



*National Institute for  
Clinical Excellence*

**Business plan** 2003-04

**plan**

**Corporate plan** 2003-06



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# Foreword



This review of our longer-term strategy looks forward over the next 3 years. It describes how we intend to build on the achievements of our first 4 years through the expansion of our existing programmes and the development of new forms of guidance for the NHS. We undertake these reviews each year and this corporate plan is supported by detailed annual business plans.

We have made real progress since our last corporate plan. Our technology appraisals programme is well established and has produced around 60 technology appraisals across a wide spread of clinical practice. Our seven national collaborating centres in England and Wales are undertaking a broad programme of clinical guideline development, and the first fruits have started to emerge.

We are introducing a new programme to assess the safety and efficacy of interventional procedures. This will both protect the interests of patients and support clinicians undertaking new and innovative procedures. We have also been working with the confidential enquiries and agreed with them a programme of expansion and reform. Importantly, we are pioneering a new way of engaging with the wider community, through the Citizens Council, which brings the views of the public into our decision-making.

There is, though, much more for us to do. Over the next 3 years we expect to take responsibility for the work of both the Advisory Committee on Borderline Substances as well as aspects of the National Screening Committee. We will also be reviewing the process and methodologies of all our existing work programmes to ensure they maintain their consistently high standards. As part of this work, we have invited the World Health Organization to review the quality of the appraisals we have produced. And, of course, we will need to review, regularly, the guidance we produce so that it remains relevant to the needs of patients.

We must also expand our capacity over the next 3 years. The needs of the NHS will require us to establish additional appraisal and guideline capacity. A further collaborating centre to produce cancer guidance, and a third appraisal committee, both planned for 2003, may well be insufficient. We will also establish a more ambitious research and development capability, within the Institute, to underpin all our work programmes.

We will continue to strengthen our relationships with the national and international organisations interested in improving the quality of healthcare and in meeting the challenges of the NHS modernisation agenda. In particular, we welcome the emerging opportunities to work with colleagues in Scotland and Northern Ireland. We will also ensure that the Institute is managed effectively and secures value for money in the delivery of all our work programmes.

Our past achievements and our future aspirations, however, rely on the contributions of the many thousands of people across the UK who contribute to the development of our guidance. Their commitment to helping us provide the NHS with the best possible advice on achieving the highest attainable standards of clinical care is extraordinary. I, and my colleagues on the Board, are grateful to them all.

Professor Sir Michael Rawlins  
Chairman





This business plan sets out our specific objectives, targets and performance measures for the financial year 2003–2004 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.

# business plan

2003–04



# 1. Introduction

- 1.1** The National Institute for Clinical Excellence (NICE) 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 Welsh Assembly Government for its resources, delivery of its work programme and for the guidance produced for the NHS.
- 1.2** The Institute's corporate plan for 2003–2006 sets out how we intend to build on the successes of our first 4 years through expansion of existing programmes and the development of new forms of guidance for the NHS. The corporate plan is reviewed each year and is supported by detailed annual business plans.
- 1.3** This business plan sets out our specific objectives, targets and performance measures for the financial year 2003–2004 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 2.
- 1.4** Section 3 sets out the Institute's corporate objectives for the year and what they will deliver. Section 4 describes how the various components of our work programme will contribute to the delivery of our objectives. Finally, Section 5 sets out the resource framework for the year ahead and Section 6 assesses the risks faced by the Institute in delivering these plans and how these will be managed.
- 1.5** The key objectives for the coming year are to:
- Issue 20 clinical guidelines, 25 technology appraisals and 55 interventional procedure guidance documents.
  - Enhance capacity through the creation of a third appraisal committee, expansion of the national collaborating centres (NCCs) and full establishment of the interventional procedures programme.
  - Enhance the Institute's support to the NHS in the implementation of its guidance.
  - Strengthen the infrastructure to sustain the growth of the Institute.
  - Support staff in their personal development and achievement of objectives.
- 1.6** 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 Welsh Assembly Government for our performance. It is also intended to inform our stakeholders of our plans for the year ahead.

# 2. Policy Context



2.1 The Institute was established in April 1999 to set clinical standards as part of a comprehensive quality framework for the NHS. Our role has been reinforced in the key health service policy statements since 1999, including plans for the NHS in England and Wales and the Government's response to the recommendations of the Bristol Royal Infirmary report. The Department of Health and the Welsh Assembly Government have stated that:

*NICE is the foremost body in providing authoritative clinical guidelines and technology appraisals.*

2.2 In January 2002, the House of Commons Select Committee initiated an inquiry into the Institute and the extent to which the Institute had made progress towards the objectives outlined in *A First Class Service*. The Committee reported its findings in July 2002. The report was generally positive about the progress the Institute has made in achieving the objectives set and highlighted a number of areas for further development. The Government's response to the report, published in September 2002, accepted these recommendations and the Institute established an action plan to ensure their implementation. The Board will receive a progress report in July 2003.

2.3 The Department of Health and the Welsh Assembly Government set the Institute's work programme and in 2002 consulted on new arrangements to identify and recommend topics to ministers for their final decision. The Institute welcomed these proposals. The work programme will cover a wide range of services and will be influenced by the Government's clinical priorities, as set out in the National Service Frameworks already issued and in development. It is likely that the new National Service Frameworks for children, long-term conditions and renal services will highlight specific issues for the Institute to address.

2.4 The Priorities and Planning Framework for the NHS in England sets out challenging targets for the improvement, expansion and reform of the NHS in the next 3 years. This framework emphasises the important role the Institute plays in setting standards to improve services and there are a number of specific references requiring local organisations to take "full account" of NICE guidance.

2.5 The framework also establishes objectives for all NHS organisations to take into account in their planning, including:

- making the most efficient and effective use of available resources
- ensuring that staff are trained and motivated, introducing flexible ways of working and improving the working lives of staff
- exploiting the opportunities of information technology.

The Institute has incorporated these principles into the business plan.



## 3. Corporate Objectives

The Institute's corporate objectives are set out below. Detailed quarterly milestones are provided in Appendix 1 (page 20) and will allow the Board, the Department of Health and the Welsh Assembly Government to monitor progress towards the achievement of these objectives throughout the year.

### 3.1 Outputs

- 3.1.1 Sixteen clinical guidelines will be published, together with four from the cancer service guidance series.
- 3.1.2 The seventh NCC, concentrating on cancer topics, will be established in Wales and there will be further expansion of the NCCs for Chronic Conditions and Women and Children's Health. The total capacity of the clinical guidelines programme will enable 35 guidelines to be in simultaneous development.
- 3.1.3 Twenty new, three review and two combination (new and review) technology appraisals will be published, covering 65 technologies.
- 3.1.4 An additional appraisal committee will be established providing capacity for an additional 27.5 appraisal units, once fully operational. The new committee is expected to begin approximately five appraisals in 2003–2004.
- 3.1.5 The interventional procedures programme will publish guidance on up to 25 newly notified procedures and at least 30 of the procedures inherited from the Safety and Efficacy Register for New Interventional Procedures (SERNIP).
- 3.1.6 The capacity of the interventional procedures programme will be developed to enable the first full reviews and data collection commissions to take place.

- 3.1.7 Changes to the confidential enquiries programme will be implemented fully and the new arrangements supported by the Institute. The Confidential Enquiry for Maternal and Child Health will be established and begin operating. The work programmes for the National Confidential Enquiry into Peri-operative Deaths and Confidential Inquiry into Suicides and Homicides by People with a Mental Illness will be expanded to incorporate new areas of research.

- 3.1.8 The Institute will continue to provide administrative support to the work of the Advisory Committee on Borderline Substances.

### 3.2 Impact

- 3.2.1 The Institute will continue to implement its strategy for assessing the impact of its guidance in the NHS, employing both quantitative and qualitative measures and using publicly available data and the results of commissioned research.
- 3.2.2 The Institute will develop a strategy that will explore its potential to facilitate the implementation of NICE guidance.





### 3.3 Engaging with stakeholders

- 3.3.1 The Institute is committed to operating in an open and transparent manner. In 2004, we will open up the appraisal programme appeal hearings to the public and will consider providing public access to other standing committees.
- 3.3.2 Our arrangements for working with the National Service Framework teams will be reviewed and we will seek to take opportunities to work together to provide coherent guidance for the NHS.
- 3.3.3 We will build on the pilot study for website access to the topic selection process, as a means of better enabling contributions from the NHS and other stakeholders to the determination of the Institute's work programme.
- 3.3.4 A further two meetings of the Citizens Council will be organised, one of which will be in Wales.
- 3.3.5 We will take specific measures in each of our work programmes to improve the way in which the Institute engages with its stakeholders – for example, the pilot of the patient impact assessment project in appraisals.
- 3.3.6 We will, progressively, better target our guidance using the results of the communications strategy agreed in 2002 and the further review planned for 2003.
- 3.3.7 We will develop memoranda of understanding with key national organisations, such as the Social Care Institute for Excellence and the General Medical Council, and will review existing arrangements with other bodies including the NHS Modernisation Agency, the National Patient Safety Agency and the Health Development Agency and in preparation for the establishment of the new Commission for Healthcare Audit and Inspection.

### 3.4 Process and methodology

- 3.4.1 A review of the appraisal process and methodologies will be undertaken and updated and new guidance published in December 2003. This will include an updated decision model, describing the approaches used to make judgments of clinical and cost effectiveness and for taking into account the views of patients, their carers and the wider public. The Institute will also consider as part of this review whether a fast-track process can be developed to offer an interim view, to the NHS, on fast-follower products.
- 3.4.2 The interim guidance for the interventional procedures programme will be reviewed and the full guidance published for consultation in January 2004.
- 3.4.3 The Institute will seek to establish the Advisory Committee on Borderline Substances as a formal advisory committee to the Board with effect from April 2004. The Institute will review and then consult on new processes and methodology.
- 3.4.4 A further volume in the clinical guidelines guidance documents series will be published, setting out the Institute's approach to a series of technical issues relating to guideline development.
- 3.4.5 The World Health Organization will undertake and publish an assessment of our technology appraisals against the highest international standards.
- 3.4.6 We will undertake a developmental review of the methodologies of the confidential enquiries.

### 3. Corporate Objectives



#### 3.5 Infrastructure

- 3.5.1 The Institute will operate efficiently within its allocations and will demonstrate progress against the improvements suggested by its auditors in the 2001–2002 Management Letter.
- 3.5.2 The corporate infrastructure in communications, finance, human resources, information management and technology and corporate services will be strengthened to secure these improvements and to support the continued growth of the organisation.
- 3.5.3 Time will be made available to staff to enable them to meet their development needs and the Institute will identify and achieve specific improvements to the way in which staff work, consistent with the NHS policy of Improving Working Lives.
- 3.5.4 The Institute will maintain a capacity, at executive director level, to analyse and plan for new programmes referred by the Department of Health and the Welsh Assembly Government, including preparatory work for the possible transfer of elements of the work of the National Screening Committee. This will include establishing and costing a proposed operational model for discussion and further development with relevant stakeholders.
- 3.5.5 We will ensure that the Institute operates in compliance with relevant legislation.



# 4 Programme Analysis



The analysis below is not intended to be a full description of each of the programmes, but to highlight the key activities for the coming year, how these will be delivered and any significant changes in the use of resources. The staffing and finance plans are summarised in Section 5 and further details are given in the appendices.

## 4.1 Appraisals

4.1.1 The key activities for the appraisals programme in 2003–2004 are to:

- issue 25 technology appraisals comprising 20 new technology appraisals, two appraisals combining new and review elements and three reviews – details are provided in Appendix 2 (page 21)
- establish a third appraisal committee to increase capacity
- review the appraisal process and methodologies, consult on the proposed arrangements, publish the outcome of consultation and issue the final documents
- enhance the Institute's contribution to the topic selection process.

4.1.2 These activities represent a significant increase in the workload of the appraisals team. The team will, therefore, be expanded by 12 whole-time equivalents to support the increased capacity of the third appraisal committee and to meet the increasing expectations for the programme in relation to rigorous methodology and process. This expansion will take place during the course of the year.

4.1.3 Funding for the following initiatives will be increased so that:

- the contract to provide expert clinical audit advice will be extended to cover 2003–2004 and arrangements for 2004 onwards will be reviewed during the year
- the Decision Support Unit, established in 2002, will be brought fully on-stream in 2003–2004
- the pilot and evaluation stages of the Patient Impact Assessment project will be undertaken during 2003.

## 4.2 Clinical guidelines

4.2.1 The key activities for the clinical guidelines programme are to:

- publish 16 clinical guidelines and four cancer service guidance documents – details are provided in Appendix 3 (page 22)
- expand capacity for guideline development through the establishment of the new NCC for Cancer, based in Wales, and the expansion of the NCCs for Chronic Conditions and Women and Children's Health
- publish the technical manual to support the production of guidelines
- promote research into key areas of guideline methodology.

4.2.2 There will be a small increase in staffing in the guidelines team to deal with pressures resulting from the large number of guidelines undergoing consultation and the need to coordinate the work of the newly established Guideline Review Panels.



4.2.3 The Institute has established seven NCCs and contracts with other academic centres to undertake the development of the clinical guidelines and cancer service guidance. In addition, the guidelines team manages the contract for the Patient Involvement Unit for NICE, which supports the involvement of

patients, carers and their representative organisations in the development of all our guidance. As the demands on the guidelines programme increase, additional funding will be made available to support expansion in these areas, as shown in Table 1 below.

**Table 1 Guidelines non-pay**

	2002–2003 Baseline £'000s	Part year effect £'000s	Additional Increase £'000s	2003–2004 Total £'000s	Guidelines Capacity Old	Guidelines Capacity New
<b>National Collaborating Centres</b>						
Acute Care	388	10	17	415	3	3
Cancer	100	358	–	458	–	4
Chronic Conditions	570	11	139	720	4	6
Mental Health	621	19	60	700	6	6
Nursing & Supportive Care	362	137	11	510	3	4
Primary Care	483	20	17	520	4	4
Women & Children's Health	508	–	82	590	5	6
<b>Subtotal</b>	<b>3,032</b>	<b>555</b>	<b>326</b>	<b>3,913</b>	<b>25</b>	<b>33</b>
<b>Associated Units</b>						
Newcastle Guideline Development and Research Unit	372	20	–	392	2	2
Patient Involvement Unit	250	104	–	354	–	–
<b>Subtotal</b>	<b>622</b>	<b>124</b>	<b>0</b>	<b>746</b>	<b>2</b>	<b>2</b>
<b>Cancer Guidance</b>						
University of Leeds	9	36	8	53	–	–
King's College, London	129	-54	–	75	–	–
<b>Subtotal</b>	<b>138</b>	<b>-18</b>	<b>8</b>	<b>128</b>	<b>–</b>	<b>–</b>
Variable costs	563	72	-55	580	–	–
Other non-pay costs	50	-25	15	40	–	–
<b>Grand total</b>	<b>4,405</b>	<b>708</b>	<b>294</b>	<b>5,407</b>	<b>27</b>	<b>35</b>



### 4.3 **Interventional procedures**

4.3.1 The interventional procedures programme produces guidance on the safety and efficacy of diagnostic processes or treatments that involve incision, puncture, entry into a body cavity, electromagnetic energy or ultrasound. The programme was established in April 2002 and opened to notifications of procedures in February 2003.

4.3.2 The key activities for the interventional procedures programme are to:

- review all the procedures classified in the safety and efficacy register of new interventional procedures, formerly associated with the Academy of Medical Royal Colleges and publish guidance on at least 30 procedures
- publish guidance on up to 25 new notifications of interventional procedures
- review the interim process manual published in January 2003 and issue a definitive version for consultation in January 2004.

The Institute expects to receive 60 notifications of new procedures in 2003–2004. However, this activity is determined by the NHS and other sources of procedure notification and is, therefore, unpredictable. Details are provided in Appendix 4 (page 24).

4.3.3 The interventional procedures programme was established in 2002–2003 and a new team was appointed. As the programme continues to grow, the team will be expanded to increase the administrative support and analyst capacity.

4.3.4 The Institute agreed a contract in 2002 with a consortium of the School of Health Related Research, University of Sheffield (SchARR), the Institute of Applied Health Sciences, University of Aberdeen, Sheffield Hospitals NHS Trust and the Nuffield Institute for Health, University of Leeds to provide information for the Interventional Procedures Advisory Committee. This contract will be fully established in 2003–2004.

### 4.4 **Research and development**

4.4.1 The key activities for the research and development programme are to:

- develop a research and development strategy for the Institute, including a focus on research into methodological aspects of guidance development
- undertake a review of the confidential enquiries methodology
- establish the Confidential Enquiry for Maternal and Child Health (CEMACH)
- initiate new studies by the Confidential Inquiry into Suicides and Homicides by People with a Mental Illness (CISH)
- support the development of National Confidential Enquiry into Peri-operative Deaths (NCEPOD) and publication of their annual report.



**4.4.2** The research and development function will be established with the appointment of a Programme Director and Project Manager, with administrative support. These staff will manage the contracts of the confidential enquiries and will be responsible for coordinating the Institute's research and development activity.

**4.4.3** Rebalancing of the confidential enquiries budget will continue. The creation of the CEMACH from the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI) and the Confidential Enquiry into Maternal Deaths (CEMD) will secure significant budget savings and these will be applied to the expansion of the NCEPOD and CISH and will reduce the budget over-commitment in 2002–2003, which was used to support the transitional year for CESDI and CEMD. These changes are shown in Table 2.

### 4.5 Citizens Council

**4.5.1** The key activities flowing from the work of the Council are to:

- hold a second meeting in May 2003 in Cardiff and a third meeting in November 2003
- publish the reports from the two meetings and the Board's response
- establish and implement a strategy to involve children and young people in the work of the Citizens Council
- use the interim evaluation reports to inform the continued development of the Council
- demonstrate the application of the Council's recommendations to the Institute's work.

**Table 2 Research and development non-pay**

	2002–2003 £'000s	Change £'000s	2003–2004 £'000s
<b>Confidential enquiries</b>			
CEMD	150	-150	0
CESDI	1,917	-1,917	0
CEMACH	–	1,270	1,270
CISH	444	308	752
NCEPOD	655	89	744
<b>Subtotal</b>	<b>3,166</b>	<b>-400</b>	<b>2,766</b>
<b>Project costs</b>			
Projects	70	20	90
Related costs	180	-180	0
<b>Subtotal</b>	<b>250</b>	<b>-160</b>	<b>90</b>
<b>Grand total</b>	<b>3,416</b>	<b>-560</b>	<b>2,856</b>



**4.5.2** There are no staffing changes envisaged and the Council will continue to be supported by the project manager and part-time administrative assistance. However, the administrative post will be transferred to the corporate services team, which will provide the support required. The project manager will also be involved in other developmental initiatives for the Institute.

**4.5.3** Only one meeting of the Council was held in 2002–2003 and the budget will therefore be increased to meet the costs of two meetings per year.

### **4.6 New initiatives**

**4.6.1** The key new initiatives the Institute expects to address in 2003–2004 are:

- provision of secretariat support for the Advisory Committee on Borderline Substances (ACBS), a non-departmental public body
- review of the arrangements for ACBS and consultation on proposals to establish it as an advisory committee of the Board
- preparation for the transfer of aspects of the National Screening Committee (NSC) pending ministerial approval and funding availability.

**4.6.2** No specific staffing arrangements have been made for these new initiatives. The relevant executive directors will undertake the preparatory work for the transfer of NSC functions and a management trainee on placement with the Institute will carry out the review of ACBS.

**4.6.3** No funding has been allocated in the plans for 2003–2004 for new programmes. The ability of the Institute to extend its role in 2004–2005 will depend upon the transfer of specific new funding.

### **4.7 Communications**

**4.7.1** The key activities for the communications work programme in 2003–2004 are to:

- review the Institute's Communications Strategy and present proposals to the Board for a revised dissemination approach
- deliver a corporate affairs programme
- gain the Plain English Campaign Crystal Mark for each 'information for the public' produced
- deliver the new media and e-publishing strategy.

**4.7.2** The Institute is increasing its output of guidance in 2003–2004, with the expansion of the clinical guidelines programme and the introduction of the interventional procedures programme. This has a significant impact on the function, largely amongst the medical/technical editors who are part of the publishing team. The team will therefore be expanded by 9.30 whole-time equivalents.



4.7.3 The Institute cannot sustain its previous paper-based dissemination strategy as the volume of guidance continues to grow. The changes shown in the non-pay budgets in Table 3 are based upon a proposed new strategy for dissemination, the details of which will be presented to the Board in May 2003.

#### 4.8 Board and corporate services

4.8.1 The key activities for the Board and corporate services work programme in 2003–2004 are to:

- coordinate the Institute’s collective effort in supporting NHS organisations in the implementation of our guidance
- review working partnerships with key organisations to enable coherent planning across relevant work programmes
- develop links with the devolved administrations and quality improvement organisations in Scotland and Northern Ireland
- manage the transition of the Institute in the new premises and provide support to the expanded workforce and programmes

- ensure implementation of key strategic policies in relation to the Race Relations (Amendment) Act 2000, the extension of the Disability Discrimination Act to public bodies, and Improving Working Lives
- secure effective use of the Institute’s resources.

4.8.2 As the Institute grows in size and complexity, the support provided by the Board and corporate services needs to be strengthened. An eighth non-executive director and fifth executive director will be appointed to the Board. Further appointments will also be made to strengthen the finance function and the administrative support for the Institute.

4.8.3 The Institute will move to new premises in March 2003. The non-pay budgets will increase significantly to support the costs of the new location. There are marginal increases in other budget areas to support increased activity, for example, the committee expenses for the new appraisal committee.

**Table 3 Communications non-pay**

	2002–2003 £'000s	Increase £'000s	2003–2004 £'000s
Publishing	1,210	283	1,493
Dissemination	370	23	393
Corporate	299	-71	228
New media	125	19	144
Effectiveness publications	330	–	330
Income	-80	–	-80
<b>Total</b>	<b>2,254</b>	<b>254</b>	<b>2,508</b>

# 5. Resource Management



## 5.1 Human resources

5.1.1 The overall staffing increases at the Institute are shown in Table 4.

5.1.2 A number of initiatives will also be implemented to ensure that staff and managers are appropriately supported. These include:

- introduction of a pay progression scheme
- review of the human resources function and provision of dedicated support for managers
- improved monitoring of personal development plans.

5.1.3 The Institute is committed to equality of opportunity in its employment practice. We have policies in place that 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 half-yearly basis.

5.1.4 The Institute will concentrate on the implementation of its Race Equality Action Plan approved by the Board in May 2002. In addition, we will ensure that we are fully compliant with the provisions of the Disability Discrimination Act.

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

**Table 4 Human resources profile**

	2002–2003 WTE	Increase WTE	2003–2004 WTE
Appraisals	17.80	12.00	29.80
Citizens Council	1.50	-0.50	1.00
Guidelines	10.00	1.50	11.50
Interventional procedures	3.80	2.00	5.80
Research and development	0.00	3.00	3.00
Communications	12.00	9.30	21.30
Corporate services	8.00	7.00	15.00
Executive Directors	4.00	1.00	5.00
<b>Total</b>	<b>57.10</b>	<b>35.30</b>	<b>92.40</b>



**5.2 Information technology**

- 5.2.1 The Institute has an opportunity in its new offices to review arrangements for the provision of information technology support. This review will be undertaken in 2003 and the results reported to the Board.
- 5.2.2 A feasibility study on the acquisition of an Institute-wide electronic database will be undertaken.
- 5.2.3 The Institute will continue to develop its website and ensure that it is an effective resource for healthcare professionals, patients and the wider public.

**5.3 Accommodation**

- 5.3.1 In March 2003, the Institute moved into new premises on High Holborn providing additional facilities, including meeting rooms, a library and staff café.
- 5.3.2 The new premises have meeting room space that will allow all London-based meetings of the Institute to be held on site. The Institute will explore the feasibility of offering these facilities to partners for their use.
- 5.3.3 An initial audit of disability access issues has been undertaken to inform the design of the offices and public areas. This will be followed by a more in-depth review when the Institute is in occupation. The Institute will ensure that the premises are compliant with all relevant legislation and health and safety guidance.

**5.4 Financial framework**

- 5.4.1 In 2002–2003, the Institute received £14,725,000 in recurring funding from the Department of Health and the Welsh Assembly Government. The Institute will receive additional recurring funding in 2003–2004 as shown in Table 5. The increase for 2003–2004 takes into account the loss of £100,000 for the transfer of funds to the Commission for Health Improvement following the transfer of the clinical audit programme.
- 5.4.2 In addition, the Institute underspent against its allocation in 2002–2003 by £200,000 and the Department of Health and the Welsh Assembly Government have agreed to broker these funds into 2003–2004. These funds can be used for non-recurring purposes.
- 5.4.3 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.
- 5.4.4 The Institute will seek income generation opportunities to increase the funds available to deliver the corporate objectives.

**Table 5 Funding framework for 2003–2004**

	2002–2003 £'000s	Increase 2003–2004 £'000s	2003–2004 £'000s
<b>Funding Source</b>			
Department of Health	13,908	2,893	16,801
Welsh Assembly Government	817	173	990
<b>Total</b>	<b>14,725</b>	<b>3,066</b>	<b>17,791</b>

**Table 6 Recurring budget allocations 2002–2003**

	Pay £'000s	Budget 2002–2003 Non-pay £'000s	Total £'000s
<b>Programmes</b>			
Appraisals	1,246	456	1,702
Citizens Council	58	234	293
Guidelines	498	5,408	5,906
Interventional Procedures	244	421	665
Research and development	124	2,857	2,981
<b>Subtotal</b>	<b>2,171</b>	<b>9,376</b>	<b>11,547</b>
<b>Support services</b>			
Board and Corporate Services	1,089	1,893	2,982
Communications	756	2,507	3,263
<b>Subtotal</b>	<b>1,844</b>	<b>4,400</b>	<b>6,244</b>
<b>Grand total</b>	<b>4,015</b>	<b>13,776</b>	<b>17,791</b>

## 5.5 Budget allocations

5.5.1 The Institute has undertaken a detailed budget setting exercise. The allocations for 2003–2004 are shown in Table 6 and further details are given in Appendix 5 (page 26). The Institute has established a balanced budget.

5.5.2 This budget includes provision for the part-year effect of the rent increase, which will not be effective until 2004–2005. These funds will be applied to non-recurring project costs in 2003–2004 in addition to the £200,000 carried forward from 2002–2003; £593,000 is therefore available for non-recurring projects.

5.5.3 Proposals for the use of these non-recurring funds are set out in Table 7. These proposals utilise fully the non-recurring funding available.

**Table 7 Non-recurring expenditure 2003–2004**

Non-recurring expenditure	2003–2004 £'000s
Appraisals process review	40
SERNIP overviews	25
Web content management system	70
Communications database	80
Office equipment	50
WHO quality assurance review of appraisals	75
Project management support for appraisal and ACBS review	18
Citizens Council – children and evaluation	50
New initiatives	24
Support for allied health professions	50
Project to monitor uptake of Institute guidance	66
Human resources consultancy	20
Implementation project	25
<b>Total</b>	<b>593</b>

# 6 Risk Assessment

## 6.1 Risk analysis

6.1.1 The objectives and activities set out in this business plan represent a significant challenge for the Institute as it continues to grow and develop. The senior management team has undertaken a risk assessment of the plan and identified five key themes that will require careful management:

- capacity
- demand
- quality
- impact
- effective use of resources.

6.1.2 The key handling strategies for each risk are shown in Table 8.



**Table 8 Risk assessment and handling strategies**

Risk	Objective	Handling strategy
<b>Capacity</b>		
Expansion plans not delivered. Issue of guidance delayed.	Realistic timetables for expansion set and achieved.	Robust staffing plans staged recruitment.
<b>Demand</b>		
Higher level of activity required than originally expected.	Demand managed and timetables maintained.	Flexible response to increased demand. Advance warning of changes.
<b>Quality</b>		
Increased output affects quality of guidance.	Maintain consistency and rigorous approach.	Quality assurance process clearly defined and followed. Appointment of experienced, qualified staff.
<b>Impact</b>		
Guidance challenged or not implemented.	Guidance welcomed and used by NHS, patients and public.	Develop role in facilitating implementation with relevant agencies and monitor impact of guidance.
<b>Effective use of resources</b>		
Resources (staff, funding, contracts, infrastructure) not used effectively and fail to achieve objectives	Effective use of resources.	Strengthen human resources and finance functions. Ensure personal development plans are established for all staff.



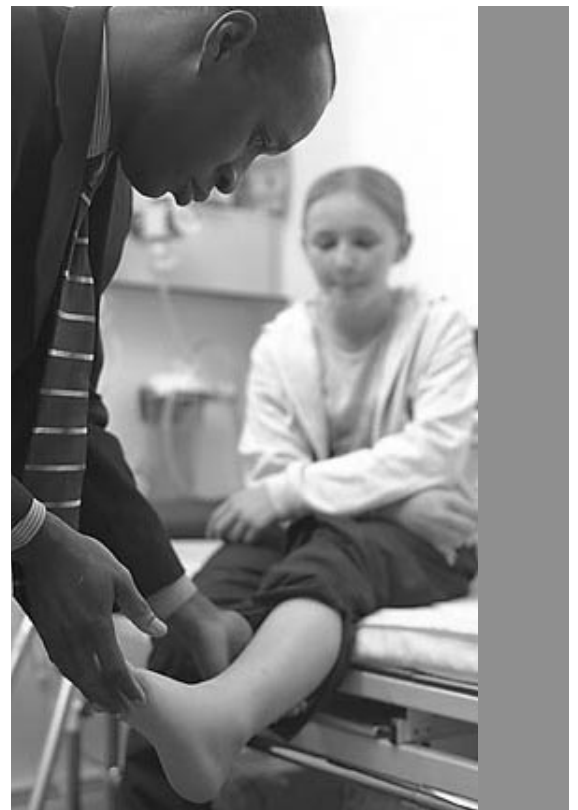
### 6.2 Risk management and controls assurance

6.2.1 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
- governance
- finance management
- 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.

6.2.2 Each year the Institute assesses its performance against the controls assurance standards and establishes an action plan to address any issues highlighted. This action plan and the progress reports are monitored by the Board's Risk Management Committee and an annual report is made to the Board. The Institute's internal auditors also review the baseline assessment and report their findings to the Audit Committee.

6.2.3 These activities provide a helpful structure for the Institute to manage the risks identified in Section 6.1.





# appendix 1

## Quarterly milestones

### April to June

- Issue six new technology appraisals and one review
- Issue three clinical guidelines
- Initiate the review of the appraisal process
- Hold second Citizens Council meeting and publish report
- Launch the NCC for Cancer in Wales
- Publish the guidelines technical manual
- Establish Guideline Review Panels
- Publish compilation of Institute guidance
- Publish business plan and corporate plan
- Publish Guide to NICE
- Introduce new pay progression scheme for staff

### July to September

- Issue nine new technology appraisals, one appraisal combining new and review elements and one review
- Issue one clinical guideline and one cancer service guidance document
- Issue 10 SERNIP procedure guidance documents
- Conduct consultation on the new technology appraisal process and methodology guides
- Commission the Patient Impact Assessment pilot and evaluation study for the appraisal programme
- Hold Annual Public Meeting
- Board to review progress of action plan to implement Health Select Committee's recommendations
- Review data protection and Welsh language compliance
- Publish annual report and accounts

### October to December

- Issue three new technology appraisals and one appraisal combining new and review elements
- Issue three clinical guidelines
- Issue 10 SERNIP procedure guidance documents
- Issue five newly notified procedure guidance documents
- Present research and development strategy to the Board
- Establish the third appraisal committee and hold induction session
- Hold third Citizens Council meeting and publish report
- Publish results of the consultation on the new technology appraisal process and methodology guides and issue final documents
- Consult on proposals for establishing the Advisory Committee for Borderline Substances as an advisory committee of the Board
- Review communication strategy
- Hold Clinical Excellence 2003 in Birmingham
- Publish compilation of Institute guidance
- Conduct annual staff survey

### January to March

- Issue two new technology appraisals and one review
- Issue nine clinical guidelines and three cancer service guidance documents
- Issue 10 SERNIP procedure guidance documents
- Issue 20 newly notified procedure guidance documents
- Publish the interventional procedures programme process manual for consultation
- Present results of consultation on the Advisory Committee for Borderline Substances to the Board
- Publish revised communication strategy
- Update and publish guide to NICE



# appendix 2

## Technology appraisals work programme

Appraisal topic/title	Anticipated launch date
Photodynamic therapy for age related macular degeneration	April 2003
Electroconvulsive therapy (ECT)	April 2003
Patient education models for diabetes	April 2002
Rosiglitazone and pioglitazone for type 2 diabetes (review of guidance numbers 9 and 21)	April 2002
Human growth hormone in adults	May 2003
Capecitabine and tegafur uracil for colorectal cancer	May 2003
Capecitabine for breast cancer	May 2003
Amantadine and oseltamivir for influenza prophylaxis	July 2003
Immuno-suppressive regimens for renal transplantation	July 2003
New drugs for bipolar disorder	July 2003
Liquid-based cytology for cervical screening (review of guidance number 5)	August 2003
Endometrial ablation for menorrhagia	August 2003
Anakinra for rheumatoid arthritis	August 2003
Drug-eluting stents for the prevention of restenosis, including review of coronary artery stents for ischaemic heart disease (including review of guidance number 4)	August 2003
Prevention of osteoporosis	September 2003
Treatment of osteoporosis	September 2003
Rituximab (Mabthera) for aggressive non-Hodgkin's lymphoma	September 2003
Imatinib (Glivec) for first-line treatment of chronic myeloid leukaemia	September 2003
Newer drugs for epilepsy (adult)	October 2003
Newer drugs for epilepsy (child)	October 2003
Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction	November 2003
Pegylated interferons, ribavirin and alpha interferon for the treatment of hepatitis C (including review of guidance number 14)	November 2003
Pre-hospital initiation of fluid replacement therapy in trauma	January 2004
Topotecan, pegylated liposomal doxorubicin hydrochloride and paclitaxel for the treatment of ovarian cancer (review of guidance numbers 3, 28, 45 and 55)	March 2004
Newer hypnotic drugs for the treatment of insomnia	March 2004



# appendix 3

## Clinical guidelines work programme

Guideline topic/title	Developer (NCC or other organisation)	Anticipated launch date
Head injury	Acute Care	June 2003
Preoperative tests	Acute Care	June 2003
Infection control	Nursing and Supportive Care	June 2003
Heart failure	Chronic Conditions	July 2003
Haemato-oncology	University of Leeds	September 2003
Pressure relieving devices (prevention)	Nursing and Supportive Care	October 2003
Antenatal care	Women and Children's Health	October 2003
Multiple sclerosis	Chronic Conditions	October 2003
Type 2 diabetes footcare	Primary Care	January 2004
Eating disorders	Mental Health	January 2004
Colorectal cancer (update)	University of Leeds	January 2004
Hypertension	Newcastle Guideline Development and Research Unit	February 2004
Familial breast cancer	Primary Care	February 2004
Fertility	Women and Children's Health	February 2004
Chronic obstructive pulmonary disease	Chronic Conditions	February 2004
Supportive and palliative care	King's College, London	February 2004
Dyspepsia	Newcastle Guideline Development and Research Unit	March 2004
Depression	Mental Health	March 2004
Self-harm	Mental Health	March 2004
Head and neck cancers	University of Leeds	March 2004
Caesarean section	Women and Children's Health	April 2004
Diabetes – type 1 adults and children	Chronic Conditions and Women's and Children's Health	May 2004
Anxiety (generalised)	Primary Care	June 2004

**(continued)**

Guideline topic/title	Developer (NCC or other organisation)	Anticipated launch date
Epilepsy	Primary Care	June 2004
Falls	Nursing and Supportive Care	August 2004
Dental recall	Acute Care	August 2004
Disturbed (violent) behaviour	Nursing and Supportive Care	November 2004
Lung cancer	Acute Care	November 2004
Child and adolescent cancer	Cancer	January 2005
Anxiety – post-traumatic stress disorder	Mental Health	January 2005
Long-acting reversible contraception	Women's and Children's Health	February 2005
Referral guidelines for suspected cancers	Primary Care	February 2005
Tuberculosis	Chronic Conditions	March 2005
Skin tumours including melanoma	Cancer	March 2005
Depression in children	Mental Health	April 2005
Pressure ulcers (management)	Nursing and Supportive Care (Royal College of Nursing)	May 2005
Anxiety – obsessive compulsive disorder	Mental Health	June 2005
Tumours of the brain and central nervous system	Cancer	June 2005
Osteoporosis	Nursing and Supportive Care	June 2005
Parkinson's disease	Chronic Conditions	July 2005
Sarcoma	Cancer	July 2005
Nutritional supplements	Acute Care	December 2005
Woundcare	Nursing and Supportive Care	April 2006



# appendix 4

## Interventional procedures work programme

Procedure number*	Procedure name	Anticipated launch date
3	Artificial joints for osteoarthritis of the hand	August 2003
13	Customised titanium implants in orofacial reconstruction	August 2003
22	Endoscopic dacryocystorhinostomy	August 2003
24	Endoscopic stapling of pharyngeal pouch	August 2003
28	Extracorporeal membrane oxygenation in postneonatal children	August 2003
43	Laparo-endogastric surgery	September 2003
68	Technique for treating occlusion of parotid sinuses using cyanoacrylate instillation	September 2003
103	Percutaneous pancreatic necrosectomy	September 2003
127	Radiofrequency ablation of liver tumours	September 2003
148	Extra-corporeal shockwave lithotripsy for calcific tendinitis	September 2003
175	Coblation tonsillectomy	November 2003
23	Endoscopic laser foraminoplasty	November 2003
65	Microwave endometrial ablation	November 2003
16/72	Bone-anchored cystourethropexy	November 2003
73	Intradiscal electrothermal therapy (IDET)	November 2003
75	Laser discectomy (lumbar)	December 2003
76	Percutaneous vertebroplasty	December 2003
99/101	Balloon thermal endometrial ablation	December 2003
124	Free fluid thermal endometrial ablation	December 2003
126	Prosthetic intervertebral disc replacement	December 2003
167	Laparoscopic helium plasma coagulation of endometriosis	January 2004
169	Hysteroscopic laser myomectomy	January 2004
74	Percutaneous endoscopic sigmoid colostomy	January 2004
29	Extracorporeal membrane oxygenation (ECMO) in adults	January 2004
60	Partial left ventriculectomy (Batista)	January 2004

**(continued)**

Procedure number*	Procedure name	Anticipated launch date
78	Photodynamic endometrial ablation	February 2004
106	Circular stapling haemorrhoidectomy	February 2004
55	Total laparoscopic hysterectomy	February 2004
128	Artificial anal sphincter	February 2004
10	Percutaneous prosthetic closure of atrial septal defect	February 2004
38/121	Embolisation of intracranial aneurysms	May 2004
123	Sacral nerve stimulation for faecal incontinence	May 2004
122	Vagus nerve stimulation for refractory epilepsy in children	May 2004
35	Off-pump coronary artery bypass	June 2004
18	Non-surgical reduction of myocardial septum	June 2004
19	Stimulated graciloplasty	June 2004
15	Supraorbital minicraniotomy for intracranial aneurysm	July 2004
139	Extracranial to intracranial bypass	July 2004
173	Stereotactic radiosurgery for trigeminal neuralgia (gamma knife)	July 2004
32	Fallopscopy (coaxial catheter)	July 2004

\*In the Interventional Procedure Register



# appendix 5

## Recurring budget allocations 2003–2004

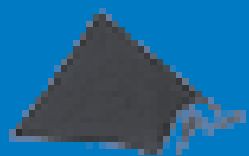
	Budget 2002–2003			Full year effect			Changes 2003–2004			Budget 2003–2004		
	Pay £'000s	Non-pay £'000s	Total £'000s	Pay £'000s	Non-pay £'000s	Total £'000s	Pay £'000s	Non-pay £'000s	Total £'000s	Pay £'000s	Non-Pay £'000s	Total £'000s
<b>Programmes</b>												
Appraisals	842	372	1,215	24	70	94	380	14	393	1,246	456	1,702
Citizens Council	66	121	188	0	113	113	-8	0	-8	58	234	293
Guidelines	422	4,405	4,827	53	709	762	23	294	317	498	5,408	5,906
Interventional procedures	102	220	322	102	201	303	40	0	40	244	421	665
Research & development	0	3,416	3,416	0	-560	-560	124	0	124	124	2,857	2,981
<b>Subtotal</b>	<b>1,432</b>	<b>8,536</b>	<b>9,967</b>	<b>179</b>	<b>533</b>	<b>712</b>	<b>560</b>	<b>307</b>	<b>867</b>	<b>2,171</b>	<b>9,376</b>	<b>11,547</b>
<b>Support services</b>												
Board and Corporate Services	800	1,179	1,979	239	0	239	49	714	763	1,089	1,893	2,982
Communications	419	2,254	2,673	30	0	30	306	253	559	756	2,507	3,263
<b>Subtotal</b>	<b>1,219</b>	<b>3,433</b>	<b>4,653</b>	<b>269</b>	<b>0</b>	<b>269</b>	<b>356</b>	<b>967</b>	<b>1,322</b>	<b>1,844</b>	<b>4,400</b>	<b>6,244</b>
<b>Grand total</b>	<b>2,651</b>	<b>11,969</b>	<b>14,620</b>	<b>449</b>	<b>533</b>	<b>982</b>	<b>916</b>	<b>1,274</b>	<b>2,189</b>	<b>4,015</b>	<b>13,776</b>	<b>17,791</b>



# appendix 6

## Board and senior management team

<b>Chairman</b>	Professor Sir Michael Rawlins
<b>Vice-Chairman</b>	Professor Tony Culyer CBE
<b>Non-Executive Directors</b>	Professor Leon Fine Frederick George Mercy Jeyasingham Dr Susanna Lawrence OBE Roy Luff OBE Mary McClarey Vacancy
<b>Chief Executive</b>	Andrew Dillon
<b>Clinical Director</b>	Professor Peter Littlejohns
<b>Corporate Affairs Director</b>	Anne-Toni Rodgers
<b>Planning and Resources Director</b>	Andrea Sutcliffe
<b>Interventional Procedures Programme Director</b>	Dr Tom Dent
<b>Guidelines Programme Director</b>	Dr Gillian Leng
<b>Appraisal Programme Director</b>	Dr Carole Longson
<b>Research and Development Programme Director</b>	To be appointed





This review of our longer-term strategy looks forward over the next 3 years. It describes how we intend to build on the achievements of our first 4 years through the expansion of our existing programmes and the development of new forms of guidance for the NHS. We undertake these reviews each year and this corporate plan is supported by detailed annual business plans.

# corporate plan

2003-06



# 1. Purpose & Partnerships

## 1.1 General guiding principles

1.1.1 NICE is an independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Some of the guidance is also used by the NHS in Scotland. Our work is guided by the following three principles.

- Rigorous assessment and analysis of the best available evidence.
- Evidence interpreted from the perspective of the patients, the public and health professionals.
- Recommendations that take account of both clinical and cost effectiveness.

1.1.2 Our goal is to prepare and maintain a comprehensive series of clinical standards, which will be regarded by the public and the NHS as the primary reference on the quality of care patients can expect from the NHS.

1.1.3 The people who provide for, and rely on, the NHS for their care are entitled to influence the nature of the services they receive. We are committed to involving patients and their carers in developing our guidance and we will continue to develop our capacity and our methodologies to do so. We are also pioneering a means of involving the wider public in our work, through the Citizens Council. Council members help us make the social value judgments that will inform much of our guidance.

## 1.2 Quality assurance

1.2.1 The Board has adopted a set of quality assurance principles that underpin all the work carried out by the Institute. These principles will be used to inform the development of new work programmes and the delivery of existing programmes. Our stakeholders can use these principles to validate our approach to quality control.

1.2.1 The quality assurance principles are as follows:

- i Guidance development processes are governed by clear statements of methodology and process, including a standard timeline developed in consultation with stakeholders and updated at regular predetermined intervals. These development processes will be published.
- ii Standard operating procedures are prepared for each principal step in the guidance development process. These procedures will be developed in consultation with the staff who will operate them, and be reviewed at regular predetermined intervals.
- iii Each piece of guidance is reviewed and agreed by an independent advisory committee or panel.
- iv Guidance publications are authorised for publication, on behalf of the Board, by the Guidance Executive.
- v The Senior Management Team and the Board receive regular reports, which identify variations from the planned programme, the reasons for the variations, and the remedial action taken.
- vi Each member of staff is aware of his or her personal responsibility for applying their best endeavours in assuring the quality of their work, through the application of standard processes and methodologies, and through independent thought and action where necessary and appropriate.
- vii The risks associated with guidance development programmes are assessed and reported to the Risk Management Committee together with risk minimisation and handling strategies.



viii A set of clear publication standards will be applied to the presentation of our work.

ix Dissemination of our publications will be undertaken following an assessment of the extent and needs of the audience for each item.

x Appropriate training will be provided for staff to enable them to apply these principles in their daily practice.

### 1.3 The Institute's guidance

The Institute's guidance appears in the following forms:

1.3.1 Technology appraisals – Recommendations on the use of new and existing medicines and treatments.

1.3.2 Clinical guidelines – Recommendations on the appropriate treatment and care of patients with specific diseases and conditions.

1.3.3 Interventional procedures – Guidance about whether interventional procedures used for diagnosis and treatment are safe enough and work well enough for routine use. An interventional procedure is one used for diagnosis or treatment that involves making a cut or hole in the body, entry into a body cavity or the use of electromagnetic radiation (including X-rays or lasers).

1.3.4 Confidential enquiries – Research into the preventable reasons for serious (mainly fatal) adverse events occurring during clinical care. Enquiries funded by NICE look into stillbirths, deaths in infancy and childhood, suicides and homicides by people with mental illness, deaths following surgery and maternal deaths.

### 1.4 Research and development

1.4.1 The Institute relies on collaboration with the research community to develop its guidance. This collaboration takes different forms and includes:

- working with the NHS Research and Development Health Technology Assessment Programme, to deliver the underpinning evidence for the technology appraisal guidance
- commissioning data collection and analysis where this is necessary to support decision-making by the Institute's advisory committees
- developing a joint agenda for methodological research with research commissioners and funders.

1.4.2 The Institute is committed to enhancing its research and development focus and is establishing a new directorate to coordinate work in this area. This new directorate will take responsibility for the confidential enquiries and work with them to enable their findings to be selectively converted into NICE guidance. The Institute will also commission research into the impact of our guidance in the NHS.





### 1.5 Involving stakeholders

1.5.1 The Institute works in partnership with a community of stakeholders who have an interest in our work and an important contribution to make in the development and implementation of our guidance. This partnership helps to secure the robustness and credibility of our guidance and we will continue to strengthen and extend it.

1.5.2 The Institute's principal stakeholders are:

- NHS patients and their carers
- NHS professions
- NHS management
- other national NHS agencies in England and Wales
- national social care agencies
- the Department of Health and the Welsh Assembly Government and their action teams and agencies
- the pharmaceutical, device, diagnostic and associated industries
- international quality, technology assessment and guideline organisations, particularly in Scotland and Northern Ireland
- the Institute's Partners Council
- the Institute's Citizens Council

1.5.3 Each of these stakeholders has a unique interest in, and perspective on, the work of the Institute and we will ensure that our working relationships recognise these differences and respond appropriately.

1.5.4 The Institute has developed a patient-centred approach in the development of its guidance and working methodologies. Our processes are designed to enable patient organisations to submit evidence, alongside health professionals and others, and to influence the formulation of guidance. We are committed to seeking improvements in how we can better incorporate the views of patients into our deliberations.

### 1.6 Communication strategy

The Institute has established a communications strategy that sets out key objectives governing the way we communicate with others. These objectives are supported by a detailed action plan and progress is regularly reported to the Board.

1.6.1 The Institute will be open and transparent in its work.

1.6.2 The Institute will endeavour to ensure that all its stakeholders understand the Institute's role, work programme and methodologies.



- 1.6.3** The products of the Institute's work will be available to those who need them, when they need them. They will inform the day-to-day clinical decision-making process.
- 1.6.4** We will help those working for NICE, and with NICE in its extended network, understand how the Institute works and give them the opportunity to shape its future.
- 1.6.5** The Institute will be recognised for its pathfinder role within the national and international health technology appraisal (HTA) and guideline development communities.
- 1.6.6** The Institute will make the best use of appropriate communications media, including both existing and emerging technologies, when communicating and disseminating its guidance.
- 1.6.7** The Institute will work together with other national quality bodies to secure the effective dissemination and implementation of our guidance.
- 1.6.8** The Institute will support the contribution of national and local media in helping to disseminate our guidance and we will work effectively with them.
- 1.6.9** The Institute will comply with guidance on communication and dissemination issued by the Department of Health and the Welsh Assembly Government and work within appropriate legal frameworks.
- 1.6.10** The Institute will make effective use of its communications resources and develop effective methods for evaluating our communications activities.





## 2. Corporate Objectives

### 2.1 Outputs

- 2.1.1 The clinical guidelines programme, with its associated publications (including the cancer service guidance series), will increase its capacity to enable up to 35 guidelines to be in development at any one time and to be kept up to date through regular review. The Institute considers, however, that this will be insufficient to meet the needs of the NHS and will seek additional resources to enable a further expansion of capacity.
- 2.1.2 By the end of the planning period in 2006, three appraisal committees will provide the capacity for up to 30 new technology appraisals to be published annually, and for up to a further ten to be reviewed each year, covering up to around 90 technologies. Each appraisal will be accompanied by an improved impact statement setting out the resource implications of the guidance for the NHS and a better focussed clinical audit methodology. Again, however, the Institute considers that this is unlikely to meet the needs of the NHS and will seek additional resources to enable a further expansion of capacity by establishing a fourth appraisal committee.
- 2.1.3 The interventional procedures programme will reach maturity, with a fully evolved process and methodology, publishing guidance on approximately 60 procedures each year.
- 2.1.4 Starting in 2004, we will selectively publish guidance derived from the reports of the confidential enquiries.
- 2.1.5 Advice will be provided to the NHS on the suitability of non-medicinal products ('borderline substances') for prescription on the NHS. Our intention, in the future, is to assess applications for product listings on grounds of clinical and cost effectiveness. We also intend to review the way in which decisions are made. We will consult stakeholders on these proposals.
- 2.1.6 We will develop a research and development programme to inform the methodologies used to develop all our guidance and to support its application in the NHS, and we will engage with funders and researchers, inside and outside the NHS, to put this programme in place.
- 2.1.7 We believe that we can make further contributions to the NHS by setting standards in the areas of screening, immunisation and vaccination. The Institute is in discussion with the Department of Health and the Welsh Assembly Government to assume responsibility for aspects of the national screening programme and we will respond positively to any request from these organisations for involvement in these programmes.
- 2.1.8 Both the Institute and its National Collaborating Centres (NCCs) offer an environment where trainee health professionals can learn the techniques used in developing guidance to the NHS. During their secondment, trainees can contribute to our work. A small number of trainees have already taken advantage of these opportunities, which will be further developed.



### 2.2 Impact

- 2.2.1 As a result of the Institute's guidance, people who rely on the NHS for their care and those who provide it will be better informed about the best approach to clinical practice in the areas covered by the Institute's guidance.
- 2.2.2 The Institute will develop and implement a strategy for assessing the impact of its guidance in the NHS. This will involve both quantitative and qualitative measures using publicly available data and the results of commissioned research.
- 2.2.3 The Institute will also collaborate with local health communities to help identify the skills and resources needed to secure implementation of our guidance.

### 2.3 Engaging with stakeholders

- 2.3.1 We will strive continuously to improve our arrangements for working with stakeholders, including local NHS organisations, to ensure that their voices are heard in the development and implementation of our guidance. This will involve improved methods of identifying consultees and commentators, research into the nature of the patient's perspective and application of the work of the Citizens Council.
- 2.3.2 We will engage actively with NHS Quality Improvement Scotland and the Scottish Intercollegiate Guidelines Network (SIGN) to contribute to their programme of service improvement in Scotland and to share their experience.

- 2.3.3 We will collaborate with international health policy organisations internationally to learn from their experience and to contribute to the general body of knowledge on methodology in developing clinical practice guidance and its application in health systems.
- 2.3.4 We will work constructively with governments and professional organisations in the UK that contribute to the development and delivery of health services. We will also establish links with national social care organisations, in recognition of the increased integration of health and social care at a local level.
- 2.3.5 Any reviews of process and methodology undertaken by the Institute will take place with public consultation.

### 2.4 Process and methodology

- 2.4.1 All our guidance development processes will be reviewed during the planning period. These reviews will be accompanied by public consultation. We will develop our collaboration with the World Health Organization, as an external assessor of the Institute's guidance.
- 2.4.2 Subject to funding, we will review and implement the communications strategy approved by the Board in 2002, using the results of consultation with stakeholders to place the right information with the right groups at the right time.
- 2.4.3 We will apply those recommendations of the Bristol Royal Infirmary Inquiry and the Health Select Committee that have been accepted by the Government and that concern the Institute's process and methodologies.



### 2.5 Infrastructure

- 2.5.1 People working at the Institute will be appropriately supported to enable them to deliver on their potential, through personal development opportunities and time made available for personal research, related to the Institute's activities.
- 2.5.2 The Institute will plan on the basis of a confirmed additional £3 million growth in funding in 2003–2004. Our funding for the following 2 years of £1.5 million in 2004–2005 and £1.8 million in 2005–2006 will constrain our continued growth and we intend to seek an increase in the allocation for 2005–2006. In addition, we will look for ways of generating income from our activities to help offset the cost of our work to the NHS.
- 2.5.3 We will ensure that we operate our programmes efficiently and effectively, securing value for money in the use of NHS resources.



# 3. Resources & Organisation



## 3.1 Funding assumptions

- 3.1.1** The Institute receives its core funding from the Department of Health and the Welsh Assembly Government. The funding assumptions for 2003–2006 are based on the 3-year allocations, of which NICE has been advised.
- 3.1.2** The Institute will seek additional sources of funding to supplement these core allocations. We will seek agreements with the devolved administrations in Scotland and Northern Ireland to make use of, and fund, all or aspects of our work programme. Subject to a change in our Directions, we will also look for opportunities to generate income from our guidance through value-added services provided to non-NHS audiences.
- 3.1.3** Table 1 sets out the Institute’s funding assumptions for the next 3 years. The increase for 2003–2004 takes into account the loss of £100,000 for the transfer of funds to the Commission for Health Improvement following the transfer of the clinical audit programme.

## 3.2 Application of funds

- 3.2.1** The Institute will apply these additional funds to support the objectives set out in Section 2. Specifically, resources will be applied to the expansion of the appraisals and guidelines programmes and the continued development of the interventional procedures programme. Resources will also be applied to enhance the Institute’s research and development functions.
- 3.2.2** The continued expansion of the Institute will have a direct impact upon the Institute’s communications strategy. Additional resources will be deployed to strengthen the Institute’s communication function and dissemination activity.
- 3.2.3** The Institute will move to new premises in 2003, which will provide the capacity for the Institute’s expected expansion over at least the next 5 years. The Institute’s infrastructure functions in finance, human resources, information and corporate services will be further developed.
- 3.2.4** Additional resources will be required (see Section 2.5) if the Institute is to expand its activity beyond the assumptions included in this plan.

**Table 1 Core funding 2003–2006**

	2002–2003 £’000s	Increase £’000s	2003–2004 £’000s	Increase £’000s	2004–2005 £’000s	Increase £’000s	2005–2006 £’000s
<b>Funding Source</b>							
Department of Health	13,908	2,893	16,801	1,448	18,249	1,730	19,979
Welsh Assembly Government	817	173	990	85	1,075	102	1,178
<b>Total</b>	<b>14,725</b>	<b>3,066</b>	<b>17,791</b>	<b>1,533</b>	<b>19,324</b>	<b>1,832</b>	<b>21,157</b>



**3.2.5** Appendix 1 (page 40) sets out how the Institute plans to apply its resources to meet these objectives, including the application of an indicative amount in 2005–2006 to support the continued development of existing programmes; Appendix 2 (page 41) sets out the related output of the Institute’s main programmes.

### 3.3 Human resources strategy

**3.3.1** Over the course of the next 3 years, the Institute expects its staffing complement to grow. There will be a significant increase in 2003–2004 but on the basis of current funding levels, no change is envisaged for 2004–2006. Table 2 sets out the planned growth in each of the programme areas by whole time equivalents (WTE).

**3.3.2** This initial expansion poses a challenge for the Institute and our human resources strategy will focus on the following key objectives.

- Providing a working environment that is friendly, supportive and productive.
- Supporting staff in identifying and meeting their personal development needs through appraisals and personal development plans.
- Operating an efficient and effective recruitment service that ensures the appointment of high-calibre staff.
- Providing induction programmes for staff to equip them with the information to fulfil their new roles.
- Facilitating flexible ways of working for all staff.
- Providing professional support for managers in all aspects of human resources policy and practice.
- Providing training opportunities for healthcare professionals.

**Table 2 Staffing assumptions**

	2002–2003 WTE	2003–2004 WTE	2004–2005 WTE	2005–2006 WTE
Appraisals	17.8	29.8	29.8	29.8
Citizens Council	1.5	1.0	1.0	1.0
Guidelines	10.0	11.5	11.5	11.5
Interventional procedures	3.8	5.8	5.8	5.8
Research and development	0.0	3.0	3.0	3.0
Communications	12.0	21.3	21.3	21.3
Corporate services	8.0	15.0	15.0	15.0
Executive Directors	4.0	5.0	5.0	5.0
<b>Total</b>	<b>57.1</b>	<b>92.4</b>	<b>92.4</b>	<b>92.4</b>



### 3.4 Information management

- 3.4.1 Our internal communications will be supported by the development of an intranet, which will carry policies and procedures, programme information, database and library access, Board and senior management team papers and news.
- 3.4.2 We will continue to use information technology to support workflow and to place knowledge within easy reach of all staff. We will invest in project management and coordination software to more effectively manage our guidance development.
- 3.4.3 We will further develop our computing services infrastructure to build in greater reliability and technical support.





# appendix 1

## Funding assumptions

	2002–2003 £'000s	2003–2004 £'000s	2004–2005 £'000s	2005–2006 £'000s
<b>Work programmes</b>				
Appraisals	1,215	1,702	1,910	2,090
Citizens Council	186	293	293	293
Audit	327	–	–	–
Guidelines	4,827	5,906	6,251	6,851
Interventional procedures	322	665	706	776
Research & development	3,416	2,981	3,147	3,447
<b>Subtotal work programmes</b>	<b>10,239</b>	<b>11,547</b>	<b>12,307</b>	<b>13,457</b>
<b>Infrastructure</b>				
Board and corporate services	1,980	2,981	3,528	4,028
Communications	2,977	3,263	3,303	3,653
<b>Subtotal infrastructure</b>	<b>4,957</b>	<b>6,244</b>	<b>6,831</b>	<b>7,681</b>
<b>Total</b>	<b>15,250</b>	<b>17,791</b>	<b>19,138</b>	<b>21,138</b>
<b>Recurring budget available</b>				
Department of Health	13,908	16,801	18,249	19,979
Welsh Assembly Government	817	990	1,075	1,178
<b>Total available</b>	<b>14,725</b>	<b>17,791</b>	<b>19,324</b>	<b>21,157</b>
<b>Variance</b>	<b>-525</b>	<b>–</b>	<b>186</b>	<b>19</b>
<b>Handling strategy</b>				
Confidential Enquiries	375	–	–	–
Slippage	150	–	–	–
<b>Unallocated funds</b>	<b>–</b>	<b>–</b>	<b>186</b>	<b>19</b>



# appendix 2

## Main programme outputs

Programme	2003–2004	2004–2005	2005–2006
Clinical guidelines	20	15	18
Technology appraisals	25	30	40
Interventional procedures	55	55	60



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N0302 1P 700 Sept 03 Abba Litho  
Design and layout by Westhill Communications

ISBN: 1-84257-378-0

Published by the National Institute of Clinical Excellence  
September 2003

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