NICE Guidance Related to Maternity
We are asking providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Where non-evidenced based guidelines are utilised, the trust must undertake a robust assessment process before implementation and ensure that the decision is clinically justified.

What do we have in place currently to meet all requirements of IEA 1?	Describe how we are using this measurement and reporting to drive improvement?	How do we know that our improvement actions are effective and that we are learning at system and trust level?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will mitigate risk in the short term?
Oversight of newly published NICE Guidance is carried out by the Trust Wide Governance Team. Upon receipt of new guidance a baseline assessment is carried out against current practice by an assigned clinical lead within the division. Any gaps in compliance with NICE guidance is risk assessed and mitigation plans put in place. Where change in practice, clinical guidance and or investment is required this is then managed through the divisional governance led by Heads of Midwifery, Consultant and supported by the Divisional Governance Manager. All clinical guidelines are consulted across the whole all consultants body prior to approval and implementation.	ESNEFT's NICE & National Audit Lead gives an update on progress of all guidance to divisional teams on a monthly basis. In addition, a quarterly report on the status of all NICE guidance is reported to ESNEFT's Patient Safety & Clinical Effectiveness Group, which is chaired by the Chief Medical Officer and whose membership includes senior corporate and clinical leaders from all divisions. Identified gaps are risk assessed and where appropriate escalated to the divisional risk register. All new risks are subject to executive oversight through the Executive Risk Oversight Committee.	Baseline Assessment Tool completed for each piece of NICE guidance. Where NICE guidance is not followed e.g. FIGO, a rationale is given for deviation and local guideline is in place (approved through governance forum). Completed Baseline Assessment Tools are reviewed at Risk and Governance meetings to agree any further actions and who will lead and timeframe for completion, and to ratify those baseline assessments where no further actions are required as all actions have previously been implemented. On an annual basis the service develops a clinical audit plan which by its nature assesses standards of clinical practice.	Continue to adhere to NICE guidance processes already in place. Map clinical guidelines, action plans, improvement plans and external reviews to NICE guidelines. Ensure that the annual clinical audit programme captures areas where new practice has been put in place and where risks are identfied.	Clinical Effectiveness Midwives and Consultants, August 2021	Within existing resources	No short term risks