



Policy for the Management and Implementation of Best Practice Guidance

National Institute for Clinical Excellence (NICE)

Joint Royal Colleges Ambulance Liaison Committee (JRCALC)

National Confidential Enquiries

National Service Frameworks (NSFs)

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Initiated by	Date	Author (s)
NHSLA requirement	17 June 2009	Associate Director Clinical Quality

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Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
0.1	August 2009	Updated from a Clinical Standard Operating Procedure by the AD Clinical Quality
1.0	September 2009	Approved by Integrated Governance Committee, ratified by Trust Board and distributed
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3.2	June 2024	Submitted to Clinical Best Practice Group for approval

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Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
4.0	July 2024	Approved by Compliance & Risk Group

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Recommended at Date	Clinical Best Practice Group June 2024
Approved at Date	Compliance and Risk Group July 2024
Valid Until Date	11 September 2026
Equality Analysis	Completed
Linked procedural documents	
Dissemination requirements	All staff via email, intranet and through Line Managers for staff who do not have access to IT
Part of Trust's publication scheme	No

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior

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managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

The East of England Ambulance Service NHS Trust (EEAST) recognises the importance of developing the safety culture within the Trust and places patient safety and clinical quality at the forefront of all its work. The trust is committed to delivering high standards of clinical quality and patient care to improve patient satisfaction and the patient experience.

The Trust is committed to continuing to work closely with its patients, staff, volunteers, commissioners and other key stakeholders to ensure it has the capacity and capability to respond positively to the growing expectations and rising needs of its patient population. To achieve this the Trust has implemented this policy to ensure that there is a process to respond effectively to NICE, JRCALC, National Confidential Enquiries and National Service Frameworks which will provide the best possible clinical care based on the best available evidence in the most cost-effective manner.

Good clinical practice if properly developed, disseminated, and implemented will improve the healthcare of the patient population as a whole and will support clinicians in doing their best for individual patients. For the purpose of this policy good practice guidance can be described as advice received that informs practice and is based upon best available evidence at that time. This policy relates only to clinical practice within the Trust and supports compliance to meet the standards set by the Care Quality Commission and the NHS Litigation Authority.

The process will be delivered within the Trust's quality governance framework (see Appendix A) to provide the necessary assurances to the Trust Board.

2. Purpose

This policy describes the systematic approach required to ensure that best practice guidance is embedded into clinical practice. It states how the recommendations will be actioned and how progress will be monitored. It describes how the policy links to the Trust's risk management strategy, policy and risk registers to ensure all clinical risks are managed and mitigated when introducing new and/or changes to clinical practice

3. Scope

This policy is relevant to all clinical staff within the Trust.

4 Definitions

For the purpose of this policy the following best practice guidance will be:

High Level Reports or Enquiries

High level reports or enquiries are less easy to define, and will largely be established in connection with high profile cases such as the Alder Hey Tissue Retention Enquiry, the Laming Enquiry (following the death of Victoria Climbié) the enquiry into the care provided by Mid Staffordshire NHS Foundation Trust, which result in national recommendations for standards of performance.

Joint Royal Colleges Ambulance Liaison Committee (JRCALC)

JRCALC clinical practice guidelines set the standard of care for ambulance practice in the UK. The guidelines cover the full range of Paramedic treatments.

JRCALC guidelines have no legal status but are evidence of what constitutes responsible clinical practice. Any departure from usual clinical practice may be authorised via through the clinical advice line. All calls and advice given are recorded and monitored by the Medical Directorate.

National Confidential Enquiries

There are three National Confidential Enquiry agencies which investigate issues into different care settings and which provide evidence and recommendations of action to be taken to improve clinical care. The Trust by monitoring the work of these agencies will learn about weaknesses and failings in services which will support it in undertaking a gap analysis to implement measures to prevent similar mistakes being made within the organisation. The agencies work independently of the Department of Health but are part funded by the National Patient Safety Agency (NPSA).

Confidential Enquiry into Maternal and Child Health (CEMACH)

CEMACH aims to improve the health of mothers, babies and children by carrying out confidential enquiries on a nationwide basis and by widely disseminating findings and recommendations. CEMACH is divided into two sub-programmes: the maternal and peri-natal enquiry and the child health enquiry.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

The purpose of NCEPOD is to support, maintain and improve standards of medical and surgical care for the benefit of the public by: reviewing the management of patients; undertaking confidential surveys and research; by maintaining and improving the quality of patient care; and

by publishing and generally making available the results of such activities.

National Confidential Enquiry into Suicides and Homicides (NCISH)

NCISH examines all incidences of suicides and homicides by people in contact with mental health services in the United Kingdom and sudden deaths in psychiatric care, with the purpose of improving mental health services and helping to reduce the risk of these tragedies happening again in the future.

National Institute for Health and Clinical Excellence (NICE)

NICE was established and is an independent organisation responsible to provide national guidance on the promotion of good health and the prevention of ill health

www.nice.org.uk

NICE guidance is integral to a standards-based healthcare system and it issues four types of guidance: **clinical guidelines, interventional procedures, NICE quality standards, public health guidance and technology appraisals:**

Clinical guidelines

Clinical guidelines recommend appropriate care and treatment of people with specific diseases and conditions. They are based on the best evidence available, taking account of clinical and cost-effectiveness.

Interventional procedures

NICE makes recommendations as to whether a procedure used for diagnosis or treatment is safe enough and works well enough to be used routinely. An interventional procedure is a procedure for diagnosis or treatment that involves making an incision to gain access to the inside of a

patient's body or using electromagnetic radiation. An example is electrosurgery (diathermy and coblation) for tonsillectomy, where NICE cautions against excessive use of diathermy and highlights the importance of appropriate training for clinicians and audit of the techniques. As an Ambulance Trust it is unlikely that interventional procedures will be relevant for the range of services provided.

NICE quality standards

NICE quality standards are a set of specific, concise statements that act as markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with the NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

Public health guidance

The NICE Centre for Public Health Excellence develops guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities, the wider public and voluntary sector. There are two types of public health guidance: Interventional guidance provides recommendations on activities provided by organisations to help to promote or maintain healthy lifestyles; for example, exercise promotion. Programme guidance deals with broader activities for the promotion of good health and prevention of ill health; for example, mental health promotion or strategies to give up smoking.

Technology appraisals

Technology appraisals provide guidance on the use of new and existing technologies including drugs, medical devices and procedures. They consider the clinical and cost-effectiveness of the technologies. The Trust is responsible for taking whatever steps are necessary to promote the uptake of recommendations.

National Service Frameworks (NSFs)

National Service Frameworks are long term strategies which set national healthcare standards, identify key interventions and set agreed timescales for implementation. They are designed to improve the quality of health services and ensure that the same level of care is provided to all patients. The two main purposes of the NSFs are: setting clear quality requirements for care based on the best available evidence, and publishing strategies and support to assist NHS Trusts achieve these standards. One of their main strengths is that they are inclusive, having been developed in partnership with health professionals, patients, carers, health service managers, voluntary agencies and other experts. At present there are NSFs covering the following areas:

- Cancer
- Child Health and Maternity
- Chronic Obstructive Pulmonary Disease
- Coronary Heart Disease
- Diabetes
- Long Term Conditions
- Mental Health Strategy
- Older People
- Renal Services
- Stroke.

5 Duties

5.1 Trust Board

In line with the National Leadership Council's Principles as defined within The Healthy NHS Board Principles for Good Governance (February 2010) the Trust Board will provide effective leadership in formulating the strategy for the Trust.

5.2 Chief Executive

The Chief Executive has overall accountability for maintaining internal control and for meeting all statutory and regulatory requirements and adhering to guidance and publications incorporating best practice guidance from a variety of sources.

5.3 Medical Director

The Medical Director has overall accountability for setting the clinical standards within the Trust and is responsible for developing systems across the Trust to ensure that clinical practice is safe at all times and meets the diverse needs of the patient population. The standards of care delivered to patients will be monitored by the Medical Director

5.4 Chief Paramedic and Director of Quality

The Chief Paramedic and Director of Quality provides visible and effective leadership across the Trust to ensure the delivery of clinical services meet all performance standards, regulatory requirements, best practice and professional development requirements. The Chief Executive has devolved accountability to lead on the reporting requirements for the Care Quality Commission Standards, NHS Litigation Authority Standards and other standards which are part of the Trust's operational and legislative requirements to this post holder.

Specifically the Chief Paramedic and Director of Quality is the lead Executive Director accountable for managing the National Confidential Enquiries and other high level enquiry reports received by the Trust.

5.5 Compliance and Risk Group (CRG)

The CRG will receive regular reports from the Clinical Best Practice Group (CBPG) outlining the trust response, trends and themes associated with agreed metrics.

5.6 Clinical Best Practice Group (CBPG)

The Clinical Best Practice Group (CBPG) has delegated responsibility from the Compliance and Risk Group to monitor and evaluate external guidance to inform clinical development agenda (e.g. NICE, JRCALC, National Confidential Enquiries and NSFs). The Group will ensure an organisational gap analysis takes place when best practice guidance is issued and received by the Trust; Any risks identified during the course of conducting the gap analysis or implementing the action plan are escalated to the appropriate risk register which will be monitor by the Trust's Risk Management Group

6. Process for Identifying Relevant Documents (including horizon scanning)

Best Practice Guidance is received into the Trust via a number of routes. These routes therefore ensure that the Trust can be alerted to the arrival of any new report.

Resources that may help identifying relevant documents are:

- www.nice.org.uk
- www.3e.co.uk
- www.dh.gov.uk
- www.cemach.org.uk
- www.cas.dh.gov.uk
- www.dmrc@MHRA.gsi.gov.uk
- www.jrcalc.org.uk

7. Process for Disseminating Relevant Documents

The Chief Executive will disseminate best practice guidance documents to the relevant lead Executive Directors. NICE, JRCALC and National Framework documents will be passed to the Medical Director who will pass them on to the Deputy Clinical Director. National Confidential Enquiries and reports of high level enquiries will be passed to the Chief Paramedic and Director of Quality , who will appoint a responsible lead to consider the relevance of the document for the Trust and to take the appropriate action through the Trust's Quality Governance Framework (Committee and Groups which are described above). In all occasions this will be communicated through discussion with the nominated lead and followed up with an email.

8. Monitoring Compliance with the Document

The Chief Paramedic and Director of Quality will monitor the implementation of this policy including the minimum requirements of the NHSLA Risk Management Standards and will provide assurance to the Compliance and Risk Group through an annual report. If on-going monitoring identifies an adverse trend an exception report will be submitted at the next scheduled meeting.

9. References

National Quality Board: NICE Quality Standards. (2010)

The NHS Constitution: *The NHS belongs to us all.* (2010)

The National Institute for Health and Clinical Excellence (NICE) website provides the full list of NICE guidance, quick reference guides, resources to support implementation, and further information: www.nice.org.uk.

How to put NICE guidance into practice: A guide to implementation for organisations. (2008)

Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Pre-Hospital Clinical Practice Guidelines (2006)
www.jrcalc.org.uk

The Equality Act (2010)

Confidential Enquiry into Maternal and Child Health (CEMACH). London: RCOG Press. www.cemach.org.uk
Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI), London: RCOG Press. www.cemach.org.uk
NCEPOD, encompassing both the Report of the National Confidential Enquiry into Patient Outcome and Death and the former Report of the National Confidential Enquiry into Perioperative Death. London. NCEPOD. www.ncepod.org.uk

National Health Service Frameworks. London. Department of Health. www.dh.gov.uk

Bristol Royal Infirmary Enquiry (2001). *Learning from Bristol. The report of the Public Inquiry into children's heart surgery*

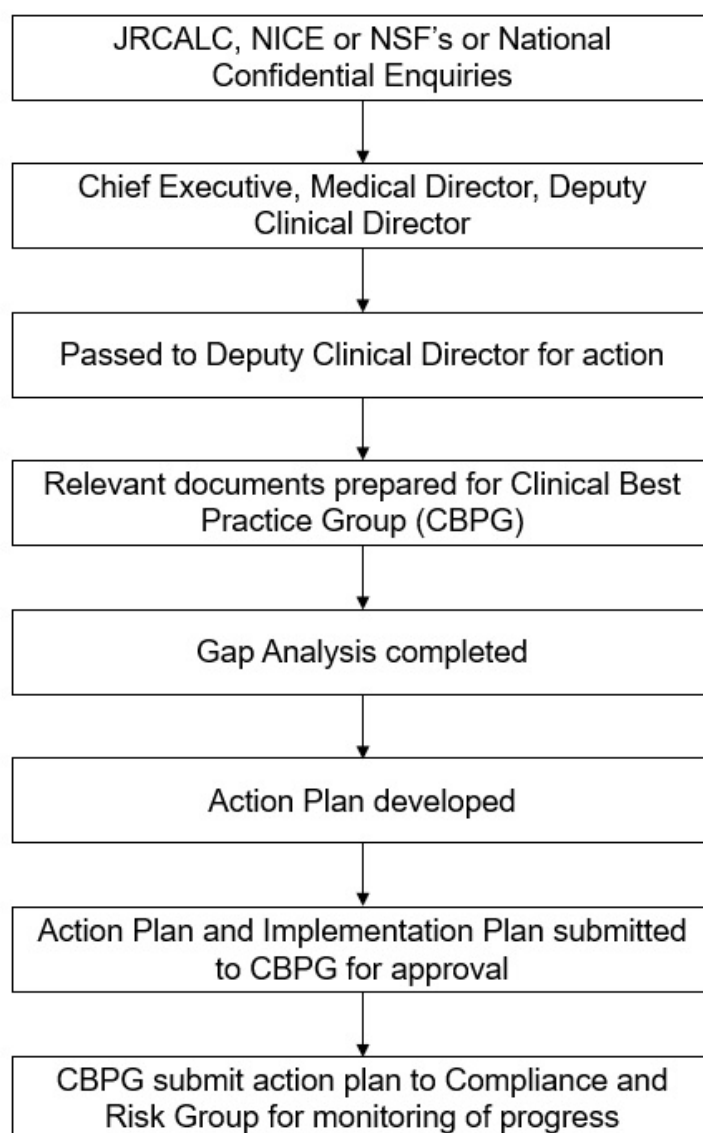
at Bristol Royal Infirmary 1984 – 1995. London. The Stationery Office. www.bristol-inquiry.org.uk

Laming (2003). *The Victoria Climbié Inquiry Report*. London. The Stationery Office. www.victoria-climbié-inquiry.org.uk

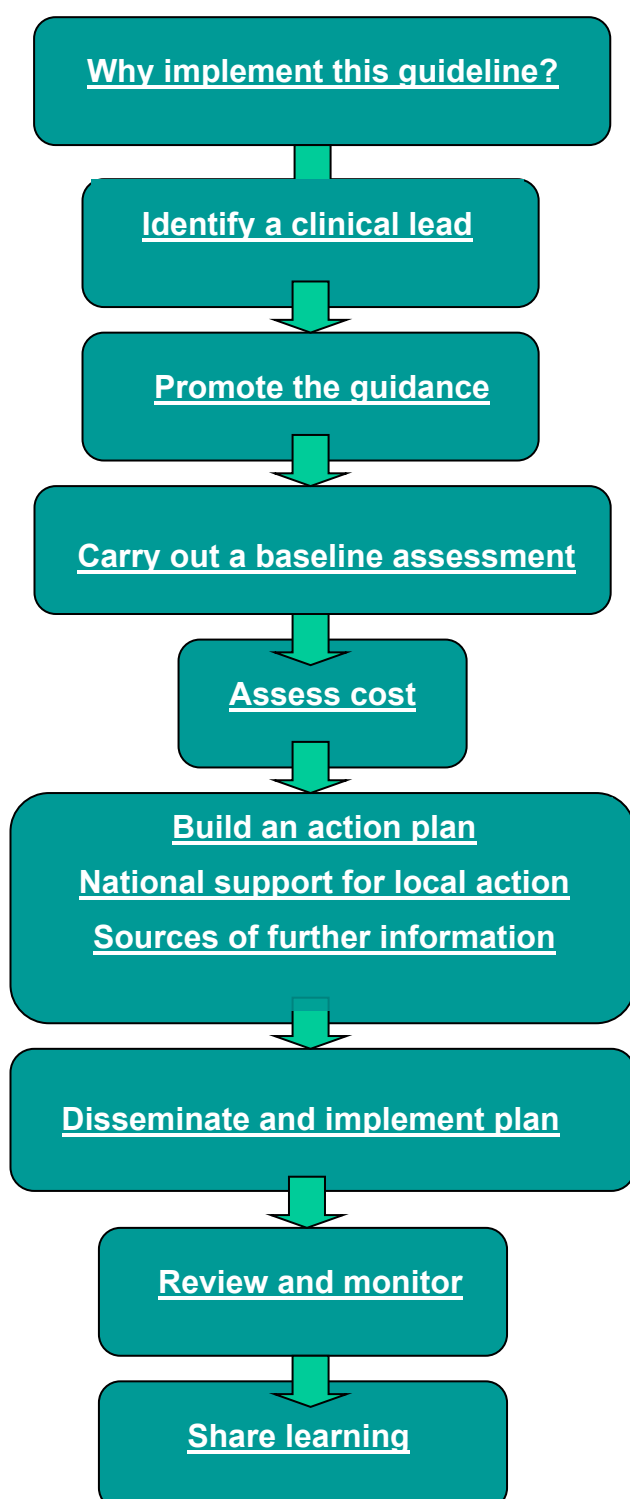
The Shipman Enquiry (2004). *Fifth report – Safeguarding patients: Lessons from the past – proposals for the future*. London. The Stationery Office. www.the-shipman-inquiry.org.uk

Francis Roberts Enquiry into Mid-Staffordshire Foundation Trust. www.midstaffsinquiry.com

Appendix A: Process Flow Chart for Managing the Dissemination, Implementation and Monitoring of NICE Guidance



Appendix B: Nice Tool to complete Gap Analysis



Appendix C: Template for an Action Plan Following an Organisational Gap Analysis

Recommendation <i>(detail all recommendations from the guidance)</i>	Compliance (Yes/No/Partial)	Action Required	Responsibility and Timescales	Monitoring Arrangements	Date Action Completed

Appendix D: External Clinical Guidance Impact Assessment

This form is to be completed by clinicians who are reviewing external clinical guidance to inform the development of practice. The form should be submitted to a member of the Clinical Development and Effectiveness Group once complete.

Guidance Title:

Author:

Publication Date:

Summary of guidance (200 words):

Key recommendations relevant to ambulance service care with rationale and assessment of what we are already doing:

Recommendation	Ref Number / Page Number	Relevant to ambulance clinical practice (Yes / No)	Rationale for decision	Is this already current practice?

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For areas where you have identified that a change in practice is required please enter information below:

Development Required

Area requiring development / Recommendation	Development required (including where possible resource implications)	Priority

Form Completed by:

Date Completed:

EXAMPLE: External Clinical Guidance Impact Assessment

This form is to be completed by clinicians who are reviewing external clinical guidance to inform the development of practice. The form should be submitted to a member of the Clinical Development and Effectiveness Group once complete.

Guidance Title: Preventing unintentional injuries among under-15s (quick reference guide)

Author: National Institute for Health and Clinical Excellence

Publication Date: November 2010

Summary of guidance (200 words):

This guidance is a summary of three NICE guidance documents:

- Strategies to prevent unintentional injuries among under-15s
- Preventing unintentional injuries among under-15s in the home
- Preventing unintentional injuries among under-15s: road design

Key recommendations relevant to ambulance service care with rationale and assessment of what we are already doing:

Recommendation	Ref Number / Page Number	Relevant to ambulance clinical practice (Yes / No)	Rationale for decision	Is this already current practice?
Establish a national injuries surveillance resource	7 / pg. 9	Yes	We will be required to contribute information	Yes - safeguarding register

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			n to the surveillance.	already established.
Developing policies for public outdoor play and leisure	12 / pg. 19	No	We have no play areas for under 15s	

For areas where you have identified that a change in practice is required please enter information below:

Development Required

Area requiring development / Recommendation	Development required (including where possible resource implications)	Priority
Establish a national injuries surveillance resource (Recommendation 7)	<ul style="list-style-type: none"> Confirm with surveillance centre what information they require for the ambulance service (safeguarding lead) Ensure system in place to pass information (may require IT investment) 	Medium

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	<ul style="list-style-type: none">• Write clinical information to staff to ensure consistent collection of data	

Form Completed by:

Date Completed:

Appendix E: Equality Impact Assessment

EIA Cover Sheet																			
Name of process/policy	Best Practice Policy																		
Is the process new or existing? If existing, state policy reference number	Existing POL125																		
Person responsible for process/policy	Paul Gates																		
Directorate and department/section	Clinical																		
Name of assessment lead or EIA assessment team members	Paul Gates																		
Has consultation taken place? Was consultation internal or external? (please state below):	Clinical leads consulted and been involved in the update of this policy																		
The assessment is being made on:	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td>✓</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td colspan="2">Other (please state)</td> </tr> <tr> <td colspan="2">Training programme.</td> </tr> </tbody> </table>	Guidelines		Written policy involving staff and patients	✓	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state)		Training programme.	
Guidelines																			
Written policy involving staff and patients	✓																		
Strategy																			
Changes in practice																			
Department changes																			
Project plan																			
Action plan																			
Other (please state)																			
Training programme.																			

Equality Analysis																					
<p>What is the aim of the policy/procedure/practice/event?</p> <p>To ensure a consistent approach to monitoring and introducing best clinical practice</p>																					
<p>Who does the policy/procedure/practice/event impact on?</p> <table border="0"> <tr> <td>Race</td> <td><input type="checkbox"/></td> <td>Religion/belief</td> <td><input type="checkbox"/></td> <td>Marriage/Civil Partnership</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender</td> <td><input type="checkbox"/></td> <td>Disability</td> <td><input type="checkbox"/></td> <td>Sexual orientation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Age</td> <td><input type="checkbox"/></td> <td>Gender re-assignment</td> <td><input type="checkbox"/></td> <td>Pregnancy/maternity</td> <td><input type="checkbox"/></td> </tr> </table>				Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>	Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input type="checkbox"/>
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Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input type="checkbox"/>																
<p>Who is responsible for monitoring the policy/procedure/practice/event?</p> <p>Deputy Clinical Director</p>																					
<p>What information is currently available on the impact of this policy/procedure/practice/event?</p> <p>Previous version of the policy</p>																					
<p>Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? Yes/No</p> <p>No</p>																					
<p>Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples: No</p>																					

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Race <input type="checkbox"/>	Religion/belief <input type="checkbox"/>	Marriage/Civil Partnership <input type="checkbox"/>
Gender <input type="checkbox"/>	Disability <input type="checkbox"/>	Sexual orientation <input type="checkbox"/>
Age <input type="checkbox"/>	Gender re-assignment <input type="checkbox"/>	Pregnancy/maternity <input type="checkbox"/>
Please provide evidence:		
Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples: No		
Race <input type="checkbox"/>	Religion/belief <input type="checkbox"/>	Marriage/Civil Partnership <input type="checkbox"/>
Gender <input type="checkbox"/>	Disability <input type="checkbox"/>	Sexual orientation <input type="checkbox"/>
Age <input type="checkbox"/>	Gender re-assignment <input type="checkbox"/>	Pregnancy/maternity <input type="checkbox"/>
Please provide evidence:		
Action Plan/Plans - SMART		
Specific		
Measurable		
Achievable		
Relevant		
Time Limited		

Evaluation Monitoring Plan/how will this be monitored?

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Who

How

By

Reported to

Appendix F: Process for Conducting an Organisational Gap Analysis

The responsible clinical lead and/or working group will assess the extent of the Trust's compliance with each of the recommendations made in the report and determine the actions required.

The types of issues that might be considered are:

Service Issues

- Will major changes in practice be required?
- Will protocols need to be updated?
- What patient/public involvement issues apply?

Resource Issues

- Will there be capacity or resource issues associated with the required changes?
- Will there be additional costs, both in terms of implementation and for future practice?
- Will a business case or PID be needed to ensure that potential costs are approved and built into next year budgets and service planning?

Workforce Issues

- Will there be any workforce implications?
- Will there be any training needs for staff?
- Will staff be receptive to the required changes?

Risk

- Are there any potential risks to implementation?
- Are there any reasons not to implement recommended practice?
- Are there any risks identified, which need to be entered onto the relevant risk register

Management Issues

What might some of the barriers be to implementation?

Where does implementation fit in relation to other priorities?

Can the recommendations be implemented in appropriate/required timescales?

Should any information be made available to the public?

Following the gap analysis, the outcome must be formally recorded on the template for an Action Plan following an Organisational Gap Analysis (Appendix D). In some cases, however, the responsible clinical lead and/or working group may need to produce a more detailed action plan.

A record of progress against the action plan must be clearly documented and securely retained. The action plan in respect of NCEPOD recommendations should be submitted to the Clinical Safety Group and the Deputy Clinical Director

and Improvement so that it can be monitored at the CSG Group and also referred to in the Trust's Quality Account.

To complete the gap analysis the Trust suggests that it should utilise the NICE support tools which will provide the necessary direction by using a step by step approach to identify any gaps. One of the NICE support tools to complete the gap analysis can be viewed in Appendix C

Appendix G: Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Changes in Practice due to Policy updates.	Clinical Best Practice Group	Group will monitor new best practice documents and review how they are implemented to Trust clinical practice as required.	Every two months	Minutes and relevant tables.	Picked up by Clinical Best Practice Group and reported via minutes.	Appropriate changes to JRCAL plus app or Trust clinical manual.	Shared by Clinical Information notification and via JRCALC app, Practice Plus app and Clinical Manual.