NICE National Institute for Health and Care Excellence

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC BOARD MEETING

21 March 2018 at 1.30pm in the Westlands Centre, Yeovil, BA20 2DD

AGENDA

18/017	**Apologies for absence** To receive apologies for absence	(Oral)
18/018	**Declarations of interests** To record any conflicts of interest	(Oral)
18/019	**Minutes of the Board meeting** To approve the minutes of the meetings held on 17 January 2018	(Item 1)
18/020	**Matters arising** To consider matters arising from the minutes of the last Meeting	(Oral)
18/021	**Chief Executive's report** To receive the Chief Executive's report *Andrew Dillon, Chief Executive*	(Item 2)
18/022	**Finance and workforce report** To receive a report on NICE's financial position to the end of February 2018 and an update on the workforce strategy *Ben Bennett, Director, Business Planning and Resources*	(Item 3)
18/023	**NICE impact: maternity** To review the report *Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate*	(Item 4)
18/024	**Business Plan 2018/19** To approve the business plan for 2018/19 *Andrew Dillon, Chief Executive*	(Item 5)
18/025	**Updated guidelines manual: for consultation** To approve the manual for public consultation *Professor Mark Baker, Director, Centre for Guidelines*	(Item 6)
18/026	**Consultation on proposals to increase the capacity within the technology appraisals programme** To approve the changes following the consultation *Mirella Marlow, Acting Director, Centre for Health Technology Evaluation*	(Item 7)

18/027	**Establishing NICE Scientific Advice as a business unit** To approve the proposals *Mirella Marlow, Acting Director, Centre for Health Technology Evaluation*	(Item 8)
18/028	**Audit and Risk Committee minutes** To receive the unconfirmed minutes of the Audit and Risk Committee meeting held on 22 January 2018 *Dr Rima Makarem, Chair, Audit and Risk Committee*	(Item 9)
18/029	**Directors' report for consideration** Centre for Health Technology Evaluation *Mirella Marlow, Acting Director, Centre for Health Technology Evaluation*	(Item 10)
	Directors' reports for information	
18/030	Centre for Guidelines	(Item 11)
18/031	Communications Directorate	(Item 12)
18/032	Evidence Resources Directorate	(Item 13)
18/033	Health and Social Care Directorate	(Item 14)
18/034	**Any other business** To consider any other business of an urgent nature	(Oral)

Date of the next meeting
To note the next Public Board meeting will be held on 16 May 2018 at Gledhow Wing, St James' University Hospital, Beckett St, Leeds, LS9 7TF.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Public Board Meeting held on 17 January 2018 at Addenbrookes Hospital, Cambridge, CB2 0SN

These notes are a summary record of the main points discussed at the meeting and the decisions made. They are not intended to provide a verbatim record of the Board's discussion. The agenda and the full documents considered are available in accordance with the NICE Publication Scheme.

Present

Professor David Haslam	Chair
Dr Rosie Benneyworth	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Elaine Inglesby-Burke	Non-Executive Director
Professor Tim Irish	Non-Executive Director
Dr Rima Makarem	Non-Executive Director

Executive Directors

Sir Andrew Dillon	Chief Executive
Professor Gillian Leng	Health and Social Care Director and Deputy Chief Executive
Ben Bennett	Business Planning and Resources Director

Directors in attendance

Professor Mark Baker	Centre for Guidelines Director
Jane Gizbert	Communications Director
Alexia Tonnel	Evidence Resources Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Meindert Boysen	Programme Director – Centre for Health Technology Evaluation

18/001 APOLOGIES FOR ABSENCE

1. Apologies were received from Professor Sheena Asthana, Professor Martin Cowie, Tom Wright and Professor Carole Longson.

18/002 CONFLICTS OF INTEREST

2. There were no conflicts of interest declared.

3. David Haslam noted that he has recently been appointed to the Board of Directors of the Cyprus State Health Services Organisation. The register of interests has been updated accordingly.

18/003 MINUTES OF THE LAST MEETING

4. The minutes of the Public Board Meeting held on 15 November 2017 were agreed as a correct record.

18/004 MATTERS ARISING

5. The Board noted that the two actions arising from the Board meeting held on 15 November 2017 relating to the NICE Charter and Accelerated Access Review were complete, and future Health and Social Care Directorate progress reports will include updates on the IAPT assessment briefings.

18/005 CHIEF EXECUTIVE'S REPORT

6. Andrew Dillon presented his report, describing the main programme activities to the end of December 2017 and summarising the financial position at the end of November 2017. There are no material variances with the delivery of guidance nor the wider business plan objectives to report.

7. The Board received the report.

18/006 FINANCE AND WORKFORCE REPORT

8. Ben Bennett presented the report which outlined the financial position at 30 November 2017 and provided an update on the workforce strategy. Year-to-date, there is a total underspend of £2.2m, largely driven by the £1.5m underspend on pay budgets. The full year forecast position is a £2.9m underspend. A draft business plan for 2018-19 has been submitted to the Department of Health and Social Care (DHSC). The plan will then be considered at the February Board Strategy meeting, prior to approval at the Public Board Meeting in March. In the longer term, financial balance is dependent on the ability to recover the costs of the technology appraisal and highly specialised technologies programmes from industry. Discussions are underway with the DHSC on bridging the financial shortfall arising from the delay in introducing these proposals. This remains an area of risk.

9. Ben highlighted the information in the report on NICE's preparations for the introduction of the General Data Protection Regulation (GDPR). Internal audit have reviewed NICE's preparedness, and their report will be considered at the Audit and Risk Committee on 22 January. Ben highlighted the bespoke

information governance training that has been developed and is mandatory for all staff to complete.

10. In response to a question from the Board, Ben noted that the GDPR only relates to personal data and does not therefore raise significant new issues for committee members, as they do not access such data in their NICE role. Ben confirmed that arrangements are already in place to safeguard the commercially sensitive data committee members receive.

11. The Board received the report.

18/007 NICE IMPACT: CANCER

12. Gill Leng presented the report on how NICE's guidance is being used in the national priority area of cancer care. It is the first in a series of new reports that will be presented to each Public Board Meeting, each focused on a specific topic. Gill thanked colleagues in the adoption and impact team for leading this work, supported by the Communications Directorate.

13. The Board welcomed the report, praising the accessible presentation of NICE's role and impact. It was agreed the report should be promoted through a range of communication channels.

ACTION: Jane Gizbert

14. A member of the audience asked if NICE will be working with the Government's Office for Life Sciences to set a measurable target for the uptake of new medicines, potentially informed by the comparisons to other countries in the report. Andrew Dillon outlined the aspirations of the accelerated access pathway in relation to the uptake of transformative technologies, and noted that differences in the health and care systems between countries will affect uptake.

18/008 POLICY ON DECLARING AND MANAGING INTERESTS FOR NICE ADVISORY COMMITTEES

15. Gill Leng presented the policy on declaring and managing interests for NICE advisory committees, which has been amended in response to the comments received on the draft policy during a consultation in the summer. The changes from the consultation draft seek to simplify the policy, and address concerns that the approach to managing interests could undermine NICE's ability to recruit suitably qualified and experienced committee chairs and members.

16. Gill outlined the proposed approach for implementing the new policy, recommending it applies to committee recruitment with immediate effect, and then to committee meetings from April 2018. This will provide time to assess existing chairs' and members' interests under the new policy and take appropriate action; and also establish the new processes for declaring and

publishing interests. The exception is to exempt from the new policy the nine guidelines due to be submitted to NICE for consultation before the end of August 2018, in addition to the 11 guidelines submitted before the end of March 2018. This is because these nine committees will have largely completed their discussions by April 2018, and it would not be a proportionate use of expenditure to rerun meetings and potentially discard guideline recommendations developed under existing robust processes. Mark Baker confirmed that the impact of applying the new policy to these guideline committees has been considered, and there would not have been a material impact on the majority of these. The new policy would however materially affect the membership of five of the guideline committees.

17. The Board approved the policy for implementation in line with the approach outlined in the report. The Board confirmed that as with the existing policy, the new policy does not apply to appellants against NICE's technology appraisal and highly specialised technologies guidance; and therefore anyone representing appellants at appeal hearings is not required to make a declaration of interests.

18. The Board confirmed the importance of training on the new policy, and supported the proposal to review the policy after one year. Any issues arising from the policy's implementation should be reported to the Board. It was noted that the annual review would provide the opportunity to consider expanding the case studies in appendix E of the policy.

ACTION: Gill Leng

19. It was agreed that relevant stakeholders should be informed of the approach to managing interests on the guideline committees to which the new policy will not apply.

ACTION: Mark Baker

18/009 FACILITATING ADOPTION OF OFF-PATENT, REPURPOSED MEDICINES INTO NHS CLINICAL PRACTICE

20. Gill Leng presented the paper that summarised the background to, and recommendations of, a report on facilitating adoption of off-patent, repurposed medicines into NHS clinical practice. The report was produced by a working group, of which NICE was a member, established to explore non-legislative ways to ensure that strong evidence about new uses for off-patent drugs could be identified and brought into patient care routinely where appropriate.

21. The Board noted the report.

18/010 NICE SOCIAL CARE PROGRAMME

22. Gill Leng presented the report that outlined NICE's social care work programme, covering engagement, implementation and guidance activities over the last 12 months. She outlined a number of issues specific to the social care sector that required modifications to NICE's previous approach, and highlighted the proposed priorities for engaging with the social care sector in 2018-19. Gill thanked Jane Silvester, Associate Director – Social Care and Leadership – for her work in this area.

23. Board members praised the social care 'quick guides' and welcomed the intention to produce more of these. It was suggested that it would be beneficial to extend quick guides beyond social care to other guidance topics, in particular where there is a distributed workforce who may find it challenging to access the full guidance publications. Jane Gizbert agreed this is an aspiration, but noted the resource and capacity constraints preventing wider expansion of the 'quick guides'.

24. The Board discussed the specific challenges and issues arising from the social care sector, including differences in the evidence base, diversity of the sector, and levels of research activity. The opportunities to increase the uptake of NICE social care guidance arising from the integration of health and social care, including through the 'vanguards' and Accountable Care Systems, was noted.

25. The Board noted the report, welcomed the work undertaken, and supported the priorities for 2018-19.

18/011 DIRECTOR'S REPORT FOR CONSIDERATION

26. Mark Baker presented the update from the Centre for Guidelines, and highlighted particular areas of note within the report including production of guidance on managing common infections in a new accessible format; agreement for the NIHR to fund new or updated Cochrane reviews identified as being important to the NICE guidelines programme over the next three years; and the update of the guidelines manual which will be brought to the March Board meeting for approval to submit to public consultation. Mark noted the unusually high number of delays in the guideline programme, which result from a range of factors including the need for discussion with national stakeholders, and the general election purdah period.

27. Mark noted this will be his last feature report to the Board before retiring from NICE later in the year. He acknowledged the role of the Social Care Institute for Excellence in helping establish NICE's social care guidelines programme and paid tribute to colleagues in the Centre for Guidelines who have responded to challenges including an extensive reorganisation and arising vacancies.

28. The Board noted the report and thanked Mark for his outstanding personal contribution, and the work of the Centre.

18/012 – 18/015 DIRECTORS' REPORTS FOR INFORMATION

29. The Board received the Directors' Reports.

18/016 ANY OTHER BUSINESS

30. There was no further business to discuss.

31. The Board then passed the following resolution to move to a part 2 meeting to discuss confidential matters:

> *"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".*

NEXT MEETING

32. The next public meeting of the Board will be held at 1.30pm on 21 March 2018 at Westlands, Yeovil, BA20 2DD.

National Institute for Health and Care Excellence

Chief Executive's report

This report provides information on the outputs from our main programmes and on our financial position to the end of February 2018, together with comment on other matters of interest to the Board.

The Board is asked to note the report.

Andrew Dillon
Chief Executive
March 2018

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Chief Executive's report

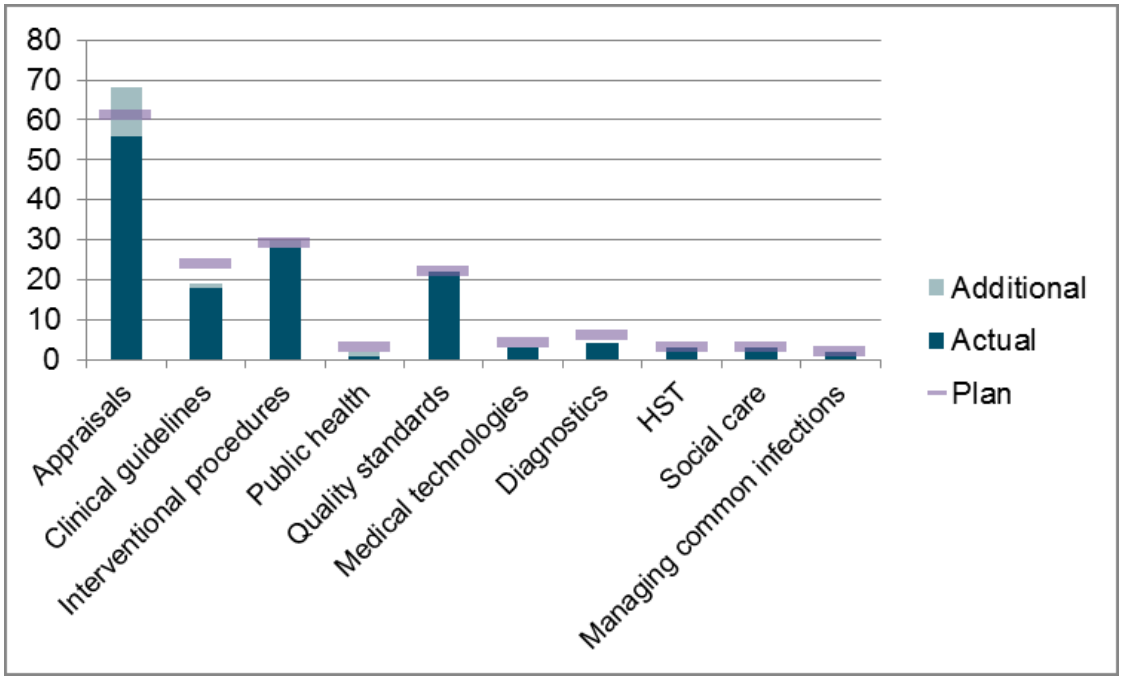
1. This report sets out the performance of the Institute against its business plan objectives and other priorities, for the 11 months to the end of February 2018. It also reports on guidance published since the last public Board meeting in January and refers to business issues not covered elsewhere on the Board agenda.

Performance

2. The current position against a consolidated list of objectives in our 2017-18 business plan, together with a list of priorities identified by the Department of Health, is set out in Appendix 1.

3. Extracts from the Directors' reports, which refer to particular issues of interest, are set out at Appendix 2. The performance of the main programmes between April 2017 and February 2018 is set out in Charts 1 and 2, below.

Chart 1: Main programme outputs: April 2017 to February 2018



Notes to Chart 1:

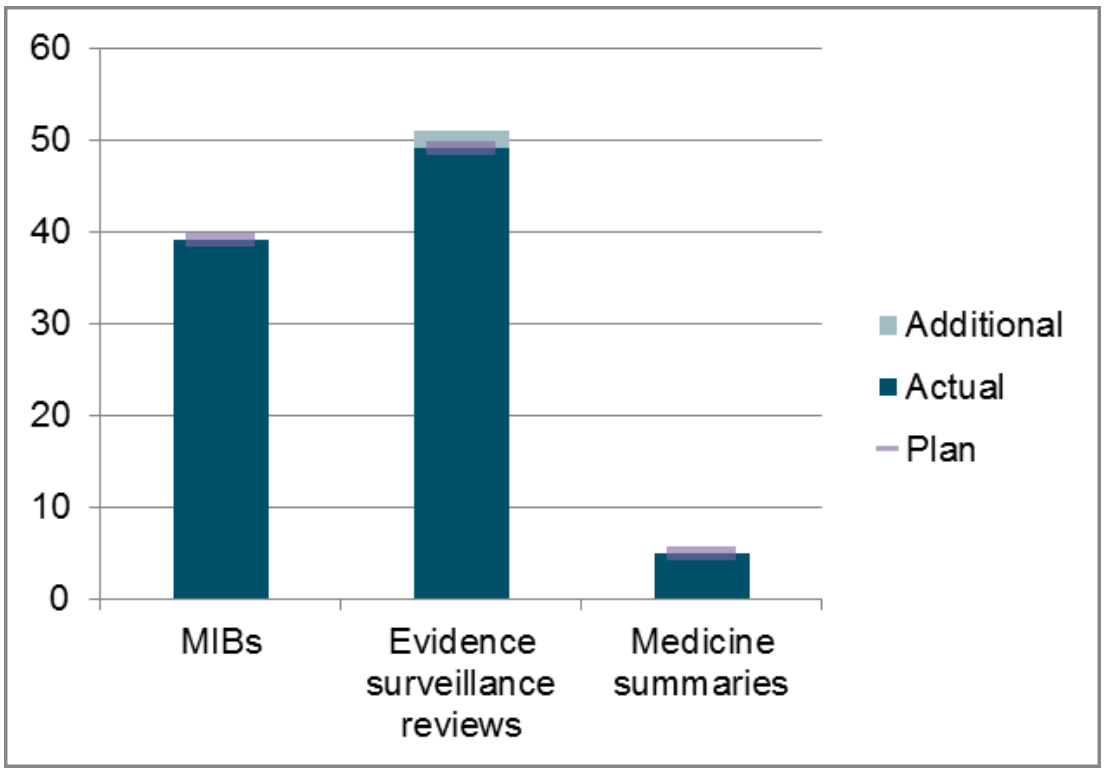
a) HST refers to the highly specialised technologies programme (drugs for very rare conditions)

b) The variance is the difference between the target output for the reporting period, as set out in the business plan and the actual performance
c) 'Additional' topics are either those which should have published in the previous financial year, or that have been added since the publication of the business plan

4. Details of the variance against plan are set out at Appendix 3. Guidance, quality standards and other advice published since the last Board meeting in January is set out Appendix 4.

5. The performance of other Institute programmes is set out in Chart 2, below.

Chart 2: Advice programmes main outputs: April 2017 to February 2018



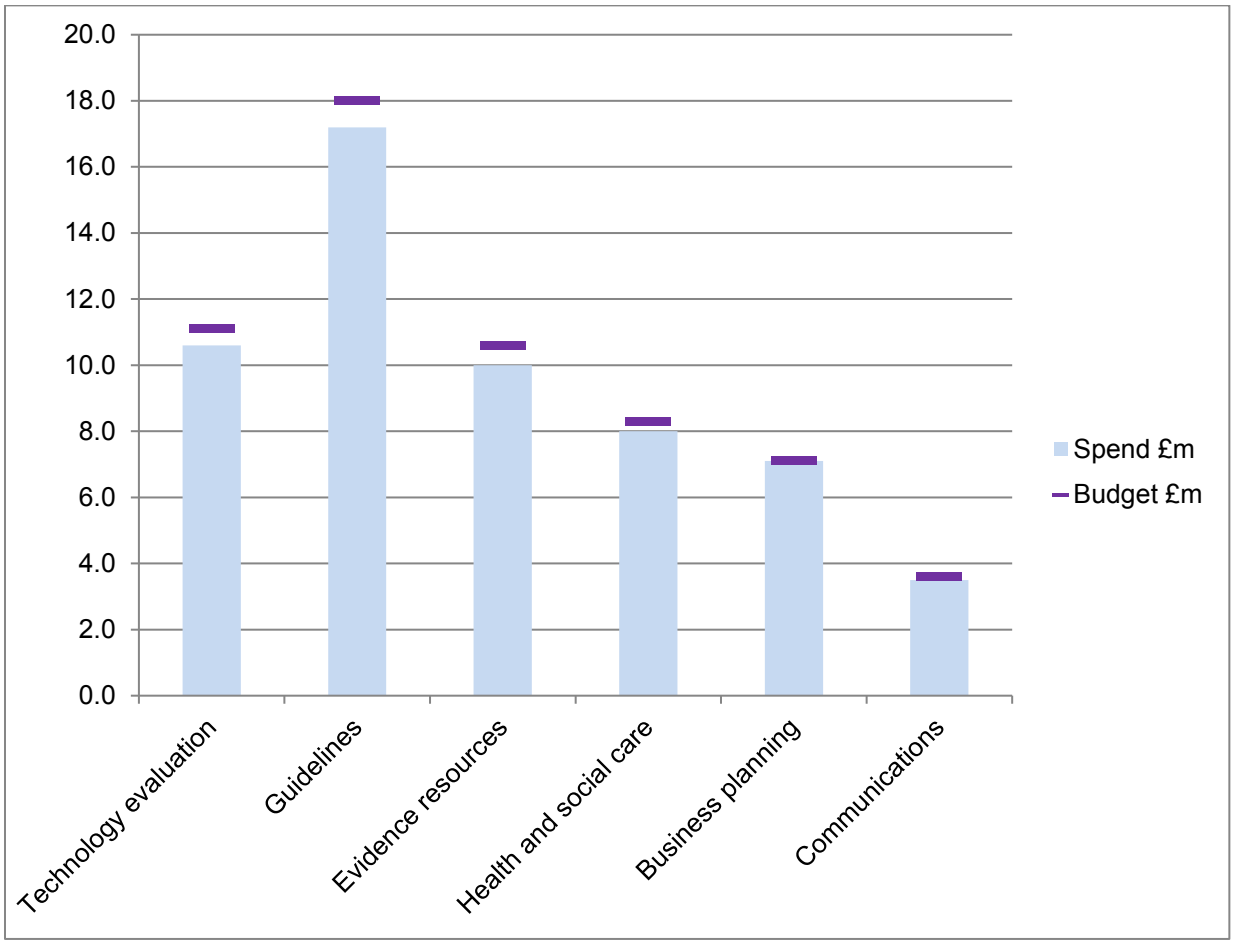
Notes to Chart 2:

a) MIBs (medtech innovation briefings) are reviews of new medical devices

Financial position (Month 11)

6. The financial position for the 11 months from April 2017 to the end of February 2018 is an under spend of £3.2m (6%), against net expenditure (taking into account projected income) of £61.1m. Non pay is under spent by £0.7m against. Pay is £1.9m under spent against budget. Income over-recovered by £0.6m. The year-end position is anticipated as an under spend of £4.0m. The position of the main budget is set out in Chart 3. Further information is available in the Business Planning and Resources Director's report.

Chart 3: Main programme spend: April 2017 to February 2018 (£m)



Appendix 1: Business objectives for 2017-18

In managing its business, NICE needs to take account of the objectives set out in its business plan, and the organisational and policy priorities for NICE set out by the Department of Health. The table below consolidates and tracks progress with the main elements of these influences on our work in 2017-18.

Objective	Actions	Update
Guidance, standards, indicators and evidence		
Publish guidance, standards and indicators, and provide evidence services against the targets set out in the Business Plan and in accordance with the metrics in the balanced scorecard	• Deliver guidance, standards, indicators and evidence products and services, in accordance with the schedule set out in the Business Plan • Ensure performance meets the targets set in the balanced scorecard	• Details of the main programmes' performance against plan, including explanations for any variances are set out elsewhere in this report.
Implement changes to methods and processes in the technology appraisal programme `	• Obtain stakeholders' perspectives on methods related to managing uncertainty and structured decision making • Deliver further improvements to the operation of Committee decision making • Subject to the outcome of consultation, implement the joint NICE-NHSE proposals for changes to the technology appraisal and highly specialised technologies programmes, introducing more flexible, rapid, risk-based appraisal processes • Develop methodological guidance, and internal capacity and capability for 'real world' data development and analysis	• Targeted discussion and engagement on methods aspects has commenced. • Implementation of changes to the Technology Appraisal programme and Highly Specialised Technologies evaluation programme will begin in April 2018, subject to Board approval. • Work related to 'real world data' activity is underway through NICE's Digital Future project.

Objective	Actions	Update
Refine and implement new methods and processes to accelerate the development of updated clinical, public health and social care guidelines	• Establish 6 internal capacity slots for updating guidelines, using new accelerated methods and processes • Implement new staffing structure and functions in the Centre for Guidelines • Review and revise methods and processes for accelerated update outputs • Develop and implement new scoping and post-consultation validation methods and processes to support the development of guideline updates in-house. • Establish pre-development recruitment of guideline committee chair and expert members to support scoping	• The new structure is in place and 6 guidelines have been commissioned using the new process. • The new scoping process has been initiated for the new commissions. • New methods for short updates will be developed as part of the revision of the Manual.
Enhance methods for developing and maintaining guidelines	• Continue to develop the methods and processes of guideline development to maintain and enhance NICE's reputation for methodological quality and efficiency in guideline development. • Establish and maintain links and networks with external research initiatives, organisations and projects to address our methodological needs and ensure our methods continue to reflect internationally-recognised best-practice. • Establish new staffing structure and functions to support health economics across the Centre for Guidelines • Develop a NICE GP Reference Panel to advise on the scoping of guidelines.	• A formal process has been instituted for the revision of the Manual of Methods and processes which is now ready for consultation. • The revised arrangements for health economics have been implemented. • Recruitment is continuing for the GP reference panel (now almost 100) and the first commissions completed. • An implementation plan has been developed to take forward changes to patient and public engagement. Further detail has been prepared for the Board on the operation of the Expert Panel.

Objective	Actions	Update
	• Implement any changes agreed following the consultation on the NICE approach to patient and public engagement	
Deliver the suite of NICE evidence services, which meet the evidence information needs of health and social care users and partner agencies	• Maintain and make measurable improvements to the component services of NICE Evidence Services • Procure and maintain the underpinning Link Resolver and Identity Management services • Manage content procurement contracts (Clinical Knowledge Summaries (CKS), Cochrane), including those on behalf of HEE (National Core Content), to plan	• Performance across all NICE evidence services continues to grow year on year. Traffic to the BNF microsite has now fully recovered from the transition to a new platform in June 2017. • The Link Resolver procurement and implementation, the Cochrane and CKS re-procurements have all completed. • Planning work for the re-procurement of the National Core Content in 2018/19 has started.
Implement the relevant aspects of the Government's industrial strategy for the life sciences industries, taking account of the recommendations in the final report of the Accelerated Access Review	• Assess and report to the Board on the financial, operational and reputational implications of the Accelerated Access Review (AAR) and the Government's life sciences strategy, for NICE guidance programmes • Develop an implementation plan and report to the Board on progress	• Internal teams continue to focus on the requirements of the AAR, and will take forward the recommendations following publication of the Government response to the AAR. The internal NICE AAR Implementation Group continues to meet regularly to plan for this. • The Accelerated Access Collaborative Secretariat has been established at NICE.
Adoption and Impact		
Deliver a programme of strategic and local engagement	• Work with local health and care systems to promote the use of NICE guidance and quality standards, measured against agreed standard metrics	• Work is underway to progress work against new metrics, and a 6 monthly update is

Objective	Actions	Update
	• Support the use of NICE guidance and standards through the work of other national organisations in health, public health and social care, measured against agreed metrics	provided in the Health and Social Care Directorate progress report.
Evaluate the impact and uptake of Health and Social Care products and services and ensure that guidance and standards meet the needs of our audiences	• Produce a twice yearly uptake and impact report • Consult with the research community through the Implementation Strategy Group (ISG) to stimulate evaluation of implementation and improvement science	• The 6 monthly reports have been replaced by shorter, topic-focussed reports, which are brought to the Board for each public meeting. The first report to the January 2018 Board was on cancer. The second, on maternity care will be presented to the Board in March. • The ISG met in November 2017 with the new Health Improvement Studies Institute, Cambridge and NHS Horizons team, NHS England in attendance. Using social media to increase the effectiveness and spread of the field team was a focus for discussion to inform the field team work plan, as well as a consideration of where NICE's work fitted on the improvement/implementation spectrum.
Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact though regular evaluation	• Develop the use of graphics and images to help explain guidance and related products • Building on the new Social Care Quick Guides, develop new online summaries for other forms of guidance which are short, concise and use infographics and multimedia techniques • Redesign the current resource used by practitioners to help make savings, improve productivity and promote optimal use of interventions	• Graphics and animations continue to do well on social media, helping tell the NICE story to a wider audience. • We have created 2 new online versions for the social care quick guide series: Getting help to overcome abuse and Helping to prevent infection. • The online savings and productivity resource has been refocussed on key

Objective	Actions	Update
	• Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision Making (SDM) Collaborative • Develop the resource impact support team to enable it to deliver the budget impact assessments required as part of the changes to the TA and HST programmes	products. This is accompanied by wider work with key partners, including NHS England, to support the use of our work on disinvestment. • Progress is being made in relation to NICE's commitments linked to the Shared Decision Making (SDM) work, including the referral of a guideline on SDM. • The work of the resource impact team has been developed to support budget impact assessments. Monthly assessments of future impact are sent to CCGs and to NHS England. • NICE has convened a Guideline resource and implementation panel (GRIP) with representatives from NHS England, NHS Improvement and Health Education England. The purpose of the panel is to review and consider the estimates and timings of budget impact and workforce implications of guidelines.
Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders	• Support NHS Digital in the development and adoption of common standards, taxonomies and language across ALBs • Maintain an ongoing relationship with the nhs.uk project (re-development of NHS Choices) • Fully capitalise on existing relationships with specialists in the evidence management field and extend to other potential partners	• NICE continues to attend the Professional Record Standard Board (PRSB) Advisory Boards. Continued discussions with NHS Digital 'standards' team regarding the adoption of standards has led to NICE being invited to join a Terminology Server 'Connectathon' event in April 2018.

Objective	Actions	Update
	• Identify partners for joint working on digital initiatives which support the distribution and re-use of NICE content in decision support and other third party systems. This may involve academic and regional collaborations • Support NHS England to deliver the digital IAPT pilot programme (Improving Outcomes in Psychological Therapies)	• Discussions with a commercial decision support system partner are on-going to help validate the structure captured by the MAGICApp for feeding into their decision support tools. • Partnership working continues with the EPPI-Centre in UCL on the development of evidence management and surveillance solutions. • In January, a partnership project started with King's College London to explore the management of 'provenance' information in the guideline production process. Some rapid discovery work ('spiking') will also be undertaken in March with NaCTeM at Manchester University to assess how to improve the NICE search using Natural Language Processing. • Good progress is being made with the digital IAPT pilot, and 3 topics have been developed into IAPT Briefings, with 2 technologies recommended for evaluation in practice in IAPT services. • Discussions continue with potential partners for progressing opportunities from digital technologies in evidence generation and guidance production.
Create a structured and coordinated approach for	• Roll out a customer relationship management (CRM) system to support and monitor engagement with	• The first phase of the CRM project to scope out requirements and prepare a detailed

Objective	Actions	Update
working with and listening to stakeholders	stakeholders and to help deliver tailored communications • Develop a new interactive online newsletter with content tailored for key audiences • Explore opportunities to develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content to their needs • Implement a social media strategy to increase engagement and drive traffic to corporate content • Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management	specification has been completed. Additional work was required to design solutions for a small number of complex requirements but the project remains on schedule. The tender for the build phase is now live and tender submissions will be considered in April. • A survey has been conducted with subscribers to 3 of NICE's newsletters, NICE News, NICE in Social Care and Update for Primary Care. The aim was to capture feedback about the newsletters they subscribe to and identify any areas for improvement. We received over 500 responses and are currently analysing the results. • Whilst longer term options for personalised content on the website are being explored, work continues to develop curated content for audience groups. We are currently working with the system engagement team to develop a suite of tailored online content for sustainability and transformation partnerships and integrated care systems. • The social media strategy is well embedded in practice in the Communications Directorate and we continue to extend our reach through new channels. We recently launched a podcast series, NICEtalks on SoundCloud. The podcasts bring together people's real-life experiences of health and

Objective	Actions	Update
		social care with expert opinions. The first episode on eating disorders, has received 677 plays.
Deliver new digital service projects, maintain NICE's existing digital services and implement service improvements based on user insights and service performance	• Deliver digital service projects in line with the agreed investment priorities for 2017-18 • Maintain the NICE Digital Services to agreed service levels (service availability and time to defect resolution) • Maintain digital services performance indicators in line with business priorities and user insights • Translate data and observations about the performance of NICE Digital Services into actionable improvement proposals and implement in line with business priorities	A number of projects are underway: • Work to upgrade our evidence management tools in partnership with UCL is continuing through to the end of March 2018 when the new web-based version of the EPPI Reviewer software should be ready for deployment across NICE. • The initial 10-week phase of the MAGICapp evaluation is coming to an end. An extension of 2 weeks was approved to inform a financial evaluation of future structured content options. A paper will be considered by the Senior Management Team in March 2018. • Work to bring efficiencies to the external consultation process restarted in February 2018 after receiving permission from the Department of Health and Social Care digital team to proceed with the 'Beta' phase of the work. • Further business analysis work to identify the key areas of potential efficiency along the guidance development process completed in February 2018 and will be used to prioritise the digital transformation investments during 2018/19.

Objective	Actions	Update
		• Digital Services and the Communications team are implementing a new processes for delivering strategic improvements to the NICE website. Current focus is on the journey to accessing guidance. The next priority for improvements is the overall navigation of the site ('top hat' and 'about us' pages).
Operating efficiently		
Operate within resource and cash limits in 2017-18. Actively manage the appropriate application of any non-recurrent funding as early as practicable in the financial year.	• Deliver performance against plan for all budgets monitored and reported to the Senior Management Team and the Board	• Balanced budget set for 2017/18 with adequate contingency to minimise risk of exceeding resource or cash limits. We are on target to operate within our resource and cash limits. Further information is available in the finance and workforce report.
Implement the second year of a three year strategy to manage the reduction in the Department of Health's Grant-In-Aid funding and plan for a balanced budget in 2017-18	• Centres and directorates identify the savings expected from them in order enable the Institute to manage within the reduced Grant in Aid funding received from DH, by April 2018 • Management of change exercises completed in accordance with the schedule determined by the Senior Management Team	• All management of change projects completed according to schedule and delivering savings as planned. • Balanced budget set and agreed for 2018/19 on assumption that cost recovery for TA programme will go ahead in 2019.
Subject to Ministerial approval put in place arrangements to charge the cost of the technology appraisal programme to	• If approved, put in place designed and tested financial and operational arrangements by December 2017 • If approved, ensure that charging arrangements are able to go live from April 2018	• We are continuing our discussions with the Department of Health on the timing of the implementation of charging. The assumption is that it will commence in 2019.

Objective	Actions	Update
industry users, from April 2018		• NICE copyright management guidance has been redeveloped and a programme of training and awareness raising has be rolled-out across all NICE teams.
Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance	• Articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK, including permissions to use content overseas, adaptation of guidance, quality assurance services and syndication services • Articulate and promote NICE's value propositions involving knowledge sharing with international organisations interested in NICE's expertise and experience	• The Senior Management Team of NICE has approved a programme of work to refresh and standardise the copyright statement attached to NICE material. Over time, this will help promote the terms under which NICE's content can be re-used in the UK and overseas. • The NICE service offer associated with content re-use and the provision of an international delegation services was published on the NICE website during October 2017. • The NICE Scientific Advice team are delivering a small advisory project for the Vietnam Social Security, funded by the Foreign Commonwealth Office (FCO).
Enthuse and enable staff to deliver on the Institute's objectives, ensuring that every member of staff has a clear set of personal objectives, a personal development plan and an annual appraisal	• All staff have clear objectives supported by personal development plans • Put in place implementation plans for relevant NICE workplace guidance • Actively manage staff with the objective of ensuring that the global job satisfaction index in the annual staff survey is maintained or improved from its 2016 level	• Workforce strategy in place with associated operational plan for HR. • Health and Wellbeing group well established and includes implementation of NICE workplace guidance on its agenda. • In the annual staff survey 2017 79% of staff rated NICE as a good or excellent place to work (78% in 2016).

Objective	Actions	Update
	• Put in place resources to support staff through Management of Change exercises	• All planned management of change completed.
Promote a culture of continuous improvement within the organisation and uphold the ambition to remain a world-renowned organisation, benchmarking where possible its systems.	• Identify the programmes which might be suitable for benchmarking and assess what, if any, international benchmarking is possible by September • Identify 10 publications in peer reviewed international journals which assess and provide an opinion on one or more aspects of NICE's work and submit to the Board for consideration in December	• A review of the literature from the last 5 years to identify articles which assess or provide an opinion on NICE's work was undertaken and the findings reported to the Board.

Appendix 2: Extracts from the Directors' reports

Director	Featured section	Section/ reference
Health and social care	Following a meeting with the Department of Health and Social Care in December, it has been agreed that NICE and the GIRFT (Getting It Right First Time Initiative) should jointly pilot a novel approach to support the positioning and appropriate uptake of new drugs and new classes of drugs within a clinical pathway. The product will have two components: uptake data and a brief summary of the attributes of medicines that determine place and uptake within a therapeutic class or pathway. This will assist localities in their planning on key new and existing medicines as well as providing individual prescribers and their patients with information to assist informed decision making. The product is intended to be used in conversations to facilitate appropriate care and the optimum use of medicines. A key component of the product is data on uptake. It is proposed that the product will show uptake data from the innovation scorecard, organised by clinical area.	Section/para 14-17
Guidelines	The remaining social care topics being developed by SCIE (Social Care Institute for Excellence) are projected to complete and publish to time and within contract. The transition contract has been agreed and signed by SCIE and the RCOG. Six staff will TUPE from SCIE to the RCOG on the 1 April 2018.	Section/para: Table 1
Health technology evaluation	The arrangements for the budget impact test have been implemented in both the technology appraisal (TA) and highly specialised technologies (HST) programmes. The test is used to trigger discussions about developing potential 'commercial agreements' between NHS England and companies in order to manage the budget impact of introducing high cost treatments. Since implementation, 40 appraisal and HST topics have been assessed for the budget impact test, and 4 have been identified as potentially meeting the budget impact test criteria.	Section/para 6
Evidence resources	Evidence Resources are supporting the Centre for Health Technology Evaluation with managing an external digital agency to undertake the design and build of the new	Section/Table 1

	MedTechScan database. The discovery phase completed in December 2017. A decision to proceed with the Beta phase of the project (main build) was made in January 2018 by the MedTechScan Project Board chaired by NHS England, following approval by NICE's SMT. The contract with the digital provider agency will be signed in early March 2018.	
Communications	After publication of the first of the antimicrobial prescribing guidelines, on sinusitis, we used web stats, heat maps and online surveys to find out how people were using the web version. The data showed that people were less interested in the background section than the recommendations and that it was a barrier to getting to the recommendations (16%* of users didn't get beyond the background section and therefore didn't reach the recs). We discussed this with the guideline team working on the sore throat topic and it was agreed to move the important background information into the recommendations section. The latest data show a higher percentage of users accessing the recommendations chapter for sore throat than for sinusitis. (25% vs 18% for sinusitis). (*The percentages are page views for a whole topic. So 100% is all of the NG79 or NG84 pages that people looked at.)	Section/Table 1
Finance and workforce	The HR team is leading on the roll-out of self-service access to our HR and payroll platform, ESR. This is currently being piloted within the Business, Planning and Resources directorate. The system enables staff to directly access and update their personal data and request leave. Line managers will be able to input information such as sickness absence. Using ESR in this way is expected to result in more accurate data and improved reporting.	Section/appendix 2

Appendix 3: Guidance development: variation against plan April 2017 – December 2017

Programme	Delayed Topic	Reason for variation
Clinical Guidelines	6 topics delayed	Heavy menstrual bleeding (update): An initial 3 week delay was due to a late submission by the developer. The anticipated publication date is now to be confirmed.
		Type 2 diabetes management (standing committee update): The clinical guidelines updates standing committee is no longer in operation. The initial work identified the need for a larger, broader update.
		Depression in adults (update): Topic delayed due to decision to extend the consultation period. Publication planned for March 2018 (Q4 2017-18).
		Acute medical emergencies: Publication delayed at the request of Chief Executive. Publication planned for March 2018 (Q4 2017-18).
		Suspected neurological conditions: Topic delayed due to late concerns raised by NHS England, which required additional analysis. Publication planned for May 2018 (Q1 2018-19).
		Attention deficit hyperactivity disorder (update): Delayed to obtain comments from National Clinical Director for mental health, before publication. Publication planned for March 2018 (Q4 2017-18).
	1 additional topic published in 2017-18, that was not planned for this financial year	Peripheral arterial disease (standing committee update): This was a short update and the topic was only commissioned after the planning for 2017-18 was finalised. Published February 2018 (Q4 2017-18).
Interventional procedures	1 topic delayed	Microinvasive subconjunctival insertion of a trans-scleral gelatin stent for primary open-angle glaucoma: Publication has been delayed as a considerable amount of new published evidence was noted at the IPAC2 meeting in September 2017. Therefore, this procedure is currently out for public consultation again and the public consultation comments will be discussed at IPAC2 meeting in February 2018. The anticipated publication date is now April 2018 (Q1 2018-19).

Programme	Delayed Topic	Reason for variation
	2 additional topics published in 2017-18, that were not planned for this financial year	Sacrocolpopexy using mesh to repair vaginal vault prolapse: Delayed due to a resolution request being received for this procedure. Published June 2017 (Q1 2017-18).
		Hysteroscopic sterilisation by insertion of intrafallopian implants: This guidance published in July 2017 however it has been temporarily suspended until the appropriate regulatory authorisation for Essure is in place, at which time NICE will review this decision.
Medical technologies	1 topic delayed	Neuropad: Delayed because the advisory committee meeting at which the decision discussion was to have taken place was not quorate. Planned for publication in May 2018 (Q1 2018-19).
Public Health	2 topics delayed	Smoking cessation interventions and services: Publication date delayed as additional analysis was required pre-consultation. New evidence was identified which also caused additional work. The new anticipated publication date is 21 March 2018 (Q4 2017-18).
		Flu vaccination - increasing uptake: Delayed to coincide with the annual flu letter from Public Health England. The anticipated publication date is to be confirmed.
	1 additional topic published in 2017-18, that was not planned for this financial year	Sexually transmitted infections - Condom distribution schemes: Publication date moved in order to resolve Public Health England cobranding website issues. Published April 2017 (Q1 2017-18).
Quality Standards	No variation against plan 2017-18	
Diagnostics	2 topics delayed	Adjunctive colposcopy technologies for assessing suspected cervical abnormalities (update of DG4): A second consultation on the draft recommendations was required. The third meeting for this topic took place on 10 January 2018. The earliest anticipated publication date is April 2018 (Q1 2018-19).
		Tumour profiling tests to guide adjuvant chemotherapy decisions in people with breast cancer (update of DG10): The second committee discussion of this topic was postponed after the consultation on the draft recommendations closed

Programme	Delayed Topic	Reason for variation
		because of the volume of technical work needed to prepare for the meeting. The next committee discussion is now scheduled to take place on 14 March 2018. The earliest anticipated publication date is June 2018 (Q1 2018-19).
Technology Appraisals	5 topics delayed	Leukaemia (acute lymphoblastic, relapsed, adults) - inotuzumab ozogamicin [ID893]: Following the appeal hearing held on 3 November 2017, the appeal was upheld. Final guidance publication to be confirmed.
		Lung cancer (non-small-cell) - atezolizumab (after platinum chemotherapy) [ID970]: A second consultation has been released and final guidance publication is anticipated in Q1 2018-19.
		Urothelial cancer - pembrolizumab (after platinum chemotherapy) [ID1019]: The company requested to submit additional evidence to this appraisal. Final guidance publication is to be confirmed (Q4 2017-18).
		Lymphoma (follicular, advanced, untreated) – obinutuzumab: A third appraisal committee meeting took place in January 2018. Final guidance publication will now be March 2018 (Q4 2017-18).
		Bladder cancer (second line, metastatic and/or unresectable) - nivolumab [ID995]: Following release of the final appraisal determination (FAD), the company, Bristol-Myers Squibb, has requested to submit an updated value proposition for nivolumab. While we consider whether this value proposition can be put forward to the appraisal committee, we have suspended the FAD for consideration for appeal. Anticipated final guidance publication is to be confirmed.
	12 additional topics published in 2017-18, that were not planned for this financial year	Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy: Published as a terminated appraisal in May 2017 (Q1 2017-18).
		Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma: Published as a terminated appraisal in July 2017 (Q2 2017-18).
		Bortezomib for treating multiple myeloma after second or subsequent relapse: Published as a terminated appraisal in July 2017 (Q2 2017-18).

Programme	Delayed Topic	Reason for variation
		Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation: Published as a terminated appraisal in July 2017 (Q2 2017-18).
		Methylnaltrexone bromide for treating opioid-induced constipation: Published as a terminated appraisal in August 2017 (Q2 2017-18).
		Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia: Published as a terminated appraisal in August 2017 (Q2 2017-18).
		Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia: Published as a terminated appraisal in August 2017 (Q2 2017-18).
		Reslizumab for treating severe eosinophilic asthma: Topic not included in planning for 2017/18 – delayed from 2016/17. Published in October 2017 (Q3 2017-18).
		Ibrutinib for treating Waldenstrom's macroglobulinaemia: Topic not included in planning for 2017/18 – delayed from 2016/17. Published in November 2017 (Q3 2017-18).
		Nivolumab for previously treated non-squamous non-small-cell lung cancer: Topic not included in planning for 2017/18 – delayed from 2016/17. Published in November 2017 (Q3 2017-18).
		Nivolumab for previously treated squamous non-small-cell lung cancer: Topic not included in planning for 2017/18 – delayed from 2016/17. Published in November 2017 (Q3 2017-18).
		Hepatitis C (chronic) - sofosbuvir-velpatasvir-voxilaprevir: This appraisal went straight to FAD following the first committee meeting. Published in February 2018 (Q4 2017-18).
Highly Specialised Technologies (HST)	No variation against plan 2017-18	
Social Care	No variation against plan 2017-18	
Managing Common Infections	No variation against plan 2017-18	

Appendix 4: Guidance published since the last Board meeting in January

Programme	Topic	Recommendation
Clinical Guidelines	Oesophago-gastric cancer: assessment and management in adults	General guidance
	Age-related macular degeneration	General guidance
	Pancreatic cancer in adults: diagnosis and management	General guidance
	Peripheral arterial disease: diagnosis and management (standing committee update)	General guidance
Interventional procedures	Aortic valve reconstruction with processed bovine pericardium	Only in research
	Ab interno supraciliary microstent insertion with phacoemulsification for primary open-angle glaucoma	Standard arrangements
	Unilateral MRI-guided focused ultrasound thalamotomy for moderate to severe tremor in Parkinson's disease	Only in research
Medical technologies	Memokath-051 stent for ureteric obstruction	Partially supported
	Peristeen transanal irrigation system for managing bowel dysfunction	Fully supported
Diagnostics	No publications	
Public Health	No publications	
Managing Common Infections	Sore throat (acute): antimicrobial prescribing	General guidance
Social care	People's experience in adult social care services: improving the experience of care and support for people using adult social care services	General guidance
Quality Standards	Parkinson's disease	Sentinal markers of good practice
	Mental health of adults in contact with the criminal justice system	Sentinal markers of good practice
Technology Appraisals	Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer	Not recommended
	Ibrutinib for treating relapsed or refractory mantle cell lymphoma	Optimised
	Intrabeam radiotherapy system for adjuvant treatment of early breast cancer	Not recommended
	Ceritinib for untreated ALK-positive non-small-cell lung cancer	Recommended
	Glecaprevir–pibrentasvir for treating chronic hepatitis C	Recommended

Programme	Topic	Recommendation
	Lenvatinib with everolimus for previously treated advanced renal cell carcinoma	Optimised
	Golimumab for treating non-radiographic axial spondyloarthritis	Recommended
	Lesinurad for treating chronic hyperuricaemia in people with gout	Not recommended
	Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma	Optimised within CDF
	Pirfenidone for treating idiopathic pulmonary fibrosis	Optimised
	Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C	Recommended
Highly Specialised Technologies (HST)	Strimvelis for treating adenosine deaminase deficiency–severe combined immunodeficiency	Recommended
Evidence summaries	No publications	
Medtech Innovation Briefings (MIB)	EpiFix for chronic wounds	Summary of best available evidence
	Minimally invasive percutaneous nephrolitholapaxy medium (MIP-M) for removing kidney stones	Summary of best available evidence
	Plasma EGFR mutation tests for adults with locally advanced or metastatic non-small-cell lung cancer	Summary of best available evidence
	Point-of-care creatinine tests before contrast-enhanced imaging	Summary of best available evidence
	MammaTyper in vitro diagnostic test for determining breast cancer subtypes	Summary of best available evidence
	TYM smartphone otoscope for imaging and videoing the external ear canal and eardrum	Summary of best available evidence
	Next-generation sequencing panel for solid tumour cancers in children	Summary of best available evidence
	Reveal LINQ insertable cardiac monitor to detect atrial fibrillation after cryptogenic stroke	Summary of best available evidence

Programme	Topic	Recommendation
	Coban 2 for venous leg ulcers	Summary of best available evidence
Evidence Surveillance Reviews	Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer	Surveillance review decision
	Cardiovascular disease: risk assessment and reduction, including lipid modification	Surveillance review decision
	Advanced breast cancer: diagnosis and treatment	Surveillance review decision
	Antimicrobial stewardship	Surveillance review decision

Key to recommendation types

Guidelines (clinical, social care and public health):
General guidance: NICE guidelines each cover a range of practice and interventions, with recommendations ranging from 'must do' (where compliance with legislation is required) and 'should do' (where there is strong evidence of effectiveness), to 'don't do', where compelling evidence that an intervention is ineffective or harmful has been identified.

Interventional Procedures:
Interventional procedures offer advice about the safety and effectiveness of surgical techniques and some other kinds of procedures. Advice normally relates to the kind of consent (normal or special) required from patients before the procedure is undertaken, but in a small number cases, where major safety concerns have been identified, a 'do not use' recommendation is made.

Medical technologies:
Guidance on new medical technologies (medical devices) is normally framed in terms of whether or not the case for use in the NHS has been successfully made by the manufacturer.

Diagnostics guidance:
New diagnostic techniques are recommended or not recommended for routine use in the NHS, or sometimes for research.

Management of common infections:
These guidelines help the NHS make the best use of antibiotics, as part of the broader antimicrobial stewardship effort.

Quality standards:
The statements in our Quality Standards identify important aspects of practice in which there is significant variation across the NHS.

Technology appraisals and highly specialised technologies:
This guidance can ‘recommend’ the use of a new drug or other treatment, ‘optimised use’, in which the recommendation is positive for some but not all uses, or ‘not recommend’ routine use in the NHS. Research only use is also sometimes recommended.

Evidence summaries and medtech innovation briefings:
Both publications provide information (but not guidance) about a particular topic.

Surveillance reviews:
These reports bring our knowledge of current evidence on guidance we have already published up to date.

National Institute for Health and Care Excellence

Finance and workforce report

This report gives details of the financial position as at 28 February 2018. The report also includes details and information about the workforce strategy.

The Board is asked to review the report.

Ben Bennett

Director, Business Planning and Resources

March 2018

Performance Summary

1. Table 1 summarises the financial position as at 28 February 2018. There is a full analysis in Appendix 1.

Table 1: Financial position at 28 February 2017

	Year to date (28 February 2018)				Estimated Outturn (31 March 2018)			
	Budget £m	Expenditure £m	Income £m	Variance £m	Budget £m	Expenditure £m	Income £m	Variance £m
Guidance & Advice	48.1	47.5	(1.7)	(2.3)	52.8	52.1	(1.8)	(2.5)
Corporate	11.7	12.3	(0.8)	(0.1)	12.8	13.4	(0.9)	(0.2)
Scientific Advice	(0.2)	1.3	(1.6)	(0.1)	(0.2)	1.4	(1.8)	(0.1)
Other Income	(11.2)	0.0	(11.1)	0.1	(12.3)	0.0	(12.3)	0.0
Reserves	0.7	0.0	0.0	(0.7)	1.5	0.3	0.0	(1.2)
Grand Total	**49.2**	**61.1**	**(15.1)**	**(3.2)**	**54.5**	**67.2**	**(16.7)**	**(4.0)**

2. Table 1 above shows a total under spend of £3.2m (6%) to the end of February. This is primarily attributable to vacant posts throughout the year with an under spend on pay of £1.9m. There are also under spends on non-pay of £0.7m and an over recovery of income of £0.6m.

3. The full-year forecast position estimates that the full-year outturn will be £4.0m under spent.

4. The capital allocation is £0.5m. To date, £0.25m has been spent on upgrading the office facilities in Manchester and new furniture and fittings. There has been spend on IT hardware of £0.14m. A further £0.1m will be spent on a new web hosting contract in March 2018.

5. A summary of the financial position by directorate is detailed in appendix 1.

6. A balanced budget has been set for 2018/19. Full details of this are included in the draft business plan which is elsewhere on the agenda for Board approval.

7. Progress on the implementation of the workforce strategy is detailed in appendix 2. This includes information and updates relating to transformational change, resourcing, maximising potential, pay and reward and the culture of the organisation.

Financial Position as at 28 February 2018

8. The total expenditure during April to February 2018 was £61.1m and income recognised was £15.1m. The net expenditure was therefore £46.0m, which was £3.2m (6%) lower than the budget of £49.2m. The total under spend includes the following key items:

    - Under spend of £1.9m on pay budgets
    - Under spend of £0.7m on non-pay budgets
    - Over achievement on income totalling £0.6m.

9. Appendix 1 shows in detail the financial position and forecast outturn by centre and directorate. Directors receive detailed monthly reports on the budget performance of their directorates and SMT review the summary position.

Pay

10. Total pay expenditure to 28 February 2018 was £30.2m, which was a £1.9m (6%) under spend against budget.

11. The staffing budget for February (as set at the beginning of the year) was 655wte with 607wte actually on payroll. The difference of 48wte equates to a vacancy rate of 7%. The under spend (£1.9m in 11 months) arising from vacancies throughout the year primarily as a consequence of restructures earlier in the year. Further, some vacancies are not being actively recruited to and may be deleted as part of NICE2020 savings plans. In addition to the staff on payroll, there were 9wte on agency contracts in February.

Non-Pay expenditure

12. Total non-pay expenditure to 28 February 2018 was £30.9m, which was a £0.7m (2%) under spend against budget.

13. The under spend mainly relates to contracts with external bodies which is currently £333,000 under spent. This primarily comprises of a £192,000 under spend against a total year to date budget of £870,000 in the digital services team for digital service providers. £50,000 of the under spend has also arisen from the indicator development contract within the Quality and Leadership team due to the transition to a new provider.

14. Budgets relating to committees are under spent by £198,000 against a year to date budget of £1,088,000. This under spend includes payments to attendees

(for example committee fees and honorariums) and is due to holding fewer committees than expected, notably the Guidelines Updates and Technology Appraisals committees earlier in the year. The 3 standing committees in the updates team have been stood down and will be replaced by standard committees.

15. The HR budget within Business Planning and Resources is under spent as a result of lower than expected expenditure on course fees and training expenses resulting in a £142,000 under spend against a year to date budget of £482,000. This under spend is driven by team restructures and vacancies resulting in lower demand.

16. Other miscellaneous under spends total £802,000 including £403,000 on unallocated reserves, £151,000 travel and subsistence driven by vacant posts and £249,000 on other miscellaneous non pay items.

17. The budget under spends are partially offset by over spends in the following areas:

    - Purchase of computer hardware, maintenance and software items generating an over spend of £105,000 against the IT non-pay budget.
    - BNF printing is overspent by £116,000, which was due to increases in the paper unit costs and movements in the pound to euro exchange rate, the over spend was partly mitigated by reducing the number of copies ordered.
    - £126,000 of severance costs relating to restructures earlier in the year.
    - An over spend year to date of £108,000 on legal fees against a year to date budget of £92,000, relating to HR advice and preliminary costs associated with potential judicial reviews.
    - Cumulative immaterial over spends across all team budgets totalling £198,000.

Income

18. Total income recognised as at 28 February 2018 was £15.1m. Of this, £11.8m was income relating to agreements we have in place with the devolved administrations (£1.8m), NHS England (£6.1m) and Health Education England (£3.8) to use NICE services and products or fund programmes within the organisation. Overall income exceeded the projection by £0.55m. This surplus was spread over a number of different areas.

19. The other income received relates to the Scientific Advice programme (£1.6m), subletting office space (£0.8m), receipts from research grants (£0.6m), and income from the Office for Market Access, intellectual property & content and secondment reimbursements (£0.2m).

20. Scientific Advice generated a £115,000 surplus after staff costs and other expenditure and after making a contribution to overheads. This surplus is projected to increase slightly to £136,000 by the end of the Financial Year.

Forecast outturn

21. The forecast outturn for the year is a net spend of £50.5m against a £54.5m budget, resulting in a projected £4.0m (7%) under spend. This position assumes the under spend on pay due to vacancies and non-pay costs such as contracts and committee costs will continue at but at a lower rate.

22. We have assured the DHSC that we will return this level of under spend. It will be used to contribute towards offsetting over spends elsewhere in the DHSC system.

Capital and payments performance

Capital Expenditure

23. Table 2 details capital expenditure to date. The confirmed capital allocation for 2017/18 is £0.5m. To date £252,000 has been spent on refurbishing works and furniture in the Manchester office. There has also been spend of £140,000 on IT hardware and storage.

24. The forecast includes expenditure relating to hosting costs expected to be made in March 2018, with an estimated of £77,000. This would result in a remaining capital balance of £50,000.

Table 2: Current capital expenditure commitments 2017/18

Value (£'000)	Item
518	Capital allocation
(252)	Spend to date (Manchester refurbishment and furniture)
(140)	IT hardware, blades and storage (London and Manchester)
126	**Balance**
(77)	Forecast - IT new hosting contract
50	**Forecast - balance**

Payments performance

25. NICE is required to adhere to the Better Payments Practice Code (BPPC). This requires all public bodies to pay suppliers/other NHS bodies within 30 days of receipt of a valid invoice. Currently the target set by the Department of Health and Social Care is 95%.

26. A total amount of £37.6m was paid to suppliers in the financial year up to 28 February with £36.2m (96%) being paid within the 30 day target.

Aged Debt Performance

27. Table 3 below shows a summary of the amounts owing to NICE and the age of those debts.

Table 3: Debt by days overdue as at 28 February 2018

Days Overdue	Amount Unpaid	
	£000s	%
Current (Within payment terms)	2,609	57%
1 - 30 Days	302	7%
31 - 60 Days	544	12%
61- 90 Days	24	1%
> 90 Days	1,077	24%
Total	**4,557**	**100%**

28. Table 3 shows the total debt outstanding as at 28 February was £4.6m. Of this £2.6m is classed as current or within payment terms. This leaves £2.0m of outstanding debt that is outside of payment terms. This debt is further analysed by the number of days by which it exceeds the payment terms. £0.3m is 1-30 days overdue and not considered a significant risk of non-payment.

29. The majority (£1.0m) of the debt older than 90 days relates to NHS England invoices, specifically relating to Medtech innovation briefings, observational data unit and evidence based treatment pathways for mental health activities. We have signed MOUs with NHSE for these programmes so ultimately the debt is not at risk. However we are finding it difficult to collect and we are discussing with DHSC the best way to resolve this.

30. Of the total outstanding debt NICE Scientific Advice debtors represent £335,236 (18%). Of this, £38,000 debt is over 90 days old, relating to a single invoice and the team are confident the invoice will soon be paid.

Appendix 1 Summary of financial position - to update for February

The table below is a summary of the financial position per centre and directorate as at 28 February 2018.

Centre / Directorate		Year to Date				Estimated Outturn			
		Budget £000s	Expenditure £000s	Variance £000s	Variance %	Budget £000s	Expenditure £000s	Variance £000s	Variance %
Centre for Guidelines	Pay	6,086	5,395	(690)	(11%)	6,640	5,906	(733)	(11%)
	Non pay	12,573	12,548	(25)	(0%)	13,658	13,620	(38)	(0%)
	Income	(610)	(755)	(145)	(24%)	(645)	(790)	(145)	(22%)
	Total	**18,049**	**17,189**	**(861)**	**(5%)**	**19,653**	**18,736**	**(916)**	**(5%)**
Centre for Health Technology Evaluation	Pay	8,144	7,672	(472)	(6%)	8,922	8,471	(451)	(5%)
	Non pay	3,677	3,737	60	2%	4,293	4,275	(17)	(0%)
	Income	(717)	(804)	(88)	(12%)	(789)	(880)	(92)	(12%)
	Total	**11,105**	**10,606**	**(500)**	**(4%)**	**12,426**	**11,865**	**(560)**	**(5%)**
Health and Social Care	Pay	6,547	6,345	(203)	(3%)	7,149	6,944	(206)	(3%)
	Non pay	1,776	1,660	(116)	(7%)	1,938	1,805	(133)	(7%)
	Income	0	(25)	(25)	--	0	(29)	(29)	--
	Total	**8,324**	**7,979**	**(344)**	**(4%)**	**9,087**	**8,720**	**(367)**	**(4%)**
Evidence Resources	Pay	4,599	4,226	(373)	(8%)	5,032	4,654	(378)	(8%)
	Non pay	6,111	5,931	(179)	(3%)	6,661	6,427	(234)	(4%)
	Income	(77)	(114)	(36)	(47%)	(99)	(126)	(28)	(28%)
	Total	**10,633**	**10,044**	**(588)**	**(6%)**	**11,594**	**10,954**	**(640)**	**(6%)**
Subtotal Guidance and Advice		**48,110.6**	**45,817.9**	**(2,292.7)**	**(5%)**	**52,759.2**	**50,275.7**	**(2,483.4)**	**(5%)**

Communications	**Pay**	3,240	3,192	(48)	(1%)	3,543	3,497	(46)	(1%)
	Non pay	410	340	(71)	17%	441	352	(89)	(20%)
	Income	0	(1)	(1)	--	0	(1)	(1)	--
	Total	**3,650**	**3,530**	**(120)**	**(3%)**	**3,983**	**3,847**	**(136)**	**(3%)**
Business Planning and Resources	**Pay**	2,416	2,465	48	2%	2,638	2,693	55	2%
	Non pay	5,438	5,485	46	1%	5,972	5,945	(28)	(0%)
	Income	(727)	(814)	(88)	(12%)	(793)	(867)	(74)	(9%)
	Total	**7,127**	**7,135**	**7**	**0%**	**7,818**	**7,771**	**(47)**	**(1%)**
Depreciation / Capital Adjustments	**Non pay**	875	852	(23)	(3%)	950	950	0	0%
	Total	**875**	**852**	**(23)**	**(3%)**	**950**	**950**	**0**	**0%**
Subtotal Corporate		**11,652.9**	**11,517.2**	**(135.6)**	**(1%)**	**12,751.2**	**12,568.1**	**(183.2)**	**(1%)**
Scientific Advice	**Pay**	853	982	129	15%	930	1,088	158	17%
	Non pay	266	274	8	3%	290	343	53	18%
	Income	(1,306)	(1,559)	(253)	(19%)	(1,425)	(1,772)	(347)	(24%)
	Total	**(188)**	**(303)**	**(115)**	**n/a**	**(205)**	**(341)**	**(136)**	**n/a**
Other Income	**Income**	(11,153)	(11,070)	82	1%	(12,278)	(12,269)	9	0%
	Total	**(11,153)**	**(11,070)**	**82**	**(1%)**	**(12,278)**	**(12,269)**	**9**	**(0%)**
Reserves	**Pay**	299	(38)	(337)	(113%)	208	(38)	(246)	(118%)
	Non pay	431	43	(388)	(90%)	1,272	300	(972)	(76%)
	Total	**731**	**6**	**(725)**	**(99%)**	**1,480**	**262**	**(1,218)**	**(82%)**
NICE Grand Total	**Pay**	**32,185.0**	**30,239.4**	**(1,945.5)**	**(6%)**	**35,061.7**	**33,214.8**	**(1,846.9)**	**(5%)**
	Non pay	**31,558.1**	**30,871.2**	**(686.8)**	**(2.2%)**	**35,474.4**	**34,016.9**	**(1,457.5)**	**(4%)**
	Income	**(14,589.6)**	**(15,143.6)**	**(554.0)**	**(4%)**	**(16,028.1)**	**(16,736.0)**	**(707.8)**	**(4%)**
	Total	**49,153.4**	**45,967.1**	**(3,186.3)**	**(6%)**	**54,508.0**	**50,495.8**	**(4,012.2)**	**(7%)**

Appendix 2 Workforce Strategy Update

The workforce strategy was approved at the July 2015 Board meeting. Work is continuing to progress activities in all five areas of the Workforce Strategy 2015-18. The table below provides a summary of activity that is currently underway.

HR Systems	
• Maximising use of technology	The HR team is leading on the roll-out of self-service access to our HR and payroll platform, ESR. This is currently being piloted within the Business, Planning and Resources directorate. The system enables staff to directly access and update their personal data and request leave. Line managers will be able to input information such as sickness absence. Using ESR in this way is expected to result in more accurate data and improved reporting.

Transformational change	
• Enabling change • Business and workforce planning	As a result of the recent review of the management of change process, the HR team is now redrafting our policies and processes on change, with the aim of resulting in a smoother process for all involved, which meets our legal obligations and builds employee support into every stage. In the last month there has been a small management of change exercise which will result in one redundancy. The affected individual is being supported by her line manager and the HR team, including outplacement support.

Resourcing	
• Recruitment • Retention • Innovation	Apprentices We have appointed 15 apprentices in this financial year, which means we have achieved our apprenticeship recruitment target for 2017-18 (which is 2.3% of workforce, or 15 apprentices). Recruitment The strategic review of recruitment is now complete, and a proposed strategy was presented to the SMT in December 2017. The proposal aims to improve NICE's recruitment performance across the board, including time to hire, difficult to fill roles and quality of applicants. Amongst other things, we will be recruiting a dedicated Recruitment Manager on a fixed-term contract to work with hiring managers and BSA to improve our processes.

Maximising potential	
• Leadership and management • Managing performance • Succession planning and talent management	Line manager training In November, a survey was sent to all line managers to ask for input into future topics for training, including recruitment, maximising performance, promoting good attendance, dignity at work and wellbeing. The feedback is now being used to develop a range of training and development, which will be a blend of full day sessions, bitesize sessions and e-learning.

Pay and reward	
• Total reward • Pay review	NICE has now completed its gender pay gap reporting and this has been published on the GOV.UK website, along with other ALBs. This report provides a snapshot of the gender pay data for NICE. The next steps will be to formulate an action plan.

Culture	
• Engaged workforce • Inclusive workforce • Wellbeing at work	Staff survey NICE has now completed the tender process for a new staff survey provider, which will be announced following the Alcatel period. The staff survey is expected to go ahead in May. Health and wellbeing The health and wellbeing strategy group is making good progress in embedding the NICE quality standards regarding healthy workplaces. The group has highlighted that additional support is required for line managers. To address this, the HR team is coordinating the launch of Mental Health First Aid training in Q4, as well as developing in-house training for all line managers on promoting mental wellbeing, which will showcase the range of resources available to line managers. The Health and Wellbeing pages on NICE Space will also be refreshed, to make information easier to access. Healthy Work Week Healthy Work Week 2018 was held in January, which built on the success of previous years and takes into consideration our staff survey feedback on NICE quality standards. The week focused on the “Five ways to wellbeing”, and activities were designed with Manchester, London and homeworking staff in mind. Popular activities included cycling, yoga, mindfulness, nutrition and mental

Culture	
	health awareness. We also ran a month-long pedometer challenge to encourage staff to build and maintain healthy habits.

National Institute for Health and Care Excellence

NICE impact: maternity

This NICE impact report gives the Board information on how NICE guidance is used in the national priority area of maternity care.

The Board is asked to review the report.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

March 2018

NICE National Institute for Health and Care Excellence

NICEimpact *maternity*

NICEimpact *maternity*

There were more than 660,000 births in England in 2016 and having a baby is the most common reason for hospital admission. This report considers how NICE's evidence-based guidance might contribute to improvements in the safety and personalisation of maternity care.

This report highlights progress made by the healthcare system in implementing NICE guidance. We recognise that change can sometimes be challenging, and may require additional resources such as training, new equipment or pathway reconfiguration.

We work with partners including NHS England and NHS Improvement to support these changes, and we also look for opportunities to make savings by reducing ineffective practice.

Safety p4

Promoting safer maternity care and reducing stillbirths is a key priority for the NHS in England and NICE's recommendations on **smoking in pregnancy** (p4) are an important element of the Saving Babies' Lives care bundle. Survey results suggest improved uptake of NICE's recommendations for **multiple pregnancy** (p6). However, national audit results suggest there may be room for improvement in the uptake of NICE's recommendations for the care of women with pre-existing **diabetes in pregnancy** (p9). A new, NICE-recommended **fetal rhesus-D genotype test** (p11) has the potential to reduce unnecessary treatments in thousands of pregnant women and is being rolled out nationally.

Personalisation and experience of care p13

Increasing choice and personalisation is one of the priorities of NHS England's Maternity Transformation Programme. NICE recommends that women with uncomplicated pregnancies should be able to **choose their birth setting** (p13). Data show that more alongside midwife-led units are available, and that more women are being offered this option. The national maternity survey shows that most women felt they were **always involved in decisions about their care** (p15). Finally, we look at how a **maternity transformation early adopter site** (p16) have put NICE guidance into practice and increased choice for women.

Why focus on maternity?

NICE impact reports review how NICE recommendations for evidence-based and cost-effective care are being used in priority areas of the health and care system, helping to improve outcomes where this is needed most.

21
guidelines

17
interventional procedure guidance

15
quality standards

2
diagnostic guidance

1
technology appraisal guidance

1
medical technology guidance

NICE provides evidence-based guidance and advice to help improve health and social care services. The uptake of NICE guidance is influenced by close relationships with our partners in the system. NHS England has established a **Maternity Transformation Programme** to implement the findings of the National Maternity Review and so, in this report, we have focused on what we know about the uptake and impact of our recommendations in this area.

The National Maternity Review was commissioned by NHS England to assess maternity care provision and consider how services should be developed to meet the changing needs of women and babies. Better Births, the report produced by the review, highlighted that there remains variation in quality and outcomes across the country and laid out a vision for safer and more personalised services. This report considers how NICE guidance can contribute to achieving that vision.

NICE published its first maternity guideline, on antenatal care, in 2003. Since then we have produced a **suite of maternity-related guidance and advice** on a broad range of topics such as hypertension in pregnancy, preterm labour and birth, and antenatal and postnatal mental health, aimed at improving care at each stage of pregnancy, birth and the early weeks of a child's life.

We routinely collect data which give us information about the uptake of our guidance. To produce this report, we have worked with national partners to select those data which tell us about how NICE guidance might be making a difference to safety and personalisation in priority areas of maternity care. The data also highlight areas where there remains room for improvement.

Safety

NICE's recommendations on stopping smoking in pregnancy are a key element of NHS England's focus on reducing stillbirths. Data show that smoking rates have decreased but there is wide regional variation.

There has been an increase in the proportion of women who report they have received care in line with NICE's recommendations for multiple pregnancy.

An audit of the care provided to pregnant women with pre-existing diabetes suggests that there may be room for improvement in the uptake of NICE recommendations such as the prescribing of high dose folic acid.

A new NICE-recommended test of the rhesus-D status of babies in the womb could save thousands of women from unnecessary treatment and is being rolled out nationally.

The stillbirth and neonatal mortality rate in England has fallen by over a fifth in the last 10 years. However, there is wide regional variation and rates remain higher than in some other countries. Reducing stillbirths and promoting safer maternity care is a key priority for the NHS in England.

The **Better Births** report highlights that there are wide regional variations in rates of perinatal death in England, from around 4 per thousand births in some areas to over 10 per thousand births in others. The report notes that variation persists between areas after adjustment for the effects of deprivation and maternal age, making it likely to be associated with differences in the effectiveness of care. Overall, 1 in every 200 babies is stillborn in the UK; this is more than double the rate in Iceland, the nation with the lowest rate.

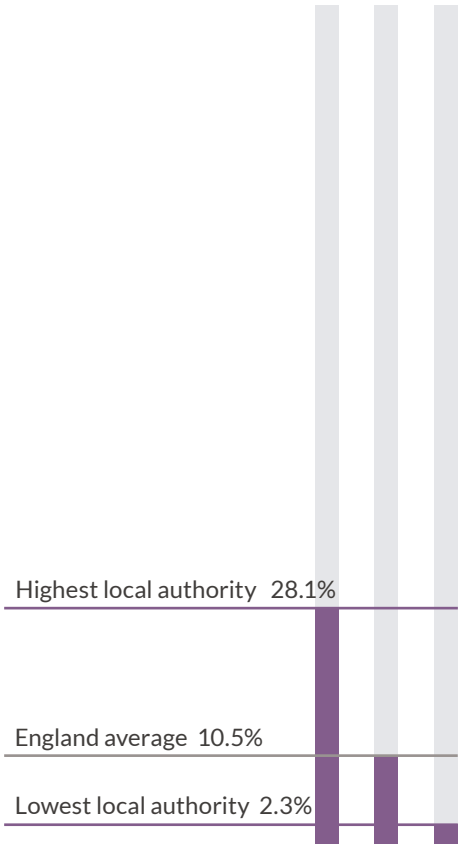
Promoting good practice for safer care is one of the priorities of the **Maternity Transformation Programme**. In this section of the report we have considered 4 areas where NICE recommendations could support safer care for mothers and babies. We have looked at the NICE guideline on stopping smoking in pregnancy, which is a key element of the Saving Babies' Lives care bundle. We have reviewed data on the uptake of NICE recommendations which might improve outcomes in higher risk pregnancies, in women with diabetes or a multiple pregnancy. Finally, we have looked at the uptake of a new prenatal test for fetal rhesus-D genotype.

Wide regional variation in perinatal death rates in England are likely to be associated with differences in the effectiveness of care.

Smoking in pregnancy

There is strong evidence to show that reducing smoking in pregnancy reduces the likelihood of stillbirth. The proportion of women who smoke during pregnancy has reduced but a new audit reports that fewer than 1 in 5 women who smoke at their booking appointment stop before they give birth.

Percentage of women who smoke at the time of delivery, 2016/17



In June 2010, NICE published a guideline on stopping smoking in pregnancy and after childbirth. It contains recommendations on identifying women who need help to quit, referring them to stop smoking services and providing support to help them stop. Since then, data from the Public Health Outcomes Framework (PHOF) show that the proportion of women in England who smoke at the time of delivery has dropped, from 13.5% in 2011 to 10.5% in 2016/17. However, there is wide regional variation.

NHS England has developed a care bundle, Saving Babies' Lives, which is designed to tackle stillbirth and early neonatal death. It brings together 4 elements of care that are recognised as evidence-based or best practice, including reducing smoking in pregnancy. It highlights that there is strong evidence to show that reducing smoking in pregnancy reduces the likelihood of stillbirth. Element 1 of the care bundle provides a practical approach to reducing smoking in pregnancy by following the NICE guideline.

The NICE recommendations highlighted in the care bundle are that a carbon monoxide test and a record of smoking status should take place during antenatal booking appointments, and women who smoke should then be referred to NHS Stop Smoking Services. Data from NHS Digital show that around 46% of pregnant women who set a quit date through NHS services say they have been successful at a 4 week follow-up.

Nearly half of pregnant women who set a quit date through NHS Stop Smoking Services say they've quit successfully after 4 weeks.

1 in 5

women who smoke at their booking appointment give up by the time they give birth

However, these data only measure success among women who have set a quit date. The new National Maternity and Perinatal Audit reports that, of women who are recorded as smokers at their booking appointment, only 19.5% have quit by the time they give birth. Alongside the wide regional variation in smoking rates, this audit finding suggests that there is room for improvement in this important area.

One initiative seeking to drive improvement is NHS Resolution's Clinical Negligence Scheme for Trusts (CNST) incentive scheme. This scheme aims to reward local services that take steps to improve the delivery of best practice in maternity and neonatal services. Ten safety actions have

been identified, including demonstrating compliance with all elements of the Saving Babies' Lives care bundle. Implementing these actions should lead to improved performance in improving maternity safety and reduce incidents of harm.

Multiple pregnancy

There were nearly

11,000

multiple births in 2016

NICE recommends that women with a multiple pregnancy should receive additional care. Survey results suggest that this is happening more often since the publication of our guidance, although a NICE-supported project has shown that there is room for further improvement.

Data from the Office for National Statistics show that 10,786 women gave birth to twins, 160 to triplets and 5 to quads and above in 2016. Multiple pregnancy is associated with a higher risk of stillbirth, infant death and child disability. A report from the Twins and Multiple Births Association (TAMBA) on twin pregnancy and neonatal care in England found that, although outcomes have improved in recent years, multiple pregnancies are about 2.5 times more likely to result in a stillbirth and over 5 times more likely to result in a neonatal death, in comparison to singleton pregnancies.

NICE's guideline and quality standard on multiple pregnancy aim to improve outcomes by recommending additional care that should be offered to women with twin and triplet pregnancies.

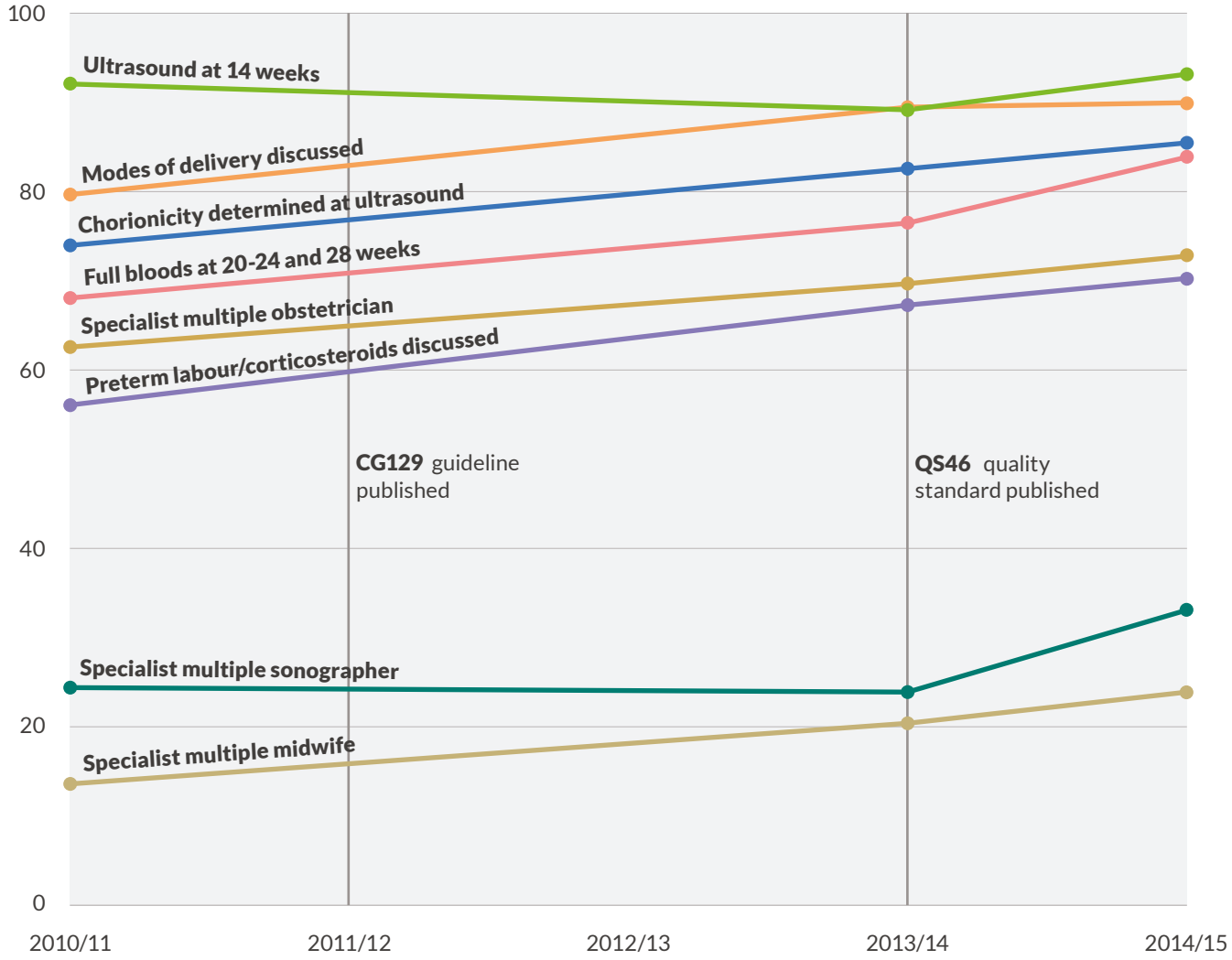
In 2011, NICE published a guideline on multiple pregnancy. This recommends the additional care that women with twin and triplet pregnancies should be offered, above that routinely offered to all women during pregnancy. This was followed by a quality standard with 8 statements describing high-quality care in priority areas for improvement. Between 2011 and 2015, TAMBA and the National Childbirth Trust carried out 3 rounds of a maternity services survey, asking women whether the NICE recommendations on multiple pregnancy were followed in the care they received. The surveys show some encouraging changes over time.

For example, NICE recommends that women with a multiple pregnancy have the number of outer (chorionic) membranes surrounding their babies determined using ultrasound and recorded between 11 weeks 0 days and 13 weeks 6 days.

This is called chorionicity and is important because, if fetuses share a placenta, there is a greater risk of complications. Determining chorionicity allows women to be assigned the correct plan of care for their pregnancy. The most recent survey reports that 86% of women had the chorionicity of their pregnancy determined at first ultrasound, up from 74% in 2011.

However, other recommendations appear to have lower uptake. NICE recommends that women with multiple pregnancies are cared for by a multidisciplinary core team. The quality standard defines this as 'a team consisting of specialist obstetricians, midwives and ultrasonographers, all of whom have experience and knowledge of managing twin and triplet pregnancies.' Although there has been some improvement, the most recent survey suggests that a specialist sonographer is available for 33% of multiple pregnancies, and a specialist midwife for only 24%.

Percentage of women who received care in line with NICE recommendations on multiple pregnancy



Despite these improvements in uptake, after the 2015 survey TAMBA estimated that the quality standard was fully implemented in only 10-18% of maternity units in the UK. They have therefore started a Department of Health and Social Care funded **maternity engagement project**, working with targeted maternity units to improve outcomes for multiple pregnancy families by promoting the use of the NICE quality standard. The project is being supported by NICE who have provided advice, facilitated a workshop and helped with the development of an audit tool.

By 2017/18, the second year of the project, the TAMBA team had conducted 30 onsite clinical audits and over 140 face-to-face interviews with consultants, midwives and sonographers. Each of the 30 audited sites now has a bespoke action plan and support package.

Baseline data from the first round of audits show variable rates of implementation of the NICE quality standard. TAMBA recorded the rates of poor clinical outcomes at each site, including stillbirth and neonatal death. In the 4 sites with the most complete implementation of the quality standard, which were identified as controls for the project, TAMBA has reported an interim finding of better clinical outcomes compared to the other project sites.

Each of the 30 sites will be re-audited after a year to measure progress in implementing the quality standard. As part of the project, TAMBA has developed an antenatal care pathway and an improvement tool which are underpinned by the NICE quality standard. These were submitted to NICE in January 2018 for endorsement. It is hoped this will help them become widely used across all maternity units.

'When we discovered we were having twins I was surprised but elated. Our twins shared a placenta. Initially we received fortnightly scans, in line with NICE guidance, although we rarely saw a midwife and when we did it was clear she'd never cared for a multiple pregnancy before. I was changed from fortnightly scans to monthly scans at 20 weeks and then developed concerning symptoms. When I was finally scanned it was discovered that I had feto-fetal transfusion syndrome, which should be screened for at least fortnightly through my type of pregnancy.

The treatment was scary and very emotional but I felt I was in good hands at the unit I was referred to. They were adhering to the NICE guidelines in every way. They were very knowledgeable about my pregnancy and I finally felt safe so I moved my care to this unit. Luckily, both of my babies survived and I can attribute that to the care we received at the unit who followed the NICE guidelines.' Amy, mum of twins

Diabetes in pregnancy

Diabetes in pregnancy increases risks to pregnant women and their babies. NICE's guideline and quality standard focus on areas where additional or different care should be offered to women with diabetes to reduce these risks.

Diabetes in pregnancy is associated with risks to the woman and to the developing fetus, including congenital malformation, miscarriage, preterm delivery, pre-eclampsia, macrosomia (big baby), and perinatal mortality. The most recent report of the **National Pregnancy in Diabetes (NPID) Audit** looked at over 3,000 pregnancies in women with pre-existing diabetes in England, Wales and the Isle of Man. It found that the stillbirth rate was more than twice, and neonatal death rate nearly 4 times the general population rate. Almost 1 in 2 babies had complications relating to maternal diabetes such as being large for gestational age or being delivered preterm.

NICE's **guideline** and **quality standard** on diabetes in pregnancy cover managing diabetes and its complications in women who are planning pregnancy or are already pregnant. They focus on areas where additional or different care should be offered to women with diabetes and their newborn babies. They include recommendations for the care of women with pre-existing diabetes as well as those who develop gestational diabetes. The NPID audit measures uptake of some of the key NICE recommendations for women with pre-existing diabetes.

When planning for pregnancy, NICE recommends that women with diabetes should take high dose (5mg a day) folic acid, which is available on prescription. This reduces the risk of having a baby with a condition called a neural tube defect, such as spina bifida. When a woman with pre-existing diabetes has her pregnancy confirmed, NICE recommends that contact with a joint diabetes and antenatal clinic should be offered immediately so that care specific to women with diabetes can be provided. The first appointment should be in the first 10 weeks of pregnancy.

*The NICE **costing statement** for the diabetes in pregnancy guideline estimates that there are around 2,400 pregnancies in women with type 1 diabetes each year.*

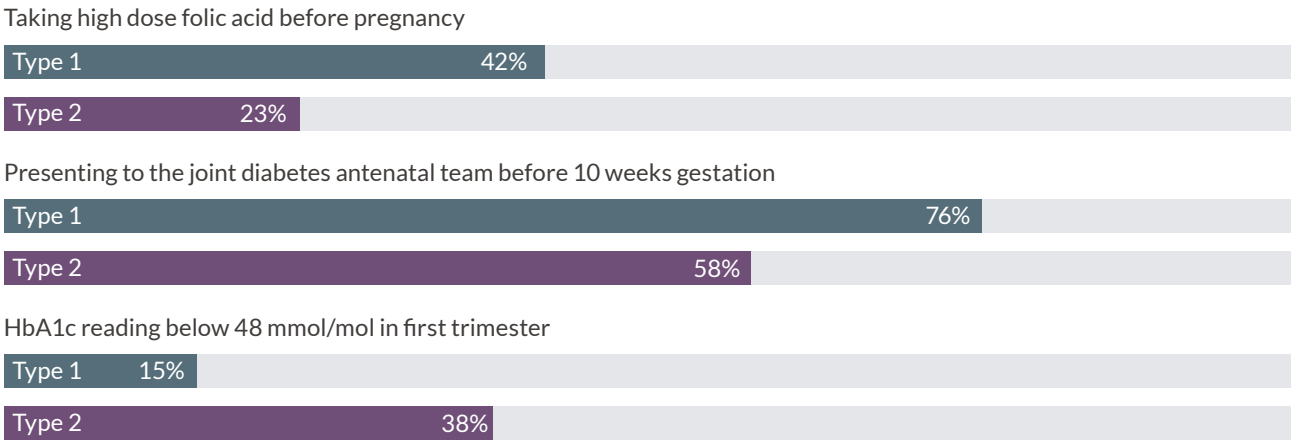
JDRF is a charity which funds research into type 1 diabetes and supports people with the condition and their families. They identified a need for simple, accessible information for women with type 1 diabetes who are planning a pregnancy, and so they developed a resource which follows NICE's recommendations.

The development of the toolkit was described in a NICE shared learning example. It is available from the JDRF website and more than 450 people downloaded it last year.

NICE recommends that women with pre-existing diabetes should take high-dose folic acid while planning for pregnancy and be offered contact with a joint diabetes and antenatal clinic as soon as pregnancy is confirmed.

NICE recommends that women with pre-existing diabetes should have their HbA1c levels recorded at their booking appointment to determine the level of risk. The guideline highlights that the level of risk increases with an HbA1c level above 48 mmol/mol and so the audit records the percentage of women whose first reading in pregnancy is below this.

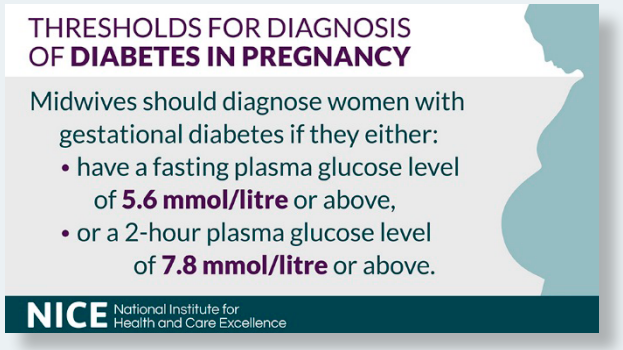
Care of women with pre-existing diabetes, 2016



Overall, the audit report suggests that there has been little change in uptake of the NICE recommendations over the last 3 years, which it describes as 'a concerning lack of progress'. It also highlights regional variations in both uptake and outcomes. This suggests that there is room for improvement in the maternity care offered to women with pre-existing diabetes.

Diagnosing diabetes in pregnancy

Most women with diabetes in pregnancy have gestational diabetes. This is high blood sugar that develops during pregnancy and usually disappears after birth. The NICE costing statement developed to support the diabetes in pregnancy guideline estimates that gestational diabetes affects around 28,000 women a year.



The 2015 report on stillbirths from the Maternal, Newborn and Infant Clinical Outcome Programme found evidence of failures to identify risk factors for gestational diabetes and to refer women for testing as recommended by NICE.

The updated 2015 NICE guideline lowered the fasting plasma glucose threshold for diagnosis and we published a news story to publicise this. Three years on it remains one of our most popular news stories. Around 20,000 people viewed it in 2017, more than any other story, and most viewers arrived from a web search. Because we know that people are interested in these thresholds, and we understand how important it is that women are diagnosed appropriately, we have developed a summary graphic to share when we get enquiries.

Fetal rhesus-D genotype testing

For women who have rhesus negative blood, anti-D prophylaxis is recommended to reduce the risk of complications in future pregnancies. A new test means that only those women who actually need prophylaxis receive it, preventing unnecessary treatments and protecting stocks of anti-D immunoglobulin.

Since 2002, NICE has recommended that women who are rhesus-D (D) negative and are not known to be sensitised to the D antigen are given an injection of anti-D immunoglobulin to reduce the risk of potential problems in future pregnancies. Without it, the anti-D produced by the mother can cross the placenta and destroy her baby's blood cells. This can cause severe fetal anaemia, leading to fetal heart failure, fluid retention and swelling, and intrauterine death. However, only around 62% of women who are D negative actually need anti-D prophylaxis, because their baby is D positive.

38%

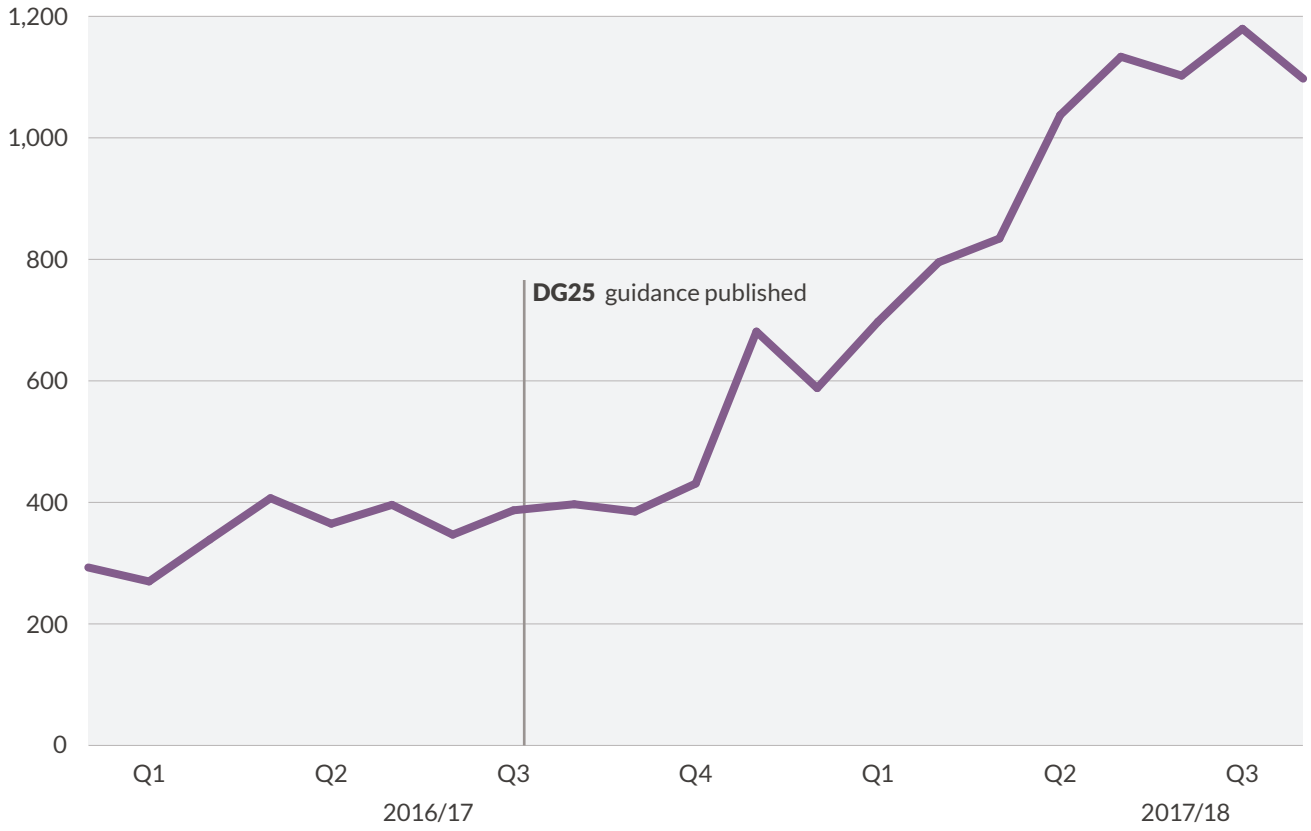
of D negative women have a D negative baby and don't need treatment

In November 2016, NICE recommended the use of high-throughput non-invasive prenatal testing (NIPT) for fetal RHD genotype. This new test is the first reliable way of testing the D status of the baby before it is born. By ensuring anti-D immunoglobulin is only given to women who need it, the test has the potential to protect stocks of this finite resource. NICE's resource impact report calculates that, each year, this could save the NHS more than £370,000 and avoid unnecessary treatment in around 35,000 women who currently receive anti-D when they do not need it.

If the new test was available to all eligible women, it could protect 35,000 women from unnecessary treatment and save the NHS more than £370,000 a year.

Since publication of the NICE guidance, data from NHS Blood and Transplant (NHSBT) show an increase in the number of tests. A further 17 trusts are expected to offer the test by April 2018. NHSBT expect the annual number of tests to increase from around 13,000 in 2016/17 to around 90,000 in 2021/22 when the test is fully rolled out nationally.

NIPT tests per month



NICE worked with 5 NHS sites who were already using the technology in routine practice to produce an **adoption support resource** and a series of **shared learning examples**. These resources are intended to help the NHS adopt the test more widely by learning from the experiences of those who have already put it into practice. The sites highlighted benefits such as a reduction in the number of antenatal anti-D prophylactic clinic appointments needed, and avoiding unnecessary painful injections for women where the test for fetal D is negative.

Personalisation and experience of care

NICE's guidance recommends that women should have a choice of birth settings, and more alongside midwife-led units are now available for women to choose.

Nearly three quarters of trusts and boards offer women a choice of location for their antenatal appointments but there remains regional variation in the proportion of women who are seen within the first 10 weeks of pregnancy.

Most women say that they're given enough time to ask questions at their antenatal appointments but fewer than 40% of women see the same midwife throughout their pregnancy.

Better Births sets out a vision for 'personalised care, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.'

Increasing choice and personalisation is one of the priorities of the **Maternity Transformation Programme**. In this section of the report, we have looked at what we know about the uptake of NICE's recommendations on offering women a choice of birth settings and convenient access to antenatal services.

All of NICE's guidance is underpinned by our statement on **making decisions about your care**, which states that people have the right to be involved in discussions and make decisions about their care. We have reviewed what we know about women's experiences of being informed and supported to make their own decisions about pregnancy and birth. Finally, we have looked at how NICE guidance has been put into practice by the **Improving Me** partnership in Cheshire and Merseyside, one of the sites chosen by NHS England to develop and test ways of improving maternity choice and personalisation.

Choice of birth settings and antenatal services

The Maternity Transformation Programme aims to widen and deepen choices available for women. NICE recommends that women should have the choice of different birth settings; more alongside midwifery units are now available and women are increasingly being offered this option.

NICE's guideline on **intrapartum care for healthy women and babies** sets out the evidence for the safety of different birth settings and recommends that women should be given the choice of where to give birth. The guideline lists 4 birth settings which should be offered to women who are at low risk of complications: home, freestanding midwifery unit, alongside midwifery unit and obstetric unit.

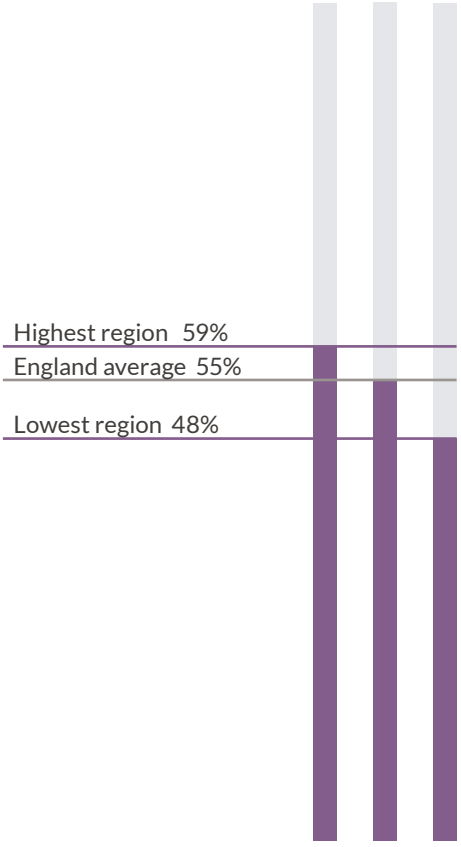
The National Maternity and Perinatal Audit (NMPA) carried out an organisational survey which found that only 19% of trusts in England offered all 4 settings, although most offered an obstetric unit and one of the midwifery unit options. The number of alongside midwifery units has increased since the publication of the NICE guideline, from 87 in 2013 to 106 in 2017.

There were 29 more alongside midwifery units available in 2017 than in 2013.

The CQC maternity survey collected the experiences of over 18,000 women who gave birth in 2017. The survey asked whether they were given the option of different birth settings. There was very little change in the proportion of women who said they were offered a choice of giving birth at home since the previous surveys in 2013 and 2015; this remains at around 38%. However, the proportion of women who said they were offered a choice of giving birth in a midwife-led unit or birth centre has increased to 42%, up from 35% in 2013.

The NMPA organisational survey also looked at choice in antenatal services. NICE's guideline on antenatal care for uncomplicated pregnancies recommends that antenatal care should be easily and readily accessible to all pregnant women. The survey reported that 73% of trusts and boards in England, Scotland and Wales offered women a choice of location for their antenatal appointments and 65% offered a choice of evenings or weekends.

Percentage of women who had their booking appointment in the first 10 weeks of pregnancy, August 2017



NICE recommends that women are supported to access antenatal care by 10 weeks. The first appointment, known as booking, is when NICE recommends women should be given information about the pregnancy care pathway and their options for place of birth. They should also receive information about nutrition, diet, exercise and how the baby develops during pregnancy.

Data from NHS Digital show that around 55% of women in England had their booking appointment in the first 10 weeks of pregnancy, but that there is regional variation. There are many reasons why access to services may vary, but increasing choice may help to make access easier.

Decision-making and experiences of care

All of NICE's maternity guidance is underpinned by the principle that women should be treated with respect and dignity, and involved in decisions about their own care. The CQC maternity survey records how well women feel these principles were achieved.

88%

of women said they were always treated with respect and dignity during labour and birth

In order to make choices and decisions about their care, women need access to good quality information. NICE's guideline on antenatal care recommends that, at each antenatal appointment, healthcare professionals should offer consistent information and clear explanations, and should provide pregnant women with an opportunity to discuss issues and ask questions. The CQC maternity survey asks women if they were given enough time at their antenatal appointments to discuss their pregnancy or ask questions; 77% of women said that they were.

More than three quarters of women said they were given enough time at their antenatal appointments to discuss their pregnancy or ask questions.

Continuity of care is also important. The NICE quality standard on antenatal care recommends that women should be cared for by a named midwife during pregnancy, and the Better Births report highlighted this as something which women valued. The CQC survey found that only 38% of women saw the same midwife each time for their antenatal check-ups. The NMPA organisational survey identified that only 15% of trusts and boards use care models in which women see the same midwife for most contacts during pregnancy, labour and postnatal care.

'I was offered a choice of places to give birth and chose my local freestanding midwife-led unit, but near the end of my pregnancy I changed my mind and chose a midwife-led unit in a larger hospital because I wanted the security of having consultants nearby. I felt that my choice was supported by my midwife and that her main objective was to make sure I was comfortable.' Louise, first time mum

The NICE guideline on intrapartum care recommends that healthcare professionals should ensure that the woman is in control of and involved in what is happening to her. More than three quarters of women who responded to the CQC survey said they were always involved enough in decisions

about their care during labour and birth. Just 5% said they were not involved enough. The survey also reported that 96% of women felt, if their partner or someone else close to them was involved in their care, they were able to be involved as much as they wanted.

Maternity transformation in Cheshire and Merseyside

Improving Me is a partnership of 27 NHS organisations across Cheshire and Merseyside aiming to improve the experiences of local women and children. The partnership has been selected by NHS England as a Maternity Transformation Programme early adopter and a maternity choice and personalisation pioneer. Improving Me is developing new models of care which deliver many of NICE's recommendations for increased choice and personalisation in maternity care.

As part of their commitment to offering women and their families meaningful choice, the partnership is opening a 'pop up' birthing centre at Seacombe Children's Centre in Wirral. This is the first of its kind nationally; a midwife-led birthing unit in a community setting where mums and families are supported before, during and after pregnancy. Women at low risk of complications will be offered the choice of giving birth in this non-medicalised birthing unit, an option underpinned by NICE recommendations on the safety of birth settings.

The unit offers a continuity of carer approach, meaning that women are more likely to be looked after by a midwife who has helped them throughout their pregnancy. If successful, it could inspire the development of permanent freestanding midwifery units across the Cheshire and Merseyside region.

Another approach to increasing choice taken by the partnership is the development of Personal Maternity Care Budgets. These encourage women to choose where and how they receive their care throughout the maternity pathway, in line with NICE guidance on choice of and access to maternity services. The 'budget' element is notional but women are empowered to make choices which allow them to access NHS care in the most appropriate place, by the most appropriate health professional.

In conclusion…

This report highlights some positive progress in the uptake of NICE recommendations for safe and personalised maternity care. More women with a multiple pregnancy are receiving NICE-recommended care processes, fewer women smoke during pregnancy, and most women feel they are involved enough in decisions about their own care. However, in some areas there remains room for improvement in the uptake of NICE recommendations.

The Maternity Transformation Programme is designed to implement a vision for safer and more personalised care. Many of the interventions supported by the programme, on safety, prevention, workforce, women's choice and the personalisation of care, are informed by the work of NICE. The programme is also working with NHS Digital to improve the quality of data submissions to the Maternity Services Data Set. We hope this will give us more information in the future about uptake and outcomes related to NICE guidance.

We will draw the findings in this report to the attention of our system partners and continue to engage at a national and local level to encourage increased uptake of our recommendations.

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National Institute for Health and Care Excellence

Business plan 2018/19

The business plan sets out our business objectives and performance measures for 2018/19. It has been updated since the version reviewed by the Board in February to reflect feedback from the Board and the Department of Health and Social Care.

The Board is asked to approve the business plan and delegate approval of any final amendments to the Chief Executive.

Andrew Dillon

Chief Executive

March 2018

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Business Plan: objectives and performance measures

2018 - 2019

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Introduction

1. This plan sets out our business objectives and performance measures for 2018-19.

2. Our purpose is to help improve the quality, sustainability and productivity of health and social care. We do this by producing guidance and information on effective practice and public health interventions, which enable people working in health and social care to make better decisions with and for those for whom they are providing services. We take account of value for money in developing our guidance, by recognising that new forms of practice need to demonstrate the benefits they bring against what they displace, and by recommending better targeting of interventions of limited value and opportunities for disinvesting from ineffective interventions. Our objectives support the priorities for the health and care system and the ambitions of the life sciences industrial strategy.

3. We promote our guidance and information using our own as well as a range of third party channels, including digital media and we help people to use it by providing practical support tools. NICE has a unique role in the health and care system given its remit across health care, public health and social care and is therefore well placed to adopt this system-wide perspective.

4. Established in April 1999 to reduce variation in the availability and quality of NHS treatments and care, our role was extended in 2005 to include advice on effective and cost effective public health practice. In 2009, we were asked to produce quality standards, derived largely from our clinical guidelines and to take responsibility for developing and maintaining clinical and public health indicators in the Quality and Outcomes Framework (QOF). At the same time, our technology evaluation programme was extended and we added more capacity to evaluate medical devices and diagnostics. Since 2013, our remit has included guidance and quality standards for adults' and children's social care, and highly specialised technologies for very rare conditions.

5. Our objectives are framed around our three strategic objectives which bring together our priorities:

    - Using current and emerging digital technologies, deliver guidance, standards, indicators and evidence to help to achieve high quality, sustainable services, supporting the health and care system to use its resources efficiently, and contributing to a thriving life sciences industry.
    - Support the adoption of our guidance and advice and help maximise its impact by working with partners to produce practical tools and support. Promote the role of NICE in the development and use of evidence in the international arena, to help support the UK as it leaves the EU
    - Operate efficiently, by using our resources productively and sustainably, and by supporting our staff to deliver on their full potential.

The context in which we work

The health and care system

6. Demographics, constrained resources, public expectation and a wave of new technologies are combining to present the health and care system with both challenges and opportunities. Much of what is needed can be done by the NHS and local government, but much too will require collaboration with local government, voluntary organisations, care providers and employers. This argues for a renewed effort to do what we know will help to promote good health and prevent ill-health, support people to gain control of their care through using shared budgets, and promote better integration of care between hospitals and general practitioners and between the NHS and social care. This ambition is being supported through the creation of Sustainability and Transformation Partnerships (STP).

The 2015-20 Spending Review

7. The Government Spending Review, published in November 2015, set a challenging agenda for the public sector. Although the NHS settlement provides for small real terms growth and some front loaded investment in service transformation, the outlook is still challenging and the constraints on local government are likely to impact significantly on those aspects of social care for which we are producing guidance. NICE, too, is affected by the Review. The funding we get from the Department of Health and Social Care is known as Grant-in-Aid and is split between 'administration' and 'programme' elements. The 2018-19 administration funding will fall by £3.1m from £46m to £42.9m in cash terms. This is the third year of an overall straight line phased real terms reduction of 30% in our administration funding over the current spending review period to 2019-20. The programme budget will also reduce from £8.5m to £8.3m which gives a total in year reduction in Grant-in-Aid funding of £3.3m (6%).

8. This amounts to a total reduction of around £14m off our projected baseline over the four year period. Although achieving savings of this magnitude will require significant changes to the nature and extent of what we can offer, we intend nevertheless to keep the essential shape of our offer, combining a range of guidance, standards and indicators, with an array of evidence services, adoption support and added value, fee for service programmes. We have developed a programme of strategic savings and securing alternative sources of income which is currently underway.

Working with our system partners

9. We are committed to supporting the NHS, public health and social care, and organisations in the wider public and voluntary sector to deliver these changes, making the best use of their resources by setting out the case for investment and disinvestment through our guidance programmes and our other advice. From identifying specific recommendations that can save money, to advice on

reconfiguration to support disinvestment from ineffective services, NICE has a range of products and services to help realise savings that can be reinvested. We will work collaboratively with the Department of Health and Social Care, NHS England, Public Health England, the Care Quality Commission and our other national partners and professional bodies, on their plans for a clear and compelling long-term vision for the future of health and care services, and ensure that our advice and guidance forms an integral part of their plans for change and supports a sustainable future.

10. We need to ensure that our guidance is designed to work with a system that:

- Is operating with limited real-term funding growth in health, and real terms reductions for social care and local government
- Is seeking significantly improved quality of care and value for money through a variety of means, including more integrated working in the sustainability and transformation partnerships, and the emerging accountable care organisations and systems, and sharing of services and resources at local level
- Designs and delivers services in conjunction with patients and users, and external partners
- Is devolving resources and decision-making to local communities
- Is beginning to use diverse, previously unconnected data sets to better understand and respond to the needs of service users
- Is collaborating with the life sciences industry to enhance the UK's position as a destination for research and commercialisation
- Is experimenting with a range of service delivery models
- Offers choice to those using it, with that choice being defined in different ways in different settings.

Helping the health and care system achieve financial balance

11. In the next 5 years, as the health and care system faces significant financial challenges, NICE will continue to help drive the optimal use of resources, in partnership with NHS England and NHS Improvement. To do this, we will clearly identify cost saving guidance and its place in commissioning policy, demand management and coordinated reallocation of capacity. We will continue to support the optimal use of medicines and reducing inappropriate prescribing through the work of the Medicines and Technologies Programme, including focussed work on specific medicines. We also assess budget impact of technology appraisal guidance, and provide a 'forward planner that shows and categorises anticipated costs, by quarter, for future guidance. This supports the commissioning process, particularly for specialised products.

12. We will continue to actively engage with partner organisations to identify and improve uptake of disinvestment opportunities. In particular, we are working

with NHS England's RightCare and Getting it Right First Time (GIRFT) programmes and NHS Improvement to coordinate and align medicines optimisation activities and other elements of NHS England's medicines value programme, which aims to improve patient outcomes and ensure we are getting the best value from medicines. A key component is our support and participation in the newly established Regional Medicines Optimisation Committees (RMOCs).

13. Another strand of NICE work to optimise NHS expenditure relates to 'shared decision making', in which patients and clinicians work together to determine a test or treatment package that reflects patients' preferences. This approach has the benefit of improving patient satisfaction and, in many cases, of also reducing the use of more expensive, invasive technologies. NICE is working with NHS England to support this agenda, through a number of strands of work. This includes making the evidence base for NICE guidance more accessible, developing a guideline on shared decision making, curating a collection of quality standards on shared decision making, and providing a repository for a range of online tools. We will also embed shared decision-making as a standard approach in our latest revision of the Guidelines Manual, due for publication in September 2018.

Digital health and care services

14. Expectations regarding the potential of digital interventions and services to transform the delivery of care, improve patient outcomes and access, and save costs, remain high across the health and social care system. In practice however, whilst the evidence base for digital technologies is improving, it remains limited and the confidence of decision makers to recommend or fund these technologies continues to be low. NICE is supporting the evaluation of digital technologies going forward with a number of initiatives. In 2017, we piloted the development of Health App Briefings (unfunded) to provide a summary of the evidence available on apps with a relatively mature evidence base. These briefings are now available to health professionals, commissioners and the public to help understand the strengths and weaknesses of the digital product they cover.

15. In a separate initiative, NICE is supporting NHS England deliver the digital IAPT pilot programme which aims to provide evidence-based psychological therapies and widen access to therapy for people with anxiety disorders and depression. NICE continues to engage with NHS England to identify and support other high priority digital programmes.

Public expectations of NICE

16. As NICE guidance and quality standards extend their reach beyond clinical and public health practice and into social care, the expectations of people for whom NICE is working will continue to rise. We already know that investing in disease prevention and health promotion is good value for money. We will use our public health guidance and quality standards to support the arrangements for public health in England to promote that message.

17. The Government is committed to enabling the public to influence the development and delivery of health and social services. NICE has, from its inception, actively encouraged and supported the involvement of patients, service users, carers and the public (organisations and individuals) in the development and implementation of its guidance and advice, and in providing versions of this guidance and advice in accessible formats. In 2018 we will work closely with NHS England to improve support for shared decision making between patients and professionals. Over the years, NICE has broadened opportunities for public scrutiny of our decisions by providing access for the public to the meetings of our advisory bodies. In 2018, we will continue the implementation of the changes and improvements to our engagement with the public and those who speak on their behalf that were set out in the plans published in 2017.

18. What we offer is enhanced by NICE Evidence Services. This programme has extended our functions beyond guidance production to providing a comprehensive evidence and information service for healthcare, public health and social care. This includes an on-line portal for easy access to evidence, accredited guidance and other products, an evidence service targeted at primary care and specialist information services for accessing bibliographic content purchased by the NHS.

Public health

19. NICE works closely with local authorities to ensure that guidance and related products are clear, relevant and accessible. We have also continued to build on our existing relationships with NHS audiences, and with Public Health England, which continues to deliver many public health interventions and programmes.

20. The partnership agreement between NICE and Public Health England (PHE) sets out how the two organisations will work together to share and develop knowledge and intelligence on healthcare, and on public health interventions and services at a national and local level. We work with PHE to jointly badge guidelines and other evidence based publications, and to actively support implementation of recommendations for public health at a local level. We will continue to work with PHE to optimise the national support for public health.

21. NICE is leading and contributing to a number of work areas to support the fight against antimicrobial resistance. These include the publication of a series of short clinical guidelines on the management of common infections and a new product, Antimicrobial Prescribing Advice, to support the stewardship of new antimicrobials coming to market. Work areas also include considering the potential role for Technology Appraisal guidance for some antimicrobials and exploring how links to up-to-date information on resistance rates can be included in the British National Formulary (BNF).

Social care

22. NICE guidance and quality standards for social care are commissioned by the Secretary of State for Health and Social Care, and in the case of children's social care, the Secretary of State for Education. They are intended for use in conjunction with the frameworks and regulation already in place, providing practical support to help drive up the quality of adult and children's care. They also support the work of local Health and Wellbeing Boards and help local people hold commissioners and providers to account.

23. We recognise that resource allocation decisions are a matter for local councils and believe that using an evidence-based approach to cost-effectiveness can assist local commissioners in making these decisions. This highlights the importance of ensuring that quality standards describe cost effective practice.

24. To ensure our products for social care are designed and presented in a way that meets the needs of the individuals who deliver social care and the organisations they work for, we began producing 'quick guides' in 2016. These have been very well received by the social care sector, and we will continue to develop these during 2018.

25. The social care community has long been an important audience for any NICE guidance and advice that impacts on broader health issues, particularly from our public health programme. NICE's role in this sector was consolidated in 2017 with the publication of *Quality Matters*, which set out NICE's role in delivering quality for social care alongside other partners. In 2018, NICE will play an active role in taking forward the implementation of *Quality Matters,* working closely with Skills for Care and the Social Care Institute for Excellence. We will support four of the six priorities included in the plan for 2017/19, including leading one of the priorities jointly with Skills for Care:
    - Priority 2 - measuring, collecting and using data more effectively
    - Priority 3 - commissioning for outcomes
    - Priority 4 - better support for improvement
    - Priority 5 - shared focus areas for improvement (NICE/Skills for Care lead).

Life sciences industry

26. NICE has an important relationship with the life sciences industry. Much of our guidance is based on data generated by pharmaceutical, biotechnology, medical devices and diagnostics companies, as they develop and prepare their products for market. Most of our programmes make recommendations about or provide information on new and existing health technologies. Our guidance has an impact on the commercial prospects of companies in the life sciences sector, in this country and internationally.

27. Our relationship with the industry is complex. Our primary responsibility is to help those who use the health and care services and those who care for them get the best outcomes and to use the resources available effectively. However,

because of the impact we have on the companies whose products we review, we also have a responsibility to consider the impact of our work on them. This requires a delicate balance but we can help the industry make it more likely that the products they bring to the NHS will address the needs of patients in an affordable way and, as a result, enhance their prospects in the market.

28. 2018-19 will be another challenging year for the NHS. With marginal real terms funding increases, resources will need to go further and every opportunity for more efficient ways of working will need to be deployed. Spending on drugs, devices and diagnostics will inevitably come under ever greater scrutiny. At the same time, the work of the Accelerated Access Collaborative will get underway and the Life Sciences Strategy Sector Deals will be formulated for an industry with great importance to the UK economy. Government and industry will also enter negotiations to agree future medicines price regulation arrangements after the 2014 Pharmaceutical Price Regulation Scheme comes to an end in December 2018, and the Government's implementation of the UK's exit of the European Union will need to deal with the changes it will bring for healthcare and life sciences.

29. We want to reduce the risk for companies introducing products to the UK market by helping them focus their value proposition on the most compelling data. We want to work with companies and the NHS to design and manage novel evidence generation processes and new data-driven funding models for fast-track approval and reimbursement which provide benefits to patients and make the best use of NHS resources. Building on the international value of a positive NICE appraisal, we want to extend our support for companies by increasing the visibility and accessibility of the Office for Market Access and Scientific Advice Programme outside the UK. And we want to support the UK in developing a world-leading approach to using data to track outcomes and manage early access to worthwhile new technologies.

30. Our vision for a thriving relationship between the industry regulators and the NHS is an environment which enables and promotes adaptive, integrated regulatory approval, followed by the fast, data-driven evaluation, reimbursement and adoption of compelling, affordable value propositions. In 2018, subject to the outcome of consultation, we will be implementing changes to better manage access to new drugs and medical technologies (devices and diagnostics) by simplifying and speeding up the appraisal process. These changes will benefit patients by providing access to the most effective and cost effective new treatments more quickly and will help the life sciences industry by increasing the opportunities for companies to help manage the introduction of their new technologies into the NHS.

NICE's unique offer

31. In a changing environment, it will be important for NICE to continue to display some important characteristics, which will remain relevant regardless of the nature of the changes taking place. This allows us to produce guidance and standards that promote better integration between health, public health and

social care services. Our work will therefore be:

- *Distinct:* delivering 'only from NICE' recommendations and services
- *Aligned:* informing and enabling the ambitions and capacities of the health and care system
- *Robust:* working with transparency, rigour, inclusiveness and contestability
- *Efficient*: using our resources carefully, delivering our work when it is needed and responding to changes in the needs of the people and organisations we serve.

32. Wales, Scotland and Northern Ireland have each developed their own approach to the organisation and management of their health and care services. They use different combinations of the guidance and advice we produce in ways which reflect their priorities, the needs of their staff and the local resources they have available to inform evidence-based practice. We tailor our relationship to the needs of each country and have effective working and contractual arrangements with the agencies which undertake complementary functions.

Programmes and objectives

Strategic Objectives

33. Our strategic objectives for 2018-21 are:

- Using current and emerging digital technologies, deliver guidance, standards, indicators and evidence to help to achieve high quality, sustainable services, supporting the health and care system to use its resources efficiently, and contributing to a thriving life sciences industry.
- Support the adoption of our guidance and advice and help maximise its impact by working with partners to produce practical tools and support. Promote the role of NICE in the development and use of evidence in the international arena, to help support the UK as it leaves the EU
- Operate efficiently, by using our resources productively and sustainably, and by supporting our staff to deliver on their full potential.

34. Specifically, we will:

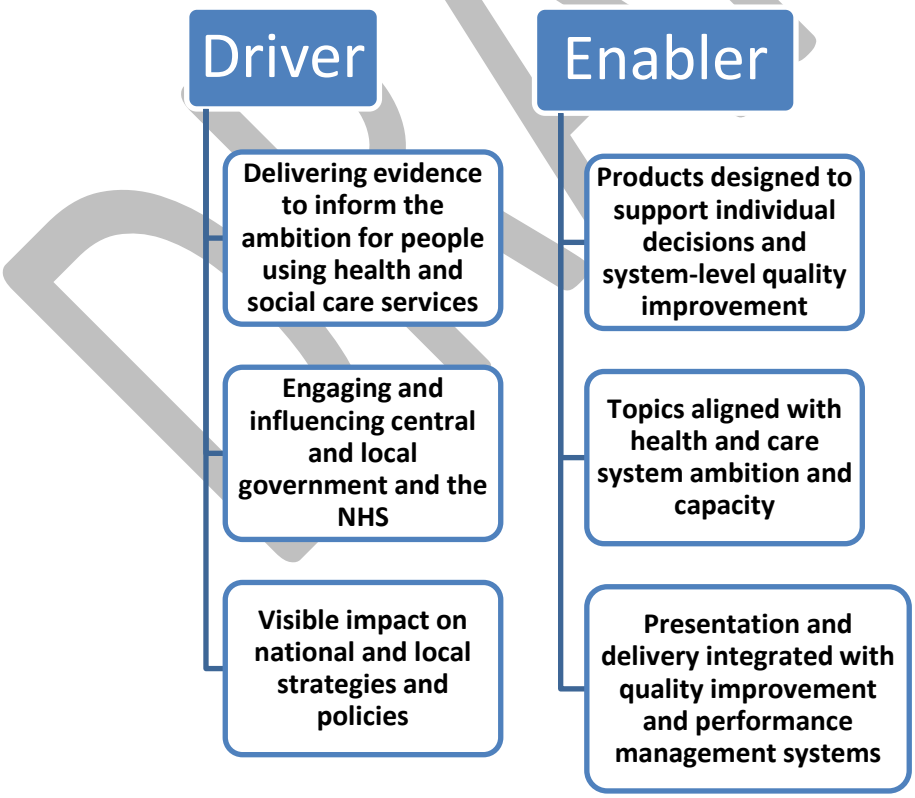
- Be an active partner in the national stewardship of the health and care system, retaining the broad shape and reach of our offer to the health and care system as we operate within a reducing Grant-in-Aid envelope.
- Ensure that our products will be accessible and fit for purpose. They will be designed to support both individual decisions and system-level quality improvement.
- Develop our methodology to embrace new sources and forms of evidence. We will lead in the application of new digital technologies,

including machine learning and artificial intelligence at NICE and if asked to do so in the wider health and care system.

- Enhance our contribution to managing the adoption of NICE guidance and standards, and particularly the uptake of new health technologies to support the UK's ambition to become a global life sciences destination.
- Work with Government and other partner organisations to develop an international offer that will promote UK expertise in science and evidence-based policy as the country transitions out of the European Union.
- Maintain a motivated, well-led and agile workforce capable of adapting to changing circumstances.

35. NICE has the potential to both drive and enable the design and the effective delivery of services provided by the health and care system. Our knowledge of the evidence for good quality care and outcomes and our ability to convert it into guidance and other forms of information which those working in both systems can use to improve their decisions, puts us in a unique position to influence the nature and shape of services into the future.

36. The graphic below summarises our ambition for NICE.



37. The business objectives together with the accompanying actions for 2018-19 are on pages 30 to 34. The 'balanced scorecard', which sets specific targets

based on these objectives, is presented in Appendix 1. Details of the publication outputs for each programme are provided in Appendix 2.

Programmes, products and services

Content

38. ***Quality standards:*** NICE quality standards provide clear, concise statements of high-priority areas for quality improvement, covering health, public health and social care. Audiences include: commissioners of health, public health and social care; staff working in primary care and local authorities; social care provider organisations; public health staff; people working in hospitals; people working in the community and the users of services and their carers. The presentation of quality statements allows users to define and select the statements relevant to their particular area of interest, for example in terms of setting, audience, condition, or population.

39. Quality standards help organisations improve quality by providing measures of best practice to support ongoing performance improvement. These aim to support both commissioners and providers. Around 30 standard topics are in development at any one time, through a process that actively involves those with expertise and understanding of current services. Quality standards include content related to all three dimensions of quality – safety, effectiveness and patient experience – and take into account overall cost impact.

40. Although quality standards are not mandatory, they are an important driver for change within the arrangements for commissioning and service delivery in health and social care. Both the Secretary of State and NHS England must have regard to NICE quality standards. Quality standards are also identified as a key tool for bringing clarity to and measuring quality, as part of the National Quality Board's *Shared commitment to quality*. In social care, their role is reflected in Quality Matters. In public health, NICE is working with Public Health England to support their use in local government, including actively encouraging an ongoing process of data collection. To facilitate use of quality standards by commissioners, in response to feedback, we are reformatting quality standards to enable them to more easily be aligned to local priorities.

41. ***Guidance on health technologies:*** technology appraisals (TA) develop recommendations for the NHS and patients on drugs and treatments based on their clinical and cost effectiveness. We appraise all new drugs for cancer, and significant license extensions for cancer drugs. We consider a subset of all other new technologies offered to the NHS. Regulations provide for the mandatory funding of drugs and treatments which are recommended in a technology appraisal and that funding must normally be available within 3 months of a positive appraisal. Patient entitlement to these drugs is set out in the NHS Constitution.

42. NICE also has responsibility for evaluating and providing advice to NHS England, on selected highly specialised technologies (HST) which have been developed for treating conditions which affect very small number of patients (in England). Regulations provide for the mandatory funding of drugs and treatments which are recommended in a highly specialised technologies evaluation and that funding must normally be available within 3 months of a positive evaluation. Patient entitlement to these drugs is set out in the NHS Constitution.

43. NICE will continue to lead on the topic selection programme for the technology appraisal and highly specialised technologies evaluation programmes for the Department of Health and Social Care. We will continue to work with the NIHR Horizon Scanning functionality; National Institute for Health Research Innovation Observatory (NIHRIO) based in Newcastle to ensure that we receive early intelligence on emerging new health technologies. And we will continue our work with NHS England and other stakeholders to increase early awareness of new and emerging medical technologies, through the development of ***MedTech Scan.***

44. Medical technologies (devices and diagnostics) are notified directly to NICE, usually by commercial sponsors and sometimes by clinical leads, and the Medical Technologies Topic Oversight Group decides which technologies should be evaluated, and by which guidance programmes. Our ***medical technologies guidance*** aims to identify cost saving interventions and recommends them to the NHS when the sponsor's case for adoption is supported by the evidence. The guidance is based on advantages to patients and to the NHS, compared with current practice, and it includes detailed consideration of costs, care settings and of the whole patient pathway.

45. Our ***diagnostics guidance*** advises the NHS and patients on the clinical and cost effectiveness of diagnostic technologies. The Diagnostics Advisory Committee produces guidance on a range of related technologies that have the potential to transform clinical diagnosis pathways to achieve better outcomes. The potential of technologies to provide a diagnosis at the "point of care" and to avoid attendances in secondary care is often an important consideration.

46. In 2014, NICE began to produce ***Medtech Innovation Briefings (MIBs)*** to provide the NHS and social care with objective information on promising medical technologies as an aid to local decision making by clinicians, commissioners and procurement professionals, and to inform patients about new technologies. We will work collaboratively, particularly with NHS England, to develop MIBs as a rapid responsive resource where the need for information has been identified directly from the NHS. We will also exploit the potential of MIBs to address technologies across the whole spectrum of NHS and social care settings.

47. Since July 2016, a team at NICE has been working with colleagues in NHS England to support the arrangements laid out for the new ***Cancer Drugs Fund*** (CDF). We have appraised most of the treatments that were made available via the old Cancer Drugs Fund, and are working actively with NHS England to

develop managed access agreements for drugs recommended for use in the reformed Cancer Drugs Fund. We continue to collaborate with Public Health England and NHS England to monitor data collection during the CDF period and the first 2 topics exiting the CDF following data collection will be considered by Technology Appraisal Committees in 2018.

48. Since 2017, NICE has been developing outputs and activities to support NHS England's commissioning of specialised services through the new ***Commissioning Support Programme (CSP)***.

49. NICE will continue to provide advice to NHS England on the feasibility of operating patient access scheme proposals put forward by companies through the ***Patient Access Schemes Liaison Unit (PASLU)***. We will explore with colleagues in NHS England how, through PASLU and our other commercial and managed access liaison functions, we can support NHS England in the consideration of commercial access agreements.

50. Recent changes to the TA and HST programmes, such as the introduction of the budget impact test and HST cost/QALY limit, have substantially increased the need for NICE to ensure companies have meaningful opportunities to engage in commercial and managed access conversations with both ourselves and NHS England. The demand from companies for such interactions with NICE is already significant. It will increase further when the proposals for adjustment to the TA process, currently in consultation, are implemented. In order for these conversations to take place both at scale, and within the formal framework of NICE guidance production, appropriately resourced structures and processes have to be put in place in both NICE and NHS England. NHS England have already begun the establishment of their new strategic commercial unit. They have signalled to us the need for to establish an equivalent function as soon as possible, and this need is recognised in the government response to the Accelerated Access Review Report (sections 2.6 and 4.2). Commercial negotiation and managed access activity is resource intensive, sensitive and highly complex. NICE will support this by establishing a ***commercial and managed access programme of work***, starting in the 2018-19 business year.

51. ***Interventional procedures guidance*** advises on the safety and efficacy of treatments and approaches to diagnosis. It includes procedures used in hospital, in the community and in patients' homes. An interventional procedure is one used for diagnosis or treatment that involves making a cut or hole in the body, entry into a body cavity or using electromagnetic radiation (including X-rays or lasers). Topics for this programme are referred by any source including: manufacturers, patients, other programmes at NICE and the health professionals who wish to use them. The outputs are applied with consistency in the NHS and in the private health sector.

52. ***NICE guidelines:*** 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 and support to adults and children, and planning broader services and interventions to improve

the health of communities. Guidelines covering clinical and social care topics aim to promote individualised care and integrated care, for example, by covering transitions between children's and adult services and between health and social care. NICE guidelines include, where appropriate, recommendations on the organisation and delivery of care in health and social care service.

- ***Clinical guidelines*** consist of sets of recommendations on the appropriate treatment and care for patients with specific diseases and conditions. Though not covered by a funding requirement or the NHS Constitution, they are an important reference for patients, health and social care professionals and commissioners in the NHS. Like other NICE guidance, the recommendations in our clinical guidelines are assessed for both their clinical and cost effectiveness and they integrate other guidance outputs, such as technology appraisals, and interventional procedures, when these are relevant to the topic. Importantly, our clinical guidelines are also the primary source for our quality standards and form the main source for the development of NICE Pathways.

- The current portfolio of clinical guidelines is approximately 200; the largest collection of clinical guidelines in the world. Additional topics are referred by NHS England, after careful consideration. At present, between 50 and 60 clinical guidelines (including updates) are in development.

- Maintaining the currency of the guidelines portfolio is a vital element of its relevance to the NHS and its suitability as the principal source for quality standards. As the portfolio has grown, reviewing and updating guidelines has become a major activity in the programme. The nature and extent of the library, in the longer term, will need to be agreed with the Department of Health and Social Care and NHS England.

- ***Social care guidelines:*** The 2012 Health and Social Care Act established a new responsibility for NICE to develop guidance and quality standards for social care in England. This provides an opportunity to apply an evidence-based system to decision-making in the social care sector, similar to that provided for the NHS. It will also allow us to produce guidance that promotes better integration between health, public health and social care services, and will be developed in close partnership with, rather than imposed upon, service users and carers, practitioners and organisations working in social care. The programme currently has between 6 and 8 guidelines for social care in development at one time. Following significant engagement with stakeholders, to understand their priority areas and the specific needs of our social care audiences, a new list of topics will enter the scoping and development phase during 2018.

- ***Public health guidelines:*** NICE guidance in public health covers a range of topics largely addressing health improvement and wider determinants, such as tobacco cessation services and prevention of obesity. It is a significant programme of work that has between 20 and 24 topics under development at any one time. In 2014, we were referred a library of over 60 public health topics to inform future quality standards and final

agreement on the guidelines portfolio was reached in 2017, covering a broad range of topics that have been prioritised with partners, including Public Health England. The final phase of topics for guidance is currently awaiting referral. In addition, a programme of new guidance on the management of common infections commenced in 2017 and will be at full capacity during 2018; this will be additional to the portfolio of quality standards and will assist the national strategy to reduce antimicrobial resistance.

53. ***Medicines and prescribing:*** We provide a comprehensive suite of guidance, advice and support for optimal use of medicines. These include a horizon scanning function for new drugs (*UK Pharmascan*), evidence summaries, key therapeutic topics, medicines awareness services and the associates programme. Prescribing advice is commissioned through the British National Formulary (BNF), and information about licensed drugs is available through NICE's digital evidence resource. We are working with the BNF to ensure that it reflects the most up-to-date evidence on antimicrobial use to support the drive to reduce antimicrobial resistance.

54. Evidence summaries provide information on the effectiveness, safety, resource impact and patient factors for new medicines which are not the subject of a timely technology appraisal. We also produce evidence summaries on the use of unlicensed/off-label drugs in conditions where there is no licensed alternative, supporting cross-system initiatives to facilitate the adoption of repurposed medicines with a robust evidence base. Evidence summaries do not constitute formal recommendations, but summarise the available evidence to facilitate commissioning policies and local decision-making.

55. ***NICE menu of indicators*** provides a range of evidence-based indicators to support national and local measurement of quality improvement. NICE has a robust process in place for developing indicators, which was recognised in 2015 through two independent reviews carried out by the King's Fund and the Health Foundation.

56. Indicators developed by NICE are used in the QOF to reward general practice for the provision of high quality care and to standardise improvements. NICE is working closely with NHS England to support planned changes to general practice indicators in England.

57. NICE also produces indicators for public health, and to help Clinical Commissioning Groups identify areas for improvement, to enable them to compare their care processes and outcomes with other groups, locally and nationally. NICE will work closely with NHS England to ensure indicator development reflects their priorities.

58. NICE is working with the CQC and other colleagues to identify indicators and measures that reflect high quality social care. This is being taken forward as a workstream within *Quality Matters,* and will draw on measures that NICE has identified in quality standards for social care.

59. ***NICE Evidence Services*** are online evidence resources to help people from across the NHS and working in the wider public health and social care sector to make better decisions by providing them with access to clinical and non-clinical evidence-based information of the highest quality. It does this by engaging directly with health and social care professionals to identify and disseminate quality evidence-based information, including from those organisations accredited by NICE. The service draws on a comprehensive range of information sources (including local experience), providing easy access to information that has traditionally been hard to find. The system includes a 'simple search', built around a powerful search engine, as well as an advanced database search for researchers and information specialists to search content across a range of bibliographic databases. The BNF and BNFC, and the Clinical Knowledge Summaries, which summarise practice recommendations for over 330 topics typically presenting in primary care, are also available as part of the evidence service of NICE. Access to these multiple services is now fully integrated within the NICE website and signposted from any page of the website. This enables a seamless journey for our users, from one information source to another.

60. The service is built on an 'open-access principle' – as much content and functionality as possible will be freely accessible. Access to some full-text content requires users to log on because of commercial arrangements with the information providers, although this is being kept to a minimum and the log-on process is as simple as possible.

61. ***Improving Access to Psychological Therapies (IAPT) Assessment Briefings:*** To support NHS England's programme to improve access to psychological therapies, we will evaluate selected, digitally assisted therapies for depression and anxiety using ongoing data collection to determine whether there are improvements in service efficiency, with patient outcomes that are at least as good as those achieved with NICE recommended non-digital therapy. We identify potential digital products, which are screened in line with NICE recommendations and address a condition currently managed by the IAPT programme, and produce an assessment briefing that is considered by an expert panel for inclusion in the IAPT programme. Suitable products are allocated to a set of local IAPT services, and evaluated in practice. Data collected is reviewed on a regular basis by the panel, and the products will be part of the mainstream IAPT service after 2 years if their performance is at least as good as NICE recommended non-digital therapy and there is a reduction in the unit cost allowing an increase in activity within current resources.

Engagement

62. ***Communications:*** The communications team explains what we do and why. It protects and enhances our reputation. Its role is to promote NICE's core aim of improving quality and productivity of healthcare, public health and social care.

63. Work continues to improve the NICE website and we are developing ways to use new digital platforms, including social and multi media, to communicate with old and new audiences as people change the way they access information.

64. Through our audience insights programme we will regularly monitor and evaluate what our audiences think about NICE's products and services, how they use them and what we can do to improve their interactions with us.

65. In all areas of communications work – from writing and editing guidance, responding to enquiries about our work, developing and maintaining digital content, through to our public affairs work with government, and engagement with the press and other media as well as internal audiences – we will ensure that guidance and advice is easily accessible, simple to use and readily understood. Our aim is to explain NICE's key role in delivering excellence in health and social care.

66. ***Involving patients, services users and the public*:** We have a service user and public-centred approach in the development of our methodologies across all our programmes. Our processes are designed to enable organisations that represent patients, service users, carers and the wider public to submit evidence, alongside health professionals and others, and to influence the formulation of guidance and other products and services. Individual patients, service users, carers and community members are involved in the development of each piece of NICE guidance, and other products. We are committed to seeking improvements in how we can better incorporate the views of lay people into our work and in disseminating our recommendations to a public audience. We will continue to implement the recommendations from the public involvement strategic review during 2018-19, aligning these changes with broader changes across NICE's guidance development processes and methodologies.

67. We are committed to involving the public, patients, people who use services and their carers, and organisations that represent their interests, such as Patients Involved in NICE (PIN) and the Richmond Group, in developing our methods, our guidance and the NHS Evidence service, and we will continue to develop our capacity and our methodologies to do so.

68. We are also committed to encouraging and advising voluntary and community sector organisations to support the use of NICE guidance and standards. We will continue our work to refer people to appropriate patient and voluntary sector organisations as part of our guidance to provide readers with additional sources of support. In particular, most Quality Standards have voluntary and community sector organisations included as supporting organisations. These organisations enter into a formal agreement with us about how they will promote individual quality standards. We will also continue to work with Healthwatch England to provide advice to local Healthwatch organisations on supporting the use of NICE guidance and standards.

69. ***Involving health and social care professionals and organisations*:** NICE recognises the important role that professionals play in driving change in health and social care. This is clearly demonstrated in the evidence base for changing practice, and in numerous successful examples of implementing NICE guidance in the Local Practice collection. The effective engagement of professionals, as

members of guidance-producing advisory bodies and as external experts in the development and implementation of NICE guidance and advice is therefore of key importance. Both their professional experience and their ability to interpret evidence is an essential contribution to our work. Given the demands made on their time in their routine work, we need to make sure that the opportunities we offer to become involved in our work are as attractive as possible. Our Fellows and Scholars programme is another way in which we can draw on the experience of health and social care professionals and managers from all disciplines, in undertaking our role. NICE's Student Champion programme continues to be an important mechanism for educating and informing students about NICE. The programme also helps students to understand the importance of using evidence and to help to embed a culture of evidence based thinking and practice that they can take with them into their future educational and professional lives.

70. Organisations that commission and deliver services are important external partners in our work. We want to ensure that they are encouraged to become involved in the development of our guidance as well as its implementation.

71. ***Science Policy and Research:*** The Science Policy and Research programme leads NICE corporate scientific affairs, and develops and maintains NICE's research governance infrastructure. The programme collaborates with and influences external policy partners and the research community to define and develop research projects of strategic importance to NICE. The team works with NICE's Internal Research Advisory Group to develop NICE's methods and encourages partners to commission research relevant to the work of NICE. This includes proactive involvement with national health research funders such as the Medical Research Council (MRC) and the National Institute for Health Research (NIHR).

72. The programme of scientific policy and research activities, which align to NICE's research priority areas, is increasingly delivered through grant funded research projects located within the Science Policy and Research team. Strong progress has been made resulting in significantly increased research activities in 2017-18, and we currently have a team of eight staff working on research projects fully funded through research grant income. Current activities include six European funded projects, research on patient preferences through a research grant from Myeloma UK and an MRC funded project "Extending the QALY". Outcomes from the projects are translated to practice through internal engagement with the guidance producing teams, and life sciences companies engaged in developments through the Office for Market Access and NICE Scientific Advice.

73. The programme leads on key external engagement with a number of regulatory and policy bodies. NICE's relationship with the MHRA continues, with quarterly meetings and on-going engagement. Additional activity in the research policy landscape includes i) the coordination of NICE's value framework, which will support the Pharmaceutical Price Regulation Scheme (PPRS) negotiations for 2018 renewal process, ii) a scoping study on the impact precision medicine might have on NICE methods and processes, iii) ongoing work to prepare an

update to the position statement on the use of the EQ5D-5L instrument, and iv) contributions to a number of topics that are part of the joint EMA-EUnetHTA work programme, including EU business surrounding the way therapeutic indication are worded for medicinal products.

74. The Science Policy and Research programme is working with the University of Manchester and the Connected Health Cities in the North of England to establish a Data Lab, along with other potential partners. The health and social care systems generate a wealth of potentially useful data in their day-to-day activities. Until recently, these "big data" sources have had limited relevance but recent advances in data infrastructure, data linkage and analytics are making the use of such data increasingly feasible. NICE is interested in exploring how big data could complement data from traditional studies to inform its guidance. The Data Lab partnership intends to build on the University of Manchester's experience in health informatics by re-using routinely-collected information from parts of the local health and social care system. Linking different datasets together and using state-of-the art analytics, the project aims to test and evaluate how big data can provide evidence relating to the effectiveness of new and existing treatments and produce new big-picture health insights.

Adoption and impact

75. ***Implementation*****:** NICE guidance and advice needs to be effectively implemented to have any impact on the health and wellbeing of the population and the quality of care provided. Our job is to produce what is needed, when it is needed and then do all we can to encourage and support those who are in a position to apply it. This is a complex, challenging task for which an understanding of the evidence for effective ways of overcoming obstacles is an essential prerequisite. There is a growing body of research evidence and an accompanying literature on not merely what change is desirable in health systems but how to achieve it so it is embedded and sustained. It is possible that the messages about how to effect change may not be getting across to policy-makers and managers in ways which help them or in terms they find useful. NICE needs to be both a user of, and contributor to, the evidence on how to effect large-scale transformational change in complex health systems. To facilitate this process, NICE has an ongoing programme of implementation support to encourage the uptake of guidance and quality standards, including tailored advice for the sustainability and transformation partnerships (STPs).

76. The implementation strategy has five specific objectives. To:
    - produce guidance and standards that are fit for the audience's needs
    - ensure relevant audiences know about the guidance recommendations
    - motivate and encourage improvement
    - highlight practical support to improve local capability and opportunity
    - evaluate impact and uptake.

77. NICE has an Implementation Strategy Group comprised of academic leaders in the field of health, care and social science and public involvement who help us to achieve the aims of the implementation strategy. The group advises on new areas of implementation science and engaging with the research community to

stimulate evaluation of significant areas of implementation and improvement science to inform our work.

78. NICE provides or endorses relevant implementation support products for a range of purposes, including support for commissioning, support for service improvement and audit, and support for education and learning, all with the aim of making implementation more straightforward at a local level. Some examples of support from NICE include the web based 'Into practice' guide for organisations on how to put evidence into practice, a forward planner updated monthly to summarise our future work programme, provide indicative costs and highlight links with the tariff, and a Local Practice Collection which includes Shared Learning examples and Quality and Productivity case studies on the NICE website.

79. We also have a regional field team that provides practical support and advice to NHS trusts, Academic Health Science Networks, CCGs, local authorities, social care providers, sustainability and transformation partnerships, and accountable care organisations and systems, particularly in relation to effective processes for implementation and information about NICE. During 2018-19 we will continue to align the work of the field team where relevant with the regional structures of NHS England and Public Health England along with prioritised local engagement activities. This will continue to facilitate a strategic approach of working more closely with partner organisations, and of using new technologies such as webinars, to increase the team's impact.

80. We also have an active programme of strategic engagement at a national level, as well as locally and regionally. The focus of the national level programme is to ensure that the evidence base as set out in NICE guidance and quality standards is embedded in activity with relevant third parties. Progress in engagement and its effect on the use of NICE guidance and standards will be reported against standard metrics and regular uptake reports. This will also include information that NICE has about how our recommendations for evidence-based and cost effective care are being used.

81. ***Adoption of Health Technologies:*** We facilitate the adoption of selected guidance across the NHS through engagement with clinical teams, commissioners, patients groups and social care. Included in this is focused practical advice about how to measure impact. There are two types of practical adoption support: the first consolidates the learning that has taken place from a significant number of NHS sites that have already adopted a technology; the second focuses on technologies that are not widely used in the NHS or where complex redesign to services is required to successfully implement a technology.

82. We also support the uptake of new technologies in conjunction with the Academic Health Science Networks, the Office for Life Sciences, and NHS England including providing the secretariat for the NICE Implementation Collaborative (NIC) Board and supporting the Innovation Scorecard.

83. By applying NICE's skills, knowledge and experience in adoption, uptake and resource impact, we will support the realignment of the NIC and the scorecard with implementation of the Accelerated Access Review. The vision is to coordinate and align identification of transformative technologies, identification of implementation barriers, and uptake data, with clinical engagement, to provide system learning and drive adoption and uptake.

84. ***Endorsement and accreditation*****:** To support users of NICE Evidence, we introduced a formal accreditation programme, enabling 'kite-marking' of high quality independent guidance producers. We now also have a process of formally endorsing externally produced implementation tools and resources, where these are in line with NICE recommendations. This process helps users of guidance to identify high quality resources, recognising the potential power of these channels and the lack of capacity to produce all that we might want to ourselves. In 2018-19 we will be considering whether the endorsement programme can operate on a fee-for-service basis.

85. ***NICE Pathways*****:** NICE will continue to produce and promote access to a range of interactive pathways based on NICE guidance to ensure integration across topics and with guidance and quality standards. Pathways now provide access to all NICE guidance, including guidelines and guidance on technologies, making them the most comprehensive route to identify related guidance on the NICE website.

86. ***Digital transformation:*** underpinning the work of all NICE's teams is a range of digital services, tools and applications - some internally facing, supporting the guidance producing teams, some externally facing to allow widespread access to our content through a range of channels and formats. These services are being maintained, continuously improved and where needed transformed in line with internal and external user needs.

87. A key objective of the transformation work is to improve the efficiency and productivity of NICE guidance development processes. We are transforming the way we develop our content and manage our evidence base. The objective is to allow our recommendations, evidence statements, and the underpinning evidence to be queried, updated, shared and repurposed more effectively, with benefits to internal and external users of NICE's content alike.

88. The other key objective of our digital transformation is to widen and improve access and distribution of NICE guidance and evidence-based products and services to NICE core audiences using a range of digital channels. We strive to continually improve our website, to ease the navigation of NICE's complex portfolio of products and services, and facilitate access to relevant and related content for users. We continue to improve mobile access to our services. Finally, we seek partners for joint working on digital initiatives which support the distribution and re-use of NICE content in decision support and other third party systems.

89. In delivering its digital offer NICE is creating important links with digital teams across the Arms' Length Body sector as well as a number of specialist

academic centres. NICE will continue to develop these connections and explore opportunities to inform, and where suitable, influence the design of system-wide digital information services and products. This will ensure that the effort invested by NICE in producing its information assets is not duplicated and that NICE material is used as source reference material in digital systems developed by the health and care sector wherever suitable.

Core principles for product development

90. In the development of guidance and other advice, NICE operates a set of core principles. These principles inform the development of any new work programmes as well as the delivery of existing programmes. These principles state that:

    - A comprehensive evidence base, subject to rigorous assessment and analysis, will be used to inform the development of evidence summaries and guidance recommendations.
    - Input from the public, patients, people who use health and social care services, and health and social care professionals will form part of all guidance development.
    - Independent advisory bodies will develop recommendations on behalf of the Board.
    - Transparent process and methods will underpin the development of all evidence summaries and guidance recommendations.
    - A consultation or process of contestability will enable external stakeholders to comment on and inform the development of our guidance.
    - A process of regular review and updating will ensure guidance recommendations are of continuing value.

91. These principles are supplemented by advice to NICE's advisory bodies on our approach to the application of social value judgements, and on the requirements to promote, within our guidance, equality of opportunity and to seek to eliminate unlawful discrimination on the grounds of any characteristic protected by equality legislation. It will be important for us to hold onto these principles during the changes facing us.

Resource assumptions

92. NICE receives most of its funding directly from the Department of Health and Social Care (DHSC). This funding is known as Grant-in-Aid (GIA) and is split into two key components, administration and programme funding. Administration funding is applied to the DHSC's non-frontline activities and support activities such as the provision of policy advice, business support services and technical or scientific advice and support. Most of the DHSC's budget is categorised as programme funding and is applied in providing frontline NHS services.

93. The majority of NICE's funding (and DHSC funding) is classified as administration – the exceptions are funding for supplying the British National Formulary (BNF) publications to the NHS and costs associated with the medical technologies evaluation programme. NICE also receives other funding from Health Education England and NHS England which is also treated as programme costs.

94. The table below shows the planned sources of funds for 2018-19 and how they will be applied. It also shows how these compare with the 2017-18 plan.

Table 1: Sources and application of funds

	2017-18	2018-19	2019-20
	£m	£m	£m
Sources of Funding			
Administration - GIA	46.0	42.9	40.0
Programme - GIA	8.5	8.3	8.0
Transition Funding (Administration - GIA)	-	1.3	4.9
Income from Devolved Administrations	1.8	1.8	1.8
Income from Health Education England	4.1	4.0	4.0
Income from NHS England	6.4	6.9	6.9
Other operating income	3.1	3.5	3.4
Non-Cash Funding - Depreciation	1.0	1.0	1.0
Total Sources of Funding	**70.9**	**69.7**	**70.0**
Application of Funds			
Guidance and Advice	56.1	55.1	54.6
Corporate	12.8	12.9	13.0
Reserves	0.5	-	-
Inflationary cost pressures and pay increases	0.5	0.7	1.4
Depreciation Charges	1.0	1.0	1.0
Total Applications of Funding	**70.9**	**69.7**	**70.0**
Net Position (- surplus / + deficit)	**0.0**	**0.0**	**0.0**

95. The proposed reduction in GIA funding over the spending review period has presented a significant challenge. The Senior Management Team and Board agreed a strategic savings programme to deliver these savings in the four financial years from April 2017. The Board also agreed a strategic vision for NICE that seeks to retain the broad scope of NICE's offer at the end of this period.

96. The savings programme included a plan to recover the costs of appraisals by charging industry from 1 April 2018. However, in October 2017 these plans were put on hold. This leaves a potential budget deficit of £1.3m in 2018-19,

rising to £4.9m in 2019-20. We will continue to have conversations with DHSC about funding options.

Sources of funds

97. The 2018-19 administration funding will fall by 7% (£3.1m) in cash terms. This is the third year of an overall straight line phased real terms reduction of 30% in our administration funding over the current Spending Review (SR) period to 2019-20. The programme budget will also reduce from £8.5m to £8.3m which gives a total in year reduction in GIA funding of £3.3m (6%) as part of a straight line 10% reduction to the programme element over the SR period.

98. In addition to GIA funding there are a number of other sources of income. In total these are projected to be £16.2m, an increase of £0.8m from 2017-18.

99. We anticipate that NHS England will continue to provide funding to support a number of existing programmes such as our work to support the Cancer Drugs Fund, details of which are set out in the table below.

Table 2: NHS England funding

Funding from NHS England	2018-19 £m
Ongoing activity	
Cancer Drugs Fund	2.6
Evidence based treatment pathways in mental health	1.6
Commissioning Support Programme	0.8
Commissioning Through Evaluation	0.6
Develop new MedTech Horizon Scanning Database	0.5
MedTech Innovation Briefings	0.4
Evaluation of digital therapies within the IAPT programme	0.3
Rapid Evidence Summaries	0.1
Total confirmed activity	**6.9**
Proposed / planned work (funding to be confirmed)	
Produce evidence summaries for Regional Medicines Optimisation Committees	0.1
Total proposed activity	**0.1**

100. Funding of £4.0m will come from Health Education England under the service arrangements in place whereby NICE procures and provides the national core content for the NHS.

101. Income from the devolved administrations in Wales, Scotland and Northern Ireland contributes to the cost of selected guidance production, producing the BNF and some supporting services depending on which products and services they make use of locally. Service level agreements set out the level of funding that will be provided and which outputs can be used by each country or support to be provided. It is expected that this income will remain at £1.8m in 2018-19.

102. Income from other sources is expected to amount to £3.5m, this funding is mainly made up as follows:

- NICE Scientific Advice provides early advice to the pharmaceutical and medical technology industries. These activities will generate £1.4m to cover direct costs and contribute to overheads where appropriate.
- Rental income will remain around £0.8m for 2018-19. Our London office will continue to host the Human Fertilisation and Embryology Authority (HFEA) and we will continue to generate income from the sub-lets in our Manchester office to the Homes and Communities Agency and the Care Quality Commission.
- Funded academic research, the majority of which comes from the European Union is expected to amount to at least £0.6m during 2018-19.
- There are also small amounts of income from other sources anticipated to contribute £0.7m for income generating activities within Science Policy and Research, the Office for Market Access (OMA) and Intellectual Property and Business Content Management. Science Policy and Research have secured a number of European research grants to help fund on-going projects and staff resource spanning over a number of years.

103. In addition to the Grant-in-Aid funding that we receive from the Department of Health and Social Care, we also bid for capital funding on an annual basis. Although subject to confirmation, the assumed capital requirement for 2018-19 is £0.5m as per previous years. It is anticipated this will be used to maintain office facilities and IT hardware and software.

104. There is also a non-cash limit of £1m associated with depreciation of assets. These capital and depreciation budgets and resource limits are over and above the Grant-in-Aid funding set out above.

How we apply our resources

105. The pay budget for 2018-19 is currently £38.2m, including expected pay inflation cost pressures (see appendix 3.1 for full breakdown). This is an increase of £2.5m (7%) compared to 2017-18. Of this, £0.7m relates to projected pay increases, with the balance relating to posts for new activity (for example evaluating digital therapies within the IAPT programme and new academic resource projects) and increasing the capacity of the Technology Appraisal programme. The budgeted headcount is 677 whole time equivalent (wte), which is higher than the planned 648 wte in 2017-18, this increase is due to the new activity referred to above.

106. The non-pay budget for 2018-19 is £31.5m, a reduction of £2.8m (8%). The majority of this (£1.2m) relates to decommissioning the National Collaborating Centre (NCC) for Social Care contract from 1 April 2018. Further, in 2017-18 NICE transferred £1.0m to the National Institute for Health Research (NIHR) for

support relating to the Cancer Drugs Fund. This funding is no longer required by the NIHR in 2018/19, with the budget used to fund the additional pay costs arising from increasing the capacity of the Technology Appraisal programme noted above. The balance relates to reductions in the digital services external contractor budget.

Human Resources

107. There are two members of staff expected to earn more than £142,500 during 2018-19. Overall, the ratio of staff on the executive senior managers (ESM) pay framework to total staff complement is 1 ESM for 93 wte staff.

108. This years' People Plan sets the strategic direction of the Human Resources department. The People Plan sets out the specific objectives to be undertaken. Alongside this work the HR team will aim to deliver a modern HR service and continue to offer timely support, guidance and training to managers.

109. Following a review of our recruitment strategy we will work with each centre and directorate to formulate workforce plans to achieve more effective resourcing. We will develop a suite of recruitment tools for hiring managers, including greater usage of social media platforms to maximise our employer brand.

110. We will identify opportunities to pilot a 'graduate programme' for niche hard to appoint roles and continue to drive our apprentice strategy and identify ways in which usage of the apprentice levy can be maximised.

111. We are progressing our talent management activities by engaging with DHSC, Civil Service and other leadership programmes, including attending steering groups and supporting assessment centres. This will be underpinned by a suite of internal management development initiatives, including 'practical' mini-master classes in soft skills and key HR policies.

112. We are committed to staff engagement and will build on the excellent relationship with staff side partners. This year we will be rolling out NICE values and running a campaign of health and well-being initiatives with a particular focus on mental health. We are also reviewing our induction process to aid early engagement and retention.

113. A key objective of the transactional HR work is to improve the efficiency of HR processes and systems. This year we will be rolling out 'manager self-serve', creating real time reporting. The other key objective of our transactional work is to improve management information for managers to help inform business decisions. We will do this through the development of people dashboards and piloting e-appraisal.

Estates

114. All of NICE's office facilities now operate on a totally flexible working model. The Human Fertilisation and Embryology Authority is co-located in our London office, and the Care Quality Commission (CQC) and Homes and Communities Agency (HCA) are co-located in our Manchester office. This provides income to offset against our savings targets and ensures that we are making best use of the space we lease. The lease on the London office runs through to the end of 2020 when it is expected that the freeholder will redevelop the site. At that point NICE expects to move to one of the London public sector 'hub' sites. The lease on our Manchester office was renewed at the end of 2017 a 10 year term with a break opportunity at year 7 for which we have negotiated favourable terms. In the longer term, but no earlier than 2024, the Government Property Unit is planning a North West hub, which currently aligns with the Manchester lease break.

Procurement

115. We continue to comply with the Government's policy objectives in relation to procurement and efficiency controls. We use Government LEAN sourcing principles for all significant procurements and undertake to complete them within the 120 day target. We also comply with Government buying standards and use the central contract solutions where appropriate for procurement of common goods and services. We will also take part in aggregated procurements for common goods and services. We conform to the Efficiency Reform Group controls and procedures where applicable.

Sustainable development

116. We are committed to supporting and promoting sustainability and climate change resilience issues.

117. We will continue to consider our own direct impact, focusing our efforts on areas where carbon impact is most significant. These include: electricity use, staff and non-staff business travel, printing of guidance and the British National Formulary (BNF), office waste and recycling.

118. In addition, we will continue to explore ways in which the sustainability of health interventions we are asked to consider might feature in the guidance we produce, to guide the decisions made by health and social care providers, patients and service users. A sustainability steering group has been established that will develop a generic statement on sustainability to be incorporated in NICE products. It will also consider how sustainability factors (social and environmental) can be incorporated into the cost impact analysis work. We will do this in conjunction with the Centre for Sustainable Healthcare and the Sustainable Development Unit. Any changes to our methods or for the presentation of guidance would need to be the subject of discussion and

consultation. We will also develop a Board-approved, Sustainable Development Management Plan (SDMP).

Equality

119. As part of NICE's compliance with the Public Sector Equality Duty there is an equality analysis process for each item of NICE guidance (which includes quality standards and indicators for the Quality and Outcomes Framework and Clinical Commissioning Group Outcomes Indicator Set). This seeks to ensure that, wherever there is sufficient evidence, NICE's recommendations support local and national efforts to advance equality of opportunity and narrow health inequalities.

120. NICE meets the Equality Act's specific duty on publication of information through its annual equality report on the impact of its equality programme. In March 2016 the Board agreed equality objectives for the period 2016 to 2020 in accordance with the Public Sector Equality Duty.

121. The NICE equality and diversity group meets quarterly and includes members from each centre/directorate. In addition to overseeing the delivery of the equality objectives and coordinating input to the annual equality report, the group seeks to share good practice across NICE and provide a forum for discussing and proposing solutions to cross-Institute equality issues.

122. We have produced data on the gender pay gap, in the format required by the Department of Health and Social Care. This information is available on our web site.

Risk management

123. We will continue to actively consider the risks associated with the achievement of our strategic and business objectives. The senior management team regularly review risks to ensure that appropriate mitigating action is being taken. The Audit and Risk Committee receives regular assurance on behalf of the Board concerning the identification and management of risks. The main vehicle for this assurance is the risk register but the Audit and Risk Committee also receives reports on significant incidents resulting from unforeseen or unmitigated risks.

124. The Board receives assurance on these from a number of sources but primarily through the Chief Executive's and the Directors' reports to the bi-monthly Public Board meetings, and also the risk register. The Department of Health and Social Care regularly assesses the extent to which NICE has met its statutory obligations and manages its risks at accountability meetings.

Principal business objectives 2018-19

Objective	Actions
Guidance, standards, indicators and evidence	
Publish guidance, standards and indicators, and provide evidence services against the targets set out in the Business Plan and in accordance with the metrics in the balanced scorecard	• Deliver guidance, standards, indicators and evidence products and services, in accordance with the schedule set out in the Business Plan • Ensure performance meets the targets set out in the balanced scorecard • In conjunction with national partners, develop a process for agreeing a joint narrative on the financial and workforce impact of our guidance
Implement changes to methods and processes in the technology appraisal (TA) and highly specialised technologies (HST) programmes	• Continue to implement changes to the TA and HST programmes: the TA fast track process, the budget impact test and value assessment in HST • Subject to the outcome of consultation, implement the proposals for increasing capacity in the TA programme • Make changes to the operation of the advisory committees, to improve the efficiency of the overall committee resource
Refine and implement new methods and processes to accelerate the development of guidelines	• Review the methods and processes for efficient and timely guideline update outputs • Revise and implement new methods and processes to support the development of guideline updates in-house • Revise and implement new processes for the surveillance of guidelines • Complete and publish a revised Guidelines Development Manual
Maintain a suite of digital evidence services to meet the evidence information needs of health and social care users and partner agencies	• Maintain and monitor performance of NICE Evidence Services (CKS, HDAS, BNF microsites, Evidence Search), with investment in new features on a strictly needed basis

Objective	Actions
	• Procure and implement the national core content in line with Health Education England (HEE) commissioning decisions
Implement NICE-related aspects of the life sciences industries sector deal and the Accelerated Access Review	• Develop an implementation plan for those aspects of the Life Sciences Sector Deal that are relevant to NICE • Operationalise the Accelerated Access Collaborative programme office, developing mechanisms for effective engagement with all members of the Collaborative • Establish the infrastructure for the MedTechScan horizon scanning programme • Establish a Commercial Liaison Team to provide input to NHS England to inform their negotiations with companies, based on the outputs of the Technology Appraisal and HST programme • Engage with DHSC and MHRA to ensure operational readiness for the UK's departure from the European Union
Review and remodel the approach to developing and delivering NICE guidance to take account of real world data, machine learning and new digital platforms	• Develop a strategy for implementing changes to the development of NICE guidance to take account of new evidence sources, digitally-enabled authoring and machine learning • Subject to SMT and Board agreement, and the availability of resources, develop and implement an action plan for 2018-19
Adoption and Impact	
Deliver a programme of national, regional and local strategic engagement to support alignment across the health and care system and the uptake of NICE guidance and standards	• Work with local health and care systems to promote the use of NICE guidance and quality standards, measured against the metrics in the 2018-19 strategic engagement plan • Support the use of NICE guidance and standards through the work of other national organisations in health, public health and social care, measured against agreed metrics • Work with key system partners, in particular NHSE and PHE, to deliver mutually supportive communication activities • Use our membership of the Arm's Length Bodies CEO group to promote a compelling narrative about the value of our work to the health and care system

Objective	Actions
	• Work with the devolution communities to ensure awareness of the NICE offer and help with system and service design
Deliver a programme of support to encourage the adoption of drugs and other medical technologies recommended by NICE	• Promote the innovation scorecard within the clinical community to encourage the uptake of recommended drugs and technologies • Deliver budget impact assessments to inform access to medicines recommended within the NICE TA and HST programmes
Monitor the impact and uptake of Health and Social Care products and services and ensure that guidance and standards meet the needs of our audiences	• Produce 6 topic based reports showing uptake and impact of NICE guidance and standards • Deliver a rolling programme of audience research projects including an annual stakeholder reputation audit
Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact though regular evaluation	• Undertake a programme of enhancements to content on the website for different audiences including visual summaries and improving the 'user journey' on the NICE website to enable users to easily find the information they want • Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision Making Collaborative • Deliver a programme of quality assurance activities including endorsement, shared learning and the shared learning award
Promote collaboration on evidence management, system integration and data science initiatives across ALBs and with academic establishments and other external stakeholders	• Support NHS Digital to understand the domain model of NICE (and its broader evidence context), and explore the opportunities/value of introducing common interoperability standards (such as SNOMED) into the structure of NICE's content • Support NHS England to deliver the digital IAPT pilot programme (Improving Access to Psychological Therapies)
Create a structured and coordinated approach for working with and listening to stakeholders	• Implement agreed actions from the public involvement strategic review including introduction of the Expert Panel and pilot novel methods in relation to user-focused evidence • Explore opportunities to develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content to their needs

Objective	Actions
	• Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management • Develop metrics to measure the extent and impact of our engagement with social care audiences
Deliver new digital service projects, maintain NICE's existing digital services and implement service improvements based on user insights and service performance and strategic priorities	• Deliver digital service projects that support NICE's strategic goals and transformation agenda. The projects will be prioritised and scoped throughout the year to support NICE in four key areas: evidence management, structured content development, process optimisation and dissemination/channels • Maintain all live NICE Digital Services to agreed service levels (service availability and time to defect resolution) • Translate data and observations about the performance of NICE Digital Services into actionable improvement proposals and implement in line with business priorities • Undertake continuous improvement of live services in response to user insights and service performance. For the NICE website, formally establish a new priority-led approach ('Journey Maps') to service improvement
Inform the review of the Pharmaceutical Price Regulation Scheme (PPRS)	• Engage with the Department of Health and Social Care to inform the re-negotiation of the PPRS, focussing attention on those aspects of the Scheme which have an impact on the development of NICE guidance
Operating efficiently	
Operate within resource and cash limits in 2018-19	• Deliver performance against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets
Implement the third year of a three year strategy to manage the reduction in the Department of Health and Social Care's Grant-In-Aid funding and deliver a balanced budget in 2018-19	• Centres and directorates to identify and deliver the savings expected from them in order enable the Institute to manage within the reduced Grant in Aid funding received from DHSC, by April 2019 • Ensure that fully designed and tested financial and operational arrangements for charging for technology appraisals and highly specialised technologies are in place in time for charging to begin

Objective	Actions
Further develop and grow NICE Scientific Advice	• Re-establish NICE Scientific Advice as a business unit with increased devolved autonomy within the NICE legal entity • Work with relevant NICE corporate functions (HR, Finance and Communications) to define the scope of devolved autonomy and governance arrangements • Drive the business unit as a market facing way to deliver increased revenue and influence
Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance	• Articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK, including permissions to use content overseas, adaptation of guidance, quality assurance services and syndication services • Promote our capacity for knowledge sharing with international organisations interested in NICE's expertise and experience and take advantage of country-specific opportunities
Enthuse and enable staff to deliver on the Institute's objectives, ensuring that every member of staff has a clear set of personal objectives, a personal development plan and an annual appraisal	• Ensure that all staff have clear objectives supported by personal development plans • Put in place implementation plans for relevant NICE workplace guidance • Actively manage staff with the objective of ensuring that the global job satisfaction index in the annual staff survey is maintained or improved from its 2017 level
Develop an accommodation strategy, taking into account projected future demand and national policy	• Assess the future demand for office accommodation in London and Manchester • Consider the options for space in both locations, taking account of current lease arrangements and national policy on the location of public sector agencies • Prepare a strategy for Board approval by December 2018

APPENDICES

1. **Balanced Scorecard for 2018-19**
2. **Activity Analysis for 2018-19**
3. **Revenue budget allocations for 2018-19**
4. **Board and Senior Management Team**
5. **Organisational Chart**

Appendix 1 - Balanced Scorecard 2018-19

The balanced scorecard is structured into three domains reflecting NICE's strategic objectives:

- Using current and emerging digital technologies, deliver guidance, standards, indicators and evidence to help to achieve high quality, sustainable services, supporting the health and care system to use its resources efficiently, and contributing to a thriving life sciences industry.
- Support the adoption of our guidance and advice and help maximise its impact by working with partners to produce practical tools and support. Promote the role of NICE in the development and use of evidence in the international arena, to help support the UK as it leaves the EU
- Operate efficiently, by using our resources productively and sustainably, and by supporting our staff to deliver on their full potential.

Guidance, standards, indicators and evidence

Success Criteria	Key Measures	Target
Development and publication of guidance and evidence outputs		
Publish 27 guidelines • Clinical areas (19) • Public health (2) • Social care (2) • Management of common infections (4)	Publication within stated quarter	80%
Publish 75 technology appraisals guidance	Publication within stated year	100%
Publish up to 30 interventional procedures guidance	Publication within stated quarter	80%
Publish 4 diagnostics guidance	Publication within stated year	80%

Success Criteria	Key Measures	Target
Publish 3 highly specialised technologies guidance	Publication within stated year	100%
Publish 8 medical technologies guidance	Publication within stated year	80%
Publish up to 34 medtech innovation briefings (MIBs)	Publication within stated year	80%
Submit advice to Ministers on up to 38 Patient Access Schemes	Publication within stated year	100%
Deliver up to 25 commissioning support programme topics to NHS England	Publication within stated quarter	80%
Publish 58 evidence surveillance	Publication within stated quarter	80%
Deliver up to 20 evidence summaries[1]	Publication within year	80%
Deliver 10 quick guides for social care	Publication within year	100%
Deliver 20 quality standards	Publication within stated quarter	80%
Deliver 1 indicator menu	Publication within year	100%
Deliver 4 Mental health care pathways to NHS England	Delivery to NHS England within stated quarter	100%
Deliver 30 endorsement statements	Publication within stated quarter	80%
Deliver 50 shared learning examples	Publication within stated quarter	80%
Publish 12 monthly updates of the BNF and BNF C content	Publication within stated quarter	80%
Deliver a regular medicine awareness service (50 MAWs)	Publication to regular schedule	90%
Deliver 16 medicines optimisation key therapeutic topics	Publication within stated quarter	80%
Deliver 25 medicines evidence commentaries	Publication within stated quarter	80%
Deliver 4 IAPT (Improving Access to Psychological Therapies) assessment briefings	Publication within stated quarter	80%

[1] Depending on new work and funding from NHS England Regional Medicines Optimisation Committees. Exact number depends on scope of summaries.

Adoption and impact

Success Criteria	Key Measures	Target
Provision of support products for the effective implementation of guidance		
Provide adoption support products for up to 5 topics	Provide within year	80%
Publish 96 resource impact products to support guidance	Publication within year	80%
Maintaining and developing recognition of the role of NICE		
NICE guidance and standards support the STPs	NICE products referenced in STP implementation plans within year	80%
NICE products help to inform CQC inspections	NICE guidance and quality standards referenced in the new health and adult social care assessment frameworks for the CQC's key question around effectiveness	100%
Coverage of NICE in the media	% of positive coverage of NICE in the media resulting from active programme of media relations	80%

Operating efficiently

Critical Success Factors	Key Measures	Target
Delivering programmes and activities on budget		
Effective management of financial resources	Revenue spend	To operate within budget
Effective management of non-exchequer income	Net income received from non-exchequer income sources measured against business plan targets	90%
Produce the annual report and accounts within the statutory timeframe	Publications	100%

Critical Success Factors	Key Measures	Target
Maintaining and developing a skilled and motivated workforce		
Management of recruitment	Proportion of posts appointed to within 4 months of first advertisement	80%
Management of sickness absence	Quarterly sickness absence rate is lower than NHS average rate (3.7% Apr-Jun 2011) or general rate for all sectors (2.8%)	90%
Staff satisfaction	Proportion of staff reporting in staff survey that the Institute is a good, very good or excellent place to work (global job satisfaction index)	75%
Staff involvement	Hold monthly staff meetings	80%
Staff well-being	Implementation of NICE's quality standard for healthy workplaces: improving employee mental and physical health and wellbeing in respect of own staff	80% of quality statements
Sustainable Development		
Recycled waste	% of total waste recycled	50%
Improving stakeholder satisfaction		
Improved satisfaction	Complaints responded to in 20 working days	80%
	Enquiries fully responded to in 18 working days	90%
	Number of Freedom of Information requests responded to within 20 working days	100%
	PQs contribution provided within requested time frame	90%
Ensuring stakeholders have access to our websites as the main communication channel	Percentage of planned availability, not including scheduled out of hours maintenance	98%

Critical Success Factors	Key Measures	Target
Interest in lay committee vacancies reflected by ratio of applications to positions	2:1 (or greater) each quarter	100%
Improving efficiency and speed of outputs		
Speed of production	% STAs for all new drugs issuing an ACD or FAD within 6 months of the product being first licensed in the UK	90%
	% of multiple technology appraisals from invitation to participate to ACD in 41 weeks, or where no ACD produced to FAD in 44 weeks	85%
	% of Appeal Panel decisions received within 3 weeks of the hearing	80%

Appendix 2 - Activity Analysis 2018-19

(These figures only show the publication outputs from each programme and are therefore not necessarily the full measure of the activity in each programme)

Programme	2017-18 published outputs	2018-19 planned outputs	2019-20 planned outputs
Social care guidelines	4	2	1
Clinical guidelines	26	19	24
Public health guidelines	5	2	4
Management of common infections guidelines	3	4	5
Social care quick guides	7	10	10
Quality standards	20	20	20
Indicator menu	1	1	1
Technology appraisals guidance	76	75	75
Highly specialised technologies guidance	3	3	3
Medical technologies guidance	4	8	8
Medtech innovation briefings	38	TBC	TBC
Diagnostics guidance	4	4	7
Commissioning support programme topics	0	Up to 25	Up to 25
Patient Access Scheme advice	35	Up to 38	Up to 38
Interventional procedures guidance	30	Up to 30	Up to 30
Evidence summaries	10	20	20
Medicines optimisation key therapeutic topics	15	16	16
Medicines evidence commentaries	25	25	25
Adoption support products	5	5	5
Resource impact products	96	96	94
Decision support products	N/A	10	10
Shared learning examples	50	50	50
Endorsement statements	30	30	30
Guidance surveillance reviews – clinical	37	44	TBC*
Guidance surveillance reviews – public health	18	14	TBC*

Guidance surveillance reviews – social care	3	0	TBC*
IAPT assessment briefings	6	4	4
Medicine awareness service	50	50	50

***** The guidelines surveillance review team are due to consult on the cycle length for surveillance which will govern how many reviews are due in 2019-20.

Appendix 3.1 - Centre and directorate budget allocations 2018-19 and 2019-20

Application of funds (Indicative budgets)	2018-19				2019-20			
		Pay	Non-pay	Total		Pay	Non-pay	Total
	wte	£m	£m	£m	wte	£m	£m	£m
Guidance and advice								
Centre for Guidelines	115.2	6.6	12.0	18.6	113.2	6.7	11.1	17.8
Centre for Health Technology Evaluation	204.3	11.4	3.9	15.3	204.3	11.4	4.0	15.4
Health and Social Care Directorate	126.8	7.6	2.3	9.9	126.8	7.8	2.3	10.1
Evidence Resources Directorate	99.1	5.4	5.9	11.3	99.1	5.4	5.9	11.3
Corporate								
Communications Directorate	70.1	3.6	0.4	4.0	70.1	3.6	0.4	4.0
Business Planning and Resources Directorate	61.7	2.9	6.0	8.9	61.7	3.0	6.0	9.0
Contingency Reserves								
Inflationary cost pressures and pay increases		0.7		0.7		0.7	0.7	1.4
Depreciation			1.0	1.0			1.0	1.0
Total Budget	**677.2**	**38.2**	**31.5**	**69.7**	**675.2**	**38.6**	**31.4**	**70.0**

Appendix 3.2 - Revenue projections in financial statements format

Statement of comprehensive net expenditure	
	2018-19
	£m
Expenditure	
Staff costs	38.2
Depreciation & Amortisation	1.0
Other expenditure	30.5
	69.7
Income	
Income from sales of goods and services	(1.6)
Other operating income	(14.6)
Net Expenditure	**53.5**

Appendix 3.3 - Balance sheet projection

Statement of Financial Position to 31 March 2019	
	31 March 2019 £m
Non-current assets	
Property, plant and equipment	3.0
Intangible assets	0.1
Total non-current assets	**3.1**
Current assets	
Trade and other receivables	2.0
Other current assets	2.4
Cash and cash equivalents	1.5
Total current assets	**5.9**
Total assets	**9.0**
Current liabilities	
Trade and other payables	(2.5)
Provisions for liabilities and charges	(1.0)
Total current liabilites	(3.5)
Non-current assets less net current liabilities	**5.5**
Non-current liabilities	
Provisions for liabilities and charges	(1.0)
Total non-current liabilities	(1.0)
Assets less liabilitites	**4.5**
Taxpayers' equity	
General fund	3.3
Non-exchequer trading reserves	1.2
	4.5

Appendix 3.4 - Cash flow projection

Projected cash flow statement for year ending 31 March 2019	
	£m
Cash flows from operating activities	
Net surplus after cost of capital and interest	(53.5)
Adjustments for non-cash transactions	1.0
	(52.5)
Cash flows from investing activities	
Purchase of property, plant and equipment	(0.4)
Purchase intangible assets	(0.1)
	(0.5)
Cash flows from Financing Activities	
Net grant-in-aid from Department of Health	53.0
Net Cash inflow/(outlow) before financing	0.0
Net increase/(decrease) in cash equivalents	0.0
Cash and cash equivalents at the beginning of the period	1.5
Cash and cash equivalents at the end of the period	1.5

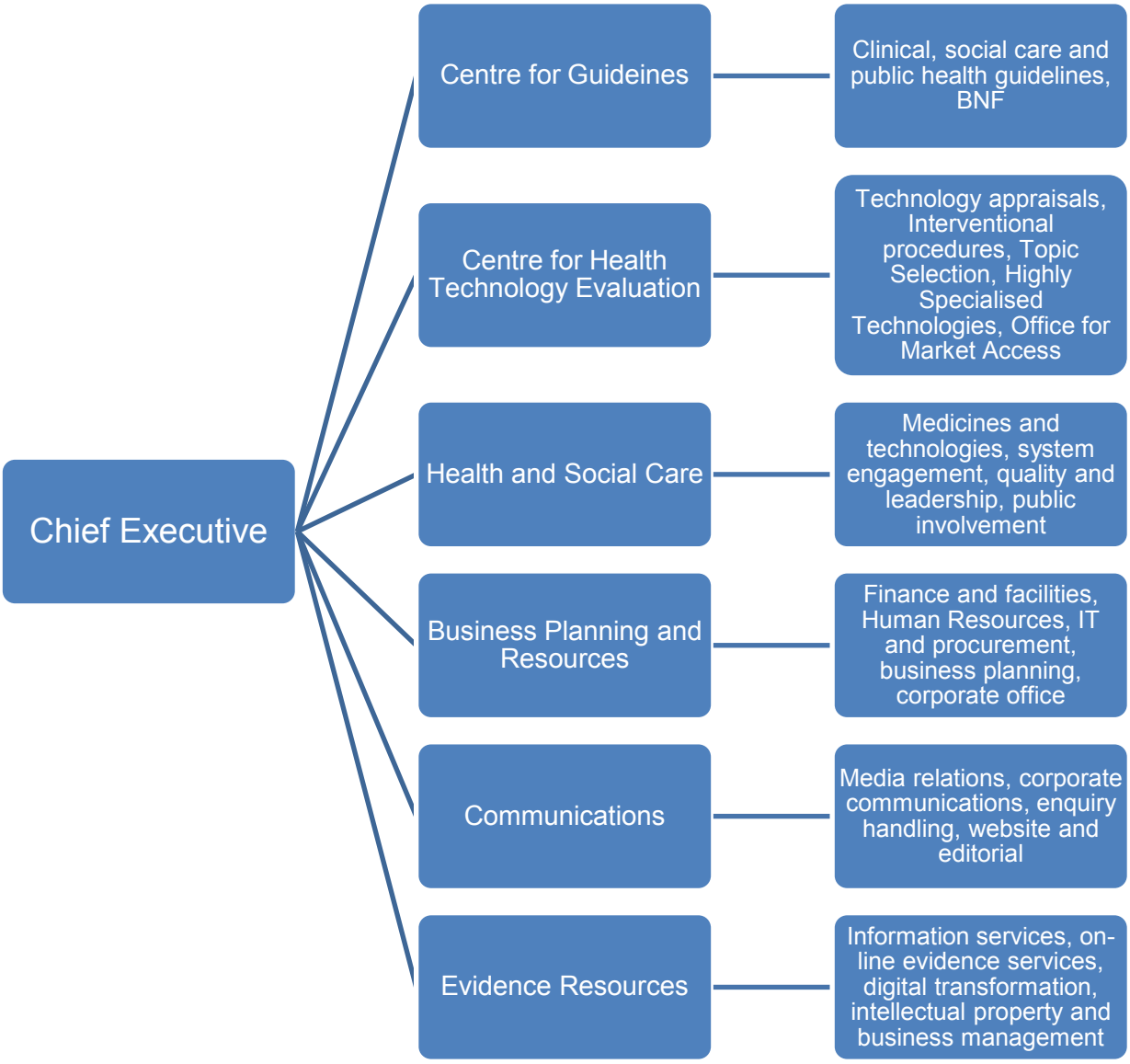
Appendix 4 - Board and Senior Management Team

The members of the Board and the Senior Management Team are listed below.

Professor David Haslam CBE	Chair
Professor Sheena Asthana	Non-Executive Director
Dr Rosie Benneyworth	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Professor Martin Cowie	Non-Executive Director
Ms Elaine Inglesby-Burke	Non-Executive Director
Professor Tim Irish	Non-Executive Director
Dr Rima Makarem	Non-Executive Director
Mr Tom Wright CBE	Non-Executive Director
Sir Andrew Dillon CBE*	Chief Executive
Professor Mark Baker*	Director: Centre for Guidelines
Mr Ben Bennett*	Director: Business Planning and Resources
Ms Jane Gizbert	Director: Communications
Professor Gillian Leng CBE*	Director: Health and Social Care
Ms Mirella Marlow	Acting Director: Centre for Health Technology Evaluation
Ms Alexia Tonnel	Director: Evidence Resources

Note: * Executive Directors

Appendix 5 – Organisational Chart



National Institute for Health and Care Excellence

Updated Guidelines Manual

This paper gives details of changes made to Developing NICE Guidelines: the manual following a scheduled review.

The Board is asked to approve the manual for public consultation.

Professor Mark Baker

Director, Centre for Guidelines

March 2018

Background

1. Developing NICE guidelines: the manual was published in October 2014, aligning for the first time process and methods across public health, social care, clinical, safe staffing and medicines practice guidelines. The manual was scheduled for review in Q3 2017, three years after publication. This paper sets out the approach taken to the review, and highlights the key changes proposed.

Context

2. NICE has a first class international reputation for quality: our processes and methods have been iterated over time through regular review, with input from leading experts in evidence based health care and related disciplines, and from our stakeholders through public consultation.

3. While the changes proposed in this update represent further iteration, changes in the external environment are presenting new opportunities for NICE that may bring more fundamental changes to our work. Increases in the amount of data available, the development of new and efficient mechanisms for analysis, and advances in the way information is labelled, linked and shared, have the potential to significantly disrupt current ways of working. This potential is further increased by considering how these advances can be integrated. NICE has a leadership role to play in exploring these new approaches to evidence generation and interpretation, and in new ways of informing and communicating decisions.

4. The environment that NICE operates within is increasingly resource-constrained, and methods and processes will need to continue to evolve in that context. We are exploring how the use of technology can help us work efficiently, reduce uncertainty and ensure the quality of our guidance through the Transforming Guidance Development Programme and related initiatives. Current areas of focus include:

    - structured guidance authoring - benefits, user research, tools
    - evidence management - tools, workflow, connections
    - real world data for evidence generation - use cases, data sources, methods and tools, analytical expertise
    - systems for process efficiency - external consultations, identity management
    - machine learning for process efficiency - opportunities, commercial solutions, data requirements, skills and technology

5. We anticipate that significant changes will be introduced into the guidelines manual in the coming years as these initiatives mature.

Approach

6. A number of approaches were taken to identify areas for update, including:

    - Identifying strategic drivers, chiefly the need for a sustainable surveillance process
    - Reviewing the points of process or methodological differentiation in the current manual to ensure that these remain appropriate, and to strengthen the rationale for differentiation where possible
    - Considering feedback from internal teams and external developers on issues that had arisen during implementation of the 2014 manual
    - Convening a virtual reference group of external experts (see appendix 1 for details), who reviewed the manual and made suggestions for improvement to ensure NICE methods remain at the forefront of best practice.

7. Development of new content and updates to the text have been led by a range of individuals, many from the Centre for Guidelines methods and economics team.

8. Changes were agreed with the Methods Working Group, which includes representation from all Centre for Guidelines teams, Guidance Information Services, Editorial, PIP, the Medicines practice programme and Science policy & research.

9. The updated manual was reviewed in full by teams within CfG and across NICE, and external developers, in January 2018. Further iterations were then made prior to editing.

Changes proposed

10. A large number of changes have been made to the manual in light of the update process. A summary of the key changes proposed is included below. Other changes have been made to reflect best current practice, introduce iterative improvements to process and methods, and improve clarity.

Scoping

11. Developers are encouraged to focus on evidence gaps during scoping, and additions to the scoping chapter prompt developers to start to compile a list of areas where evidence is missing, along with details of stakeholders who might

be able to provide information, in preparation for a call for evidence and / or early identification of expert witnesses.

12. The standard consultation period for draft scopes in the current manual is set at four weeks. The updated manual introduces the option to reduce this period to two weeks for draft scopes of partial updates.

13. The manual is now explicit that guidelines do not usually include key issues that are covered by other arms-length or government bodies such as the Department of Health, NHS England or Public Health England. In addition, developers are reminded that guidelines do not usually cover training requirements, as these are the role of the Royal Colleges and professional associations, but they may make recommendations on the need for specific knowledge and skills for a particular aspect of care.

Service delivery guidelines and review questions

14. The 2014 manual references interim methods for service delivery, which were published to support the development of whole guidelines, and individual review questions, with a specific service focus. Our experience in this area has now been consolidated and the interim methods embedded within the main manual. This includes changes to chapters on scoping, search and evidence submission, and economics. In addition, a new appendix has been created to provide developers with detailed advice on how to develop review questions in this area.

Committees

15. The updated manual encourages guideline developers to consider other NICE guidance in development when developing and scoping new topics. Cross-representation on committees and scoping groups of related guidelines in simultaneous development is promoted.

16. Advice is included for developers seeking to include expert testimony from children or other vulnerable groups as part of guideline development. The need to make special arrangements, such as giving testimony via video recording, or in private session, is highlighted.

17. A number of editorial changes have been made to ensure the manual is consistent with the recently updated code of practice for declaring and dealing with conflicts of interest.

Review questions and evidence review

18. Core outcome sets are agreed standardised sets of outcomes that represent the minimum that should be measured and reported in all clinical trials of a specific

condition; one source is the COMET database. In a strengthening of the advice for developers on these tools, the manual now indicates that core outcome sets should be used in reviews if these are suitable, based on quality and validity. Further advice is highlighted to developers as links to external standards.

19. Clinical prediction models are developed to aid healthcare professionals in estimating the probability or risk that a specific disease or condition is present (diagnostic prediction models) or that a specific event will occur in the future (prognostic prediction models). The manual has been updated to include examples of review questions that assess and compare these models, and links out to further external sources of advice.

20. Following alignment work across the guideline programmes a standardised template for review protocols has been developed and is included as a new appendix to the updated manual. International best practice in systematic reviewing includes the registration of review protocols on the PROSERO database before the completion of data extraction. Registration is now proposed as a mandatory requirement within the updated guidelines manual.

21. Changes throughout the manual highlight that guidelines may draw on reviews that use real world evidence and data. As NICE's experience of evidence generation in response to identified evidence gaps increase through a range of ongoing initiatives, it is anticipated that the advice to developers in this area will grow in future updates of the manual.

Searching

22. Updates to the searching chapter include new sources, tools and approaches in line with emerging best practice. In addition, a new prompt for identification of MHRA drug safety information for pharmacological effectiveness reviews has been added.

Reviewing the evidence

23. Chapter 6 - reviewing the evidence - has been extensively rewritten during the updating process. Firstly, the clarity of the chapter has been improved by drawing a distinction between critical appraisal of individual studies and overall certainty in findings. Secondly, the manual now recommends that GRADE should be used as the first choice approach for quality assessment. One of the main differences in approach that remained between clinical and public health/social care guidelines following implementation of the 2014 manual was the approach to quality assessment. Clinical guidelines used the GRADE approach, with public health and social care developers using ++/-- or other methods, and these approaches were accepted within the 2014 manual. Following development of the GRADE-CERQual approach for application of

GRADE to qualitative evidence, and the piloting of GRADE within non-clinical guidelines, it is now accepted that the GRADE approach should be used, with other methods accepted in exceptional circumstances. GRADE-CERQual is recommended for qualitative evidence reviews, and the approaches for dealing with quantitative evidence have been better articulated.

24. In light of the standardised approach to quality assessment, the updated manual indicates that GRADE profiles should normally be provided as a way of summarising the results of the analysis and describing the confidence in the evidence. Current methods also include the development of evidence statements; these aggregated summaries of all of the relevant studies or analyses are now optional and recommended only where the GRADE approach is not used.

Sifting

25. The 2014 manual advised developers that the gold standard approach of sifting all papers by two analysts should be undertaken. In recognition of the fact that this approach is resource-intensive, and that other mechanisms can be used to ensure relevant records are not missed, the manual has been amended to indicate that an agreed proportion of papers (not less than 10%) should be screened in duplicate. A new section has also been added to the manual highlighting the checking mechanisms that should be used.

26. The adoption of EPPI-Reviewer as a standardised tool to support systematic reviewing has given NICE staff access to functionality to improve the efficiency of the process. Priority screening refers to any technique where a machine learning algorithm is used to enhance the efficiency of the screening process. Usually this involves taking information on previously included or excluded papers, and using this to order the unscreened papers from most likely to be included to least likely. This can be used to attempt to identify a higher proportion of relevant papers earlier in the screening process, and can also be used to set a cut-off where some references are not screened, if it is decided to be sufficiently unlikely that additional relevant studies will be identified. The updated manual includes information about priority screening and, as there is currently no published guidance on setting thresholds for stopping screening where priority screening has been used, instructs developers to discuss and document their approach, taking into account specific factors to help guide their decision making.

Network meta-analysis

27. A network meta-analysis is an analysis that includes both trials that compare the interventions of interest head-to-head, and trials that compare them indirectly via

a third intervention. Methods in this area are developing rapidly and the manual now includes advice on minimum outputs and reporting standards for NMAs. A number of approaches for assessing the quality or confidence in effect estimates derived from network meta-analysis have now been developed (Phillippo et al. in preparation, Caldwell et al 2016, Purhan et al. 2014, Salanti et al. 2014). The manual confirms that the strengths and limitations of these approaches and their application to NICE guideline development are currently being assessed. It is anticipated that this will be an area of update in the next version of the manual.

Economic evaluation

28. Following implementation of the 2014 version of the manual, further work has been undertaken to align approaches to economic evaluation across NICE guidelines that focus on different sectors. The manual has been updated to indicate that for the base case analysis, a cost-utility analysis should be undertaken using a cost per QALY approach where possible. This change will enable more consistent application of decision rules relating to costs in future.

29. The following text has been added to the manual to clarify that the same cost per QALY threshold should be used for disinvestment as investment:

    In assessing the cost effectiveness of competing courses of action, the committee should not give particular priority to any approach that is currently offered. Therefore, in any situation where 'current practice', compared with an alternative approach, is found to generate an ICER above a level that would normally be considered cost-effective, the case for continuing to invest in it should be carefully considered. The committee should be mindful of whether the intervention is consuming more resource than its value is contributing based on NICE's cost per QALY threshold.

    This change will enable a more consistent and transparent approach to disinvestment decisions, as previously there was no clear advice in the manual.

30. The role of the newly established Guideline Resource and Implementation Panel is also highlighted in the updated chapter as follows:

    The ability of the Health and Care System to respond to NICE guideline recommendations is also affected by their affordability and their relevance to declared priorities and ambitions at any given time. Arrangements are in place to explore the capability and willingness of the system to prioritise changes in practice proposed in NICE guidelines.

Links to other guidance

31. Current practice when developing a guideline where closely related technology appraisal guidance is available is for the TA team to prepare a review proposal

for each appraisal. If the proposal is to move the TA to the static list, the recommendations are incorporated verbatim into the guideline. In other cases, the TA may be updated, or links are added from the guideline to the TA. Verbatim incorporation and linking may cause issues when the TA recommendation changes, or when new recommendations are published that would also be relevant to reference. Linking to TA recommendations in the NICE Pathway is now proposed as the usual approach instead of copying them into the guideline (or adding links to the TA itself) because the Pathway is updated every time new guidance relevant to the pathway is published. This means that guideline users will see all relevant technology appraisals, including any published or updated after the guideline is published.

32. Updated text has also been included to advise developers on approaches that can be taken when similar review questions are covered in other guidelines. Options include linking to the recommendations in the other guideline, using the evidence review to make new recommendations, and undertaking a new systematic review.

Writing the guideline

33. Information for developers on writing guidelines has been simplified in the updated manual, and a stand-alone writing guide created to enable greater detail and a greater range of examples to be included.

34. An interim update to the manual in April 2017 included a new section on supporting shared decision making. This text has been iterated following feedback from developers, and additional examples included in the stand-alone guide that is being used to support developers identify preference sensitive decision points and summarise the evidence to support a professional's discussion with the person making the decision.

Additional consultation

35. The 2014 manual included mechanisms for engaging with users when developers identified a lack of evidence on the views and experiences of people affected by the guideline. In addition, the provision to conduct fieldwork with professional users of the guideline was included as a separate activity. These approaches have now been combined and defined as types of 'additional consultation' that can be used to inform guideline development in particular circumstances, leading to changes to appendixes, the committee, evidence review, and validation chapters of the manual.

Implementation support

36. The chapter on implementation support has been updated in line with current ways of working and focuses on a range of tools including decision aids, visual summaries and resource impact assessments. A new section on how we work with other organisations, including endorsement of externally developed resources, has also been added.

Surveillance

37. While the current surveillance approach is fit for purpose, the long term scenario is likely one of diminishing resources, a guideline development programme consisting mostly of updates and an ever increasing evidence base that, for some topics, changes quickly. Given resource reductions it is important that NICE can react in a timely and effective way to update guidelines.

38. The surveillance chapter of the manual has been extensively rewritten to focus the process on event-driven checks of published guidelines. NICE maintains a tracker which includes information on key events that are judged to be relevant to guideline content, such as ongoing studies, substantial changes in policy or legislation, or development of a related piece of NICE guidance. This enables a reactive approach to be employed allowing NICE to react in a timely manner to changes in the evidence base. As soon as the event has occurred or findings are available they are subject to the event-driven check.

39. In addition to event-driven checks, a standard check is proposed to be undertaken every 5 years after publication, which will include topic expert engagement, intelligence gathering and literature searching. Themed surveillance of guidelines covering similar populations or settings is planned to ensure the efficiency of the process.

Refreshing

40. New content has been added to the manual to support developers when refreshing recommendations. Refreshing enables NICE to factually correct and improve the usability of recommendations without changing the intent and therefore without the need for an evidence review or committee input. All changes identified through a refresh are consulted on with stakeholders and signed off by NICE Guidance Executive. The new text gives examples of refreshing and confirms the process that should be followed.

Resource impact of changes

41. A number of the changes proposed are designed to improve the efficiency of guideline development processes. These include:

- advice on sifting, including the introduction of cut-offs for priority screening
- the use of evidence statements only for the minority of topics not developed using GRADE
- proposals to link to NICE pathways rather than copying, and maintaining, TA recommendations in guidelines
- the move to event-driven and themed surveillance reviews.

42. These changes form part of a strategy to control and reduce the cost of developing guidelines, as a minimum enabling inflationary pressures to be absorbed. None of the changes proposed are anticipated to require greater resource input than the approaches described in the current manual.

Public consultation

43. Subject to Board approval, public consultation on the updated Guidelines Manual is planned for a three month period from early April 2018.

44. The manual consultation will be promoted on the NICE website at the start and end of the consultation period.

45. Existing stakeholders and committee members from all guideline programmes have been advised of the proposed consultation schedule, and will be contacted again once the manual has been approved by the Board, and when the consultation goes live.

Issues for decision

46. The Board is asked to:

- approve the updated guidelines manual for public consultation.

National Institute for Health and Care Excellence

March 2018

Appendix 1

Virtual reference group - external members

Area of expertise	Name	Role / Organisation
Patient and Public Involvement and Experiences of Care	Dr Sophie Staniszewska	Professor of Health Research, University of Warwick Medical School
Cochrane	Dr Christopher Cates	Senior Clinical Research Fellow, SGUL; Training Fellow, Cochrane UK
	Dr Toby Lasserson	Senior Editor, Cochrane
GRADE – for complex interventions	Dr Deborah Caldwell	Senior Lecturer in Public Health Research, University of Bristol
GRADE – for public health	Dr Vittal Katikireddi	Senior Clinical Research Fellow, MRC/CSO Social & Public Health Sciences Unit, University of Glasgow
Public health guidelines	Monica Desai	Consultant Epidemiologist, Public Health England
Clinical guidelines	Dr Julian Treadwell	GP, Hindon Surgery, Wiltshire; NIHR In-Practice Fellow, Nuffield Dept Primary Care Health Sciences, Oxford.
Social care guidelines	Amanda Edwards	Retired (previously Deputy Chief Executive, SCIE)
Medicines	Jamie Hayes	Director, Welsh Medicines Resource Centre
Evidence synthesis – outcomes	Paula Williamson	Professor of Medical Statistics, University of Liverpool
Evidence synthesis	Professor Catrin Tudur-Smith	Professor of Biostatistics, University of Liverpool
Qualitative evidence - CERQual	Ruth Garside	Senior Lecturer in Evidence Synthesis, University of Exeter Medical School
Realist review, realist evaluation and qualitative reviews	Geoffrey Wong	Clinical Research Fellow, University of Oxford; GP Principal, Daleham Gardens Surgery
Service guidance	Professor Alec Morton	Professor of Management Science, University of Strathclyde

Economics	Professor Joanna Lord	Director Southampton HTA Centre, University of Southampton
Information retrieval	Julie Glanville	Associate Director of Information Services, YHEC
	Suzy Pailsey	Director of Innovation and Knowledge Transfer & Senior Research Fellow, ScHARR

National Institute for Health and Care Excellence

NICE consultation on proposals to increase capacity within the technology appraisals programme

The NICE technology appraisals programme recently completed its 2nd phase of consultation on proposals to increase capacity within the work programme.

This report presents the response received and proposals for further changes.

In light of this consultation, the Board is invited to consider and comment on the recommendations for making changes to the arrangements.

The Board is asked to:

- Approve the change to the proposals to the TA process in response to the 2nd consultation;
- Approve the publication of the updated guide to the process of technology appraisals on 1 April 2018 and that phased implementation of the new process can begin from 1 April 2018 onwards.

Mirella Marlow

Acting Director, Centre for Health Technology Evaluation

March 2018

Background

1. Building upon the results of the 1st consultation on the 'principles' for change to increase capacity within the technology appraisal programme, the 2nd consultation on the guide to the processes of technology appraisal received a generally supportive response.

2. We propose to make changes to the following :

    - Handling of confidential information;

    - Engagement with companies and experts.

The proposals

3. The changes to the technology appraisal process are aimed at:

    - Providing clear, recognisable milestones for companies and other stakeholders, linking them to key stages in regulatory pathways, providing more time for NICE to engage with companies early in the appraisal process;

    - Releasing capacity for the appraisal committees as more of the scientific and technical elements are pulled forward into the workup of topics. This should allow us to publish up to 75 appraisals per year, using the same committee resource that is now available;

    - Enhancing our ability to deliver the ambitions set out in the Accelerated Access Review and the emerging Life Sciences Strategy, when required to do so.

The 2nd consultation

4. After having considered the responses received in the first phase of the consultation, and presentation to the NICE Board, a second, six week, consultation was held to allow stakeholders to comment on the operational details supporting the proposed new process.

5. In response to the first consultation, changes were made to the following:

    - membership of the 'technical team';

- attendance of clinical expert and patient representatives at the appraisal committee;
- arrangements for consultation on optimised recommendations; and
- timing of publication of guidance relative to marketing authorisation.

6. During consultation on the second consultation, a webinar and 2 face-to-face events were held; 100 people registered to attend the webinar, and 45 people attended the face-to-face events. We further held a number of individual meetings with key stakeholder groups, including with 'Patients Involved in NICE' and the 'ABPI'.

7. Figure 1 shows the breakdown of groups/organisations that submitted consultation responses; comparing the first and second consultation. Figure 2 shows the breakdown of responses on the process guide by subject heading.

Figure 1

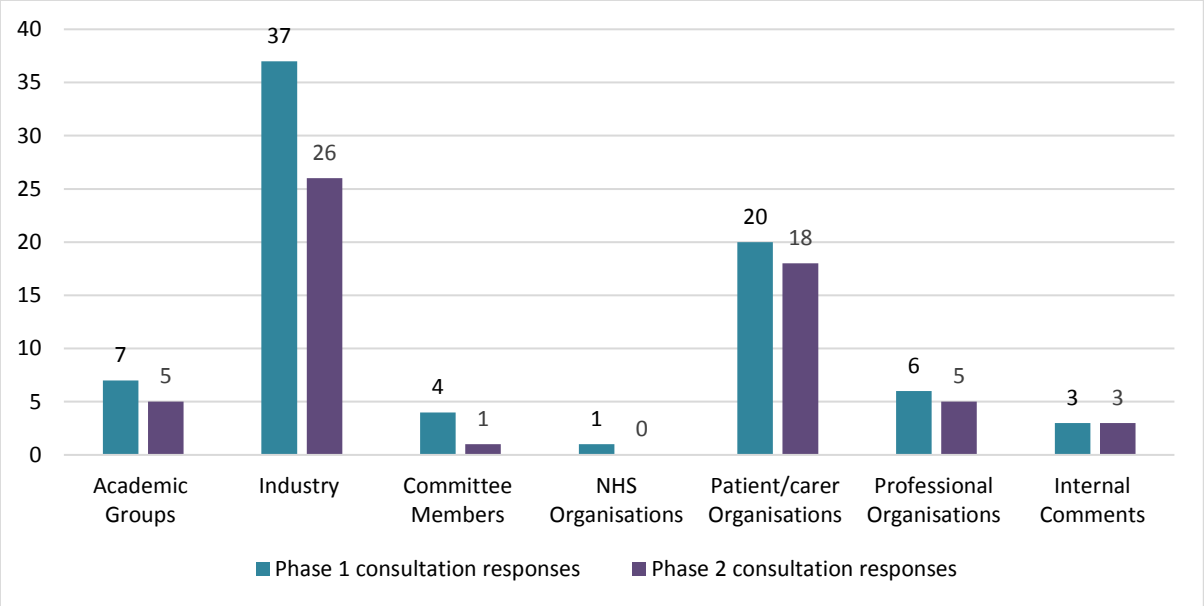
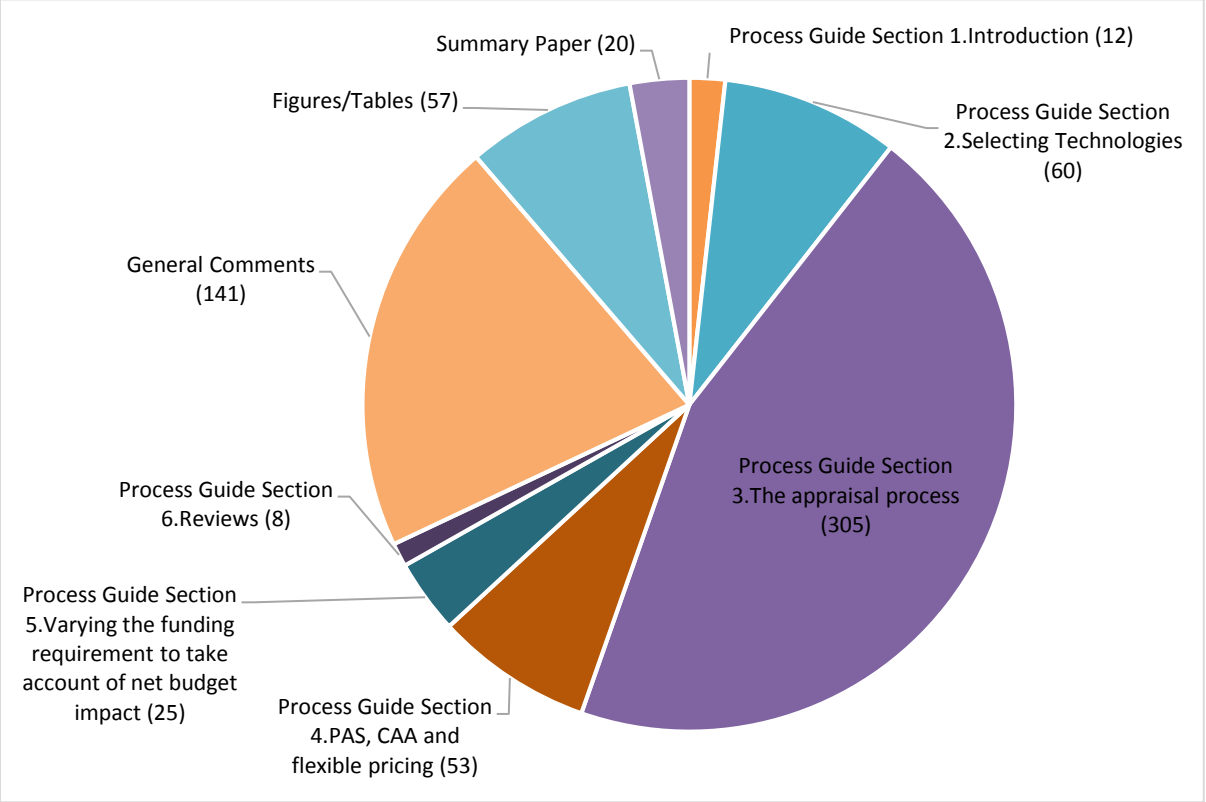


Figure 2



General response

8. Respondents continue to advocate the need for the consultation to go further and set out proposals for more extensive changes to methods, beyond those needed to increase efficiency. Their suggestions include consideration of 'multi-indication and combination pricing', governance arrangements for patient access schemes, topic selection for the highly specialised technologies programme, adjustments to the appeal process to accommodate the proposals laid out in consultation, and NICE's plans for cost recovery. To reiterate, these suggestions go beyond the scope of the current consultation and would require extensive engagement with the Department of Health and NHS England, amongst other stakeholders, before being taken forward, and ministerial approval in some cases.

Theme 1: handling confidential information

Summary of comments received

9. There is a clear divide between stakeholders, and varying levels of support, for the proposal to release all clinical information, whether it is marked by industry

as confidential or not as, during the technology appraisal to consultees and commentators who have signed a confidentiality agreement with NICE.

10. Patient and clinical stakeholders express general support for the proposal. They indicate that provision of this information would allow increased understanding of the content of the technical report, and optimal engagement with the process. Some ask for clarification whether the concept of a 'confidentiality club', where those that have signed a confidentiality agreement would receive all information, would extend to collaborative working; that is discussing the information between stakeholders.

11. Industry expresses significant (unanimous) opposition to the proposal. Their main concern is directed toward the timing of release of the information; because the technical engagement step will be completed before the regulatory process concludes, that is before the CHMP opinion is granted, companies perceive release of (even) clinical information that has not been put in the public domain as particularly sensitive. They state that '*it will be unacceptable for sensitive clinical data (from the pre-licensing phase) to be shared … even with signed confidentiality agreements in place … commentators can include competitor companies which is one aspect of the challenge, but so is the timing of data being released outside of NICE during the live regulatory process*'.

12. Companies indicate that if this proposal is to be implemented, they would have to maintain the position that as data owners they can demand for information to only be released after regulatory approval, as it is now, which would extend the length of time 'in appraisal' by at least 3-4 months, and the development of draft and final guidance.

Response, including amendments to the proposals

13. It is clear that in our response we will have to strike a balance between the development of timely guidance for new and innovative technologies entering the market, meaningful (technical) engagement, an appropriate level of transparency at the various stages of the process, and the best use of resources.

14. We believe that timely publication of our guidance should carry the highest priority; particularly in the context of government policy on patient access to innovation and the Life Sciences Industrial Strategy. Much of what we propose in this consultation is about using our resources in a different way to ensure we deliver guidance close to marketing authorisation. Spending significant amounts of time negotiating release of confidential information does not fit this paradigm. In prioritising timeliness, it is recognised that there are potential

risks on stakeholders' challenging NICE's principles of transparency. However, there is a substantial cost to the intensive processing and management of confidential data, amounting to approximately 25% of technical analyst resource.

15. As a consequence, we are proposing that we will **not** share clinical information considered confidential by the company with consultees and commentators as part of engagement on the technical report. This arrangement extends to consultation on preliminary recommendations, as this will be scheduled to take place before a marketing authorisation is granted.

16. Where a company requests NICE to appraise its product outside of the standard timelines presented in the adjusted technology appraisal process, for example because the product is not going to be immediately available for patients in the NHS at the time or marketing authorisation, we **will** share all clinical information considered confidential by the company with consultees and commentators as part of engagement on the technical report and consultation on preliminary recommendations. We note that this fits with the aim of the European Medicines Agency to publish 'clinical reports' for products seeking a marketing authorisation, line extension or extension of indication, 60 days after the European Commission decision and following publication of the EPAR[1].

Theme 2: engagement with companies and experts

Summary of comments received

17. The process guide described that the pre-submission stage for the company will be doubled from 2 months to 4 months and that new steps would be put in place to provide checkpoints in this stage, to allow for the company to engage with NICE whilst developing its evidence submission. It also set out the provision of a written engagement on the draft technical report with the company, the ERG, experts and all consultees and commentators.

18. Whilst companies welcome the additional opportunity to engage in the pre-submission stage, they indicate that a one-time written response to the technical report would not provide adequate opportunity to address scientific and technical issues ahead of the appraisal committee meeting. Companies call for more engagement at this stage, and suggest that they might accept

[1] http://www.ema.europa.eu/ema/index.jsp?curl=pages/special_topics/general/general_content_000555.jsp&mid=WC0b01ac05809f363e

substituting the engagement at the pre-submission stage in favour of more engagement at the technical report stage.

19. Companies note that the ERG report will be an important component of the technical team consideration of the evidence and formulation of the technical report. Therefore, in order to fully prepare for receipt of the technical report, companies have requested that NICE provide them with a copy of the ERG report following receipt of it at NICE and in advance of its circulation as part of the technical report.

20. Other stakeholders also request more information as to how and when they would be asked to contribute to the drafting and finalisation of the technical report within the process guide. They ask for clarification as to how their views on the technical report would be reflected in the final version that is provided to the appraisal committee. All stakeholders recognise the importance and significance of the technical report within the new process but note the lack of description of the content and format of the technical report within the guide. Some respondents also suggest that a '*shared view of the value proposition would not necessarily be available at the initial company submission stage of the process*' but would begin to take shape later; particularly around the technical report stage.

21. A number of respondents support the concept and make-up of the 'technical team'; consisting of the appraisal committee chair, committee members and the NICE team. They ask for the roles and responsibilities of the team in general, and governance of the approaches to decision-making to be clarified. They also agree that the ERG should not be part of the technical team, whereas some company responders expressed disappointment that they would not be invited to become a formal member of the technical team. Some call for strengthening the NICE team position within the technical team, suggesting that the NICE associate director take on the role of co-chair with the committee chair.

22. Some respondents repeat the suggestion that providing 20 working days to respond to the written technical engagement may not be sufficient, and that NICE may need to consider an extension to this timeframe on a case by case basis to allow for appropriate collaboration to generate a response. This was noted for all steps where engagement with clinical and patient groups would be required. This is contradictory to other respondents who call on NICE to reduce the amount of time spent in appraisal in order to facilitate faster access to technologies.

23. The ERGs suggest that not evaluating appraisal topics where a company submission involves a large incremental cost effectiveness ratio (ICER) would

also increase the number of available appraisal committee slots, thereby increasing capacity. ERGs also note their concern with the role of the 'technical team' and whether the technical team could undermine the ERGs independent role in the process. They also seek clarity as to whether they would be expected to respond to the draft technical report before or at the written engagement step.

24. Stakeholders warmly responded to the reaction from NICE after the initial consultation to reinstate the patient and clinical input into the 1st appraisal committee meeting and to formally implement the opportunity for experts to 'opt-out' of attendance at the committee meeting. The comments regarding patient and clinical involvement focussed on requirement for clarification of involvement at the technical engagement step and the role of experts within the committee meeting itself.

Response, including amendments to the proposals

25. Although there is broad support for the proposals, we accept that we need to be clearer about the way in which experts and stakeholders will engage with the 'technical team' in order to formulate the technical report. In response to the calls for more information on the content and format of the technical report, we intend to engage further with all stakeholders (including the appraisal committee members) to ensure that the report can service the needs of the appraisal and manage expectations. We have amended the process guide to be clearer about what the technical report will contain, and in doing that have aligned it with what we envisaged for what is already in place for the fast track appraisal process. We reiterate that the technical report will not provide draft recommendations for the appraisal committee to take into consideration.

26. We will continue to support the arrangements for committee chairs and vice-chairs to share experience, learn from individual appraisals, and check for consistency of decision making. We will strengthen governance around these arrangements. The NICE associate director will co-chair the 'technical team', building in additional governance, oversight and accountability.

27. Companies indicate that they require more opportunity for engagement at the technical report stage of the process. The timelines for the appraisal process will not allow for additional time required to put extra engagement events into place. There is a window of opportunity during the 30 calendar day written engagement period on the draft technical report to provide further engagement opportunities between the technical team, companies and experts. It is proposed that half way through the 30 day period, NICE will arrange for a teleconference discussion between all parties.

28. The aim of this consultation is to facilitate change in the current technology appraisal process in order to increase capacity within the work programme. In order to allow and account for the resource required to facilitate the additional discussion at the technical report engagement step, efficiencies must be made elsewhere. Therefore, it is proposed that the 2 'checkpoint' engagement meetings offered within the pre-submission stage is now reduced to 1.

29. By linking the start of an appraisal with the time at which a company provides its evidence to the EMA, the proposals put forward in the first consultation increased the NICE pre-submission stage from 2 months to 4 months. This was expected to provide the additional time for company evidence submissions to more accurately reflect the true value proposition at the time of submission. Feedback on the consultation suggests that this level of expectation at the start of the appraisal may not be realistic or achievable. As quoted, a 'shared view of the value proposition' would not necessarily be available at the initial company submission stage of the process but would begin to take shape later. As such, provision of 4 months in order to complete the evidence submission may not be warranted, and we should revert to the 2 months provided in the current process. This will help in manging expectations as to how long a topic is 'in appraisal' for, but it will not require the companies to submit any earlier than the proposals suggested. The impact will allow NICE to formally start the appraisal 2 months later than proposed, without affecting the 1st appraisal committee meeting timings and subsequent release of draft guidance. A summary of the difference in timings is provided in the table below, and in appendix 1.

30. We appreciate the support received from the ERGs for our drive to create more capacity in the TA programme. Their suggestion not to appraise a technology that is highly unlikely to make a case for cost-effectiveness, although on face value reasonable and attractive, doesn't fit with the current arrangements for the development of guidance. Where the Secretary of State or ministers refer a topic to NICE for technology appraisal, the expectation is that guidance will be developed. Having said that, there are circumstances where we produce guidance without going through all steps of the technology appraisal process, which is when the company involved is unwilling or unable to provide an evidence submission. Guidance produced as a result of that scenario indicates that NICE is 'unable to recommend' the product of interest; a 'terminated appraisal'. Development of this kind of guidance doesn't involve the ERG, appraisal committee or technical staff at NICE. Although we accept that extending this option to evidence submissions that include high incremental cost-effectiveness ratios in their base case might provide incentives for companies to get it right first time, it has the potential to ignore the fact that many companies are not able to offer their best, or indeed final

price, at the time we ask them to provide their evidence submission; that is before marketing authorisation. As we continue to have the ambition to produce guidance within 90 days of marketing authorisation for a large part of our work programme, we don't consider the ERG suggestion to be viable at the moment.

31. At this point in time NICE will not make any changes to the clinical and patient expert role at and interaction with the appraisal committee. The process changes have sought to increase their input at an earlier stage in the process, where additional value can be gained from their insight into the content of the technical report. The role of expert at committee needs to be explored further but this should be in the context of a wider institute perspective, and delivered within the strategic review that the Public Involvement Programme are completing.

32. We have strengthened and clarified sections of the process guide to help provide more information as to how and when experts would be encouraged and required to participate in the technical report engagement phase.

Step	**Description**	**Initial proposal (calendar days)**	**Updated proposal (calendar days)**
1	NICE invites organisations to participate in the appraisal as consultees or commentators	0	0
2	NICE invites selected clinical experts, NHS commissioning experts and patient experts to attend the appraisal committee meeting and asks them to submit a written statement	90	30
3	NICE receives evidence submissions from consultees	120	60
4	NICE requests clarification on the evidence submission	140	80
5	Selected clinical experts, NHS commissioning experts and patient experts submit written statements	150	90
6	NICE receives the ERG report	180	120
7	The technical team prepare the technical report and send it out for engagement	210	150

8	NICE compiles the supporting documentation (see section 3.5.3) and sends it to the appraisal committee	255	195
9	Appraisal committee meeting	270	210

Other comments received

Timeliness

33. Stakeholders acknowledge that discussion on alignment of the timeliness targets for all technology appraisal output would be a factor in negotiations on the Pharmaceutical Pricing Regulation Scheme (PPRS), but some express disappointment and concern that non-cancer appraisals will face delays to final guidance publication when compared with those of cancer appraisals.

34. Companies have reminded NICE that whilst they support the aim to mirror the technology appraisal process with that of the regulatory process, there will be scenarios where it would be futile to enter into the NICE appraisal process at this time due to the lack of evidence available at that time point. We indicated in the response to the first consultation that the TA programme already applies a degree of flexibility in scheduling of the work programme and this will be maintained within the new process. Whilst companies have acknowledged our commitment to this within the written response to the first consultation and verbally during engagement, they would like to see additional commitment in the process guide which has now been provided.

Non-pharmaceuticals

35. Respondents representing the medical device and diagnostics industry call for reconsideration of wording used within the process guide to ensure that the focus of the technology appraisal process is not limited to pharmaceuticals, and doesn't present any barriers for future appraisals of medical devices or diagnostics. In response, minor changes to the guide have been made in order to accommodate this request. These respondents also ask for clarification of the process steps and timelines described in the process guide would also apply to medical devices and diagnostics, as it has been developed primarily around the pharmaceutical regulatory process. NICE can confirm that this is indeed the case and do not believe that this would impose any barriers to these technologies when referred for appraisal.

Multiple technology appraisals

36. Companies note the exclusion of reference to the multiple technology appraisal (MTA) process within the draft process guide. They went further to suggest that the MTA process should be retired completely and that the alternative process consulted upon should be used for the assessment of all technologies moving forwards.

37. We don't believe that removal of the option to engage in a multiple technology appraisal altogether is appropriate. Although we expect the majority of the technology appraisal work programme to use, what has been known as a 'single technology appraisal' approach, focussing on an evidence submission from one company seeking a marketing authorisation, there will be occasions where this is not appropriate. This may be particularly relevant where we are asked to consider a medical device, or devices. Retaining the arrangements for MTAs will further allow us to use this process where we are commissioned work from others than Ministers.

Others

38. Minor editorial changes, as requested by respondents, have also been made to the process guide.

Implementation plan

39. Based on the new timelines of holding the appraisal committee meeting at day 210, topics in the current work programme that have a committee discussion scheduled from November 2018 will follow the new process from the invitation to participate stage.

40. Topics with a planned appraisal committee date earlier than November 2018 will continue to follow the current single technology appraisal process and timelines.

41. We expect to retire the single technology appraisal process by April-May 2019. The multiple technology appraisal process will continue as a stand-alone option from this date.

42. As with other changes to the technology appraisal process over the years, we are keen to implement elements of the new process to all topics from April 2018. The changes we will be making for all topics at that stage are:

- Releasing the top level committee decision to consultees and commentators 5 working days after the appraisal committee meeting, as proposed in the first consultation;

- Providing the opt-out option available to experts, as proposed in the second consultation, and;

- The opportunity for the committee chair to agree that a second face to face committee meeting isn't required after a ACD consultation in the scenario where the committee is clear about its expectations after the first meeting, and where the company responds by making an updated commercial offer only, as proposed in the first consultation.

Decision

43. The Board is asked to:

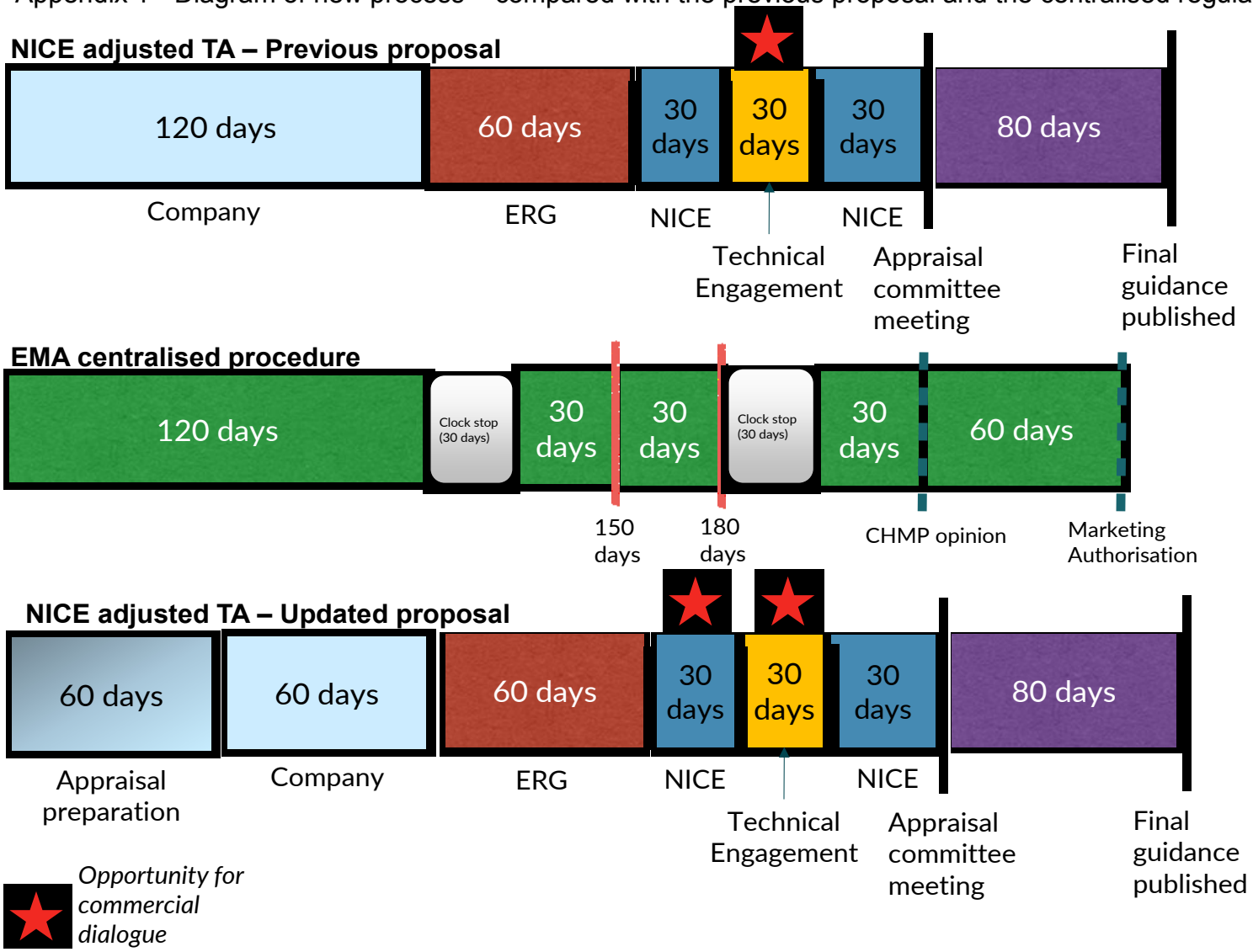
- Approve the change to the proposals to the TA process in response to the 2nd consultation, as described above;
- Approve the publication of the updated guide to the process of technology appraisals on 1 April 2018 and that phased implementation of the new process can begin from 1 April 2018 onwards.

Mirella Marlow

Acting Director, Centre for Health Technology Evaluation

March 2018

Appendix 1 - Diagram of new process – compared with the previous proposal and the centralised regulatory timings



National Institute for Health and Care Excellence

Establishing NICE Scientific Advice as a business unit

This paper sets out proposals for establishing NICE Scientific Advice (NSA) as a new business unit within the NICE legal entity.

The Board is asked to consider and approve the proposals.

Mirella Marlow

Acting Director, Centre for Health Technology Evaluation

March 2018

Background

1. The Triennial Review of NICE in 2015 recommended that NICE explores the opportunities for expanding NSA and considers how it could be delivered more effectively through a different model.

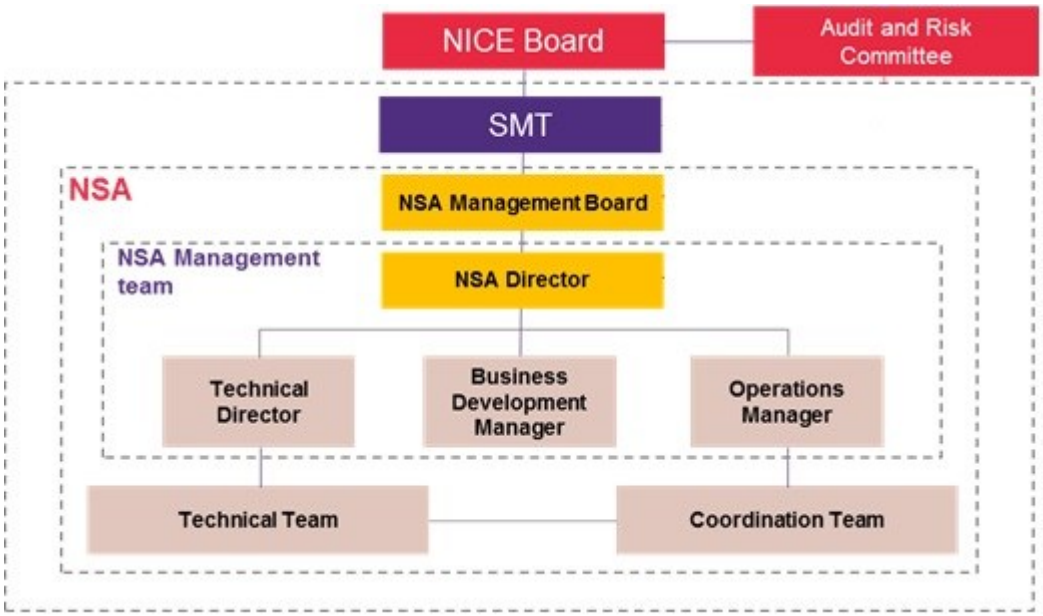
2. In 2016, management consultants Grant Thornton (GT) were appointed to carry out a financial and commercial assessment of NSA and to produce a paper that explored different vehicles for the delivery of the service. The output of this work was a report which provided a clear recommendation that NSA should be set up as a business unit, retained within the NICE legal entity but with increased levels of devolved autonomy.

3. In June 2017, the SMT agreed with the GT recommendation and approved the initiation of further planning on the basis that more detailed arrangements would be developed and shared with the NICE Board.

4. The NICE Board were notified of the intention to establish the NSA business unit in September 2017 based on the paper which set out its basic structure. This involved the introduction of a NSA Management Board consisting of the CHTE Centre Director, the Business Planning and Resources Director, the NICE Programme Director for Scientific Affairs and the NSA Director. Subsequently, the SMT proposed on 6 February 2018 that a NICE non-executive director with prior commercial experience in the life sciences industry should also be included in the Management Board. Further changes to the Management Board were agreed to reflect changes to the CHTE Directorate. The Management Board will now comprise the Science Advice and Research Programme Director (Chair), Business Planning and Resources Director, NSA Director and NICE Non-executive Director.

5. GT were reappointed in November 2017 to develop a number of key documents, policies and systems for the new NSA business unit and to support the creation of a high-level implementation plan. Five workstreams were established to explore what changes needed to be made with regard to the business unit structure; governance; communications; staff recruitment/retention; and project accounting. Each workstream received input from relevant teams at NICE including HR, Corporate Office, Communications, Digital Services, Procurement and Finance. The following sections set out the activities and outputs of each one, with the aim of informing and assuring the Board on the progress made in each of these key areas.

Workstreams 1 & 2: NSA Business Unit Structure, Governance and Operating Framework



6. Following the basic structure of the new business unit presented to the Board (see above), three new posts were identified as necessary from the point of establishment. These are the NSA Director, the Technical Director and the Operations Manager.

7. Part of this project was to review NICE's existing policies and consider the extent and limitations of devolved authority to NSA and the NSA Management Board. Operational guidance documents have been agreed. Terms of Reference and Standing Orders were developed with support from the Associate Director for the NICE Corporate Office and can be found in Annex 1.

8. A workshop was conducted to develop a risk management processes for NSA based on the NICE risk management system. This will provide NSA with the tools to effectively manage and mitigate risk and includes clear instructions on the recording and escalation of risks. The risk register will be populated by the NSA team whilst developing the detailed business plan and will be operational following the establishment of the Business Unit.

9. The overall affordability of the proposed changes to the structure of NSA was considered based on the current financial position, the first full year of operating NSA as a business unit in 2018/19 and a projection for 2019/20. This included an assessment of the impact of the proposed changes across the workstreams and high level assumptions on the amount of addition project work that could be delivered.

10. The affordability modelling included the additional costs of the new posts set out above, full-year impacts of staff recruited in the 2017/18 financial year as well as the costs of additional support from NICE back office functions and for the business development activities that will allow NSA to drive the business and achieve its future potential.

11. The affordability modelling indicates that the proposed investments at start up are affordable. NSA is expected to generate a small surplus in 2018/19 and the NSA reserve provides robust contingency in the event that income growth was lower than forecast. The strategy is "invest to grow" such that the key roles and infrastructure to support operation in a more commercial manner are implemented at start up to facilitate rapid further growth in business and influence. The modelling indicates strong income and surplus positions in 2019/20. The affordability modelling work is covered in more detail in Annex 2.

Workstream 3: Communications

12. A Communications workstream (consisting of representatives from NSA, Communications, Digital Services and GT), developed a series of proposals, to be funded by NSA, aimed at helping the business unit achieve its potential. Proposals were developed in three areas - Functionality, Branding/Positioning and Speed/Flexibility.

13. Under Functionality, agreed proposals included the ability to use animations, video and live streaming through the NSA webpage, capacity to run fee-for-service webinars and the ability to introduce secure sections to the website where users can access subscription-only content.

14. Under Branding/Positioning, it was agreed that the branding for NSA could be further developed to help produce eye-catching digital and non-digital content and materials. This would be done in conjunction with NICE Comms and would maintain links to NICE with continued use of the NICE logo and by expanding on the existing NICE colour palette. There was also agreement that any work in this area should be aligned with the development of the NICE-wide life sciences landing page that is under development.

15. An important discussion point was around the development of an NSA marketing and communications strategy and dashboard. NICE Communications appointed an interim Senior Marketing Manager in January 2018 who is working closely with NSA to develop a marketing and communications plan for the 2018/19 financial year and considering which metrics could be used to measure activity and impact. This would also be aligned with the NSA business plan to prioritise areas that support NSA's overall objectives.

16. Under Speed/Flexibility, a key consideration was around identifying a long-term solution for marketing/comms/PR support for NSA. Linking with the development of the marketing and communications plan, NSA and Communications will work together to agree the appropriate level of resource required to deliver the plan going forward.

17. One other point of discussion was on the benefits of renaming of NICE Scientific Advice. This is considered to be an area of importance for the new business unit, as a new name could help reflect the anticipated diversification of service offerings in future. A number of alternative names were considered and tested with internal stakeholders but it was concluded that further consideration and wider stakeholder consultation would be needed before any solutions could be agreed and implemented. This is an area that will be explored in more detail in the coming months.

Workstream 4: Staff Recruitment & Retention

18. A Staff Recruitment and Retention workstream (consisting of representatives from NSA, HR and GT), explored ways in which NSA could develop a more effective approach to attracting, recruiting, developing and retaining its staff that reflected the nature of NSA as a more commercial business unit whilst remaining within the constraints of the Agenda for Change framework.

19. In line with the structure previously presented to the Board, a proposed approach to moving staff into the new business unit has been agreed with HR. Along with the creation of three new posts (NSA Director, Technical Director, and Operations Manager), two existing posts are to be discontinued (Associate Director and Business & Operations Manager).

20. The position on using recruitment & retention (R&R) premia was discussed and it was agreed that they could be used in future (in accordance with NICE's policy) if demonstrable market pressures made it difficult for NSA to recruit and retain staff in sufficient numbers at the normal salary rate. Specific proposals for the implementation of the R&R scheme would be developed in collaboration with HR, as and when needed, post business unit launch.

21. A mechanism for moving current staff from fixed term to permanent positions has been discussed and agreed with HR. The optimum ratio of fixed term and permanent employees will be considered and managed by the NSA Director and Management Board.

22. One area that was considered particularly important for the business unit going forward was exploring ways in which NSA could be more effective and efficient with regard to attracting, recruiting, developing and retaining its staff. The ability to attract and retain high calibre team members is an important issue for many

businesses and, if the intention is for NSA to achieve continued commercial success and growth, we will need to do more to attract the best candidates and have greater power to retain key members of staff who grow with the business. NSA will continue to work with NICE HR on optimising processes that are fit for purpose in the context of the NSA Business Unit.

Workstream 5: Project Accounting

23. A Project Accounting workstream (consisting of representatives from NSA, Finance and GT), explored ways in which NSA could improve its operational processes (for NSA and for the Finance team) and develop/adopt new systems that would efficiently provide additional management information to help support decision making at operational and management board level.

24. Different options were considered for a new accounting system but, given NICE's existing use of Oracle, the simplest and cheapest solution is to adapt the existing Excel-based system to incorporate a higher degree of automation, resulting in time-savings, increased granularity and a reduced risk of error from manual data entry. The system would also be setup to help generate metrics for a financial dashboard that can be used to monitor the operational performance of NSA and would be presented at each management board meeting.

25. It was also agreed that NSA should adopt a simple timesheet system to help track work-in-progress and utilisation within the team. It will also help to provide a greater understanding of the costs for the delivery of projects to allow a review of their costing and pricing proposals. Different options were considered and an online system called Office MA was selected as the best and most cost-effective solution (costing under £400 per annum). The outputs from this will be integrated into the Excel spreadsheet system to provide a single source of operational management information for NSA.

Financial/Legal/HR implications

26. The affordability of the proposals is outlined in paragraphs 9-11 above and Annex 2.

27. The immediate HR implications associated with establishment of the business unit have been worked through with the HR team and are addressed above.

Conclusion

28. The work undertaken on the structure, governance and operating framework to establish NSA as a business unit has been extensive, and we recommend that the Board approve the proposal on this basis.

Next steps

- Initiate recruitment of key posts in the new structure
- Establish the business unit from 1 April 2018

Actions required by Board members

The Board is asked to:

- Consider and approve the proposals set out in this paper.

March 2018

Annex 1 - NICE Scientific Advice Management Board Terms of Reference and Standing Orders

Terms of reference

General

1. The NICE Scientific Advice (NSA) management board (MB) will operate as an internal management board, accountable to the senior management team (SMT) of NICE.
2. The NSA MB's responsibilities will be:
    - Setting proposals for the strategic direction of NSA, for approval by SMT;
    - Approving commercial business plans to achieve the strategy;
    - Monitoring performance of NSA against the business plans and strategy;
    - Ensuring high standards of governance in the operation of NSA;
    - Supporting NSA through NICE expertise and resource where needed ;
    - Reporting to NICE SMT on the performance of NSA;
    - Escalating any concerns to NICE SMT as necessary;
    - Monitoring potential or perceived conflicts of interest in the work of NSA and requiring any necessary action arising;
    - Seeking assurance that the work and operations of the NSA remains consistent with the ethos and objectives of NICE;
    - Ensuring ongoing collaboration and coordination with other areas of NICE; and
    - Ensuring that NSA delivers its services within:
        - the strategic objectives, NICE public task and statutory instruments of NICE
        - the delegated limits and governance framework of NICE

Membership

3. The membership will be as follows:
    - Chair – Science Advice and Research Programme Director
    - NSA Director
    - NICE Director of Business Planning & Resources
    - Non-executive Director, NICE Board with experience of the life sciences industry

Standing orders

General

4. These standing orders ("the SOs") describe the procedural rules for managing the MB's work as agreed by NICE. Nothing in these SOs or terms of reference shall limit compliance with NICE's Standing Orders so far as they are applicable to the NSA MB.
5. Members of the NSA MB and any other attendees of the MB shall be bound by these SOs and will be expected to abide by the seven principles for the conduct of public life as recommended by the Nolan Committee which are:
    - selflessness
    - integrity
    - objectivity
    - accountability
    - openness
    - honesty
    - leadership

Quorum

6. The quorum for each meeting is three, to include the Science Advice and Research Programme Director (Chair), the NSA Director and the NICE Director of Business Planning & Resources. Deputies or other substitutes do not count towards the quorum, unless formally appointed to act up for a director (e.g. for long term absences).
7. No business should be transacted unless the meeting is quorate. If a member is excluded because of a conflict of interest and membership falls below the quorum, no business may be transacted. If the meeting is not quorate, the chair may decide that the meeting should proceed and decisions be ratified by the next quorate meeting or by email communication to members after the meeting.

Voting

8. The decisions of the NSA MB will normally be arrived at by a consensus of those members present. Where consensus cannot initially be reached, the Chair will, in all cases, consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.
9. The members' deputies or substitutes (unless formally appointed to act up for a director) do not form part of the consensus.
10. Where a consensus cannot be reached the Chair will escalate the issue to the NICE SMT for resolution.

Collective responsibility

11. All members of the NSA MB shall abide by the principle of collective responsibility, stand by the decisions of the MB and not speak against them in public.

Confidentiality

12. Confidential papers and confidential information disclosed in MB deliberations should not be discussed with colleagues who are not members of the committee, other organisations, the media, or members of the MB who are conflicted for the topic.
13. Experts and observers invited by the committee will sign a confidentiality agreement in advance and be subject to the same confidentiality regulations as MB members.

Conflicts of interest

14. During the course of the meeting, if a conflict of interest arises with matters under consideration, the member concerned must withdraw from the meeting, or part of the meeting, as appropriate. This will be recorded in the minutes.

Chair's action

15. All meetings will be conducted by the Chair or vice-Chair. When urgent decisions are required and it is impractical to convene a special meeting of the NSA MB, the Chair or vice-Chair may take action on behalf of the NSA MB outside of the scheduled cycle of meetings. Such actions will be reported to the NSA MB at the next meeting.

Arrangements for meetings

16. The NSA MB will meet monthly for a period of six months, whereupon a decision will be taken by the NSA MB as to the frequency of meetings after that time, specifically whether to retain monthly meetings or to change the frequency of meetings to every two months.
17. The Chair shall determine what matters shall appear on every agenda in advance of each meeting.
18. No other business shall be discussed at the meeting other than at the discretion of the Chair.

Minutes

19. The minutes of the NSA MB will be prepared, checked by the Chair and submitted to the next meeting for approval. NSA Business Unit will provide support to the NSA MB meetings. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.
20. An action log will be maintained along with the minutes from each meeting.

Review of terms of reference and standing orders

21. These terms of reference and SOs will be reviewed by NSA MB every year, by discussion of a paper with any proposals for change presented by the Chair. The next review date is XXXXXX.

Date…

Review date…

Annex 2 - NSA Affordability Modelling

1. A high-level affordability model has been run to consider the impact of the proposed assumptions on the financial performance of NSA in the 2018/19 and 2019/20 financial years. The principle behind the assumptions is that the first operational year of NSA as a business unit reflects a period of investment to allow it to achieve its potential with significant growth in future years. The key outputs are set out in the table below:

Summary of operating performance for NSA

£'000s	Actual 16/17	Actual / Forecast @ m10 of 17/18	Forecast 18/19	Forecast 19/20
Total income	1,582	1,776	2,299	2,813
Pay costs	(776)	(1,028)	(1,363)	(1,407)
Non-pay costs & overheads	(499)	(613)	(930)	(1,057)
Operating income (surplus)	**307**	**135**	**6**	**349**
Net operating margin	19.4%	8.2%	0.3%	12.4%
Memorandum				
Assumed increase in fee per project from current levels	n/a	n/a	5%	5%
Average WTEs	14.9	17.5	20.8	20.8

2. Set out below is a summary of the assumptions that this modelling has been based on. These will be developed further as part of the detailed NSA business planning cycle.

Revenue (income)

3. NSA is currently forecast to generate fees of c£1.78 million in the current financial year (2017/18).
4. A 12% year-on-year revenue increase of nearly £0.2 million compared to 2016/17 is primarily driven by volume, with twenty additional projects expected to be initiated by 31 March 2018.
5. For the first full operational year as a business unit (2018/19) revenue is anticipated to increase by 29% to £2.3 million. This growth in revenue also includes an assumed 5% increase in the average fee charged per project. For 2019/20 no further increase in fee charges has been included in this projection but activity has been assumed to grow again to increase revenue by a further 23% to £2.8 million.
6. Two other revenue streams that have not been factored in to the above forecast are the PRIMA and META Tool services. Whilst they are both still at an early stage, interest in the two services is expected to grow and it is anticipated that they will provide further contributions to revenue in coming years.

Pay Costs

7. In the current year (2017/18), NSA invested in recruiting additional members of the NSA team including a business development manager to drive its future growth (average headcount has increased from 15 WTEs in 2016/17 to 17.5 WTEs in 2017/18). This has resulted in an increase in pay costs of c.£300,000 and related administrative and overhead costs of £100,000.
8. Pay costs for the next year (2018/19) are forecast to increase further by c.£300,000 due the combination of the following:
    - the full-year effect of the posts recruited in 2017/18;
    - two additional posts (one 8a for the role of senior marketing manager within Comms and one 8d for the role of technical director);
    - the impact of two band uplifts (8d to 9 and 8a to 8b); and
    - two employees returning from maternity leave on 1 August and 1 November.
9. The WTEs for 2018/19 has been projected to increase to 21.
10. The increase in pay costs for 2019/20 reflects the full year impact of those employees returning from maternity and the assumed pay inflation.

Non Pay Costs

11. The direct non-pay costs relate to the experts and project-related travel costs and expenses. These have been estimated based on the 2016/17 expenditure per project and may differ marginally depending on the actual mix of projects.

Overheads

12. The overhead recharge has been assumed to remain constant at the current position of £13,000 per WTE, based on a per head share of the Business Planning and Resources directorate. There are additional costs associated with support provided to NSA and work is to be undertaken to quantify this. Currently the affordability model includes a prudent assumption of an additional cost of £50,000 to cover these additional calls on the support functions. This is to be firmed up following further work to estimate the actual resources used and therefore costs to allocate to NSA.
13. The 2018/19 assumptions have been modelled to include additional operating costs of £173,000 expected to be incurred by NSA in its trading activity as a business unit (see table below).
14. The main components are represented by a £50,000 budget for advisory support to NSA, and £50,000 for marketing and promotion activities to help drive the future growth of NSA.
15. The table below summarises the additional costs included in the financial model.

Assumptions in the 18/19 base case

Overheads (per annum)	£'000s
Contribution to NICE overhead per employee (unchanged)	13
Additional overheads	
Additional back office costs	50
Recruitment costs	2
Advertisement and promotion	50
Timesheet software subscription	1
Management board-related expenses	4
Advisory support for NSA	50
Client-related business development expenditure	5
Staff training courses	5
Travel expenses	6
Total	**173**
Inflation assumptions	
Operating costs	2.5%

Operating Income

16. The impact of the changes to the revenue, pay and non-pay costs detailed above is that the net operating income is forecast to fall for 2018/19 to £6,000 with a net operating margin of 0.3%. Whilst this demonstrates a small positive operating income, it reflects the intent to invest in NSA in its first year of operations to provide the necessary infrastructure to grow future revenues. The benefits of this upfront investment in NSA can be seen in 2019/20, where with the assumed increase in projects delivered would generate £349,500 of operating income.
17. The projected 2018/19 operating income has been prudently projected based on information held at month 9.

Sensitivity analysis

18. There are a number of variables in the model, therefore some sensitivity analyses have been conducted in order to illustrate the impact of changes to the variables.

Sensitivities and impact on operating income

Variable	Reduction in operating income in 18/19
No increase in project fees	c £115,000
10% reduction in either joint European or standard projects	c £80,000
Increase of 10% in direct non-pay costs	c £58,000
10% Increase in £13,000 overhead charge	c £27,000

19. It is felt that the model is prudent and achievable, however, should the projected level of income be slower to materialise than predicted or if one or more of the variables outlined above were to occur, the NSA reserve could be called upon to ensure that a break even position is achieved. As at 31 December 2017, the accumulated reserve was £1,005,000.

Cash Management

20. There are a number of existing strategies in place to carefully manage cash flow. Invoicing is a regular activity due to the high number of relatively short projects but, for longer pieces of work, fees are split so that invoices are raised upfront and again at the end of the project when the work is complete. In addition, there is an existing process to manage aged debt where outstanding payments are reviewed on a monthly basis and escalated in accordance with NICE policy.

AUDIT & RISK COMMITTEE

Unconfirmed minutes of the meeting held on 22 January 2018 in the London Office

Present

Dr Rima Makarem	Non-Executive Director (Chair)
Professor Sheena Asthana	Non-Executive Director (by T/C)
Elaine Inglesby-Burke	Non-Executive Director
Professor Tim Irish	Non-Executive Director

In attendance

Andrew Dillon	Chief Executive
Ben Bennett	Business Planning and Resources Director
David Coombs	Associate Director, Corporate Office
Barney Wilkinson	Associate Director, Procurement & IT
Catherine Wilkinson	Associate Director, Finance & Estates
Elaine Repton	Governance Manager: Risk assurance (Minutes)
Sarah Cumbers	Associate Director, Guidance Transformation (for item 4.2)
Kelly Parry	Governance Manager: Information (for item 5.1)
Jane Newton	Head of NICE Sponsor Team, DHSC
Andrew Jackson	National Audit Office
Mark Wilson	National Audit Office
Jeremy Nolan	Government Internal Audit Agency
Wajid Shafiq	Government Internal Audit Agency

Apologies for absence

Apologies for absence were received from Cameron Robson (Government Internal Audit Agency).

Declarations of interest

1. There were no interests declared.

Minutes of the last meeting

2. The minutes of the meeting held on 25 October 2017 were reviewed. An amendment was requested to paragraph 15 to read “the BNF audit which had been allocated 10 days.”

3. Subject to the change, the minutes were agreed as a correct record.

Action Log

4. The Committee reviewed the action log and asked whether all managers would receive contract management training and how the effectiveness of the training was being tested. Barney Wilkinson advised that those staff who manage NICE's highest value contracts (with the BNF and with the guideline development centres), had been trained and that the training would be on going as required, as and when staff in these roles turnover. The effectiveness of the training was monitored through a variety of measures including the performance and personal development of individual managers, and the overall quality of the guidelines produced in conjunction with the external guideline centres. It was agreed that consideration be given to inviting a representative from Centre for Guidelines or the Centre for Health Technology Evaluation, to attend the September meeting to discuss the quality assurance element of the external contracts they manage.

ACTION: Chair & ER

5. The remaining outstanding action relating to consideration of the Government's "10 steps to cyber security" will be discussed at the April meeting. It was clarified that action number 201 required Alexia Tonnel to attend the Committee's meeting in April to provide assurances around the software tools utilised by Digital Services, including that procured from third parties, but not to contribute to the cyber security internal audit.

ACTION: AT

RISK MANAGEMENT

Risk Register

6. Elaine Repton presented the risk management report which included both the strategic and corporate risk registers, and a corporate risk dashboard. The strategic risk register was to be reviewed by the Committee twice yearly in future in January and September.

7. The Committee asked how the mitigating actions for the strategic risks would be measured; whether target implementation dates could be included, where applicable; and what the warning signs would be if the mitigating actions were not effective in reducing the level of risk. Andrew Dillon stated that it would be difficult to include target dates as the external factors influencing the strategic risks were outside of NICE's control, for example significant shifts in Government policy affecting the health and social care environment. In relation to the effectiveness of the mitigating actions, the Board receive reports from the directors at each public board meeting, which outline performance against the business plan along with detailed narrative on any significant changes in the operating environment, and NICE's proposed response. Any material changes in the health and social care environment would be discussed by the Board.

8. It was also queried whether an additional risk of succession planning for SMT members should be included in either the strategic or corporate risk register, in view of the longevity of the SMT members and the corporate knowledge that

could be lost if several directors were to leave within close proximity. The Committee was assured that following the decision to formally designate a deputy for each SMT member, there was a competent person in place who could credibly step up if required to do so.

9. The Committee's view was sought on the updated commentary and proposed changes to the corporate risk register. Clarification was sought whether risk 8 was about the cost to NICE of producing guidance and standards or the cost of implementing NICE guidance and standards. Andrew Dillon stated that the issue had arisen following an NHS England Board discussion about the financial challenges facing the NHS, and was discussed at the NICE Board meeting in December 2017. NICE already undertakes a resource impact assessment where the costs of implementation are significant, and will be enhancing this process. However, it is not NICE's role to agree commissioner's budgets for implementation. It was recommended that the risk narrative be amended to make this distinction clear.

ACTION: ER

10. Subject to the suggested amendment above, the proposed updates to the corporate risk register, including the risk recommended for removal, were agreed.

Risk Discussion: Structured guidance authoring - MAGICapp

11. Sarah Cumbers gave a brief overview of how MAGICapp will provide NICE with the ability to better author and manage guidance as structured content which will be central to the transforming guidance development (TGD) vision. Whilst MAGICapp did not meet all of NICE's requirements, the one year trial would provide an understanding of working with structured content and what NICE needs from software tools in the future.

12. The trial has identified a number of key risks which the Committee discussed in detail, including information governance and the potential reliance on a third party supplier.

13. Sarah Cumbers outlined the work planned during the one year licence and sought the Committee's view on the approach being adopted. The Committee was re-assured by the escrow clause in the one year contract and emphasised the importance of appropriate safeguards should NICE enter into a longer-term agreement with MAGIC.

14. The Committee asked to be updated on the progress of the pilot and future plans, towards the end of the current contract.

ACTION: SC

INTERNAL AUDIT

Progress Report

15. Jeremy Nolan gave a progress update against the 2017/18 internal audit plan and presented two finalised reports – corporate governance and preparedness for the General Data Protection Regulation (GDPR). The remainder of the plan which was expected to be completed by the end of March included a review of the contract with the BNF and a cyber security review – the scope of which had now been agreed.

Corporate Governance

16. The report received a moderate assurance rating with three medium recommendations. Two related to self assessment reviews being undertaken by the Board and the Audit and Risk Committee, both of which were planned for March and April respectively. The Chair advised that this Committee's effectiveness review would utilise the NAO's checklist, and that the NAO had agreed to independently review the feedback and produce a report. The third recommendation related to succession planning for the SMT members that was discussed earlier under the risk register report.

GDPR Preparedness

17. The GDPR review also received a moderate assurance rating with one recommendation that NICE should consider any potential conflict of interest arising from the nominated Data Protection Officer also being the organisation's Senior Information Risk Owner. The Committee discussed the potential for conflicts between the two roles. As per the internal audit recommendation, a paper will be brought to the Senior Management Team on this issue. The NAO recommended documenting in this paper any feedback from organisations NICE has consulted on this matter which has informed the assessment made by NICE.

18. The Committee noted the internal audit reports.

EXTERNAL AUDIT

National Audit Office Update Report

19. Andrew Jackson and Mark Wilson presented the Audit Planning Report 2017/18 from the National Audit Office (NAO) which outlined the timetable and plan for this year's audit, progress against the recommendations made in last year's audit, and details of the NAO's proposed fees in 2018/19. The report also referenced recent NAO publications to support Audit Committees in their work.

20. The Committee considered the following items and concluded that:

    - The Committee had no knowledge of any actual, suspected or alleged fraud affecting NICE.

- The Committee had no knowledge of any non-compliance with laws and regulations that may be expected to have a fundamental effect on the operations of NICE.
- The NAO's assessment of the risks of material misstatement to the financial statements was complete.
- Management's response to these risks was adequate.
- The NAO's proposed audit plan to address these risks was satisfactory.
- The Committee was not aware of any fraud that would result in the financial statements being materially mis-stated.
- The Committee noted the scope of the audit and the respective responsibilities of the Accounting Officer and the auditor.

21. Mark Wilson confirmed that the NAO would be issuing the 2017/18 FReM (Financial Reporting Manual) Disclosure checklist to ALBs soon.

22. The content of the report was noted.

CONTRACTS & IT

Waivers report

23. The Committee noted the contract waivers approved in the last quarter. The report was accepted.

FINANCE

Financial Accounting Performance

24. Catherine Wilkinson presented a financial accounting progress report detailing NICE's payments and debt recovery performance at 31 December 2017. The Committee noted that NICE continued to meet the 95% target for paying invoices within 30 days.

25. In relation to accounts receivable, Catherine drew the Committee's attention to the level of income currently outstanding from NHS England. She outlined the factors underpinning this delay, including process issues around the use of purchase order numbers. It is expected payment will be resolved by the year-end, however in future years this could have implications for NICE's cash-flow as the financial position continues to become more challenging. Jane Newton agreed to raise the matter with NHS England.

26. The report was noted and accepted.

CORPORATE OFFICE

Internal Audit Recommendations Log

27. The Committee reviewed progress against recommendations issued in 2015/16 and 2016/17, and noted where internal audit had agreed actions were satisfactorily implemented. Jeremy Nolan reported there has been good progress made in implementing recommendations from previous year's plans. Only two actions remained outstanding.

28. The Committee noted that two recommendations due by 31 December 2017 had been fully implemented in timescale and could be closed.

Use of Seal

29. The Committee noted that the seal had not been used in the reporting period.

ANNUAL REPORT AND ACCOUNTS TIMETABLE 2017/18

30. Elaine Repton updated the Committee on planning for the production of the 2017/18 annual report and accounts. A draft timetable was presented for comment. It was agreed to include the date in April 2018 for submission of the draft annual report and accounts to the Board and a date for submission of the M12 draft accounts to the NAO and copied to the Audit & Risk Committee.

ACTION: ER

COMMITTEE WORK PLAN 2018

31. The Committee reviewed its work plan for 2018. It was noted that the April 2018 Agenda will be particularly full and likely to be a longer meeting.

OTHER BUSINESS

32. There were no further items of business.

FUTURE MEETING DATES

33. The Committee confirmed its meetings in 2018 would take place on:

- 25 April 2018
- 20 June 2018 (Annual Accounts)
- 26 September 2018
- 28 November 2018

The Chair declared the open part of the meeting closed at 4.05pm.

COMMITTEE'S PRIVATE SESSION

34. The Committee met in private with the internal auditor and Ben Bennett, with Catherine Wilkinson and Elaine Repton also present. The Committee discussed the report on the effectiveness review of internal audit.

The private meeting closed at 4.50pm.

National Institute for Health and Care Excellence

Directors' progress reports

The next 5 items provide reports on the progress of the individual centres and directorates listed below. These reports give an overview of the performance of each centre or directorate and outline the challenges and risks they face.

Mirella Marlow, Acting Director, Centre for Health Technology Evaluation (item 10)

Professor Mark Baker, Director, Centre for Guidelines (Item 11)

Jane Gizbert, Director, Communications (Item 12)

Alexia Tonnel, Director, Evidence Resources Directorate (Item 13)

Professor Gillian Leng, Director, Health and Social Care Directorate (Item 14)

March 2018

National Institute for Health and Care Excellence

Centre for Health Technology Evaluation progress report

1. This report sets out the performance of the Centre for Health Technology Evaluation against our business plan objectives during January and February. It also highlights activities undertaken by the Centre in the past business year.

Performance

Table 1 Performance update for January - February 2018

Objective	Actions	Update
Publish 55 technology appraisals guidance (including up to 15 CDF reconsiderations)	11 pieces of guidance published	Target of 55 pieces of technology appraisals guidance in 2017/18 exceeded (currently anticipated to be 76 by the end of the business year)
Publish 30 interventional procedures guidance	3 pieces of guidance published	On target to publish 30 pieces of interventional procedures guidance in 2017/18
Publish 6 diagnostics guidance	No guidance published	On target to publish 4 pieces of diagnostics guidance in 2017/18 (variance explained below)
Publish 3 highly specialised technologies guidance	1 piece of guidance published	Have now published the target of 3 pieces of guidance in 2017/18
Publish 7 medical technologies guidance	2 pieces of guidance published	Expect to publish 4 medical technologies guidance in 2017/18 (variance explained below)
Publish 36 Medtech Innovation Briefings (MIBs)	9 Briefings published	On target to publish 38 MIBs in 2017/18
Submit advice to ministers on 30 Patient Access Schemes	5 pieces of advice have been issued to the Minister	On target to issue 30 pieces of advice in 2017/18

Objective	Actions	Update
Deliver up to 25 Commissioning Support Documents	Submitted 6 topics to NHS England	Complexities in co-ordination with NHS England's processes are putting pressure on the Commissioning Support Programme's ability to meet NHS England timelines
Effective management of Scientific Advice income generated activity	Completed 9 Standard, 13 EMA, 7 EUnetHTA, 3 Express, 1 Light, 2 MHRA, and 1 PRIMA (advice on economic modelling) with 10 Standard, 6 EUnetHTA, 1 Express, 1 Light and 2 PRIMA projects ongoing. For the META Tool (medtech evidence advice tool), there are 3 completed projects, 2 ongoing projects and 5 confirmed licensees.	All costs, including full contribution to NICE overheads, have been recovered

Diagnostics Assessment Programme

2. For diagnostics guidance, 1 topic planned to publish in 2017/18 is delayed, partly because a second consultation was needed and partly because the scheduling of a 3rd committee discussion had to be adjusted because the diagnostics programme technical and project team had to work instead on the technology appraisal ID1062 pembrolizumab. This delayed diagnostics topic will now publish early in 2018/19. A second topic was delayed to allow more work to be carried out by the External Assessment Group. This topic will also publish in 2017/18.

3. The Diagnostics Assessment Programme has also delayed launching 2 new assessments because the team (technical analyst, technical adviser, project manager and administrator) are instead working on the following Technology Appraisal topics:

   - ID1062; Pembrolizumab for treating relapsed or refractory classical Hodgkin's lymphoma

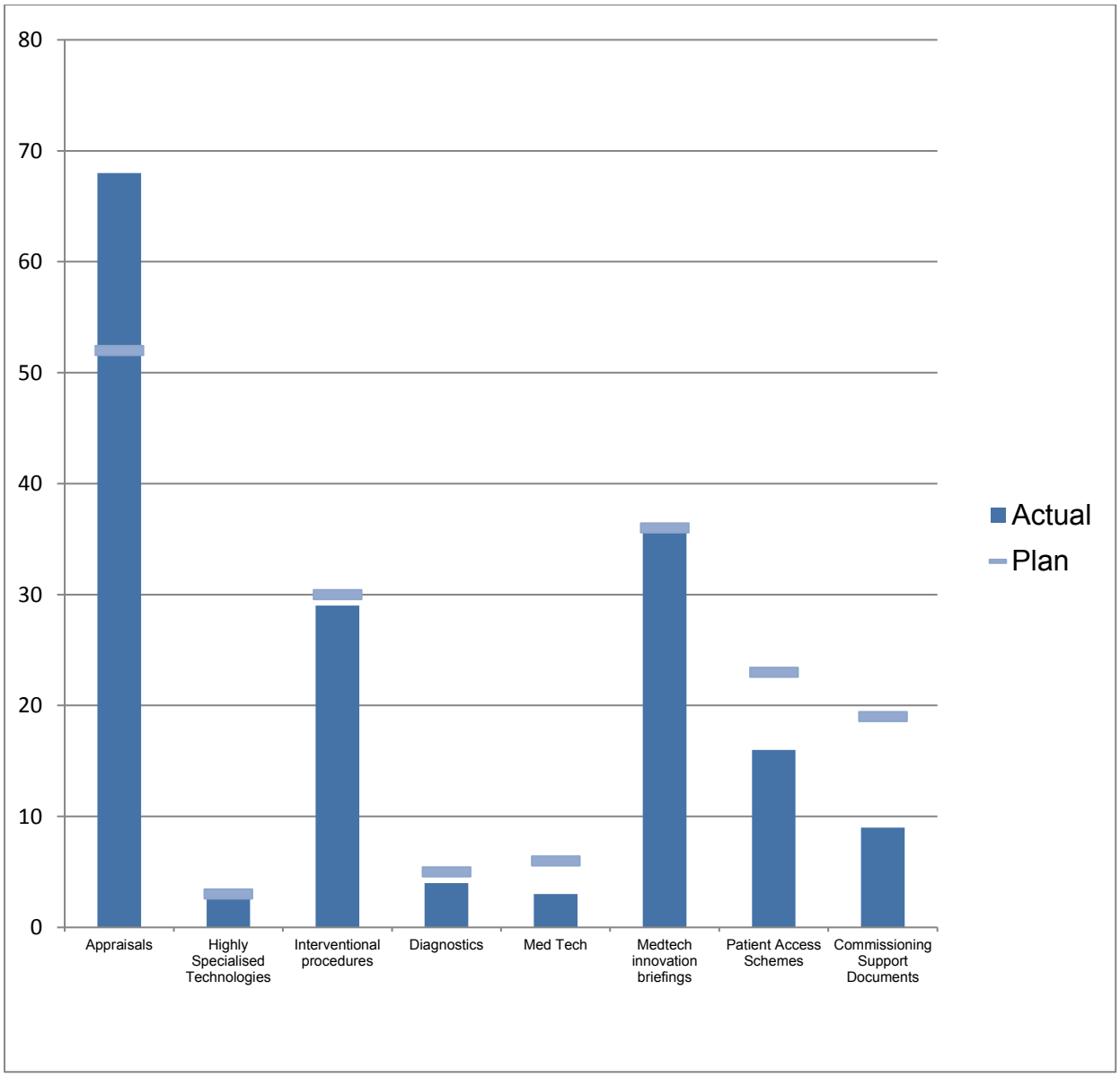
   - ID937; Multiple sclerosis (relapsing-remitting) - ocrelizumab

   - ID938; Multiple sclerosis (primary progressive) - ocrelizumab

Medical Technologies Evaluation Programme

4. Development of guidance on 1 topic was delayed due to cancellation of the August committee meeting which was inquorate. This topic will now publish in May 2018. Development of guidance on a second topic was delayed both by the cancellation of the August committee meeting and also due to a very high number of consultation comments; this topic is now planned to publish in June 2018. Finally, the update of MTG1 SeQuent Please, which was planned to publish in March 2018, was discontinued and the topic will now be updated within a NICE guideline.

Figure 1 Performance against plan for Centre for Health Technology Evaluation in April 2017 - February 2018



Key developments and issues

Technology Appraisals and Highly Specialised Technologies

5. At the January 2018 Board meeting, the Board approved the 2nd of a two-phase consultation on proposals to increase capacity within the Technology Appraisal programme. This consultation focussed on updating the content of Technology Appraisal process guide outlining how the proposed changes will be operationalised. The process guide was released to stakeholders for consultation on 19 January and closed on 1 March. The Board will review the outcome of both consultations together with the updated process guide for approval in March 2018.

6. As reported in previously to the Board, the arrangements for the budget impact test have been implemented in both the technology appraisal (TA) and highly specialised technologies (HST) programmes. The test is used to trigger discussions about developing potential 'commercial agreements' between NHS England and companies in order to manage the budget impact of introducing high cost treatments. Since implementation, 40 appraisal and HST topics have been assessed for the budget impact test, and 4 have been identified as potentially meeting the budget impact test criteria.

Accelerated Access Collaborative Secretariat

7. At the January 2018 Board meeting, the Board was provided with an update on establishment of the Accelerated Access Collaborative Secretariat and its progress with supporting delivery of the Collaborative objectives. A Programme Manager and Senior Market Access Analyst have been recruited and a Coordinator is joining the team in March. The Accelerated Access Collaborative Secretariat has delivered Steering Group meetings in January and February, and a Board meeting in January. The meetings focused on the establishment of working principles and terms of reference, and work with stakeholders on identifying candidate technologies for the Accelerated Access Pathway.

Office for Market Access

8. There is a continued high demand for the Office for Market Access's services with engagement meetings currently scheduled until September 2018, indicating the increasing value of the Office for Market Access to the life sciences industry. Based on performance to date, we expect further engagement meetings to be scheduled through the remainder of 2018-2019.

9. In February 2018, the Office for Market Access facilitated their first ever company multi-stakeholder engagement meeting involving more than one company. The discussion focused on the uptake of a class of medicines post-

NICE guidance. It was well received by both the companies and the external attendees. The success of the meeting has encouraged the Office for Market Access to pursue multi-company engagements as a future service offering.

10. NHS England continues to be our key system participant in the Office for Market Access engagement meetings, where they value both the meeting participation and the good working relationship with the team.

11. The Office for Market Access are also working closely with colleagues in the NICE Communications team, Scientific Advice and the Medical Technologies Evaluation Programme to develop a life sciences portal on the NICE website. This is scheduled to be launched in 2018-2019 and will be consistent with our developing offer on MedTechScan.

Observational Data Unit

12. The Observational Data Unit has now submitted 4 Commissioning through Evaluation project reports to NHS England which publishes the reports on its website: https://www.england.nhs.uk/commissioning/spec-services/npc-crg/comm-eval/. The Unit carries a portfolio of up to 6 projects at any one time.

13. In addition to the project reports, 5 evidence reviews based on NHS England methods have been developed to support the Policy Working Group in developing new policy propositions for the Clinical Panel to decide if these services should be commissioned routinely.

14. The cardiac procedures (left atrial appendage occlusion, patent foramen ovale closure and percutaneous mitral valve leaflet repair) have generated a significant amount of both public and political interest and the unit team has worked closely with NHS England, ensuring delivery of project outputs to challenging deadlines.

15. Work continues on the 2 ongoing projects, stereotactic ablative radiotherapy (SABR) and selective dorsal rhizotomy (SDR).

16. New Commissioning through Evaluation projects are in the planning and feasibility stage within the Unit. These are Argus II Retinal Prosthesis for visual failure and rituximab for resistant idiopathic membranous nephropathy.

Interventional Procedures Programme

17. There continues to be a high level of public interest in procedures for the treatment of pelvic organ prolapse and stress urinary incontinence using mesh. The Interventional Procedures Programme has updated all of its guidance where mesh is used to treat pelvic organ prolapse and stress urinary incontinence. NICE and the MHRA have prepared a joint letter in response to questions raised

by DHSC sponsor team about mesh. The Secretary of State for Health and Social Care announced to Parliament on 21 February 2018 that Baroness Cumberlege will lead a review into how the NHS responds to safety concerns raised by patients about medicines or medical devices including mesh. His statement included reference to an audit of patient outcomes after vaginal mesh surgery to understand the nature of potential harms, and £1.1m of investment to develop a comprehensive database for vaginal mesh to improve clinical practice.

Medical technologies evaluation programme

18. The tender process for External Assessment Centre and Decision Support Unit services for the Centre for Health Technology Evaluation has been delayed and a further 3 month extension to the existing external assessment centre contracts is being negotiated to accommodate this. The process will restart following further discussion at the Senior Management Team.

Diagnostics assessment programme

19. We have initiated our first assessment of diagnostic technologies which include mobile health apps. Our assessment of lead-I ECG devices to diagnose atrial fibrillation in primary care looks at several technologies which include online services or are designed to be used with smartphones or tablets (details in the guidance in development page).

NICE Scientific Advice

20. From November to February, NICE Scientific Advice has worked with the supporting functions at NICE (including Communications, Finance, Procurement, Digital Services and HR) to finalise proposals for the implementation of the new business unit, with the final plans being presented at the Board meeting for approval in March, with the intention to establish the new business unit on 1 April 2018.

21. The winner of the inaugural AdviSeME prize was announced in January. Newcastle University won the prize, for its novel prognostic skin cancer test. The prize consists of a free scientific advice project (to be booked within 12 months of the award) and the 8 shortlisted applicants all received a free place at our medical devices and diagnostics advice seminar in May 2018.

Science Policy and Research

22. The Science Policy & Research team continue to build on their previous success of securing external grant funding, with the recent confirmation of two new projects. The first is a 5 year Horizon 2020 funded project “IMPACT HTA” where NICE’s role includes assessing the performance of a range of statistical methods

used to analyse non-randomised studies, and provide recommendations on which methods are likely to produce valid and unbiased estimates of relative effectiveness of interventions. The methodological recommendations produced in this project will be useful for informing future updates of NICE's methods guides in relation to the use of non-randomised studies, sometimes referred to as 'real-world studies'.

23. The second project is the Innovative Medicines Initiative (IMI) funded "GetReal Initiative". The project will establish task forces to develop tangible solutions to key challenges associated with using real-world data in drug development and subsequent regulatory and health technology assessment. NICE will be leading the establishment of a real-world evidence Think Tank, which will gather international thought leaders to discuss, assess and give recommendations on the opportunities and barriers to the generation, use and acceptability of real-world evidence. This project follows on from successful completion in March 2017 of a previous Innovative Medicines Initiative (IMI) "GetReal" project on the use of real-world evidence in effectiveness research.

Commissioning Support Programme

24. Work on the first wave topics has been completed by the Commissioning Support Programme, and all 6 topics have been reviewed by the relevant National Programme of Care Board. Approval to proceed to public consultation was granted.

25. The process of handing over the suite of documents for each topic has been complex. Limited information on the nature of the sign off process within NHS England was available in advance. Some detailed requirements, in particular for the impact assessment documents, have been clarified as a result of the National Programme of Care Board review. Amendments and further sign off were required before approval to proceed to public consultation was obtained.

26. The timelines for future topics have been lengthened to account for a longer handover process. Learning from the first wave topics has been incorporated into the Commissioning Support Programme process for future topics, resulting in a more complex process. Consequently, the length of time required for NICE to work on one topic has increased. This will affect the programme's ability to deliver the full quota of topics as per the memorandum of understanding. Further work to analyse the process is envisaged in the year 2018/19 to ensure NHS England's requirements are being met within the resource available.

27. Feedback suggests that the Commissioning Support Programme team's input to the process to date has been valued by the industry stakeholders.

Risks

Table 2 Risks identified January - February 2018: key controls and ratings

Risk	Key controls	Risk rating now	Risk rating year end
Capacity issues within the Technology Appraisal programme for the 2017/18 business year. Demand will outstrip supply.	1. Develop and submit a business case for NHS England to request additional resource to increase capacity 2. Use Diagnostics Assessment Programme technical and project team resource within CHTE to reduce the capacity pressure in the Technology Appraisal Programme. This will delay initiation of assessment of some diagnostics topics.	Amber	Green
Increased running cost associated with the establishment of NICE Scientific Advice business unit	Full affordability model to be undertaken as part of the business unit implementation work Plans to revise the fee structure across all services	Amber	Green
Inability to fill team vacancies with high calibre candidates	Working with colleagues in HR to develop more agile recruitment plans to react quickly and reach a broader audience when advertising new posts	Amber	Green
Failure to get new External Assessment Centres via the retender process of the new framework contract arrangements, because of potential instability for suppliers	Working with colleagues in procurement and finance to ensure sufficient initial call-off orders are in place in new External Assessment Centres to underwrite required capacity for normal medtech activities and outputs from summer 2018	Amber	Amber

Appendix 1 Guidance published since April 2017

The table below shows guidance produced by the Centre for Health Technology Evaluation since April 2017.

Guidance title	Publication date	Notes
Technology Appraisals		
TA507; Sofosbuvir-velpatasvir-voxilaprevir for treating chronic hepatitis C	February 2018	
TA506; Lesinurad for treating chronic hyperuricaemia in people with gout	February 2018	
TA505; Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma	February 2018	
TA504; Pirfenidone for treating idiopathic pulmonary fibrosis	February 2018	
TA503; Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer	January 2018	
TA502; Ibrutinib for treating relapsed or refractory mantle cell lymphoma	January 2018	
TA501; Intrabeam radiotherapy system for adjuvant treatment of early breast cancer	January 2018	
TA500; Ceritinib for untreated ALK-positive non-small-cell lung cancer	January 2018	Milestone event of TA500 publication
TA499; Glecaprevir–pibrentasvir for treating chronic hepatitis C	January 2018	

Guidance title	Publication date	Notes
TA498; Lenvatinib with everolimus for previously treated advanced renal cell carcinoma	January 2018	
TA497; Golimumab for treating non-radiographic axial spondyloarthritis	January 2018	
TA496; Ribociclib for previously untreated advanced or metastatic hormone receptor-positive, HER2-negative breast cancer	December 2017	
TA495; Palbociclib for breast cancer (metastatic, hormone-receptor positive, HER2-negative, untreated)	December 2017	
TA494; Naltrexone–bupropion for managing overweight and obesity	December 2017	
TA493; Cladribine tablets for treating relapsing–remitting multiple sclerosis	December 2017	
TA492; Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable	December 2017	
TA491; Ibrutinib for treating Waldenstrom's macroglobulinaemia	November 2017	
TA490; Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy	November 2017	
TA489; Vismodegib for treating basal cell carcinoma	November 2017	
TA488; Regorafenib for previously treated	November 2017	

Guidance title	Publication date	Notes
unresectable or metastatic gastrointestinal stromal tumours		
TA487; Venetoclax for treating chronic lymphocytic leukaemia	November 2017	
TA486; Aflibercept for treating choroidal neovascularisation	November 2017	The first Fast Track Appraisal (FTA) to publish following implementation of the new process in April 2017.
TA485; Sarilumab for moderate to severe rheumatoid arthritis	November 2017	
TA484; Nivolumab for previously treated non-squamous non-small-cell lung cancer	November 2017	
TA483; Nivolumab for previously treated squamous non-small-cell lung cancer	November 2017	
TA482: Immunosuppressive therapy for kidney transplant in children and young people	October 2017	
TA481: Immunosuppressive therapy for kidney transplant in adults	October 2017	
TA480: Tofacitinib for moderate to severe rheumatoid arthritis	October 2017	
TA479: Reslizumab for treating severe eosinophilic asthma	October 2017	
TA478: Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma	October 2017	
TA477: Autologous chondrocyte implantation for	October 2017	

Guidance title	Publication date	Notes
treating symptomatic articular cartilage defects of the knee		
TA476: Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer	September 2017	
TA475: Dimethyl fumarate for treating moderate to severe plaque psoriasis	September 2017	
TA474: Sorafenib for treating advanced hepatocellular carcinoma	September 2017	
TA473: Cetuximab for the treatment of metastatic and/or recurrent squamous cell carcinoma of the head and neck (review of TA172)	August 2017	
TA472: Lymphoma, non Hodgkin's NHL indolent, rituximab & refract) - obinutuzumab	August 2017	
TA471: Irritable bowel syndrome (diarrhoea) - eluxadoline	August 2017	
TA470: Leukaemia (chronic lymphocytic, relapsed) - ofatumumab (with chemotherapy)	August 2017	terminated
TA469: Leukaemia (chronic lymphocytic) - idelalisib (with ofatumumab)	August 2017	terminated
TA468: Constipation (opioid induced) - methylnaltrexone bromide	August 2017	terminated
TA467: Holoclar for treating limbal stem cell deficiency after eye burns	August 2017	

Guidance title	Publication date	Notes
TA466: Baricitinib for moderate to severe rheumatoid arthritis	August 2017	
TA465: Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma	August 2017	
TA464: Bisphosphonates for treating osteoporosis	August 2017	
TA463: Cabozantinib for previously treated advanced renal cell carcinoma	August 2017	
TA462: Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma	July 2017	
TA461: Roflumilast for treating chronic obstructive pulmonary disease	July 2017	
TA460: Adalimumab and dexamethasone for treating non-infectious uveitis	July 2017	
TA459: Collagenase clostridium histolyticum for treating Dupuytren's contracture	July 2017	
TA458: Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane	July 2017	
TA457: Carfilzomib for previously treated multiple myeloma	July 2017	
TA456: Ustekinumab for moderately to severely active Crohn’s disease after previous treatment	July 2017	
TA455: Adalimumab, etanercept and ustekinumab	July 2017	

Guidance title	Publication date	Notes
for treating plaque psoriasis in children and young people		
TA454: Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)	July 2017	
TA453: Bortezomib for treating multiple myeloma after second or subsequent relapse (terminated appraisal)	July 2017	
TA452: Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation (terminated appraisal)	July 2017	
TA451: Leukaemia (chronic myeloid, acute lymphoblastic) - ponatinib [ID671]	June 2017	
TA450: Leukaemia (acute lymphoblastic, B-precursor, relapsed, refractory) - blinatumomab [ID804]	June 2017	
TA449: Neuroendocrine tumours (metastatic, unresectable,progressive) - everolimus and sunitinib [ID858]	June 2017	
TA448: Etelcalcetide for treating secondary hyperparathyroidism [ID908]	June 2017	
TA447: Lung cancer (non-small-cell, metastatic, untreated, PDL1) - pembrolizumab [ID990]	June 2017	

Guidance title	Publication date	Notes
TA446; Brentuximab vedotin for treating CD30-positive Hodgkin's lymphoma	June 2017	
TA445: Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs	May 2017	
TA444: Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal)	May 2017	
TA443: Obeticholic acid for treating primary biliary cholangitis	April 2017	
TA442: Ixekizumab for treating moderate to severe plaque psoriasis	April 2017	
TA441: Daclizumab for treating relapsing–remitting multiple sclerosis	April 2017	
TA440: Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine	April 2017	
Highly Specialised Technologies		
HST6: Asfotase alfa for treating paediatric-onset hypophosphatasia	August 2017	Recommended with a Managed Access Agreement and commercial terms with NHS England.
HST5: Eliglustat for treating type 1 Gaucher disease	June 2017	
Interventional Procedures		
IPG606 Unilateral MRI-guided focused ultrasound thalamotomy for	February 2018	Research

Guidance title	Publication date	Notes
moderate-to-severe tremor in Parkinson's disease		
IPG605 Ab interno supraciliary microstent insertion with phacoemulsification for primary open-angle glaucoma	February 2018	Standard
IPG604 Aortic valve reconstruction with processed bovine pericardium	February 2018	Research
IPG603 Subcutaneous implantable cardioverter defibrillator insertion for preventing sudden cardiac death	December 2017	Standard
IPG602 Artificial heart implantation as a bridge to transplantation for end-stage refractory biventricular heart failure	December 2017	Special
IPG601 Transcutaneous microwave ablation for severe primary axillary hyperhidrosis	December 2017	Special
IPG600 Endobronchial valve insertion to reduce lung volume in emphysema	December 2017	Standard
IPG599 Transvaginal mesh repair of anterior or posterior vaginal wall prolapse	December 2017	Research
IPG598 Hypoglossal nerve stimulation for moderate to severe obstructive sleep apnoea	November 2017	Special
IPG597 Processed nerve allograft to repair peripheral nerve discontinuities	November 2017	Special

Guidance title	Publication date	Notes
IPG596 Extracranial to intracranial bypass for intracranial atherosclerosis	November 2017	Do not use
IPG595 Total distal radio-ulnar joint replacement for symptomatic joint instability or arthritis	November 2017	Special
IPG594 Intramuscular diaphragm stimulation for ventilator-dependent chronic respiratory failure caused by high spinal cord injuries	September 2017	Research only
IPG593 Intramuscular diaphragm stimulation for ventilator-dependent chronic respiratory failure caused by motor neurone disease	September 2017	Do not use
IPG592 High intensity focused ultrasound for symptomatic breast fibroadenoma	September 2017	Special arrangements
IPG591 Ab externo canaloplasty for primary open-angle glaucoma	September 2017	Standard arrangements
IPG590 Biodegradable spacer insertion to reduce rectal toxicity during radiotherapy for prostate cancer	August 2017	Standard arrangements
IPG589 Radiofrequency treatment for haemorrhoids	August 2017	Special arrangements
IPG588 Liposuction for chronic lymphoedema	August 2017	Standard arrangements
IPG587 Hysteroscopic sterilisation by insertion of intrafallopian implants	July 2017	Standard arrangements
IPG586 Transcatheter aortic valve implantation for aortic stenosis	July 2017	Standard arrangements

Guidance title	Publication date	Notes
IPG585 Laparoscopic insertion of a magnetic titanium ring for gastro-oesophageal reflux disease	July 2017	Special arrangements
IPG584 Uterine suspension using mesh (including sacrohysteropexy) to repair uterine prolapse	June 2017	Standard arrangements
IPG583 Sacrocolpopexy using mesh to repair vaginal vault prolapse	June 2017	Standard arrangements
IPG582 Infracoccygeal sacropexy using mesh to repair uterine prolapse	June 2017	Special arrangements
IPG581 Infracoccygeal sacropexy using mesh to repair vaginal vault prolapse	June 2017	Special arrangements
IPG580 Endoscopic full thickness removal of non-lifting colonic polyps	May 2017	Special arrangements
IPG579 Irreversible electroporation for treating pancreatic cancer	May 2017	Research only
IPG578 Minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac pain	April 2017	Standard arrangements
Diagnostics		
DG31 Tests in secondary care to identify people at high risk of ovarian cancer	November 2017	
DG30 Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care	July 2017	
DG29 Multiple frequency bioimpedance devices to guide fluid management in people with chronic kidney disease having dialysis	June 2017	

Guidance title	Publication date	Notes
DG28 Virtual chromoendoscopy to assess colorectal polyps during colonoscopy	May 2017	
Medical Technologies		
MTG36 transanal irrigation system for managing bowel dysfunction	February 2018	
MTG35 Memokath-051 stent for ureteric obstruction	February 2018	
MTG34 SecurAcath for securing percutaneous catheters	June 2017	

March 2018

National Institute for Health and Care Excellence

Centre for Guidelines progress report

1. This report sets out the performance of the Centre for Guidelines against our business plan objectives during January and February 2018.

Performance

2. 4 clinical guidelines and 1 social care guideline, 1 antimicrobial prescribing guideline and 4 surveillance reviews were published. Variation from the Business Plan targets are explained in Table 1.

Table 1 Performance update for January and February 2018

Objective	Actions	Update
To publish 34 guidelines, which includes, 25 clinical, 3 public health, 3 managing common infections, and 3 social care.	Six guidelines were published, including, 4 clinical, 1 social care and 1 managing common infections guideline in January and February 2018.	The public Health guideline Flu vaccination: increasing uptake was due to publish in January was delayed to coincide with the release of Public health England's annual flu letter.
To publish 56 surveillance reviews, which includes, 45 clinical, 10 public health and 1 social care.	Four surveillance reviews were published in January and February 2018.	Two surveillance reviews due to publish in February are delayed. Type 2 diabetes prevention: population and community-level interventions (PH35) and Type 2 diabetes: prevention in people at high risk (PH38).
To refine and implement new methods and processes to accelerate the development of updated guidelines.	Establish 6 internal capacity slots updating guidelines using new accelerated methods and processes by year end. Implement new staffing structure and functions. Review and revise methods and processes for accelerated update outputs. Develop and implement new scoping and post consultation validation methods and	The methods and processes for the scoping phase are complete and continue to be reviewed. The methods and processes for the post consultation/validation phase are complete. 6 updates are currently following this new accelerated process. Plans are being developed to establish pre-development recruitment of guideline committee Chair / expert members to support scoping.

Objective	Actions	Update
	processes to support the development of guideline updates in-house. Establish pre-development recruitment of guideline committee Chair / expert members to support scoping.	
To manage contracts to time, quality and budget and further develop systems that will maintain and improve the quality of work and contribute to efficiencies, and manage the change from the existing to the new commissioning arrangements for social care guidance.	Maintain delivery of quality of outputs, to time and budget through performance management through quarterly review meetings. Ensure appropriate risk management strategies are identified and managed. Efficient and sympathetic management of the non-renewal of contract with the Social Care National Collaborating Centre (NCCSC), by 31 March 2018. Manage the transition to the new commissioning arrangements for social care guidance. Work with BNF to deliver agreed KPIs to time.	Quarter 3 review meetings with both internal and external guidance developers and suppliers were completed in January and February 2018. All contractors remain within budget and are on target to deliver all objectives. The remaining social care topics being developed by SCIE are projected to complete and publish to time and within contract. The transition contract has been agreed and signed by SCIE and the RCOG. Six staff will TUPE from SCIE to the RCOG on the 1 April 2018. We are working in collaboration with the Royal Pharmaceutical Society to re-tender the printing contract for the relevant BNF publications. The new contract is due to commence in Summer 2018. In January, a survey was sent to all local Chief Pharmacists in England to determine how NHS Trusts distribute and use their printed BNF publications. Their responses

Objective	Actions	Update
		will help to inform how many BNF books are printed in Summer 2018 and beyond. We continue to work with the Department of Health who are currently engaging with key stakeholders to agree the content of the Nurse Prescribers Formulary (NPF).
To harmonise and integrate methods and processes for guideline development and quality assurance across clinical, public health and social care.	Establish harmonised methods and processes for stakeholder management across centre. Establish harmonised methods and processes for quality assurance across clinical, public health and social care guidelines.	Harmonised methods and processes for quality assurance across public health, social care and clinical guideline development are complete. The process for stakeholder management and engagement across public health, social care and clinical guidelines has been harmonised and a unified process is now in place. All clinical, public health and social care guidelines are now hosted on a single planning system.
To embed the merger of clinical, public health and social care surveillance functions, processes and methods, and develop sustainable methods and processes for reviewing guidelines.	Implement changed processes for surveying clinical guideline topics including continuous searching (diabetes pilot) and event tracking surveillance. Implement new staffing structure and functions. Review different process designs across functions and harmonise.	The Expert Advisers Panel currently contains over 1,000 confirmed members who contribute to various guideline related activities. Having completed the recruitment for clinical guidelines we are now recruiting for public health specialties.

Objective	Actions	Update
	Plan the evaluation of the new processes/methods and collect necessary data to ensure they are fit for purpose.	The Expert Advisers database is now being used consistently across the CfG and by external developers. The Expert Advisers Panel is the main source of expert engagement for all surveillance reviews.
Develop sustainable methods for developing and maintaining guidelines and enhance the Centre's reputation for methodological quality and rigour.	To continue to develop the methods and processes of guideline development to maintain and enhance the Centre's reputation for methodological quality and efficiency in guideline development. Establish and maintain links and networks with external research initiatives, organisations and projects to address our methodological needs and ensure our methods continue to reflect internationally-recognised best-practice. Establish new staffing structure and functions to support health economics across the centre. Develop a NICE GP Reference Panel to advise on the scoping of guidelines.	Implementation of the new structure bringing together the health economic function from across CfG into a single team has been completed. We continue to struggle to recruit to all the vacant health economic analyst posts in the team. We are exploring alternative long term strategies with HR, such as a graduate and/or apprentice schemes. We continue to provide input into PHE's health economic and return on investment work (ROI). We are closely involved in the MRC Extending the QALY project through the project team, steering group and advisory group, and have participated in a workshop on developing tool domains. In January, we attended the Data Lab Steering Group meeting to explore challenges and opportunities of using Real World Evidence to inform guideline development.

Objective	Actions	Update
		In February, we agreed final changes to a contextualisation of the NICE Type 1 Diabetes guideline which was undertaken by the Irish Department for Health. We continue to work with the team to evaluate the contextualisation process. In February, we hosted the 7th meeting of the UK GRADE Network steering group (comprising of members from NICE, UCL, Cochrane and the BMJ Knowledge Centre). The GP Reference Panel now has 95 GPs registered to support and provided comments on new guidelines and guidelines being updated.
Undertake a programme of transformation activities related to guideline content, process, and methods and oversee the corporate transforming guidance development programme, ensuring the needs of all NICE teams are met.	Embed the NICE content strategy principles and develop new presentations of guidelines to facilitate easy access for professional users and to support shared decision making. Plan and deliver projects to support the development of structured content, management of evidence and development of guidance.	The redevelopment of the EPPI-Reviewer systematic reviewing tool is in the final stages with release of a beta version of the new tool scheduled for April 2018. External approval has been received for the comment collection project. Work to develop a tool to support external consultations at NICE has now started, this intends to reduce manual effort and improves the user experience for stakeholders. Evaluation of the MAGICapp tool continues as part of our work to develop NICE guidance as structured content.

Objective	Actions	Update
To undertake a scheduled update of 'Developing Guidelines the Manual'.	Plan a scheduled update of 'Developing Guidelines the Manual' for consultation. Develop a plan for internal and external engagement taking into account areas for development. Deliver an updated 'Developing Guidelines the Manual' for implementation in 2018.	The updated Developing NICE guidelines: the manual is being edited following an internal review stage prior to submission for approval to publicly consult on the proposed changes. Following a 3 month consultation period and further Board review it is anticipated that the updated manual will be published in October 2018 and implemented from January 2019.

Figure 1 Performance against plan for guidelines between April 2017 and March 2018

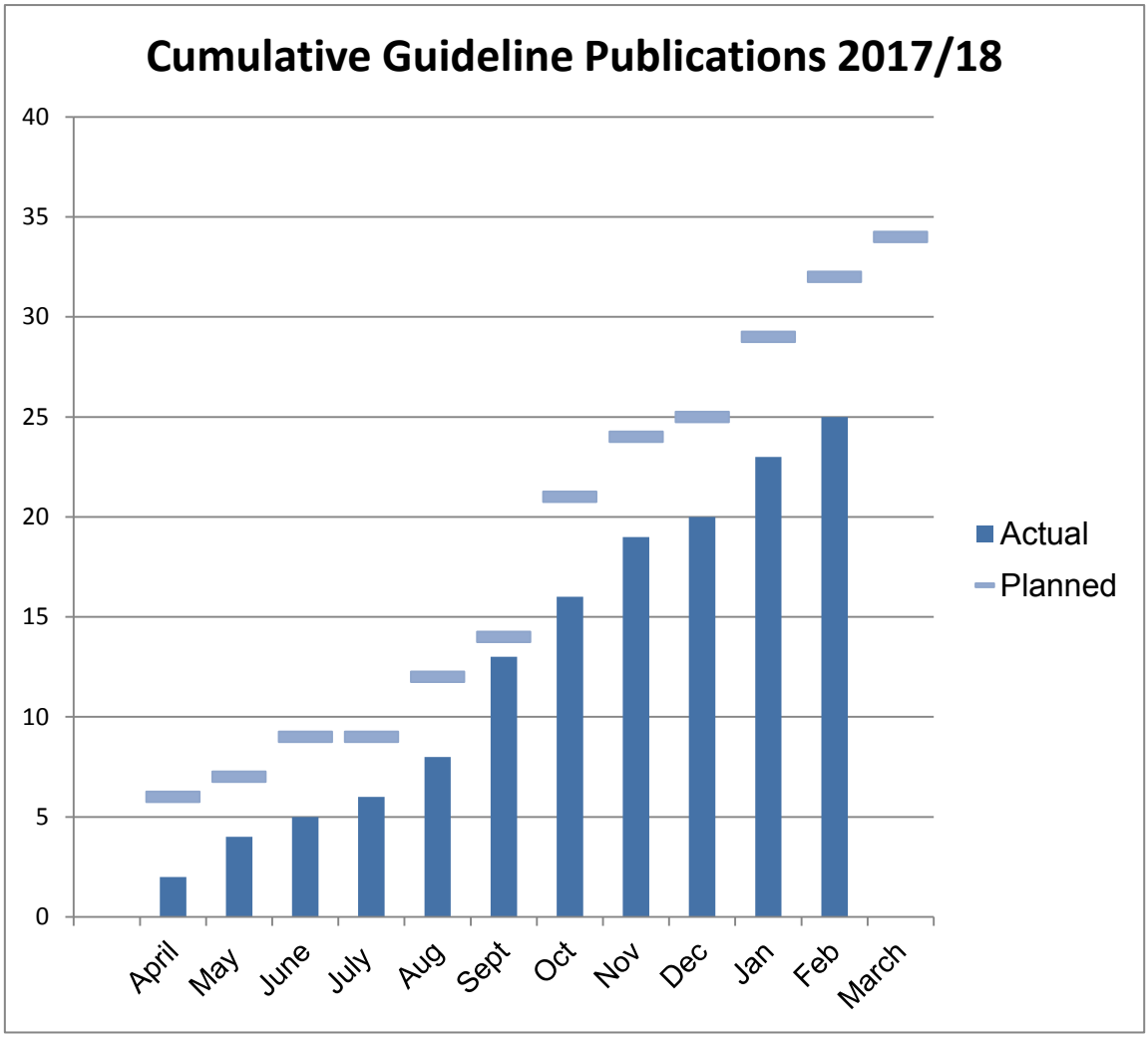


Figure 2 Performance against plan for management of common infections between April 2017 and March 2018

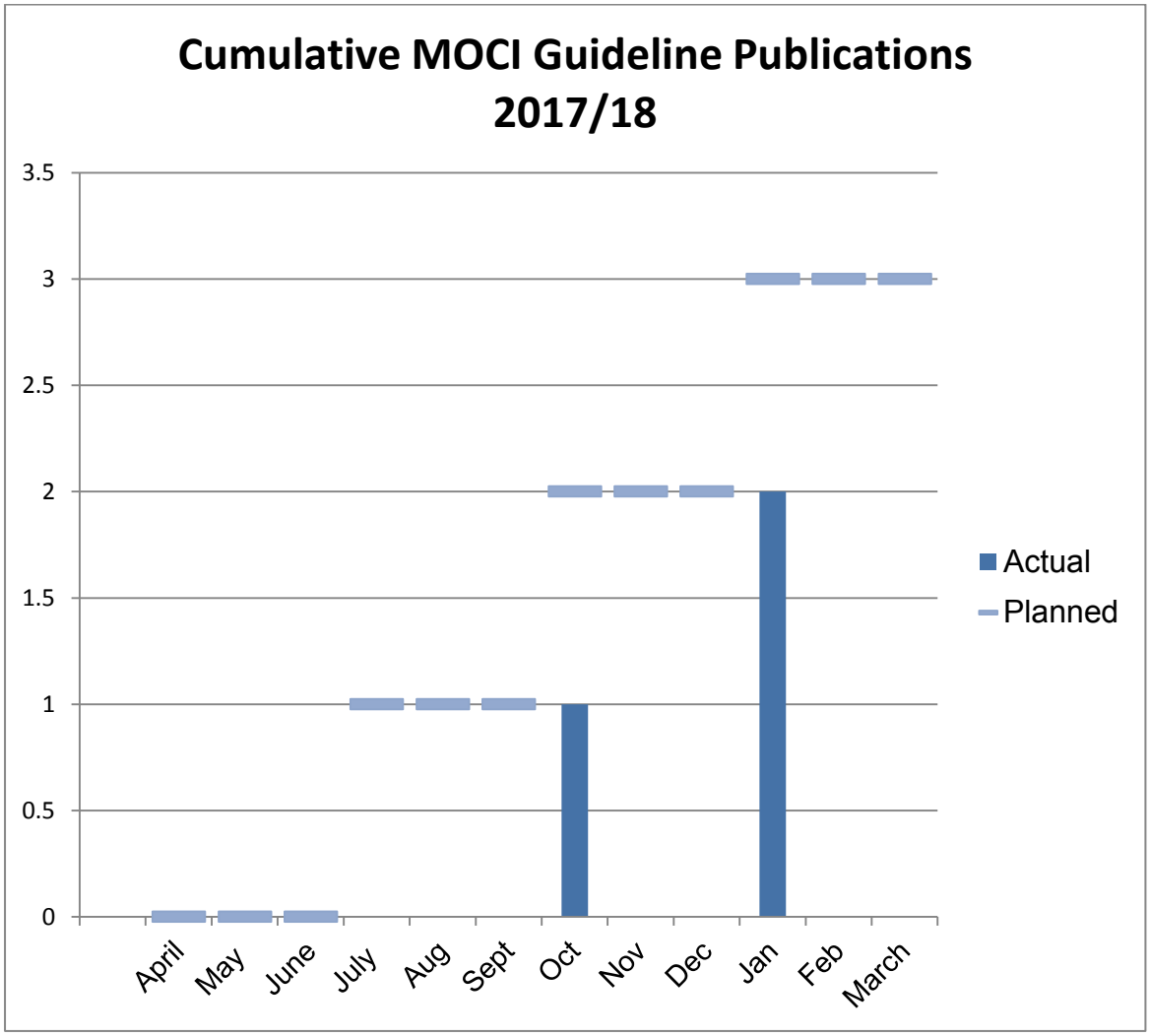
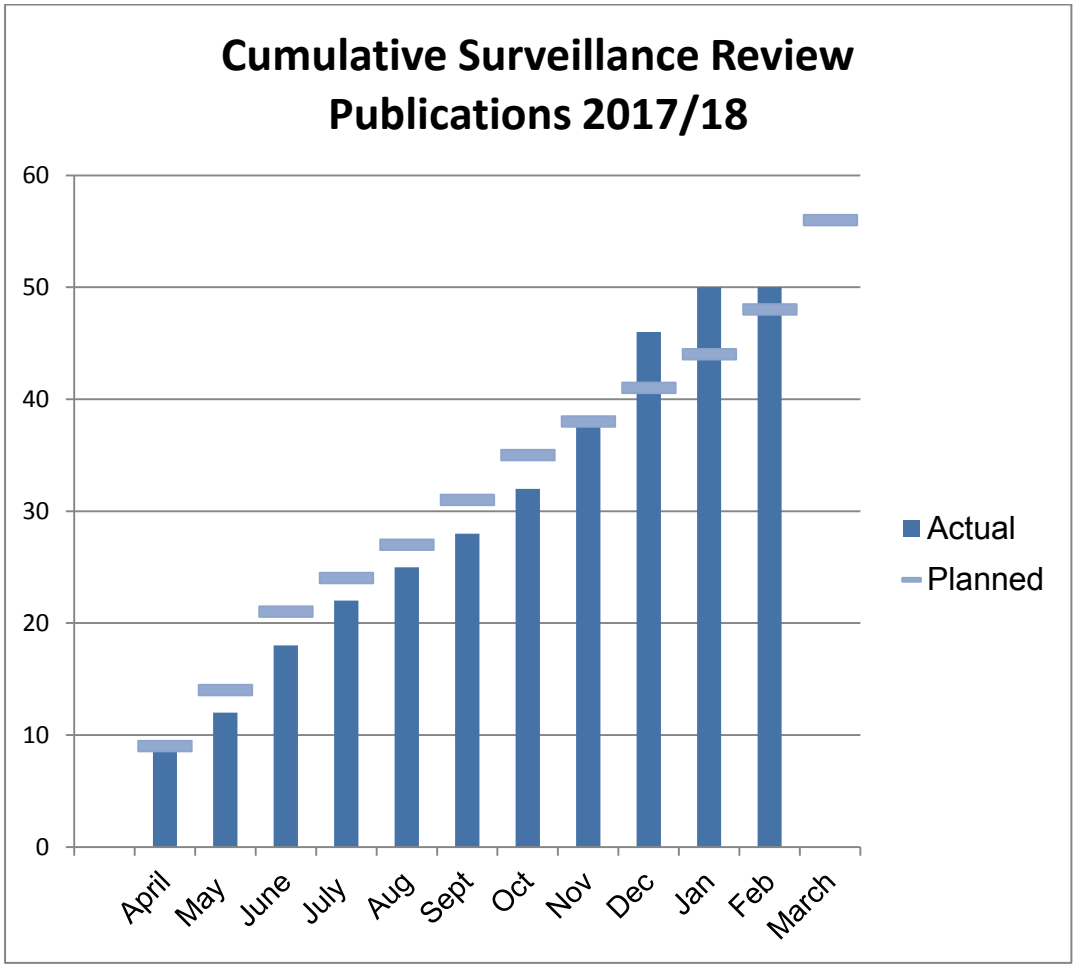


Figure 3 Performance against plan for surveillance reviews between April 2017 and March 2018



Appendix 1 Guidance published since April 2017

Guidance title	Publication date	Notes
Sexually transmitted infections: Condom distribution schemes (NG68)	April 2017	Public health guideline
Alcohol use disorders (CG100)	April 2017	Clinical guideline - Standing committee update
Hip fracture (CG124)	May 2017	Clinical guideline - Standing committee update
Eating disorders (NG69)	May 2017	Clinical guideline
Air pollution: outdoor air quality and health (PH92)	June 2017	Public health guideline
Parkinson's Disease (NG71)	July 2017	Clinical guideline
Advanced breast cancer (CG81)	August 2017	Clinical guideline - Standing committee update
Developmental follow up of children and young people born preterm (NG72)	August 2017	Clinical guideline
Urinary tract infections in under 16s (CG54)	September 2017	Clinical guideline
Faltering growth: recognition and management of faltering growth in children (NG75)	September 2017	Clinical guideline
Type 2 diabetes: prevention in people at high risk (PH38)	September 2017	Public health guideline
Intermediate care including reablement (NG74)	September 2017	Social care guideline
Endometriosis: diagnosis and management (NG73)	September 2017	Clinical guideline
Cystic fibrosis: diagnosis and management (NG78)	October 2017	Clinical guideline
Cataracts in adults: management (NG77)	October 2017	Clinical guideline
Child abuse and neglect (NG76)	October 2017	Social care guideline

Guidance title	Publication date	Notes
Glaucoma: diagnosis and management (NG81)	November 2017	Clinical guideline
Familial hypercholesterolaemia: identification and management (CG71)	November 2017	Clinical guideline - Standing committee update
Asthma: diagnosis, monitoring and chronic asthma management (NG80)	November 2017	Clinical guideline
Autism spectrum disorder in under 19s: recognition, referral and diagnosis (CG170)	December 2017	Clinical guideline - Standing committee update
Age-related macular degeneration (NG82)	January 2018	Clinical guideline
Oesophago-gastric cancer: assessment and management in adults (NG83)	January 2018	Clinical guideline
Pancreatic cancer in adults: diagnosis and management (NG85)	January 2018	Clinical guideline
Peripheral arterial disease (CG147)	February 2018	Clinical guideline - Standing committee update
People's experience of adult social care	February 2018	Social care guideline
Sinusitis (acute): antimicrobial prescribing (NG79)	October 2017	MCI
Sore throat (acute): antimicrobial prescribing (NG84)	January 2018	MCI
Metastatic malignant disease of unknown primary origin in adults: diagnosis and management (CG104)	April 2017	Surveillance review

Guidance title	Publication date	Notes
Fever in under 5s: assessment and initial management (CG160)	April 2017	Surveillance review
Acute kidney injury: prevention, detection and management (CG169)	April 2017	Surveillance review
Chronic kidney disease (stage 4 or 5): management of hyperphosphataemia (CG157)	April 2017	Surveillance review
Chronic kidney disease in adults: assessment and management (CG182)	April 2017	Surveillance review
Chronic kidney disease: managing anaemia (NG8)	April 2017	Surveillance review
Intravenous fluid therapy in adults in hospital (CG174)	April 2017	Surveillance review
Antisocial behaviour and conduct disorders in children and young people: recognition and management (CG158)	April 2017	Surveillance review
Patient group directions (MPG2)	April 2017	Surveillance review
Idiopathic pulmonary fibrosis in adults: diagnosis and management (CG163)	May 2017	Surveillance review
Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease (CG172)	May 2017	Surveillance review
Head injury: assessment and early management (CG176)	May 2017	Surveillance review
Psoriasis: assessment and management (CG153)	June 2017	Surveillance review
Crohn's disease: management (CG152)	June 2017	Surveillance review

Guidance title	Publication date	Notes
Ulcerative colitis: management (CG166)	June 2017	Surveillance review
Social anxiety disorder: recognition, assessment and treatment (CG159)	June 2017	Surveillance review
Antenatal and postnatal mental health: clinical management and service guidance (CG192)	June 2017	Surveillance review
Constipation in children and young people: diagnosis and management (CG99)	June 2017	Surveillance review
Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (CG32)	July 2017	Surveillance review
Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over (NG36)	July 2017	This was an exceptional review
Transition between inpatient mental health settings and community or care home settings (NG53)	July 2017	This was an exceptional review
Vitamin D: increasing supplement use in at-risk groups (PH56)	July 2017	Surveillance review
Workplace health theme: 1. Workplace health: long term sickness absence and incapacity to work (PH19) 2. Workplace health: management practices (NG13)	August 2017	Surveillance review
Immunisations: reducing differences in uptake in under 19s (PH21)	August 2017	Surveillance review
Osteoarthritis: care and management (CG177)	August 2017	Surveillance review

Guidance title	Publication date	Notes
Neuropathic pain in adults: pharmacological management in non-specialist settings (CG173)	September 2017	Surveillance review
Chronic Fatigue Syndrome/myalgic encephalomyelitis (or encephalopathy): diagnosis and management (CG53)	September 2017	Surveillance review
Atrial fibrillation: management (CG180)	September 2017	Surveillance review
Hepatitis B (chronic): diagnosis and management (CG165)	October 2017	Surveillance review
Bipolar disorder: assessment and management (CG185)	October 2017	Surveillance review
Long-acting reversible contraception (CG30)	October 2017	Surveillance review
Contraceptive services for under 25s (PH51)	October 2017	Surveillance review
Psychosis and schizophrenia in adults: prevention and management (CG178)	November 2017	Surveillance review
Hepatitis B and C testing: people at risk of infection (PH43)	November 2017	Surveillance review
Acute kidney injury: prevention, detection and management (CG169)	November 2017	Surveillance review
Behaviour change: general approaches (PH6)	November 2017	Surveillance review
Behaviour change: individual approaches (PH49)	November 2017	Surveillance review
Ovarian cancer: recognition and initial management (CG122)	November 2017	Surveillance review

Guidance title	Publication date	Notes
Looked-after children and young people (PH28)	December 2017	Surveillance review
Acute heart failure: diagnosis and management (CG187)	December 2017	Surveillance review
Managing medicines in care homes (SC1)	December 2017	Surveillance review
Maternal and child nutrition (PH11)	December 2017	Surveillance review
Home care: delivering personal care and practical support to older people living in their own homes (NG21)	December 2017	Surveillance review
Social and emotional wellbeing in primary education (PH12)	December 2017	Surveillance review
Social and emotional wellbeing in secondary education (PH20)	December 2017	Surveillance review
Social and emotional wellbeing: early years (PH40)	December 2017	Surveillance review
Cardiovascular disease: risk assessment and reduction, including lipid modification (CG181)	January 2018	Surveillance review
Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NG15)	January 2018	Surveillance review
Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer (CG164)	January 2018	Surveillance Review
Advanced breast cancer: diagnosis and treatment (CG81)	January 2018	Surveillance Review

National Institute for Health and Care Excellence

Communications Directorate progress report

1. This report sets out the performance of the Communications Directorate against our business plan objectives during January and February 2018. These Communications Directorate business objectives are closely aligned to the NICE strategic objectives.

2. The Communications Directorate is responsible for ensuring NICE's stakeholders know about how NICE's work can help to improve quality and change practice in health and social care. We help to protect and enhance the reputation of NICE through daily contact with the public, media, parliamentarians and other key groups. And we contribute to ensuring NICE content meets users' needs and is easily accessible through our website and other channels.

Table 1 Performance update for March 2018

Objective	Actions	Update
1. CONTENT Curate and facilitate high quality content in the outputs from the communication directorate and across NICE (in order to help NICE achieve its high level objective to publish guidance, standards and indicators).	Provide expertise and training to enable teams across NICE to produce quality content.	After publication of the first of the antimicrobial prescribing guidelines, on sinusitis, we used web stats, heat maps and online surveys to find out how people were using the web version. The data showed that people were less interested in the background section than the recommendations and that it was a barrier to getting to the recommendations (16%* of users didn't get beyond the background section and therefore didn't reach the recs). We discussed this with the guideline team working on the sore throat topic and it was agreed to move the important background information into the recommendations section. The latest data show a higher percentage of users accessing the recommendations chapter for sore throat than for sinusitis. (25% vs 18% for sinusitis). *The percentages are page views for a whole topic. So 100% is all of the NG79 or NG84 pages that people looked at The editorial team have helped to prepare the updated guideline manual for review by the Board before consultation.
	Provide communications expertise into the digital transformation project.	Over the past 2 months, the publishing team have been focusing on the website presentation of the outputs from structured content authoring. We have identified some issues that may be fixed by how text is put into the authoring system and are investigating this. Another area we have been investigating is how we can export a Word document from the authoring system that is

Objective	Actions	Update
		suitable for the guideline committee members to use for their review. We have also been involved in developing the visuals that will be tested with users.
	Implement brand refresh and create clear brand guidelines which establish the voice and personality of NICE	Having completed the brand refresh, we are now focusing on ensuring brand consistency across the organisation.
	Ensure website content is up to date and accurate and deliver a rolling programme of improvements.	We have completed 282 updates to the corporate pages of the website and created a new suite of pages to support and promote participation in our committees. We have created a landing page for the new Accelerated Access Collaborative Secretariat which will go live during March to support the formal launch on 1 April. Work is continuing with digital services to develop new style topic pages. Following positive feedback from user testing, the first iteration of changes are live and additional changes to include new content such as shared learning examples will follow over the coming month.
	Maintain 100% of guidance in NICE Pathways and continue the programme of continuous improvement.	We continued to maintain 100% of guidance in NICE Pathways
	Identify efficiencies within the Communications team by reusing content	Ongoing - we routinely share and reuse content across different channels to maximise our reach.

Objective	Actions	Update
	Expand on use of new online interactive and multimedia software packages such as 'Shorthand' to present our new guidance to media and other stakeholders	Ongoing - we continue to explore new software packages and their compatibility with NICE systems.
	Provide communications expertise for NICE's support in shared decision making	Ongoing - we are currently exploring new ways to display decision making tools on the website.
2 ENGAGEMENT Create a structured and coordinated approach for working with and listening to stakeholders	Roll out a customer relationship management (CRM) system to support and monitor engagement with stakeholders and to help deliver tailored communications	The additional scoping work on the small number of complex requirements was completed in January. The tender for the build phase is now live.
	Develop a new interactive online newsletter with content tailored for key audiences	We are reviewing the results of an audience insight survey on our range of newsletters with a view to test the audience's preferences for stories and images.
	Develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content to their needs	We are working with the system engagement team to develop a suite of tailored online content for sustainability and transformation partnerships and integrated care systems.
	Deliver a programme of events and speaking engagements to enable NICE to engage directly with key audiences on priority topics	NICE staff have been busy in January and February, delivering a total of 5 speaking engagements, ranging from an ABPI masterclass on how to develop a submission to NICE, to an introduction to NICE at Health Education England's Foundation Doctors Day event. In January, abstract submissions and delegate registration opened for the Guidelines International Network (G-I-N) Conference, which NICE is co-hosting with SIGN in Manchester in September. Currently plans are progressing for

Objective	Actions	Update
		more than 60 abstract submissions from NICE staff, which should mean that there is significant opportunity to showcase NICE's work at this international event for guideline developers worldwide. In January NICE submitted an Expression of Interest to host the HTAi (Health Technology Assessment international) annual meeting in the UK in 2021. Our Expression of Interest was developed jointly with Health Improvement Scotland and the All Wales Therapeutics and Toxicology Centre. If it is favourably received, we will be asked to develop a more detailed formal bid, which we will need to submit to HTAi in May. Currently, our proposal focuses on hosting the event at Manchester Central convention complex.
	Implement social media strategy to increase engagement and drive traffic to corporate content	On Twitter we have added almost 5,000 new followers in this period and our tweets were seen 1.98m times, a slight decrease on the previous period. This was made up for with a 15% increase in impressions on Facebook to reach 147,588 total for the two months. Instagram continues to grow. We made 33,250 impressions, an increase of 120%.
	Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management	We are exploring social media management tools to provide enhanced insights and analytics across our expanding channels.
3. ADOPTION and IMPACT	Use graphics and images to help explain guidance and related products	Graphics and animations continue to do well on social media, helping tell the NICE story to a wider audience.

Objective	Actions	Update
Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact though regular evaluation	Build on the new Social Care Quick Guides, develop new online summaries for other forms of guidance which are short, concise and use infographics and multimedia techniques	We created 2 new online versions for the social care quick guide series: Getting help to overcome abuse and Helping to prevent infection.
	Use a marketing approach to explaining NICE internal methods and processes to interested stakeholders	We are providing communications advice on ways to promote participation in the upcoming public consultation of the new guidelines manual.
	Use a marketing approach to support NICE's commercial/paid-for activities	We provided a brief for the Chair's visit to the Royal College of Anaesthetics. We're currently working with the corporate office in confirming dates for the Chair's upcoming visits. We placed articles in a number of stakeholder newsletters – including the ADPH and Coalition for Collaborative Care newsletter. We promoted our new adult social care guideline in partner channels including content for National Voices, Healthwatch England, The Department of Health and Social Care, The Queens Nursing Institute, Think Local Act Personal, Coalition for Collaborative Care, The Government Magazine and also the National Health Executive. We maintained key relationships with the Royal College of General Practitioners, Healthwatch England and Think Local Act Personal and agreed ways to support each other's work.
	Add links to media team content and videos in the 'Tools and Resources' sections of guidance pages	Complete. We add media team content and videos when appropriate.
	Bring content to life by reusing case studies, shared learning examples and other material	We've built good relationships with a number of trade publications targeted to our stakeholders, which includes

Objective	Actions	Update
		a blog for the National Health Executive looking at how NICE has affected cancer services following the publication of the impact report. We also provided the journalist with a longer piece for the magazine. An article for the Health Business Magazine looking at NICE's partnership work with NHS England to provide digital IAPT therapies
	Use a variety of evaluation techniques to assess the impact of our work and to regularly gauge the views of our stakeholders	An insight project to explore the experience of recent and current committee members of developing guideline recommendations has been completed. 20 in-depth interviews were conducted and a report of the findings has been presented to the content strategy group to inform ongoing development work. We have also provided user research support to a number of teams across NICE including: Advising on the development of feedback surveys for the scientific advice team on their service, and CHTE to gather feedback on technology appraisals process. Supporting HR on the set up and analysis of evaluation survey of Healthy Work Week and the quality and leadership team on the evaluation of Adult Social Care Quality Improvement Resource.
4. PRODUCTIVITY To be effective and efficient and to work better with less	Regularly assess directorate structure and future needs to ensure that resources are in place to enable delivery of directorate and wider corporate objectives.	Ongoing.

	Continue to roll out efficiencies and cost savings plan that will support the communication needs of the organisation in 2017-2018 and beyond	The directorate targets for savings by April 2018 have been met.
	Continue 2016-2017 work to develop a directorate that is content-focused, able to work in social and multi-media and makes most productive use of communications resources.	Ongoing.

Other issues

Events

4. The events team has made significant progress planning for the next NICE Annual Conference, which will take place on 26 June 2018 at the Deansgate Hilton in Manchester. 147 delegates had registered for the event by 2 March, and Dods Group, our events agency, are confident that the 400-capacity event will sell out this year. Exhibition stands have been sold by Dods to the British Heart Foundation, Indextra (an app company), and Medlior - a Canadian firm which specialises in real word evidence and data analysis. Medlior are also sponsoring a lunchtime fringe workshop.

Media

3. The media team launched NICEtalks, to showcase the work of NICE by bringing together people's real-life experiences of health and social care with expert opinions. The podcast has been well-received generally and the first episode has received 677 plays on SoundCloud. The podcasts are timed to coincide with disease awareness months and NICE impact reports. They are released exclusively to subscribers to NICE Newsletter and Update for Primary Care before being released more widely and promoted on social media.

4. TA committee chair Jane Adam appeared on BBC2's Trust Me I'm a Doctor (24 January) where she explained how the often difficult decisions about whether to recommend treatments for use in the NHS are made, with a particular focus on drugs used at the end of life.

5. Two film crews from BBC regional programmes in the North West and North East filmed the HST committee meeting in January where the drug cerliponase alfa for treating Batten disease was discussed. They were following the journeys of patients from their respective areas as they seek to secure NHS access to the drug. Interviews with the committee chair Peter Jackson and HST associate director Sheela Upadhyaya were also filmed, with the final pieces broadcast to coincide with publication of the draft guidance in February.

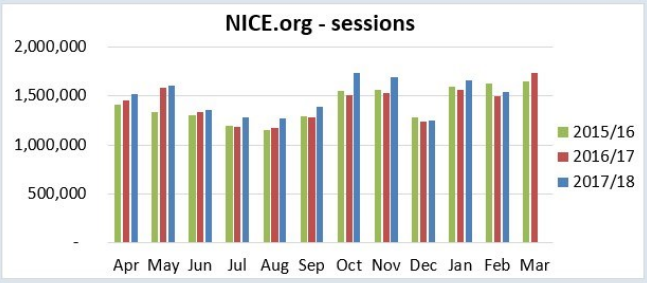
6. We published our final antibiotic prescribing guideline for acute sore throat in January. Co-badged by PHE, this guideline recommends using paracetamol to manage the symptoms of sore throat, rather than prescribing antibiotics. It received a large amount of media coverage with the press office speaking to journalists from BBC Online, Mail, Pulse and Nursing Standard. Professor Gillian Leng was interviewed by BBC breakfast, Sky News Radio, BBC Radio 2 and 4.

7. The most read, newly published, story on our website covered the advice to use paracetamol instead of antibiotics for a sore throat, which was part of our series on Common Infectious Diseases. It has received more than 3,800 views to date.

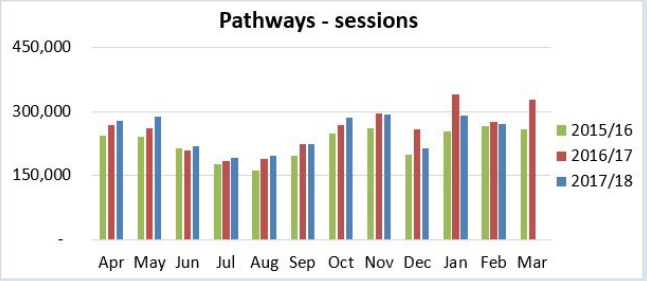
8. There was a lot of 'neutral' coverage this period, 27%, driven mostly by stories on mesh. Positive coverage, 72%, came from sore throats, Pertuzumab and brain cancer drug Temozolomide.

Website and Pathways statistics

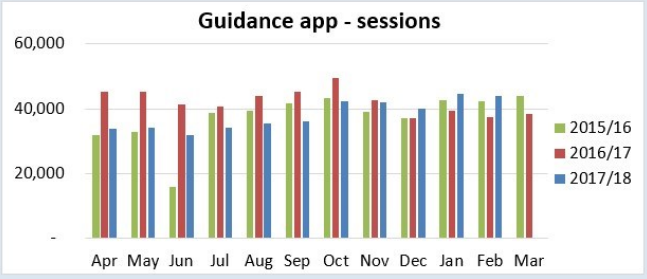
Performance of services which provide access to NICE guidance



In February 2018	1,540,089	Var. last year	3%
		Var. last month	-7%
In year ending February 2018	18,020,679	Var. last year	6%



In February 2018	269,767	Var. last year	-3%
		Var. last month	-8%
In year ending February 2018	3,083,009	Var. last year	2%



In February 2018	43,945	Var. last year	17%
		Var. last month	-2%
In year ending February 2018	456,708	Var. last year	-11%

9. In January and February we prepared 179 documents for digital publication. For NICE Pathways we:

    - Published 4 new and 2 fully updated pathways
    - Updated 23 pathways to include new quality standards, CHTE guidance, or NICE advice
    - Updated a further 16 pathways to add related pathway links or as maintenance updates.

10. There are currently 245 live pathways containing 1746 NICE products (guidance, quality standards, advice, clinical knowledge summaries).

Enquiry handling

11. Since the last reporting period, we've responded to 2238 enquiries which included 46 MP letters, 19 Freedom of Information (FOI) requests and 20 parliamentary questions.

12. We responded to a large number of MP letters asking NICE to conclude its appraisal for nusinersen (Spinraza) for spinal muscular atrophy (SMA). We also received further requests to review our guidance on lumacaftor-ivacaftor (Orkambi) for treating cystic fibrosis.

13. The most popular enquiry topic from the general public followed the broadcast of 'Trust me, I'm a doctor' which prompted people to provide feedback on the societal perspective of the value placed on life at the end of life and NHS expenditure priorities.

14. For the NHS, we responded to 62 requests for clarification about our guidance recommendations. Queries covered a broad range of complex issues including whether 8-week or 12-week dosing regimens should be funded under our technology appraisal guidance on ustekinumab (TA456) and the rationale for recommending repeat tests upon referral for diagnosis for glaucoma (NG81).

15. Following a number of requests to see which technology appraisals are going through the Fast Track Appraisal process, we worked with the resource impact team to arrange for this information to be included within the monthly resource planner published on the website.

Risks identified January and February 2018, key controls and ratings

Risk	Key controls	Risk rating now	Risk rating year end
Failure to seek feedback from stakeholders in how we work and communicate with them	Work has begun to conduct in 2018 a scaled-down version of the 2017 NICE Reputation survey with key sector stakeholders Use of insights and analytics to monitor and evaluate audience use of products and their views on NICE's outputs	Green	Green
Proposals for change in the directorate fail to offer efficiency savings or present a viable structure for supporting NICE in the future	Working with colleagues in HR and SMT to assess the need for change and to and implement agreed changes	Green	Green

National Institute for Health and Care Excellence

Evidence Resources progress report

1. The Evidence Resources directorate comprises three teams which provide a range of functions to NICE:

    - The Digital Services team delivers NICE's digital transformation programme and maintains all NICE's digital services.
    - The Information Resources team provides access to high quality evidence and information to support guidance development and other NICE programmes. It also supports the provision of evidence content to NICE Evidence Services and it commissions key items of content made available to the NHS via the NICE Evidence Services.
    - The Intellectual Property (IP) and Content Business Management team manages the range of activities involved in granting permissions to use NICE's IP and content and in responding to international delegation enquiries.

2. The directorate manages the NICE Evidence Services, a suite of evidence services including a search portal (Evidence Search), the Clinical Knowledge Summary service (CKS), the BNF microsites (BNF and BNFc), access to journals and bibliographic databases via a federated search (HDAS), a document supply ordering service and medicine awareness products.

3. This report sets out the performance of the Evidence Resources directorate against our business plan objectives for 2017/18. It also highlights performance against agreed metrics and provides an update on the risks managed within the directorate.

Performance

4. The directorate's progress achieved in January and February 2018, against the objectives set for the year 2017/18 is summarised in the table below.

Table 1 Overview of performance in January/February 2018 against FY 2017/18 objectives

Objective	Actions	Update
Information Resources		
Deliver the suite of digital evidence services, which meet the evidence information needs of health and social care users and partner agencies	• Maintain and make measurable improvements to the component services of NICE Evidence Services	• **Delivered for the year** - with traffic across all sub-services performing well during the period. Traffic from the BNF microsite has now fully recovered from the transition to a new site in June 2017. Traffic in February 2018 was 60% higher than in February 2017. The BNFC site is almost back to pre-June 2017 levels. • **Completed** - The process of withdrawal of the NICE BNF and BNFc apps has completed. Residual usage is new very low. Remaining users continue to be encouraged to download the new open access BNF publisher apps.
	• Procure and maintain the underpinning Link Resolver and Identity Management services	• **Completed** – Link Resolver procurement and implementation.
	• Manage content procurement contracts (CKS, Cochrane), including those on behalf of HEE (National Core Content)	• **On track** - Planning work for the re-procurement of the National Core Content in 2018/19 has started. • **Completed** - Cochrane and CKS re-procurements.
	• Manage the NICE Framework Agreement which supports local purchasing of information resources.	• **On track** - Quarterly contract review meetings were held with all suppliers on the Framework during this period.

Deliver efficient and high quality information services to NICE centres and directorates	• Develop Information Services capacity and support for new or growing programmes of work in line with 2017/18 activity plans. • Explore new methods and approaches, and where suitable, deliver service improvement in the provision of Information Services across NICE. This will involve close engagement with the Evidence Management project.	• **Delivered for the year** – new or additional support in place for medtech innovation briefings, commissioning support documents, IAPT assessment briefings and technology appraisals. • **Near complete** – the full document supply tool went live in Q1; sponsor and expert user input ongoing into the development of EPPI-R5. • **Complete** - on 28 February NICE hosted its Joint Information Day, organised every two years for the information specialists working across the NICE developer network. The focus of the day was on embracing changes brought by data science and new technology such as machine learning.
Digital Services		
Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives.	• Guidance Production Services: key priorities are the Evidence Management programme, the continued development of a structured content authoring platform and improving the processes of external consultations	• **On track** - a number of digital projects have either completed or are under way across the portfolio. This includes: **Guidance production services**: • Work to upgrade our **evidence management** tools in partnership with UCL is continuing through to the end of March 2018 when the new web-based version of the EPPI Reviewer software should be ready for deployment across NICE, although the timelines for completion are very tight. Future phases of work include roll-out of the new software to the external guidance centres. • The initial 10-week phase of the MAGICapp evaluation is coming to an end. An extension of 2 weeks was approved to inform a financial evaluation of future **structured content** options. A paper will be discussed with the Senior Management Team in March 2018.

Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives. (continued)	Continued	• Work to bring efficiencies to the **external consultation** process restarted in February 2018 after receiving permission from the Department of Health digital team to proceed with the 'Beta' phase of the work. During February, the team scoped the BETA phase to provide a simple and consistent way of contributing, and collating stakeholder comments on NICE consultations. The team also completed Sprint 0 with all of the software technical needs now installed and enabled.
	• NICE Website: continue to improve user experience across our sites. Other priorities to be confirmed through Q4 2016/17.	**NICE website:** • Work to upgrade the search technology across the NICE website services (including the Pathways search) completed in July 2017. A follow up project to optimise the use of the new technology completed in January 2018. • Digital Services and the Communications team have adopted a new 'user journey' approach to delivering continuous strategic improvements to the NICE website. This includes utilising an A/B testing approach (a percentage of users will see the new page with the remaining seeing the old page so any improvements can be measured). Current focus is on the journey to accessing guidance. The next priority for improvements is the overall navigation of the site ('top hat' and 'about us' pages).

Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives. (continued)	• NICE Evidence Services: continue to enhance operations stability and performance. • Other projects arising during the year:	**NICE Evidence Services:** • **Completed** - Search technology replacement was extended to all Evidence Services and this concluded at the end of August 2017. A follow up project to optimise the use of the new technology completed in January 2018. • **Completed** - Link resolver was implemented as planned during October 2017. • **Completed** - A project to refresh UK Pharmascan reporting went live in November 2017. In addition, Evidence Resources are supporting the Centre for Health Technology Evaluation with managing an external digital agency to undertake the design and build of the new MedTechScan database. The discovery phase completed in December 2017. A decision to proceed with the Beta phase of the project (main build) was made in January 2018 by the MedTechScan Project Board chaired by NHS England, following approval by NICE's SMT. The contract with the digital provider agency will be signed in early March 2018.

Maintain operational service delivery and implement service improvements based on user insights and service performance against key performance indicators.	• Maintain the NICE Digital Services to agreed service levels (in terms of service availability and time to defect resolution). • Maintain digital services performance indicators in line with business priorities and user insights. • Continue to translate data and observations about the performance of NICE Digital Services into actionable improvement proposals. • In response to the above, continuously improve NICE Digital Services in line with agreed investment priorities.	• **On track** - NICE Digital Services operated within the generic agreed service levels for availability. Defect resolution SLAs were adhered to in 60% of cases. In January and February 115 defects were closed. • **On track** - Service Groups' usual reports and insights have been distributed and additional analysis has been done to support the journey mapping work (analysis of the 'Topic Page' and the 'Find Guidance Page'). • **On track** - a 'journey map process' to support iterative changes to the NICE website has been agreed with the Communications team. • **On track** – maintenance and continuous improvement priorities for 2017/18 are being agreed with service groups and shared with SMT. In January and February, 18 Change Control Requests were completed. • **Completed** - Work to build automated testing capabilities for our developers ended in September 2017.

Maintain and where possible improve the productivity of the digital services function	• Progressively introduce new working practices that will lead to increased knowledge sharing amongst the multi-disciplinary teams and increase throughput.	• **On-going** – in early June 2017, three new multidisciplinary 'Service Delivery Teams', Evidence, Content and Channels, were launched. Work continues to ensure the roles and responsibilities of different team members within the multidisciplinary teams remain clear.
	• Continue to reduce the end to end delivery time of small changes to services ensuring shorter cycles of improvement and learning.	• **Completed** – JIRA, our new platform for managing software projects, was rolled-out across the digital services team between August and October 2017 with all activity now managed through this platform.
	• Continue to develop semantic capability to support our products and platforms, including a revised classification vocabulary and a metadata repository.	• **On track -** Software used to manage NICE ontology was decommissioned during the autumn. Software options for managing NICE's classification vocabulary and a metadata repository will be explored alongside broader vocabulary management and governance considerations during spring 2018. As part of this NICE will also join an NHS Digital Terminology Server 'Connectathon' event in April.
	• Continue to optimise the hosting infrastructure.	• **Completed** - The selection of a new hosting provider completed in January 2018. The new contract is expected to deliver further savings for NICE.
	• Ensure the business benefits expected from projects run under the Digital Strategy are clearly defined in project documentation and that processes are in place with teams across NICE to ensure the realisation of benefits is monitored and reported.	• **Completed -** The first phase of a business analysis project to assess the savings expected from the External Consultation project concluded in November 2017. Further work to identify the key areas of potential efficiency along the guidance development process completed in February 2018 and will be used to prioritise the digital transformation investments during 2018/19.

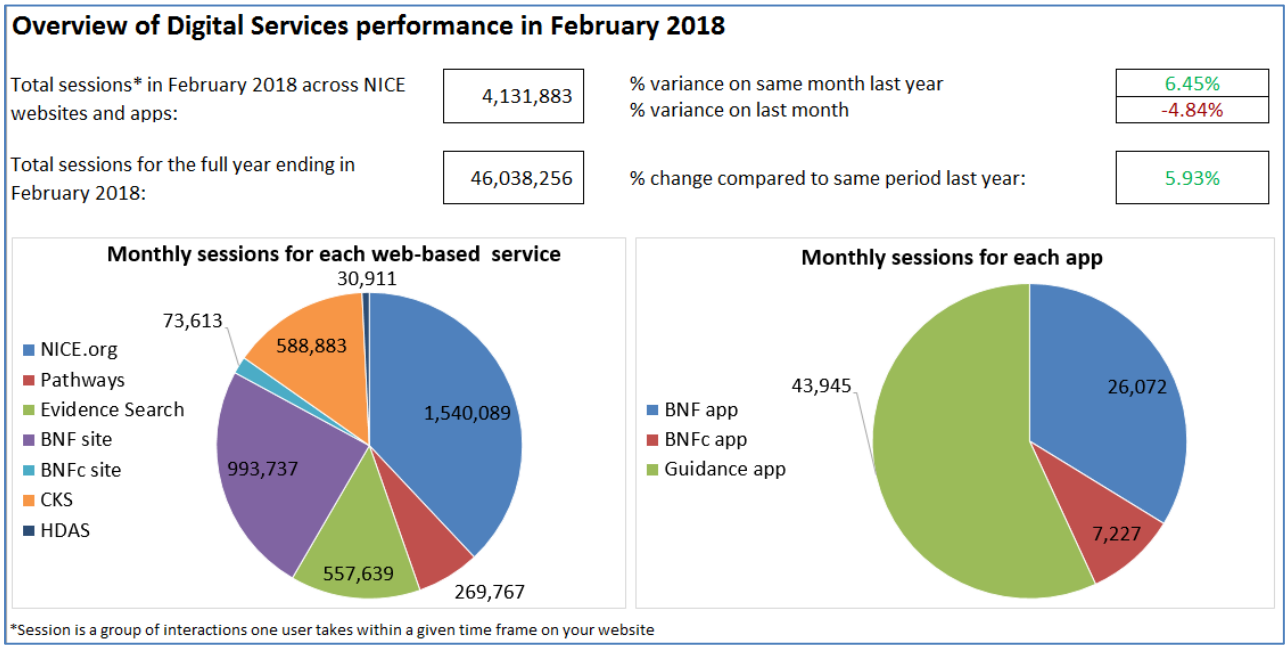
	• Recruit permanent staff in line with budget assumptions. Monitor success of recruitment and adjust budget assumptions accordingly. • Support retention and development of talents.	• **Continued progress** – A service delivery manager and a senior developer joined the team in January 2018. A new Associate Director for Service Delivery and Programme Management is starting on 5 March 2018. Positions remain open including a tester, a senior developer, a web engineer and a portfolio performance analyst. • **No leavers this period.**
Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders.	• Support NHS Digital in the development and adoption of common standards, taxonomies and language across ALBs. • Maintain an ongoing relationship with the nhs.uk project (re-development of NHS Choices). • Identify partners for joint working on digital initiatives which support the distribution and re-use of NICE content in decision support and other third party systems. • Fully capitalise on existing relationships with specialists in the evidence management field and extend to other potential partners.	• **On-going** – NICE continues to attend the Professional Record Standard Board (PRSB) Advisory Boards. Continued discussions with NHS Digital 'standards' team regarding the adoption of standards has led to NICE being invited to join a Terminology Server 'Connectathon' event in April 2018. • **No further progress this period**. NICE is kept abreast of changes to nhs.uk, especially its topic pages and new medicine pages. • **On track -** discussions with a commercial decision support system partner are on-going to help validate the structure captured by the MAGICApp for feeding into their decision support tools. • **On track** - with the EPPI-Centre at UCL is on-going. In January, a partnership project started with King's College London to explore the management of ‘provenance’ information in the guideline production process. Some rapid discovery work ('spiking') will also be undertaken in March with NaCTeM at Manchester University to assess how to improve the NICE search using Natural Language Processing.

IP and Content Business Management		
Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance.	• Articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK – this will include permissions to use content overseas, adaptation of guidance, quality assurance services and syndication services. • Articulate and promote NICE's value propositions involving knowledge sharing with international organisations interested in NICE's expertise and experience – this will include supporting international delegations and enabling targeted advisory services.	• **Completed** - infrastructure and standard operating procedures for generating revenue associated with international sales are in place. The NICE website includes a specific page for international NICE services. This includes details of how international organisations can request NICE to host a delegation or deliver targeted advisory services overseas. • **Completed** - redevelopment of all internal guidance on copyright management. A programme of training and awareness raising has be rolled-out across all NICE teams.
Directorate wide		
Subject to available resources, work with partner agencies to continue to engage and support the wider app evaluation programme.	• Liaise with PHE, NHS England, NHS Digital, the Office for Life Sciences (OLS), MHRA and CQC to ensure that NICE Health App Briefings are promoted and are part of wider app evaluation discussions.	• **No further progress this period.** NICE continues to monitor NHS England's and NHS Digital's strategy for assessing digital apps. NICE is a member of a new 'Digital Clinical Council' whose role in the process of digital assessment has yet to be fully defined. NICE has offered to undertake further app briefings for the system, subject to funding and commissioning.
Implement the second year of a three year strategy to manage the reduction in the Department of Health's Grant-In-Aid funding.	• Maintain focus on identifying new cost saving opportunities arising across the directorate portfolio of activities. • Review and renegotiate supplier contracts in line with savings target and schedule agreed and monitored by the SMT.	**On-track** • All savings targets including renegotiated new contracts are in line with agreed savings plans for 2017/18. • A management of change exercise completed in the small Intellectual Property and Content Business Management team. The change will contribute to the directorate's savings plans in 2018/19.

Performance of the live services supported by NICE digital services

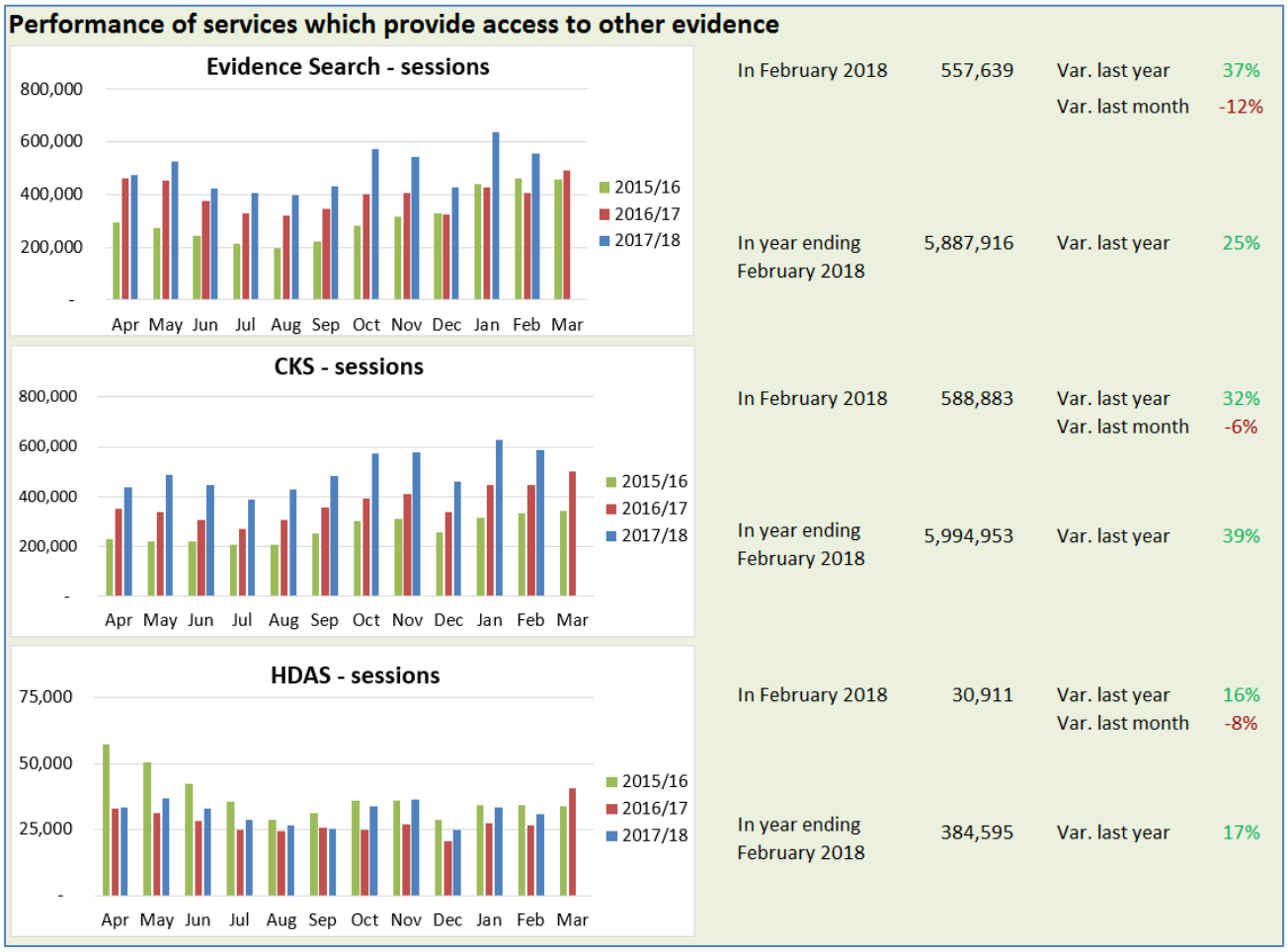
5. Figure 1 below summarises the position of all NICE's digital services at the end of February 2018, exposing the relative size of the different externally facing services of NICE, measured in number of 'sessions' (the number of visits to a website within a date range). There were over 46 million sessions across all digital services in the last twelve months which translates to a 6% increase in comparison with the same period in 2016/17. NICE services were stable between January and February 2018 with a seasonal decline of 5% between January and February 2018.

Figure 1: Overview of NICE's digital services performance as of February 2018



6. Figure 2 below details the performance of the 3 services which provide access to evidence beyond that produced by NICE: Evidence Search, Clinical Knowledge Summaries (CKS) and HDAS. All service continue to grow relative to the previous year, with growth rates between 17% and 39%. The seasonal decline in February is expected.

Figure 2: Performance of services providing access to 'other evidence' as of February 2018



7. Figure 3 summarises the performance of our BNF services, the microsites and the apps.

8. The new BNF microsite is fully recovered and its year-on-year increase is back to the level before its re-launch in June 2017. In February this service received just under a million sessions and was our second most visited service behind the NICE website. Sessions for the new BNFc microsite have yet to catch up fully to pre-June 2017 levels.

9. Sessions on the BNF and BNFc apps continue to decline - the BNF app has received 94% fewer sessions than February last year whereas BNFc app 92% fewer, reflecting the withdrawal of the NICE apps in December in favour of the open access BNF apps produced by the BNF publisher.

Figure 3: Performance of services providing access to BNF content as of February 2018

Risks

10. There were 4 Amber risks reported by the Evidence Resources directorate to the Senior Management Team in the previous period. This has now been reduced to 3 following the successful recruitment of a new Associate Director in Digital Services which address concerns about senior capacity in the team.

National Institute for Health and Care Excellence

Health and Social Care Directorate progress report

1. This report sets out the performance of the Health and Social Care Directorate against our business plan objectives for the period January - February 2018. It also highlights notable developments that have occurred during the reporting period.

Performance

2. The directorate successfully delivered a number of key products during January - February 2018 including: 2 adoption support products; 3 IAPT assessment briefings; 4 medicines evidence commentaries; 2 quality standards; and 2 quick guides for social care. Details of these publications are given in Appendix 1.

3. In addition to the issues covered in the standard report, there are a few specific points to note:

    - The governance of the digital IAPT programme has changed. The steering group that was established to oversee the set-up of the programme has been replaced by a delivery group, chaired by NHS England, to focus on the operational delivery of the project.

    - Of the 21 applications to the Fellows programme for 2018/19, 8 applicants were successful and will start their fellowships in April 2018. Appointments include: an occupational therapist leading on the development and implementation of a Cumbria wide enablement strategy; a Specialist Antimicrobial Prescribing Adviser supporting prescribing strategies across Wales; and a GP promoting NICE quality standards and common infections guidance.

    - 10 scholars were appointed to the 2018/19 scholars programme from 26 applications. Appointments include: a pharmacist implementing NICE guidelines on urinary tract infection across Wales; a patient representative exploring shared decision making; a Director of Pharmacy aiming to improve dose optimisation for opioid substitution; and a dietician assessing the acceptability and appropriateness of food in inpatients with type 1 and 2 diabetes.

    - Over 70 applications were received for the 2018 Shared Learning Awards. Of these 20 were highly commended. Shortlisting to identify the top 3 submissions will take place in March, and the awards will be made at the NICE conference later this year.

- A number of vacancies across the standing members of the Quality Standards Advisory Committees (QSAC) were filled with recruitment completed during January and February.

Table 1 Performance update for January - February 2018

Objective	Actions	Update
Publish guidance, standards and indicators, and provide evidence services against the targets set out in the Business Plan	Deliver standards, indicators and other products in accordance with the schedule set out in the Business Plan	See Figure 1, Figure 2 and Appendix 1 for details of key outputs. Products were delivered as planned with the exception of the following: • Resource impact products were produced for all positive NICE guidance recommendations. The difference in the number of products produced is due to publication dates moving (see Figure 1). The following have also been delivered: • 15 of 16 medicines optimisation key therapeutic topics published in February. One topic was retired. • 46 medicine awareness services bulletins have been published since April, which is in line with planned performance.
Implement the relevant aspects of the Government's industrial strategy for the life sciences industries, taking account of the recommendations in the final report of the Accelerated Access Review	Develop an Accelerated Access Review implementation plan and report to the Board on progress	The innovation scorecard strategic metrics group agreed to develop a plan for its revision and improvement which will be presented to the Accelerated Access Collaborative Board at its meeting in April. The scope of the review includes audiences, usage, content and format. The NICE implementation collaborative (NIC) has identified a short list of projects to identify potential barriers to implementation at a system level. Insights will be used to inform and support the uptake of technologies. Progress has been made in aligning the NIC with the Accelerated Access Collaborative's activities.
Deliver a programme of strategic and local engagement	Support the use of NICE guidance and standards through the work of other national organisations and by	NHS England (NHSE) NICE supported the development of the NHS RightCare logic models for chronic obstructive pulmonary disease, atrial fibrillation and hypertension, and the development of the RightCare pathway for cardiovascular disease prevention in people with serious mental illness.

Objective	Actions	Update
	working with local health and care systems	NHS Improvement (NHSI): The updated partnership agreement has been signed off by NHS Improvement's medical director and is awaiting sign off by the Executive Board.
		Public Health England (PHE) National: NICE is working with PHE and NHSE to support the alignment of system priorities for public health at a national level. This includes co-ordination of work on the prevention of cardiovascular disease (CVD), which focuses on hypertension, atrial fibrillation and familial hypercholesterolaemia. The first meeting of the Points of Engagement CVD prevention themed group, which supports this work, took place in January and included the National Clinical Director for CVD prevention and the PHE CVD lead. PHE in the regions: North: • NICE contributed to a PHE-led event on 'preventing atrial fibrillation-related strokes - accelerating action and collaboration'. • Together with PHE-North and other system partners, NICE has made a joint offer of support for CVD prevention to 2 Sustainability and Transformation Partnerships (STP) initially. • NICE and the Public Health Agency (Northern Ireland) shortlisted for the HSC Safety Forum Awards 2017. Midlands and East: • A 'how to guide' to support practitioners in recognising and addressing health literacy issues has been developed by NICE and PHE in the East Midlands.

Objective	Actions	Update
		• A CVD prevention performance dashboard has been developed by Midlands and East regional teams at NHSE, NHSI, NHS RightCare, PHE and NICE to enable targeted support. Initial priorities are hypertension, cholesterol and atrial fibrillation. • NICE contributed to the design and delivery of a lunchtime webinar hosted by PHE East of England. The webinar aimed to make the case for a renewed focus on CVD prevention with particular emphasis on atrial fibrillation, hypertension and cholesterol management. London: • PHE, using NICE guidance products, has identified resources to support a pan-region needs assessment, including development of evidence summaries, and some practical resources for primary care. • NICE has contributed to workshops led by the British Heart Foundation (BHF) and has supported the BHF to develop an action plan for the region. • NICE has made an offer of support with 4 of the 5 STPs in the region and local actions have been agreed with one STP. South: • A south-wide offer for CVD prevention is being developed which primarily focusses on atrial fibrillation, hypertension and smoking cessation. This will include a joint resource and a combined communications and implementation plan. • NICE delivered a session at a PHE South masterclass on behaviour change. • Sessions delivered jointly by Medicines Implementation Consultant and Implementation Facilitator supporting a PHE South CVD prevention event.
		Sustainability and Transformation Partnerships (STP) NICE has membership on each regional STP Arm's Length Body oversight group. A designated Programme Manager has been appointed to co-ordinate the development of NICE's offer to STPs. The offer will be launched at the 2018 NICE Conference. Work is in

Objective	Actions	Update
		progress to develop topic specific STP resource packs. Topics include avoidable admissions/demand management, CVD prevention, and improved transfer of care/length of stay and medicines management.
		Social Care A joint webinar with SCIE was held about Intermediate Care guidance. This was well received and more joint webinars have been requested.
Evaluate the impact and uptake of Health and Social Care products and services and ensure that guidance and standards meet the needs of our audiences	Produce a twice yearly uptake and impact report	The NICE impact report on cancer was presented at the NICE board meeting in January and was well received. The NICE impact report on maternity will be presented at the March board meeting.
	Consult with the research community through the Implementation Strategy Group	Work is continuing with directorates across NICE to finalise the action plan that is being developed in response to the Implementing NICE Guidance and Quality Standards Audience Insight survey. The results from the survey, together with the final action plan, will be presented to Board in May.
Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact though regular evaluation	Deliver 50 shared learning examples	65 shared learning examples have been published since April which exceeds planned performance of 47 by the end of February.
	Deliver 30 endorsement products	26 of the 27 endorsement statements planned by the end of February have been published due to the volume of shared learning submissions and a reduction in capacity.
	Develop the resource impact team to enable it to deliver the budget impact assessments as part of the TA and HST programmes	Resource impact support statements were produced for the 61 company submissions received during the period April - February.

Objective	Actions	Update
Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders	Support NHS England to deliver the digital IAPT pilot programme (Improving Outcomes in Psychological Therapies)	Since April 2017, 28 technologies have been presented to the IAPT expert panel for their consideration, with 6 being eligible for the development of IAPT assessment briefings (IABs). One IAB planned for publication in February will publish in March. This is a result of delays to the overall programme being able to accept notifications of technologies during the period of Purdah during the 2017 general election and process related issues. However all 6 IAPT briefings are expected to be developed by the end of March 2018, in line with planned performance.

Figure 1 Performance against plan for Health and Social Care Directorate key publication outputs for period January to February 2018

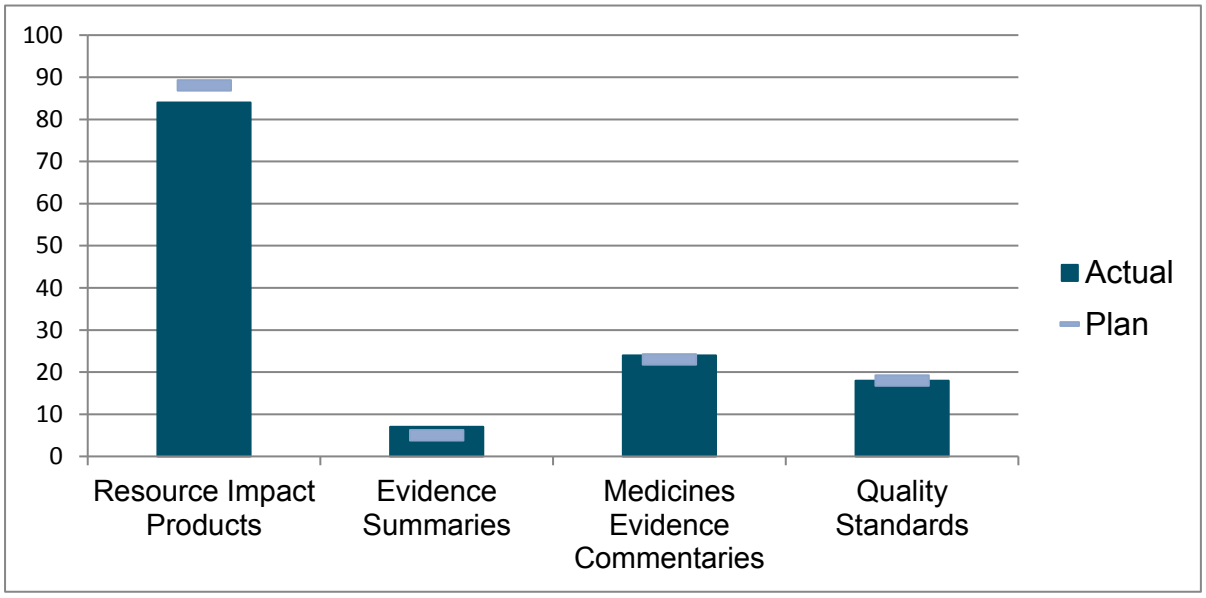
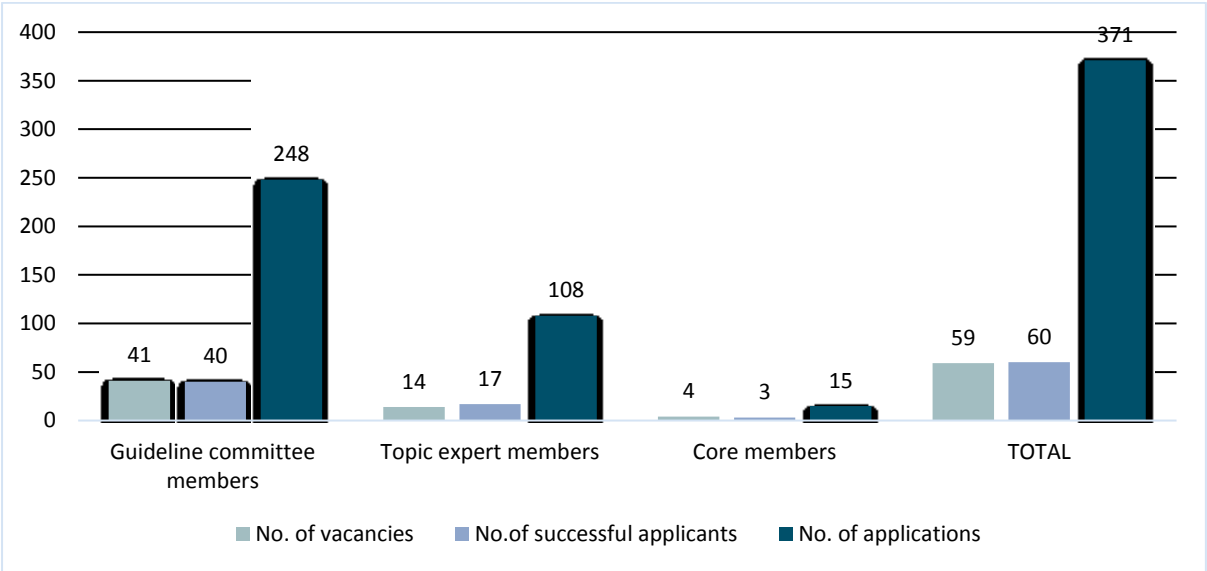


Figure 2 Patient & public committee member recruitment for the period April to February 2018



4. Overall, the ratio of applications to vacancies was 6.2:1; the target being 2:1 or greater. In addition 74 people gave testimony to NICE's committees and 13 people were invited to join committees as specialist members. Ten training sessions and masterclasses across a number of topics have also been held.

Notable Developments

5. This section includes significant developments or issues that occurred during January and February 2018.

Strategic Engagement

6. The directorate is developing the strategic engagement plan for 2018/19, which includes a set of deliverables and metrics for engagement at a national, regional and local level. The plan will be presented to Board in May 2018.

7. The Care Quality Commission has asked to use the following direct quote from NICE's response to their consultation on the reporting and rating of NHS trust's use of resources: "The National Institute for Health and Care Excellence (NICE) broadly supported the proposals, and recommended that any change be underpinned by the available evidence base and that it retains a balance between quality, performance, cost and any potential environmental and social impact. NICE would like to see consideration of its cost saving guidance and advice as additional evidence in developing the ratings".

Quality Improvement Event

8. Several recent initiatives have identified that quality improvement should be at the heart of local plans for redesigning services, and emphasised the importance of a local and national focus on improving quality. To support this, NICE is arranging a round table event with national health organisations who have a quality improvement role. The National Medical Director for NHS England is keen to co-host the event with NICE.

9. The aim of the event is to ensure that national organisations are clear about their respective roles in quality improvement, that overlaps in responsibilities are minimised, and that organisations work together to ensure consistent messages. It is anticipated that the event will be held during first quarter of 2018/19.

Guideline Resource and Implementation Panel

10. In January 2018, SMT approved the establishment of a Guideline Resource and Implementation Panel (GRIP).

11. The panel will include representatives from NHS England, Health Education England and NHS Improvement, and will review the estimates of budget impact and workforce implications for all guidelines. The panel will:

    - Agree the timing of the resource impact by financial year.

- Review a summary report which highlights guidance with potentially significant resource impact ahead of consultation.

- Highlight, or be referred to, any other significant resource impact issues and wider challenges to implementation.

12. The output from the panel will be an implementation statement on affordability and workforce implications of each guideline.

13. It is clear in the Panel's terms of reference that they are not to comment on or influence the guideline recommendations outside of NICEs usual consultation processes and timelines.

Getting it Right First Time (GIRFT)

14. Following a meeting with Lord O'Shaughnessy on 14 December, it was agreed that NICE and GIRFT should jointly pilot a novel approach to support the positioning and appropriate uptake of new drugs and new classes of drugs within a clinical pathway. Approval was received for the pilot on 7 February, which we expect to take 3 months.

15. The pilot will have five main aims, which are to:

    - Develop a new data advice product to support appropriate uptake of new drugs and new classes of drugs given a positive recommendation in a NICE appraisal within a clinical pathway.

    - Develop the methodology for producing this product.

    - Develop a framework that aligns existing structures, processes and clinical input, particularly around specialised commissioning and the medicines value programme.

    - Evaluate usefulness and impact of the product.

    - Set out a future work programme, informed by feedback from the pilot.

16. The product will have two components: uptake data and a brief summary of the attributes of medicines that determine place and uptake within a therapeutic class or pathway. This will assist localities in their planning on key new and existing medicines as well as providing individual prescribers and their patients with information to assist informed decision making. The product is intended to be used in conversations to facilitate appropriate care and the optimum use of medicines.

17. A key component of the product is data on uptake. It is proposed that the product will show uptake data from the innovation scorecard, organised by clinical area. This will give the scorecard greater utility than it currently has in the system.

Feeding back to lay contributors

18. The Public Involvement Programme has made progress on developing feedback to lay participants, a key recommendation from the strategic review of public involvement. To date, it has been agreed that advisory committees will assess the impact of patient inputs on various CHTE guidance. These inputs include written evidence submissions for interventional procedures, highly specialised technologies and diagnostic guidance. They also include questionnaires from individual patients (known as patient commentary) for interventional procedures guidance. Each committee member gives an assessment of the impact on a proforma. When collated, this information forms the content of a formal feedback letter. The first of these feedback letters has been sent out for the highly specialised technologies and interventional procedures programmes.

Patient group masterclass

19. PIP held the first ‘masterclass’ on interventional procedures and medical technologies guidance on Friday 23 February. Aimed at patient organisations, the sessions cover how NICE involves patients, patient organisations and patient evidence in those programmes, and the impact these have. The day was very successful and it is anticipated that the session will be repeated to reach other patient organisations with a view to enhancing involvement in these programmes.

Risks

20. One risk has been identified in this reporting period which is detailed in paragraph 3 and the table below.

Risk	Key controls	Risk rating now	Risk rating year end
Risk of not meeting agreed schedule for the digital IAPT pilot due to lower number of eligible applications and changes to governance arrangements leading to reputational damage.	Regular progress reports to the NICE board and to NHS England Regular review meetings with NHS England	High	Low

Appendix 1 Guidance published since April 2017

The table below provides a list of guidance and advice produced between April 2017 and February 2018. For the Health and Social Care Directorate this includes adoption support products (ASP), evidence summaries (ES), IAPT assessment briefings (IAB), medicines evidence commentaries (MEC), mental health care pathways (MHCP), quality standards (QS) and social care quick guides (SCQG).

Guidance title	Publication date	Product
Asthma: diagnosis	Feb 2018	ASP
Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care	Jan 2018	ASP
Virtual chromoendoscopy (VCE) using NBI, FICE or i-scan to assess colorectal polyps of 5 mm or less during colonoscopy [implementation statement]	Dec 2017	ASP
SecurAcath for securing percutaneous catheters	June 2017	ASP
Evidence review: Gemcitabine plus capecitabine for adjuvant treatment in resected pancreatic cancer	December 2017	ES
Antimicrobial prescribing: Ceftazidime/avibactam	Nov 2017	ES
Evidence review: Zinc salts for Wilson's disease	Sept 2017	ES
Early breast cancer (preventing recurrence and improving survival): adjuvant bisphosphonates	July 2017	ES
Preventing recurrence of Clostridium difficile infection: bezlotoxumab	June 2017	ES
Obese, overweight with risk factors: liraglutide (Saxenda)	June 2017	ES
Non-cystic fibrosis bronchiectasis: inhaled tobramycin	April 2017	ES
Space from Depression	Feb 2018	IAB
Deprexis	Jan 2018	IAB
OCD-NET	Jan 2018	IAB
MoodGym [delivered as an IAB and to be published as a Medtech Innovation briefing (MIB)]	Nov 2017	IAB
Shared decision-making: an updated three-talk model for the clinical consultation	Feb 2018	MEC
Sore throat: corticosteroids as an add on treatment	Jan 2018	MEC
Primary prevention of cardiovasculardisease: study finds that stati ns were often initiated with no knowledge of the person's risk	Jan 2018	MEC

Guidance title	Publication date	Product
Risk of relapse after stopping antidepressants in anxiety disorders	Jan 2018	MEC
New MHRA drug safety advice: September to November 2017	Dec 2017	MEC
Chronic pain: patient outcomes with dose reduction or discontinuation of long-term opioid therapy	Nov 2017	MEC
Effect of antibiotic stewardship on the incidence of infection and colonisation with antibiotic-resistant bacteria and Clostridium difficile infection: a systematic review and meta-analysis	Nov 2017	MEC
Antibiotic prescribing: adverse events with antibiotic use in people who are hospitalised	Nov 2017	MEC
Risk of death among users of Proton Pump Inhibitors: a longitudinal observational cohort study of United States veterans	Oct 2017	MEC
Topical Corticosteroid Phobia in Atopic Dermatitis: A Systematic Review	Oct 2017	MEC
Switching to biosimilar infliximab in people with stable disease	Sept 2017	MEC
New MHRA drug safety advice: June to August 2017	Sept 2017	MEC
Patient preferences for cardiovascular preventive medication: a systematic review	Aug 2017	MEC
Hyperlipidaemia: clinical outcome data for evolocumab	Aug 2017	MEC
Statin adverse effects: study suggests people are more likely to experience muscle aches and pains if they are expecting them	July 2017	MEC
Pain management: Initial opioid prescriptions and likelihood of long-term opioid use	July 2017	MEC
New MHRA drug safety advice: March to May 2017	July 2017	MEC
Medicines adherence: medicines problems associated with use of multicompartment compliance aids in a UK community setting	June 2017	MEC
Depression treatment and mortality after myocardial infarction	June 2017	MEC
Statin therapy: could liver function monitoring be reduced	May 2017	MEC
Stopping or reducing antipsychotics in people with learning disabilities who have challenging behaviour	May 2017	MEC
Bioequivalence between biosimilar and reference tumour necrosis factor–alpha inhibitors	April 2017	MEC
Biosimilar infliximab: a successful managed switch programme in people with inflammatory bowel disease	April 2017	MEC
Primary prevention of stroke and transient ischaemic attack: UK observational study suggests under-prescribing of prevention medicines	April 2017	MEC

Guidance title	Publication date	Product
Mental health of adults in contact with the criminal justice system	Feb 2018	QS
Parkinson's disease	Feb 2018	QS
Cerebral palsy in children and young people	Oct 2017	QS
End of life care for infants, children and young people	Sept 2017	QS
HIV testing: encouraging uptake	Sept 2017	QS
Physical health of people in prisons	Sept 2017	QS
Rehabilitation after critical illness in adults	Sept 2017	QS
Sepsis	Sept 2017	QS
Transition between inpatient mental health settings and community or care home settings	Sept 2017	QS
Low back pain and sciatica in over 16s	July 2017	QS
Chronic kidney disease in adults	July 2017	QS
Oral health in care homes	June 2017	QS
Haematological cancers	June 2017	QS
Liver disease*	June 2017	QS
Multimorbidity	June 2017	QS
Violent and aggressive behaviours in people with mental health problems	June 2017	QS
Osteoporosis	April 2017	QS
Getting help to overcome abuse	Feb 2018	SCQG
Helping to prevent infection	Jan 2018	SCQG
Discussing and planning medicines support	Nov 2017	SCQG
Understanding intermediate care, including reablement	Oct 2017	SCQG
Moving between hospital and home, including care homes	Sept 2017	SCQG
Recognising and preventing delirium	July 2017	SCQG
Building independence through planning for transition	June 2017	SCQG

*NB: these quality standards combine 2 or more referred topics. Therefore the numbers in this list will not correlate with data in the graphs, which report on publication of referred topics.