





***National Institute for  
Clinical Excellence***

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***National Institute for  
Clinical Excellence***

***Business Plan***  

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***2001 – 2002***  

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***Business Plan 2001 – 2002***

*April 2001*



***Business Plan***

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***2001 – 2002***

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## **Business Plan 2001 - 2002**

April 2001

### **Ordering Information**

Copies of this Business Plan can be obtained from the NHS Response Line by telephoning 0870 1555 455 and quoting ref. no. 24004.

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## Introduction

The National Institute for Clinical Excellence was established in April 1999 to promote clinical excellence and the effective use of resources in the health service in England and Wales. The Institute is a Special Health Authority and is accountable to the Secretary of State for Health and the National Assembly for Wales for its resources, delivery of its work programme and for the guidance produced for the NHS.

This business plan sets out our specific objectives, targets and performance measures for the financial year 2001 – 2002 and our plans for meeting them. These objectives and plans have been informed by our overall purpose and the policy context in which we work. These issues are outlined in section one, together with an assessment of the challenges and opportunities the Institute faces in the coming year.

Section two sets out the Institute's corporate objectives for the year and what they will deliver. The board has agreed the following key objectives for the Institute's activity. The Institute will:

- Publish 19 new and 3 review technology appraisals
- Publish the series of three guidelines, originally commissioned by the Department of Health and inherited by the Institute
- Achieve an efficiency gain by absorbing the effect of inflation
- Manage the confidential enquiries through a year of transition and will agree and implement any organisational changes required
- Establish and support the six collaborating centres

Section three describes the various components of our work programme and explains how each area will contribute to the delivery of our objectives. Finally,

section four sets out the resource framework for the year ahead. Further details are provided in the appendices.

The business plan will be used by the board to set personal objectives for the Institute's staff, to monitor progress and to account to the Secretary of State and the National Assembly for Wales for our performance. It is also intended to inform our stakeholders of our plans for the year ahead.

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# Environmental analysis

## 1.1 Policy context

- 1.1.1 Over the past year, ambitious plans have been developed and published for the NHS in England and Wales that are intended to provide patients with a re-invigorated service.
- 1.1.2 These two plans will have a significant impact on the work of the Institute. In both plans it is clear that the Institute is expected to make a major contribution to the development of the health services in England and Wales. Both plans also make it clear that the Department of Health and the National Assembly for Wales expect the NHS to adopt the Institute's guidance in order to secure consistent clinical standards across England and Wales.
- 1.1.3 The English plan sets out a number of specific objectives for the Institute, including a substantial increase in the original activity targets for the Institute's work programme and highlights a number of new initiatives and specific service priorities. These include:
- Working in partnership with the new Modernisation Agency to develop guidelines and apply national protocols for specific care pathways. This development work will take place in conjunction with the National Assembly of Wales.
  - Working with the Department of Health, the Commission for Health Improvement, the Audit Commission, patient's organisations and the Royal Colleges to develop proposals for improved measures for the Performance Assessment Framework.
  - Advice for GPs on the most appropriate and cost-effective prescribing regimes for nicotine replacement therapy and bupropion, including duration and targeting.
  - Appraisals of a wide range of anti-cancer drugs.
  - By 2002, guidance on how best to organise urological, haematological, and head and neck cancer services and supportive/palliative care.
  - Updates of existing guidance for breast, bowel and lung cancer service.
  - By 2005, guidance on new standards for all aspects of cancer care.

- 1.1.4 Finally, the plan also announced that a new Citizen's Council would be established to support the work of the Institute.
- 1.1.5 In addition, the Welsh plan sets broad priorities for the NHS in Wales. Clinical governance is seen as the “lynchpin of the quality strategy” and applying “to all NHS organisations in Wales”. Consistency of clinical standards based on National Service Frameworks and the Institute's guidance is seen as essential to the success of the developing clinical networks. These will be supported by referral protocols in place with NHS Trusts. A new clinical governance strategy is due to be published in 2001 and the Institute will be holding further discussions with the National Assembly for Wales to determine what further action is required to realise this strategy.
- 1.1.6 Our work programme in 2001 – 2002 is designed to support the NHS plans for England and Wales. The details are outlined in section three.

## **1.2 Selection of topics for the Institute's work programmes**

- 1.2.1 The Department of Health and the National Assembly for Wales determine the work programme for the Institute. During 2000 – 2001, the Institute raised with the Department and the Assembly the need to develop a new process for the selection of topics for the work programme. We have worked closely with them to ensure that the Institute is more involved in the development of its programmes and that our stakeholders have more influence.
- 1.2.3 The Institute considers that the process for selecting its topics should:
  - a) Focus on the topics of the greatest significance to improving patient care and to the effective use of NHS resources;
  - b) Reflect clinical priorities for the NHS while allowing room for topics outside the priority areas;
  - c) Achieve coherence for the programme as a whole, so that individual components complement and reinforce one another;

- d) Be a responsive means for the Institute's stakeholders including the wider NHS to influence the work programme;
- e) Achieve transparency.

1.2.3 New arrangements based on these principles are currently being considered by Ministers.

### 1.3 Partnership working

1.3.1 The NHS plans for England and Wales emphasise the importance of all relevant agencies working together to deliver the modernisation of the health service. The Institute recognises that it is just one of a group of bodies which, collectively, have the potential to make a substantial difference to the quality of the care available to people who rely on the NHS. It is essential that the Institute works effectively with our partners to meet the expectations for service improvement set out in the two plans.

1.3.2 In our first two years, the Institute has developed close and productive working relationships with a range of organisations operating with the NHS at a national level, including:

- Commission for Health Improvement
- Audit Commission
- NHS Research and Development Programme
- NHS Direct
- NHS Information Authority
- National Electronic Library for Health
- Health Development Agency

In 2001 – 2002, we will review these arrangements to ensure that they are appropriate and agree changes where necessary. We will also ensure that we develop partnerships with the equivalent bodies in Wales.

1.3.3 A number of new agencies are now being established, partly in response to the new initiatives announced in the two NHS plans. We need to review how the Institute's roles and responsibilities can best be co-ordinated with these organisations and establish joint working protocols when appropriate. These new agencies include:

- Modernisation Agency – which will work with the Institute to develop and apply national protocols for specific care pathways;
- National Agency for Substance Abuse – which intends to develop clinical guidelines in this area;
- Social Care Institute for Excellence – which will produce guidance on best practice in social care.

1.3.4 The Institute is also aware that as the proposals in the two plans come to fruition, the landscape of the health service will change. New organisational arrangements are being established including, for example, the abolition of health authorities in Wales and the continued development of primary care trusts in England. There will be closer collaboration between health and social care, and the development of care trusts will provide services across these traditional boundaries. We will need to maintain our links with the NHS as a whole to ensure that our guidance continues to be relevant in this new and challenging environment. We will also work with the proposed Social Care Institute for Excellence (SCIE) to ensure that our roles are complementary.

1.3.5 The Institute has a range of stakeholders who are interested in, and affected by, the guidance we produce. Our approach to partnership working involves all of these groups, particularly patients/carers and their representative groups, professional organisations and the healthcare industries. Liaising with these groups, listening to their views, and involving them in our work programmes will continue to be a high priority for the Institute.

1.3.6 The Institute's guidance applies in England and Wales. The Health Technology Board for Scotland (HTBS) conducts technology appraisals and the Scottish Inter-collegiate Guidance Network (SIGN) develops guidelines for use in Scotland. We have developed constructive working relations with both these organisations to ensure that relevant

information is shared between us and to explore appropriate opportunities for joint working. We will explore with the Clinical Resource Efficiency Support Team (CREST) in Northern Ireland the possibilities of future joint working.

## 1.4 Challenges and opportunities

- 1.4.1 The Institute faces a challenging agenda in the year ahead. We are now an established feature of the NHS and our guidance and audit advice impacts directly on service provision and on a range of stakeholders. Expectations of us are high, from the Department and the Assembly who set our work programme and provide our funding, from our stakeholders, and from those who receive and use our guidance. We need to recognise and address these challenges and exploit the opportunities available to us, for the benefit of the NHS and the patients we serve.
- 1.4.2 The NHS plan for England outlines the expansion of our work programme for technology appraisals and clinical guidelines, in addition to a number of new initiatives. We will need to ensure that the development of our work programme is consistent with these objectives and that we have the staff and systems in place to deliver this activity.
- 1.4.3 During 2000, the Institute consulted a wide range of stakeholders on updated guidance for the technology appraisal programme. The new procedure and guidance documents were approved by the Board in February 2001 and will apply to all appraisals initiated after that date. We need to ensure that they are implemented and managed appropriately, particularly in protecting the information provided to us by companies as “commercial-in-confidence”. Arrangements for the commissioning and development of guidelines were published in 2000 and will apply to guidelines being developed in 2001 – 2002.
- 1.4.4 The establishment of the Institute’s six collaborating centres is a key development for building capacity to develop clinical guidelines and audits that are patient focused, clinically credible, academically rigorous, and address both clinical and cost effectiveness. We recognise the effort our partners in the collaborating centres have made to reach this stage and we will work closely with them to provide appropriate support and to ensure that the work programmes can be delivered. The Institute will, in parallel, establish technical and patient/carer support units, for the development of clinical guidelines and

audits, to ensure that help is available to the collaborating centres and that the Institute's standards for development and patient/carer involvement are consistently applied. Appropriate performance monitoring arrangements will be established so that the Board can be satisfied that the Institute's investment is achieving the objectives agreed.

- 1.4.5 We are working with the national confidential enquiries to take account of the recommendations of the review carried out in 2000. We will need to ensure that in making changes we retain the best aspects of their work while seeking opportunities to enhance their contribution to national clinical priorities.
- 1.4.6 We will continue to work with patient and carers groups to ensure their participation in, and confidence with, our plans for placing the patient's perspective at the heart of our programmes. We have learnt valuable lessons in our first two years and wish to incorporate these in the development of our processes and procedures. The establishment of the patient/carer support unit for the development of clinical guidelines and audits will assist the Institute in meeting this objective.
- 1.4.7 We will continue to develop our relationship with the health care industries. Our guidance has been the subject of considerable scrutiny and speculation by the manufacturers of health technologies both in the UK and overseas. NICE is described, variously, as a challenge, a threat and an opportunity to manufacturers. We rely on industry associations to help develop our systems, and to ensure transparency and fairness. We use the submissions from individual companies to inform our technology appraisals and clinical guidelines. Like our other stakeholders, the health care industries expect us to operate efficiently and responsively. They also expect us to recognise the substantial investment they put into developing their products, and to be sensitive to the impact that our work has on their business.
- 1.4.8 We are also aware that whilst there is great interest in the outcome of our decisions there will, at times, be some stakeholders who will feel unhappy about the conclusions we have reached. We will conduct our processes transparently, involve relevant stakeholders, and ensure our systems are robust and adequately administered. We will be fair in our dealings with all parties and will maintain the highest standards of professional conduct. We hope that these measures will ensure that, overall, we retain the confidence and support of our stakeholders in the advice we give.

1.4.9 The responsibility for implementing our guidance rests with the service. However, the Institute needs to be sure that its methods of dissemination are appropriate and support effective implementation. We will undertake a review of our dissemination and implement the findings of this review, within available resources. We will also commission research into the implementation and impact of our guidance.

## 2 Corporate objectives

Our objectives for 2001/2002 are set out below:

- 2.1 The series of three clinical guidelines, originally commissioned by the Department of Health and inherited by the Institute, will be published. Our arrangements for commissioned clinical guidelines will be tested and reviewed and we will publish updated and enhanced guidance for the clinical guidelines process.
- 2.2 Six collaborating centres will be established and supported to provide the capacity for clinical guideline development, and to undertake national audits and other aspects of the work programme.
- 2.3 The Institute will participate in the development of our work programme in collaboration with the Department of Health, the National Assembly for Wales and other stakeholders and will host the website consultation of the specialty maps.
- 2.4 The Institute's involvement in the development of national care protocols will be determined, and agreement reached with the Department of Health and the National Assembly for Wales on the process and funding issues.
- 2.5 The results of the pilot studies of the draft primary care referral guide (specialist services) will be reviewed and agreement reached with the Department of Health and the National Assembly for Wales on a publication strategy. A second set of guides (management of common medical emergencies in primary care) will be commissioned.
- 2.6 Nineteen new and three review technology appraisals will be published. The new guidance documents for the appraisal programme will be applied and the appraisal team brought up to full strength.

- 2.7 The first Institute-authored guidance will be available for Version 2 of the PRODIGY system. The Institute will agree arrangements for the maintenance of guidance in Version 1 of the system.
- 2.8 The Confidential Enquiries will be managed through a transition year during which the Institute will agree with the Enquiry teams plans to develop the impact and quality of their advice and potential for extending their scope.
- 2.9 The Institute's audit strategy will be reviewed and presented as clear deliverables for promoting and supporting clinical audit. General advice on best practice in audit will be published, as well as topic specific support for audit in the NHS.
- 2.10 The Institute will review its dissemination strategy.
- 2.11 The Institute will operate within its funding allocation securing full value for money for the resources allocated to it. The Institute will achieve an efficiency gain by absorbing the effect of inflation.
- 2.12 A programme leading to the achievement of the Investors in People award will be put in place as part of a continuing programme of organisational development.
- 2.13 The principal milestones in the delivery of these objectives are set out below:

### *April to June*

- Agree and publish the business plan for 2001 - 2002
- Establish the Appeals Committee
- Agree arrangements for Citizen's Council pilots
- Confirm contracts with all collaborating centres
- Confirm contract for PRODIGY
- Confirm contract for the Effectiveness Publications
- Confirm contracts with the Confidential Enquiries
- Establish technical and patient and carer support units for the development of clinical guidelines
- Commission research project into the impact of the Institute's guidance
- Review results of referral advice project and emergencies in primary care guidance

- Agree value for money studies with external auditors
- Establish Human Resources Framework Action Plan
- Board to receive action plan for the implementation of the Race Relations (Amendment) Act 2000
- Review arrangements and protocols for working with relevant national agencies
- Initiate communication and dissemination review project
- Initiate review of effectiveness publications
- Produce two clinical guidelines from the inherited programme
- Commission nine new guidelines
- Produce seven new technology appraisals
- Publish best practice advice in clinical audit

### *July to September*

- Publish annual report and accounts
- Board to receive first human resources report
- Agree development plan for Confidential Enquiries review
- Engage with the DOH/NAW stock take of the appraisal process
- Board to receive progress report on audit strategy
- Board to receive first quarterly performance monitoring report on Collaborating Centres
- Agree plan for Investors in People accreditation application
- Produce the Diabetes Type 2 series of six guidelines
- Produce five new technology appraisals
- Publish results of referral advice
- Implement findings of the review of the emergencies in primary care guidance
- Publish updated guidance compilation
- Commission any outstanding guidelines and new topics received
- Review forward plans and deliverables for clinical audit support on specific clinical topics

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### *October to December*

- Board to receive second quarterly performance monitoring report on Collaborating Centres
- Board to receive progress report on PRODIGY
- Agree revised dissemination strategy
- Introduce integrated document management system
- Formal annual review of service level agreement with Chelsea and Westminster Healthcare NHS Trust
- Draft corporate plan for 2002 - 2005
- Commission further programme of clinical guidelines
- Produce two service guidelines for cancer
- Publish two national audits
- Produce four new technology appraisals and one review
- Organise third Institute conference: Clinical Excellence 2001
- Publish updated guidance compilation

### *January to March*

- Publish corporate plan for 2002 – 2005
- Produce draft business plan for 2002 - 2003
- Board to receive third quarterly performance monitoring report on Collaborating Centres
- Complete implementation of Confidential Enquiries development plan
- Implement revised dissemination strategy
- Produce three new technology appraisals and two reviews

### *Annual Programme*

- Compliance with Data Protection Act 1998 requirements
- Implementation of Welsh Language scheme when approved by Welsh Language Board

## 3 Programme analysis

### 3.1 Technology Appraisals

3.1.1 The technology appraisal programme produces appraisal guidance documents of a uniform character. The outputs consist of original (new) appraisals and, beginning in 2001/2002, reviews of original guidance.

3.1.2 The mix of original and review guidance anticipated in 2001 – 2002 is set out below:

■ New appraisals published:	19
■ Review appraisals published:	3
■ <b>Total appraisals published</b>	<b>22</b>

The details of the technology appraisals referred to the Institute as of March 2001 are shown in Appendix A. Further announcements of the work programme are expected in early summer 2001 and later in the year. We expect to initiate at least a further 20 appraisals, depending upon the decisions of the Department of Health and the National Assembly for Wales, and this will complete the published work programme for the year.

3.1.3 Delivering this level of activity is dependent upon a number of factors. These include the need for regular commissions from the Department of Health and the National Assembly for Wales, adequate capacity in the academic teams producing the systematic reviews, and sufficient infrastructure to support the appraisals process within the Institute.

3.1.4 The Institute relies upon a wide range of external stakeholders to deliver this work programme. Regular contact will be maintained with stakeholder groups to obtain feedback and to respond to any issues raised.

3.1.5 The Institute wishes to properly recognise the contribution made to the development of appraisals by professional and patient/carer organisations and the demands this places upon them, and wishes to facilitate this contribution.

3.1.6 In 2000 – 2001 the expansion of the technology appraisals team was supported by the non-recurring funds available. This expansion will now be funded on a recurring basis. These staffing arrangements enhance the technical and administrative capacity of the team and will enable it to meet planned increases in activity.

## 3.2 Collaborating Centres

3.2.1 During the 2001/2002 year the Institute will establish collaborating centres to support national guidelines and audit developments. The collaborating centres are partnerships of national professional organisations, academic centres and patient/carers representatives, and are expected to build up to full capacity by the third quarter of the financial year. The Institute recognises the crucial role the collaborating centres will play in the delivery of its work programme and will put in place appropriate support and performance monitoring arrangements. The six collaborating centres are organised as follows:

- Acute Care
- Chronic Conditions
- Nursing and Supportive Care
- Mental Health
- Primary Care
- Women's and Child Health

3.2.2 Further details, including financial arrangements, are included in Appendix B. The collaborating centres anticipate some slippage on costs in their first year of operation because they will not reach full capacity immediately.

3.2.3 Many stakeholders are involved in the clinical guidelines and audit work programmes. The Institute will seek to ensure that the development processes are fully inclusive and transparent and that there is consistent practice across the collaborating centres. A support unit for Patient/Carer Involvement will be established and guides to the development processes will be produced.

3.2.4 A Technical Support Unit will also be established to provide the Institute and the Collaborating Centres with additional methodological expertise in clinical guideline development. The Unit will provide training and support for the collaborating centres and will ensure that the principles of guideline development are consistently applied.

### 3.3 Clinical Guidelines

3.3.1 The guidelines programme commissions the development of major disease or condition-based clinical guidelines using uniform commissioning, development and validation methods. The largest group of these consists of full clinical guidelines (in multiple formats and media). Other forms of guidelines include primary care guides and cancer service delivery guidelines.

3.3.2 The volume of guideline production anticipated in 2001/2002 is set out below. It is not possible to be precise at this stage because the clinical topics for part of the programme have not yet been received by the Institute from the Department:

■ Guidelines completed and published	3
■ Guidelines in production from first work programme	5
■ New guidelines commissioned from second work programme	9

The details of the Clinical Guidelines (including cancer service delivery guidelines) referred to the Institute as of March 2001 are shown in Appendix C. Further announcements of the work programme are expected in early summer 2001 and later in the year. This will increase the number of guidelines in production at the year-end and ensure that the capacity available in the collaborating centres is fully utilised.

3.3.3 The volume of cancer service guideline production anticipated in 2001/2002 is set out below.

■ Guidance documents completed and published	2
■ Guidance in development	4
■ New guidance commissioned	4 ( <i>to be confirmed</i> )
■ <b>Total guidance underway at year-end</b>	<b>8</b>

3.3.4 The publication of primary care guides anticipated in 2001/2002 is set out below. Publication is dependent on validation and further discussion with the Department of Health and the National Assembly for Wales.

■ First volume of referrals guidance completed and published	11
■ Emergency guides completed and published	16
■ New guidance commissioned (second volume of referrals)	12

3.3.5 The NHS Plan for England announced that the Institute would work with the Modernisation Agency to develop care protocols for the service. We expect to receive a commission from the Department of Health for this initiative in 2001 – 2002 and hope to extend this work to support the proposals of the Welsh plan released in February 2001.

3.3.6 During 2000 – 2001, the Institute reviewed the capacity available within the Institute to meet the demands of this expanded work programme and assessed that the existing resources were inadequate. A new staffing structure has therefore been agreed, which provides the Institute with the relevant skills and experience to deliver the work programme. A separate team for Clinical Guidelines has been established which will report to the Clinical Director. This expansion will be funded on a recurring basis.

## 3.4 Audit

3.4.1 The full extent of the practice component of the audit programme is currently incompletely defined. Audit advice will need to be developed for clinical guidelines and appraisals produced as part of the NICE programmes. From the current work programme it is likely that one major workshop will be required together with one or two publications about audit in the early part of the year. It is possible that a series of major national audits will need to be commissioned and run, but the topics and methods have yet to be agreed with the Department of Health and National Assembly for Wales.

3.4.2 The volume of audit production is uncertain. The confirmed programme is as follows:

Guide to Best Practice published	1
National audits completed and published	2
New national audits commissioned (assuming up to 6 further topics may be referred)	1 to 7
<b>Total national audits underway at year end</b>	<b>4 to 9</b>

Details of the work programme known in March 2001 are outlined in Appendix D.

3.4.3 Discussions will take place with the Department of Health and the National Assembly for Wales to confirm the details of the programme.

3.4.4 The staffing changes outlined in section 3.3.6 above have also led to the establishment of a separate team for audit reporting to the Clinical Director. This expansion will be funded on a recurring basis.

3.4.5 A review of the Institute's audit strategy will be carried out in the first quarter of the year to establish a clear action plan.

### 3.5 Confidential Enquiries

3.5.1 The business planning guidance for 2001 – 2002 provided to the confidential enquiries set out the following expectations:

- The funding available to the existing confidential enquiries will remain at the present 2000/2001 level.
- The present funding and organisational arrangements will remain the same for the period April to September 2001.
- Pending further discussion and agreement with individual enquiries, October 2001 to March 2002 will be a period of transition. The transitional options include continuation of the existing arrangements or support for changes.

3.5.2 Building on the work of the review carried out in 2000, the Institute will agree the way forward with the confidential enquiries and seek to:

- Further develop the impact and quality of their advice at a national level.
- Establish a partnership approach with the enquiry teams to secure best value for the funds invested.
- Establish a mechanism for reviewing the scope of the enquiries and methodologies.

3.5.3 The details of the financial arrangements for 2001 – 2002 for the confidential enquiries are outlined in Appendix E. The proposals submitted by the confidential enquiries represent an increase in the current budget. It is proposed to support these increases where appropriate and fund them on a non-recurring basis in 2001 – 2002 from the slippage in the collaborating centres. The implementation of new arrangements in 2002 – 2003 will bring this budget back into recurring balance.

## 3.6 Communication

3.6.1 The communication function is focused on ensuring the effective publication and dissemination of the Institute's products and the appropriate presentation of the Institute's purpose and policies. In doing so it will support the Institute's commitment to be open and transparent in its work and will ensure that, in its communications, the Institute complies with relevant guidance from the Department of Health and the National Assembly for Wales, and works within appropriate statutory and legal frameworks.

3.6.2 The Institute uses a combination of electronic media, traditional print media and partnership arrangements for the publication and dissemination of its products to the NHS and key stakeholders. Dissemination activity in 2001 – 2002 will be based upon the production of guidance from each of the Institute's main work programmes. These are outlined in the relevant sections above.

- 3.6.3 The current approach to publishing and disseminating Institute guidance was appropriate when the Institute was establishing its presence. It is likely to be unsustainable given the Institute's resources for this work, the expanded work programme, and its desire to take advantage of new electronic means of communication with the NHS and other stakeholders. A project will be initiated in April 2001 that will research and review stakeholder expectations and develop a revised dissemination strategy for implementation in January 2002.
- 3.6.4 Corporate communication ensures that key stakeholders understand the Institute (its purpose, tasks and methodology), that they can engage appropriately with the Institute, and that their expectations are appropriately managed. Achieving the corporate communication plan will involve the provision of an information service via the Institute's staff and web site, the targeting of communications and publications for all stakeholder groups (including patient/carer and Welsh language speakers), the publication and dissemination of standard reference documents, and the planning, delivery and management of the Institute's annual conference. The increased investment in the communications budget will help support this work.
- 3.6.5 The internal communications programme will be expanded during 2001/2002 and will include a new intranet facility, introduction of an integrated document management system and continued briefings, training programmes and presentation material for non-executives, the Institute's committees and the Institute's staff.
- 3.6.6 The communication function will continue to monitor and ensure compliance with NHS Guidance and statutory and legal frameworks. This will include preparation, consultation, agreement and delivery of the Institute's Welsh Language Scheme and compliance with the Data Protection Act.
- 3.6.7 The Institute will maintain and continue to develop an appropriate internet service (web site). Developments will be based on monthly reports and reviews of the site and its use, user feedback and the revised dissemination strategy.
- 3.6.8 The Institute currently funds the production of several effectiveness publications, which are managed by the communication function. The Institute will review the contribution to the NHS of these publications during 2001, with their authors.

3.6.9 The increased work programme for the Institute has a direct impact on dissemination costs and workload for the communication function. An allocation of the additional funding available to the Institute in 2001 – 2002 will be used to support the resulting increased costs. The communications team will be expanded to provide additional technical expertise and communications support. This expansion will be funded on a recurring basis.

### **3.7 Corporate Services**

3.7.1 Corporate Services provides the efficient day-to-day running of the Institute's corporate and administrative functions including support to the Board and to the Institute's advisory committees.

3.7.2 The Institute will establish a plan to meet the requirements of the Human Resources Performance Framework, including the improving working lives initiative and ensuring that our employment practices achieve relevant NHS standards. Where revisions to our existing policies or new policies are required, the Board will approve these.

3.7.3 The organisation will also work towards securing accreditation as an Investor in People to demonstrate our commitment to the development of our staff. The appraisal system and personal development programmes are already in place and are linked to the objectives set out in the Institute's business and corporate plans.

3.7.4 As a public sector organisation, the Institute has a duty to promote race equality in all our activities and to implement the directions of the Race Relations (Amendment) Act 2000. An action plan will be presented to the Board and will consider, among other initiatives, options for diversity training.

3.7.5 Performance indicators have been agreed with the Institute's financial and human resources services provider and will be monitored throughout the year at regular monthly meetings and in the annual review. The performance indicators include targets for processing of invoices, responses to queries and timely provision of financial and human resources information.

- 3.7.6 A significant development in 2001 – 2002 will be the creation of a Citizens' Council to support the development of the Institute's guidance. Various options are currently being explored with a view to starting meetings in the late summer or early autumn of 2001.
- 3.7.7 The Institute will also enhance its capacity for hearing appeals in the technology appraisal work programme. A new appeals committee will be established to provide members to serve on specific Appeals Panels and to advise the Board, as necessary, on the appeals process.

## 4 Resource management

### 4.1 Controls assurance and risk management

4.1.1 The Institute is required to comply with the controls assurance standards that apply to the NHS. The aim of the Controls Assurance Project is to help individual organisations improve their performance. Not all the standards are applicable to the work of the Institute, but the relevant areas are as follows:

- Risk management system
- Buildings, land, plant and non-medical equipment
- Contracts and contractor control
- Fire safety
- Health and safety management
- Human resources
- Information management and technology
- Professional and product liability
- Records management
- Security

4.1.2 In 2000 – 2001, the Institute reviewed the outcome of the risk assessment carried out in March 2000 and implemented the recommendations of the action plan. Further work will take place in 2001 – 2002 in the following areas:

- Review of health and safety arrangements
- Establishment of standard Institute contract for use with major contractors and improved performance monitoring arrangements
- Compliance with human resources performance framework
- Introduction of integrated document management system

4.1.3 The Institute expects to receive its internal auditors opinion of the base-line assessment and will act on the recommendations of their report.

## 4.2 Establishment

4.2.1 In the development of the Institute's plans for 2001 – 2002, it has been recognised that further investment in the establishment is required to ensure the delivery of the Institute's work programmes. While the Institute will remain a small organisation, the establishment will increase from the present level of 28 to 38 whole time equivalents by the end of 2001. This increase will take place in the following areas:

■ Technology Appraisals	3	(section 3.1.6)
■ Guidelines	2	(section 3.3.6)
■ Audit	1	(section 3.4.4)
■ Communications	4	(section 3.6.9)

4.2.2 The costs of this increase in establishment will be met on a recurring basis from the total funding available to the Institute.

4.2.3 The Institute remains committed to investing in its staff to support them in delivering an excellent service and a separate training budget will be maintained.

4.2.4 The Institute will keep both the capacity of its staff and those who support its work closely under review.

## 4.3 Equal opportunities

4.3.1 The Institute is committed to equality of opportunity in its employment practice. We have policies in place, which will support our efforts in this respect and we will keep these under review to ensure we are complying with relevant legislation and best practice. We will monitor our performance on a quarterly basis.

4.3.2 The Board will receive regular reports covering a range of human resources issues, including equal opportunities monitoring, turnover, absence levels and delivery of training and development programmes.

## 4.4 Information technology

- 4.4.1 The Institute is committed to exploiting the potential of information technology – both in the way we work and in the way our guidance is disseminated and made available to the NHS. We have made significant investments in information technology and will continue to explore further developments in 2001–2002.
- 4.4.2 In 2001–2002, we will develop further our technological capacity to support home working for staff, when appropriate, to make best use of the office accommodation available.
- 4.4.3 A review of training needs was carried out in January 2001 and a comprehensive IT training programme will be implemented throughout the year.

## 4.5 Accommodation

- 4.5.1 The Institute has moved to new offices in London. Arrangements are in place to ensure the smooth running of the premises and the management of information technology issues. We will ensure that this space is used efficiently.
- 4.5.2 In addition, we will continue to comply with relevant health and safety regulations to ensure the safety of all staff and visitors.

## 4.6 Financial framework

- 4.6.1 The recurring funds available to the Institute in 2000-2001 were £10,575,000. It has been confirmed that the Institute will receive an additional allocation of £2,500,000 from the Department of Health on a recurring basis starting in 2001–2002. In addition, the Institute will have access to non-recurring funds available from the under spend in 2000–2001.

These changes are highlighted in the table below:

Table one: Resources available in 2001-2002

	£
<b>Recurring in 2000-2001</b>	<b>10,575,000</b>
DoH increase	2,500,000
<b>Total recurring in 2001-2002</b>	<b>13,075,000</b>
<b>Additional non-recurring funds</b>	<b>705,000</b>

4.6.2 The NHS Plan for England increased the Institute’s budget by £2,000,000 to support additional activity in appraisals and guidelines. These funds were allocated to the main programmes of work to support the establishment changes outlined in section 4.2.1, the establishment of the six collaborating centres and non-pay costs associated with increased activity, including dissemination costs. These changes are shown in table two.

4.6.3 The additional £500,000 made available will be used to support new initiatives referred to the Institute in 2001-2002. Discussions are taking place with the Department of Health to determine the appropriate allocation of these funds as new commissions are received.

4.6.4 The Institute has undertaken a detailed budget setting exercise and the allocations to each area are outlined below.

Table two: Summary budget for 2001–2002

Budget	2000 – 2001 £	Change £	2001 – 2002 £
Appraisals	389,890	330,119	720,009
Effective Clinical Practice Infrastructure	1,694,249	-1,694,249	0
Collaborating Centres and Support Units	0	3,032,000	3,032,000
Guidelines	1,530,572	-795,036	735,536
Audit	335,457	4,564	340,021
Confidential Enquiries	2,724,976	0	2,724,976
Board and Corporate Services	1,487,608	160,674	1,648,282
Communications	1,532,248	961,928	2,494,176
PRODIGY	880,000	0	880,000
<b>Total</b>	<b>10,575,000</b>	<b>2,000,000</b>	<b>12,575,000</b>
Additional Allocation – available for new initiatives			500,000
<b>Total budget available</b>			<b>13,075,000</b>

A more detailed budget structure for 2001–2002 is set out in Appendix F

- 4.6.5 As noted above (section 3.2.2), it is expected that there will be some slippage on costs in the first year of operation for the collaborating centres. This position will be monitored carefully throughout the year and the funds available will be used to support the increased costs of the confidential enquiries in 2001–2002 (see section 3.5.3).
- 4.6.6 The Institute under spent its allocation in 2000–2001 by £705,000. The application of this underspending, brought forward to 2001–2002 will be agreed with the Department of Health and will be put to the Board for approval. It is anticipated that these funds will be used to support non-recurring expenditure related to the pilot for the Citizen’s Council and the research projects commissioned by the Institute.
- 4.6.7 The Institute will operate within its funding allocation, securing full value for money for the resources allocated to it. The Institute will achieve an efficiency gain by absorbing the effect of inflation and this is reflected in the budgets outlined above.

## List of appendices

<b>Appendix A</b>	<b>Technology Appraisal Work Programme</b>
<b>Appendix B</b>	<b>Collaborating Centres</b>
<b>Appendix C</b>	<b>Clinical Guidelines Work Programme</b>
<b>Appendix D</b>	<b>Audit Work Programme</b>
<b>Appendix E</b>	<b>Confidential Enquiries</b>
<b>Appendix F</b>	<b>2001–2002 Budget Structure</b>
<b>Appendix G</b>	<b>Key Personnel</b>

# Appendix A

## Technology Appraisals Work Programme

	Appraisal topic	The clinical and cost effectiveness of	Initial appraisal committee	Final appraisal committee	Anticipated launch date
1.	<b>Beta interferon</b>	Interferon beta for multiple sclerosis	To be confirmed pending outcome of economic modelling. Provisionally Sep-01		
2.	<b>Glatiramer</b>	Glatiramer for multiple sclerosis	To be confirmed pending outcome of economic modelling. Provisionally Sep-01		
3.	<b>Wound care</b>	Debriding agents for difficult to heal surgical wounds	21-Dec-00	7-Mar-00	Apr-01
4.	<b>Brain cancer</b>	Temozolomide for brain cancer	11-Jan-01	7-Mar-01	Apr-01
5.	<b>Pancreatic cancer</b>	Gemcitabine for pancreatic cancer	10-Jan-01	20-Mar-01	May-01
6.	<b>Lymphoma</b>	Rituximab for follicular lymphoma & chronic lymphocytic lymphoma	25-Jan-01	20-Mar-01	May-01
7.	<b>Cox II inhibitors</b>	Cox II inhibitors for skeletomuscular disease	26-Oct-00	26-Apr-01	Jun-01

**NB:** Dates correct at April 2001. Dates do change and updated tables are available from the NICE website [www.nice.org.uk](http://www.nice.org.uk)

	Appraisal topic	The clinical and cost effectiveness of	Initial appraisal committee	Final appraisal committee	Anticipated launch date
8.	<b>Colorectal cancer</b>	Irinotecan oxaliplatin & raltitrexed drugs for colorectal cancer	7-Feb-01	12-Apr-01	Jun-01
9.	<b>Lung cancer</b>	Docetaxel, paclitaxel gemcitabine and vinorelbine for lung cancer	20-Feb-01	26-Apr-01	Jun-01
10.	<b>Breast cancer</b>	Trastuzumab & vinorelbine for breast cancer	20-Mar-01	22-May-01	Jul-01
11.	<b>Ovarian cancer</b>	Topotecan for ovarian cancer	12-Apr-01	13-Jun-01	Jul-01
12.	<b>Lymphoma</b>	Fludarabine for chronic lymphatic lymphoma	22-May-01	26-Jul-01	Sep-01
13.	<b>Rheumatoid arthritis</b>	New drug treatments for rheumatoid arthritis: etanercept and infliximab for adults	12-Jul-01	12-Sep-01	Oct-01
14.	<b>Rheumatoid arthritis</b>	New drug treatments for rheumatoid arthritis: etanercept for children	12-Jul-01	12-Sep-01	Oct-01
15.	<b>Infliximab for Crohns</b>	Infliximab for Crohn's disease	26-Jul-01	25-Sep-01	Nov-01
16.	<b>Newer atypical antipsychotics</b>	The use of the newer (atypical) antipsychotic drugs in treatment of schizophrenia	14-Aug-01	11-Oct-01	Dec-01
17.	<b>Use inhalers in older children</b>	Inhaler devices for treatment of asthma in older children	12-Sep-01	6-Nov-01	Dec-01

**NB:** Dates correct at April 2001. Dates do change and updated tables are available from the NICE website [www.nice.org.uk](http://www.nice.org.uk)

	Appraisal topic	The clinical and cost effectiveness of	Initial appraisal committee	Final appraisal committee	Anticipated launch date
18.	<b>Bupropion &amp; NRT</b>	Bupropion (Zyban) and NRT to promote smoking cessation	25-Oct-01	22-Jan-02	Mar 02
19.	<b>Human growth hormone</b>	Human growth hormone in children	22-Nov-01	20-Feb-02	Apr-02
20.	<b>Human growth hormone</b>	Human growth hormone in adults	22-Nov-01	20-Feb-02	Apr-02
21.	<b>Routine anti D prophylaxis</b>	Routine anti-D prophylaxis for rhesus negative women in pregnancy	22-Nov-01	20-Feb-02	Apr-02
22.	<b>Sibutramine</b>	Sibutramine for obesity	To be confirmed pending UK licence Provisionally in final quarter		
23.	<b>Ramipril</b>	Ramipril for the prevention of CHD events	22-Jan-01	21-Mar-02	May-02
24.	<b>Ovarian cancer</b>	Caelyx for ovarian cancer	15-Jan-02	7-Mar-02	May-02
25.	<b>Metal-on-metal hip resurfacing</b>	Metal-on-metal hip resurfacing for younger or more active patients with disease of the hip	22-Jan-02	21-Mar-02	May-02
26.	<b>Morbid obesity</b>	Surgery for the morbidly obese	6-Feb-02	9-Apr-02	June-02
27.	<b>Depression and/or anxiety</b>	Computerised systems for delivering cognitive behavioural therapy	20-Feb-02	23-Apr-02	June-02

NB: Dates correct at April 2001. Dates do change and updated tables are available from the NICE website [www.nice.org.uk](http://www.nice.org.uk)

	Appraisal topic	The clinical and cost effectiveness of	Initial appraisal committee	Final appraisal committee	Anticipated launch date
28.	<b>Ultrasonic locating device for C-lines</b>	Ultrasonic locating device for C-lines	7-Mar-02	15-May-02	July-02
29.	<b>Age-related macular degeneration</b>	Verteporfin and SnET2 for age-related macular degeneration	7-Mar-02	15-May-02	July-02
30.	<b>Chronic myeloid leukaemia</b>	STI-571 for chronic myeloid leukaemia	9-Apr-02	13-Jun-02	Aug-02
31.	<b>Acute myocardial infarction</b>	Drugs for early initiation of thrombolysis after acute myocardial infarction	23-May-02	24-Jul-02	July-02
	<b>Further topics (to be announced in early summer and later in the year)</b>	Topics to be decided – number of topics is unknown, potentially a further 20 topics would be initiated during the year.	Will not be published until following year, 2002 - 2003		
R1.	<b>Review of taxanes for ovarian cancer</b>	Paclitaxel for ovarian cancer	22-May-01	26-Jul-01	Sep-01
R2.	<b>Review of taxanes for breast cancer</b>	Docetaxel & paclitaxel for breast cancer	To be confirmed – potentially published in the final quarter of the year		
R3.	<b>Review of the glycoprotein IIb/IIIa inhibitors</b>	Glycoprotein IIb/IIIa's for unstable angina and coronary syndromes	To be confirmed – potentially published in the final quarter of the year		

NB: Dates correct at April 2001. Dates do change and updated tables are available from the NICE website [www.nice.org.uk](http://www.nice.org.uk)

## Appendix B

### Collaborating Centres

Centre	Infrastructure costs – full year effect £	Infrastructure costs 2001-2002 £	Guidelines and Audits	Partners
Acute care	250,000	250,000	<ul style="list-style-type: none"> <li>■ Pre-operative tests</li> <li>■ Head injuries</li> </ul>	<ul style="list-style-type: none"> <li>■ Royal College of Surgeons</li> <li>■ Royal College of Anaesthetists</li> <li>■ Faculty of Dental Surgery</li> <li>■ Royal College of Ophthalmologists</li> </ul>
Chronic conditions	427,396	400,000	<ul style="list-style-type: none"> <li>■ Multiple sclerosis</li> <li>■ Heart failure guideline and audit</li> <li>■ MI national audit project</li> <li>■ Collaboration on Type 1 diabetes</li> <li>■ Chronic obstructive pulmonary disease<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>■ Royal College of Physicians</li> <li>■ Chartered Society of Physiotherapy</li> <li>■ Royal College of Surgeons</li> <li>■ Royal Pharmaceutical Society</li> <li>■ College of Health</li> <li>■ Royal College of General Practitioners</li> </ul>
Nursing and supportive care	248,201	248,201	<ul style="list-style-type: none"> <li>■ Pressure ulcers</li> <li>■ Community infection control</li> </ul>	<ul style="list-style-type: none"> <li>■ Royal College of Nursing</li> <li>■ College of Health</li> <li>■ UK Cochrane Centre</li> <li>■ Institute of Health Sciences, Oxford</li> <li>■ College of Occupational Therapists</li> <li>■ Centre for Evidence Based Nursing, University of York</li> </ul>

<sup>1</sup> Previously asthma. Change subject to consultation with the DH/NAW

**Collaborating Centres (continued)**

Centre	Infrastructure costs – full year effect £	Infrastructure costs 2001-2002 £	Guidelines and Audits	Partners
Mental health	449,200	426,700	<ul style="list-style-type: none"> <li>■ Schizophrenia</li> <li>■ Eating disorders</li> <li>■ Collaboration on depression</li> </ul>	<ul style="list-style-type: none"> <li>■ British Psychological Society</li> <li>■ Royal College of Psychiatrists</li> <li>■ Royal College of Nurses</li> <li>■ College of Occupational Therapy</li> <li>■ Royal College of General Practitioners</li> <li>■ Royal Pharmaceutical Society</li> <li>■ Institute of Psychiatry</li> <li>■ MIND</li> <li>■ National Schizophrenia Fellowship</li> <li>■ Manic Depression Fellowship</li> </ul>
Primary care	470,864	335,111	<ul style="list-style-type: none"> <li>■ Collaboration on Type 1 Diabetes</li> <li>■ Type 2 Diabetes<sup>2</sup></li> <li>■ Collaboration on depression</li> <li>■ Hypertension</li> <li>■ Dyspepsia</li> </ul>	<ul style="list-style-type: none"> <li>■ Royal College of General Practitioners</li> <li>■ Royal Pharmaceutical Society</li> <li>■ Community Practitioners and Health Visitors Association</li> <li>■ School of Health and Related Research, Sheffield University</li> <li>■ Department of General Practice and Primary Health Care, University of Leicester</li> </ul>

<sup>2</sup> Originally commissioned by the Department of Health and inherited by NICE.

**Collaborating Centres (continued)**

Centre	Infrastructure costs – full year effect £	Infrastructure costs 2001-2002 £	Guidelines and Audits	Partners
Women and child health	400,000	382,000	<ul style="list-style-type: none"> <li>■ Electronic Fetal Monitoring<sup>2</sup></li> <li>■ Induction of Labour<sup>2</sup></li> <li>■ Caesarean Section Audit<sup>2</sup></li> <li>■ Infertility (subject to DH/NAW confirmation)</li> <li>■ Caesarean section</li> <li>■ Collaboration on type 1 diabetes</li> </ul>	<ul style="list-style-type: none"> <li>■ Royal College of Obstetrics and Gynaecology</li> <li>■ Faculty of Family Planning and Reproductive Health Care</li> <li>■ Royal College of Paediatrics and Child Health</li> <li>■ Association of Genito-urinary Medicine</li> <li>■ Royal College of Midwives</li> </ul>
<b>Total</b>	<b>2,245,661</b>	<b>2,042,012</b>		
Potential changes	40,000	40,000		
<b>Revised total</b>	<b>2,285,661</b>	<b>2,082,012</b>		

<sup>2</sup> Originally commissioned by the Department of Health and inherited by NICE.

**Collaborating Centres (continued)**

Centre	Infrastructure Costs – full year effect £	Infrastructure Costs 2001-2002 £
Technical Support Unit	300,000	225,000
Patient/Carer Involvement Support Unit	75,000	56,250
<b>Total Support Units</b>	<b>375,000</b>	<b>281,250</b>
<b>Allocated for variable costs of individual topics</b>	371,339	668,738 <sup>3</sup>
<b>Grand Total</b>	<b>3,032,000</b>	<b>3,032,000</b>

<sup>3</sup> As there will be slippage in the costs of collaborating centres in 2001-2002, this budget will be used to support non-recurring cost pressures in the Confidential Enquiries and Service Guidance work programmes.

# Appendix C

## Clinical Guidelines Programme

### *Inherited Programme*

Guideline	Guideline Developers	Provisional Issue Date
Electronic Fetal Monitoring	Royal College of Obstetricians and Gynaecologists	May 2001
Induction of Labour	Royal College of Obstetricians and Gynaecologists	June 2001
Diabetes Type 2 – series of 6 guidelines	Royal College of General Practitioners	September 2001

### *NICE Commissioned Programme*

Guideline	Collaborating Centre (provisional)	Commissioning date	Provisional issue date
Multiple sclerosis	Chronic Conditions	Spring 2001	June 2003
Schizophrenia	Mental health	Spring 2001	August 2002
Pre-operative testing	Acute care	Spring 2001	July 2002
Hypertension	Primary Care (North of England)	Spring 2001	Summer 2002

<sup>4</sup> Previously asthma. Change subject to consultation with DH/NAW

**NICE Commissioned Programme (continued)**

Guideline	Collaborating Centre (provisional)	Commissioning date	Provisional issue date
Dyspepsia	Primary Care (North of England)	Spring 2001	Summer 2002
Heart failure	Chronic Conditions	Spring 2001	Summer 2002
Type I diabetes	Chronic Conditions with Women and Child Health and Primary Care	Spring 2001	Autumn 2002
Head injury in children and adults	Acute Care	Spring 2001	Spring 2002
Chronic obstructive pulmonary disease <sup>4</sup>	Chronic Conditions	tba	tba
Caesarean section	Women and Children	Summer 2001	Winter 2002
Infertility Mental Health	Women and Children Spring 2001	Spring 2001 Summer 2002	Spring 2002 Eating disorders
Depression	Mental Health with Primary Care	Spring 2001	Summer 2002
Infection in the community	Nursing and Supportive Care	Spring 2001	Summer 2002

<sup>4</sup> Previously asthma. Change subject to consultation with DH/NAW

## Service Guidance

Improving outcomes in cancer service guidance	Developer	Start Date	Provisional publication date
Urological (new)	National Cancer Guidance Steering Group	March 2000	November 2001
Breast cancer (update)	National Cancer Guidance Steering Group	March 2000	November 2001
Haemato-oncology (new)	National Cancer Guidance Steering Group	March 2000	April 2002
Supportive and palliative care (new)	Department of Palliative Care & Policy, Kings College	March 2001	December 2002
Colorectal (update)	National Cancer Guidance Steering Group	March 2001	August 2002
Head and neck (new)	National Cancer Guidance Steering Group	November 2000	November 2002

## GP Referral Guides

Guide	Review	Publication
Primary care guides	April – June 2001	September 2001 - April 2002
Emergencies in primary care guide	April – June 2001	September 2001 - April 2002

## Appendix D

### Audit Programme

#### *Current National Audit Projects*

Project	Start date	End date	Project status
Caesarean Section	April 1998	September 2001	Final stages
Myocardial Infarction (MINAP)	End 1998	End 2002	Ongoing
Diabetes (QUIDS)	July 1999	July 2002	Ongoing
Epilepsy (SUDEP)	April 1999	September 2001	Ongoing
Primary care management of CHD	Spring 2001	Autumn 2003	Yet to be commissioned

## Appendix E

### Confidential Enquiries

Enquiry	Budget 2000 – 2001 £	Welsh budget £	Proposals 2001 - 2002 £
Maternal Deaths (CEMD)	219,800		197,615
Peri-operative Deaths (NCEPOD)	400,000	50,000	485,000
Stillbirths and Deaths in Infancy (CESDI)	1,840,044		1,844,00
Suicide and Homicide by People with Mental Illness (CISH)	265,132	13,726	342,568
<b>Total</b>	<b>2,724,976</b>	<b>63,726</b>	<b>2,869,183</b>

## Appendix F

### 2001 – 2002 Budget Structure

Budget	2000 – 2001 £	Change £	2001 – 2002 £	Staff (Whole time equivalents)
<b>APPRAISALS</b>				
Pay	219,890	+420,119	640,009	13.00
Non pay				
Appraisals technical support			80,000	
Non pay sub total	170,000	-90,000	80,000	
Total appraisals budget	389,890	+330,119	720,009	
<b>GUIDELINES</b>				
Pay	172,042	+153,494	325,536	6.00
Non pay				
Collaborating centres			3,032,000	
Guidelines development			310,000	
Guidelines technical support			100,000	
Non pay sub total	3,052,779	+389,221	3,442,000	
Total guidelines budget	3,224,821	+542,715	3,767,536	

**2001-2002 Budget Structure (continued)**

Budget	2000 – 2001 £	Change £	2001 – 2002 £	Staff (Whole time equivalents)
<b>AUDIT</b>				
<b>Pay</b>	27,696	+88,925	116,621	2.00
<b>Non pay</b>				
Audit developments			223,400	
<b>Non pay sub total</b>	307,761	-84,361	223,400	
<b>Total audit budget</b>	335,457	+4,564	340,021	
<b>CONFIDENTIAL ENQUIRIES</b>				
<b>Non pay</b>				
Confidential Enquiries			2,724,976	
<b>Total Confidential Enquiries     Budget</b>	2,724,976	0	2,724,976	

**2001-2002 Budget Structure (continued)**

Budget	2000 – 2001 £	Change £	2001 – 2002 £	Staff (Whole time equivalents)
<b>BOARD AND CORPORATE SERVICES</b>				
<b>Pay<sup>5</sup></b>	<b>668,634</b>	<b>+19,416</b>	<b>688,050</b>	<b>9.00</b>
<b>Non pay</b>				
Accommodation			315,000	
Advisory Committee Expenses			130,000	
Communications			18,000	
Board and Partners Council			20,000	
Hospitality			9,732	
Information Resource			19,000	
IT Infrastructure			30,000	
IT Support Contract			35,000	
Photocopying			15,000	
Postage			13,500	
Service Contracts			180,000	
Stationery			25,000	
Staff Facilities			5,000	
Training			50,000	
Income			-5,000	
Travel and Accommodation			100,000	
<b>Non pay sub total</b>	<b>818,974</b>	<b>+141,258</b>	<b>960,232</b>	
<b>Total Board and Corporate Services Budget</b>	<b>1,487,608</b>	<b>+160,674</b>	<b>1,648,282</b>	

<sup>5</sup> Also includes the chairman and 7 non-executive directors

**2001-2002 Budget Structure (continued)**

Budget	2000 – 2001 £	Change £	2001 – 2002 £	Staff (Whole time equivalents)
<b>COMMUNICATIONS</b>				
<b>Pay</b>	111,248	+189,428	300,676	8.00
<b>Non pay</b>				
Corporate Communications			232,000	
Dissemination			1,280,500	
Welsh Language Scheme			15,000	
Effectiveness Publications			590,000	
Document Management			25,000	
Clinical Excellence 2001			55,000	
Website			76,000	
Income			-80,000	
PRODIGY			880,000	
<b>Non pay sub total</b>	2,301,000	772,500	3,073,500	
<b>Total Communications Budget</b>	2,412,248	+961,928	3,374,176	
<b>GRAND TOTAL</b>	10,575,000	+2,000,000	12,575,000	38.00

## Appendix G

### Key Personnel

#### Chairman

Professor Sir Michael Rawlins

#### Chief Executive

Mr Andrew Dillon

#### Non Executive Directors

Professor Tony Culyer CBE  
Mr Frederick George  
Professor Parveen Kumar CBE  
Dr Susanna Lawrence OBE  
Mr Roy Luff OBE  
Mrs Mary McClarey  
Mercy Jeyasingham (May 2001)

#### Executive Directors

Professor Peter Littlejohns  
Ms Anne-Toni Rodgers  
Ms Andrea Sutcliffe

#### Department of Health Senior Departmental Sponsor

Mr Andrew McKeon