Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

DRAFT

NICE Guidance Compliance

To be returned by **within 4 weeks** of date of receipt to [Person; email]

Title of NICE Guidance	
Date issued by NICE	
Service Group	
Nominated Clinical Lead for this response	

Q1. IS YOUR CLINICAL AREA/SPECIALITY FULLY COMPLIANT WITH THIS GUIDANCE?
(Please be aware that NICE may recommend that the treatment **should not be** undertaken)

Delete as appropriate

YES / NO

If **'Yes'** (we are fully compliant), please distribute the guidance to relevant colleagues and return this form to the mail this form to the email address above. No further action is required.

If **'No'** (we are not fully compliant), please go to Q2.

Q2. WHAT ARE THE REASONS FOR NON-COMPLIANCE?

Please use the template below to record reasons for non-compliance

Reasons for non-compliance	**Delete as appropriate**	**Comments**
A – Financial	YES/NO	
B – Insufficient expertise to implement the guidance	YES/NO	
C - No cohort of patients group	YES/NO	
D - Risk issues	YES/NO	
E - Other reasons	YES/NO	

IF NOT FULLY COMPLIANT WITH THIS NICE GUIDANCE THE FOLLOWING PROCESS MUST BE FOLLOWED:

STEP 1: ESCALATION TO DIRECTORATE

- The **nominated Clinical Lead** (the person completing this form) must ensure that this is added to the agenda for the next **Directorate/Service** Quality & Safety meeting to discuss and agree actions.

- If actions are agreed to resolve the non-compliance at Directorate level, no further escalation is necessary.

  Action required
  Please provide a copy of the minutes of the appropriate Quality & Safety meeting to demonstrate the agreed actions and forward them to the email address at the top of this form.

If unresolved at Directorate level, please progress to Step 2.

STEP 2: ESCALATION TO SERVICE GROUP

- The **Clinical Director** must make this an agenda item for discussion and to agree actions at the next **Service Group** Quality and Safety meeting.

- If actions are agreed to resolve the non-compliance at **Service Group** level, or if there is a decision to accept the risk of non-compliance by the **Service Group**, no further escalation is necessary. However, this should be recorded on the appropriate Directorate and **Service Group** Risk Registers.

  Action required
  Please provide (1) a copy of the minutes of the **Service Group** Quality & Safety meeting to demonstrate the agreed actions, and (2) a copy of the Risk Register entries and forward them to the email address at the top of this form.

If unresolved at Service Group level, please progress to Step 3.

STEP 3

- If unresolved at Delivery Unit level, or if decisions affect other Delivery Units, the **Service Group Medical Director** should make this an agenda item for discussion at the **UHB's** Clinical Outcomes and Effectiveness Group (COEG) to agree actions required.

  Action required
- The lead **Service Group Medical Director** should forward a copy of the minutes of the Clinical Outcomes and Effectiveness Group (COEG) to demonstrate the agreed actions/decisions to the email address at the top of this form.

SIGN OFF

Responses must be signed by the nominated lead Clinician completing this form, and endorsed by the relevant Service Group Medical Director. Electronic signatures and/or email attachments confirm agreement are acceptable.

If this form is **not** being returned electronically by the nominated lead clinician, please sign and date before returning.

1. Lead Clinician

Full name	
Title	
Signature	
Date	

2. Service Group Medical Director

Name	
Service Group	
Signature	
Date	