, 6 and Appendix 2 – as per action plan recommendation following Internal Audit on NICE Implementation*
			  • *Responsibilities of Trust Board specified*
			  • *Role of NICE Implementation Working Group added*
			  • *Role of the NICE and Clinical Audit Team Applicability Review meeting specified*
			• *Introduction to policy amended to include additional information regarding applying NICE guidance to practice (section 1)*
			• *Next review brought forward from July 2024 to January 2024 due to planned changes to My Assurance/Health Assure system (contract end date 31.03.23) and other updates required to roles and procedure/processes*
			• *Additional amendments to roles and responsibilities and monitoring and governance sections as requested by QPaS in February and the addition of the NICE Implementation Working Group and DTG.*
			• *Removal of reference to project teams.*

8.03	*Review*	*May 2024*	*Minor changes*
			  • *Replacing all references of HealthAssure to InPhase.*
			  • *Updated in line with new applicability review process now being completed by the NICE Implementation Working Group, not the audit team.*
			  • *Addition of the NICE Implementation Working Group to select the lead when multi-divisional baseline assessment require completion.*
			Approved at QPaS (16 May 2024).

Appendix 5: Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **NICE Implementation Policy**
2. EIA Reviewer (name, job title, base and contact details): **Colette Conway, Interim Deputy Director of Nursing, Allied Health and Social Care Professionals**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or other? **Policy**

Main Aims of the Document, Process or Service To set out the Trust's policy for identification, distribution and compliance with relevant NICE guidance.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender Reassignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	**Low**	This is a non-clinical policy and is restricted to implementation of national guidance
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (including cancer, HIV, multiple sclerosis)	**Low**	This is a non-clinical policy and is restricted to implementation of national guidance
Sex	Men/Male Women/Female	**Low**	This is a non-clinical policy and is restricted to implementation of national guidance
Marriage/Civil Partnership		**Low**	This is a non-clinical policy and is restricted to implementation of national guidance
Pregnancy/ Maternity		**Low**	This is a non-clinical policy and is restricted to implementation of national guidance
Race	Colour Nationality Ethnic/national origins	**Low**	This is a non-clinical policy and is restricted to implementation of national guidance

Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	**Low**	This is a non-clinical policy and is restricted to implementation of national guidance
Sexual Orientation	Lesbian Gay Men Bisexual	**Low**	This is a non-clinical policy and is restricted to implementation of national guidance
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	**Low**	This is a non-clinical policy and is restricted to implementation of national guidance

Summary

Please describe the main points/actions arising from your assessment that supports your decision above. This is a non-clinical policy and is restricted to implementation of national guidance.	
EIA Reviewer: Samantha Faine, Clinical Competency Programme Manager	
Date completed: **May 2024**	Signature: **S Faine**