



Implementation of New Guidelines Policy

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1 Statement of Aims and Objectives

- 1.1 South East Coast Ambulance (SECAMB) Service NHS Foundation Trust (the Trust) must ensure all its practices meet the relevant clinical standards and comply with relevant clinical guidelines and legislation.
- 1.2 This policy outlines the Trust's response to the publication of clinical guidance from the National Institute for Health and Care Excellence (NICE) [Published guidance, NICE advice and quality standards | Guidance | NICE](#) and the Joint Royal College Ambulance Liaison Committee (JRCALC) clinical guidelines [Guidelines | \(jrcalc.org.uk\)](#) and is supported by the Trust's Procedure for the Implementation of New Clinical Guidelines. [Implementation of New Clinical Guidelines \(Procedure for\) V4.00.docx \(sharepoint.com\)](#)
- 1.3 The aims and objectives of this policy are:
 - To ensure Trust staff use the best available evidence to inform their clinical practice and the care and treatment they provide to patients.
 - To define the Trust process for responding to all NICE clinical guidance and JRCALC clinical guidelines.
 - To ensure that Central Alerting System (CAS) reports are acknowledged and changes made to clinical practice as a result are recorded.

2 Definitions

- 2.1. NICE clinical guidelines are the product of collaboration between many expert groups and individuals. All of whom share a common objective to use the best available evidence to discover the right treatments and care relevant to all patients, clinicians and Trust employees.
- 2.2. JRCALC guidelines are based on best practice from the Royal Colleges, NICE etc. and signed off by the National Ambulance Services Medical Directors group (NASMED).
- 2.3. This policy will ensure the Trust's compliance with relevant clinical guidelines and ensure robust processes to recognise and manage the risks associated with any non-compliance by the Trust.
- 2.4. The policy will support the Trust's ability to conduct appropriate gap analyses to inform and influence potential changes in clinical practice.
- 2.5. A supporting procedure will facilitate clinical staff to contribute to methods of implementing changes in clinical practice and ensure there are robust ways to manage the receipt, dissemination and implementation of new clinical practice.



- 2.6. This policy has been developed using members of the Professional Practice, Guidelines and Pathways Sub Group (PPGPSG) comprised of staff drawn from various Directorates of the Trust.

3 Responsibilities

- 3.1. The **Chief Executive Officer** retains overall responsibility for this policy.
- 3.2. The **Executive Medical Director** is the Board Level Executive responsible for implementation and monitoring against new clinical guidelines.
- 3.3. This responsibility will be delegated to the **Consultant Paramedics** in the Medical Directorate to oversee on a day to day basis.
- 3.4. **Each clinical member of staff** has a responsibility to keep up to date with relevant clinical guidelines and changes in practice.
- 3.5. **All Trust staff** have a responsibility to be aware of and comply with relevant guidance for NHS employees.
- 3.6. The **Research Manager** and **Health & Safety Manager** receive external guidance into the Trust and disseminate to the relevant teams for information.
- 3.7. The **Head of Compliance** has a responsibility to ensure effective communications between the relevant clinical and risk managers to respond appropriately to national patient safety alerts in accordance with the Trust's policies for risk management.
- 3.8. The **Consultant Paramedic(s)** has a responsibility to evaluate current research being developed elsewhere and anticipate key areas of change relevant to the Trust in all clinical areas, ensuring that developing and newly published clinical guidance is presented to the PPGPSG for decision on relevance in accordance with its terms of reference and annual agenda framework.
- 3.9. The **Consultant Paramedic for clinical education** is responsible for including implementation of new clinical guidelines within the annual Trust Training Needs Analysis (TNA) and provide assurance of delivery.
- 3.10. The **Professional Standards Manager(s) and Practice Development Lead (s)** have a responsibility to include new standards of care and treatment within any reviews or advice and guidance given to clinical staff.



- 3.11. **PALS, Complaints and Safeguarding** staff have a responsibility to report to the Consultant Paramedic any concerns regarding non-compliance with relevant guidelines.

4 Competence

- 4.1. All staff must have clinical competencies according to their level and scope of practice as identified in the Trust's Scope of Practice and Clinical Standards Policy document. [Scope Of Practice And Clinical Standards Policy.doc \(sharepoint.com\)](#)
- 4.2. All clinical and operational staff must ensure they have the required competency and educational updates to implement new clinical guidelines with the support of their local management teams and clinical education department.

5 Monitoring

- 5.1. The Consultant Paramedic will lead the monitoring of the compliance with new and relevant clinical guidelines in accordance with the Trusts Procedure for the Implementation of New Clinical Guidelines, reporting to the PPGPSG. Issues with (non) compliance, clinical guidelines implementation/non-implementation or any other actions that may affect standards of clinical care relevant to clinical guidelines delivery will be raised through the PPGPSG by the Consultant Paramedic and escalation to the Clinical Governance Group (CGG) if necessary.
- 5.2. This policy document will be reviewed at least every three years using the Policy for Policies [Development and Management of Trust Policies and Procedures V12.00.docx \(sharepoint.com\)](#); or earlier if required due to change in local/national guidance and/or policy; or as a result of an incident that requires a change in practice.

6 Audit and Review

- 6.1. Key relevant areas within clinical guidelines and/or JRCALC guidelines to audit and monitor will be agreed by the PPGPSG and included in the Trust's Annual Clinical Audit plans.
- 6.2. All new clinical guidance which requires an implementation plan will have a named Board representative to lead on influencing change in practice and strategic direction. Each implementation plan will have a lead manager and multi-disciplinary input as appropriate. The implementation plan will also include a process for information sharing and awareness raising, risk assessment and management. Feedback will be directed to the PPGPSG.



- 6.3. An internal database of all NICE and JRCALC clinical guidance received, reviewed and implemented will be maintained by the Consultant Paramedic or delegated deputy and available for all staff to view. This will identify areas of deficiency in application of new guidelines reported to the PPGPSG.
- 6.4. Any deficiencies identified by the clinical guidelines process will precipitate a review of this policy and associated procedure, and their fitness for purpose within three months of the initial concern coming to light. The cause of the defect will be identified by thorough analysis by the Consultant Paramedic. A failure to implement a relevant new clinical guideline will require an analysis of the cause and a subsequent report to the PPGPSG. A remedial action plan will be drawn up for approval by the PPGPSG and learning points identified by the lead manager with the support of the Consultant Paramedic.
- 6.5. The Consultant Paramedic will lead a group review of this policy on a three yearly basis as identified by the Trust Policy for Policies.

7 References

- 7.1. Benefits of Implementing NICE Guidance – NICE 2022 [Benefits of implementing NICE guidance | Into practice | What we do | About | NICE](#)
- 7.2. Implementing NICE Guidance – NICE 2022 [Implementing NICE guidance | Into practice | What we do | About | NICE](#)
- 7.3. JRCALC Guidelines [Guidelines | \(jrcalc.org.uk\)](http://jrcalc.org.uk)



8 Equality Analysis

- 8.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 8.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.