NICE National Institute for Health and Care Excellence

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC BOARD MEETING

There will be a Public Board Meeting on the 17 May 2017 at 1.30pm in Chester Town Hall, 33 Northgate Street, Chester, CH1 2HQ.

AGENDA

17/037	**Apologies for absence** To receive apologies for absence	(Oral)
17/038	**Declarations of interests** To record any conflicts of interest	(Oral)
17/039	**Minutes of the Board meeting** To approve the minutes of the meeting held on 15 March 2017	(Item 1)
17/040	**Matters arising** To consider matters arising from the minutes of the last meeting	(Oral)
17/041	**Chief Executive's report** To receive the Chief Executive's report *Andrew Dillon, Chief Executive*	(Item 2)
17/042	**Finance and workforce report** To receive a report on NICE's financial position to the end of March 2017 and an update on the workforce strategy *Ben Bennett, Director, Business Planning and Resources*	(Item 3)
17/043	**NICE guidance and current practice report: mental health** To review the report *Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate*	(Item 4)
17/044	**Public Involvement Programme annual report 2016-17** To receive the annual report *Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate*	(Item 5)
17/045	**Proposal to develop MedTechScan** To approve initiation of the work *Professor Carole Longson, Director, Centre for Health Technology Evaluation*	(Item 6)

17/046	**Updated terms of reference for the Senior Management Team, Guidance Executive and Publication Executive** To approve the updates *Andrew Dillon, Chief Executive*	(Item 7)
17/047	**Audit and Risk Committee annual report** To receive the annual report *Dr Rima Makarem, Audit and Risk Committee Chair and Non-Executive Director*	(Item 8)
	Director's reports for consideration	
17/048	Evidence Resources Directorate *Alexia Tonnel, Director, Evidence Resources Directorate*	(Item 9)
	Directors' reports for information	
17/049	Centre for Guidelines	(Item 10)
17/050	Centre for Health Technology Evaluation	(Item 11)
17/051	Communications Directorate	(Item 12)
17/052	Health and Social Care Directorate	(Item 13)
17/053	**Committee minutes** To receive the unconfirmed minutes of the Audit and Risk Committee meeting held on 26 April 2017	(Item 14)
17/054	**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 19 July 2017 in the Ark Centre, Basingstoke Hospital, Dinwoodie Drive, Basingstoke, RG24 9NN.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Public Board Meeting held on 15 March 2017 in Durham Town Hall, Market Place, Durham, DH1 3NJ

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
Professor Sheena Asthana	Non-Executive Director
Dr Rosie Benneyworth	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Professor Tim Irish	Non-Executive Director
Dr Rima Makarem	Non-Executive Director
Andy McKeon	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
Professor Carole Longson	Centre for Guidelines Director

Directors in attendance

Professor Mark Baker	Centre for Guidelines Director
Alexia Tonnel	Evidence Resources Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Moya Alcock	Associate Director – Corporate Communications and Deputy Communications Director

17/018 APOLOGIES FOR ABSENCE

1. Apologies were received from Professor Martin Cowie, Elaine Inglesby-Burke, Tom Wright, and Jane Gizbert.

17/019 CONFLICTS OF INTEREST

2. Tim Irish highlighted that he has recently taken up the following roles:
    - Board Member, Pistoia Alliance Advisory Board

- Supervisory Board Member, Fiagon AG
- Professor of Practice, Kings College London.

3. David Haslam confirmed these had been entered into the register of interests, and the appointments did not represent a conflict of interest in relation to the matters to be discussed at this meeting.

17/020 MINUTES OF THE LAST MEETING

4. The minutes of the public Board meeting held on 18 January 2017 were agreed as a correct record.

17/021 MATTERS ARISING

5. The Board reviewed the actions arising from the Board meeting held on 18 January 2017.

6. Moya Alcock confirmed that the report on the regional stakeholder engagement events had been published on NICE's website and circulated to those who attended.

7. It was noted that the Remuneration Committee does not have a role in the clinical excellence awards, and therefore no further amendments are required to the committee's terms of reference. In addition, the vacancies for the non-executive director positions on the Clinical Excellence Awards Committee have been filled.

8. The actions relating to publicising the respective roles of NICE and Public Health England (PHE), and taking forward NICE's support for the life sciences industry are in progress.

17/022 CHIEF EXECUTIVE'S REPORT

9. Andrew Dillon presented his report, describing the main programme activities to the end of February 2017 and the financial position to the end of January. He outlined NICE's contribution to the development of the Government's Life Sciences Strategy, including through membership of the Senior Officials Leadership Group.

10. Andrew noted that NICE has secured resources to test the feasibility of a process to assess the potential environmental impact of guidance recommendations. Following this feasibility study, consideration will be given to whether this should be developed further so that NICE evaluations take account of environmental as well as cost impact.

11. The Board received the report.

17/023 FINANCE AND WORKFORCE REPORT

12. Ben Bennett presented the report which outlined the financial position as at 31 January 2017 and provided an update on the workforce strategy. The year-end forecast out-turn remains consistent with that previously reported to the Board – a £3.4m underspend against the revenue resource limit. Formal confirmation of the revenue resource limit for 2017-18 has now been received. This is in line with the assumptions in the draft business plan, presented later in the agenda. Ben highlighted the preparations to ensure compliance with new regulations regarding the tax arrangements of 'off payroll' contractors in the public sector. He noted the potential impact of the new regulations on the Evidence Resources directorate.

13. The Board received the report.

17/024 BUSINESS PLAN 2017-18

14. Andrew Dillon presented the 2017-18 business plan for the Board's review and approval. He highlighted the proposed business objectives and accompanying actions, progress against which will be included in the bi-monthly Chief Executive's report.

15. Sheena Asthana referred to paragraphs 10 and 11 in the business plan and asked whether alternative language could be used to more effectively explain NICE's support for decommissioning to patients and clinicians. The Board discussed the challenge of adopting terminology that articulates these initiatives to the diverse audience of commissioners, patients, clinicians, and other parties in the health and care system. Andrew Dillon stated that he would be willing to consider alternative terminology.

16. The Board approved the business plan and delegated approval of any final amendments, including in relation to the point raised above, to the Chief Executive.

17/025 REVISIONS TO STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS, AND RESERVATION OF POWERS TO THE BOARD

17. Ben Bennett presented the summary of the proposed changes to the governance documents following an annual review. He asked the Board to consider the position of the recently appointed deputies to the Senior Management Team members when attending Board meetings.

18. Andy McKeon referred to the proposed amendment to the Reservation of Powers to the Board regarding the approval of policies. He asked which

management policies will require Board approval. Ben Bennett agreed to report back to the Board on this matter.

ACTION: Ben Bennett

19. Rima Makarem, Chair of the Audit and Risk Committee (ARC), asked about the respective roles of the Board and ARC in relation to the annual report and accounts. Ben Bennett stated that due to the timescales for finalising the annual report and accounts, and laying these before Parliament, the Board has delegated the authority to approve the annual report and accounts to the ARC. The approved annual report and accounts are then formally presented to the Board for information at the annual general meeting. Following a question from Rima Makarem on whether the Board required a greater role in reviewing the annual report and accounts, it was agreed that the draft annual report and accounts will be circulated to the Board for comment prior to review by the ARC at its June meeting. In addition, all Board members will be invited to attend the ARC meeting in June that reviews and approves the annual report and accounts.

ACTION: Ben Bennett

20. The Board discussed the role of the deputy directors and agreed the deputies would only have voting rights and count towards the quorum of a Board meeting when formally appointed to assume the relevant director's responsibilities in the event of an absence over 4 weeks. This will be reflected in the Standing Orders.

21. Subject to the above amendment, the Board approved the amendments to the Standing Orders, Standing Financial Instructions, and Reservation of Powers and Scheme of Delegation to the Board.

ACTION: David Coombs

17/026 UPTAKE AND IMPACT REPORT

22. Gill Leng presented the six-monthly uptake and impact report, and asked the Board to consider the format for future reports. She thanked Paul Chrisp and colleagues in the Health and Social Care directorate for their work in compiling the report.

23. The Board discussed the report, noting and welcoming the extent of information provided. A number of comments were made about the indicators in the report, with a suggestion to give greater focus to those in which there has been a significant change in uptake, and which most directly relate to the impact of NICE guidance. A rationalisation of indicators for the field team was also suggested, with these aligned to the priorities for the team's engagement activities.

24. In terms of future reporting, it was agreed that each public Board meeting should receive an update on the uptake and impact of NICE's work, focused on a specific topic. Further information will be available on the NICE website and regularly updated. It was also agreed that consideration is given to a small number of indicators that could be used to measure NICE's impact, progress against which would also be regularly reported to the Board.

ACTION: Gill Leng

25. A member of the public referred to how NICE guidance refers to informed consent and suggested how uptake of this guidance could be measured and evaluated.

26. A member of the public asked about NICE's impact on the emerging Sustainability and Transformation Plans (STP). Gill Leng noted that it is not yet possible to evaluate the impact of the engagement given the relatively early stage in the development of STPs. However, NICE will continue to review its engagement with the STPs to ensure this is as effective as possible.

17/027 APPROPRIATE DISINVESTMENT AND INVESTMENT: SUPPORT FROM NICE

27. Gill Leng presented the progress update on NICE's redesigned support for delivering appropriate care and disinvestment. Referring to the comments earlier in the meeting, Gill acknowledged that it is challenging to find a single suitable term to refer to this work. The language used will therefore vary according to the context and the target audience.

28. The Board discussed the report, raising a number of comments and observations. The importance of supporting primary care, in addition to secondary care, was highlighted, as was the importance of working with national health and social care partners to influence practice. The proposal to utilise the upcoming NICE conference to promote the narrative around NICE's support for appropriate investment and disinvestment was welcomed. The Board discussed this narrative, emphasising the importance of tailoring this for different audiences: patients, clinicians, commissioners, and finance professionals. It was suggested that framing this around quality and safety would ensure greater traction with patients and clinicians.

29. The Board noted the report and agreed that further updates would be provided through the Health and Social Care directorate progress reports, as appropriate.

ACTION: Gill Leng

17/028 A REPLACEMENT FOR THE HEALTH SERVICE CIRCULAR 2003/011

30. Carole Longson presented the proposed replacement for the Health Service Circular 2003/011 (The interventional procedures programme: working with the National Institute for Clinical Excellence to promote safe clinical innovation), which was approved by the Board.

17/029 CONSULTATION ON CHANGES TO THE TECHNOLOGY APPRAISAL AND HIGHLY SPECIALISED TECHNOLOGIES PROGRAMMES

31. Carole Longson introduced the item on the outcome of the NICE and NHS England consultation on changes to the arrangements for evaluating and funding drugs and other health technologies assessed through NICE's technology appraisal and highly specialised technologies programmes. She noted that aspects of the proposals have been revised in response to the consultation feedback. Andrew Dillon highlighted the extent of concerns raised by the patient and industry groups, but stated that the proposals seek to guide NICE's recommendations in the context of the financial constraints for the health and care system.

32. The Board reviewed the consultation feedback and the proposed changes to the programmes.

Budget impact

33. Carole Longson outlined the proposal to introduce a budget impact test of £20m. Should a new technology exceed this threshold in any of the first three years of its introduction to the NHS, a commercial negotiation would be triggered. Should this negotiation fail to conclude or fully address budget impact issues, NHS England would be able to apply to NICE to vary the funding requirement to phase introduction of the technology over a longer period to help manage its budget impact.

34. Following the consultation, the overall proposition remains unchanged. However, the process for NICE considering a request to vary the funding requirement has been explicitly articulated, along with the information NHS England will need to provide when submitting any such request. It has also been further clarified that discussions on budget impact are separate to the NICE committee's evaluation of cost effectiveness. The terminology has also been revised from 'budget impact threshold' to 'budget impact test', to clarify that it is not a maximum level of expenditure.

35. The Board considered the proposals, in the context of the consultation feedback received. It was noted that NICE will use the company submission as the starting point for assessing the budget impact of a new technology. The Board also highlighted the importance of clearly explaining to patients, clinicians and other stakeholders, the arrangements for accessing the technology when NICE has agreed to vary the funding requirement.

36. Andy McKeon suggested a need to simplify the process for companies engaging in commercial discussions around the pricing of new technologies. He stated that the new documentation should more clearly indicate that a decision to vary the funding direction is subject to appeal, and that the budget impact assessment is separate to the committee's consideration of cost effectiveness. He also suggested that NICE should ensure the submission from NHS England to request a variation in the funding direction, should reflect the information NICE's Guidance Executive will receive when considering the request.

37. The Board approved the proposals for the budget impact test and for managing requests for variations to the funding requirement, as laid out in the report. The Board approved the accompanying process and methods statements, and agreed to put in place the arrangements for managing the budget impact test for topics for which a first evidence submission is received after 1 April 2017.

38. The Board noted the proposal to review the application of the budget impact test after three years.

Fast-track appraisals (FTA)

39. Carole Longson outlined the proposal to introduce a process for providing faster access to treatments that are highly cost effective. She stated that in response to feedback, the budget impact test will not be used as an entry criterion for the FTA as this could filter out products that are extremely cost effective but could have a high budget impact.

40. The Board considered the proposals in the context of the consultation feedback received. In response to a question from the Board, it was clarified that whilst the budget impact test has been removed as a criterion for entry to the FTA, NHS England will be able to request variation of the funding requirement for technologies assessed through the FTA which have a budget impact above £20m in any one of the first three years of introduction in the NHS.

41. The Board approved the introduction of fast track appraisals as outlined in the report, together with the accompanying methods statement. It was agreed that the proposals will take effect for topics with a first evidence submission from 1 April 2017.

42. The Board noted that a proposal to extend the fast track concept to a wider group of topics will be brought to the Board in due course, given the support for the concept of the FTA in the consultation.

Highly specialised technologies (HST) programme

43. Carole Longson outlined the proposal to introduce quality adjusted life years (QALY) as a measure of value in the HST programme, and on the application of a limit of £100k per QALY below which the funding requirement would apply. She stated that in response to the consultation feedback, a revised approach is

proposed. This will involve the introduction of a QALY weighting, which will progressively advantage treatments that offer greater QALY gains.

44. Andrew Dillon highlighted that in response to consultation feedback, the proposed opportunity for topics to be considered by NHS England's Clinical Priorities Advisory Group after evaluation by NICE's Highly Specialised Technologies Evaluation Committee has been withdrawn.

45. Carole Longson stated that the process and methods statement for the programme will be comprehensively reviewed in light of these changes, and brought to the Board.

46. The Board discussed the proposals in the context of the consultation feedback received. The importance of clearly explaining the changes and their rationale was highlighted, in particular to patient groups.

47. The Board approved the proposals as set out in the report, to take effect for topics that are initiated after 1 April 2017. NICE and NHS England will review the revised arrangements, and make amendments if necessary, after three years.

17/030 DIRECTOR'S REPORT FOR CONSIDERATION

48. Carole Longson presented the update from the Centre for Health Technology Evaluation. She drew the Board's attention to key items of note in the report, including the discussions with NHS England and other key stakeholders regarding proposals for NICE to develop a national, systematic framework for tracking innovative non-drug technologies in development (MedTechScan). She also highlighted the Centre's involvement in European initiatives on the use of observational and real world data.

49. The Board received the report and thanked Carole Longson for the work of the Centre.

17/031 – 17/034 DIRECTORS' REPORTS FOR INFORMATION

50. The Board received the Directors' Reports.

17/035 AUDIT AND RISK COMMITTEE MINUTES

51. The Board received the unconfirmed minutes of the Audit and Risk Committee held on 25 January 2017.

52. Rima Makarem, Chair of the Audit and Risk Committee, stated that following recent turnover in membership, the Committee are reviewing its approach to a number of matters. In particular, the Committee considered in depth NICE's

approach to risk management and proposals for a revised process will be brought to the Board shortly.

17/036 ANY OTHER BUSINESS

53. None.

NEXT MEETING

54. The next public meeting of the Board will be held at 1.30pm on 17 May 2017 in Chester Town Hall, 33 Northgate Street, Chester, CH1 2HQ.

National Institute for Health and Care Excellence

Chief Executive's report

This report provides information on the outputs from our main programmes and for the financial position to the end of March 2017, together with comment on other matters of interest to the Board.

The Board is asked to note the report.

Andrew Dillon

Chief Executive

May 2017

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Chief Executive's report

1. This report sets out the performance of the Institute against its guidance, standards and information programmes, for the 12 months ending 31 March. The performance of the Institute against its business plan objectives for the first two months of the current financial year is reported, together with the guidance published since the last public Board meeting in March. It refers to business issues not covered elsewhere on the Board agenda.

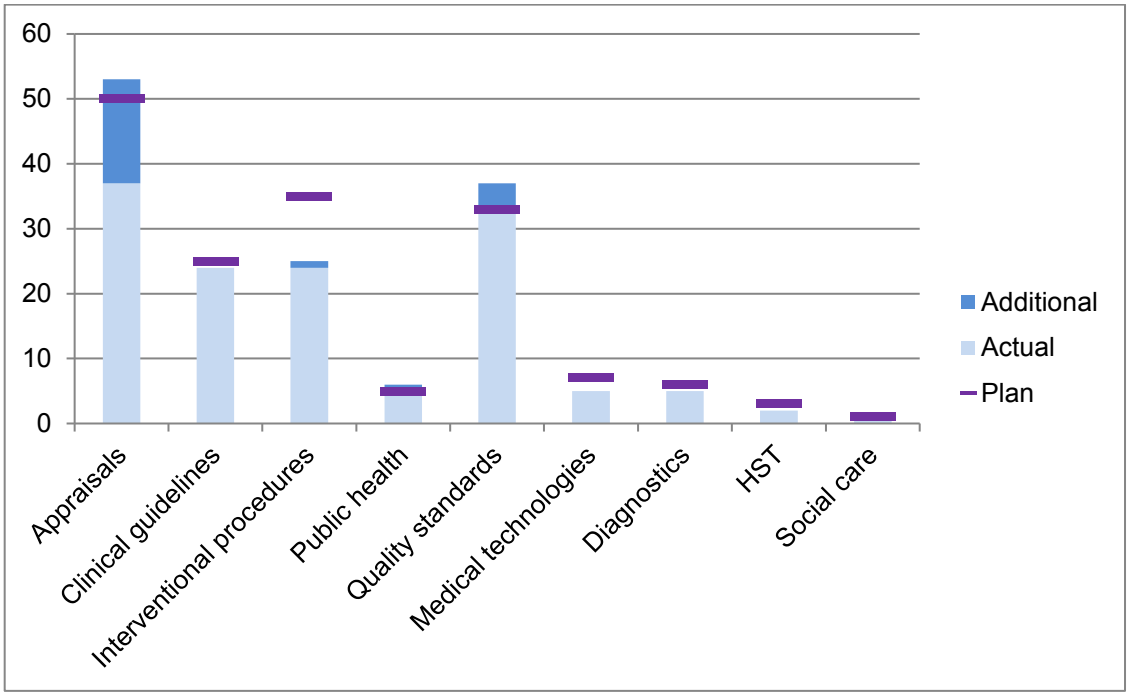
2. I would like to acknowledge the work of my colleagues on the Senior Management Team and their staff, in delivering another excellent performance in the 2016-17 financial year. I am, as ever, very proud to be associated with their work and their contribution to improving outcomes in health and social care.

Performance

3. The current position against a consolidated list of objectives in our 2016-17 business plan, together with a list of priorities identified by the Department of Health, is set out in Appendix 1.

4. 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 2016 and March 2017 is set out in Charts 1 and 2, below.

Chart 1: Main programme outputs: April 2016 to March 2017



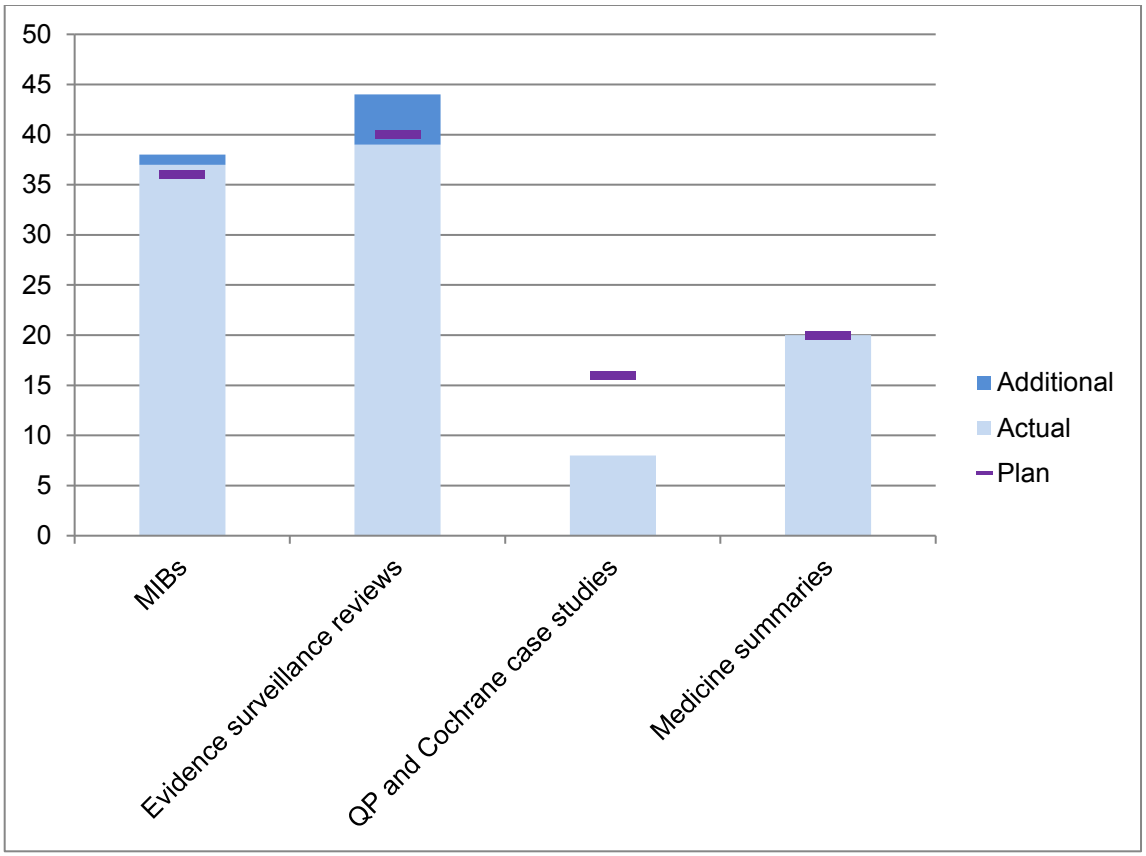
Notes to Chart 1:

a) IP refers to Interventional procedures (minimally invasive surgery)
b) HST refers to the highly specialised technologies programme (drugs for very rare conditions)
c) Medicines summaries consist of both summaries (information on indications, harms and costs) of newly licensed medicines, and advice on the use of licensed medicines in diseases and conditions for which they are not licensed
d) The variance is the difference between the target output for the reporting period, as set out in the business plan and the actual performance
e) '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

5. 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 March is set out Appendix 4.

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

Chart 2: Advice programmes main outputs: April 2016 to March 2017



Notes to Chart 2:

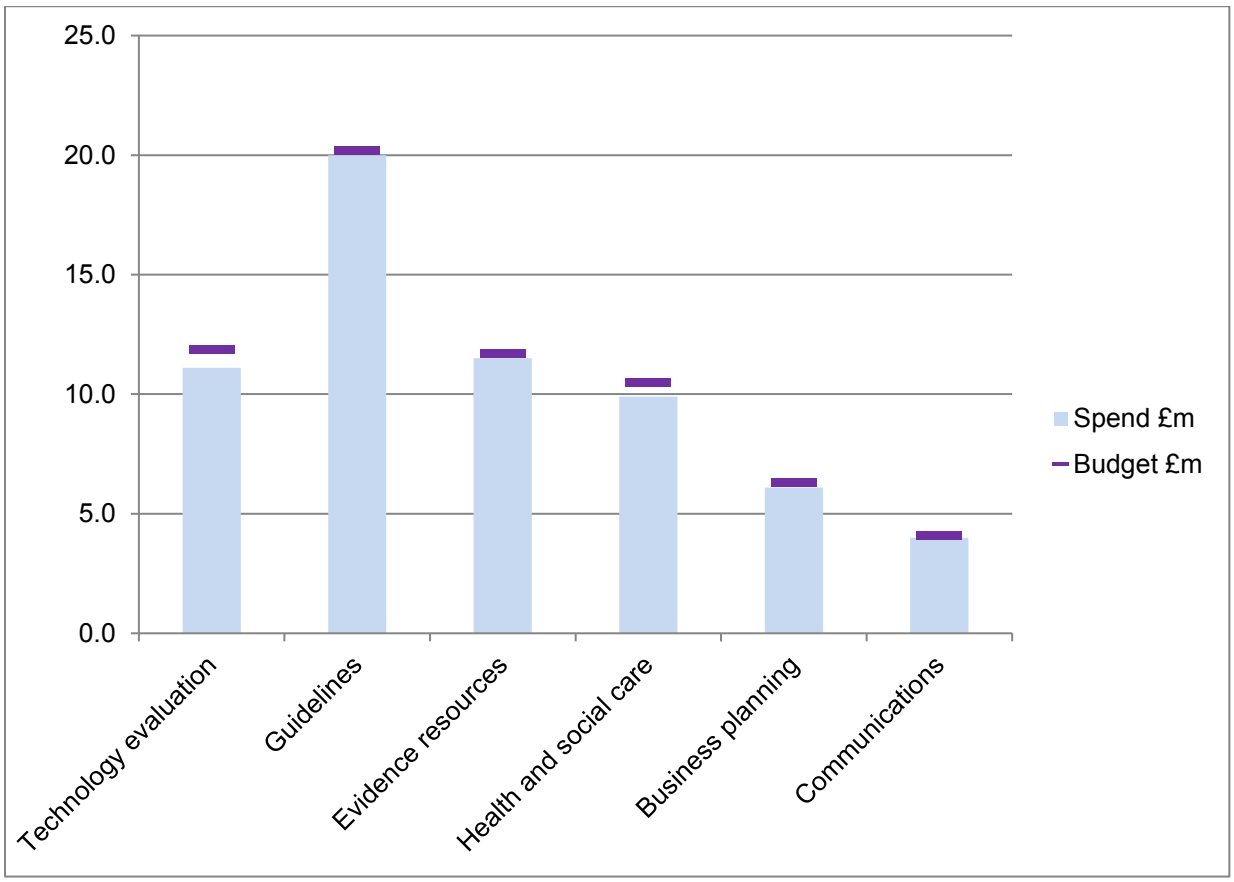
a) MIBs (medtech innovation briefings) are reviews of new medical devices

b) QP (Quality and Productivity) and Cochrane reviews report on opportunities for making better use of resources
c) Medicines summaries provide information on new medicines and on the unlicensed or off label use of medicine

Financial position (Month 12)

6. The financial position for the 12 months from April 2016 to the end of March 2017 is an under spend of £4.0m (7%) against expenditure (taking into account projected income) of £58.6m. This compares to £2.7m (5.6%) against a budget of £47.8m at the end of January. Non pay is under spent by £1.6m (4%) against budget. Pay is £1.8m (5%) under spent against budget. These figures are based on the accounts pre-audit and may be subject to change. The position of the main budgets 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 2016 to March 2017 (£m)



General Election

7. Following the announcement that a General Election is to be held on 8 June, we sought advice from the Department of Health on how we should interpret the Cabinet Office rules on pre-election 'purdah' for central government departments and the agencies they sponsor. In previous years, we have delayed publication of guidance and other documents to avoid influencing media coverage of the election.

8. The position adopted by the Department of Health for this election means that we are, with a small number of exceptions, able to publish all guidance, standards and information documents in accordance with their schedules. Although we will ensure that guidance and other publications reach their intended audiences, we will not actively promote them in the media.

Balanced scorecard for 2016-17

9. The balanced scorecard is used by NICE and the Department of Health as a means of identifying and monitoring important indicators of our performance. It is reviewed on a quarterly basis, and the final assessment for the whole of 2017-18 is attached at Appendix 5. Variations from agreed performance levels are explained in the table.

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, 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	• Some delays to a small number of publications will occur as a result of election purdah. • Details of the main programmes' performance against plan is 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 engagement with stakeholders on methods aspects is planned for Q2 2017. • Implementation of enhancements to appraisal committee operations already identified is ongoing. CHTE 2020 project has been initiated aiming to review and, where necessary, optimise all CHTE guidance and advice processes. • Implementation of changes to the Technology Appraisal Programme and Highly Specialised technologies evaluation programme commenced on 1 April 2017.

Objective	Actions	Update
		• Initiation of CHTE work related 'real world data' activity is planned for Q3/4.
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 three guidelines have been commissioned using the new process. • The new scoping process has been initiated for the three new commissions. • New methods for updating 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	• A formal process has been instituted for the revision of the Manual of methods and processes. • The revised arrangements for health economics have been implemented. • Recruitment has commenced for the GP reference panel and the first commissions agreed. • An implementation plan is being developed to take forward changes to patient and public engagement, following consultation.

Objective	Actions	Update
	• Develop a NICE GP Reference Panel to advise on the scoping of guidelines. • 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 (CKS, Cochrane), including those on behalf of HEE (National Core Content), to plan	• The contract for Link Resolver was awarded to a new provider with a transition planned for Q2 2017. • The new BNF microsite using the new BNF feed is planned to launch in May 2017. NICE will monitor feedback and usage levels.
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 and the Government's life sciences strategy, for NICE guidance programmes • Develop an implementation plan and report to the Board on progress	• Progress on developing an implementation plan is being held pending development of the Government's Life Sciences strategy.
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 • Support the use of NICE guidance and standards through the work of other national organisations in	• Work is underway to progress work against new metrics (see the Health and Social Care Directorate progress report). • Reports on progress will be provided to the Board on a 6 monthly basis.

Objective	Actions	Update
	health, public health and social care, measured against agreed metrics	
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 next 6 monthly report is due in September 2017. Shorter, topic-focussed reports, will be brought to the Board for each public meeting. • Work with the ISG is underway. The next meeting is scheduled for June 2017.
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 • Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision Making 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	• A number of staff in the Communications Directorate and elsewhere across NICE are developing skills in image/graphics design. Recruitment is underway in the Communications Directorate for a dedicated graphic designer. • The redesign of the online savings and productivity resource is underway. This is accompanied by wider work with key partners, including NHS Right Care. • Progress is being made in relation to NICE's commitments linked to the Shared Decision Making work. This includes developing a guideline, and the focus of this is under consideration. Information for the Public (IFPs) – documents to support published guidance – are no longer being written. Instead the information for the public tab on the guidance overview pages is being used to give key messages.

Objective	Actions	Update
		• The work of the resource impact team is being developed in line with plans. We have consulted on an updated manual to inform this work, which will shortly be finalised.
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 • 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)	• NICE is in the process of recruiting a healthcare terminologies analyst/specialist. Considerations of standards, such as SNOMED, must be core to NICE's digital work on evidence management and guidance authoring. • The NICE Senior Management Team will be reviewing the range of opportunities available for external partnerships during its away day in May 2017, the objective being to select collaborative projects through which NICE can explore how to capitalise on the rapid and extensive advances in digital health and informatics. • Progress is on track to initiate work on the digital IAPT pilot. The first meeting of the Expert Panel was held to discuss prioritisation criteria.
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 • Develop a new interactive online newsletter with content tailored for key audiences	• The enquiry team have completed their requirements for the tender process and are facilitating scoping work with the implementation field team. The tender is scheduled to go out in June 2017. • Newsletters continue to evolve and are being promoted more heavily after analysis

Objective	Actions	Update
	• 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	showed that people who read news stories via links on newsletters engaged more actively (spent longer on the page, looked at more pages and were more likely to engage with the guidance) than readers from other sources. • A brief is being prepared to outline options for personalisation taking into account shifting priorities and increased workload for web and digital services teams. • The social media strategy is being rolled out. Interactions with social media channels continue to increase. Regular updates of audience insights and analytics are made in reports to the Board including a presentation to the April Board meeting.
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 digital projects have closed or are coming to a close in April 2017 including the 'Guidance/Orchard separation project' which adds speed and stability in the NICE publishing pipeline, the BNF microsite project and 'Meta' the Scientific Advice online tool targeted at medical technology companies. • Infrastructure work was initiated in two areas: work to upgrade the search technology underpinning all of our services and work to build automated testing capabilities for our developers.

Objective	Actions	Update
		• Three new projects were scoped and approved: work to bring efficiencies to the external consultation process, a strategic review of a 3rd party guidance authoring tool and finally a project to upgrade our evidence management tools in partnership with UCL. The latter has started.
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.
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	• Plans in place for delivery of year 2 savings programme. • Key management of change projects completed according to schedule and expected to deliver savings as planned. Further minor changes in progress according to plan.
Subject to Ministerial approval put in place arrangements to charge the cost of the technology	• If approved, put in place designed and tested financial and operational arrangements by December 2017	• Detailed proposals are currently with Treasury for approval with support of DH.

Objective	Actions	Update
appraisal programme to industry users, from April 2018	• If approved, ensure that charging arrangements are able to go live from April 2018	Still subject to Treasury and Ministerial approval. • Plans are in place to commence the detailed work needed to operationalise the proposals when approval is given. • Contingency plan in place should approval not be given. More detailed work will commence if cost recovery does not go ahead or is subject to further delay.
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	• Value propositions associated with knowledge sharing, seminars and delegations for international customers were presented to the Senior Management Team in March 2017. • Meetings with international consultancies and Healthcare UK took place to gauge demand for NICE providing advisory services and to understand implications in terms of business development.
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 • Put in place resources to support staff through Management of Change exercises	• 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 • Resources in place for further management of change

Objective	Actions	Update
Promote a culture of continuous improvement within the organisation and uphold the ambition to remain a world-renowned organisation, benchmarking where possible its systems, processes and outcomes against best players internationally	• 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	• In progress • A review of publication is underway and a long list of suitable candidates has been identified.

Appendix 2: Extracts from the Directors' reports

Director	Featured section	Section/ reference
Health and social care	Work has been carried out to raise the profile of NICE within the children's social care sector through consultation on the draft Child Abuse and Neglect guideline. This has included meetings with the President of the Association of Directors of Children's Services (ADCS), the Chief Social Worker for Children and Families, the Association of Independent Local Safeguarding Children Board (LSCB) Chairs and the Children's Commissioner's Office. NICE contributes to the Care Improvement Works website, hosted by Skills for Care (SfC) but developed collaboratively between NICE, the Social Care Institute for Excellence and SfC. The website signposts providers of adult social care to relevant guidance and shows how these fit with the Care Quality Commission's (CQCs) inspection framework.	Section/para 11 and 12
Guidelines	We continue to promote the advance of methodological and process innovation in guideline development. We attended the first steering group meeting for a NIHR project on accounting for multimorbidity, competing risk and direct treatment disutility in economic analyses for the primary prevention of cardiovascular disease. An initial project plan has been agreed between NICE, the Cochrane Airways Group and COMET Initiative to work on aligning core outcome sets for asthma management which will facilitate more efficient use of systematic reviewing resources in future guideline updates.	Section/para: table 1, line 9
Technology evaluation	NICE's internal research advisory group (IRAG) has identified, as a priority, that research is needed to improve measures to assess health status, quality of life and wellbeing across health, social care and public health, because existing measures are not designed for use in economic evaluation and there are concerns about their validity and appropriateness. NICE has worked with the Medical Research Council to develop a "highlight notice" inviting research proposals. Funding has been awarded to a University of Sheffield project that aims to develop a quality of life measure that is applicable across health, social care and public health. Other partners in the research consortium include the University of Kent and the EuroQol group. NICE is also a funded partner in this project which allows NICE staff to work closely with the research team. A cross-institute internal working group has been established to advise the researchers and to determine	Section/para 5

	what other research is needed to complement this project. The project will start in May 2017 and will last 2.5 years.	
Evidence resources	There were over 44 million sessions across all digital services in the last year. Whilst nice.org, the main route to NICE guidance, is our largest service, other NICE services such as the Clinical Knowledge Summary (covering primary care topics), the BNF microsites and the Evidence Search represent a significant share of NICE's presence with our users. As the variance information suggests, 2016/17 has seen a significant growth of NICE's digital presence when measured across all services. Traffic into NICE's digital services in the 12 months ending April 2017 was 21% higher than in the preceding 12 months.	Section/para: 12
Communications	Overall media coverage between March and April was 75% positive. Positive coverage was driven by launch of the sepsis quality standard consultation, an independent review into the old Cancer Drugs Fund and a MIND report on mental health discharges. The news story on the sepsis QS consultation was widely covered by national newspapers and broadcast outlets including the Daily Mail, Telegraph, Guardian, Sun, Good Morning Britain, Sky News and BBC local radio stations. Neutral coverage was around the SMC approval of Kadcyla whilst our appraisal is ongoing and also publication of our negative ACD for nivolumab to treat head and neck cancer. There was a small amount of negative coverage (2%) due to ongoing discussion of the TA/HST process changes.	Section/para 3
Finance and workforce	The 2017/18 business plan has now been published on the NICE website. It details the objectives and performance measures for the current financial year. The NICE 2020 project successfully achieved a balanced budget for 2017/18 despite a reduction in grant-in-aid funding of £3.1m from the previous year. Formal notification of funding for 2017/18 was received on the 14 February 2017. The Department of Health confirmed that administration (£46.0m) and programme (£8.5m) revenue funding, totalling £54.5m (£57.6m funding in 2016/17). This amount is in line with previous indicative figures and the NICE 2017/18 business plan. The capital allocation requirement of £0.5m has yet to be confirmed.	Section/para: 32-34

Appendix 3: Guidance development: variation against plan April 2016 – March 2017

Programme	Delayed Topic	Reason for variation
Clinical Guidelines	1 topic delayed	Familial hypercholesterolaemia (standing committee update): Additional health economic analysis was required. Publication now planned for August 2017 (Q2 2017-18)
Interventional procedures	6 topics delayed	Perirectal hydrogel injections to localise prostate cancer irradiation: A resolution request has been accepted and the anticipated publication date is August 2017.
		Surgical repair of vaginal wall prolapse using mesh: Rescheduled as the programme was awaiting relevant clinical trial information. The anticipated publication date initially changed to September 2017, but will now be slightly later, due to election purdah restrictions.
		Irreversible electroporation for treating pancreatic cancer: Not quorate during December Committee meeting and therefore discussion did not take place and guidance publication delayed. This guidance published in May 2017 (Q1 2017-18).
		Hysteroscopic sterilisation by tubal cannulation and placement of intrafallopian implants: A resolution request was received for this procedure, therefore the publication date was to be confirmed. Publication has now been delayed due to purdah.
		Aortic valve reconstruction with glutaraldehyde-treated autologous pericardium: The IPAC decided that IP1359 should be considered as two separate topics: • IP1359 Aortic valve reconstruction with glutaraldehyde-treated autologous pericardium • IP1544 - Aortic valve reconstruction with glutaraldehyde-treated bovine pericardium

Programme	Delayed Topic	Reason for variation
		When the IP team reviewed these and took specialist advice it was apparent that in the UK glutaraldehyde treated autologous pericardium cannot be used. Therefore it has been decided to only take forward IP1544. IP1544 has been scheduled for Committee discussion during September 2017. The anticipated publication date for IP1544 is February 2018.
		Sacrocolpopexy using mesh for vaginal vault prolapse repair: A resolution request was received for this procedure, therefore the publication date was to be confirmed. Publication will be slightly delayed due to election purdah.
	5 topics were unable to be scheduled in 2016-17	A reduced number of publications in 2016-17 is due to a lack of suitable notifications.
	1 additional topic published in 2016-17, that was not planned for this financial year	Insertion of extraurethral (non-circumferential) retropubic adjustable compression devices for stress urinary incontinence in women: Originally planned for April 2017 (Q1 2017-18) but published early in March 2017.
Medical technologies	2 topics delayed	SecurAcath: Delayed awaiting pivotal clinical trial data. Publication date to be confirmed.
		MiraQ: This is a guidance update topic, however the review and update of the guidance was paused in May 2016 whilst the process guide was updated. The updated process guide was published in February 2017. The review of the topic which was predicted to lead to guidance is now planned to restart in April 2017. New publication date is to be confirmed.
Public Health	No variation against plan 2016-17	
	1 additional topic published in 2016-17, that was not planned for this financial year	Antimicrobial stewardship (AMS): When the business plan was drafted, AMS required a significant amount of work for it to continue. The guideline was paused for a while and at the time it was more likely to be stopped altogether than continue to publication. Therefore it was not included in the business plan.
Quality Standards	No variation against plan 2016-17	

Programme	Delayed Topic	Reason for variation
	4 additional topics published in 2016-17, that were not planned for this financial year	Falls (update): Developed as additional capacity made available. Published in March 2017.
		Menopause: Developed as additional capacity was made available. Published in March 2017.
		Vaccine uptake in under 19s: Developed as additional capacity was made available. Published in March 2017.
		Head and neck cancer: Developed as additional capacity was made available. Published in March 2017.
Diagnostics	1 topic delayed	Virtual chromoendoscopy for real-time assessment of colorectal polyps during colonoscopy: The External Assessment Group (EAG) were asked to carry out further work on the Diagnostics Assessment Report (DAR) prior to consideration by the committee. Committee meetings rescheduled for November 2016 and February 2017. Anticipated publication date is May 2017 (Q1 2017-18).
Technology Appraisals	13 topics delayed	Lung cancer (non-small-cell, non-squamous, metastatic) - nivolumab (after chemotherapy): Following the committee meeting on Wednesday 15 June 2016, the company that markets nivolumab (Bristol-Myers Squibb), requested to make a further submission including a Patient Access Scheme. NICE agreed that the appraisal could be referred back to the Appraisal Committee. Anticipated guidance publication date is July 2017.
		Idiopathic pulmonary fibrosis – pirfenidone: An appeal hearing was held on 2 December 2016. Following the outcome of the Appeal Panel decision, an additional Appraisal Committee meeting was held on 20 April 2017 where the committee considered the conclusions of the appeal panel. The final guidance publication date is now anticipated to be July 2017.
		Neuroblastoma (high risk, children) - dinutuximab (maintenance): An appeal hearing was held on 30 September 2016. Following the outcome of the Appeal Panel decision, NICE was due to schedule a further discussion for the Appraisal Committee to consider the conclusions of the Appeal Panel. However, a decision has been taken to suspend the ongoing appraisal of dinutuximab until there is certainty about it in England, following discussions with the company regarding

Programme	Delayed Topic	Reason for variation
		manufacturing and production issues outside the US. The final guidance publication date remains to be confirmed.
		Gout - lesinurad (2nd line): The company which has the marketing authorisation for lesinurad has changed during the course of this appraisal from AstraZeneca to Grünenthal. As a result, NICE has agreed to reschedule the second committee meeting for this topic to enable the company to prepare for the appraisal. The rescheduled committee meeting was held on 20 April 2017. The final guidance publication date is now anticipated to be July 2017.
		Lymphoma (mantle cell, relapsed, refractory) – ibrutinib: The committee met to discuss ibrutinib for treating relapsed or refractory mantle cell lymphoma on 15 November 2016. The provisional recommendation requires NICE to conduct further work before the documentation can be issued. This is to ensure that the recommendation can be implemented once the guidance has been published. The final guidance publication date remains to be confirmed.
		Pancreatic cancer (metastatic) - nanoliposomal irinotecan (post gemcitabine): We were not in a position to release the ACD following the first Appraisal Committee meeting because the marketing authorisation for the technology had not been granted (and the topic was referred prior to April 2016 and therefore not subject to the new scheduling options for cancer topics as part of the arrangements for the CDF). The ACD has now been released and the second Appraisal Committee meeting will be held on 31 January 2017. Final guidance publication is anticipated in April 2017.
		Hepatocellular carcinoma (advanced and metastatic) - sorafenib (first line) (TA189): CDF reconsideration. A second ACD has been released. Final guidance publication is to be confirmed.
		Breast cancer (refractory, HER2 positive) - trastuzumab-emtansine (TA371): CDF reconsideration. A second ACD has been released. Final guidance publication is to be confirmed.

Programme	Delayed Topic	Reason for variation
		Lymphoma (non-Hodgkin's, indolent, rituximab-refractory) - obinutuzumab (with bendamustine): The committee met to discuss obinutuzumab with bendamustine for treating rituximab-refractory follicular lymphoma on 18 October 2016. The provisional recommendation that the committee has made requires that NICE conducts further work before the documentation can be issued. This is to ensure that the recommendation can be implemented once the guidance has been published. The publication date remains to be confirmed.
		Waldenstrom's macroglobulinaemia – ibrutinib: The committee met to discuss ibrutinib for treating Waldenstrom's macroglobulinaemia on 15 November 2016. The provisional recommendation that the committee has made requires that NICE conducts further work before the documentation can be issued. This is to ensure that the recommendation can be implemented once the guidance has been published. The publication date remains to be confirmed.
		Psoriatic arthritis - secukinumab and certolizumab pegol: Following the release of a second ACD the publication date is anticipated to be May 2017 (Q1 2017-18).
		Colorectal cancer (metastatic, unresectable) - MABp1 (after oxaliplatin and irinotecan): The company has not made a submission to NICE. We are discussing the next steps with the company. The publication date is to be confirmed.
		Hodgkin's lymphoma (CD30 positive) - brentuximab vedotin (after ASCT): Following the release of a second ACD the publication date is anticipated to be June 2017 (Q1 2017-18).
	16 additional topics published in 2016-17, that were not planned for this financial year	Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation: At the time of planning the 2016-17 work programme, we had intelligence that this appraisal may not follow routine timescales and would be delayed. At this point, the scale of the delay was not known, therefore was not listed as a planned output for this year. Published in July 2016 (Q2 2016-17).
		Prostate cancer (advanced, hormone dependent) - degarelix depot: An appeal was received against the original FAD in 2014, which resulted in the requirement for the appraisal committee to reconsider the topic. At the time of planning the

Programme	Delayed Topic	Reason for variation
		2016-17 work programme the scale of the delay was not known, therefore this topic was not listed as a planned output for this year. Published in August 2016 (Q2 2016-17).
		Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases: It was not clear at the point of submitting topics planned for 2016-17 that this appraisal would actually publish in this business year. Therefore, it was not included in the planned projects. Published in September 2016 (Q2 2016-17).
		Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor: It was not clear at the point of submitting topics planned for 2016-17 that this appraisal would actually publish in this business year. Therefore, it was not included in the planned projects. Published in October 2016 (Q3 2016-17).
		Apremilast for treating moderate to severe plaque psoriasis: Additional to plan for this financial year as the appraisal is a rapid review of TA368. Therefore, it was not included in the planned projects. Published in November 2016 (Q3 2016-17).
		Diabetes (type 2) - dapagliflozin (partial review of TA288): This guidance published following a straight to FAD. It was not clear at the point of submitting topics planned for 2016-17 that this appraisal would actually publish in this business year. Therefore, it was not included in the planned projects. Published in November 2016 (Q3 2016-17).
		Breast cancer (HER2 positive) - pertuzumab (neoadjuvant): Additional to plan for this financial year. It was not clear at the point of submitting topics planned for 2016-17 that this appraisal would actually publish in this business year. Therefore, it was not included in the planned projects. Published in December 2016 (Q3 2016-17).
		Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib: This guidance published in January 2017. Publication brought forward following straight to FAD.

Programme	Delayed Topic	Reason for variation
		Sofosbuvir–velpatasvir for treating chronic hepatitis C: This guidance was published in January 2017 (Optimised). It was not clear at the point of submitting topics planned for 2016-17 that this appraisal would actually publish in this business year. Therefore, it was not included in the planned projects.
		Apremilast for treating active psoriatic arthritis: This guidance published in February 2017 (Optimised). Additional to plan for financial year as the appraisal is a rapid review of TA372. Therefore, it was not included in the planned projects.
		Elotuzumab for previously treated multiple myeloma: This published as a terminated appraisal in March 2017.
		Tenofovir alafenamide for treating chronic hepatitis B: This published as a terminated appraisal in March 2017.
		Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer: This published as a terminated appraisal in March 2017.
		Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy: This published as a terminated appraisal in March 2017.
		Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer: This published as a terminated appraisal in March 2017.
		Cetuximab and panitumumab for previously untreated metastatic colorectal cancer: An additional Appraisal Committee meeting was required, which led to a delay in publishing final guidance. Published in March 2017.
Highly Specialised Technologies (HST)	3 topics delayed	Hypophosphatasia - asfotase alfa (1st line) [ID758]: NICE has agreed to consider additional information provided by Alexion, in line with the reconsideration steps in the Interim Process and Methods guide. In order to allow the NICE HST committee to undertake this process the appeal hearing has been cancelled. Guidance publication date is to be confirmed.

Programme	Delayed Topic	Reason for variation
		Lysosomal acid lipase deficiency - sebelipase alfa [ID737]: An appeal was received, and the appeal hearing took place on 25 April 2017. Publication date is to be confirmed.
		Gaucher's disease - eliglustat [ID709]: The company (Genzyme) submitted additional information to NICE resulting in a 2nd ECD and therefore a 3rd committee meeting was held on 19 April 2017. Expected publication is June 2017 (Q1 2017-18).
Social Care	No variation against plan 2016-17	

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

Programme	Topic	Recommendation
Clinical Guidelines	Mental health of adults in contact with the criminal justice system	General guidance
	Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer	General guidance
Interventional procedures	Extraurethral (non-circumferential) retropubic adjustable compression devices for stress urinary incontinence in women	Special arrangements
	Sacrocolpopexy with hysterectomy using mesh to repair uterine prolapse	Special arrangements
Medical technologies	ENDURALIFE powered CRT-D devices for treating heart failure	Recommended
Diagnostics	No publications	
Public Health	No publications	
Quality Standards	Care of dying adults in the last days of life	Sentinal markers of good practice
	Vaccine uptake in under 19s	Sentinal markers of good practice
	Head and neck cancer	Sentinal markers of good practice
	Healthy workplaces: improving employee mental and physical health and wellbeing	Sentinal markers of good practice
	Community engagement: improving health and wellbeing	Sentinal markers of good practice
Technology Appraisals	Elotuzumab for previously treated multiple myeloma	Terminated appraisal
	Tenofovir alafenamide for treating chronic hepatitis B	Terminated appraisal
	Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer	Terminated appraisal
	Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy	Terminated appraisal
	Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer	Terminated appraisal
	Cetuximab and panitumumab for previously untreated metastatic colorectal cancer	Recommended
Highly Specialised Technologies (HST)	No publications	

Programme	Topic	Recommendation
Evidence summaries	Hyperhidrosis: oxybutynin	Summary of best available evidence
	Mitochondrial disorders in children: Co-enzyme Q10	Summary of best available evidence
	Skin involvement in systemic sclerosis: rituximab	Summary of best available evidence
	Narcolepsy with or without cataplexy in adults: pitolisant	Summary of best available evidence
	Parkinson's disease with end-of-dose motor fluctuations: opicapone	Summary of best available evidence
Medtech Innovation Briefings (MIB)	Mollii suit for spasticity	Summary of best available evidence
	Zio Service for detecting cardiac arrhythmias	Summary of best available evidence
	TopClosure Tension Relief System for wound closure	Summary of best available evidence
	SimpliCT laser-guided needle placement in interventional radiology	Summary of best available evidence
	Bair Hugger for measuring core temperature during perioperative care	Summary of best available evidence
Evidence Surveillance Reviews	No publications	
Quality and Productivity case studies	No publications	

Programme	Topic	Recommendation
Cochrane case studies	No publications	

Appendix 5 Balanced Scorecard 2016-17: April 2016 – March 2017

Delivering services and improvements

Development and publication of guidance and evidence outputs (as specified in Business Plan)

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Publish 5 public health guidelines	Publication within year	75%	5	6	120%	Green
Publish 25 clinical guidelines, including updates	Publication within stated quarter	75%	25	24	96%	Green
Publish 2 medicine practice guidelines	Publication within year	75%	2	2	100%	Green
Publish 1 social care guideline	Publication within stated quarter	75%	1	1	100%	Green
Publish 50 technology appraisals guidance (including up to 15 CDF reconsiderations)	Publication within stated quarter	75%	50	53	106%	Green
Publish 35 interventional procedures guidance	Publication within stated quarter	75%	35	25	71%	Amber

Notes:
6 topics were delayed by the end of 2016-17. The IP programme scheduled a reduced amount of topics in 201617 due to a lack of suitable notifications.

- Perirectal hydrogel injections to localise prostate cancer irradiation. Due to be published in August 2017.

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
• Surgical repair of vaginal wall prolapse using mesh. Publication date is to be confirmed. • Irreversible electroporation for treating pancreatic cancer. Due to be published in May 2017. • Hysteroscopic sterilisation by tubal cannulation and placement of intrafallopian implants. Publication date is to be confirmed. • Aortic valve reconstruction with glutaraldehyde-treated autologous pericardium. IPAC agreed to separate this IP into IP1359 and IP1544. IP1544 - Aortic valve reconstruction with glutaraldehyde-treated bovine pericardium will publish in February 2018. One additional publication had not been planned for 2016-17: • Insertion of extraurethral (non-circumferential) retropubic adjustable compression devices for stress urinary incontinence in women: Originally planned for April 2017 (Q1 2017-18) but published early in March 2017						
Publish 6 diagnostics guidance	Publication within stated quarter	75%	6	5	83%	Green
Publish 3 highly specialised technologies guidance	Publication within stated quarter	100%	3	2	66%	Amber
Notes: 3 topics were delayed by the end of 2016-17: • Hypophosphatasia - asfotase alfa (1st line) [ID758] • Lysosomal acid lipase deficiency - sebelipase alfa [ID737] • Gaucher's disease - eliglustat [ID709]						
Publish 7 medical technologies guidance	Publication within stated quarter	75%	7	5	71%	Amber
Notes: 2 topics were delayed by the end of 2016-17: • SecurAcath: Publication date is to be confirmed. • MiraQ: New publication date is to be confirmed.						

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Publish 36 medtech innovation briefings (MIBs)	Publication within stated quarter	75%	36	38	106%	Green
Submit advice to Ministers on 12 Patient Access Schemes	Publication within stated quarter	75%	12	34	283%	Green
Deliver up to 14 Commissioning Support Documents to NHS England	Publication within stated quarter	75%	14	0%	0%	Red
Notes: Programme was not operational during 2016-17 whilst discussions were ongoing to agree a revised specification for Commissioning Support Documents.						
Publish 40 evidence surveillance reviews	Publication within stated quarter	75%	40	44	110%	Green
Publish 20 evidence summaries - new medicines, unlicensed and off-label medicines	Publication within year	80%	20	20	100%	Green
Publish 33 quality standards	Publication within stated quarter	75%	33	37	123%	Green
Publish 1 indicator	Publication within year	100%	1	1	100%	Green
Publish 10 new and updated Quality and Productivity case studies	Publication within stated quarter	80%	10	7	70%	Amber

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Notes: At the end of 2016-17, 3 quality and productivity case studies were delayed. The contract for this work ceased from 31 March 2017. • Liverpool Healthy Homes: Excess winter deaths, illness and the health risks associated with cold homes. Published in April 2017. • Local Area Coordination. Will not publish. • Self-help leg ulcer care: Lindsay Leg Club Foundation. Will not publish.						
Publish at least 6 Cochrane quality and productivity commentaries	Publication within stated quarter	80%	6	1	17%	Red
Notes: One Cochrane quality and productivity study met the development criteria and was published during 2016-17. The contract for this work ceased from 31 March 2017.						
Publish 30 endorsement statements	Publication within stated quarter	80%	30	24	80%	Green

Provision of support products for the effective implementation of guidance

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Conduct a minimum of 30 first adoption engagements	Publication within year	100%	30	74	247%	Green
Publish 80 Resource impact assessment products	Publication within year	75%	80	81	101%	Green

Complete a minimum of 5 adoption support products	Publication within year	75%	5	7	140%	Green

Development and publication of evidence awareness services

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Publish 12 monthly updates of the BNF and BNF C content	Publication within stated quarter	80%	24	24	100%	Green
Publish a regular medicine awareness service	Publishing to regular weekly and daily (working day) schedule	90%	298	302	101%	Green
Publish 16 Medicines optimisation key therapeutic topics	Publication within stated quarter	80%	16	15	94%	Green
Publish 25 medicines evidence commentaries	Publishing within stated quarter	80%	25	34	136%	Green
5 education and dissemination events for NICE medicines and prescribing associates	Publishing within stated quarter	80%	5	5	100%	Green

Investing in the organisation

Delivering programmes and activities on budget

Outputs	Measure	Target	Planned YTD	Cumulative performance	RAG
Effective management of financial resources	Revenue spend	To operate within budget	Annual budget for 2016-17 was £58.6m	Net spend for 2016-17 was £54.6m (Net underspend £4m)	Green
Effective management of Scientific Advice income generated activity	Net income and expenditure total	To recover all direct costs and overheads	To break even or better	Net Income and Expenditure was a surplus of £169,000 during 2016-17	Green
Effective management of other non-exchequer income sources such as NICE International	Expenditure within anticipated income from grants and other sources	To operate within allocated resource	To break even or better	Other non-exchequer income was a net surplus of £80,000 as at 31 March 2017	Green
Produce the annual report and accounts within the statutory timeframe	Publications	100%	Due to be laid before Parliament in July 2016	Laid before parliament 21 July 2016	Green

Maintaining and developing a skilled and motivated workforce

Outputs	Measure	Target	Cumulative performance	RAG
Management of recruitment	Proportion of posts appointed to within 4 months of first advertisement	80%	79%	Amber
Notes: Overall target was not achieved by a margin of 1%. This was due to longer recruitment times in our non-standard recruitment. Non-standard recruitment is the term applied to vacancies which fall outside of our usual recruitment patterns. This typically means that the vacancy has not been advertised as it is an internal appointment or a secondment. In these circumstances, the delays are usually because there has been an agreement between parties to delay the start date.				
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%	100%	Green
Management of training	% of allocated funds for training spent within the year on identified personal development needs	90%	67%	Amber
Notes: Three directorates were affected by management of change this year. Training and development was focussed on supporting affected staff with sessions on building resilience, managing change and application and interview skills. Now the changes have been implemented, resource will now be focussed on developing skills in new roles.				
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%	79%	Green
Staff involvement	Hold monthly staff meetings	80%	100%	Green

Sustainable development

Outputs	Measure	Target	Cumulative performance	RAG
Recycled waste	% of total waste recycled	50%	99%	Green

Improving stakeholder satisfaction

Outputs	Measure	Target	Cumulative performance	RAG
Improved satisfaction	Complaints fully responded to in 20 working days	80%	86%	Green
Improved satisfaction	Enquiries fully responded to in 18 working days	90%	98%	Green
Improved satisfaction	Number of Freedom of Information requests responded to within 20 working days	100%	96%	Amber
Notes: 118 FOI requests were received in 2016-17, and 113 responded to within the required timeframe. • One request required a meeting between NICE Centre for Health Technology Evaluation and the enquirer's solicitors to provide the initial information followed by NHS England's review of the correspondence. (Q1) • One request required legal advice and coordination with NHS England. (Q2) • One request over time by 6 days due to delay from 3rd party providing permission for release of personal data. (Q3) • One request over time by 2 days as it was not passed to the enquiry team until the 20th working day following receipt of request. (Q3) • One request over time by 2 days to respond as further work was requested by SMT prior to release. (Q4)				
Improved satisfaction	PQs contribution provided within requested timeframe	90%	94%	Green

Improved satisfaction	DPA requests responded to within 40 calendar days	100%	N/A	Green
Notes: In the financial year 2016-17 no DPA requests were received.				
Ensuring stakeholders have access to our websites as the main communication channel	Percentage of planned availability, not including scheduled out of hours maintenance	98%	99.93%	Green

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Interest in opportunities for lay people (patients, carers, service users, community members etc) to sit on our advisory reflected by ratio of applications to positions	2 to 1 (or greater) each quarter	100%	2 to 1	5.7:1	100%	Green

Maintaining and developing recognition of the role of NICE

Outputs	Measure	Annual target	Planned YTD	Actual YTD	Cumulative performance	RAG
Health and social care providers and commissioners gain an understanding of using NICE guidance and quality standards	Engagement with 123 (80%) of acute and specialist trusts during 2016-17	100%	123	120	98%	Amber

Notes: The field team achieved 98% of the planned 123 engagement visits to acute and specialist trusts following a restructure of the team and recruitment to existing vacancies during the year.						
Health and social care providers and commissioners gain an understanding of using NICE guidance and quality standards	Engagement with 120 (80%) of local authority social care commissioners	100%	120	123	103%	**Green**
Ensure ongoing awareness of NICE equality strategy and implementation across all programmes	Produce an annual Equality report	100%	1	1	100%	**Green**

Outputs	**Measure**	**Target**	**Cumulative performance**	**RAG**
Coverage of NICE in the media	% of positive coverage of NICE in the media resulting from active programme of media relations	80%	70%	**Amber**
Notes: There was a large amount of neutral coverage in 2016-17. In Q1 this was due to two high-profile negative draft TAs: pertuzumab for breast cancer and orkambi for cystic fibrosis. In Q2, this was due to NHS England's judicial review into NICE's recommendation on hepatitis C drugs and also a story about a breast cancer drug that people are not accessing routinely because NICE is yet to appraise it. In Q3, positive stories were driven by breast cancer drug recommendations (everolimus, pertuzumab), an update to our familial breast cancer guideline and the launch of the new sepsis guideline. We published negative guidance for a number of high-profile drugs (Kadcyla, Opdivo, Orkambi) throughout the period which resulted in a lot of neutral coverage (27%), and resulted in a lot of criticism. In Q4, we received a lot of neutral coverage around the TA/HST process changes (24%). Discussions about the ongoing Kadcyla appraisal also led to a small increase in negative coverage (5%).				

Change and Business Improvement: Improving the way we work

Improving efficiency and speed of outputs

Outputs	Measure	Annual target	Cumulative performance	RAG
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%	86%	Amber
Notes: 86% achieved (19/22 applicable topics). For the 3 topics that were not timely the reasons were all outside of the TA programmes control.				
Speed of production	% of multiple technology appraisals from invitation to participate to ACD in 41 weeks, or where no ACD produced to FAD in 44 weeks	85%	100%	Green
Speed of production	% of Appeal Panel decisions received within 3 weeks of the hearing	80%	50%	Amber
Notes: In Q1 2016-17, two appeal decisions were received outside of the required timeframe. • Kidney transplantation in adults [ID456] and kidney transplantation in children [ID346] had their appeal hearing on the same day. Due to the large amount of work taken to write up both hearings and the complexity of its content, the decisions were received 4 days later than expected.				

RAG Status - Key	
Green	= Greater than or equal to annual target
Amber	= Between 50 % and less than annual target
Red	= Less than 50%

National Institute for Health and Care Excellence

Finance and workforce report

This report gives details of the financial position as at 31 March 2017, update on funding allocations for 2017/18 and information about the workforce.

The Board is asked to review the report.

Ben Bennett

Director, Business Planning and Resources Directorate

May 2017

Summary

1. Table 1 summarises the financial position as at 31 March 2017. There is a full analysis in Appendix A.

Table 1: Financial position at 31 March 2017

	Full Year Outturn			
	Budget £m	Expenditure £m	Income £m	Variance £m
Guidance & Advice	54.5	54.3	(1.7)	(1.9)
Corporate	12.8	13.0	(0.8)	(0.7)
Income	(10.6)	0.0	(10.7)	0.0
Reserves	2.2	0.8	0.0	(1.4)
Net Operational Total	**58.8**	**68.0**	**(13.2)**	**(3.9)**
NICE International	0.0	2.2	(2.1)	0.1
Scientific Advice	(0.2)	1.1	(1.5)	(0.2)
NICE Total	**58.6**	**71.4**	**(16.8)**	**(4.0)**

N.B. The figures in the table are rounded from Appendix A

2. Table 1 above shows a full year total under spend of £4.0m (7%). This is attributable to vacant posts, under spends on the non-pay budget and additional unbudgeted income generation within directorates. This is £0.4m higher than forecast. The difference is attributable to the release of reserves being held against cautious estimates of costs associated

3. The capital allocation of £0.5m was ful

4. ly committed in 2016/17. This expenditure related to new lockers in the Manchester office, lease stamp duty on the Manchester office, IT hardware upgrades and new AV equipment.

5. A balanced budget for 2017/18 has been achieved and the business plan has been published. The NICE 2020 project continues to develop savings plans to balance the budget in future years.

6. Progress on the implementation of the workforce strategy is detailed in Appendix C. It includes information and updates relating to transformational change, resourcing, maximising potential, pay and reward and the culture of the organisation.

Financial Position as at 31 March 2017

7. Work on the 2016/17 financial accounts and statutory audit is close to completion. This report is based on the accounts pre-audit and may be subject to change. The draft accounts and annual report will be distributed to the whole Board ahead of the Audit and Risk Committee on the 6 June 2017 which will formally approve them on behalf of the Board. If Board members have any queries or comments on the financial statements they are invited to attend the meeting or submit their queries to me ahead of the meeting. The accounts will then be laid before parliament in July 2017.

8. Appendix B shows the unaudited 2016/17 key financial statements (comprising the Statement of Comprehensive Net Expenditure, Statement of Financial Position and Statement of Cash Flows).

9. The net operational expenditure in 2016/17 was £54.9m as shown in Table 1 above and Appendix A. This was a £4.0m (7%) under spend, primarily composed of the following favourable variances:

    - £1.8m (45% of the under spend) pay under spend arising from vacant posts.
    - £0.9m (23%) under spend on non-pay budgets and additional income received.
    - £0.9m (23%) from unutilised non-pay reserves.
    - £0.35m (9%) under spend on depreciation following a revaluation of assets.

Pay

10. Net operational pay expenditure for 2016/17 was £33.7m, which was £1.8m (5%) under spent against budget.

11. The number of staff directly employed during 2016/17 rose from 597 whole time equivalents (wte) in March 2016 to 602.3 wte as at 31 March 2017, an increase of 0.8%.

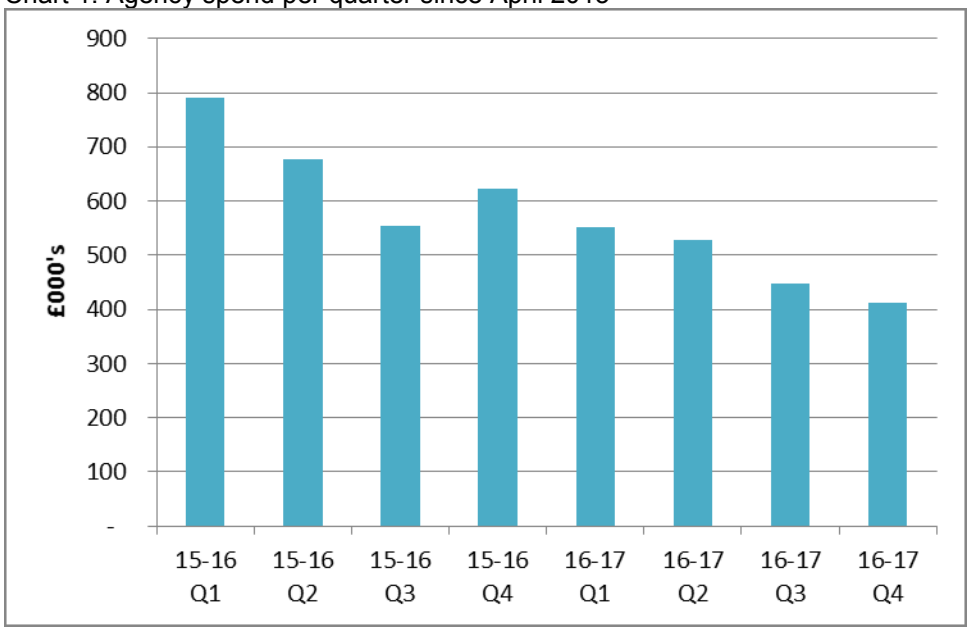
12. Although the total headcount has remained stable, there has been change within the organisation, with several new posts established to deliver the new Commissioning Support Programme and activity relating to the Cancer Drugs Fund alongside reductions in other areas.

13. The additional posts have been offset by a reduction in the number of posts due to the restructures of the Centre for Guidelines, Health and Social Care, Evidence Resources and Communications directorates during the latter part of the year.

14. Further details regarding the management of change exercises is provided in the workforce management report in Appendix C.

15. Spending on agency staff has fallen in recent years. Chart 1 below shows agency spend by quarter for the last two financial years. The most recent quarter shows a fall of 34.0% compared to the same period last year (Mar 2016) and agency spend for 2016/17 has reduced by 26.7% compared to 2015-16. The average number of agency staff fell from 27 wte to 22 wte during that time, a reduction of 19%.

Chart 1: Agency spend per quarter since April 2015



Non-Pay expenditure

16. Net operational non pay expenditure in 2016/17 was £34.3m, which was an under spend of £1.6m (4%) against budget.

17. Of this, £0.9m was from unutilised non-pay reserves. The reserves balance consists of a small amount of budget set aside in the business plan to cover unplanned expenditure and any savings generated during the year as part of the NICE 2020 project.

18. The £0.7m remaining under spend was mainly due to underspends on travel costs (£0.3m) and economics review costs (£0.2m).

19. Table 2 below shows a breakdown of the non-pay expenditure for the year. The most significant category of expenditure (£9.9m) was payable to the National

Collaborating Centres (NCCs) as part of the development of clinical guidelines, the NCC for Social Care as part of the development of social care guidelines and quality standards and the NCC for Mental Health for work on the Evidence Based Treatment Pathways Programme for Mental Health (funded by NHS England).

Table 2: Breakdown of Non-Pay expenditure for 2016/17

Non-Pay Expenditure description	Non-pay spend 2016-17 £m	%
National Collaborating Centres	9.9	27%
British National Formulary	5.3	15%
External contractors	5.0	14%
Healthcare Library Services	3.5	10%
Medical Technology External Assessment Centres	3.1	9%
Premises and fixed plant	3.0	8%
Travel and subsistence	2.0	5%
Rentals under operating leases	1.8	5%
Redundancy provisions	1.0	3%
Depreciation and other non-cash transactions	0.7	2%
Education, Training and Conferences	0.4	1%
Supplies and services - general	0.7	2%
Total Non-pay expenditure 2016-17	**36.4**	***100%***

20. The cost of purchasing and distributing the BNF on behalf of the NHS was £5.3m – this was funded by programme grant-in-aid, as was the £3.1m spend on the external assessment centres that support the medical technologies evaluation programme.

21. The travel and subsistence expenditure of £2m includes £0.7m relating to non-staff committee and meeting attendance and £0.2m relating to NICE International travel in the first half of the year. The £1.1m costs attributable to staff mainly relates to travel between the Manchester and London offices for business and committee meetings, with approximately £0.1m being spent on travel for offsite business (in particular travel by the Field Team) and attending conferences in the UK and internationally.

Other operating income

22. A summary extract from the 2016/17 unaudited accounts showing the £16.7m other operating income received is shown in table 3 below:-

Table 3: Breakdown of other operating income for 2016/17

Income Sources 2016/17

	2016/17	2015/16
	£000	£000
Income from sale of goods and services		
NICE International	2.1	2.3
Scientific Advice	1.5	1.1
Publications and royalties income	0.1	0.1
Office for Market Access	0.1	0.0
Income from related NDPBs and Special Health Authorities		
NHS England	5.4	2.5
Health Education England	3.8	3.7
Income from Devolved Administrations	2.1	2.1
Other income		
Office sublet income	0.8	0.4
Research grant receipts	0.5	0.3
Income received for staff seconded out	0.1	0.1
Other income	0.1	0.1
	16.7	12.7

23. The devolved administrations (Wales, Scotland and Northern Ireland) contributed £2.1m towards the cost of developing NICE guidance and procuring the BNF.

24. NHS England fund a number of work programmes at NICE with a cumulative total of £5.4m for 2016/17, including new funding for Cancer Drugs Fund activity and the Commissioning Support Programme. Total funding is expected to grow in 2017/18, with new funding to produce evidence summaries for Regional Medicines Optimisation Committees and evaluate digital therapies within the

Improving Access to Psychological Therapies (IAPT) programme. Table 4 below summarises the funding streams from NHS England.

Table 4: NHS England funding in financial years 2016/17 and 2017/18

Programme	2016-17 Actual £m	2017-18 Planned £m
Cancer Drugs Fund	2.1	3.0
Evidence based treatment pathways in mental health	1.9	1.1
Commissioning Support Programme	0.2	0.8
Commissioning Through Evaluation	0.6	0.6
MedTech Innovation Briefings	0.5	0.5
Rapid Evidence Summaries	0.1	0.1
Produce evidence summaries for Regional Medicines Optimisation Committees	-	0.1
Evaluation of digital therapies within the IAPT programme	-	0.4
Total confirmed activity	**5.4**	**6.4**

25. The majority of income for NICE International relates to the period up to September 2016, at which time the NICE International team moved to Imperial College London.

26. Scientific Advice income has grown by 41% in 2016/17. This is mainly as a result of increasing the capacity of the team to enable more projects to be completed. Similar levels of income are forecast for 2017/18.

27. Total research grant income includes funding for the IMI 'GetReal' project to incorporate real-life clinical data into drug development (£0.2m), the ADAPT-SMART project supporting pathways to medicines access (£0.1m) and European Health Technology Appraisal network (EUnetHTA) activities (£0.1m) funded by the EU.

Capital Expenditure

28. The capital budget during 2016/17 was £0.5 million with total capital expenditure also of £0.5m resulting in a break-even position. Expenditure was for new lockers in the Manchester office, lease stamp duty on the Manchester office, IT Hardware upgrades and new AV equipment.

Better Payment Practice Code

29. As a public sector organisation NICE is required to pay all non-NHS trade creditors in accordance with the Better Payment Practice Code (BPPC). The target is to pay 95% of all valid invoices by the due date or within 30 days of

receipt of the goods, whichever is the later. NICE's performance against this code is shown in table 5 below:-

Table 5: BPPC 2016/17

	Number	£000's
Total non-NHS bills paid 2016-17	3,527	44,132
Total non-NHS bills paid within target	3,351	43,088
Percentage of non-NHS bills paid within target	**95.0%**	**97.6%**
Total NHS bills paid 2016-17	239	1942
Total NHS bills paid within target	227	1908
Percentage of NHS bills paid within target	**95.0%**	**98.2%**

30. Annually NICE pays 96% of its invoices to Non NHS Suppliers and 4% to NHS Bodies. Payments to Non NHS Suppliers are twice weekly by BACs and to NHS Bodies twice monthly. The target of 95% on both payment of Non NHS and NHS invoices has been met.

31. This financial year there has been an increase in the compliance of invoice payments within 30 days when compared to last financial year. This percentage increase has been 3.4% and 4.3% for Non NHS invoices and NHS invoices respectively as a result of increased efforts to ensure budget holders approve invoices in a timely manner.

Forward planning

32. The 2017/18 business plan has now been published on the NICE website. It details the objectives and performance measures for the current financial year. The NICE 2020 project (see next section) successfully achieved a balanced budget for 2017/18 despite a reduction in grant-in-aid funding of £3.1m from the previous year.

33. Formal notification of funding for 2017/18 was received on 14 February 2017. The Department of Health confirmed that administration (£46.0m) and programme (£8.5m) revenue funding, totalling £54.5m (£57.6m funding in 2016/17). This amount is in line with previous indicative figures and the NICE 2017/18 business plan.

34. The capital allocation requirement of £0.5m has yet to be confirmed.

NICE 2020

35. NICE 2020 is the name given to the strategic project tasked with finding savings to offset the 30% reduction in NICE's grant-in-aid funding from the DH over the current spending review period to 2019/20. A summary of the progress to date is given here. Overall the project is risk rated "green".

36. Table 6 details the baseline deficit projection of the savings required to achieve the 30% budget reductions, the savings achieved to date and the phasing of further planned savings.

Table 6: Savings achieved and planned

	2016-17	2017-18	2018-19	2019-20
	£m	£m	£m	£m
Baseline Deficit Projection	-0.2	-4.4	-8.4	-14.0
Cumulative Savings achieved to date	1.2	5.0	5.3	5.6
Cumulative recurrent cost pressures			*-0.2*	*-0.2*
Planned savings			3.6	8.6
Expected budget variance Surplus / (Deficit)	**1.0**	**0.6**	**0.3**	**0.0**

37. Since the previous board report, there are no significant changes to the savings plans. However, the Business Planning and Resources (BPR) restructure noted in that report is now close to completion. The changes have resulted in 3 redundancies across the corporate office, finance and human resources teams.

38. The previous board report noted that several staff at risk of redundancy following affected by the restructures within Centre for Guidelines, Health and Social Care and Communications directorates were still in the redeployment period of the management of change process. The redeployment periods have now come to an end with 29 redundancies successfully avoided as a result of the managed recruitment process through appointments to new roles in the updated structures and vacancies in other directorates.

39. However, 10 employees have left the organisation through redundancy during April 2017. Although subject to final confirmation, a further 4 employees in these directorates are expected to be made redundant by the end of June 2017. Therefore the total number of redundancies arising from these restructures and BPR is expected to be 17 employees.

40. A total of 28 redundancies were avoided as a result of the managed recruitment process. There were 21 employees appointed to new roles in the updated structures and 7 found roles in other directorates within NICE.

41. The 2018/19 projected budget shortfall is currently £3.3m. Plans to bridge this gap ahead of April 2018 total an estimated £3.6m, yielding a projected planned budget surplus of £0.3m for the next financial year. The majority of this sum relates to charging industry for technology appraisals, decommissioning the National Collaborating Centre for Social Care contract and reducing the Digital Services development budget.

42. Table 3 above has been adjusted to show organisational cost pressures arising since the baseline deficit projection was that. These cost pressures include the new Apprentice Levy and NHS Pensions scheme administration levy, both of which came into force on 1 April 2017.

Appendix A – Summary of financial position as at 31 March 2017

Centre / Directorate		Full Year Outturn			
		Budget £000s	Expenditure £000s	Variance £000s	Variance %
Centre for Guidelines	Pay	6,929	6,878	(51)	(1%)
	Non pay	13,980	14,000	19	0%
	Income	(654)	(833)	(179)	(27%)
	Total	**20,255**	**20,045**	**(211)**	***(1%)***
Centre for Health Technology Evaluation	Pay	7,811	7,314	(497)	(6%)
	Non pay	4,569	4,440	(129)	(3%)
	Income	(470)	(676)	(206)	(44%)
	Total	**11,910**	**11,077**	**(833)**	***(7%)***
Health and Social Care	Pay	7,667	7,196	(470)	(6%)
	Non pay	2,891	2,812	(79)	(3%)
	Income	0	(62)	(62)	--
	Total	**10,558**	**9,947**	**(611)**	***(6%)***
Evidence Resources	Pay	6,213	6,037	(177)	(3%)
	Non pay	5,563	5,582	19	0%
	Income	(45)	(98)	(53)	(118%)
	Total	**11,731**	**11,521**	**(210)**	***(2%)***
Subtotal Guidance and Advice		**54,454**	**52,591**	**(1,864)**	***(3%)***
Communications	Pay	3,769	3,638	(131)	(3%)
	Non pay	390	325	(65)	17%
	Total	**4,159**	**3,963**	**(196)**	***(5%)***
Business Planning and Resources	Pay	2,633	2,673	40	2%
	Non pay	5,828	5,694	(134)	(2%)
	Income	(785)	(814)	(30)	(4%)
	Total	**7,676**	**7,553**	**(123)**	***(2%)***
Income	Income	(10,648)	(10,674)	(26)	0%
	Total	**(10,648)**	**(10,674)**	**(26)**	***0%***
Depreciation / Capital Adjustments	Non pay	1,000	650	(350)	(35%)
	Total	**1,000**	**650**	**(350)**	***(35%)***
Reserves	Pay	485	0	(485)	(100%)
	Non pay	1,666	781	(885)	(53%)
	Total	**2,150**	**781**	**(1,370)**	***(64%)***
NICE Operational Total	**Pay**	**35,507**	**33,736**	**(1,771)**	**(5%)**
	Non pay	**35,887**	**34,284**	**(1,604)**	**(4%)**
	Income	**(12,601)**	**(13,157)**	**(555)**	**(4%)**
	Total	**58,793**	**54,863**	**(3,930)**	***(7%)***
NICE International	Pay	862	323	(539)	(63%)
	Non pay	2,769	1,871	(899)	(32%)
	Income	(3,631)	(2,084)	1,548	43%
	Total	**0**	**110**	**110**	***n/a***
Scientific Advice	Pay	880	889	9	1%
	Non pay	290	249	(41)	(14%)
	Income	(1,410)	(1,547)	(137)	(10%)
	Total	**(240)**	**(409)**	**(169)**	***n/a***
NICE Grand Total		**58,553**	**54,564**	**(3,989)**	***(7%)***

Appendix B – Financial Statements

Statement of Comprehensive Net Expenditure	Total 31 Mar 2017 £000	Total 31 Mar 2016 £000
Income from sale of goods and services	(3,820)	(3,359)
Intangible assets	(12,912)	(9,301)
Total non-current assets	**(16,732)**	**(12,660)**
Staff costs (before recoveries of outward secondments	35,094	34,031
Purchase of goods and services	34,508	38,636
Depreciation and impairment charges	650	909
Provisions expense	995	1,542
Other operating expenditure	49	0
Total current assets	**71,296**	**75,118**
Net comprehensive expenditure	**54,564**	**62,458**

Statement of Financial Position

	Total 31 Mar 2017 £000	Total 31 Mar 2016 £000
Non-current assets		
Property, plant and equipment	2,419	2,556
Intangible assets	86	127
Total non-current assets	**2,505**	**2,683**
Current assets		
Trade and other receivables	2,670	2,330
Other current assets	2,249	1,725
Cash and cash equivalents	2,200	6,379
Total current assets	**7,119**	**10,434**
Total assets	**9,624**	**13,117**
Current liabilities		
Trade and other payables	(2,713)	(7,710)
Provisions for liabilities and charges	(1,095)	(1,245)
Total current liabilites	**(3,808)**	**(8,955)**
Non-current assets less net current liabilities	**5,816**	**4,162**
Non-current liabilities		
Provisions for liabilities and charges	(828)	(1,210)
Total non-current liabilities	**(828)**	**(1,210)**
Assets less liabilitites	**4,988**	**2,952**
Taxpayers' equity		
General fund	4,071	2,334
Non-exchequer trading reserves	917	618
	4,988	**2,952**

Statement of Cash flows

	Total 31 Mar 2017 £000	Total 31 Mar 2016 £000
Cash flows from operating activities		
Net operating cost	(54,564)	(62,458)
Adjustments for non-cash transactions	1,645	2,451
(Increase)Decrease for trade and other receivables	(864)	1,027
Increase/(Decrease) in trade and other payables	(4,997)	2,473
Use of provisions	(1,527)	(719)
Net cash outflow from operating activities	**(60,307)**	**(57,226)**
Cash flows from investing activities		
Purchase of property, plant and equipment	(472)	(305)
Purchase of intangible assets	0	(24)
Proceeds of disposal of property, plant and equipment	0	0
Proceeds of disposal of intangibles	0	0
Net cash outflow from investing activities	**(472)**	**(329)**
Cash flows from financing activities		
Net Grant in aid	56,600	60,500
Net increase/(decrease) in cash equivalents in the period	**(4,179)**	**2,945**
Net increase/(decrease) in cash equivalents in the period	(4,179)	2,945
Cash and cash equivalents at the beginning of the period	6,379	3,434
Cash and cash equivalents at the end of the period	2,200	6,379

Appendix C – Workforce Strategy Update at 30 April 2017

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.

Transformational change	
• Enabling change • Business and workforce planning	The management of change exercises affecting the Communications, Health and Social Care and Centre for Guidelines directorates have now concluded. In total, 188 employees were directly affected by the changes. Of those, 104 employees were directly slotted into new roles, and 33 employees participated in competitive slot interviews. The HR Business Partners supported 29 employees to seek suitable alternative employment within NICE. These employees would have otherwise been made redundant. Unfortunately, 17 employees are leaving NICE due to redundancy. Each employee has been supported individually by HR and have been referred for outplacement support. During the implementation process, 5 employees affected by change chose to resign.
Resourcing	
• Recruitment • Retention • Innovation	NICE appointed 14 new apprentices in the financial year 2016-17, achieving the apprenticeship recruitment target of 2.3% of headcount. NICE is one of only a handful of public sector organisations to achieve this target. Apprentices have now been placed in all but one directorate. The introduction of the apprenticeship levy has increased competition in the apprentice recruitment market, and we are now developing a recruitment strategy to ensure we are well placed to achieve next year's target. We have improved our apprentice pay by adopting Annex U of Agenda for Change, we are tendering for apprenticeship providers to improve service and quality, and we are developing a range of support for managers and apprentices to improve the recruitment and induction process.

Maximising potential	
• Leadership and management • Managing performance • Succession planning and talent management	NICE's annual appraisal window is now open. Guidance has been produced for managers and staff to support with the appraisal process. Face-to-face guidance is also available through HR Lunch and Learn sessions on completing appraisals and getting the most out of one-to-ones.
Pay and Reward	
• Total reward • Pay review	The £95k exit payment cap for public sector workers will be introduced when the regulations are confirmed. HR will continue to communicate with staff as soon as an enactment date is confirmed. NICE is responding to the IR35 legislation with a collaborative effort between the Finance, Procurement and HR teams in order to fully understand the organisational impact and risks.
Culture	
• Engaged workforce • Inclusive workforce • Wellbeing at work	NICE's staff survey will be launched in May 2017. The communications have already been launched, beginning with an article on NICE Space from Andrew Dillon, which highlights the importance of completing the survey and reinforces that the survey responses are confidential. Equality Impact Assessment training has been run across both sites, receiving positive feedback. The training was designed to support staff from all departments with NICE has signed up to the recruitment standard Disability Confident – "Committed" status, which is replacing the Two Ticks scheme. This renews our commitment to support and enable disabled candidates in applying for roles at NICE by making reasonable adjustments where possible.

National Institute for Health and Care Excellence

NICE guidance and current practice report: mental health

This report gives details of NICE guidance and current practice in the national priority area of mental health.

The Board is asked to review the report.

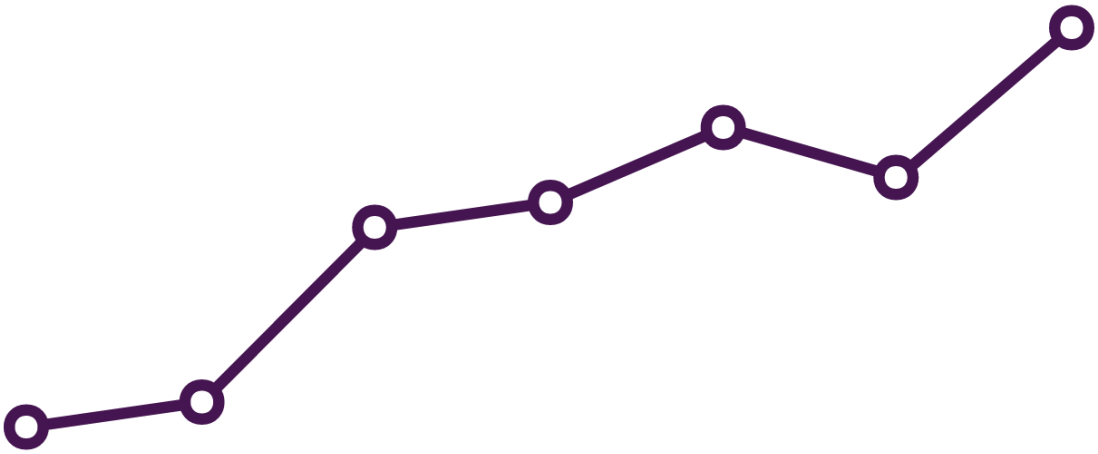
Professor Gillian Leng

Director, Health and Social Care Directorate

May 2017

NICE guidance and current practice report
May 2017

Mental health



Introduction

1. Since 2002 and the publication of our first clinical guideline, on schizophrenia, NICE has produced an extensive suite of evidence-based guidance and quality standards to support the identification, treatment and management of mental health conditions. Our guidance covers common and severe conditions in adults, children and young people. Improving mental health care is a key objective for the NHS in England, identified in the NHS Five Year Forward View, and our evidence-based recommendations underpin many of the policies developed to respond to this challenge.

2. The Five Year Forward View for Mental Health taskforce report highlights that 1 in 4 adults experience at least one mental health problem in any given year, and that mental illness is the largest single cause of disability in the UK. Access to, and the quality of, mental health services topped the public's health and care priorities list compiled by Healthwatch. The recent publication Next Steps on the NHS Five Year Forward View confirms that mental health care remains a priority area for the NHS, with a number of key improvements targeted for the next 2 years. We have therefore chosen to look at the uptake of our recommendations in this national priority area.

3. In this report, we have focused on NICE recommendations which underpin some of the achievements and areas highlighted as future priorities in Next Steps on the NHS Five Year Forward View. We recognise that the health and social care system is enormously complex and there are many factors which influence changes in practice and outcomes, one of which may be uptake of NICE recommendations. We have identified increased uptake and areas where there is scope for further improvement, and we have reviewed how NICE is supporting the delivery of these priorities through engagement at a national and local level.

Key findings

- The number of people receiving **psychological therapies** for common mental health conditions has **more than doubled** in the last 4 years.
- The percentage of people accessing **early intervention in psychosis** services within 2 weeks of referral has **risen from 64% to over 80%** in the last year.
- In general practice, recording of a limited number of **physical health checks** for people with severe mental health conditions has **slightly dropped** over the last 4 years.
- Nearly **three quarters** of community mental health service users felt that they were always treated with **respect and dignity.** However **just over half** felt that they were involved as much as they wanted to be in **decisions about their care.**

Findings

Improving physical health in people with severe mental illness

4. The NICE quality standards on psychosis and schizophrenia and bipolar disorder recommend that adults with these conditions have physical health assessments, to enable health and social care practitioners to offer physical health interventions if necessary. This is important because, as the Five Year Forward View for Mental Health taskforce report highlights, people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people, and two thirds of these deaths are from avoidable physical illnesses.

Next steps: "*Better physical health for people with mental illness.* An extra 140,000 physical health checks for people with severe mental illness in 2017/18, rising to 280,000 health checks in 2018/19."

- Next Steps on the NHS Five Year Forward View

National engagement: the NICE field team

Through their contacts with the NHS England mental health clinical policy and strategy team, the NICE field team of implementation consultants were able to provide support to national work supporting the improved physical health of people with severe mental illness.

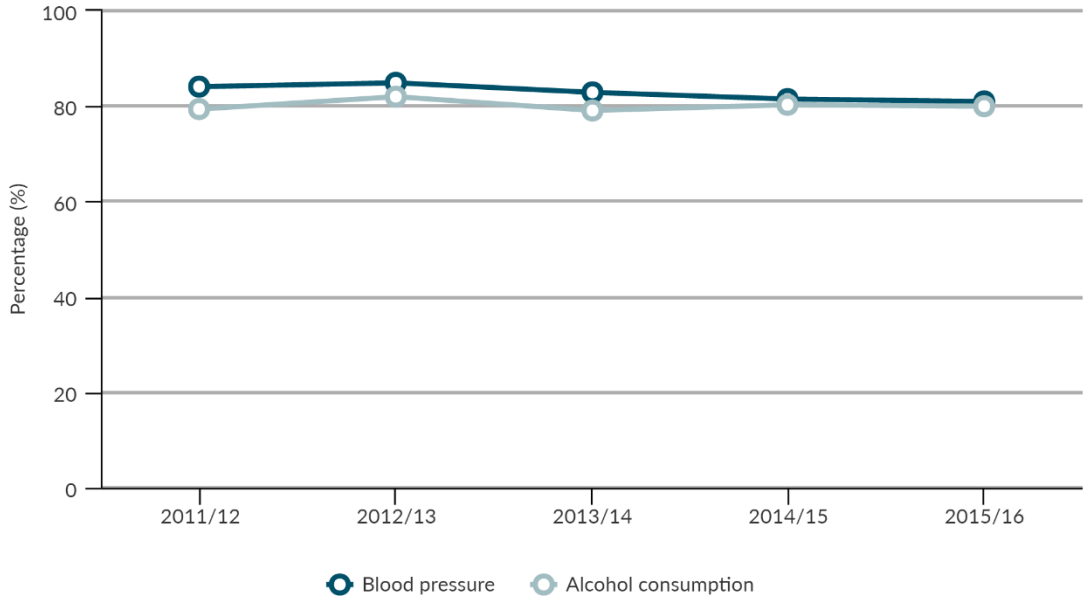
The NHS England programme lead for physical health of people with severe mental illness asked us to contribute to a national resource to support CCGs with physical healthcare assessments, following the announcement of £40m investment to support GPs with the care of patients with severe mental illness. This resource aimed to articulate the standards which services should meet in relation to improving physical health assessment, and interventions and best practice with regards to implementation and delivery. It drew heavily on NICE guidelines and quality standards and demonstrated how these could be incorporated into different models of care. As part of this, NICE were also able to advise NHS England on indicators that might be used to support ongoing work with GPs around physical healthcare of people with severe mental illness, such as quality standard statements and other indicators developed by NICE.

We also contributed information about relevant support tools and resources from NICE to go into the national CQUIN guidance on the physical health of people with severe mental illness. As the national CQUINS are mandatory for all NHS Trusts they are a great catalyst to support the uptake of NICE guidance and quality standards.

5. Achievement data for indicators developed by NICE and included in the 2015/16 Quality and Outcomes Framework (QOF) show that, in general practice, **over 80% of patients with schizophrenia, bipolar affective disorder and other psychoses**

have a record of blood pressure in the previous 12 months, although this figure has been showing a slight downward trend since 2012/13. A slightly lower percentage have a record of alcohol consumption. However, cholesterol, blood glucose and body mass index recording were retired as QOF measures in 2014, so recent QOF achievement data for these indicators are not available.

Chart 1: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure and alcohol consumption in the preceding 12 months, 2011 to 2016



Source: NHS Digital, Quality and Outcomes Framework

6. From April 2017, NHS England is providing investment and developing a national resource to support primary care in improving the physical healthcare of people with severe mental illness (see National engagement: the NICE field team). This is expected to cover more than the limited number of health checks incentivised in the QOF and we hope will support increased uptake of our recommendations in this area.

7. From 2017/18, 'improving physical healthcare to reduce premature mortality in people with serious mental illness' has been identified as a national Commissioning for Quality and Innovation (CQUIN) indicator. In line with NICE recommendations, all patients with psychoses receiving treatment from secondary mental health services should receive comprehensive physical health checks. Performance against this indicator will be published in the Mental Health Five Year Forward View Dashboard.

Service user experience

8. In 2011, NICE published a guideline and quality standard on service user experience in adult mental health services, with the aim of ensuring that all adults using NHS mental health services have the best possible experience of care.

Achievement: "120,000 more people getting specialist mental health treatment this year than 3 years ago..."

- Next Steps on the NHS Five Year Forward View

9. The Public Health Outcomes Framework reports that the proportion of adults in England who are in contact with secondary mental health services has increased from 4.2% in 2008/09 to 5.4% in 2014/15. The Five Year Forward View for Mental Health taskforce report highlights that 90% of adults with more severe mental health problems are supported by community services. As the number of people receiving treatment from specialist services increases, we have looked at the results of the 2016 CQC community mental health survey to consider service user experience.

10. The CQC survey found that 74% of community mental health service users felt that they were always treated with respect and dignity by NHS mental health services. In line with the NICE recommendation to jointly develop a care plan and review it, 73% of service users reported having a formal meeting with someone from NHS mental health services to discuss how their care is working in the previous 12 months.

11. NICE recommends that people using mental health services are actively involved in shared decision making and supported in self-management. The CQC survey found that 56% of community mental health service users felt that they were definitely involved as much as they wanted to be in agreeing what care they would receive, and **53% felt that they were definitely involved as much as they wanted to be in decisions about which medicines they would receive**.

Local practice: medicines and prescribing associates

One NICE medicines and prescribing associate in Cornwall has developed a project to improve shared decision making and self-management, focused on people with long term conditions receiving employment support allowance. Participants were offered group and then individual sessions on their medicines, including an introduction to NICE guidance. Analysis of feedback from 28 people who had an individual session showed that the top 5 issues discussed were mental health problems (13/28); suicidal ideation (5/28); use of non-prescribed medicines, including borrowed and illicit substances (5/28); anger issues (5/28); and previously unreported risk or safeguarding issues (3/28).

Following the sessions, participants were signposted to resources, advised on dosages, side-effects, interactions or options for opioid switches, or recommended to ask for a clinical medicines review.

The study used the Warwick Edinburgh Mental Wellbeing Scales to assess if mental wellbeing improved over the course of the project. In 30 participants, the average score at the beginning of the course was 41.1 and afterwards the average was 47.4. A difference of 3 to 8 points is considered meaningful. The study showed an average increase of 6.3 points , demonstrating that 'mental wellbeing improved over the course of the project'.

Early intervention in psychosis

12. The NICE quality standard on psychosis and schizophrenia recommends that adults with a first episode of psychosis start treatment in early intervention in psychosis services within 2 weeks of referral. These services can improve clinical outcomes such as admission rates, symptoms and relapse.

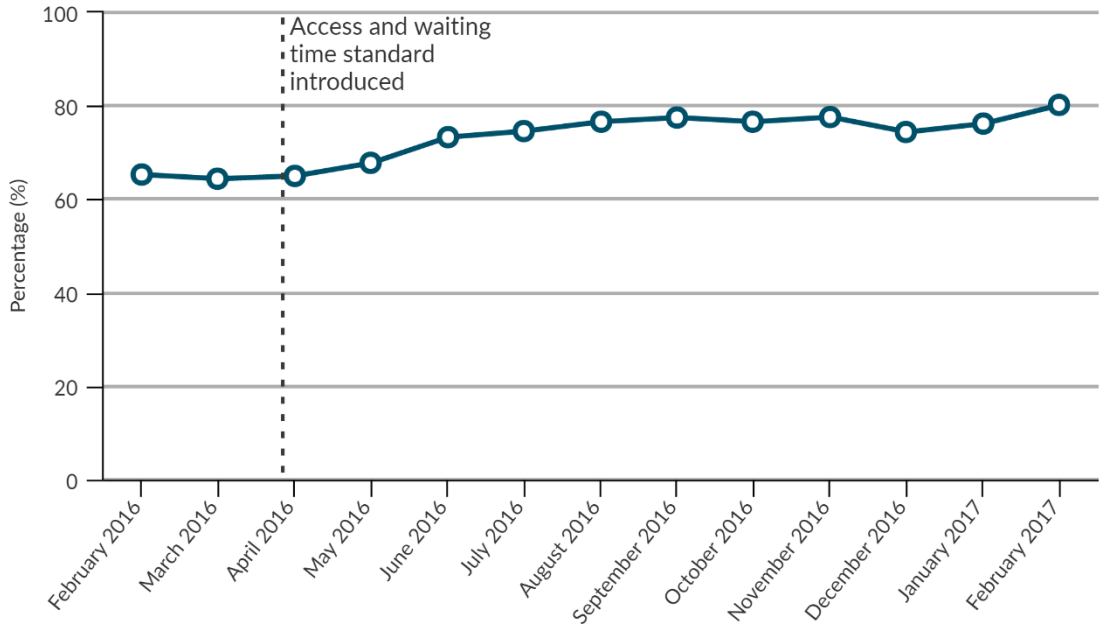
13. Following the identification of mental health care as a priority area in the NHS Five Year Forward View, NHS England established a programme to introduce evidence-based treatment pathways (EBTPs) and waiting time standards across mental health. EBTPs are commissioned by NICE on behalf of NHS England, and each pathway references relevant NICE recommendations and quality standards.

Achievement: "This year the NHS has introduced, and met, the first ever national waiting times standards for mental health services, 25 years after targets were set for surgical operations."

- Next Steps on the NHS Five Year Forward View

14. The first EBTP, early intervention in psychosis, was published in April 2016. The access and waiting time standard states that from 1 April 2016 more than 50% of people experiencing a first episode of psychosis will be treated with a NICE-approved care package within 2 weeks of referral. Since the introduction of this waiting time standard, **the percentage of people starting treatment within 2 weeks as recommended by NICE has increased from 64% to over 80%.**

Chart 2: The percentage of patients who started treatment for early intervention in psychosis within 2 weeks of referral, February 2016 to February 2017



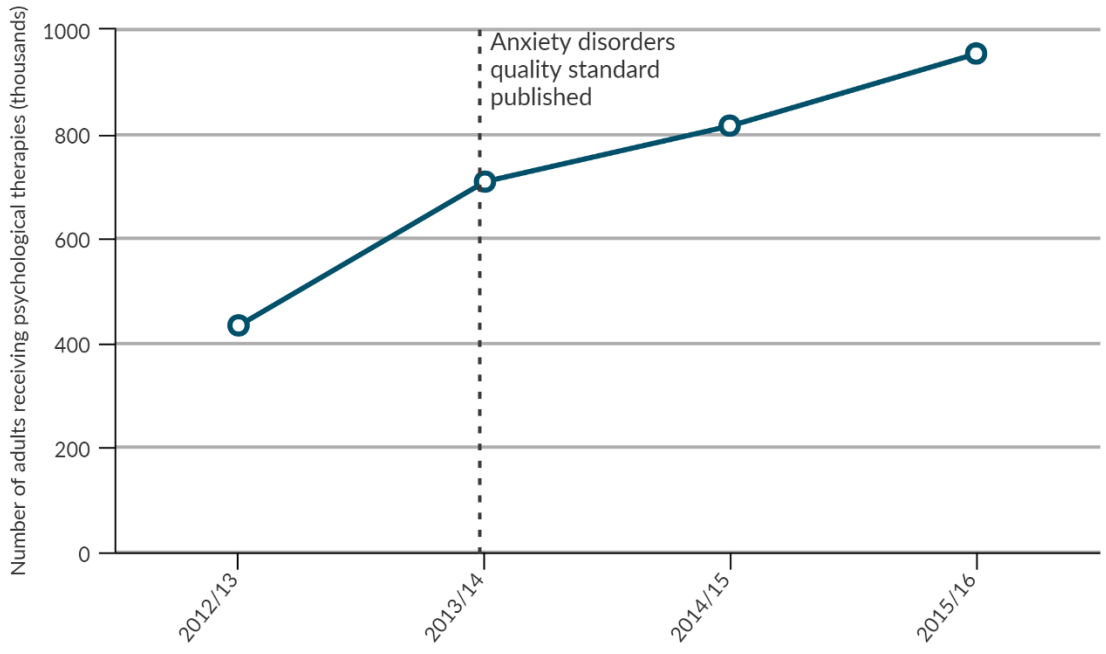
Source: NHS England, EIP Waiting Times Timeseries

15. Further EBTPs have been commissioned on topics including perinatal mental health, urgent and emergency care, and acute mental health. We hope that the Mental Health Five Year Forward View Dashboard, which has been developed to help monitor progress against the delivery of the Five Year Forward View for Mental Health, will allow us to track the uptake and impact of NICE recommendations which are included in these EBTPs.

Psychological therapies for common mental health conditions

16. The NICE guidelines and quality standards on depression and anxiety recommend the use of psychological therapies as part of a stepped-care model. Since 2008, NHS England's Improving Access to Psychological Therapies (IAPT) programme has offered NICE-recommended treatment to adults with these conditions. NHS Digital has been collecting data on the delivery of the programme since 2012. In this time, the number of people receiving psychological therapies for common mental health conditions through the IAPT programme, in line with NICE recommendations, has **more than doubled, from just over 434,000 in 2012/13 to more than 950,000 in 2015/16.**

Chart 3: The number of patients who entered treatment following referral to IAPT services, 2012 to 2016



Source: NHS Digital, IAPT dataset

Next steps: "*Big increase in psychological ('talking') therapies:* 60,000 more people will get treatments for common mental health conditions by the end of 2017/18, rising to 200,000 more people getting care by the end of 2018/19 – an increase of over 20%. Alongside this, we are working with NICE to help facilitate faster access to new digital therapies."

- Next Steps on the NHS Five Year Forward View

17. NHS England has committed to increasing the number of people receiving psychological therapies in the next 2 years, and we will continue to monitor uptake of our recommendations in this area. To further improve access, NICE has been commissioned by NHS England to assess selected, digitally enhanced therapies for depression and anxiety, to be delivered as part of a blended model of care. NICE will then evaluate whether outcomes are at least as good as those for NICE recommended non-digital therapy.

Summary

18. The Next Steps in the Five Year Forward View publication highlights some positive progress but mental health care remains a priority area for improvement. The data in this report show that NICE's recommendations relating to psychological therapies for people with common mental health conditions and access to early intervention in psychosis services have seen improvements in uptake as these areas have become high priorities in the NHS.

19. However, data from the Quality and Outcomes Framework and the CQC community mental health survey show that there is scope for improvement in the uptake of NICE guidance relating to the physical health of people with severe mental illness and in service user experience. We will draw these findings to the attention of our system partners and continue to engage at a national and local level to encourage increased uptake of our recommendations.

National Institute for Health and Care Excellence

Public Involvement Programme Annual Report 2016/17

This report gives details of the work of NICE's Public Involvement Programme, and our contribution to supporting the development and implementation of NICE guidance, advice and quality standards between April 2016 and March 2017.

The Board is asked to receive the report.

Professor Gillian Leng

Director, Health and Social Care Directorate

May 2017

Public Involvement Programme Annual Report 2016/17

Contents

Executive Summary

1. This report describes NICE's public involvement activities supporting the development and implementation of NICE guidance, advice and quality standards, and the work of the Public Involvement Programme (PIP), during 2016-17.

2. During 2016/17 the Public Involvement Programme has engaged, involved and supported people who use services, their carers and members of the community across the breath of NICE work programmes. In doing so, we have helped to ensure that NICE's guidance, standards and advice are relevant and meet the needs of people using health and social care services. In addition the PIP has strengthened NICE's reputation for public involvement regionally, nationally and internationally by showcasing NICE's work in this field.

3. We have taken a leading role in developing NICE's response to the growing shared decision making agenda and establishing NICE as a crucial element in delivering greater shared decision making. We have brought together external colleagues to speak with a collective voice about the changes that need to take place across health and social care to ensure that people using services, and their carers, are able to make a collaborative equal decision about the care that is right for them, with their health or social care professional.

4. By reviewing how we involve patients and the public in NICE's work, developing plans to improve how we do this, and consulting on those plans, we have again demonstrated NICE's continued commitment to public involvement and reinforced our position as a leader in this field. By implementing the outcomes of the review in 2017/18 we will look to ensure that the methods we use to involve patients and the public in our work are evidence based, allow for meaningful involvement, and ensure that the knowledge and experiences of people who use services and their carers are at the heart of our guidance, standards and advice.

5. Some key points from the year included:

    - recruiting and supporting 110 lay members to join NICE committees, and 122 patient experts to share their personal experience with our decision making groups
    - delivering 17 international, national, regional and local speaking engagements
    - outreach with 13 voluntary and community sector (VCS) organisations

- hosting the 3rd Shared Decision Making Collaborative meeting and developing the shared decision making aspects of the NICE website[1].

Introduction

6. This is the third Annual Report from NICE's Public Involvement Programme a centralised team at NICE that develops and supports the organisation's public involvement activities. It covers public involvement activities from April 2016 to March 2017.

Patient and public involvement at NICE

7. NICE seeks to improve the health and wellbeing of the population through our evidence-based guidance and quality standards. NICE believes that lay people and organisations representing their interests should have opportunities to contribute to developing NICE guidance, advice and standards. Therefore, as part of our core values, we work with patients and members of the public so that our guidance and standards:

    - take direct account of the perspectives of people who use health and social care services
    - are relevant to lay people so they can make informed choices about the services, interventions, care and treatments available to them.

8. As consequence of this contribution our guidance and other products have a focus and relevance for the people most directly affected by our recommendations. NICE is committed to continuing and developing its patient and public involvement work, a commitment underpinned by our policy[2].

Public Involvement Programme

9. PIP works across all of NICE's programmes to ensure that there are opportunities for lay people (and the organisations that support them) to participate meaningfully in our activities, and that those opportunities are appropriately supported. At any one time PIP provides support to between 200 and 250 individual lay committee members.

[1] https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making
[2] https://www.nice.org.uk/about/nice-communities/public-involvement/patient-and-public-involvement-policy

> *"I've worked with several health organisations and the PIP has stood out for the way it supports lay members. Training provided was good, timely and relevant. PIP staff supported lay members, understood concerns and actively advocated for lay members."*
>
> *- Lay member*

Reviewing NICE's public involvement approaches

10. Building on a literature review, public survey and workshop conducted in the last reporting period, PIP developed 7 proposals for improving how patients and the public can help develop NICE guidance and standards. The 7 proposals were:

    - standardising how we engage with and involve lay people across NICE's guidance and standards programmes
    - involving people earlier and keeping them involved throughout the development process
    - being clearer on how we find and take account of information about people's experiences of care, and their experiences of their condition and its treatment
    - recruiting a broad pool of people (including people with knowledge and experience of specific conditions or services) who can be drawn on as needed to join decision-making bodies
    - introducing a formal feedback process so that people who help develop our guidance and standards are aware of the impact of their contribution
    - making better use of social media to communicate with people about our guidance and standards, and to make it easier for them to communicate with us
    - reinforcing the message among NICE staff that involving people is everyone's responsibility.

11. The proposals were subject to public consultation for 3 months between December 2016 and February 2017. 117 responses were received. A report detailing the responses to the consultation, and an implementation plan will be presented to the Board in the summer of 2017.

Core public involvement activities

Recruiting and identifying lay committee members and expert witnesses

> *"For me, I was able to feel that I was able to draw a positive from losing my son in that he created a legacy of his own"*
>
> *- Lay member*

12. PIP supports the recruitment and identification of NICE committee lay members expert witnesses (patient experts) to ensure that the experiences and perspectives of people who use services, their carers and lay people are fully reflected in NICE's work. There are three ways that people are identified to take part in NICE's work:

    - recruitment via open advertising on the NICE website
    - targeted identification through expressions of interest
    - nomination: self–nomination, nomination by committee members, or nomination via voluntary and community sector organisations.

13. During 2016/17 92 new lay members were recruited to our committees, from 535 applications. Additionally PIP supported the identification of 18 lay expert committee members (known variously as specialist committee members or topic expert members) to join committees across several programmes. We also helped to identify and support 122 expert witnesses (patient experts) to share their lived experience with our committees and those seeking our advice.

14. The number of lay members on NICE committees varies from a minimum of 2 up to 4 (and occasionally more). 2 or 3 lay members per committee remains the norm - on some committees this is a combination of core lay members and topic expert members. A consistently higher number of lay members is recruited for social care topics than for clinical or public health committees.

Figure 1: number of lay members recruited between April 2016 and March 2017

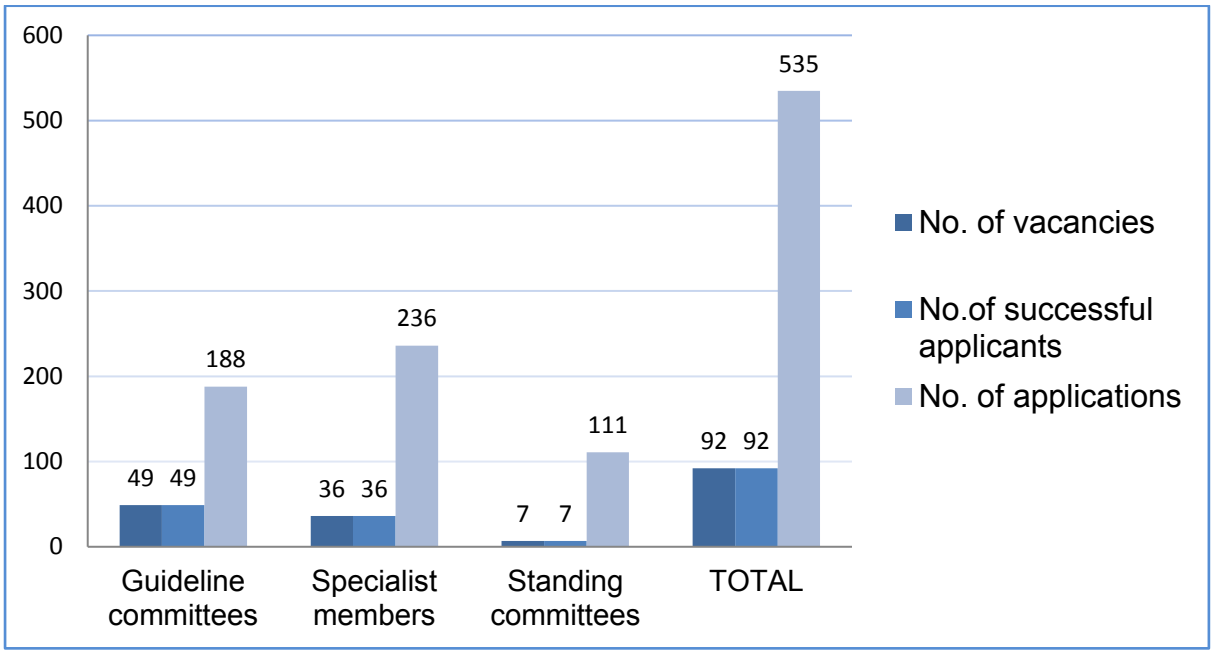
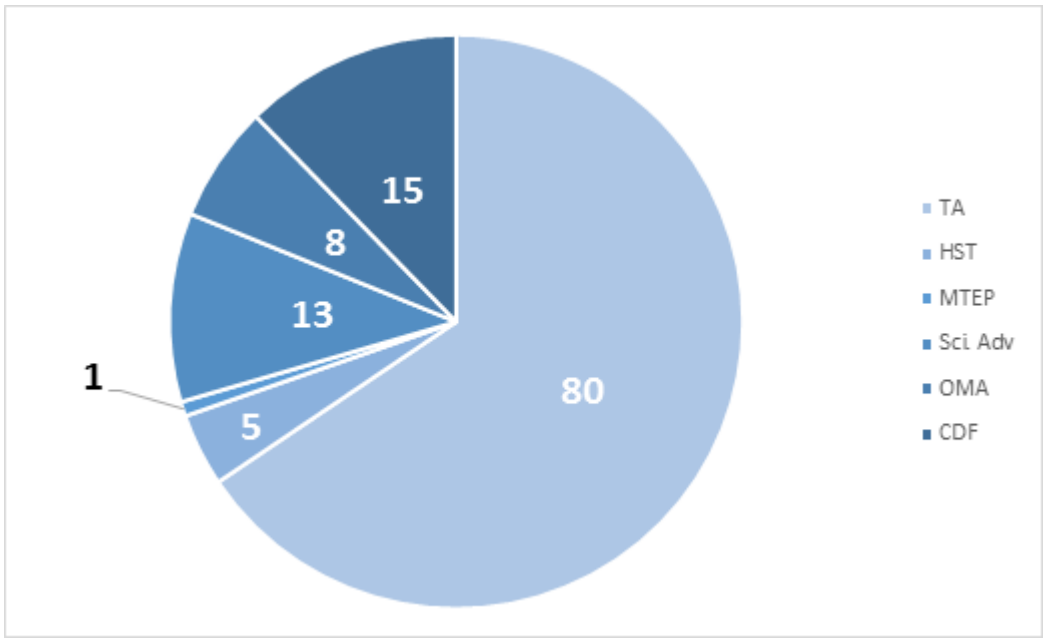


Figure 2: experts witnesses identified and supported between April 2016 and March 2017



Lay member training

> *"An excellent day all round. The session was interactive and well presented, full of useful info which improved my understanding. I think I will have a true impact on the group."*
>
> - *Guideline Committee training attendee*

15. During 2016/17 we ran 6 training days for lay members of guideline committees, attended by 58 people. The training aims to equip lay members with the knowledge and skills they will need to work effectively on their committee. The training also offers lay members the opportunity to hear from former lay members and build confidence.

16. PIP training sessions for lay members of guideline committees in 2016/17 were evaluated 'good' on average with scores ranging from 3 – 'adequate' to 5 – 'very good' and an average score overall of 4.38. Attendees particularly valued hearing about the experience of being on a guideline from former lay members and the opportunities for questions and discussion.

> *"Thank you for a very helpful day. I learned a lot and really liked/appreciated working with other lay members."*
>
> - *Guideline Committee training attendee*

17. Health economics is an area where people's training needs vary most widely. The Centre for Guidelines provides specific training on health economics which helps where people have indicated they would like more support.

18. As part of the feedback from the training days attendees reflected on their hopes and expectations for their guideline, with both positive and negative opinions.

> *"I am looking forward to learning even more about NICE and the guidelines process and having my voice and experiences heard."*
>
> - *Guideline Committee training attendee*

> *"I worry that our particular process may not enable the best participation from lay members particularly in the early stages."*
>
> - *Guideline Committee training attendee*

Masterclass

19. In 2016/17 PIP organised and ran a masterclass for voluntary and community sector organisations attended by 23 people. The theme of the masterclass was ‘an introduction to NICE’. The day included both internal and external speakers exploring the breadth of NICE’s work and how stakeholders can make an effective contribution to that work. Interactive group work was included in the masterclass, reflecting on feedback from previous years’ events.

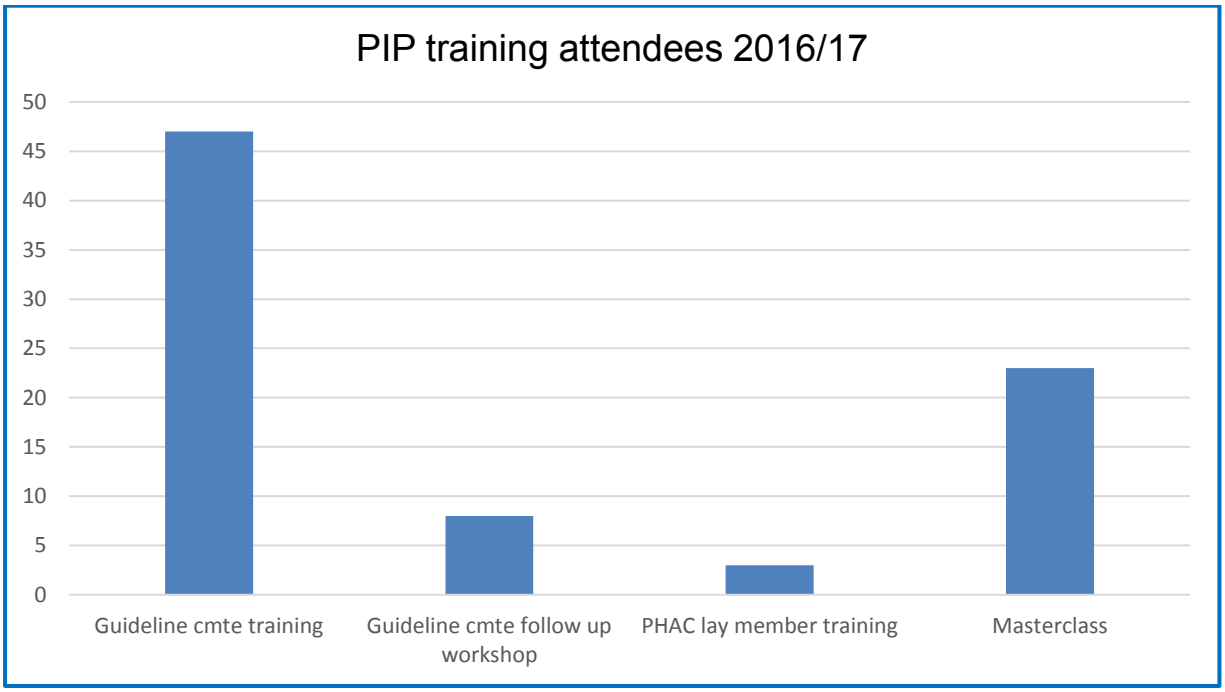
20. The day had covered aspects of NICE that were of interest to their organisation according to 79% (15) of masterclass attendees who completed an evaluation form, with 3 people (16%) indicating the day had partially covered their areas of interest. The masterclass led to a number of follow up phone calls and meetings with PIP where organisations discussed involvement relevant to their organisation in more depth.

Reviewing our training approach

21. The PIP has been reviewing its overall training approach. The overall aim of the review is to ensure we get the best value training from our resource in the most equitable way within the context of budget constraints - currently our training offer is limited to lay members working on guideline committees.

22. New methods of learning and advances in technology (for example webinars, online learning modules and other resources) also mean that we need to look at new ways of delivering our training. To free up resources we have stopped running follow-up workshops for lay guideline committee members nearing the consultation stages of their work, and replaced the workshop with an electronic information pack.

Figure 3: number of people who attended PIP training events in 2016/17



23. As part of our training review, the PIP ran an online survey of all current lay members and those who had finished on committees within the last year (303 people). The survey yielded 165 responses, a response rate of 54%.

24. When asked what training lay members would like to be offered, lay members suggested:

    - further training on health economics, evidence, and research question formulation
    - refresher training, e.g. methods and process
    - online training
    - specific training on how to comment and participate
    - case study of the experience of lay members who went through the whole process or example of best practice for effective contribution; and
    - information on NICE, public involvement, the topic of the group, the role of lay members, support needs, and relevant procedures.

25. PIP will use the feedback from the survey to inform the development of a new lay member training offer in 2017/18. This training offer will include:

    - developing online training modules
    - collating and sharing external training resources

- creating videos with former lay members to share their experiences and expertise
- developing an online forum for lay members to exchange ideas and experiences, and have an opportunity for peer support.

Raising awareness among NICE staff and other professionals

26. PIP raises awareness among staff, committee members and other professionals on the value of patient and public involvement and how to make it work in practice. In 2016/17, in addition to the day-to-day advice we offer to NICE teams and collaborating centres, we have also:

    - worked with NICE committee chairs including contributing to 3 training days for new chairs of clinical and social care guideline committees
    - given presentations in numerous induction meetings for new NICE committee members, and new staff in NICE and our developer centres
    - contributed to 2 learning days for student champions
    - presented at an 'introduction to NICE' day for people studying an intercalated BSc in Management and Innovation in Healthcare at the University of Manchester.

Implementation support and local outreach

27. Encouraging and advising voluntary and community sector organisations how to support the use of NICE guidance and standards is an important way of encouraging uptake of NICE's guidance recommendations. In 2016/17 we supported individuals and voluntary and community sector organisations to be proactive in using NICE guidance and standards. Support included:

    - updating our factsheet for voluntary and community sector organisations which tells them how they can help to put NICE guidelines into practice. We send this factsheet to key voluntary and community sector organisations when each guideline is published
    - developing a new guide which highlights what both individuals and voluntary and community sector organisations can do to support the use of NICE guidelines
    - identifying and encouraging key voluntary and community sector organisations to take action to support use of the quality standards. These 'supporting organisations' have formal agreements with NICE to support the use of NICE quality standards.

28. PIP produces a monthly bulletin for local Healthwatch networks and patient and public involvement leads working locally. A project is currently underway to review the content of the newsletter so that it can reach a broader audience that will also include voluntary and community sector organisations and interested members of the public.

Examples of support for implementation

29. PIP has worked with Rethink to support the implementation of the recent NICE guideline on 'Coexisting severe mental illness and substance misuse: community health and social care services'[3]: Rethink have revised their information leaflet on dual diagnosis in line with the recommendations from the guideline. This will help the guideline recommendations to reach people who use services but who may not routinely look to NICE for support.

Speaking engagements

30. PIP has promoted NICE and highlighted how we involve people in our work during 17 speaking engagements undertaken by the team in 2016/17. We have shared our learning and experiences with local, national and international audiences, as shown in table 1.

Outreach meetings with voluntary and community sector organisations

31. PIP has held 13 meetings with voluntary and community sector organisations in 2016/17. Meetings were arranged either by request from a VCS organisation or by PIP targeting and approaching an organisation that we thought would be a key stakeholder for upcoming guidance development. The majority of these meetings focused on technology appraisals and in particular the introduction of the Cancer Drugs Fund into NICE's portfolio of work. Other meetings were focused on high level strategic engagement between NICE and key organisations.

[3] https://www.nice.org.uk/guidance/ng58

Table 1 – PIP speaking engagements 2016/17

Meeting title	Audience range
Bahrain Supreme Council of Health (via NICE International)	International
Bloodwise meeting	National
Cancer 52 meeting (x2)	National
Drug Information Association (DIA) Conference	International
European Patient Academy on Therapeutic Innovation (EUPATI) face to face training course	International
Guidelines International Network (G-I-N) conference 2016	International
Health Technology Assessment International (HTAi) PCIG annual face-to-face meeting	International
Health Technology Assessment International (HTAi) Annual Conference	International
International Lymphoma Coalition	International
ISPOR Patient Representative Roundtable	International
Juvenile Diabetes Research Foundation (JDRF) staff conference	National
Methods in Research on Research training event, University of Liverpool	International
North Lincolnshire Patient Participation Group Members' Conference	Local
Patients as Partners Europe	International
The Power of People, Waltham Forest Healthwatch	Local
UoM iBSc introduction to NICE (University of Manchester)	National

New public involvement developments within existing work programmes

32. PIP has ensured that appropriate patient and public involvement is included in process and methods developments for the guidelines programme, highly specialised technologies, and accelerated technology appraisals.

33. To increase patient involvement in the development of interventional procedures (IP) guidance we have explored two new developments:

- a template for voluntary and community sector organisations to submit evidence for consideration by the committee. This was developed with input from the IP advisory committee members
- piloting the use of online questionnaires to collect information from patients about their experiences of procedures. This will be reviewed in July. It is hoped that online questionnaires will increase the numbers of questionnaire responses we receive whilst also reducing the financial and administrative burden of the current approach. Our current approach is to send hard copy questionnaires to patients via NHS Trusts. This approach yielded a questionnaire response rate of 29% in 2016/17, and less than half of the topics deemed suitable for comment by patients attracted any response.

34. We are also working with the IP team and committee to measure the impact that the patient commentary (procedure-specific questionnaires from individual patients) has on committee decision making.

Case study – a pilot to support the involvement of people with learning disabilities in NICE social care guidance

Early in the year, NICE's social care team worked with the Collaborating Centre for Social Care to support the recruitment of people with learning disabilities to 2 guideline committees: 'care and support of older people with learning disabilities', and 'learning disabilities and behaviour that challenges'. Easy read versions of our recruitment materials were developed and promoted. 7 people with learning disabilities were successfully recruited.

To support the committee members the papers have been translated into easy read. A facilitator has been recruited to work with the 7 committee members outside and inside the meeting to ensure that everything is fully understood. The facilitator has also provided staff with training on working with people with learning disabilities.

As this is a new way of working evaluation has been built in from day one.

Paul Scarrott is one of the lay members of the 'learning disabilities and behaviour that challenges' committee. He believes it is very important to involve service users.

> **"Our experience allows us to understand what it's like to use the services that we are discussing in the meeting. We have a more personal experience than that of the professionals. They can see it from the outside but we have a view from the inside."**

My Life My Choice is a self-advocacy organisation that helps people with learning disabilities to live the life that they choose. A blog about this pilot project, 'Being on a NICE Guideline Committee', is available on their website - http://mylifemychoice.org.uk/being-on-a-nice-guideline-committee/.

Public involvement in new programmes of work

Guidance and advice

35. PIP has worked to secure the involvement of patients and patient organisations to new programmes in the Centre for Health Technology Evaluation. This has helped to ensure that the experiences and knowledge of patients and patient organisations is captured in discussions between NICE and industry. Anecdotal reports from both the NICE teams and companies involved in the meetings confirmed the helpfulness of patient input to these meetings.

36. PIP supported the scientific advice programme's patient involvement event in January 2017, as both a speaker and panellist. The event gave participants an introduction to the scientific advice programme and regulatory processes, as well as discussing new ways of involving patients and how expertise can be shared between voluntary and community sector organisations. The day was attended by over 80 people and was described positively by participants on the day.

Table 2 – summary of patient and public involvement in new programmes of work

Programme	Public involvement activity
Scientific advice	Identified 13 patient experts to contribute to scientific advice meetings
Office for Market Access (OMA)	Identified 8 patient experts to contribute to 'safe harbour' meetings
Health App Briefings	Identified patient organisation stakeholders to comment on pilot topics
Commissioning Support Documents	Contributed to set-up activities to ensure appropriate patient involvement in the work
Cancer Drugs Fund	Identified 15 patient experts to take part in committee meetings. In collaboration with Centre for Health Technology Evaluation, developed FAQs[4] for voluntary and community sector organisations, explaining the Cancer Drugs Fund work

[4] https://www.nice.org.uk/Media/Default/About/NICE-Communities/Public-involvement/Developing-NICE-guidance/CDF-QandA-sep-16.pdf

Programme	Public involvement activity
Improving Access to Psychological Therapies (IAPT) – digitally assisted therapies	Identified a lay member from a key patient to join the panel which will take forward the work on digitally assisted therapies

Supporting shared decision making

37. PIP has a central role in supporting NICE's work on shared decision making. In June 2016 PIP organised the 3rd meeting of the NICE Shared Decision Making Collaborative, bringing together key academics, policy makers, professional organisations and voluntary and community sector organisations, arm's length bodies and individuals with an interest in SDM.

38. The work of the Collaborative has the ultimate aim of improving health outcomes for people using services, based on what they feel is important to them. This is done by sharing information and taking an equal approach to decision making between people using services and their professionals. This aligns with NICE's position stated at the front of its guidance which outlines the responsibility of healthcare professionals to 'take guideline[s] fully into account, alongside the individual needs, preferences and values of their patients or service users'.

39. The Collaborative meeting in 2016 built on themes identified the previous year in the Collaborative's consensus statement[5], with key organisations committing to short-term intentions and long-term ambitions to support the adoption of shared decision making in practice. The resulting action plan[6] was published on the NICE website in September 2016 with accompanying communications activities taking place to promote the work.

40. PIP has also worked to draft an additional section for the guidelines manual on supporting shared decision making[7]. The chapter asks developers to:

    - identify preference-sensitive decision points during guideline development
    - present the evidence around a preference-sensitive decision point in a tabular format that can be used by professionals and practitioners during conversations with people using services

[5] https://www.nice.org.uk/Media/Default/About/what-we-do/SDM-consensus-statement.pdf
[6] https://www.nice.org.uk/Media/Default/About/what-we-do/shared-decision-making-collaborative-action-plan.pdf
[7] https://www.nice.org.uk/process/pmg20/chapter/developing-and-wording-recommendations-and-writing-the-guideline#supporting-shared-decision-making

- recommend to NICE that a patient decision aid be developed, if appropriate.

41. PIP has been working with NHS England throughout the year to explore ways of working together on initiatives to support greater shared decision making. This has included:

    - exploring options to update and maintain a suite of patient decision aids
    - considering what a decision aid quality assurance certification scheme might look like
    - understanding what training and support might be needed for decision aid developers
    - exploring the creation of a repository for decision support tools.

42. We will continue to work with NHS England in 2017/18 to build closer working relationships and to progress these initiatives.

International work

Health Technology Assessment International (HTAi)

43. PIP is a member of the HTAi Patient/Citizen Involvement Interest Group (PCIG)[8] of the HTAi Board. We sit as a member of the PCIG steering group, as well as co-chair of the PCIG working group on Patient Involvement and Education. Participation in these groups enables us to share NICE practice on public involvement with international partners and learn about other ways of working which might be applicable to NICE. We are also able to work collaboratively with international colleagues to develop better methods of obtaining and using patient input in HTAs, across different types of HTA assessments. Work to support this includes developing an interactive guide to signpost existing resources to help patients and voluntary and community sector organisations to engage in HTAs as well as identify gaps where resources need to be developed.

44. In 2016/17 PIP surveyed patient organisations to obtain their feedback on our template for eliciting evidence from patient organisations for use by NICE committees. The template was developed from a resource created by the HTAi PCIG and replaced a previous NICE version. Feedback from people who had used the template indicated that it was easy to use and NICE committee members said that the new template had driven up the quality of submissions of patient evidence.

[8] www.htai.org/interest-groups/patient-and-citizen-involvement.html

45. PIP hosted the 2016 annual PCIG face-to-face meeting in Manchester. The three-day meeting allowed for strategic planning, better group working and information sharing amongst the 25 attendees. Several attendees also took the opportunity to observe a NICE committee meeting to see public involvement in action. We participated in a number of activities at the HTAi annual conference in Tokyo, in May 2016. These activities included presenting at a workshop, panel session, oral session and poster session to showcase NICE's public involvement approaches to an international audience and gain feedback from participants to improve how we approach our work.

46. PIP authored a chapter in a new international book on patient involvement in HTA[9], and contributed to a further chapter addressing patient involvement in the assessment of diagnostic technologies. The book is due to be launched at the HTAi conference in June 2017.

Guidelines International Network (GIN)

47. PIP is a steering group member of GIN Public[10] working group, which promotes good practice on involving patients and the public in developing and implementing guidelines. It offers a forum for exchange of information and good practice between patients, their representative organisations, guideline developers and researchers.

48. In 2016 we contributed to the dissemination of the updated GIN Public Toolkit[11] which includes chapters authored by PIP staff. The toolkit assembles international experience and best practice examples of successful patient involvement and aims to support guideline developers who are considering involving patients.

49. In October 2016 we also participated in a number of activities at the GIN annual conference in Philadelphia. These activities included co-facilitating and presenting at 2 workshops and giving 3 oral presentations.

European Patient Academy on Therapeutic Innovation (EUPATI)

50. PIP sits on the Project Advisory Board for EUPATI[12], an Innovative Medicines Initiative-funded project, led by the European Patients' Forum, with partners from voluntary and community sector organisations, universities, not-for-profit organisations and experts in patient and public engagement, along with many European pharmaceutical companies. EUPATI provides scientifically reliable,

[9] Thomas V, Livingstone H, Norburn L, Thomas L, Leng G. England. In: Facey KM, Hansen HP, Single ANV, editors. Patient Involvement in HTA. Singapore: Springer; 2017. Chapter 23 [in press]
[10] http://www.g-i-n.net/working-groups/gin-public
[11] http://www.g-i-n.net/working-groups/gin-public/toolkit
[12] www.patientsacademy.eu/index.php/en/

objective, comprehensive information to patients on the research and development process of medicines.

51. EUPATI provides educational resources (online and face-to-face) to increase patients' capacity to be effective advocates and advisors in clinical trials, with regulatory authorities and on ethics committees. PIP presented at the face to face training for both Patient Expert training courses in 2015 and 2016, teaching from our experiences and supporting the case study work in a number of workshops. We also attended the students' graduation conference. To date 98 students across 51 disease areas from 31 different counties have graduated. Applications for the third tranche of students opened in February 2016 and PIP remains on the faculty.

Patients Involved in NICE (PIN)

52. PIP works collaboratively with Patients Involved in NICE (PIN). PIN describes itself as: 'a coalition of over 100 patient organisations and is committed to enabling patient groups to engage productively with NICE. Independent from NICE and the pharmaceutical industry, they use their combined knowledge, experience and direct contact with patients from a wide range of conditions, to ensure NICE puts patients, carers, and patient groups at the centre of all of its work. They act as a critical friend and a respected and equal partner in developing and shaping aspects of NICE's work. They provide a forum for enabling patient groups to engage with NICE.'

53. PIN's mission statement and the Memorandum of Understanding between NICE and PIN are being reviewed in light of changes to PIN's governance structure.

54. PIN met 4 times during 2016/17 in May, September, November and February. The dates for 2017 meetings and the PIN mailbox address are available on the NICE website[13]. NICE provides meeting space and sources speakers for PIN meetings.

55. Topics discussed by PIN this year have focused on developments in the Centre for Health Technology Evaluation (Accelerated Access Review, Cancer Drugs Fund, changes to technology appraisals and highly specialised technologies programmes) and the patient involvement methods that support them. These presentations have enabled PIN members to make more informed contributions to NICE consultation exercises. PIN has also discussed the review into NICE's public involvement approaches; the work of the Shared Decision Making Collaborative of which PIN is a part; and heard from the Social Market Foundation about their proposal for an Office for Patient Outcomes.

[13] https://www.nice.org.uk/About/NICE-communities/Public-involvement/PIN

Supporting NICE's equality programme

56. The Public Involvement Programme contributed to the NICE annual equality report for 2016/17 by providing a detailed account of equality monitoring data from lay applicants to NICE advisory bodies. We use this data to understand the characteristics of our lay members and help us identify any under-represented groups.

57. In 2017/18 we will look at ways of working with key organisations to identify any barriers to involvement for people from black, Asian and minority ethnic (BAME) groups in getting involved with NICE in response to NICE's new equality objective 1 - to increase the proportion of advisory body position applications that are from individuals who describe themselves as from BAME groups.

58. We will also aim to improve how we engage and communicate with members of the public from BAME groups, working with the NICE communications team to ensure that the way we present our committee lay member recruitments is appropriately inclusive.

Supporting NICE's communication activities

59. PIP has developed its communication activities to promote our main messages about getting people involved with NICE's work. Our Twitter feed @NICEGetInvolved has more than 540 followers and we use this channel to engage directly with voluntary and community sector organisations, promote NICE content of specific interest to them and to promote our lay recruitments. We work with the NICE External Communications team to retweet each other's content as appropriate.

60. This year PIP has explored the use of greater video content to support our messages. We have produced a video about lay involvement in NICE's Interventional Procedures Advisory Committee, filming a lay member and the Chair which will be available on the NICE website later in 2017. We also plan further videos of lay member experiences and interviews with committee chairs discussing the importance of lay involvement in guideline development.

Research and evaluation

Internal and external research activities

61. PIP is a member of INVOLVE's Advisory Group[14], which shares knowledge and experience of public involvement in research, and informs policy and practice in this area.

62. NICE's audience insight team was jointly sponsored by the technology appraisals team and PIP to explore and understand patient experts' and organisations' perceptions of engaging in the technology appraisal (TA) process, and specifically identify any barriers they have experienced. In 2016 we finalised the action plan[15] from this research[16], based around the 5 key recommendations:

    - making communications from NICE more targeted, concise and written clearly so that organisations are not overwhelmed with multiple and lengthy emails that may not be relevant to them
    - clarifying the role of voluntary and community sector organisations and experts
    - giving more direction on what is expected from patient participation
    - creating a feedback loop on patient participation, and
    - explaining in lay terms how the NICE committee uses the principles of cost effectiveness in its decision making.

63. One notable development arising from the action plan has been the creation of the 'technology appraisals support tool' – a set of short videos explaining key concepts in plain language. We have filmed 3 videos so far, which are being edited and will soon be available on the NICE website:

    - What is NICE? – Gillian Leng
    - Why we look at evidence – Melinda Goodall
    - Why we do evaluation – what is opportunity cost? – Sheela Upadhyaya.

[14] www.invo.org.uk
[15] https://www.nice.org.uk/Media/Default/About/NICE-Communities/Public-involvement/Public-involvement-programme/patient-involvement-TA-action-plan.pdf
[16] https://www.nice.org.uk/Media/Default/About/NICE-Communities/Public-involvement/Public-involvement-programme/patient-involvement-ta-process.pdf

Evaluating people's experience of working with NICE

> *"Being involved helped me to feel that having a cancer diagnosis is not the end of the world. Being in a privileged position of contributing to something which has affected me is something I feel very proud of."*
>
> *- Lay member*

64. PIP uses an online exit survey so that people with lay expertise who have worked with NICE can provide feedback on their experiences. The survey is tailored to lay committee members and patient experts depending on their type of involvement. The feedback is used to develop and improve the support PIP provides, and to improve the wider experience of both lay members and patient experts working with NICE, with suggested new initiatives and areas for improvement being identified by the PIP and taken forward with developer teams as appropriate.

Lay member exit surveys

65. PIP is working with teams across NICE on delivering against an action plan developed from previous year's exit surveys and will continue to be implemented in 2017/18.

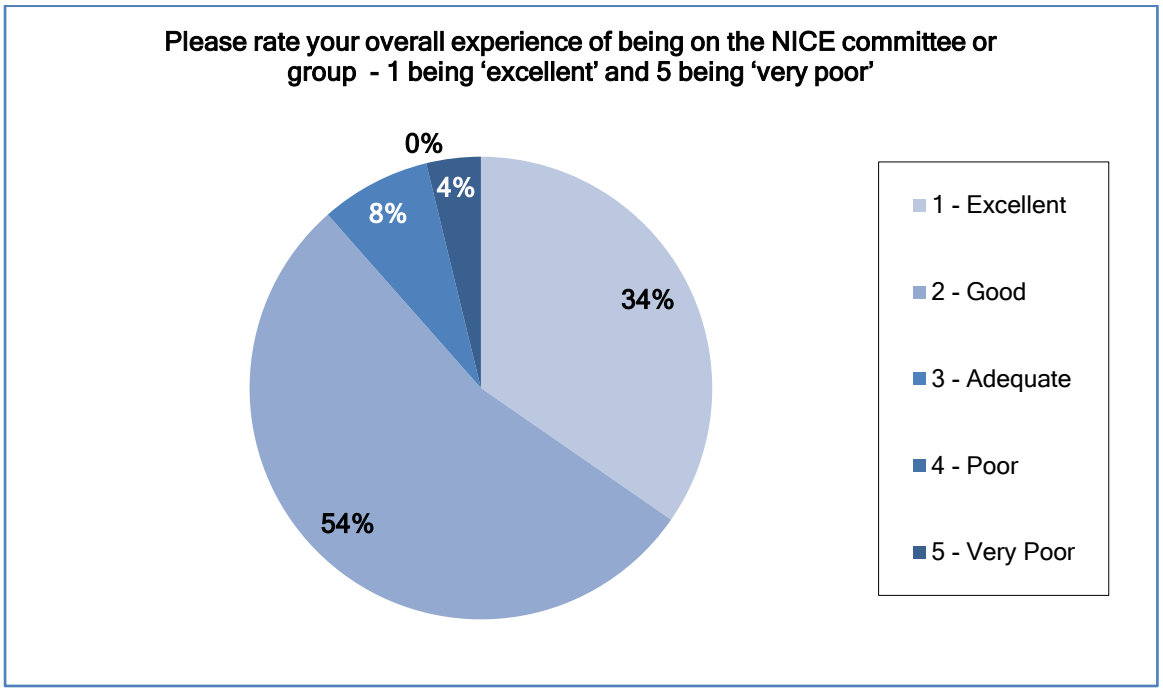
66. For the reporting period 2016-17, 26 surveys were returned from 101 invitations - a response rate of 26%. Whilst the response rate is lower than the rate from last year's annual report (40%), we have recently undertaken a review of how we communicate the exit survey to lay members, which we hope will have a positive impact for next year's data.

What is working well?

67. Overall, responses were positive with lay members indicating that they enjoyed their work with a NICE committee, felt supported and included, and that their input was valued. Many recognised the importance of their personal contributions, and understood how important their role on the committee was.

68. 88% of respondents rated their experience of being on a NICE committee as 'good' or 'excellent'. Respondents told us that the experience of being on committees and working with NICE has improved their knowledge, confidence and self-esteem, and in several cases for lay members, led to further opportunities, either in their paid employment or as a volunteer.

Figure 4: Overall experience of being on a NICE committee



69. There was praise for the competency of some chairs and the support provided to NICE committees by both developer teams and the Public Involvement Programme. Whilst lay members can find the technicalities of the development process challenging, overall being involved with NICE was viewed as rewarding and interesting work.

> *"I've worked with several health organisations and the PIP has stood out for the way it supports lay members. Training provided was good, timely and relevant. PIP staff supported lay members, understood concerns and actively advocated for lay members."*
>
> *- Lay member*

What needs improvement?

70. Some concerns around the value attached to lay member contributions were expressed by respondents, as well the view that professional committee members were not encouraged to support lay member involvement in the work of their committee. Suggestions to improve these issues included proper enforcement of avoiding healthcare jargon and abbreviations, having a glossary of terms and an overall summary of the wider issues relating to the guidance topic area.

> *"My experience was that some of the health professionals tended not to treat lay members of the team as equals, tending to be dismissive of lay member views. At times particularly the medical consultants were treated as if their views were the valued or even the 'correct ones', even when the matter being discussed was not within the expertise of medical experts."*
>
> *- Lay member*

71. Being able to keep up with discussions also proved to be an issue for more than one lay member. The lack of opportunities to contribute creatively within a very rigid guideline development process were also voiced as an issue. The volume of paperwork was highlighted by more than one lay member, and was noted to be particularly difficult for one lay member with dyslexia.

72. PIP will work to address these issues in 2017/18 by presenting at training sessions for committee chairs and first committee meetings to reinforce the role of the lay member and their equal status on the committee. We will also continue to support lay members throughout their time working with NICE and share exit survey data regularly with NICE teams and developers to identify areas for development.

Patient expert exit surveys

73. PIP has also sent exit surveys to people who have attended NICE committee meetings as patient experts. Patient experts predominately take part in technology appraisals but have also shared their experiences with the Medical Technologies Advisory Committee and the Highly Specialised Technologies Committee.

74. Of the 95 patient expert exit surveys sent out, 32 were returned (a response rate of 34%) for the reporting period April 2016 to March 2017.This is the first year we have routinely sent out the patient expert survey, and hope to build on these returns in the future.

What is working well?

75. Patient experts reported that they found the PIP support to be invaluable in preparing for the meetings and described the role as enjoyable and rewarding.

> *"It was personally rewarding to be able to present the patient perspective and I came away believing that I had made an important contribution. It did require significant input beforehand to prepare the patient statement and read a good amount of the total submission (898 pages for one of the drugs!). In summary, an enjoyable experience and one that I would be willing to repeat."*
>
> - *Patient expert*

76. The majority of patient experts (97% - one respondent skipped the question) reported that they were given the opportunity to contribute in the discussions at the meetings. Patient experts felt they understood either all (94%), or some (6%), of the questions they were asked.

> *"The experience of the day was exceptional. Having been prescribed the drug for two years I felt proud I could share my observations and comment on the drug."*
>
> - *Patient expert*

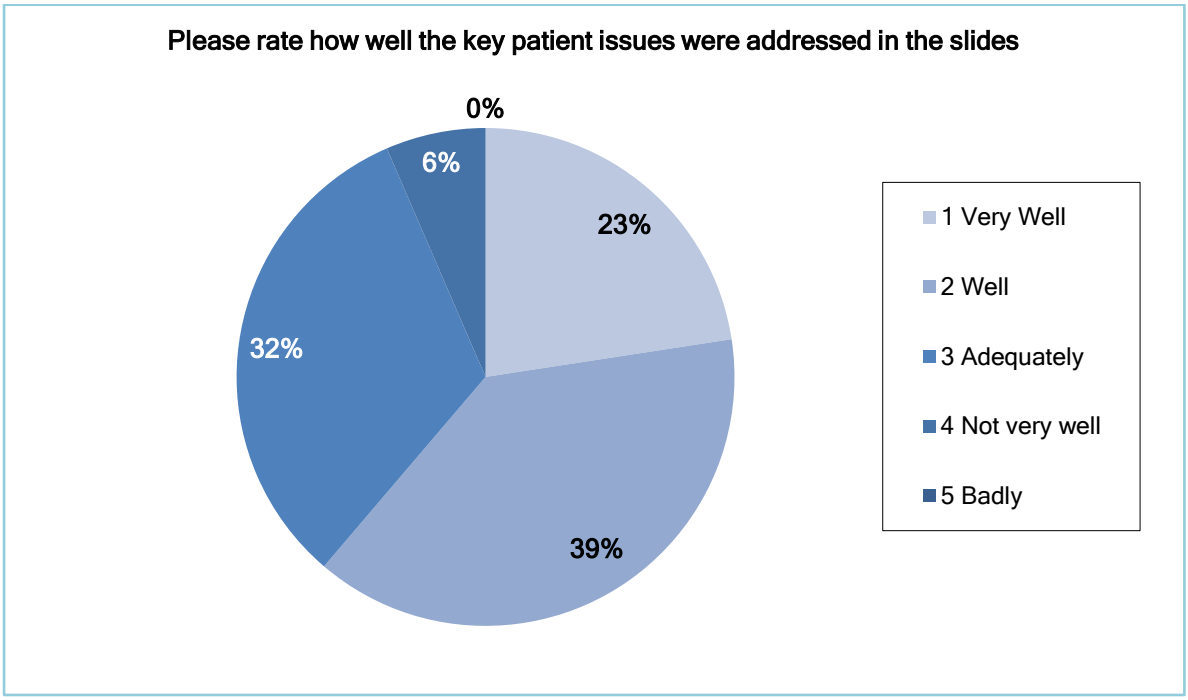
What needs improvement?

77. Patient experts reported finding the paperwork that they needed to complete and read before the meetings repetitive and time consuming. Some patient experts said that they would have liked the opportunity to provide additional comments during the committee meeting, however struggled either because the conversations were very technical or because of there was a lack of time. One patient expert also said that they would like to know what the impact and weighting of their contribution would have on the committee's decision.

> *"I wasn't entirely clear on when I was going to be asked to contribute. The pace was fast and I had few opportunities to contribute. When the opportunities came, I wasn't always expecting them which meant that at least once I paused to think and then the discussion moved on without me contributing."*
>
> - *Patient expert*

78. Just over one third (35%) of patient experts told us that they understood all of the slides presented to the committee, with the remainder (65%) indicating that they understood some of them. Patient experts felt there was variability in how well the key patient issues were addressed in the slides.

Figure 5: How well patient issues were addressed in committee slides



Additional activities

79. PIP has provided expertise and input to a wide range of organisations and initiatives including:

- participating in and supporting high level workshops with the NHS England RightCare team, the Care Quality Commission and the 4 Regional Events[17]
- membership of the Choosing Wisely Shared Decision Making sub-group based at the Academy of Medical Royal Colleges
- membership of the Values Based Healthcare Steering Group at King's Health Partners
- supporting the development of PPI standards in research with colleagues at the National Institute for Health Research (NIHR)
- working with Findacure[18] to develop an online portal for patients participating in the development of highly specialised technologies guidance

[17] https://www.nice.org.uk/Media/Default/Get-involved/Help-us-improve/NICE-regional-stakeholder-events-2016-findings.pdf
[18] http://www.findacure.org.uk/

- working with Healthwatch England to develop strong strategic and mutually supportive relationships
- supporting the initiation and development of the Arm's Length Bodies' Public and Patient Involvement Forum, run by NHS England
- supporting the People and Communities Board by helping develop their plan for high level actions in relation to the Five Year Forward View
- taking part in the NICE cross-institute group working with NHS Choices on projects of mutual interest
- initiating 2 NICE cross-institute groups on equalities and SDM
- regular attendance at NICE public Board meetings to keep abreast of developments and to hear from local people
- supporting the Student Champions' 'Learning About NICE' days as facilitators, panellists and speakers
- attending a number of workshops including several Patient Information Forum Executive Circles, Think Local Act Personal's Making it Real summit and a session on Asset Based Community Development.

Conclusion

80. NICE and the external environment in which it operates continues to change and NICE's public involvement approaches are changing too. We hope that the coming years provide opportunities to enhance our person-centred approaches and support a changing culture across health, public health and social care that enables true partnership.

National Institute for Health and Care Excellence

May 2017

National Institute for Health and Care Excellence

Proposal to develop MedTechScan

This report gives details of a proposal to develop MedTechScan, which will enable NICE and the healthcare system to improve the way that promising, innovative medical technologies (including diagnostics and some digital products) are identified for NICE outputs.

The Board is asked to approve the initiation of work on MedTechScan, based on approval by NHS England of three years of funding for set-up and operational costs.

Professor Carole Longson

Director, Centre for Health Technology Evaluation

Alexia Tonnel

Director, Evidence Resources Directorate

May 2017

Introduction

1. Over the past 18 months, NICE has been working with NHS England and other key stakeholders to develop a specification and business case for a comprehensive horizon scanning system for medical technologies to augment existing clinical and financial planning activities within NHS England and other organisations.

2. The proposal is to create MedTechScan, which will offer NHS England and other organisations a single national, systematic approach to receiving timely information in identifying, characterising and tracking emerging medical technologies in development via a secure shared database. This will be of value to NHS England, National Horizon Scanning agencies, NICE, Academic Health Science Networks and Industry in enabling promising medical technologies (including devices, diagnostics and digital products) to be prioritised for NHS England commissioning policies and NICE evaluations and briefings.

3. Developing MedTechScan is important for NICE particularly because of the difficulties of identifying which products should be subject to NICE outputs, in the context of an industry where over 500,000 CE marked products are available at any one time, of which several thousand are potentially eligible for NICE guidance or advice.[1] MedTechScan would replace the current topic identification system at NICE, whereby companies, often SMEs with little experience of Health Technology Assessment processes, notify their products direct to NICE based on its expected value to patients and the health care system. This activity is also often replicated in other parts of the system: for example AHSNs hold lists of promising products for local promotion. MedTechScan would provide an opportunity for greater efficiency and unanimity over which promising products could be supported for evidence generation, evaluation and adoption at a national level.

4. The proposal aligns with NHS England Business Plan, commitments under the Five Year Forward View and recommendations of the Accelerated Access Review.

5. The database is expected to have a similar design and functionality as currently exists for UK PharmaScan, which was developed by NICE and is used for identifying and tracking medicines through the evidence development and licensing stages.

[1] This is by contrast with medicines, of which only approximately 100 are licensed per year in Europe.

6. The proposal to develop MedTechScan has the support of industry groups, Academic Health Science Networks and horizon scanning organisations. The proposal was endorsed by NHS England's Specialised Commissioning Committee in November 2016 and the business case has now received the final approval by NHS England's Finance Director and Senior Management Team.

7. The proposal was agreed in principle by NICE SMT on 25 April, and subject to NICE Board approval, it is expected that NICE will begin a commissioning process to enable the build MedTechScan with immediate effect. It is envisaged that this will start with a feasibility step to ensure that the project is viable. If this stage highlights no major problems then the majority of the technical development phase would be completed during 2017-18. The NICE project team will incorporate both technical capability to develop the database and senior management input to ensure that MedTechScan addresses system needs.

Resource considerations

NHS England funding for set-up and two full years of operation

8. The NHS England business case for MedTechScan has completed its passage through their full approval process and NHS England have indicated that they are willing to make funding available for 3 years, in the form of a letter of intent and a written commitment, at NHS England Executive level. Subject to NICE Board approval, this would be reflected in the Memorandum of Understanding between NICE and NHS England.

9. Expenditure of the funding approved by NHS England is envisaged as follows:

    - £650,000 on the first year set-up phase, anticipated as comprising:
        - a feasibility/discovery phase and the digital build of the database contracted out to a digital agency, overseen by the UK PharmaScan team in the Evidence Resources Directorate;
        - programme establishment activities led within the Centre for Health Technology Evaluation.
    - up to £300,000 per year for the second and third years on programme operation activities within CHTE and Evidence Resources.

10. As the feasibility and discovery phase did not start at the beginning of 2017/18, the start of the project is likely to be delayed by 3-4 months. Negotiations will be held as part of the agreement of the Memorandum of Understanding with NHS England for part of the discovery and set-up costs to be carried over into 2018/19, and the final part of the three year funding to be allocated to NICE in 2020/21.

NICE experience from UK PharmaScan funding model

11. When the UK PharmaScan system was built and launched over 5 years ago, £100,000 per annum was added to NICE's baseline for hosting and maintenance costs and for staff costs to manage the quality assurance of the data. This covers NICE's costs. In addition, horizon scanning centres and other national organisation users (6 in total) each contribute up to £5,000 each year to the cost of UK Pharmascan (£30,000 in total per annum). This annual contribution finances the continuous improvement of the UK PharmaScan digital service.

12. Although individual companies do not pay for UK PharmaScan, the ABPI does provide the secretarial support to the UK PharmaScan Oversight and Governance Committee and User Group. The ABPI team is also active in maintaining close links with Industry, issuing newsletters and bulletins, speaking at conferences and events, providing training and resolving issues and problems.

Funding for MedTechScan after termination of NHS England funding

13. For MedTechScan, the main industry bodies, ABHI and BIVDA have been involved in the planning discussions and are supportive of the proposal, but at this stage, no financial commitments have been provided to support the costs. The NICE project team will be responsible for exploring a viable ongoing funding model for MedTechScan, with NHS England, industry and other stakeholders. A senior project consultant has been seconded to NICE from the NHS and will be exploring an ongoing funding model with key stakeholders in the system. This could include contributions from individual companies with products identified and evaluated via MedTechScan. Experiences from the funding model for UK PharmaScan will be drawn upon where appropriate.

14. The risks to NICE of initiating this development with only three years of funding agreed would ultimately be mitigated by the service ceasing if no viable funding model could be identified. The risk of this is regarded as relatively low because of the strategic importance of MedTechScan to the identification of medical technologies, diagnostics and digital products that meet system needs.

Conclusion

15. MedTechScan is strategically important to NICE's activities and those of the healthcare system, and will help support NHS England's commissioning activities, the Academic Health Science Networks and the life science industry.

Issues for decision

16. The Board is asked to approve the initiation of work on MedTechScan, based on approval by NHS England of three years of funding for set-up and operational costs.

National Institute for Health and Care Excellence

May 2017

National Institute for Health and Care Excellence

Senior Management Team, Guidance Executive and Publication Executive terms of reference and standing orders

The Senior Management Team, the Guidance Executive and the Publication Executive collectively provide the means through the Board gives effect to its decisions and discharges its responsibility to authorise the publication of guidance and other materials for which NICE has responsibility.

The terms of reference and membership of these committees has been reviewed and updated, following a three yearly review and consideration by the Senior Management Team.

The Board is asked to approve the updated documents.

Andrew Dillon

Chief Executive

May 2017

Background

1. The Senior Management Team (SMT), Guidance Executive (GE) and Publication Executive (PE) are an important part of NICE's governance and assurance management framework.

2. The current terms of reference and standing orders (ToR-SO) were agreed in 2014 and have recently been reviewed in line with the 3 year cycle. Following this review and consideration by the Senior Management Team a number of amendments are proposed.

Changes to the documents

3. The ToR-SO are now presented in a consistent format and each have been revised to clarify the position of deputies and other attendees in respect of the meeting quorum and voting rights. This is consistent with the position recently agreed by the Board in respect of Board meetings.

4. A provision has also been added to give the meeting chair flexibility to proceed with an inquorate meeting, with decisions ratified by the next quorate meeting or by email communication to members after the meeting.

5. The documents have also been streamlined to remove reference to obligations around members' conduct that duplicate matters contained in employment contracts and NICE policies.

6. The other main changes to the specific terms of reference and standing orders are summarised below.

Guidance Executive

7. The terms of reference have been amended to include:

    - Medtech innovation briefings
    - Proposals for the update of NICE guidance
    - Estimates of net budget impact of technology appraisals that are estimated to exceed £20 million in any of the first three years of the use of the technology in the NHS.
    - Consulting on, and making decisions about, variations to the funding requirement for technologies assessed by the technology appraisal and highly specialised technologies programmes.

8. The quorum has been revised to state there must be at least 1 registered medical practitioner at each meeting. If no member who is a registered medical

practitioner can attend, a deputy (who is a registered medical practitioner) may be appointed as a full member for that meeting.

9. The list of matters for GE to consider when reviewing guidance for publication has also been revised.

Publication Executive

10. The scope of products within PE's remit has been updated, as has the membership.

11. As with GE, the quorum has been revised to state there must be at least 1 registered medical practitioner at each meeting. If no member who is a registered medical practitioner can attend, a deputy (who is a registered medical practitioner) may be appointed as a full member for that meeting.

12. The list of matters for PE to consider when reviewing guidance for publication has been revised.

Senior Management Team

13. There are no additional material changes to those noted above in paragraphs 3 to 5.

Conclusion

14. The Board is asked to approve the amendments to the terms of reference and standing orders for the:

    - Senior Management Team
    - Guidance Executive
    - Publication Executive

National Institute for Health and Care Excellence

May 2017

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Terms of reference and standing orders

Terms of Reference

1. The Senior Management Team gives effect to the decisions of the Board by:

- developing strategic options for the Board's consideration and approval
- preparing an annual business plan
- delivering the objectives set out in the business plan through delegation of specific responsibilities and active business management
- preparing and operating a set of policies and procedures which have the effect of both motivating and realising the potential of the staff at NICE
- designing and operating arrangements to secure the proper and effective control of NICE's resources
- constructing effective relationships with partner organisations and maintaining good communications with the public, the NHS, social care and local government and with the life sciences industries
- identifying and mitigating the risks faced by the Institute.

Standing Orders

General

2. These standing orders describe the procedural rules for managing the work of the Senior Management Team. Nothing in these standing orders or terms of reference shall limit compliance with the NICE's standing orders so far as they are applicable to the Senior Management Team. Members of the Senior Management Team must also abide by the standards of conduct required by contracts of employment and NICE's policies.

3. The appointment of the Senior Management Team is at the discretion of the Board, subject to any direction that may be given by the Secretary of State.

Membership

4. The membership of the Senior Management Team is as follows:

- Chief Executive
- Deputy Chief Executive and Executive Director – Health and Social Care

- Executive Director – Centre for Health Technology Evaluation
- Executive Director – Business Planning and Resources
- Director of Evidence Resources
- Director of the Centre for Guidelines
- Director of Communications

5. The chair of the Senior Management Team is the Chief Executive. In his/her absence the meetings will be conducted by the deputy Chief Executive, or in his or her absence, another executive director nominated by the Chief Executive.

6. If a member is unable to attend, whenever possible apologies should be sent to Senior Management Team administration at least 5 working days in advance of the meeting. A deputy will be invited to attend the meeting if a Senior Management Team member is unable to attend.

Other attendees

7. Other members of staff may be invited to attend at the discretion of the chair of the Senior Management Team.

Quorum

8. The quorum for each meeting is 4, 2 of whom must be an executive director. Deputies and other attendees do not count towards the quorum, unless formally appointed to act up for a director (usually for absences over 4 weeks).

9. 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.

Conflicts of interest

10. 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

11. When urgent decisions are required and it is impracticable to convene a special meeting of the Senior Management Team, the chair, or in his/her

absence either the Deputy Chief Executive or another executive director, may take action on behalf of the Senior Management Team outside of the scheduled cycle of meetings. Such actions will be reported to the SMT at the next meeting.

Interpretation or suspension of standing orders

12. During the course of the meeting, the chair of the Senior Management Team has the final authority on the interpretation of standing orders.

13. Except where this would contravene any statutory provision, any one or more of the standing orders may be suspended at any meeting providing a simple majority of those present and eligible to participate vote in favour of the suspension.

14. Any decision to suspend standing orders shall be recorded in the minutes of the meeting.

15. No formal business may be transacted while standing orders are suspended.

Voting

16. The decisions of the Senior Management Team will normally be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the chair will, in all cases, consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.

17. Voting, where required, will be by show of hands and decisions determined by a simple majority of those members present at a quorate meeting. Deputies and other attendees are not entitled to vote, unless formally appointed to act up for a director.

18. The chair of the meeting will be included in the vote and in the event of there being an equality of votes the chair will have a second, casting vote.

Arrangements for meetings

19. The Senior Management Team will normally meet weekly.

20. The Chair shall determine what matters shall appear on every agenda in advance of each meeting.

21. No other business shall be discussed at the meeting other than at the discretion of the Chair.

Minutes

22. The minutes of the Senior Management Team meeting will be submitted to the next meeting for approval.

23. Approved minutes will be available to the public 6 months after the meeting, subject to the redaction of any confidential or otherwise exempt material.

Other matters

24. The Corporate Office will provide support to the meetings.

Review of terms of reference and standing orders

25. These standing orders will be reviewed every 3 years. The next review date is March 2020.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guidance Executive
Terms of reference and standing orders

Terms of reference

1. The Guidance Executive is responsible for approving, on behalf of the Board, NICE guidance and some other products.

2. Products for approval include, but are not limited to:

    - NICE guidelines
    - Guidance produced by the Centre for Health Technology Evaluation (technology appraisals, highly specialised technology guidance, interventional procedures guidance, medical technologies guidance, diagnostics guidance)
    - Quality standards
    - Advice products (including medicines evidence summaries, medtech innovation briefings)
    - Proposals for update of NICE guidance
    - Other publications at the discretion of the Guidance Executive chair
    - Estimates of net budget impact of technology appraisals that are estimated to exceed £20 million in any of the first three years of the use of the technology in the NHS.

3. The Guidance Executive has authority to approve products within its remit for publication, unless the Board wishes to reserve itself the responsibility for approving a specific item.

4. The Guidance Executive is responsible for consulting on, and making decisions about, variations to the funding requirement for technologies assessed by the technology appraisal and highly specialised technologies programmes.

5. The Guidance Executive also formally receives and takes action on appeal decisions regarding the technology appraisal and highly specialised technologies programmes.

6. At its meeting, the Guidance Executive will consider a written report from the director who heads the programme responsible for the product. This report will:

    - recommend the guidance (or other product) for approval to proceed to the next stage in the development process or for publication, **or**

- ask for guidance executive advice on one or more matters that need to be resolved before the product can proceed to the next stage or to publication.

7. The Guidance Executive ensures that it is satisfied that the following conditions have been met:

   - The published development process and methods have been followed, **and**
     the recommendations or key statements, as presented, address the remit of the product and are comprehensible and internally consistent,

     and
     the product is presented in the correct format.
   - Any matters that may compromise the implementation or impact of the product that have been raised by the director of the programme responsible for it, or that become apparent during the guidance executive's discussion, are resolved at the meeting or by requesting action to be taken outside the meeting.

8. When it has completed its assessment the Guidance Executive may:

   - approve the document for publication, **or**
   - ask the director responsible for the product to take the document back to the author(s) with specific queries.

9. The Guidance Executive may question but not reinterpret the evidence considered by an advisory committee. It may not challenge the conclusions or recommendations in a proposed guidance publication except where, in the view of the Guidance Executive, they do not appear to be supported by evidence.

10. The Guidance Executive may refer any matter to the Senior Management Team or Board for resolution if it considers a matter to be of particular significance or concern, or if it has not been able to resolve an issue through the processes described in paragraphs 7 and 8.

Standing orders

General

11. These standing orders describe the procedural rules for managing the work of the Guidance Executive. Nothing in these standing orders or terms of reference should limit compliance with NICE's standing orders so far as they are applicable to the Guidance Executive. Members of the Guidance Executive must also abide by the standards of conduct required by contracts of employment and NICE's policies.

Membership

12. The membership of the Guidance Executive is:

    - Chief Executive (chair)
    - Deputy Chief Executive and Executive Director – Health and Social Care
    - Executive Director – Centre for Health Technology Evaluation
    - Executive Director – Business Planning and Resources
    - Director of Evidence Resources
    - Director of the Centre for Guidelines
    - Director of Communications
    - Deputy Medical Director and Programme Director – Quality and Leadership

13. The chair of the Guidance Executive is the Chief Executive. In his/her absence the meetings will be conducted by the deputy Chief Executive, or in his or her absence, another executive director nominated by the Chief Executive.

14. If a member is unable to attend, whenever possible apologies should be sent to Guidance Executive administration at least 5 working days in advance of the meeting. A deputy will be invited to attend the meeting if a Guidance Executive member is unable to attend. It is important that deputies are chosen to reflect the areas of expertise, especially clinical input, brought by the core members.

Other attendees

15. Other members of relevant teams will attend meetings, as required, to present documents for sign-off where they have a specific responsibility for a particular product. Other members of staff may be invited to attend at the discretion of the chair of the Guidance Executive.

Quorum

16. The quorum for each meeting is 4, 2 of whom must be an executive director. Deputies and other attendees do not count towards the quorum, unless formally appointed to act up for a director (usually for absences over 4 weeks).

17. There must be at least 1 registered medical practitioner at each meeting. If no member who is a registered medical practitioner can attend, a deputy (who is a registered medical practitioner) may be appointed as a full member for that meeting. This should be noted in the minutes of the meeting.

18. No business should be transacted unless the meeting is quorate. If a member is excluded due to 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.

Conflicts of interest

19. If a conflict of interest arises during a meeting with matters under consideration, the member concerned, or their deputy, must withdraw from the meeting, or part thereof, as appropriate. This will be recorded in the minutes.

Chair's action

20. The chair, or in his/her absence the appointed deputy, may take action on behalf of the Guidance Executive outside of the scheduled cycle of meetings when urgent decisions are required and it is impracticable to convene a special meeting of the Guidance Executive. Any such decisions will need to be ratified at the next meeting.

Interpretation or suspension of standing orders

21. During the meeting, the chair of the Guidance Executive has the final authority on the interpretation of standing orders.

22. Except where this would contravene any statutory provision, any one or more of the standing orders may be suspended at any meeting providing a simple majority of those present and eligible to participate vote in favour of the suspension.

23. Any decision to suspend standing orders shall be recorded in the minutes of the meeting.

24. No formal business may be transacted while standing orders are suspended.

Voting

25. The decisions of the Guidance Executive will normally be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the chair will always consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.

26. Voting, where required, will be by show of hands and decisions determined by a simple majority of those members present at a quorate meeting. Deputies (see paragraph 14) and other attendees are not entitled to vote, unless formally appointed to act up for a director. A deputy who has been nominated to provide clinical expertise to the meeting (see paragraph 17) is entitled to vote.

27. The chair of the meeting will be included in the vote. If the result is a tie, the chair will have a second, casting vote.

Arrangements for meetings

28. The Guidance Executive will normally meet weekly.

29. Agenda items should be notified in advance and submitted as set out in the guidance executive administration notes on NICE Space. Agendas will be amended at the discretion of the chair in advance of the meeting to ensure there is adequate time for discussion and decision-making. Less urgent items and those submitted after the deadline may be held over to the next available meeting.

30. No business other than that on the agenda may be discussed at the meeting, except at the discretion of the chair.

Minutes

31. The minutes of the Guidance Executive meeting will be submitted to the next meeting for approval.

32. Approved minutes will be available to the public on application to NICE when the guidance or other product to which they refer is published, subject to the redaction of any confidential or otherwise exempt material.

Other matters

33. The Guidance Executive administration team will provide support to the meetings.

Review of terms of reference and standing orders

34. These standing orders will be reviewed every 3 years. The next review date is March 2020.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE Publication Executive
Terms of reference and standing orders

Terms of reference

1. The Publication Executive is responsible for approving, on behalf of the Board, products to support NICE guidance, other than those that fall under the remit of the Guidance Executive or the NICE senior management team.

2. Products for approval include, but are not limited to:

    - Resource impact assessments
    - Adoption support resources
    - Medicines evidence commentaries
    - Accreditation reports (final documents)
    - Endorsement statements
    - Evidence-based treatment pathways
    - Other publications at the discretion of the PE chair.

3. The Publication Executive has authority to approve products within its remit for publication unless the Board wishes to reserve itself the responsibility for approving a specific item.

4. Criteria for considering items at the Publication Executive are that they:

    - Represent significant NICE products, where there is a reputational risk if they are not of a high quality
    - Are at a final pre-publication stage of development, unless specifically agreed
    - Represent new products where additional input is required at the early stages
    - Are not already covered by the Guidance Executive.

5. At its meeting the Publication Executive will consider a written report sponsored by the member who heads the programme responsible for the product. This report will:

- recommend the publication for approval to proceed to the next stage in the development process or to publication, **or**
- ask for the Publication Executive's advice on one or more matters that need to be resolved before the product can proceed to the next stage or to publication.

6. The Publication Executive ensures that it is satisfied that the following conditions have been met.

   - The published development process and methods have been followed, **and**
     the recommendations or key statements, as presented, address the remit of the product and are comprehensible and internally consistent, **and**
     the product has been presented in the correct format.
   - Any matters that may compromise the implementation or impact of the product that have been raised by the programme director responsible for it or that become apparent during the Publication Executive's discussion, are resolved at the meeting or by requesting action to be taken outside the meeting.

7. When it has completed its assessment the Publication Executive may:

   - approve the document for publication, **or**
   - ask the sponsor member of the Publication Executive to take the document back to the author(s) with specific queries.

8. The Publication Executive may question but not reinterpret decisions made by advisory committees, expert panels or commentators.

9. The Publication Executive may refer any matter to the Senior Management Team or Board for resolution, if it considers the matter to be of particular significance or concern, or if it has been unable to resolve an issue through the processes described in paragraphs 6 and 7.

Standing orders

General

10. These standing orders describe the procedural rules for managing the work of the Publication Executive. Nothing of these standing orders or terms of reference should limit compliance with NICE's standing orders so far as they are applicable to the Publications Executive. Members of the Publications Executive must also abide by the standards of conduct required by contracts of employment and NICE's policies.

Membership

11. The membership of the Publication Executive is:

    - Deputy Chief Executive
    - Director of Evidence Resources
    - Director of Business Planning and Resources
    - Deputy Medical Director and Programme Director – Quality and Leadership
    - Associate Director for Publishing
    - Programme Director for System Engagement
    - Programme Director for the Medicines and Technologies Programme

12. The chair of the Publication Executive is the Deputy Chief Executive. In his/her absence the meetings will be conducted by the Director of Evidence Resources, or in his or her absence, another executive director nominated by the Deputy Chief Executive.

13. If a member is unable to attend, whenever possible apologies should be sent to Publication Executive administration at least 5 working days in advance of the meeting. A deputy will be invited to attend the meeting if a member of the Publication Executive is unable to attend. It is important that deputies are chosen to reflect the areas of expertise, especially clinical input, brought by the core members.

Other attendees

14. Other members of relevant teams will attend meetings, as required, to present documents for sign-off where they have a specific responsibility for a particular product that is being considered, or is related to a product being considered. Other members of staff (such as clinical fellows) may be invited to attend at the discretion of the chair of the Publication Executive.

Quorum

15. The quorum for each meeting is 4 members, 2 of whom should be directors or programme directors. Deputies or other attendees do not count towards the quorum, unless formally appointed to act up for a director (usually for absences over 4 weeks).

16. There must be at least 1 publication executive member who is a registered medical practitioner at each meeting. If no member who is a

registered medical practitioner can attend, a deputy (who is a registered medical practitioner) may be appointed as a full member for that meeting. This should be noted in the minutes of the meeting.

17. No business should be transacted unless the meeting is quorate. If a member is excluded due to 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.

Conflicts of interest

18. If a conflict of interest arises during a meeting with matters under consideration, the member concerned, or their deputy, must withdraw from the meeting, or part thereof, as appropriate. This will be recorded in the minutes.

Chair's action

19. The chair, or in his/her absence the appointed deputy, may take action on behalf of the Publication Executive outside of the scheduled cycle of meetings when urgent decisions are required and it is impracticable to convene a special meeting of the Publication Executive.

Interpretation or suspension of the standing orders

20. During the course of the meeting, the chair has the final authority on the interpretation of standing orders.

21. Except where this would contravene any statutory provision, any one or more of the standing orders may be suspended at any meeting provided that a simple majority of those present and eligible to participate vote in favour of the suspension.

22. Any decision to suspend standing orders must be recorded in the minutes of the meeting.

23. No formal business may be transacted while standing orders are suspended.

Voting

24. The decisions of the Publication Executive will normally be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the chair will always consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.

25. Voting, where required, will be by show of hands and decisions determined by a simple majority of those members present at a quorate meeting. Deputies (see paragraph 13) and other attendees are not entitled to vote. A deputy who has been nominated to provide clinical expertise to the meeting (see paragraph 16) is entitled to vote.

26. The chair of the meeting will be included in the vote. If the result is a tie, the chair will have a second, casting vote.

Arrangements for meetings

27. The Publication Executive will normally meet weekly.

28. Agenda items should be submitted to Publication Executive Administration at least 5 working days before the scheduled meeting. If items are not notified by this time, the chair reserves the right to carry them over until the next available meeting.

29. No other business may be discussed at the meeting other than at the discretion of the chair.

Minutes

30. The minutes of the Publication Executive proceedings will be drawn up and submitted to the next meeting for approval.

31. Approved minutes will be available to the public on application to NICE when the document to which they refer is published, subject to the redaction of any confidential or otherwise exempt material, as agreed at the meeting.

Other matters

32. The Publication Executive administration team will provide support to the meetings.

Review

33. These terms of reference and standing orders will be reviewed every 3 years. The next review date is March 2020.

National Institute for Health and Care Excellence

Audit and Risk Committee Annual Report

The Board is asked to receive the report which summarises the work of the Audit and Risk Committee over the 2016/17 financial year. Please note that due to the number of changes to committee membership at the end of the year, this year's report may not be as complete as previously.

It is asked to note in particular our assessment of the work undertaken in 2016/17 (paragraphs 20-21) and the challenges for the coming year (paragraphs 22-24).

Rima Makarem

Audit and Risk Committee Chair

May 2017

Introduction

1 The Committee's chief function is to advise the Board on the adequacy and effectiveness of the Institute's systems of internal control and its arrangements for risk management, control and governance processes, and securing economy, efficiency and effectiveness (value for money).

2 In order to discharge this function the Audit & Risk Committee prepares an annual report for the Board and Accounting Officer. This report includes information provided by Internal Audit, External Audit and other assurance providers.

3 This is the fourth report for the Institute in its present form and the final year for long-standing members David Hunter, Linda Seymour, Bill Mumford and Jonathan Tross, the previous Chair. We wish to record our appreciation of all their hard work during their term of appointment. In January 2017 we welcomed new members Elaine Inglesby-Burke, Sheena Asthana and Rima Makarem (Chair), to join existing member Tim Irish on the Committee.

4 This is the latest in a series of positive annual reports from the Committee. We continue to receive reassurance from the reports of our internal and external auditors as well as the from the risk assessments, reports on specific areas such as Contract Management and Technology Appraisals Appeals, and presentations from senior managers. The Institute is an organisation that has been ready to take on new challenges, supported by clear methodologies and processes to assure the integrity of the work. That reflects the culture for the organisation set from the top and provides a source of real strength. We cannot however be complacent, as the challenges for the Institute are set to grow, which will be likely to test significantly the strong management resilience of the Institute.

Audit & Risk Committee's Assessment

5 Members of the Board should recognise that assurance given can never be absolute. The highest level of assurance that can be provided to the Board is a reasonable assurance that there are no major weaknesses in the Institute's risk management, control and governance processes.

6 The Committee has received reports in a range of key areas and has drawn particular assurance from the positive reports on key financial controls, payroll and strategic financial management, but also on NICE's contract management, risk management & assurance, and the appeals process for technology appraisals. The assessment of the Committee, based on the totality of the work presented to it, including but not exclusively the internal and external audit work, is that control and governance processes are well designed and managed. They provide reasonable assurance to the Board.

Information supporting Opinion

7 Summarised below is the key information / sources of assurance that the Committee has relied upon when formulating this opinion.

Internal Audit (IA)

8 The Institute's internal audit is carried out by auditors from the Department of Health, who have during the course of 16/17 transferred into the newly formed Government Internal Audit Agency (GIAA). Our Head of Internal Audit and all reporting lines have remained unchanged. As in prior years, should the need arise, private firms like PwC or KPMG may be contracted to perform discrete audits. There was no requirement for this during 2016/17 and all the work was performed by GIAA.

9 The Committee received the Head of Internal Audit's opinion at its meeting on 26 April 2017 covering the financial year ended 31 March 2017. An opinion of moderate assurance was issued.

10 The internal audit plan was reviewed regularly by the Committee and an annual work programme of specific assignments derived from it and agreed in advance with the Committee.

11 The Committee notes that the 2016/17 opinion, ranked as moderate, is the same as the assessment for last year. We consider the current assessment as 'usual', and not a cause for concern. The table below sets out the full range of audit work in the year, with conclusions discussed later in the report:

Table 1 – Internal audit reviews

Assignment	Final report issued	Opinion
Key Financial Controls	Sep-16	Moderate
Strategic Financial Management	Jan-17	Moderate
Payroll	Feb-17	Moderate
Contract Management	Jan-17	Moderate
Risk Management & Assurance	Jan-17	Moderate
Technology Appraisals Appeals	Mar-17	Substantial

See appendix A for explanation of assurance levels

External Audit

12 The External audit was carried out by the National Audit Office (NAO). They give their opinion on whether the accounts give a true and fair view of the financial affairs of the Institute and also whether the funds have been applied to the purposes intended by Parliament. This opinion will follow their audit starting on 8 May, and a clean unqualified opinion is expected.

Local Counter Fraud Service

13 As a Non Departmental Public Body there is no requirement for NICE to purchase a specific range of proactive and preventative work. Instead the SLA with GIAA allows for Counter Fraud work to be procured as is required. This is usually every 12-18 months. The last Fraud Awareness sessions in London was in February 2017 and a further session is planned for the Manchester office in May 2017. There were no incidents of fraud detected during the year.

Assurance framework

14 The Audit & Risk Committee oversees the operation of the Institute's assurance framework. The assurance framework demonstrates the following features

- structured risk identification linked to business objectives;
- assessment and management of significant risks;
- monitoring of the effectiveness of the assurance framework;
- identification of independent assurance and review functions.

15 Assurance is provided to ensure that the Board can satisfy itself that appropriate arrangements are in place for managing risk and the system of internal control is functioning and effective.

16 The Institute's assurance framework involves an annual planning cycle that establishes clear business objectives for the organisation and individual centres and directorates. Directors and their senior management teams identify potential risks that could affect delivery of these objectives and develop strategies to manage them. These are incorporated into the risk register which is reported to the NICE Senior Management Team (SMT) and Audit and Risk Committee at the beginning of the financial year setting out the broad framework for the governance of the organisation at a strategic level, and listing controls and assurances for the management of the Institute's risk. The SMT and Audit & Risk Committee review a summary of the high risks identified in the register every quarter and assess whether the management strategies are likely to be effective.

17 In our last annual report we encouraged the Board to engage more regularly with NICE's risk profile. In response to our recommendation, the Board now reviews the strategic and high level risks six monthly in addition to our quarterly review at the Audit & Risk Committee. Also, over the last year, the format for the Directors' progress reports to the Board has been revised to include a specific update on changes to the risks facing each centre/directorate.

18 Internal audit this year carried out a review of the Institute's risk management and assurance framework. This had a 'moderate' rating. The recommendations for improvement broadly sat within two categories – policies and procedures, and risk registers. In relation to policies and procedures, internal audit recommended a more detailed documentation of the approach to assurance management and the process for escalating

risk. The audit also identified scope to improve the completion of the corporate and local risk registers. In response to the review, and feedback from the committee, management proposed changes to NICE's risk management approach. These are outlined further later in the report.

Management

19 The Committee receives a range of reports and assurance from management throughout the year. These are summarised in the table below.

Table 2 – summary of sources of management assurance

Management assurance	Description
Losses and compensations register	As required by DH the Institute maintains a register of such payments. This is reported annually to the Audit and Risk Committee. For 2016/17 the total value of these payments was c£50,000. Of this amount £23,121 relates to train cancellation or amendment fees, reflecting the inevitable (and acceptable) consequences of encouraging the purchase of less flexible but cheaper tickets. £10,813 relates to flight cancellation costs of which £8,005 relates to a cancelled NICE International event that was funded by non-exchequer grant money without loss to NICE. The remaining value relates to items such as bad debts written-off, exchange rate losses and cancellation fees for flights. The Audit & Risk Committee reviews these and seeks assurance that management action is taken to minimise such losses.
Contract waiver report	The Committee receives a report at every meeting of the tender waivers that have been authorised since the last meeting. Details are provided of the reason for the waiver, the value and the person that authorised it. The Committee also receives an annual summary of all waivers granted during the year. In 2016/17 there were a total of 102 contracts of which 14 were subject to waivers. The Committee scrutinises waivers granted and requests specific assurance from management if it has particular concerns. There continue to be issues with some of the specialist contracts concerning the limited pool of suppliers bidding for the work.
Contract waiver approvals	In some cases the Committee is asked to approve waivers in advance. This is usually when the contract is of particularly high value. There were 2 contract waivers approved in this way during 2016/17, the University of Sheffield for the DSU and RCPsych for Evidence Based Treatment Pathways for Mental Health due to insufficient tenders received.
Technical accounting issues	The Committee receives reports were there are significant changes to our accounting policies or practices. There were no significant changes during 2016/17.

Specific Incident reports	Where there is an incident particularly relating to a loss suffered by the Institute the Committee receives a report as part of the exercise of its risk management duties. There were two relating to a loss of power - caused by damage to the electrical cable leading to the London office, and a fault in the Bypass switch of the Manchester office. A further report related to the flooding of the Manchester office due to the boiler expansion tank filling and becoming too heavy for its retaining screws. There were no reports relating to accidental disclosure of confidential information.
Approval of redundancy payments	Redundancies within contractual terms are reported to the Committee. Significant severance payments which go beyond the contractual terms will be cleared with the Committee Chair. There were five redundancies during 2016/17.
Other matters	There are a range of other matters that the Committee may request or receive reports for. During 2016/17 the Committee received no such reports.

Key messages from the year's work

20 Our work is part of broader governance controls overseen by the Board. As well as our work in support of them, the Board receives at each public meeting a regular report from the CEO which reports on performance and key issues arising, and a report from the Director of Business and Planning Services which sets out the finance and HR state of play and issues.

Comment on 2016/17

21 From our work we wish to highlight to the Board the following issues:

- We were pleased to receive a clean set of accounts for the financial year 2015/16 and expect a similar clean audit this year. The work is done to very tight timetables but continues to present a positive picture of the accuracy and control of our core financial systems. This continues to be re-enforced by internal audit assessments. It is pleasing that our internal auditors gave a 'moderate' rating to our key financial controls. There were 8 positive observations and the only medium importance recommendation was in relation to missing documentation for the waiver of one contract. The current government-wide emphasis on making efficiencies in corporate functions may increase pressure on the internal control function.
- We have continued to refine our approach to risk management. We receive at each meeting a statement of the main risks facing the Institute and the mitigation action by the executive. We receive once each year the full register (i.e. centre and directorate risk registers) to assure us of the coverage and depth of risk management across the Institute. At our meeting in January 2017 we discussed proposals for strengthening the approach to risk management in response to the internal audit recommendations and feedback from the incoming committee members. These include a greater role for the SMT in the risk management process, and a revised format and structure for the register so that the Board and SMT focus on the moderate and high risks, with other risks managed by the

centres and directorates. The risk appetite statement more explicitly refers to the levels of risk that will be accepted, and the process for escalating risk. These changes are reflected in the revised risk management policy.

- We often also invite a senior manager to present to us at Committee their take on the challenges and risks in a specific area of responsibility. We have looked at the risks around the guidelines format and changes to the product. Unfortunately, although a discussion on the impact of a changing workforce was scheduled, the demands on the HR team as a result of the Management of Change work has meant that this had to be deferred to early 2017/18.
- There have been internal audit reports on contract management, payroll, key financial controls, strategic financial management, risk management and assurance framework, and technology appraisals appeals process. The first five received an opinion of 'moderate assurance', whilst the technology appraisals appeals audit received an opinion of 'substantial assurance'. We were encouraged that three reports covered the full spread of the Institute's work and systems: core controls (financial); strategy (strategic financial management); and business delivery (technology appraisal appeals).
- In previous years we reviewed the work and risks of the Institute's International work. In September 2016 the NICE International team moved to Imperial College to develop the work on the International Decision Support Initiative, which is funded by the Bill and Melinda Gates Foundation and the Department for International Development. NICE may continue to work internationally although the emphasis might be more on income generation and less on collaboration with charitable foundations. We will assess the impact of our international work as the plans crystallise.
- Action to combat fraud is important. Following the serious incidence of fraud in management of travel expenses in 2013/14, Finance had increased the number and range of audit checks performed by them. No new incidents of fraud had been detected in 2016/17. We use a system mandated for us by the Department, but we will need to continue to assure ourselves of the effectiveness of controls recognising the issue of proportionality of controls to risks. The Committee may need to take further stock following the awareness sessions in February and May 2017.
- It is important to maintain a tight grip on information security. The information security incident reporting procedure outlines the process for escalating incidents to the Audit and Risk Committee. In 2016/17 no incidents were recommended by the Senior Information Risk Owner for escalation to the Committee. We receive annual reports on information governance (which showed no severe untoward incidents that needed to be reported beyond NICE) and on the handling of complaints and FOI requests, both of which gave assurance. This year (as well as in 2015/16) staff underwent information governance training. We received an annual whistle blowing report, as there were no particular events during the year to give rise to an individual report.

- Effective procurement systems are in place and are applied scrupulously. The waivers we are asked to approve, where it has not been possible to run a fully competitive tender, generally reflect either the limited range of suppliers for the specialist evidence analysis we need to support the guidance work, or the fact of monopoly suppliers with ownership of the information products we wish to make available. We are reassured that, despite the obstacles, our procurement has provided better value for money for the information and evidence materials we provide to health and social care providers and that management continue to look for ways to further improve value for money.
- In terms of the management of internal audit, this has been the third full year with the new audit service provided through the DH, although it is now part of the Government Internal Audit Agency. In 2013/14 the bulk of the work was delivered by PwC under the DH contract. It had increased the costs of the programme and created complexities in the management and delivery of fieldwork. We concluded that the mixed model of private supplier and DH resource was not effective in management terms. We therefore decided to revert to a service and Head of IA provided by DH from 2016/17. We retain the option to supplement resources where specific technical expertise is needed, from private sector suppliers on the government framework. This has been the first full year with the new arrangements and relationships are still in development.
- The Committee has human resource issues within its remit. The Committee noted that a formal workforce strategy was developed and approved by the Board in September 2015 and work has been progressing to implement the strategy across the organisation. We previously expressed concerns that the HR function was insufficiently resourced to support the organisation through its 2020 transformation plans. The HR team has been restructured and resources increased to ensure that there is sufficient support available and there are plans to increase senior management capacity and co-locate this with the team in Manchester in the summer of 2017. NICE has a clear programme for workforce development on which we get regular reports to the Committee from the Head of HR.

Challenges and Risks for 2017/18

22 In the coming year we will continue to assure the range of risks, controls and their management. In terms of development focus we are conscious of the following issues and risks facing the Institute which will guide our work. We have divided these into two broad categories – those that are primarily discrete challenges within the remit of NICE and the strategy we have set, and second those where we may need to be ready to respond to further changes in the external environment.

Discrete Challenges

23 We would highlight the following.

- Changes to the non-executive membership. NICE has welcomed five new non-executive directors this year. While the injection of new blood at Board level brings fresh pairs of eyes and new perspectives, the loss of corporate memory at Board level needs to be carefully managed through rapid induction of the new members and fostering of new relationships between executive and non-executive directors. The Audit and Risk Committee is almost entirely new and the lack of continuity brings challenges and short-term risks with it too.
- Resource Pressures. We are conscious of the continuing financial squeeze that the Institute, as other public bodies, will face. The Institute has adopted a cautious approach to spend commitments which has enabled it to manage pressures so far without rapid cut backs in particular areas. The squeeze for the next three years will be of a different order. The Institute will face considerable challenge in continuing to provide the broad range of services we aim to do. That will contain risks; a key dependency from 2018/19 will be the introduction of a system of recovering the costs by charging for Health Technology Appraisals. If that does not prove possible, then the financial strategy and the sustainability of maintaining the broad offer will need to be reviewed. The status of this will be considered at the end of the summer.
- Workforce Risks. There are two broad risks facing the Institute. First, that the pressure of seeking to maintain the broad offer while resources are reduced puts excessive pressure on staff to the detriment of quality of outputs and of morale of staff. There will be particular challenge from the change management exercises that will be needed to reduce the workforce in line with future financial resources. At the same time we are conscious of the continuity of senior management we have enjoyed. That will be a risk area to keep under review in the period ahead as it cannot be assumed given the time in post of key players and current pressures on senior staff.
- Involvement in the government's development of the Life Sciences Industrial strategy. The principal risks we face are, first, that the pace of change will require such an investment of senior time that our work planning may be affected. Second, that we may not get the resources we need to implement the changes we are expected to make. Third, that a too close identification with the life sciences strategy may impact adversely on our reputation in the NHS.
- Internal Audit. Following the change of Head of Internal Audit, we still need to establish a long term more strategic programme for internal audit, aligned to the risks facing the Institute, taking account of key business areas as well as the formal control systems. We will need to be conscious of the value of money of the service and the balance of resources we use. Our aim is to continue to bed in the service and the support from our new Head of Internal Audit and encourage a more strategic programme for 2017/18. This is work in progress.

External Environment

24 Second, there are areas where we many need to respond further to changes elsewhere.

- Countervailing Pressures. The Institute faces countervailing pressures. On the one hand, the serious resource challenges the NHS faces places greater emphasis on guidance which helps the service prioritise scarce resources and avoids spend on less effective provision. The Board needs to keep the focus of this 'disinvestment' work and the need for greater rigour in the weight of the evidence underpinning development recommendations. The consequence of its recent decision to allow NHS England to review the budget impact of new drugs and for NICE to potentially phase in their introduction over a three-year period will need to be carefully monitored.
- Joint Working. The organisational landscape of service provision in which we operate gets ever more complicated; Sustainable Transformation Footprints being just the latest initiative. The Institute has established partnership agreements with bodies such as NHS England and Public Health England. That is welcome. The Committee considers that some risk remains of duplication and overlap of effort. That is particularly a risk in the public health field where we consider there remains evidence of duplication. That would be mitigated by clearer common understanding of our and PHE's respective work programmes and distinction and fit between them. It will also be important that broader NHS England work on digital services for the public uses our expertise and capacity effectively, as our Evidence Resources Directorate is seeking to ensure.

25 We should put these in context. The Institute is well managed: with effective processes and controls in its guidance products and processes; strong financial, procurement, information, and digital service management, and recently strengthened HR capacity; and a skilled and committed workforce. That provides a resilient and strong base for the challenges ahead. There is not a current problem, rather we consider that, as a contingency, we should look to identify and be ready to mitigate any signs of emerging stress before they start to impact on the work and success of the Institute.

26 Finally, we should record our appreciation of the excellent work and support from those in the Business Planning and Resources Directorate whose work we most scrutinise and rely on. This is all the more creditworthy given the considerable pressures they have been under in the last year. We are assured that management take governance issues seriously and we have particularly valued the more informal assessments of risks with senior managers that we do at our meetings. We also note with pleasure the effective working relationships that continue to operate with our external auditors and the work to develop an effective working relationship with our internal auditors.

The role and operation of the Audit Committee

27 The members of the Committee during the period of the report were as follows:

Jonathan Tross CB	Chair	to 31/12/16
Professor Rona McCandlish		to 31/03/16
Professor David Hunter		to 31/10/16
Bill Mumford		to 31/07/16
Linda Seymour		to 31/10/16
Rima Makarem	Chair	from 01/01/17
Sheena Asthana		from 24/11/16
Elaine Inglesby-Burke		from 16/11/16
Tim Irish		from 20/07/16

28 No members declared any conflicts of interests in any of the agenda items during the year.

29 The following managers attend the committee meetings regularly to support it, present reports, respond to audit reports and answer queries from the committee:

Sir Andrew Dillon	Chief Executive
Ben Bennett	Business Planning and Resources Director
Natalie Sargent	Head of Financial Accounting
Catherine Wilkinson	Associate Director – Finance & Estates
Barney Wilkinson	Associate Director – Procurement &IT
Julian Lewis	Governance Manager
David Coombs	Associate Director – Corporate Office

Other managers attend for specific items as required.

30 Representatives also attend from:

GIAA	Internal audit
The National Audit Office	External Audit

31 At the end of each meeting there is a private discussion between the auditors and members of the committee without the management present. This is to give the auditors an opportunity to raise any matters of concern without the presence of the management.

32 The committee is required to meet at least 3 times a year. Meetings took place during the period and were attended as follows:

Table 3 – Attendance at audit committee meetings 2016/17

Member	20-Apr-16	20-Jun-16	13-Oct-16	25-Jan-17	26-Apr-17
Jonathan Tross	P	P	P	n/a	n/a
Rona McCandlish	n/a	n/a	n/a	n/a	n/a
David Hunter	P	A	P	n/a	n/a
Bill Mumford	P	P	n/a	n/a	n/a
Linda Seymour	P	P	P	n/a	n/a
Rima Makarem	n/a	n/a	n/a	P	P
Tim Irish	n/a	n/a	P	P	P
Elaine Inglesby-Burke	n/a	n/a	n/a	P	P
Sheena Asthana	n/a	n/a	n/a	P	P

Key – P (Present for meeting) / A (Absent from meeting / n/a (no longer a member)

The quorum for meetings of the committee is 3, as the table above shows all meetings of the committee during the period were quorate.

Appendix A

Explanation of internal audit assurance levels

Substantial	The framework of governance, risk management and control is adequate and effective.
Moderate	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.
Limited	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.
Unsatisfactory	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.

National Institute for Health and Care Excellence

Directors' progress reports

The next 5 items provide non-executive directors and the public with 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.

Alexia Tonnel, Director, Evidence Resources Directorate (Item 9)

Professor Mark Baker, Director, Centre for Guidelines (Item 10)

Professor Carole Longson, Director, Centre for Health Technology Evaluation (Item 11)

Jane Gizbert, Director, Communications Directorate (Item 12)

Professor Gillian Leng, Director, Health and Social Care Directorate (Item 13)

May 2017

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), and medicine awareness products.

3. This report sets out the performance of the Evidence Resources directorate against our business plan objectives for 2016/17. It also highlights performance against agreed metrics and provides an update on the risks managed within the directorate.

Performance

4. The directorate's performance against the objectives set for 2016/17 is summarised in the table below.

Table 1 Overview of performance against 2016/17 objectives

Objective	Actions	Update
Information Resources		
Deliver and continue to improve the suite of digital evidence services and evidence awareness products that constitute the NICE Evidence Services.	• Maintain and continually improve the components services of NICE Evidence Services.	**Achieved** - The suite of services was maintained and improved during the year through the following activities: • A new version of the Healthcare Database Advanced Search (HDAS) was launched in Q3 and the old service was turned off in Q4 with all users migrated. • Small improvements were made to the presentation of Evidence Search including the introduction of New Types of Information (TOI) filters in Q3. Content was maintained and reviewed throughout the year according to agreed schedules. • Maintenance of the Identity provider & access management federation service was secured through the completion of a procurement process. The new contract was awarded to OpenAthens, the existing provider. • Procurement of the critical Link Resolver and Knowledge Base service for the NHS completed in Q4 with the appointment of a new provider. The implementation plans are currently being drawn. This service is required to complete the user journey from bibliographic search to full text journal article fulfilment.
	• Manage transition to a smaller portfolio of evidence awareness services.	**Achieved** - The Eyes on Evidence and the Public Health Awareness monthly bulletins were retired in Q2 in line with the directorate savings plans.

Put in place arrangements to collaborate with key stakeholder organisations on the provision of evidence services to their users.	• Continue to develop NICE's partnership with Health Education England, by advancing the role of Evidence Services as a continuing professional development resource. • Continue to explore arrangements for information sharing and interoperability of content with providers of social care and public health information. • Identify opportunities for syndicating suitable NICE Evidence Services across the sector.	• **Achieved** - HEE and NICE have continued to work closely during 2016/17 on the provision of knowledge to the NHS. HEE have confirmed that NICE should extend the contracts for National Core Content for one year (April 2018 – March 2019). HEE contributed to the development of HDAS and are supporting the provision of the Link Resolver service. The details of the partnership between NICE and HEE are reflected in a Memorandum of Understanding currently extending to September 2017. • **Limited progress** has been made in these areas during the year. An agreement was made with NHS England in Q4 to host their collection of patient decision aids in Evidence Search. The team continues to attend meetings with other ALBs to explore arrangements for sharing content and to avoid duplication.
Develop information services capacity and support for new programmes of work	• Develop information services support and identify capacity for new programmes of work. • Determine and implement any change to requirements for information services support as a result of the Accelerated Access Review. • Sponsor and provide expert stakeholder input to the Evidence Management project, with specific focus on the reference management, literature sifting and document supply functions.	• **Achieved** - Information services support and capacity is in place for the cancer drugs fund (CDF), rapid evidence summaries and commissioning support documents. • **On-hold** – The review is now published and implications for NICE are being considered. • **Achieved** – The literature sifting and document supply discovery functions are in place. Work to develop document supply ordering and reference management functionality is nearing completion.

Explore new methods and approaches, and where suitable, deliver service improvement in the provision of Information Services to NICE	• Continue to monitor the delivery of savings from using the Royal Society of Medicine's (RSM) document delivery service. • Continue to monitor the delivery of savings from requesting copyright cleared journal articles under the new NHS CLA (Copyright Licensing Agency) Licence Plus.	• **Achieved -** savings as expected. No action needed. • **Achieved -** savings as expected. No action needed.
Digital Services		
Deliver digital service projects in line with the agreed investment priorities for 2016/17 and NICE's business plan objectives.	• Support the establishment and prioritisation of projects using the NICE project lifecycle and deliver agreed projects for the relevant strands of the NICE Digital Strategy.	• **Achieved -** a number of significant digital services projects were completed, progressed or initiated during the year. An overview of the programme is provided under paragraph 5 of this report.
Maintain operational service delivery and implement service improvements based on user insights and service performance	• Maintain the NICE Digital Services to agreed service levels (in terms of service availability and time to defect resolution). • Refresh 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.	• **Achieved -** NICE Digital Services operated within the generic agreed service levels for availability. Defect resolution SLAs are being adhered to. • **On-going -** A digital performance analyst was added to the team during the year and has refreshed the reporting templates for NICE's 10 main live services. Work is on-going to review service objectives working with named service sponsors across NICE.

against key performance indicators.	• In response to the above, continuously improve NICE Digital Services in line with agreed investment priorities.	• **Achieved and on-going –** During 2016/17, 243 defects were closed and 159 Change Control Requests were completed.
Continue to build capacity and capability across the Digital Services teams.	• Develop NICE's user experience (UX) testing capability and capacity. • Develop semantic capability to support our products and platforms. • Develop a 'content' model to represent the relationships between NICE products and their components. • Put in place an agile project management tool that enables risks and issues within projects to be managed effectively. • Improve the resilience of NICE Digital Services and ensure an effective tested disaster recovery capability is in place.	• **Achieved -** Digital Services now have a full team in place to support user experience testing and design. • **On-going** - The knowledge base project has delivered the first stages of a semantic platform enabling content to be developed and manually marked up semantically. • **On-going** - A product taxonomy has been established within NICE. A core set of taxonomies has been developed to describe the structure and meaning of quality standards and work is underway to assess the feasibility of adopting the content model of a third party software, MAGICapp, to help represent applicable NICE guidelines in a structured form. • **On-going** - A procurement exercise is underway to identify a new system for Digital Services staff to improve how software is built and managed which includes functionality to automate managing agile projects and reporting on risks and progress. • **Achieved** through completion of the hosting transition in Q1.

Continue to improve the productivity and effectiveness of the NICE Digital Services teams.	• Continue to reduce the end to end delivery time of small changes to NICE Digital Services ensuring shorter cycles of improvement and learning. • Ensure resources are effectively deployed on projects. This includes improving scheduling of suitable resource across the project portfolio and monitoring project 'burn charts' against plan. • Robust process for benefits forecasting and tracking put in place to support new digital services implementation and ensure investment is realised. • Recruit permanent staff and adjust budget assumptions accordingly. • Support retention and development of talents • Implement the new hosting solutions across all NICE Digital Services.	• **On-going** – NICE Digital Services will be adopting a new delivery model in Q1 2017/18 building on process and organisation review work undertaken during 2016/17. Delivery teams will be re-organised to work on clusters of related applications, covering project work, and defects fixing and continuous improvement for live services. It is expected the new model will reduce occurrences of 'context switching' for key resources and improve the overall velocity of the work as a result. • **On-going** – benefits identification is part of each project approval. Further, a specialist resource will be brought in Q2 2017/18 to map common activities across NICE and identify the main sources of potential operational efficiencies. This will inform the on-going deployment of digital capacity. • **Achieved** - 12 new staff were recruited to NICE Digital Services during 2016/17 with only 4 leaving (including fixed term contracts, secondments, retirement and redeployment to other teams in NICE). • **Achieved** in early Q1 2016/17.
Promote collaboration on digital initiatives and content strategy across ALBs 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 and promote joint working on digital initiatives including where appropriate local collaboration in Manchester.	**Achieved -** During 2016/17, we made significant progress in the following areas: ➢ We continue to work closely with UCL (EPPI) to develop improvements in the evidence management processes and integrate these into NICE systems and tools. The primary objective is to enhance the sifting and surveillance processes for evidence management.

(Continued)	• Promote the further understanding of strategic developments in evidence management and their applications for NICE. • Promote the distribution of NICE content through the most effective channels for users and decision makers including through decision support and other third party systems.	➢ We continue to engage with NHS Digital regarding the development and adoption of standards such as SNOMED CT. We have started discussions with the Public Records Standards Body (PRSB) and established a multi-organisational health and social care taxonomists working group. ➢ We are exploring practical collaboration opportunities including with Salford Royal, My NHS, CQC and Manchester university/FARR Institute. ➢ A live evaluation of the MAGICapp software has been completed with a further pilot and wider collaboration now under negotiation.
IP and Content Business Management		
Develop a strategic plan to grow the commercial activity over the next 10 years.	• Identify and evaluate the options for increasing income from non-Grant-in-Aid sources, inside the UK and beyond. • Evaluate the options for the most effective vehicle for delivering this activity, by June 2016. • Prepare business cases for each element of the programme by December 2016.	Since these objectives were agreed, the responsibility for completing the agreed action has changed as follows: ➢ The donor-funded International Decision Support Initiative work transferred to Imperial College in September 2016. ➢ The business model options for how to develop Scientific Advice activities are being pursued by the Scientific Affairs team in the Centre for Health Technology Evaluations. ➢ The remaining international engagement and content re-use activities are covered below.

Actively pursue revenue generation opportunities associated with the use and re-use of NICE content and quality assurance.	• Formalise the establishment of the business development team in Evidence Resources. • Act as a coordination desk for enquiries associated with use and reuse of NICE content and quality assurance. • Develop a robust framework and the necessary tools to support a range of products and services associated with the use and re-use of NICE content and quality assurance. This will include a pricing model, licenses and marketing material. • Grow revenue stream associated with the use and re-use of NICE content to at least double the size of the revenue stream compared with 2015/16. • Continue to log and, where suitable, re-direct enquiries associated with the other commercial opportunities available to NICE.	• **Achieved -** a small team of 3 is now in place. • **Achieved –** the above team now coordinates all international enquiries into NICE, except those arising from the Life Science industry. The team then liaises with technical teams across NICE to respond to the requests. • **Achieved -** value propositions covering the re-use of NICE content abroad and the provision of knowledge sharing support to international customers have been developed, including pricing models. Licences for the content re-use services have been developed and are now in use. Work to develop marketing collateral was initiated with support the Healthcare UK. The propositions will be brought to the Board in Q2 2017/18. In addition, work is on-going to establish how NICE can offer advisory services internationally. • **Nearly achieved** - 2015/16 income was £46,000. The 2016/17 income is £85,663, an increase of 85%. • **Achieved** – as mentioned above.
Continue to encourage the use of NICE content through the use of the NICE Syndication service	• Update the NICE's Syndication offering in line with other use and re-use of content services of NICE. • Continue to promote the use of NICE content by other ALBs using the NICE Syndication service.	• **Achieved** – The syndication licence has been updated to reflect the NICE UK Open Content Licence and International Licences. • No further progress this period.

Directorate wide		
Subject to the release of budget for this programme of work, support the implementation of the National Information Board (NIB) 'Framework for Action' and specifically contribute to the development of a framework for the assessment of digital applications.	• Provide joint leadership, alongside Public Health England, to a multi-agency working group also involving NHS England and NHS Digital. • Secure the resources necessary for NICE to be able to make a meaningful contribution to the work. • Contribute expertise to the development of proposals to assess the effectiveness of digital applications to include an evidence guide and the development of a new evidence evaluation process for digital health technologies.	• **Completed with reduced role -** In light of changes in the governance and objectives of the Paperless 2020 app assessment programme, NICE has clarified its contribution to the cross agency work, focusing on piloting the production of Health App Briefings with 4 apps. • **Achieved -** NICE received the required funding for its contribution to the programme during 2016/17. • **Achieved -** The Centre for Health Technology Evaluations completed the piloting of 4 Health App Briefings in Q4. Publication, subject to SMT approval, is expected in Q1 2017/18. The evidence guide was published in Q4 2016/17.
Implement the first 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.	• Establish how to deliver the saving target allocated to the Evidence Resources directorate. • Conduct management of change exercises with consultations to complete by the end of the summer in accordance with a schedule agreed and monitored by the SMT. • Review and renegotiate supplier contracts in line with savings target and schedule agreed and monitored by the SMT.	• **All achieved** in the course of the year.

Overview of NICE digital services project work during 2016/17

5. Additional details on the project work delivered by the NICE digital team in 2016/17 is outlined in this section. Work was delivered in 4 main areas of work:

    - the NICE website,
    - the suite of NICE Evidence Services,
    - the 'Meta' tool developed for NICE Scientific Advice, and
    - internal systems supporting the delivery of guidance.

6. Work on the NICE website consisted mainly of on-going maintenance and continuous improvement although two key projects were delivered: first the re-branding of the website to introduce a simpler font and colour scheme and second, behind the scene, work to increase the speed and reliability of our publishing software suite.

7. A range of projects were delivered to improve and refresh NICE Evidence Services. Two key projects were delivered: the new instance of HDAS (as previously described) and a new BNF microsite using the more interactive feed from the BNF publisher. The new BNF site is ready to launch in May 2017.

8. 'Meta' will launch in June 2017 and will be used by NICE Scientific Advice, and selected intermediaries, to provide a consultancy service to medical technologies companies.

9. Work on internal guidance development systems spanned 3 main areas:

    - **Content work:** The Knowledge Base project piloted the use of semantic web technologies on NICE content, using quality standards as a test bed. This work will inform how NICE will continue to structure its content to make it more accessible to 3rd party systems. The project also delivered a Quality Statements viewer which enables users to browse quality statements across all published quality standards. During the year, work was also started to evaluate the MAGICapp technology.

    - **Evidence management work:** The evidence management workstream has overseen the introduction of an evidence management system (EPPI-Reviewer) to support sifting and wider evidence review activities. Work to further develop the tool to support aspects of reference management required by NICE is nearing completion. EPPI-Reviewer is being provided by University College London (UCL) on a non-commercial basis and will be further developed by the EPPI-Centre, NICE and Cochrane during 2017/18, and beyond, to facilitate more radical changes to the way guidance is developed and maintained. The project has also delivered the document supply 'discovery tool' and work to deliver the document supply 'ordering tool' is due to complete in May (see paragraph 11 and related text box).

- **External consultations:** a project to streamline the process of external consultation has been scoped and approved by Government Digital Services. It will commence in Q1 2017/18.

10. The text box below provides additional detail on the 'document supply' project. This is provided to the Board as a case study to illustrate the type of efficiencies which digital can enable across NICE processes.

New Document Supply service

Background

- NICE staff require access to approximately 15,000 journal articles a year to support the development of guidance and advice.
- To date delivery of this service by the guidance information services (gIS) team has been largely a manual process, labour intensive and repetitive.

Document supply tool

- In February 2017, the 'discovery tool' was launched. The discovery tool automates the process of finding free-to-access journal articles (open access articles and articles from subscription titles) and is used by technical staff across NICE.
- Later in May the full document supply tool will be launched which includes automation of the process to order articles from external document delivery services, and to track and chase the orders through to fulfilment.
- Also during 2017/18 the document supply tool will be integrated in to NICE's evidence management system (EPPI-Reviewer) completing the development of a technological solution to support reference management across NICE.

Benefits

- Automation of the process to identify free-to-access articles and to order, track and chase articles from external document supply services will realise the following benefits for NICE, worth £75,600
    - Release of a band 4 administrator post from the gIS team
    - Release of efficiencies across technical roles within the guidance producing teams to the equivalent of 1 band 7 post.
- In addition the discovery tool:
    - Provides technical staff with direct access to free-to-access article; they no longer have to request articles via gIS, which saves time.
    - Ensures that technical staff are only using legal copies of articles and not inadvertently accessing and downloading illegal copies of articles from the internet
- More generally, the tool has brought tangible efficiencies to NICE's main business process and to a large number of staff across NICE.

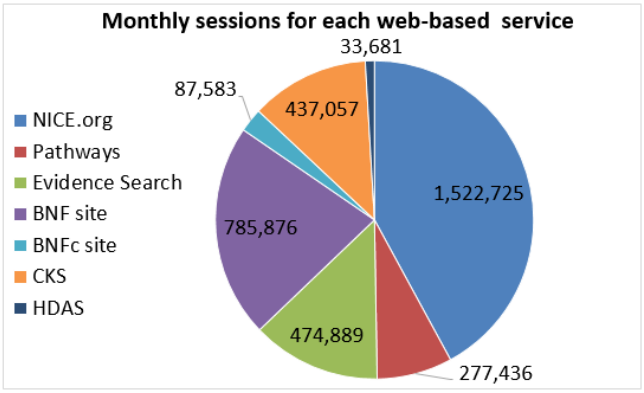
Performance of the live services supported NICE digital services

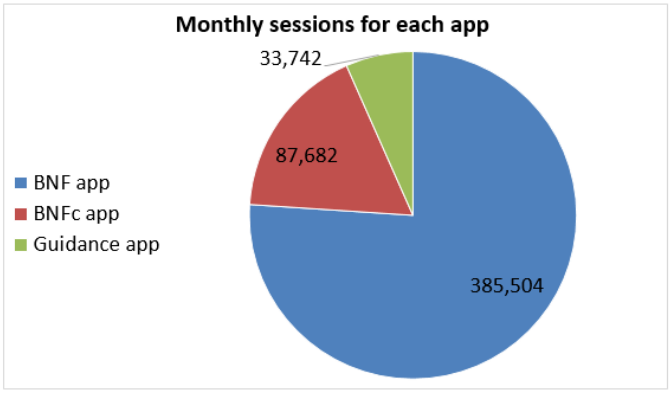
11. A new format is used in this report to update the Board on the performance of NICE's digital services overall, and on the progress of the NICE Evidence Services and the NICE apps specially.

12. Figure 1 below summarises the position of all NICE's digital services at the end of April 2017, 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 44 million sessions across all digital services in the last year. Whilst nice.org, the main route to NICE guidance, is our largest service, other NICE services such as the Clinical Knowledge Summary (covering primary care topics), the BNF microsites and the Evidence Search represent a significant share of NICE's presence with our users. As the variance information suggests, 2016/17 has seen a significant growth of NICE's digital presence when measured across all services. Traffic into NICE's digital services in the 12 months ending April 2017 was 21% higher than in the preceding 12 months.

Figure 1: Overview of NICE's digital services performance as off April 2017

Total sessions* in April 2017 across NICE websites and apps:	4,126,175	% variance on same month last year % variance on last month	11.90% -9.10%
Total sessions for the full year ending in April 2017:	44,577,040	% change compared to same period last year:	21.00%

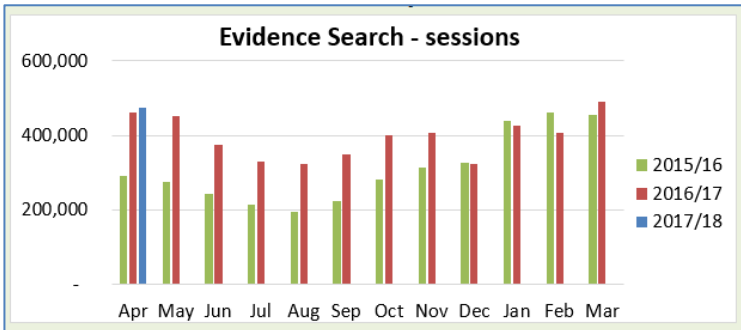




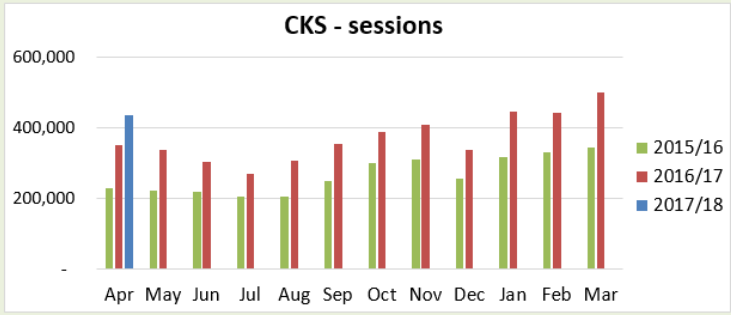
*Session is a group of interactions one user takes within a given time frame on your website

13. 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. CKS and Evidence Search have progressed well in 2016/17. The performance of HDAS had been declining for a number of months. Over the last two months, the re-launched service seems to have, at last, turned a corner with monthly sessions higher than in previous year.

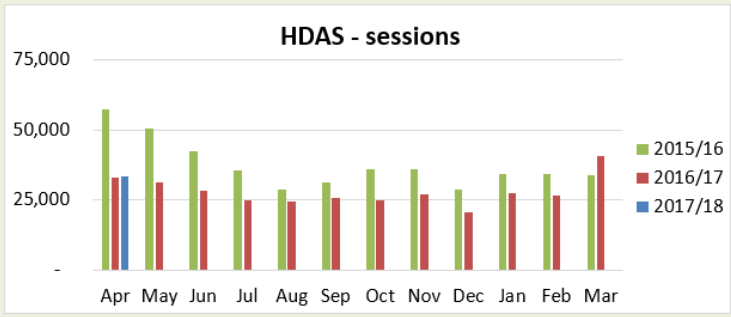
Figure 2: Performance of services providing access to 'other evidence' as off April 2017



In April 2017	474,889	Var. last year	2%
		Var. last month	-3%
In year ending April 2017	4,761,120	Var. last year	22%



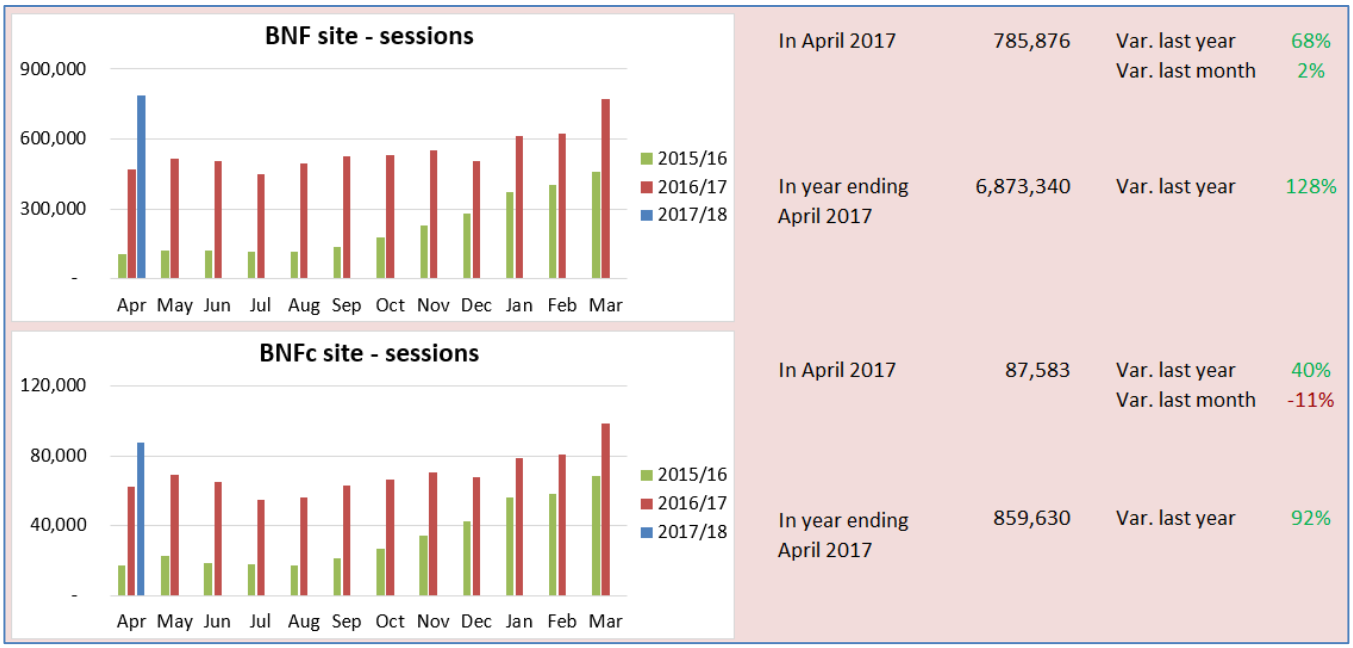
In April 2017	437,057	Var. last year	24%
		Var. last month	-13%
In year ending April 2017	4,543,687	Var. last year	37%



In April 2017	33,681	Var. last year	2%
		Var. last month	-18%
In year ending April 2017	337,278	Var. last year	-21%

14. Figure 3 summarises the performance of our BNF services, the microsites and the apps. The microsite especially has done extremely well during 2016/17. The upcoming launch of the new format microsite, using the new BNF feed, could stall this growth initially as users get used to the new format. This will be monitored carefully during the rest of 2017/18.

Figure 3: Performance of services providing access to BNF content as off April 2017



Risks

15. There are 4 Amber risks currently reported by the Evidence Resource directorate to the Senior Management team. These are:

    - Failure to focus our reduced digital services capacity on strategic programme activity reduces NICE's ability to introduce efficiency and reduce its cost-base in the future.

    - NICE fails to recognise and capitalise on changes to the healthcare system which are driven by rapid and extensive advances in digital health and informatics. This results in missed opportunities to maintain or progress NICE's level of influence on the System.

    - Delays in the procurement of specialist service providers and in obtaining DH & Government Digital Services approvals for projects negatively impact on digital project delivery and consequently internal or external commitments.

    - The selection of a 3rd party technology to underpin guidance production reduces NICE's independence in terms of future process/methodology changes and exposes NICE to a 3rd party organisation's volatility

16. Risk mitigation plans and activities are in place for each risk.

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 March 2017.

Performance

2. Two clinical guidelines were published

3. No public health guidelines were published

4. No social care guidelines were published

5. No clinical surveillance reviews were published

Table 1 Performance update for March 2017

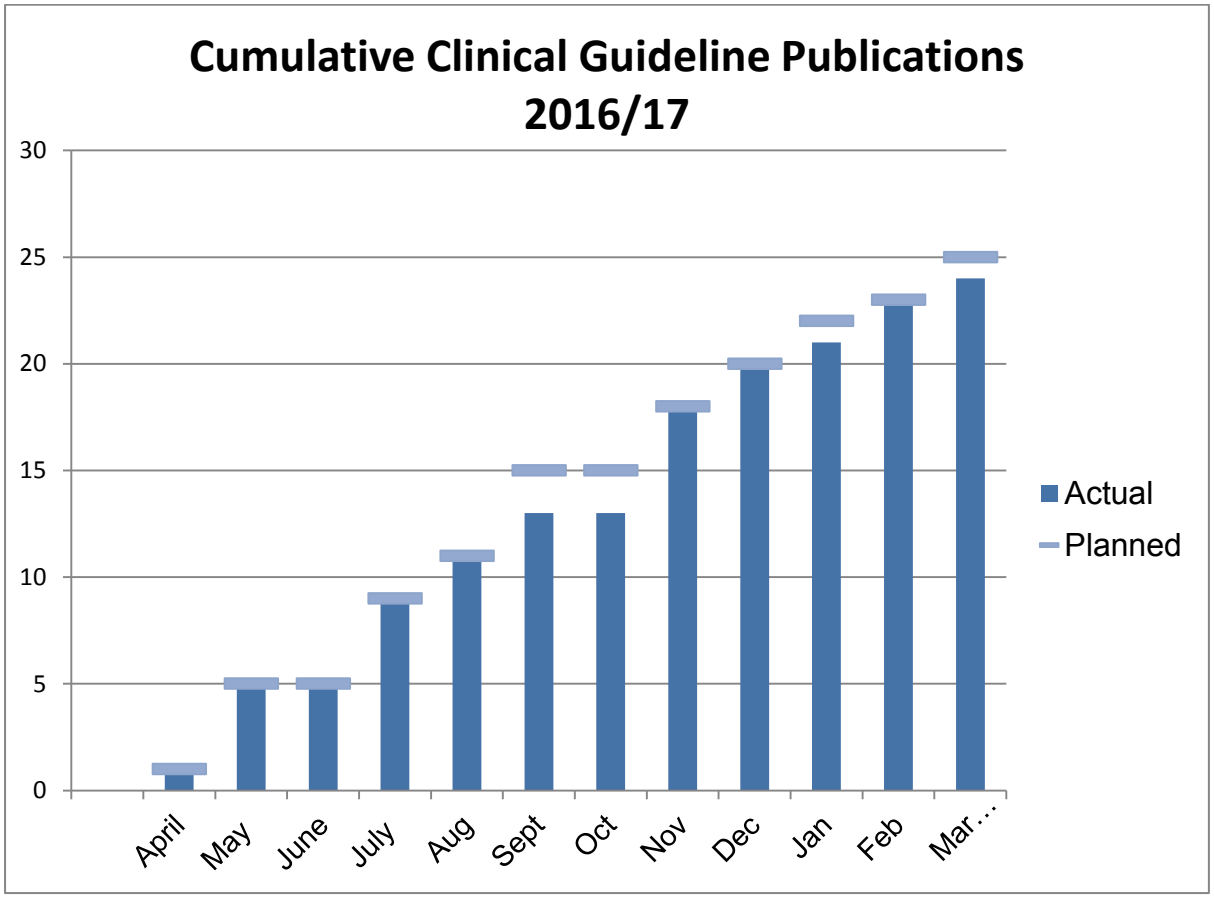
	Objective	Actions	Update
1	Publish 25 clinical guidelines including updates	To publish NG66 Mental health of adults in contact with the criminal justice system CG164 Familial breast cancer (standing committee update)	Published.
2	Publish 5 public health guidelines	No planned publications in March 2017	
3	Publish 1 social care guideline	No planned publications in March 2017	
4	Publish 40 clinical surveillance reviews and 5 exceptional reviews	CG160 Fever in under 5's	CG160 is now due to publish in May following a change to the proposed surveillance decision.
5	Develop sustainable processes and methods for reviewing clinical guidelines	Evaluate the new processes/methods and make improvements as appropriate Complete 'live' guidelines pilot topics and plan broader implementation of such approach including tracking system for key trials and develop and test continuous surveillance methods and processes for a diabetes standing committee Complete registration for Topic Expert panel so that sufficient Topic Experts are pre-recruited for Surveillance Reviews and Clinical Guideline Update Team to utilise	An approach to live guidelines has been developed with diabetes as the pilot topic. This will be evaluated as part of the ongoing work to redesign the surveillance process for all guidelines. The expert adviser panel has recruited over 650 former GDG members and nearly 50 experts from open recruitment. The eleventh wave of the adverts to recruit to expert advisers to fill gaps in the panel closes at the end of April 2017.

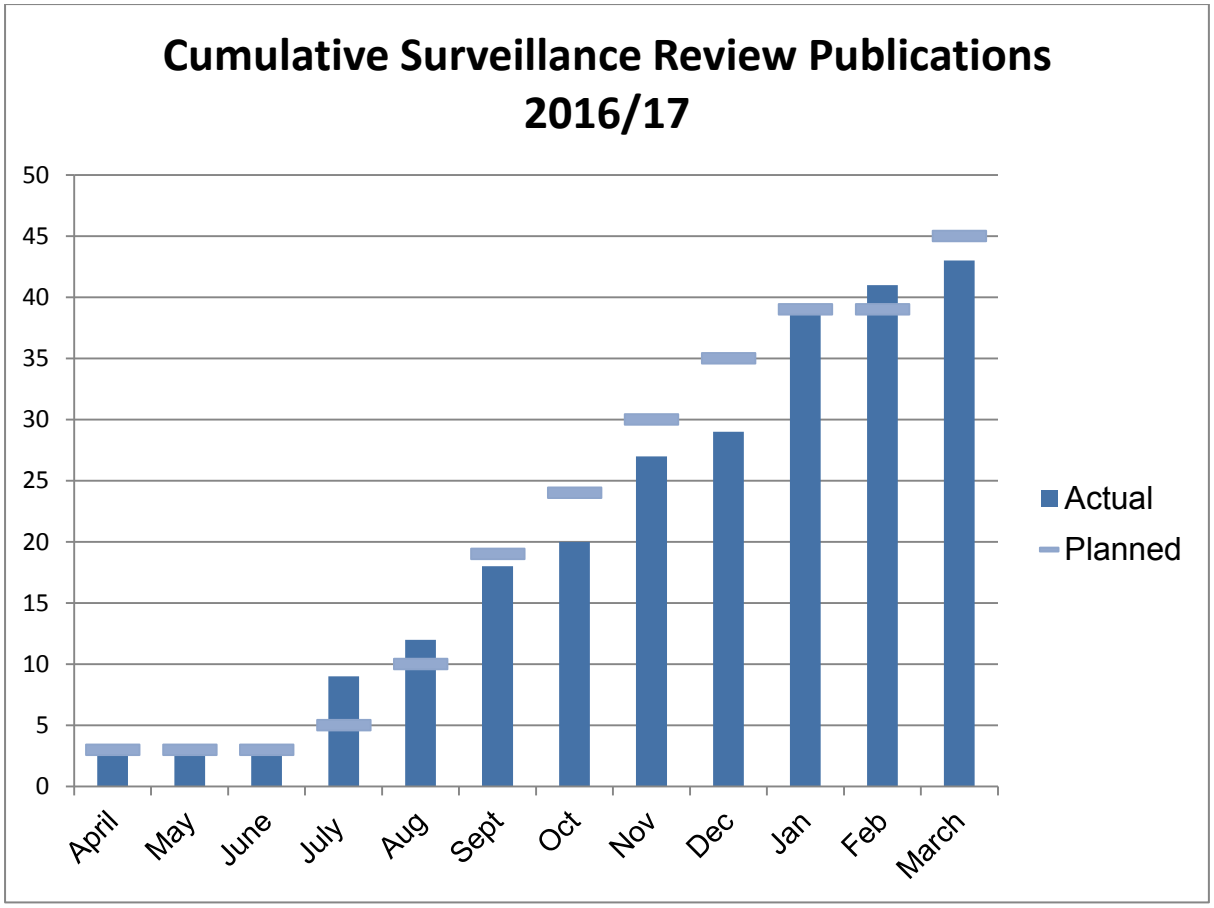
	Objective	Actions	Update
		Pre recruiting panel of GC Chairs for all Committee activity (approx. 50)	
6	Operate the Centre within budget and put in place plans to meet the agreed efficiency savings	Centre budget balanced at year-end and demonstrates ability to make agreed efficiency savings. Agree a management of change process that will demonstrate efficiency savings. Deliver management of change exercises.	The CfG management of change was finalised and implemented in March 2017. At year end, the centre is predicting a 1% variance (underspend) on the annual budget.
7	Put in place plans to ensure that contractors (including the BNF) and developers embed new processes and methods that will maintain and improve the quality of work and contribute to efficiencies.	Put in place plans to support business continuity to minimise risks to the work programme during the transition period of the new contractors. Demonstrate delivery of quality to time and to budget through performance managing the contracts through quarterly review meetings. Develop new contract monitoring systems for all contractors and developers. Develop new processes that will improve quality assurance of clinical guidelines.	Transition of new contractors complete with continued business continuity. New contract monitoring systems are completed All contractors are predicting financial balance at year end, with mitigated risks. The BNF Publisher delivered the latest iteration of the BNF App which is now undergoing technical testing and clinical quality assurance.

	Objective	Actions	Update
8	Develop new methods and processes of updating clinical guidelines to contribute to agreed efficiencies	Develop new sustainable methods and processes to reduce the time interval between review and publication of updates. Set up a working group to develop new ways of working Pilot new ways of working internally	Draft methods and processes for updates are complete. Piloting of a new scoping process for the update of guidelines continues. Three guidelines have been commissioned under the pilot process to date.
9	Develop the methods of clinical guideline development to maintain enhance the Centre's reputation for methodological quality and efficiency.	Contribute to the management of change process to bring together health economists from across CfG in to a single team to provide for enhanced access to health economics resource across CfG functions; Develop service delivery guidelines to expected quality and time, Contribute to the development of methods and processes for considering resource impact in guideline development; Establish and maintain links and networks with external research initiatives, organisations and projects to address our methodological needs and ensure our	We continue to promote the advance of methodological and process innovation in guideline development. We attended the first steering group meeting for a NIHR HS&DR project on accounting for multimorbidity, competing risk and direct treatment disutility in economic analyses for the primary prevention of cardiovascular disease. An initial project plan has been agreed between NICE, the Cochrane Airways Group and COMET Initiative to work on aligning core outcome sets for asthma management which will facilitate more efficient use of systematic reviewing resources in future guideline updates. We have presented a training session for the EU-funded project 'Methods in Research on Research (MIROR)' of which we are a partner organisation.

	Objective	Actions	Update
		methods continue to reflect internationally-recognised best-practice. Continue to develop the methodology supporting the NICE guideline contextualisation service.	We are currently working with BPACnz on the contextualised draft guidelines, Antimicrobial Stewardship and Sepsis for publication in New Zealand. We have agreed a contract with the Republic of Ireland to contextualise the NICE guideline on Type 1 Diabetes.
10	Support the Implementation of the guidelines manual and the NICE content strategy; oversee the transforming guidance development programme	Consider required revisions and amend processes and templates accordingly. Plan and deliver projects aimed at improving NICE content and the development and delivery of NICE guidance	Planning for update of guidelines manual now underway. Digital transformation projects proceeding well including working with UCL to redevelop EPPI-Reviewer and include functionality to support surveillance. Approval to start work on external consultations project now received from Government Digital Services, so this work is now in planning stage.

Figures 1-3 Performance against plan for clinical guidelines, surveillance reviews and public health & social care guidelines in 2016/2017




Cumulative Surveillance Review Publications 2016/17
50
45
40
35
30
25
20
15
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April
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Actual
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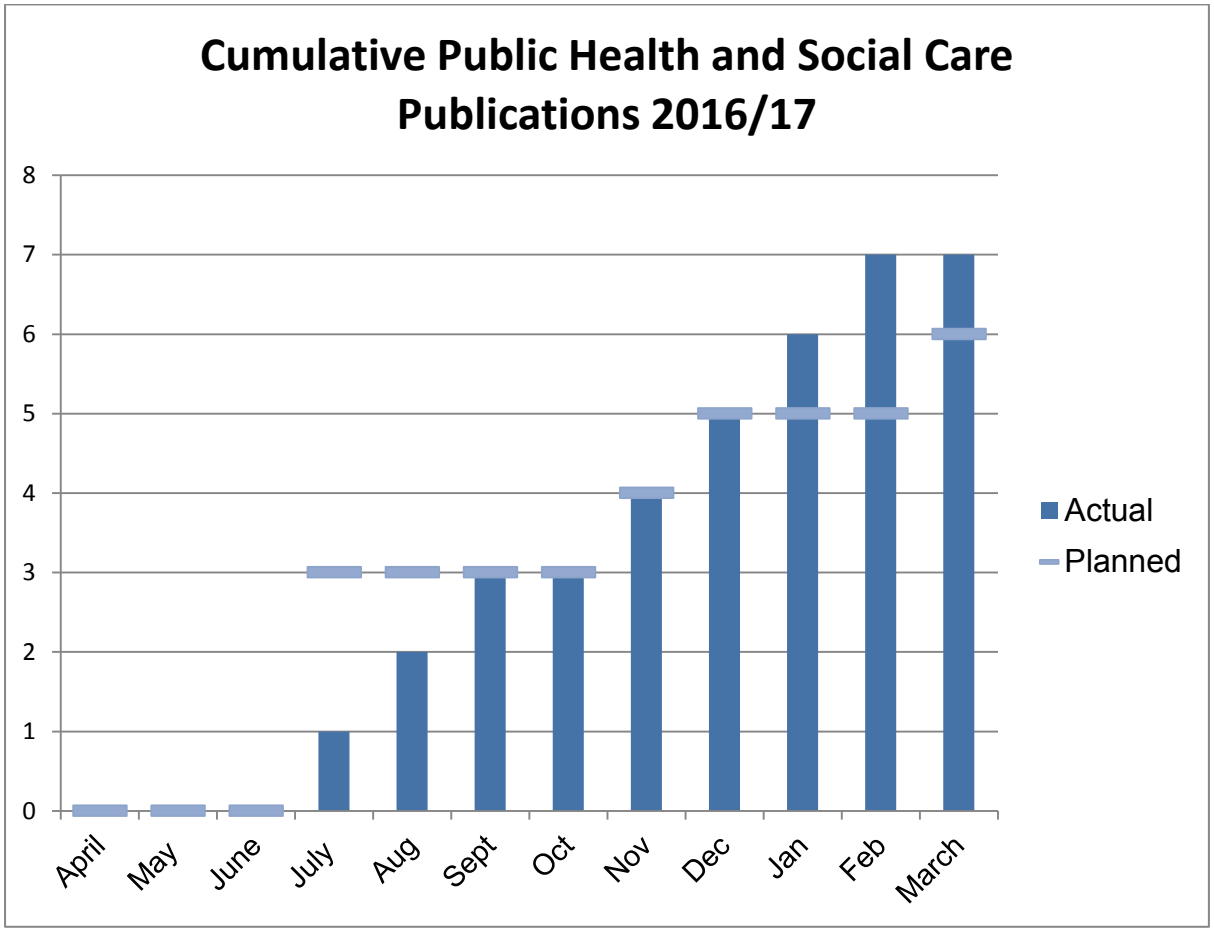

Cumulative Public Health and Social Care Publications 2016/17
8
7
6
5
4
3
2
1
0
April
May
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
March
Actual
Planned

Risks

Table 2 Risks identified March 2017: key controls and ratings

Risk	Key controls	Risk rating now	Risk rating year end
Management of change exercise alongside development of new ways of working – risk of reduction in delivery of outputs due to altered structures to deliver guidance production	New structures are in place following the management of change. Recruitment is being prioritised in the public health development team and health economics team following an increase in the vacancy rate. A pause has been agreed by SMT on some public health topics until staff recruitment is complete.	Medium	Medium
Failure to deliver social care guidance to time and or quality due to altered structures and agreement to not renew contract with current developer.	Plans are in place to continue development of the work programme alongside agreement to not renew the contract with the current developer.	Medium	Low

Appendix 1 Guidance published since April 2016

Total number of guidelines and surveillance reviews published in 2016-17.

Guidance title	Publication date	Notes
Clinical guidelines		
Routine preoperative tests for elective surgery (NG45)	April 2016	(update)
Crohn's disease: management (standing committee update) (CG152)	May 2016	
Psychosis and schizophrenia in children and young people: recognition and management (CG155)	May 2016	
Haematological cancers: improving outcomes (NG47)	May 2016	
Neonatal jaundice (CG98)	May 2016	
Non-alcoholic fatty liver disease (NAFLD): assessment and management (NG49)	July 2016	
Cirrhosis in over 16s: assessment and management (NG50)	July 2016	
Sepsis: recognition, diagnosis and early management (NG51)	July 2016	
Non-Hodgkin's lymphoma: diagnosis and management (NG52)	July 2016	
Fertility problems: assessment and treatment (CG156)	August 2016	(standing committee update)
Heavy menstrual bleeding (CG44)	August 2016	(standing committee update)
Multimorbidity: clinical assessment and management (NG56)	September 2016	
Mental health problems in people with learning disabilities: prevention, assessment and management (NG54)	September 2016	
Low back pain and sciatica in over 16s: Assessment and management (NG59)	November 2016	
Physical health of people in prison (NG57)	November 2016	

Guidance title	Publication date	Notes
Chest pain of recent onset: Assessment and diagnosis (CG95)	November 2016	(standing committee update)
Chest pain of recent onset: Assessment and diagnosis (CG95)	November 2016	(standard update)
Intrapartum care for healthy women and babies (CG190)	November 2016	(standing committee update)
Inadvertent perioperative hypothermia (CG65)	December 2016	(standing committee update)
End of life care for infants, children and young people with life limiting conditions: planning and management (NG61)	December 2016	
Cerebral Palsy in under 25's: Assessment and management (NG62)	January 2017	
Spondyloarthritis	February 2017	
NG66 Mental health of adults in contact with the criminal justice system	March 2017	
CG164 Familial breast cancer (standing committee update)	March 2017	
Public Health and Social Care		
Oral health for adults in care homes (NG48)	July 2016	
Transition between inpatient mental health settings and community and care home settings (NG53)	August 2016	
Harmful sexual behaviour among children and young people (NG55)	September 2016	Planned to publish in July 2016
Coexisting severe mental illness and substance misuse: Community health and social care services	November 2016	
HIV testing: increasing uptake among people who may have undiagnosed HIV	December 2016	
Antimicrobial stewardship: changing risk-related behaviours in the general population (NG63)	January 2017	

Guidance title	Publication date	Notes
Drug misuse prevention: targeted interventions (NG64)	February 2017	
Surveillance reviews		
CG126 Stable angina: management	April 2016	
CG101 Chronic Obstructive Pulmonary Disease	April 2016	
CG100 Alcohol use	April 2016	
CG130 Hyperglycaemia In acute coronary Syndrome	July 2016	
CG54 Urinary tract infection in children	July 2016	
CG51 Drug misuse	July 2016	
CG57 Atopic eczema in children	July 2016	
CG140 Opioids in palliative care	July 2016	
CG142 Autism spectrum disorder in adults; diagnosis and management	July 2016	
CG138 Patient experience in adult NHS services: improving the experience of care for people using adult NHS services	August 2016	
CG141 Acute upper gastrointestinal bleeding in over 16s: management	August 2016	
CG143 Sickle cell disease: managing acute painful episodes in hospital	August 2016	
CG170 Autism spectrum disorder in under 19s; support and management	September 2016	
CG128 Autism spectrum disorder in under 19s; recognition, referral and diagnosis	September 2016	
CG167 STEMI	September 2016	
CG94 Unstable angina and NSTEMI: early management	September 2016	
CG133 Self harm: Longer term management	September 2016	
CG16 Self harm in over 8's: Short term management and prevention of reoccurrence	September 2016	
CG175 Prostate cancer: diagnosis and management	October 2016	

Guidance title	Publication date	Notes
CG127 Hypertension in adults: diagnosis and management	October 2016	
CG136 Service user experience in adult mental health	November 2016	
CG144 Venous thromboembolic diseases	November 2016	
CG134 Anaphylaxis	November 2016	
CG150 Headaches	November 2016	
CG145 Spasticity in children	November 2016	
CG155 Psychosis and schizophrenia in children & young people	November 2016	
CG120 Coexisting severe mental illness (psychosis) and substance misuse	November 2016	
CG135 Organ donation for transplantation	December 2016	
CG76 Medicines adherence	December 2016	
CG37 Postnatal care up to 8 weeks after birth	January 2017	
CG129 Multiple pregnancy: antenatal care for twin and triplet pregnancies	January 2017	
CG70 Inducing labour	January 2017	
CG132 Caesarean section	January 2017	
CG149 Neonatal infection early onset; antibiotics for prevention and treatment	January 2017	
CG107 Hypertension in pregnancy: diagnosis and management	January 2017	
CG68 Stroke and transient ischaemic attack in over 16s: diagnosis and initial management	January 2017	
CG74 Surgical site infections: prevention and treatment	January 2017	
NG25 Preterm labour and birth	January 2017	
CG62 Antenatal care for uncomplicated pregnancies	January 2017	
CG139 – Healthcare-associated infections	January 2017	
CG147 Peripheral arterial disease: diagnosis and management	February 2017	

Guidance title	Publication date	Notes
CG61 Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in primary care	February 2017	
CG154 – Ectopic pregnancy and miscarriage	February 2017	

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 (CHTE) against our business plan objectives during March 2017.

Performance

Table 1 Performance update for March - April

Objective	Actions	Update
Publish 50 technology appraisals guidance (including up to 15 CDF reconsiderations)	6 pieces of final guidance were published in March 2017.	The Technology Appraisals programme published 53 pieces of guidance within the 2016/17 business year.
Publish 35 interventional procedures guidance	2 pieces of interventional procedures guidance were published in March 2017.	The interventional procedures programme published 25 pieces of guidance in the 2016/17 business year. An explanation for this variation is presented below.
Publish 6 diagnostics guidance	No diagnostics guidance was published in March 2017.	The diagnostics assessment programme published 5 pieces of guidance in 2016.17. One topic was delayed due to additional work being requested from the external assessment group.
Publish 3 highly specialised technologies guidance	No HST guidance was published in March 2017.	The programme published 2 pieces of guidance in 2016/17. Two guidance topics due to publish in Q4 2016/17 received appeals against the FED. The publication of these topics has been delayed to 2017/18.
Publish 7 medical technologies guidance	One piece of medical technologies guidance	5 guidance topics were published in the 2016/17

Objective	Actions	Update
	(MT33 ENDURALIFE-powered CRT-Ds for heart failure) was published in March 2017, bringing the total for 2016/17 to 5 of a planned 7.	business year. 1 topic was postponed to 2017/18 to coincide with the availability of key evidence (MT250 Endocuff Vision for endoscopic investigation) and one topic is delayed because committee meetings had to be cancelled because they were not quorate (MT291 SecurAcath for placing percutaneous catheters).
Publish 36 Medtech Innovation Briefings (MIBs)	Five MIBs were published in March 2017,	38 MIBs were published in 2016/17
Submit advice to ministers on 12 Patient Access Schemes	3 pieces of advice were issued in March.	34 Advice documents were submitted in 2016/17
Deliver up to 14 Commissioning Support Documents	No Commissioning Support Documents published to date.	Discussions are ongoing to re-specify the commissioning support work for NHS England before initiating work
Effective management of Scientific Advice income generated activity	4 projects completed 1 seminar completed 6 speaking engagements completed	All costs of scientific advice have been recovered in the 2016/17 business year. 41 projects completed 6 seminars delivered 34 speaking events delivered

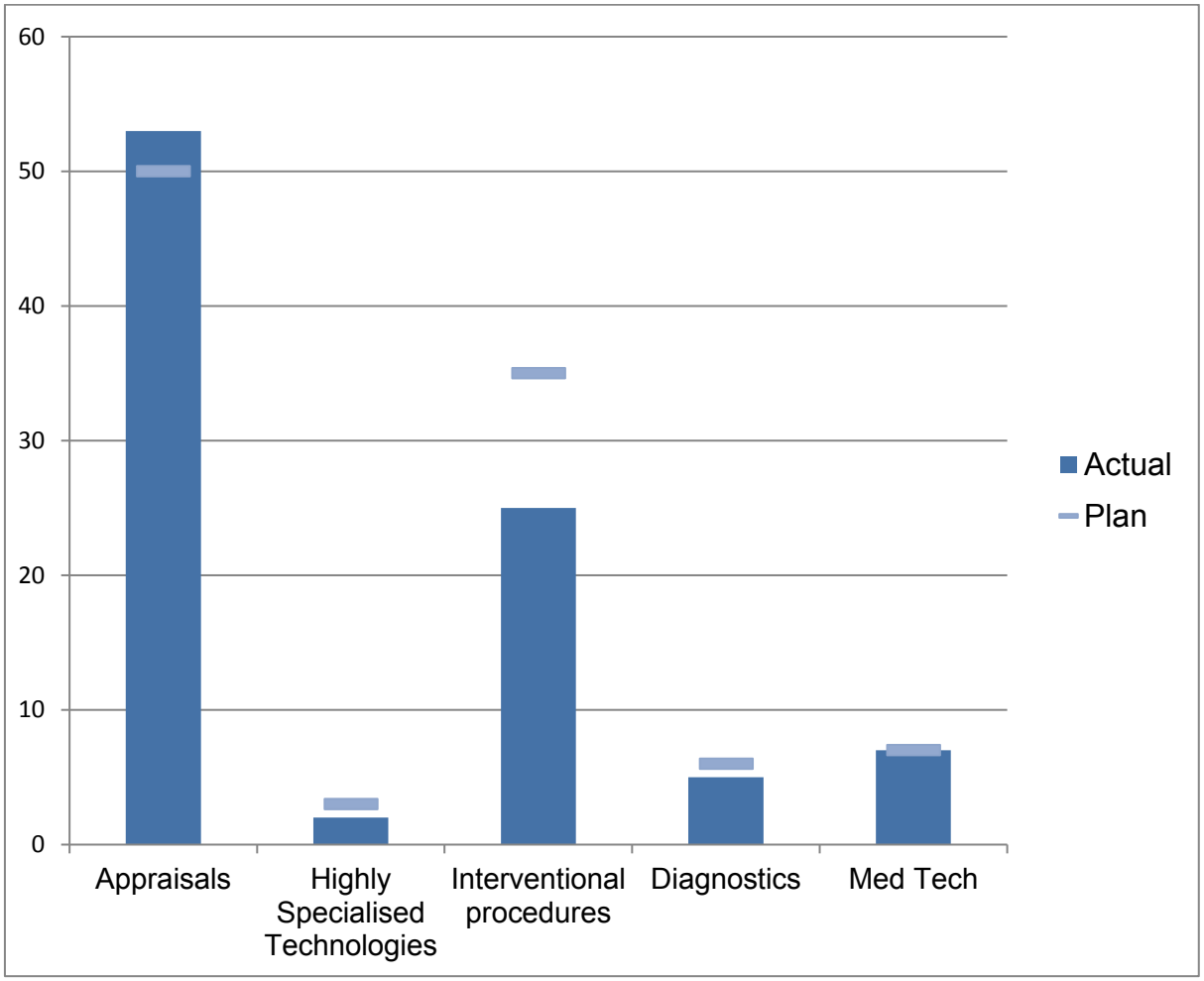
Interventional procedures

2. In year the interventional procedures programme published a total of 25 pieces of guidance which is below the planned target of 35. The variance from plan is explained by:

    - The development of some complex pieces of guidance during 16/17 which took longer than anticipated
    - Some vacancies with Technical Analyst post reducing capacity (now largely resolved)

- Some resolution requests which delayed publication. These have now been resolved and publication will proceed in 17/18.

Figure 1 Performance against plan for Centre for Health Technology Evaluation in 2016 - 2017



Key developments and issues

3. From the 1 April 2017, we introduced a £20 million budget impact test 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. The budget impact test process is being implemented for topics for which a first evidence submission is received after 1 April 2017. Three appraisals have been assessed for the budget impact test so far. All these appraisals are below the £20 million test. NHS England and the companies have been informed of the result of the test. NICE are working with NHS England to further refine the procedure for managing budget impact in order to be ready for the first appraisal that meets the £20m test.

4. The introduction of the budget impact test, together with updates to the methods applied to the evaluation of highly specialised technologies are being implemented at a time when other developments for NICE technology evaluation are anticipated, for example as a consequence of the recommendations in the Accelerated Access Review and in the context of the emerging UK life sciences strategy. We may need to bring proposals to the Board that integrate these developments when more information on their implications for NICE is available.

5. NICE's internal research advisory group (IRAG) has identified, as a priority, that research is needed to improve measures to assess health status, quality of life and wellbeing across health, social care and public health, because existing measures are not designed for use in economic evaluation and there are concerns about their validity and appropriateness. NICE has worked with the Medical Research Council to develop a "highlight notice" inviting research proposals. Funding has been awarded to a University of Sheffield project that aims to develop a quality of life measure that is applicable across health, social care and public health. Other partners in the research consortium include the University of Kent and the EuroQol group. NICE is also a funded partner in this project which allows NICE staff to work closely with the research team. A cross-institute internal working group has been established to advise the researchers and to determine what other research is needed to complement this project. The project will start in May 2017 and will last 2.5 years.

Interventional Procedures

6. The preparatory work for the update to "Patient safety and reduction of risk of transmission of Creutzfeldt–Jakob disease (CJD) via interventional procedures" (IPG 196) has started. Since IPG196 was published in 2006, various issues have emerged that have a bearing on the recommendations in the original

guidance including the cut-off date that defines the at-risk population, the ongoing lack of availability of anti-prion agents and evolution of single use instruments. Taken together, it is now timely to update the guidance. An external academic partner has been engaged and a sub-committee, accountable to the Interventional Procedures Advisory Committee, consisting of co-opted members from IPAC, a lay member and representatives from relevant professional organisations has been recruited. This is a significant piece of work and it is being actively managed to minimise any effect on other outputs from IP during 2017/18.

7. The replacement for the Health Services Circular, which described the mandate for the IP programme across the UK, was agreed by the relevant NHS organisations of the 4 UK Nations and approved by the NICE Board in March 2017. The Interventional Procedures Programme Team are working with the NHS organisations of the 4 Nations and NHS Improvement in England to facilitate effective implementation of the replacement document.

Risks

8. No additional risks were identified for this period

Appendix 1 Guidance published since April 2016

Guidance title	Publication date	Notes
Technology Appraisals		
TA439; Cetuximab and panitumumab for previously untreated metastatic colorectal cancer	March 2017	Recommended
TA438; Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer	March 2017	Terminated
TA437; Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy	March 2017	Terminated
TA436; Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer	March 2017	Terminated
TA435; Tenofovir alafenamide for treating chronic hepatitis B	March 2017	Terminated
TA434; Elotuzumab for previously treated multiple myeloma	March 2017	Terminated
TA433; Apremilast for treating active psoriatic arthritis	February 2017	Recommended
TA432; CDF reconsideration - Everolimus for the second-line treatment of metastatic renal cell carcinoma (review of TA219)	February 2017	Recommended
TA431; Mepolizumab for treating severe refractory eosinophilic asthma	January 2017	Optimised
TA430; Sofosbuvir–velpatasvir for treating chronic hepatitis C	January 2017	Recommended
TA429; Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation	January 2017	Recommended

Guidance title	Publication date	Notes
TA428; Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy	January 2017	Recommended
TA427; Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib	January 2017	Recommended
TA426; CDF partial reconsideration of TA251 – Dasatinib for untreated chronic myeloid leukaemia	December 2016	Recommended
TA425; CDF partial reconsideration of TA241 – Dasatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia	December 2016	Recommended
TA424; Breast cancer (early, HER2 pos) - pertuzumab (neoadjuvant)	December 2016	Recommended
TA423; Breast cancer (locally advanced or metastic) review TA250 - eribulin	December 2016	Recommended
TA422; CDF reconsideration - Crizotinib for the treatment of previously treated non-small-cell lung cancer associated with an anaplastic lymphoma kinase fusion gene (review of TA296)	December 2016	Recommended
TA421; CDF reconsideration - Everolimus in combination with exemestane for treating advanced HER2-negative hormone-receptor-positive breast cancer after endocrine therapy (review of TA295)	December 2016	Recommended
TA420; Ticagrelor for preventing atherothrombotic events after myocardial infarction	December 2016	Recommended
TA419; Apremilast for treating moderate to severe plaque psoriasis - Rapid Review	November 2016	Recommended
TA418; Dapagliflozin in triple therapy for treating type 2 diabetes - STA	November 2016	Recommended
TA417; Nivolumab for previously treated advanced renal cell carcinoma - STA	November 2016	Recommended

Guidance title	Publication date	Notes
TA416; Lung cancer (non-small-cell, EGFR and T790M positive, metastatic) - osimertinib (after EGFR-TKI) – STA	October 2016	Recommended within the CDF
TA415; Rheumatoid arthritis - certolizumab pegol (after TNF inhibitor) – STA	October 2016	Optimised
TA414; Melanoma (BRAF V600, unresectable, untreated, metastatic) - cobimetinib (with vemurafenib) – STA	October 2016	Not recommended
TA413; Hepatitis C (chronic) - elbasvir-grazoprevir – STA	October 2016	Recommended
TA412; Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases - STA	September 2016	Optimised
TA411; Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer - STA	September 2016	Not recommended
TA410; Talimogene laherparepvec for treating unresectable metastatic melanoma - STA	September 2016	Optimised
TA409; Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion - STA	September 2016	Recommended
TA408; Pegaspargase for treating acute lymphoblastic leukaemia - STA	September 2016	Optimised
TA407; Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors - STA	September 2016	Recommended
TA406; Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer - STA	September 2016	Recommended
TA405; Trifluridine–tipiracil for previously treated metastatic colorectal cancer - STA	August 2016	Recommended
TA404; Degarelix for treating advanced hormone-dependent prostate cancer - STA	August 2016	Optimised

Guidance title	Publication date	Notes
TA403; Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer - STA	August 2016	Not recommended
TA402; Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin – CDF rapid reconsideration	August 2016	Recommended Will now move from the CDF into baseline commissioning
TA401; Bosutinib for previously treated chronic myeloid leukaemia – CDF rapid reconsideration	August 2016	Recommended Will now move from the CDF into baseline commissioning
TA400; Nivolumab in combination with ipilimumab for treating advanced melanoma - STA	July 2016	Recommended
TA399; Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts - STA	July 2016	Not recommended
TA398; Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation – STA	July 2016	Not recommended
TA397; Belimumab for treating active autoantibody-positive systemic lupus erythematosus – STA	June 2016	Optimised
TA396; Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma – STA	June 2016	Recommended
TA395; Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer – STA	June 2016	Recommended
TA394; Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia - STA	June 2016	Optimised

Guidance title	Publication date	Notes
TA393; Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia - STA	June 2016	Optimised
TA392; Adalimumab for treating moderate to severe hidradenitis suppurativa - STA	June 2016	Recommended
TA391; Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel - STA	May 2016	Recommended
TA390; Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes - MTA	May 2016	Optimised
TA389; Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer - MTA	April 2016	Various
TA388; Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction - STA	April 2016	Optimised
TA387; Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated - STA	April 2016	Recommended
Interventional procedures		
IPG577 - Sacrocolpopexy with hysterectomy using mesh to repair uterine prolapse	March 2017	Special
IPG576 - Extraurethral (non-circumferential) retropubic adjustable compression devices for stress urinary incontinence in women.	March 2017	Special
IPG575 - Trabecular stent bypass microsurgery for open-angle glaucoma	Feb 2017	Standard
IPG574 - Lateral interbody fusion in the lumbar spine for low back pain	Feb 2017	Standard
IPG573 - Radiation therapy for early Dupuytren's disease	Dec 2016	Special
IPG572 - Irreversible electroporation for treating prostate cancer	Dec 2016	Research

Guidance title	Publication date	Notes
IPG571 - Extracorporeal shockwave therapy for Achilles tendinopathy	Dec 2016	Special
IPG570 - Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica	Dec 2016	Research
IPG569 - Single-anastomosis duodeno-ileal bypass with sleeve gastrectomy for treating morbid obesity	Nov 2016	Standard
IPG568 - Percutaneous insertion of craniocaudal expandable implants for vertebral compression fracture	Nov 2016	Other
IPG567 - Endoscopic transluminal pancreatic necrosectomy	Nov 2016	Standard
IPG566 - Single incision sub-urethral short tape insertion for stress urinary incontinence in women (formerly TVT Secur)	Oct 2016	Standard
IPG565 - Miniature lens system implantation for advanced age-related macular degeneration	Sept 2016	Standard
IPG564 - Extracorporeal carbon dioxide removal for acute respiratory failure	August 2016	Research
IPG563 - Percutaneous endoscopic laser balloon pulmonary vein isolation for atrial fibrillation	June 2016	Special
IPG562 - Ultrasound-guided percutaneous radiofrequency ablation for benign thyroid nodules	June 2016	Special
IPG561 - Transcervical extracorporeal reverse flow neuroprotection for reducing the risk of stroke during carotid artery stenting	June 2016	Standard
IPG560 - Microstructural scaffold (patch) insertion without autologous cell implantation for repairing symptomatic chondral knee defects	June 2016	Standard
IPG559 - Transcutaneous electrical stimulation of the supraorbital nerve for treating and preventing migraine	May 2016	Standard
IPG558 - Biodegradable subacromial spacer insertion for rotator cuff tears	May 2016	Special

Guidance title	Publication date	Notes
IPG557 - Endovenous mechanochemical ablation for varicose veins	May 2016	Special
IPG556 - Percutaneous transforaminal endoscopic lumbar discectomy for sciatica	April 2016	Special
IPG555 - Percutaneous interlaminar endoscopic lumbar discectomy for sciatica	April 2016	Standard
IPG554 - Balloon pulmonary angioplasty for chronic thromboembolic pulmonary hypertension	April 2016	Standard
IPG553 - Microwave ablation for treating liver metastases	April 2016	Research
Diagnostics		
DG27 Molecular testing strategies for Lynch syndrome in people with colorectal cancer	February 2017	Recommended
DG26 Integrated multiplex PCR tests for identifying gastrointestinal pathogens in people with suspected gastroenteritis (xTAG Gastrointestinal Pathogen Panel, FilmArray GI Panel and Faecal Pathogens B assay)	January 2017	Research
DG25 High-throughput non-invasive prenatal testing for fetal RHD genotype	November 2016	Recommended
DG23 PlGF-based testing to help diagnose suspected pre-eclampsia (Triage PlGF test, Elecsys immunoassay sFlt-1/PlGF ratio, DELFIA Xpress PlGF 1-2-3 test, and BRAHMS sFlt-1 Kryptor/BRAHMS PlGF plus Kryptor PE ratio)	May 2016	Triage PlGF, Elecsys immunoassay sFlt-1/PlGF ratio recommended to help rule out pre-eclampsia. DELFIA Xpress PlGF 1-2-3 test, BRAHMS sFlt-1 Kryptor/BRAHMS PlGF plus Kryptor PE ratio not recommended
DG24 ImmunoCAP ISAC 112 and Microtest for multiplex allergen testing	May 2016	Research

Guidance title	Publication date	Notes
Highly Specialised Technologies		
HST4; Fabry disease - migalastat	February 2017	Recommended
HST3; Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene	July 2016	Recommended
Medical technologies		
MTG33 ENDURALIFE-powered CRT-D devices for treating heart failure	March 2017	Recommended
MTG32 HeartFlow FFRCT for estimating fractional flow reserve from coronary CT angiography	February 2017	Recommended
MTG31 HumiGard for preventing inadvertent perioperative hypothermia	February 2017	Promising but further research recommended
MTG30 XprESS multi-sinus dilation system for treating chronic sinusitis	December 2016	Recommended
MTG29 GreenLight XPS for treating benign prostatic hyperplasia	June 2016	Recommended

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 March 2017. These Communications Directorate business objectives are closely aligned to the NICE strategic objectives. It also notes activities in April 2017.

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 2017

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.	In addition to editorial support for all guidance, we worked with the CHTE on the STAR project, including developing templates to help ensure clear and complete submissions for single technology appraisals. We also advised the Medicines Technologies Programme on developing a clear and concise presentation of risk for the patient decision aids on familial breast cancer. We supported colleagues in the Science Policy and Research Programme on the international GetReal project, providing editorial input into much of the content for the project's web-based educational resource RWE Navigator. There was very positive feedback on the site, including on the accessibility of the text. We ran training sessions for developers on writing the rationale sections in the new guideline template. The sessions included a workshop at the National Guideline Alliance. The new template for technology appraisals also includes a section on the rationale for the recommendations. Members of the publishing team led training sessions on the new template for CHTE colleagues. These new developments to explain how NICE reached its recommendations and link to the evidence are timely. One of the 4 top tasks reported by website users was to see the evidence behind our recommendations

Objective	Actions	Update
	Provide communications expertise into the digital transformation project.	The publishing team continued to collaborate with colleagues on the evaluation of MAGICapp, and planned for contributing dedicated time to the project over the next few months.
	Create clear brand guidelines which establish the voice and personality of NICE and govern every aspect of communication from NICE	New brand guidelines and visual collateral have been published on NICE Space. We are exploring ways to help teams across NICE implement the brand in its broadest sense in communicating with our stakeholders.
	Ensure website content is up to date and accurate and deliver a rolling programme of improvements.	During March and April we published new information on the website to explain the changes to technology appraisals and highly specialised technologies. We also created a new web page and sign up form for GPs to join our new reference panel. We are exploring new ways to promote our uptake data on the website through interactive charts and are preparing a new section to promote easier access to our savings and productivity tools for launch at the NICE conference.
	Maintain 100% of guidance in NICE Pathways and continue the programme of continuous improvement.	As well as maintaining 100% of guidance in pathways, by the end of March we had added almost the entire back catalogue of advice products: 224 topics (97 medtech innovation briefings and 127 evidence summaries).
	Use new online software package such as 'Shorthand' to present our new guidance to media and other stakeholders	The media team is developing Shorthand news stories to promote upcoming guidance on air pollution. The platform was also used for a presentation to the Board on the work of the communications directorate.
2 ENGAGEMENT Create a structured and coordinated approach for	Lead a project to develop a customer relationship management (CRM) system that can be used across the organisation	The enquiry team have completed their requirements for the tender process and are facilitating scoping work with the implementation field team. Following the recent management

Objective	Actions	Update
working with and listening to stakeholders		of change, the field team are reconsidering their requirements. The tender is scheduled to go out in June 2017.
	Develop an internal speaking engagement grid to help improve coordination of senior NICE representatives' speaking commitments	NICE staff and committee members spoke at 18 conferences in March/April. We ran exhibition stands at 4 national events: Skills for Care's Annual Conference, the LGA's Annual Public Health Conference, Community Care Live and the RCP's Annual Conference The external engagement team are working with colleagues in NHS England's events team to maximise NICE's involvement with their flagship NHS Expo conference in Manchester in September.
	Develop a new interactive online newsletter with content tailored for key audiences	We are focusing on delivering personalised content for audiences and exploring ways to increase sign-up to our newsletters. We will be using creative brainstorming and digital marketing techniques to develop the newsletters.
	Develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content	A brief is being prepared to outline options for personalisation taking into account shifting priorities and increased workload for web and digital services teams.
	Make greater use of social media including creating a Facebook presence and using Twitter to interact directly with audiences	Engagement on social media is now established and continues to grow. An analysis, by the agency Creation, praised NICE for responding "to the changing behaviour of its stakeholders by embracing public social media in its public and professional engagement".
	Develop a guidance/issues grid that allows senior management and non-executive	This grid is sent weekly to SMT and the Board.

Objective	Actions	Update
	members to see 'at-a glance' scheduled guidance and the related strategic issues	
	Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management	In March we presented a report to SMT on how our different audiences used our website. We are also developing a forward programme of insight work to deliver a series of reports to SMT during 2017/18. The first report in June will focus on the results from our stakeholder reputation survey. In 2015/16, the NICE Twitter following grew by 18% to 121,000. In March and April we had over 2.2 million impressions (number of people who saw our tweets, this was similar to the previous two month period. We expect our impressions and engagement will fall as we reduce posts during the purdah period. Top tweets came from the sepsis QS consultation, prisoner mental health guideline and promoting relevant guidance on No Smoking Day. Since launch in June 2016, our Facebook following has grown to 1,500 with 600 engaged users each month. 5,900 professionals follow us on LinkedIn - almost half of them in senior roles. We had 30,000 views on YouTube.
	Provide a policy and parliamentary monitoring and briefing service	A new Parliamentary monitoring and briefing service is being introduced.
3. ADOPTION and IMPACT	Develop protocol for using graphics and images to help explain guidance and related products	We are recruiting for a part-time graphic designer to implement the protocol outlined in the updated brand guidelines.

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	Develop new online guidance summaries which are short, concise and use infographics and multimedia techniques	A visual summary of the new draft antimicrobial prescribing guidance has been created. Feedback on the presentation style will be sought during the guidance consultation. We are working closely with the Health and Social Care directorate and SCIE on 2 new quick guides: Transition from Children's to Adult Services and Delirium.
	Bring content to life by reusing case studies, shared learning examples and other material.	This continues to be a focus for the external relations teams. We have worked with the Shared Learning Awards finalists to create posters for the NICE Conference 2017. We will work with them to explore further opportunities using multimedia.
	Use a variety of evaluation techniques to assess the impact of our work and to regularly gauge the views of our stakeholders	Our stakeholder reputation survey went live at the end of March and we have had 800 responses. Early indications from the responses are positive.
4. PRODUCTIVITY To be effective and efficient and to work better with less	Develop and begin to roll out efficiencies and cost savings plan that will support the communication needs of the organisation in 2017-2018 and beyond.	Implementation of the management of change consultation which proposed changes in the structure of the Communications Directorate, is nearing completion with targets for savings fully met.
	Identify efficiencies within the Comms team by reusing content and procuring software that reduces time and effort in editing copy	The Publishing team continue to improve their use of PerfectIt (software to improve editing efficiency) to incorporate NICE style guidelines.

Other issues

News coverage

3. Overall media coverage between March and April was 75% positive. Positive coverage was driven by launch of the sepsis quality standard consultation, an independent review into the old Cancer Drugs Fund and a MIND report on mental health discharges. The news story on the sepsis QS consultation was widely covered by national newspapers and broadcast outlets including the Daily Mail, Telegraph, Guardian, Sun, Good Morning Britain, Sky News and BBC local radio stations. Neutral coverage was around the SMC approval of Kadcyla whilst our appraisal is ongoing and also publication of our negative ACD for nivolumab to treat head and neck cancer. There was a small amount of negative coverage (2%) due to ongoing discussion of the TA/HST process changes.

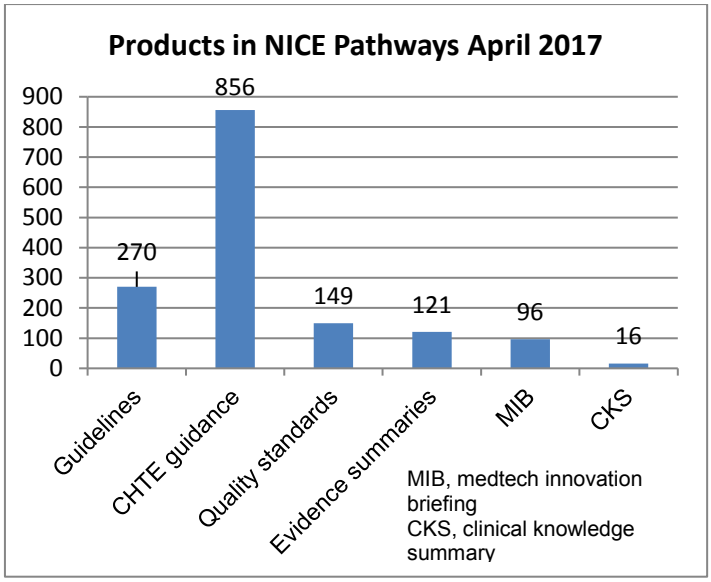
Enquiry handling

4. During March and April we responded to 1864 enquiries. We responded to 43 MP letters. 6 MP letters expressed concern about the changes to technology appraisal and highly specialised technology evaluation processes. We also contributed to 30 Parliamentary Questions with the majority focussing on the changes to technology appraisals and highly specialised technologies.

5. We responded to 19 requests made under the Freedom of Information Act. Requested information varied widely and covered our IT infrastructure, correspondence on hormonal contraception between NICE and drug companies, and further enquiries as part of a campaign on our guideline on chronic fatigue syndrome/myalgic encephaomyelitis.

End of April data for digital publishing and NICE Pathways

6. At the end of April 2017 NICE Pathways contained 239 live interactive flowcharts and over 1500 products. We have started to add links to clinical knowledge summaries that add to our users' experience if there is no NICE guidance.



7. There was a year-on-year growth in pathway sessions in 2016-17. See statistics in Appendix 1.

Employee engagement

8. Staff engagement on NICE Space continues to grow. In April we had over 600 votes on our homepage polls, which is our highest to date. The average number of poll completes is now 151. The most popular poll was on getting up in the morning, closely followed by a poll on standing desks. A new NICE Space page is in development to give staff a summary of poll results and action taken by teams.

9. The latest edition of NICEtimes, our digital magazine for staff, was published in April. The most popular feature so far is an interview with our non-executive director Tom Wright.

10. It has been a busy period for staff communications and we have provided practical advice and support on a wide range of topics from the annual appraisal process and declaration of interests, through to the new childcare voucher scheme and what to do with suspicious emails.

Supporting shared decision making

11. As part of the focus on supporting shared decision making, the Publishing team have stopped writing 'traditional' IFPs for guidance. Instead, we are using the information for the public tab on the guidance overview pages to give key messages. The first pieces of guidance using the approach were published in April. They include the update to the guideline on diagnosing and managing physical complications of alcohol-use disorders and the interventional

procedure on minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac pain.

12. The team has also collaborated with colleagues in the Patient Involvement Programme on the new section of the guideline manual that covers supporting shared decision making and prepared materials to help developers implementing the changes.

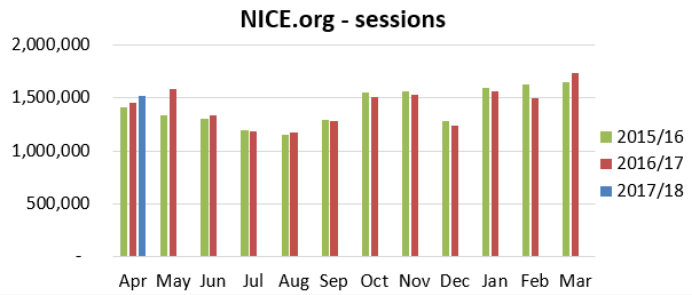
Risks

Table 2 Risks identified during March - key controls and ratings

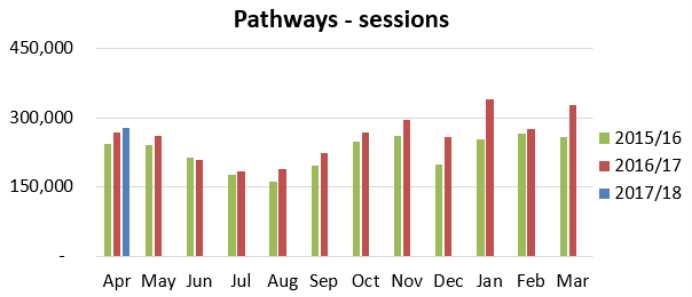
Risk	Key controls	Risk rating now	Risk rating year end
Failure to seek feedback from stakeholders in how we work and communicate with them	Reputation survey with key sector stakeholders Use of analytics to monitor and evaluate audience use of products and their views on NICE's outputs	Green	Green
Proposals for management of 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 to implement the Management of Change and recruit to posts in the restructured teams.	Green	Green

Appendix 1 website statistics

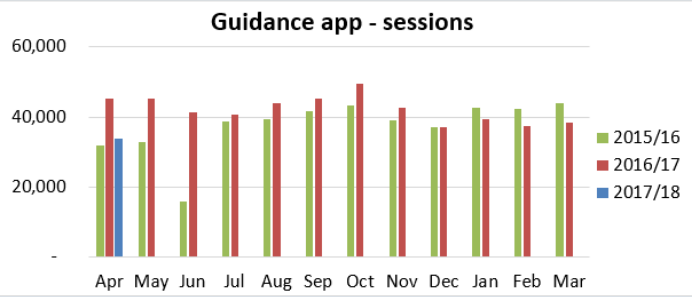
Performance of services which provide access to NICE guidance



In April 2017	1,522,725	Var. last year	4%
		Var. last month	-12%
In year ending April 2017	17,142,077	Var. last year	1%



In April 2017	277,436	Var. last year	4%
		Var. last month	-16%
In year ending April 2017	3,111,045	Var. last year	13%



In April 2017	33,742	Var. last year	-26%
		Var. last month	-12%
In year ending April 2017	494,515	Var. last year	7%

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 financial year April 2016 - March 2017. It also highlights notable developments that have occurred during the reporting period.

Performance

2. The directorate successfully delivered a number of key products during 2016-17 including: 37 quality standards; 20 evidence summaries on the use of medicines; 34 medicines evidence commentaries; and delivery of 10 evidence based treatment pathways for mental health to NHS England. Detail of these publications is given in Appendix 1.

3. An evaluation of 2 new social care quick guides in Autumn 2016, indicated that the new format was well received within the sector. A further 7 quick guides are planned for 2017-18 and will cover both children's and adults' topics and a range of audiences.

4. The restructure of the Field team over the last year will facilitate a fresh approach to engagement in 2017-18, with a stronger focus on the health, public health and social care sectors. The new structure now mirrors the regions covered by NHS England and other national bodies, and therefore helps our approach to joint working. This year the team achieved 120 of the planned 123 engagement visits to acute and specialist trusts.

5. Work with key national partners continues and this has included an agreement that NICE will play a key role in implementing Quality Matters, the draft adult social care quality strategy. This work is expected to raise NICE's profile within the social care sector and further develop working relationships with key national organisations in the social care sector.

Table 1 Performance update for March 2017

Objective	Actions	Update
Produce intelligence on the impact and uptake of NICE guidance	Publish the Uptake and Impact report	The uptake and impact report published in March 2017
	Provide quarterly Innovation Scorecard Estimate reports	The quarterly Innovation Scorecard Estimate report will publish on 12 April
Support public involvement across NICE	Identify and consult on proposals for improving NICE's approach to public involvement in guidance and standards development	The responses to the consultation on proposals to improve NICE's approach to public involvement in guidance and standards development have now been analysed. We are reviewing our proposals and developing an implementation plan to bring back to the Board in due course
	Facilitate the recruitment and identification of lay experts and lay committee members on an 'as needed' basis, including for new committees to be established	In addition to the standard recruitments we identified 122 people to give testimony to our committees as expert witnesses, and 18 people to join committees as specialist members during 2016-17
Provide an endorsement and quality assurance function to support implementation	Publish 30 endorsement statements	Only 24 endorsement statements were published during the year, due to capacity issues resulting from internal reorganisation.
	Publish 50 shared learning examples	Shared Learning continues to be a popular programme and we published 68 examples, exceeding the annual target.
Publish 1 medicines practice guideline	Publish within stated quarter	The managing medicines for adults receiving social care in the community guideline published in March 2017

Figure 1 Performance against plan for Health and Social Care Directorate key publication outputs in April 2016 to March 2017

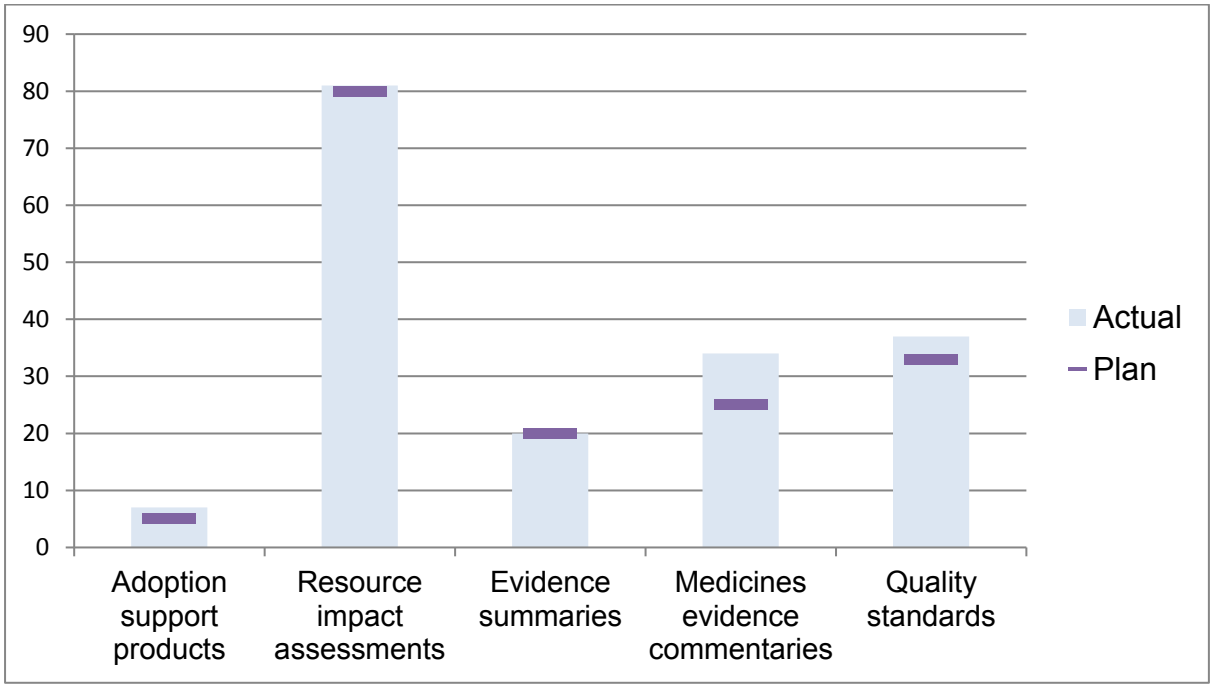


Figure 2 Lay member recruitment performance by the Public Involvement Programme in April 2016 to March 2017

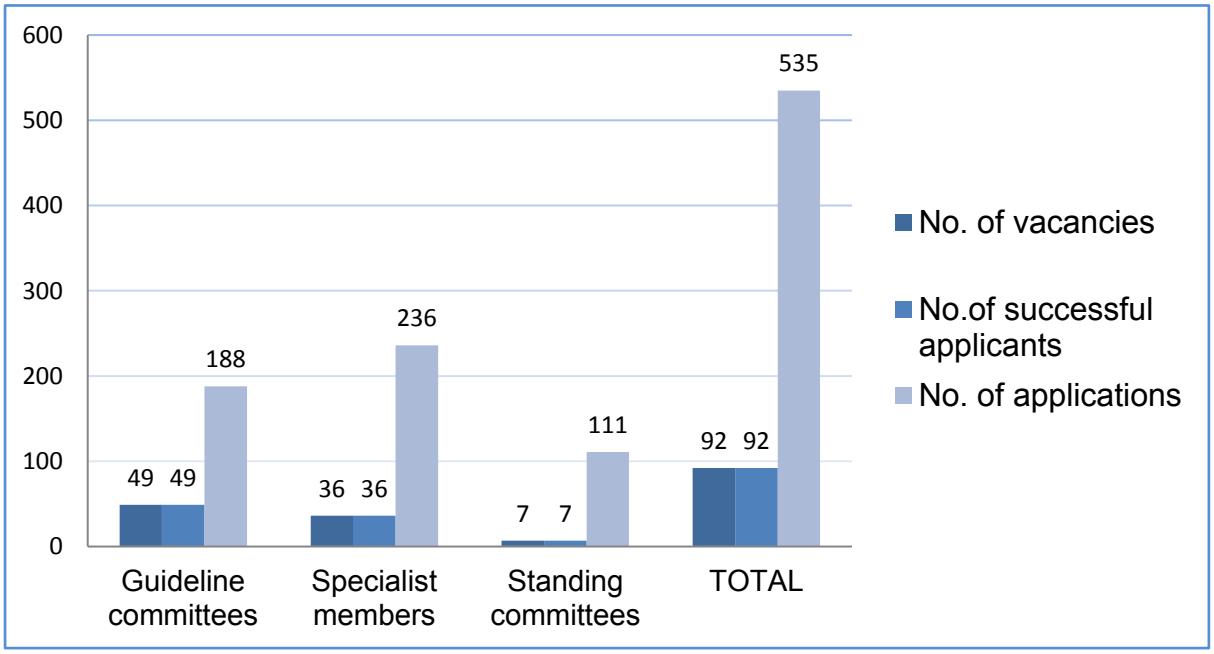
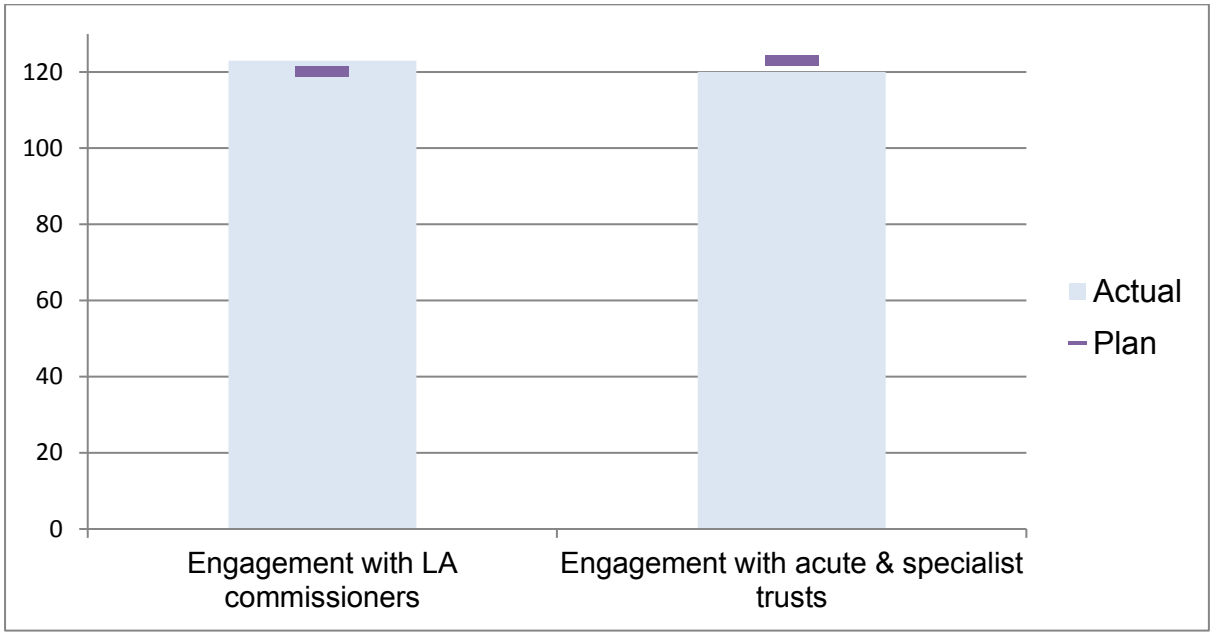


Figure 3 Performance against plan for System Engagement key outputs in April 2016 to March 2017



Notable developments

6. This section includes significant developments or issues that occurred during April 2016 - March 2017.

Strategic engagement

7. The directorate has developed goals and associated metrics for engagement activities in 2017-18 to support NICE in improving outcomes and achieving maximum impact across health, public health and social care at national, regional and local levels. The metrics can be found in Appendix 2.

Support for the Five Year Forward View

8. NICE supports the delivery of the Five Year Forward View and is working closely with the Cancer, Maternity and Mental Health Transformation Boards to support implementation based on NICE guidance and quality standards.

9. We are represented on the national Sustainability and Transformation Plan (STP) Design and Delivery Group, and have secured representation at regional level on the cross arm's length body (ALB) regional structures. A review of all STPs is nearly complete, which identifies key themes and potential opportunities for NICE. The findings also inform our offer of support for STPs that will be used during engagement with the system.

10. NICE contributes to the New Care Models Board and has also maintained sponsorship of 4 Vanguard sites. A notable success is the implementation of the Sutton 'Red Bag Pathway' that aims to support patient journeys through care homes, ambulance services and hospital care. To date this pathway has reduced the number of avoidable hospital admissions and the time taken for both ambulance transfers and Accident & Emergency assessments. Early data also suggests that the Red Bag Pathway may, in addition, reduce length of stay. Further detail is available as a shared learning example.

Social care

11. Work has been carried out to raise the profile of NICE within the children's social care sector through consultation on the draft Child Abuse and Neglect guideline. This has included meetings with the President of the Association of Directors of Children's Services (ADCS), the Chief Social Worker for Children and Families, the Association of Independent Local Safeguarding Children Board (LSCB) Chairs and the Children's Commissioner's Office.

12. NICE contributes to the Care Improvement Works website, hosted by Skills for Care (SfC) but developed collaboratively between NICE, the Social Care

Institute for Excellence and SfC. The website signposts providers of adult social care to relevant guidance and shows how these fit with the Care Quality Commission's (CQCs) inspection framework.

Care Quality Commission

13. NICE has established working groups with the CQC's primary care and hospitals (mental health) teams to ensure alignment between our work. A workshop was held in April with the hospitals group, and as a result NICE is developing a practical guide to support CQC Inspectors in being able to evidence the use of NICE guidance during inspections. The guide will be piloted by CQC's mental health teams in early 2017/18 before potentially rolling out work across hospital, primary care and social care inspections. Discussions about the development and roll out of a webinar for CQC inspectors on NICE guidance and related products have also been positively received and work is underway to develop the content.

Public health

14. NICE meets regularly with Public Health England (PHE) and the Department of Health to provide strategic oversight to ensure complementarity and coordination of NICE and PHE public health activities. The NICE Field Team and PHE regional teams have met to discuss collaborative support that can be offered to STPs. Work is underway on cardiovascular disease prevention, a key priority for the health system. Plans include NICE and PHE regional teams working with 1 or 2 STPs to identify where PHE and NICE products, including guidance and QS, could have maximum impact before extending this work to other areas.

Work funded by NHS England

15. Discussions have continued with NHS England (NHSE), particularly in relation to joint working and potential future funding streams. NHS England funds the following programmes of work within the Health and Social Care directorate:

    a. Evidence based treatment pathways for mental health

    b. Development of indicators for the Quality and Outcomes Framework

    c. Evaluation of the digital Improving Access to Psychological Therapies Programme

    d. Medicines Evidence Summaries.

Digital IAPT programme

16. The first expert panel meeting for the digital IAPT programme was held on 29 March and discussed criteria for selection and prioritisation of technologies for NICE assessment. The criteria were reviewed by NICE senior management team.

17. Draft criteria the content assessment component of IAPT assessment briefings (IABs) and for ongoing data evaluation have been developed, and an initial set of technologies identified.

NICE support for the use of medicines

18. NICE has continued to engage with NHS England on the establishment of regional medicines optimisation committees (RMOCs). This forms part of the wider 'medicines value programme' at NHS England, which aims to coordinate and align initiatives that will improve the value that patients and the health and social care system derive from medicines. It includes four components: access to medicines; pricing; medicines optimisation; and infrastructure. As well as supporting RMOCs, NICE's ongoing engagement with this programme includes budget impact assessment of technology appraisals, support for appropriate prescribing through evidence summaries and the medicines and prescribing associates, and input on assessment of low value medicines.

Training & development

19. NICE has collaborated with a range of national partners in the development of the system-wide Leadership and Development Strategy, led by NHS Improvement. NICE has committed to delivering the 3 pledges outlined in the strategy through relevant activities outlined in the NICE business plan for 2017/18. NICE and NHS Improvement will be jointly delivering the opening session ‘Engaging and Inspiring our Workforce’ at the NICE 2017/18 conference.

20. In 2016-17, the student champion team ran 21 workshops and organised 2 national student events. More than 80% of students reported using NICE Evidence search after training. Workshops on NICE and NICE Evidence search were also run with the Field team for 2 groups of post graduate and 1 group of undergraduate social work students.

21. An external analysis of 8000 student survey responses (before and after training) from 2011-2016 indicated a significant decrease in the use of unqualified sources, such as Google and Wikipedia, after training, and a shift towards using evidence-based resources.

Implementation Strategy Group

22. Membership of the NICE Implementation Strategy Group (ISG) and its terms of reference have been refreshed to align with the updated implementation strategy and after implementation was identified as a strategic research priority for the NICE Science Policy and Research Programme. The ISG includes leading academics in this field and NICE's Non-Executive Directors have been invited to the next meeting in June 2017.

Risks

23. As a result of actions taken to control and mitigate risks within the directorate during 2016/17 we have not identified any risks that are sufficiently significant to require inclusion within this progress update. Risks continue to be reviewed within the directorate, including planning ahead for the management of risks in 2017/18.

Appendix 1 Guidance and advice published since April 2016

The table below provides a list of guidance and advice produced between April 2016 and March 2017. For the Health and Social Care Directorate this includes quality standards, evidence based treatment pathways (EBTP), evidence summaries and medicines evidence commentaries (MEC).

Guidance title	Publication date	Notes
Chronic obstructive pulmonary disease: tiotropium/olodaterol (Spiolto Respimat)	May 2016	Evidence summary
Reversal of the anticoagulant effect of dabigatran: idarucizumab	May 2016	Evidence summary
Complicated urinary tract infections: ceftolozane/tazobactam	June 2016	Evidence summary
Complicated intra-abdominal infections: ceftolozane/tazobactam	June 2016	Evidence summary
Visual impairment due to myopic choroidal neovascularisation: aflibercept	June 2016	Evidence summary
Moderate to severe acute post-operative pain: fentanyl transdermal system	June 2016	Evidence summary
Levofloxacin (Quinsair) nebuliser solution for the management of chronic pulmonary infections due to Pseudomonas aeruginosa in adults with cystic fibrosis	Delivered to NHS England - September 2016	Evidence summary
Triethylenetetramine for hepatic, neurological and neuropsychiatry sequelae of Wilson's Disease	Delivered to NHS England - September 2016	Evidence summary
Pre-exposure prophylaxis of HIV in adults at high risk: Truvada (emtricitabine/tenofovir disoproxil)	October 2016	Evidence summary
Minimal change disease and focal segmental glomerulosclerosis in adults: rituximab (November)	November 2016	Evidence Summary
Pulmonary sarcoidosis: infliximab	December 2016	Evidence Summary
Oestrogen deficiency symptoms in postmenopausal women: conjugated oestrogens and bazedoxifene acetate	December 2016	Evidence Summary

Guidance title	Publication date	Notes
Refractory extrapulmonary sarcoidosis: infliximab	January 2017	Evidence Summary
Glycopyrronium for the treatment of hypersalivation	February 2017	Evidence Summary
Safinamide (Xadago) for the treatment of adult patients with idiopathic Parkinson's disease	February 2017	Evidence Summary
Hyperhidrosis: oxybutynin	March 2017	Evidence Summary
Mitochondrial disorders in children: Co-enzyme Q10	March 2017	Evidence Summary
Skin involvement in systemic sclerosis: rituximab	March 2017	Evidence Summary
Narcolepsy with or without cataplexy in adults: pitolisant	March 2017	Evidence Summary
Parkinson's disease with end-of-dose motor fluctuations: opicapone	March 2017	Evidence Summary
Adverse events associated with off-label medicine use in adults	April 2016	Medicines Evidence Commentary (MEC)
Meniere's disease: betahistine not shown to be superior to placebo	April 2016	Medicines Evidence Commentary (MEC)
Chronic disease in people with severe mental illness: reducing excess mortality	May 2016	Medicines Evidence Commentary (MEC)
Urinary tract infection: antibiotic resistance in children in primary care	May 2016	Medicines Evidence Commentary (MEC)
Supporting adherence to medicines in people with long-term conditions: New Medicines Service community pharmacy scheme	May 2016	Medicines Evidence Commentary (MEC)
Text messaging to help medicines adherence	May 2016	Medicines Evidence Commentary (MEC)
New MHRA drug safety advice: March to May 2016	May 2016	Medicines Evidence Commentary (MEC)
Antibiotic stewardship interventions in hospitals: effect on clinical outcomes	June 2016	Medicines Evidence Commentary (MEC)
Chronic kidney disease: increased risk with proton pump inhibitors	June 2016	Medicines Evidence Commentary (MEC)
Statins: modelling study	June 2016	Medicines Evidence Commentary (MEC)

Guidance title	Publication date	Notes
Antibiotics for infected eczema: the CREAM study	June 2016	Medicines Evidence Commentary (MEC)
Type 2 diabetes: meta-analysis finds no increased risk of mortality, MI or stroke with sulfonylureas	July 2016	Medicines Evidence Commentary (MEC)
Medicines optimisation: effect of a combined education, informatics and financial incentive intervention on high-risk prescribing in general practice	July 2016	Medicines Evidence Commentary (MEC)
Type 2 diabetes: increased risk of hypoglycaemia with combined use of dipeptidyl peptidase-4 (DPP-4) inhibitors and sulfonylureas	July 2016	Medicines Evidence Commentary (MEC)
Type 2 diabetes: liraglutide reduces cardiovascular risk in people at high risk of having a cardiovascular event	August 2016	Medicines Evidence Commentary (MEC)
Osteoarthritis: network meta-analysis	August 2016	Medicines Evidence Commentary (MEC)
Inhaler use: has technique improved over time?	August 2016	Medicines Evidence Commentary (MEC)
New MHRA drug safety advice: June to August 2016	September 2016	Medicines Evidence Commentary (MEC)
Medicines optimisation: adverse outcomes from potentially inappropriate prescribing in older people living in the community	September 2016	Medicines Evidence Commentary (MEC)
Fracture risk associated with melatonin and other hypnotics	October 2016	Medicines Evidence Commentary (MEC)
Medicines optimisation: impact of inappropriate prescribing on mortality and hospitalisation in older people	October 2016	Medicines Evidence Commentary (MEC)
Chronic obstructive pulmonary disease: indacaterol/glycopyrronium compared with salmeterol/fluticasone for reducing exacerbations (the FLAME study)	October 2016	Medicines Evidence Commentary (MEC)
The risk of myocardial infarction with antipsychotics	November 2016	Medicines Evidence Commentary (MEC)
Antipsychotic prescribing in care homes before and after launch of a national dementia strategy	November 2016	Medicines Evidence Commentary (MEC)

Guidance title	Publication date	Notes
Rotator cuff tendinosis: meta-analysis	November 2016	Medicines Evidence Commentary (MEC)
New MHRA drug safety advice: September to November 2016	December 2016	Medicines Evidence Commentary (MEC)
Comparative Effectiveness of Phosphate Binders in Patients with Chronic Kidney Disease	December 2016	Medicines Evidence Commentary (MEC)
Nursery sickness policies and their influence on prescribing for conjunctivitis	December 2016	Medicines Evidence Commentary (MEC)
Asthma: vitamin D has a beneficial effect on the risk of exacerbations	January 2017	Medicines Evidence Commentary (MEC)
Risk of hospital admissions for heart failure with non-steroidal anti-inflammatory drugs	January 2017	Medicines Evidence Commentary (MEC)
Myocardial infarction: duration of beta-blocker treatment in people without heart failure	January 2017	Medicines Evidence Commentary (MEC)
Asthma or recurrent wheeze: preventing exacerbations in pre-school children using inhaled corticosteroids	January 2017	Medicines Evidence Commentary (MEC)
The relative risk of poisoning by methadone or buprenorphine within the wider population of England and Wales	February 2017	Medicines Evidence Commentary (MEC)
New MHRA drug safety advice: December 2016 to February 2017	March 2017	Medicines Evidence Commentary (MEC)
Antimicrobial stewardship	April 2016	Quality standard
Stroke (update)	April 2016	Quality standard
Suspected cancer	June 2016	Quality standard
Home care for older people	June 2016	Quality standard
Bronchiolitis in children	June 2016	Quality standard
Breast cancer (update)	June 2016	Quality standard
Motor neurone disease	July 2016	Quality standard
Diabetes in children and young people	July 2016	Quality standard
Diabetes in adults (update)*	August 2016	Quality standard
Early years: promoting health and wellbeing in under 5's	August 2016	Quality standard

Guidance title	Publication date	Notes
Obesity: clinical assessment and management*	August 2016	Quality standard
Social care for older people with multiple long-term conditions	September 2016	Quality standard
Intravenous fluid therapy in children and young people in hospital	September 2016	Quality standard
Skin cancer*	September 2016	Quality standard
Contraception	September 2016	Quality standard
Children's attachment	October 2016	Quality standard
Coeliac disease	October 2016	Quality standard
Preterm labour and birth*	October 2016	Quality standard
Hip fracture in adults (update)	November 2016	Quality standard
Blood transfusion	December 2016	Quality standard
Oral health promotion in the community	December 2016	Quality standard
Mental wellbeing and independence for older people	December 2016	Quality standard
Transition between inpatient hospital settings and community or care home settings for adults with social care needs	December 2016	Quality standard
Transition from children's to adults' services	December 2016	Quality standard
Learning disabilities: identifying and managing mental health problems	January 2017	Quality standard
Tuberculosis*	January 2017	Quality standard
Falls in older people (update)	January 2017	Quality standard
Menopause	February 2017	Quality standard
Vaccine uptake in under 19s	March 2017	Quality standard
Care of dying adults in the last days of life	March 2017	Quality standard
Community engagement: improving health and wellbeing	March 2017	Quality standard
Healthy workplaces: improving employee mental and physical health and wellbeing	March 2017	Quality standard
Head and neck cancer	March 2017	Quality standard
Early intervention in psychosis	April 2016**	EBTP

Guidance title	Publication date	Notes
Urgent and emergency psychiatric liaison mental health services	June 2016**	EBTP
Urgent and emergency mental health: blue light services	July 2016**	EBTP
Perinatal mental health services	August 2016**	EBTP
Dementia	September 2016**	EBTP
Urgent and emergency: children and young people's mental health services	September 2016**	EBTP
Eating disorders: children and young people's services	March 2017**	EBTP
Acute Mental Health	March 2017**	EBTP
Children and Young People's Mental Health Services	March 2017**	EBTP
Urgent and Emergency: Adult Community Mental Health Services	March 2017**	EBTP

*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.

** These publications are provided to NHS England.

Appendix 2 HSC Strategic Goals and Metrics 2017/18

The directorate has identified the following engagement goals and metrics across each sector for 2017/18 at both national and regional/local level:

National engagement: 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:

- NICE guidance and quality standards are referenced in each of the new health and adult social care assessment frameworks for the CQC's key question around effectiveness (100%) [in the balanced scorecard]
- Relevant NICE guidance, quality standards and other products are referenced in NHS England's Right Care 'Commissioning for value' products (100%)
- Partnership agreement in place with NHS Improvement outlining an action plan around key activities for 2017/18
- Principles of engagement in place with Ofsted outlining an action plan around key activities for 2017/18
- NICE guidance and quality standards are referenced in 6 different Royal College curricula, exams or learning resources
- NICE guidance and quality standards are referenced in 80% of national level Public Health England publications where relevant
- NICE or its products are referenced in 4 'newsletters' issued by the Local Government Association, covering public health and social care
- NICE or its products are referenced in 4 'newsletters' issued by the Association of Directors of Public Health
- NICE social care guidance and quality standards relevant to adults are all available on the Care Improvement Works web resource (100%)

Local and regional engagement: Work with local health and care systems to promote the use of NICE guidance and quality standards measured against agreed standard metrics:

- NICE guidance and quality standards are referenced within 80% of the implementation plans produced by the STP footprints [in the balanced scorecard]
- NICE delivers 4 webinars (one in each region) to CQC inspectors covering health and social care
- NICE featured in 7 regional events for social care run in conjunction with Skills for Care
- NICE guidance and quality standards are shown to have supported 7 'Vanguards' or new care models
- NICE guidance or standards are used in 8 examples (2 in each region) of joint working with the NICE Field Team, NHS England's Right Care, and the Regional Advisers
- NICE guidance, quality standards or indicators are used to support improvements in public health in 80% of Local authorities
- NICE guidance or quality standards are used to commission social care in 5% of local authorities
- NICE guidance or standards are used in 4 examples (1 in each region) of joint working with Public Health England Centres to support local improvements in public health
- The NICE Social Care Update reaches 20% more individuals on a regular basis

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

AUDIT and RISK COMMITTEE

Unconfirmed minutes of the meeting held on 26 April 2017 in London

Present

Rima Makarem, Non Executive Director (Chair)
Elaine Inglesby-Burke, Non Executive Director
Sheena Asthana, Non Executive Director
Tim Irish, Non Executive Director

In attendance

Andrew Dillon, Chief Executive
Ben Bennett, Business Planning and Resources Director
Natalie Sargent, Head of Financial Accounting, Finance
Chris Hay, Senior Financial Accountant, Finance
Barney Wilkinson, Associate Director Procurement & IT
Catherine Wilkinson, Associate Director Finance & Estates
David Coombs, Associate Director Corporate Office
Andrew Jackson, NAO
Jeremy Nolan, GIAA
Wajid Shafiq, GIAA
Alexia Tonnel, Evidence Resources Director (agenda item only)

APOLOGIES FOR ABSENCE

Sheena Asthana, Non Executive Director
Mark Wilson, NAO

DECLARATIONS OF INTEREST

1. There were no declarations of interest.

MINUTES OF THE LAST MEETING

2. The minutes were agreed as a correct record with the exception of clarifying the number of objectives for each year (para19), added an action for the NAO in relation to para 19, and confirmed accepted of the plan (para 21).
3. The progress detailed in the action log was noted.

RISK MANAGEMENT

Risk Management policy

4. The committee noted the new approach, which does not have a control score, and that the risk register will be tested when it is in place.

5. The committee discussed the role of the Governance Manager, and requested that para 32 be expanded to include the support the Governance Manager would offer the Chief Executive and the ARC, and the consistency across the organisation that the Governance Manager should ensure.

Action: BB

Director risk discussion- Evidence Resources

6. Alexia Tonnel gave an oversight of the Evidence Resources directorate, explaining that the key risks faced by her directorate are taken to SMT on a regular basis. The main areas within her directorate are:

    - *Digital services*, which cover internally and externally facing applications: All NICE Digital Services have been hosted on the cloud for about a year, and there are strong controls in place against systems going down. Service and availability risks are managed as are access risk. Alexia explained that there are risks associated with the portfolio of digital projects under way at any time. We need to make sure that they remain relevant to NICE's broader priorities. Another key risk to manage is that any partnership sought in building NICE's systems do not unduly constrain NICE's options in the future.
    - *Information resources*, which are information specialists who search for evidence to make it available to guidance producing centres. They also manage the NICE Evidence Services. There are risks and responsibilities associated with access to that information and the procurement of it.
    - *Value of our intellectual property.*

7. Alexia explained that a business analysis project, with a strong Activity Based Costing slant, will be undertaken this year to identify key opportunities for process efficiencies in the production of guidelines. This will help guide digital investments in this area of the portfolio of work. Alexia also explained that a project is currently under way to assess the suitability of possible 3rd party system to support guidance production. The 'discovery' phase of the project is designed to cover all risks, including technical, financial and contractual risks.
8. There are risks around capacity – recruitment is already difficult in Digital, and changes to IR35 taxation rules may make it more difficult to attract external service providers to work for NICE. NICE will continue to need access to targeted service providers for delivering specific projects over a specific timeframe. A mix economy of internal staff and external specialists is needed. Where suitable, NICE will aim to agree outcome based contracts with external providers.
9. On the question of whether there are 'joint' risks within NICE, Alexia and Barney explained that Alexia's team work on separate systems (on the cloud) to the rest of NICE. Barney's IT systems are on servers that are backed-up across both sites. Alexia's and Barney's teams have to work together to make sure the interfaces between NICE IT desktops and servers work well with new web-based applications provided by Digital Services. There are

regular meetings in place to manage the dependencies. This close working leads to healthy challenges, which lead to better solutions.

10. Although the above relate to medium term plans and are informed by the requirements of the end users, NICE is also looking at longer term strategies and the impact of major developments in digital health and data science. For example, NICE is currently considering a range of possible partnerships with organisations engaged in this space.

INTERNAL AUDIT

Progress report

11. Jeremy Nolan presented the report. All six audit areas were delivered on time and within budget

Payroll – Moderate assurance

12. Jeremy Nolan presented the report. The committee briefly discussed the report. Catherine Wilkinson confirmed that HR manage the contract with NHS Business Services, and although it is early days the feeling is that NHSBSA are better and more responsive than NHS SBS. Ben Bennett added that the TRAC system offers much better controls that the previous process.

Technology Appraisals appeals – Substantial assurance

13. Jeremy Nolan presented the report. The committee noted that it took assurance from the positive report for such a technical area.

Annual Assurance (HOIA Opinion)

14. Jeremy Nolan presented the report which was noted.

15. The committee requested that the Governance Statement for the Annual report and Accounts be circulated early ahead of the June meeting.

Action: NS

2017/18 Audit Plan

16. Jeremy Nolan presented the report, confirming that the cross-cutting GDPR work is planned for the summer. Further that their daily rate has increased from £360 to £400 per day but this is the first increase in two years.

17. The committee discussed the audit areas and efficiencies briefly, and it was agreed to reduce Key Financial Controls by 3 days and to add them to Cyber Security instead. It is yet to be determined whether the latter audit will be conducted by GIAA or by an expert firm. Barney Wilkinson also confirmed that he will be commissioning penetration testing separately in 2017/18.

Action: GIAA/BW

NATIONAL AUDIT OFFICE

Interim audit progress report

18. Andrew Jackson presented the paper. The committee noted the recommendation on Balance Sheet reporting and will discuss this with management.

Action: RM/BB

WHISTLEBLOWING

19. Ben Bennett presented the report. The committee noted that the lack of incidences is supported by the Staff Survey which was positive; it is believed that this is due to the organisation being relatively small which allows top to bottom oversight.

LOSSES AND COMPENSATIONS

20. Ben Bennett presented the report. The greatest losses arise from late cancellation of travel tickets, mainly by train. The committee asked whether an opportune time to book tickets could be ascertained - which would reduce the need for cancellation but also exploit lower priced tickets.

Action: CW

OUTTURN

21. Ben Bennett gave a verbal update on the expected outturn for 2016/17 at £4 million underspent, adding that the NAO audit is due to start on 8 May.

CONTRACT WAIVERS

Waivers report

22. Barney Wilkinson presented the report, which was noted.

Annual Waivers report

23. Barney Wilkinson presented the report, which was noted.

USE OF SEAL

24. The committee noted that the seal was used on twice.

AUDIT RECOMMENDATIONS LOG

25. The committee discussed the report briefly.

ANY OTHER BUSINESS

26. The committee discussed changing next year's timetable to accommodate an ARC meeting in May that would review year-end reports and final accounts in draft form, before signing off the final versions in June.

Action: RM/BB to discuss

Future meeting dates

21 June 2017 2pm

25 October 2017 2pm