

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

## **Business Plan: objectives and performance measures 2018 - 2019**

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## Introduction

1. This plan sets out our business objectives and performance measures for 2018-19.
2. Our purpose is to help improve the quality, sustainability and productivity of health and social care. We do this by producing guidance and information on effective practice and public health interventions, which enable people working in health and social care to make better decisions with and for those for whom they are providing services. We take account of value for money in developing our guidance, by recognising that new forms of practice need to demonstrate the benefits they bring against what they displace, and by recommending better targeting of interventions of limited value and opportunities for disinvesting from ineffective interventions. Our objectives support the priorities for the health and care system and the ambitions of the life sciences industrial strategy.
3. We promote our guidance and information using our own as well as a range of third party channels, including digital media and we help people to use it by providing practical support tools. NICE has a unique role in the health and care system given its remit across health care, public health and social care and is therefore well placed to adopt this system-wide perspective.
4. Established in April 1999 to reduce variation in the availability and quality of NHS treatments and care, our role was extended in 2005 to include advice on effective and cost effective public health practice. In 2009, we were asked to produce quality standards, derived largely from our clinical guidelines and to take responsibility for developing and maintaining clinical and public health indicators in the Quality and Outcomes Framework (QOF). At the same time, our technology evaluation programme was extended and we added more capacity to evaluate medical devices and diagnostics. Since 2013, our remit has included guidance and quality standards for adults' and children's social care, and highly specialised technologies for very rare conditions.
5. Our objectives are framed around our three strategic objectives which bring together our priorities:
  - Using current and emerging digital technologies, deliver guidance, standards, indicators and evidence to help to achieve high quality, sustainable services, supporting the health and care system to use its resources efficiently, and contributing to a thriving life sciences industry.
  - Support the adoption of our guidance and advice and help maximise its impact by working with partners to produce practical tools and support. Promote the role of NICE in the development and use of evidence in the international arena, to help support the UK as it leaves the EU
  - Operate efficiently, by using our resources productively and sustainably, and by supporting our staff to deliver on their full potential.

## **The context in which we work**

### **The health and care system**

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

### **The 2015-20 Spending Review**

7. The Government Spending Review, published in November 2015, set a challenging agenda for the public sector. Although the NHS settlement provides for small real terms growth and some front loaded investment in service transformation, the outlook is still challenging and the constraints on local government are likely to impact significantly on those aspects of social care for which we are producing guidance. NICE, too, is affected by the Review. The funding we get from the Department of Health and Social Care is known as Grant-in-Aid and is split between 'administration' and 'programme' elements. The 2018-19 administration funding will fall by £3.1m from £46m to £42.9m in cash terms. This is the third year of an overall straight line phased real terms reduction of 30% in our administration funding over the current spending review period to 2019-20. The programme budget will also reduce from £8.5m to £8.3m which gives a total in year reduction in Grant-in-Aid funding of £3.3m (6%).
8. This amounts to a total reduction of around £14m off our projected baseline over the four year period. Although achieving savings of this magnitude will require significant changes to the nature and extent of what we can offer, we intend nevertheless to keep the essential shape of our offer, combining a range of guidance, standards and indicators, with an array of evidence services, adoption support and added value, fee for service programmes. We have developed a programme of strategic savings and securing alternative sources of income which is currently underway.

### **Working with our system partners**

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

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

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

### **Helping the health and care system achieve financial balance**

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

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

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

### **Digital health and care services**

14. Expectations regarding the potential of digital interventions and services to transform the delivery of care, improve patient outcomes and access, and save costs, remain high across the health and social care system. In practice however, whilst the evidence base for digital technologies is improving, it remains limited and the confidence of decision makers to recommend or fund these technologies continues to be low. NICE is supporting the evaluation of digital technologies going forward with a number of initiatives. In 2017, we piloted the development of Health App Briefings (unfunded) to provide a summary of the evidence available on apps with a relatively mature evidence base. These briefings are now available to health professionals, commissioners and the public to help understand the strengths and weaknesses of the digital product they cover.
15. In a separate initiative, NICE is supporting NHS England deliver the digital IAPT pilot programme which aims to provide evidence-based psychological therapies and widen access to therapy for people with anxiety disorders and depression. NICE continues to engage with NHS England to identify and support other high priority digital programmes.

### **Public expectations of NICE**

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

17. The Government is committed to enabling the public to influence the development and delivery of health and social services. NICE has, from its inception, actively encouraged and supported the involvement of patients, service users, carers and the public (organisations and individuals) in the development and implementation of its guidance and advice, and in providing versions of this guidance and advice in accessible formats. In 2018 we will work closely with NHS England to improve support for shared decision making between patients and professionals. Over the years, NICE has broadened opportunities for public scrutiny of our decisions by providing access for the public to the meetings of our advisory bodies. In 2018, we will continue the implementation of the changes and improvements to our engagement with the public and those who speak on their behalf that were set out in the plans published in 2017.
18. What we offer is enhanced by NICE Evidence Services. This programme has extended our functions beyond guidance production to providing a comprehensive evidence and information service for healthcare, public health and social care. This includes an on-line portal for easy access to evidence, accredited guidance and other products, an evidence service targeted at primary care and specialist information services for accessing bibliographic content purchased by the NHS.

## **Public health**

19. NICE works closely with local authorities to ensure that guidance and related products are clear, relevant and accessible. We have also continued to build on our existing relationships with NHS audiences, and with Public Health England, which continues to deliver many public health interventions and programmes.
20. The partnership agreement between NICE and Public Health England (PHE) sets out how the two organisations will work together to share and develop knowledge and intelligence on healthcare, and on public health interventions and services at a national and local level. We work with PHE to jointly badge guidelines and other evidence based publications, and to actively support implementation of recommendations for public health at a local level. We will continue to work with PHE to optimise the national support for public health.
21. NICE is leading and contributing to a number of work areas to support the fight against antimicrobial resistance. These include the publication of a series of short clinical guidelines on the management of common infections and a new product, Antimicrobial Prescribing Advice, to support the stewardship of new antimicrobials coming to market. Work areas also include considering the potential role for Technology Appraisal guidance for some antimicrobials and exploring how links to up-to-date information on resistance rates can be included in the British National Formulary (BNF).

## Social care

22. NICE guidance and quality standards for social care are commissioned by the Secretary of State for Health and Social Care, and in the case of children's social care, the Secretary of State for Education. They are intended for use in conjunction with the frameworks and regulation already in place, providing practical support to help drive up the quality of adult and children's care. They also support the work of local Health and Wellbeing Boards and help local people hold commissioners and providers to account.
23. We recognise that resource allocation decisions are a matter for local councils and believe that using an evidence-based approach to cost-effectiveness can assist local commissioners in making these decisions. This highlights the importance of ensuring that quality standards describe cost effective practice.
24. To ensure our products for social care are designed and presented in a way that meets the needs of the individuals who deliver social care and the organisations they work for, we began producing 'quick guides' in 2016. These have been very well received by the social care sector, and we will continue to develop these during 2018.
25. The social care community has long been an important audience for any NICE guidance and advice that impacts on broader health issues, particularly from our public health programme. NICE's role in this sector was consolidated in 2017 with the publication of *Quality Matters*, which set out NICE's role in delivering quality for social care alongside other partners. In 2018, NICE will play an active role in taking forward the implementation of *Quality Matters*, working closely with Skills for Care and the Social Care Institute for Excellence. We will support four of the six priorities included in the plan for 2017/19, including leading one of the priorities jointly with Skills for Care:
  - Priority 2 - measuring, collecting and using data more effectively
  - Priority 3 - commissioning for outcomes
  - Priority 4 - better support for improvement
  - Priority 5 - shared focus areas for improvement (NICE/Skills for Care lead).

## Life sciences industry

26. NICE has an important relationship with the life sciences industry. Much of our guidance is based on data generated by pharmaceutical, biotechnology, medical devices and diagnostics companies, as they develop and prepare their products for market. Most of our programmes make recommendations about or provide information on new and existing health technologies. Our guidance has an impact on the commercial prospects of companies in the life sciences sector, in this country and internationally.
27. Our relationship with the industry is complex. Our primary responsibility is to help those who use the health and care services and those who care for them get the best outcomes and to use the resources available effectively. However,

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

28. 2018-19 will be another challenging year for the NHS. With marginal real terms funding increases, resources will need to go further and every opportunity for more efficient ways of working will need to be deployed. Spending on drugs, devices and diagnostics will inevitably come under ever greater scrutiny. At the same time, the work of the Accelerated Access Collaborative will get underway and the Life Sciences Strategy Sector Deals will be formulated for an industry with great importance to the UK economy. Government and industry will also enter negotiations to agree future medicines price regulation arrangements after the 2014 Pharmaceutical Price Regulation Scheme comes to an end in December 2018, and the Government's implementation of the UK's exit of the European Union will need to deal with the changes it will bring for healthcare and life sciences.
29. We want to reduce the risk for companies introducing products to the UK market by helping them focus their value proposition on the most compelling data. We want to work with companies and the NHS to design and manage novel evidence generation processes and new data-driven funding models for fast-track approval and reimbursement which provide benefits to patients and make the best use of NHS resources. Building on the international value of a positive NICE appraisal, we want to extend our support for companies by increasing the visibility and accessibility of the Office for Market Access and Scientific Advice Programme outside the UK. And we want to support the UK in developing a world-leading approach to using data to track outcomes and manage early access to worthwhile new technologies.
30. Our vision for a thriving relationship between the industry regulators and the NHS is an environment which enables and promotes adaptive, integrated regulatory approval, followed by the fast, data-driven evaluation, reimbursement and adoption of compelling, affordable value propositions. In 2018, subject to the outcome of consultation, we will be implementing changes to better manage access to new drugs and medical technologies (devices and diagnostics) by simplifying and streamlining the appraisal process. These changes will benefit patients by providing access to the most effective and cost effective new treatments more efficiently and will help the life sciences industry by increasing the opportunities for companies to help manage the introduction of their new technologies into the NHS.

### **NICE's unique offer**

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

social care services. Our work will therefore be:

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

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

## Programmes and objectives

### Strategic Objectives

33. Our strategic objectives for 2018-21 are:

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

34. Specifically, we will:

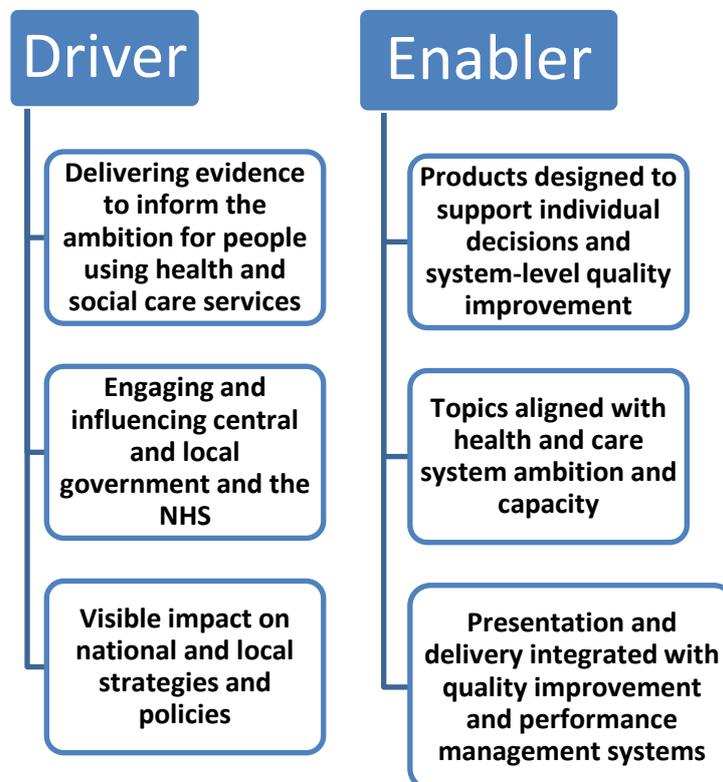
- Be an active partner in the national stewardship of the health and care system, retaining the broad shape and reach of our offer to the health and care system as we operate within a reducing Grant-in-Aid envelope.
- Ensure that our products will be accessible and fit for purpose. They will be designed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

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

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

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

36. The graphic below summarises our ambition for NICE.



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

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

## Programmes, products and services

### Content

38. **Quality standards:** NICE quality standards provide clear, concise statements of high-priority areas for quality improvement, covering health, public health and social care. Audiences include: commissioners of health, public health and social care; staff working in primary care and local authorities; social care provider organisations; public health staff; people working in hospitals; people working in the community and the users of services and their carers. The presentation of quality statements allows users to define and select the statements relevant to their particular area of interest, for example in terms of setting, audience, condition, or population.
39. Quality standards help organisations improve quality by providing measures of best practice to support ongoing performance improvement. These aim to support both commissioners and providers. Around 30 standard topics are in development at any one time, through a process that actively involves those with expertise and understanding of current services. Quality standards include content related to all three dimensions of quality – safety, effectiveness and patient experience – and take into account overall cost impact.
40. Although quality standards are not mandatory, they are an important driver for change within the arrangements for commissioning and service delivery in health and social care. Both the Secretary of State and NHS England must have regard to NICE quality standards. Quality standards are also identified as a key tool for bringing clarity to and measuring quality, as part of the National Quality Board's *Shared commitment to quality*. In social care, their role is reflected in Quality Matters. In public health, NICE is working with Public Health England to support their use in local government, including actively encouraging an ongoing process of data collection. To facilitate use of quality standards by commissioners, in response to feedback, we are reformatting quality standards to enable them to more easily be aligned to local priorities.
41. **Guidance on health technologies:** technology appraisals (TA) develop recommendations for the NHS and patients on drugs and treatments based on their clinical and cost effectiveness. We appraise all new drugs for cancer, and significant license extensions for cancer drugs. We consider a subset of all other new technologies offered to the NHS. Regulations provide for the mandatory funding of drugs and treatments which are recommended in a technology appraisal and that funding must normally be available within 3 months of a positive appraisal. Patient entitlement to these drugs is set out in the NHS Constitution.

42. NICE also has responsibility for evaluating and providing advice to NHS England, on selected highly specialised technologies (HST) which have been developed for treating conditions which affect very small number of patients (in England). Regulations provide for the mandatory funding of drugs and treatments which are recommended in a highly specialised technologies evaluation and that funding must normally be available within 3 months of a positive evaluation. Patient entitlement to these drugs is set out in the NHS Constitution.
43. NICE will continue to lead on the topic selection programme for the technology appraisal and highly specialised technologies evaluation programmes for the Department of Health and Social Care. We will continue to work with the NIHR Horizon Scanning functionality; National Institute for Health Research Innovation Observatory (NIHRIO) based in Newcastle to ensure that we receive early intelligence on emerging new health technologies. And we will continue our work with NHS England and other stakeholders to increase early awareness of new and emerging medical technologies, through the development of **MedTech Scan**.
44. Medical technologies (devices and diagnostics) are notified directly to NICE, usually by commercial sponsors and sometimes by clinical leads, and the Medical Technologies Topic Oversight Group decides which technologies should be evaluated, and by which guidance programmes. Our **medical technologies guidance** aims to identify cost saving interventions and recommends them to the NHS when the sponsor's case for adoption is supported by the evidence. The guidance is based on advantages to patients and to the NHS, compared with current practice, and it includes detailed consideration of costs, care settings and of the whole patient pathway.
45. Our **diagnostics guidance** advises the NHS and patients on the clinical and cost effectiveness of diagnostic technologies. The Diagnostics Advisory Committee produces guidance on a range of related technologies that have the potential to transform clinical diagnosis pathways to achieve better outcomes. The potential of technologies to provide a diagnosis at the "point of care" and to avoid attendances in secondary care is often an important consideration.
46. In 2014, NICE began to produce **Medtech Innovation Briefings (MIBs)** to provide the NHS and social care with objective information on promising medical technologies as an aid to local decision making by clinicians, commissioners and procurement professionals, and to inform patients about new technologies. We will work collaboratively, particularly with NHS England, to develop MIBs as a rapid responsive resource where the need for information has been identified directly from the NHS. We will also exploit the potential of MIBs to address technologies across the whole spectrum of NHS and social care settings.
47. Since July 2016, a team at NICE has been working with colleagues in NHS England to support the arrangements laid out for the new **Cancer Drugs Fund (CDF)**. We have appraised most of the treatments that were made available via the old Cancer Drugs Fund, and are working actively with NHS England to

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

48. Since 2017, NICE has been developing outputs and activities to support NHS England's commissioning of specialised services through the new **Commissioning Support Programme (CSP)**.
49. NICE will continue to provide advice to NHS England on the feasibility of operating patient access scheme proposals put forward by companies through the **Patient Access Schemes Liaison Unit (PASLU)**. We will explore with colleagues in NHS England how, through PASLU and our other commercial and managed access liaison functions, we can support NHS England in the consideration of commercial access agreements.
50. Recent changes to the TA and HST programmes, such as the introduction of the budget impact test and sliding HST cost/QALY limit, have substantially increased the need for NICE to ensure companies have meaningful opportunities to engage in commercial and managed access conversations with both ourselves and NHS England. The demand from companies for such interactions with NICE is already significant. It will increase further when the proposals for adjustment to the TA process, currently in consultation, are implemented. In order for these conversations to take place both at scale, and within the formal framework of NICE guidance production, appropriately resourced structures and processes have to be put in place in both NICE and NHS England. NHS England have already begun the establishment of their new strategic commercial unit. They have signalled to us the need for to establish an equivalent function as soon as possible, and this need is recognised in the government response to the Accelerated Access Review Report (sections 2.6 and 4.2). Commercial negotiation and managed access activity is resource intensive, sensitive and highly complex. NICE will support this by establishing a **commercial and managed access programme of work**, starting in the 2018-19 business year.
51. **Interventional procedures guidance** advises on the safety and efficacy of treatments and approaches to diagnosis. It includes procedures used in hospital, in the community and in patients' homes. An interventional procedure is one used for diagnosis or treatment that involves making a cut or hole in the body, entry into a body cavity or using electromagnetic radiation (including X-rays or lasers). Topics for this programme are referred by any source including: manufacturers, patients, other programmes at NICE and the health professionals who wish to use them. The outputs are applied with consistency in the NHS and in the private health sector.
52. **NICE guidelines**: make evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions, improving health, and managing medicines in different settings, to providing social care and support to adults and children, and planning broader services and interventions to improve

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

- **Clinical guidelines** consist of sets of recommendations on the appropriate treatment and care for patients with specific diseases and conditions. Though not covered by a funding requirement or the NHS Constitution, they are an important reference for patients, health and social care professionals and commissioners in the NHS. Like other NICE guidance, the recommendations in our clinical guidelines are assessed for both their clinical and cost effectiveness and they integrate other guidance outputs, such as technology appraisals, and interventional procedures, when these are relevant to the topic. Importantly, our clinical guidelines are also the primary source for our quality standards and form the main source for the development of NICE Pathways.
- The current portfolio of clinical guidelines is approximately 200; the largest collection of clinical guidelines in the world. Additional topics are referred by NHS England, after careful consideration. At present, between 50 and 60 clinical guidelines (including updates) are in development.
- Maintaining the currency of the guidelines portfolio is a vital element of its relevance to the NHS and its suitability as the principal source for quality standards. As the portfolio has grown, reviewing and updating guidelines has become a major activity in the programme. The nature and extent of the library, in the longer term, will need to be agreed with the Department of Health and Social Care and NHS England.
- **Social care guidelines:** The 2012 Health and Social Care Act established a new responsibility for NICE to develop guidance and quality standards for social care in England. This provides an opportunity to apply an evidence-based system to decision-making in the social care sector, similar to that provided for the NHS. It will also allow us to produce guidance that promotes better integration between health, public health and social care services, and will be developed in close partnership with, rather than imposed upon, service users and carers, practitioners and organisations working in social care. The programme currently has between 6 and 8 guidelines for social care in development at one time. Following significant engagement with stakeholders, to understand their priority areas and the specific needs of our social care audiences, a new list of topics will enter the scoping and development phase during 2018.
- **Public health guidelines:** NICE guidance in public health covers a range of topics largely addressing health improvement and wider determinants, such as tobacco cessation services and prevention of obesity. It is a significant programme of work that has between 20 and 24 topics under development at any one time. In 2014, we were referred a library of over 60 public health topics to inform future quality standards and final

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

53. **Medicines and prescribing:** We provide a comprehensive suite of guidance, advice and support for optimal use of medicines. These include a horizon scanning function for new drugs (*UK Pharmascan*), evidence summaries, key therapeutic topics, medicines awareness services and the associates programme. Prescribing advice is commissioned through the British National Formulary (BNF), and information about licensed drugs is available through NICE's digital evidence resource. We are working with the BNF to ensure that it reflects the most up-to-date evidence on antimicrobial use to support the drive to reduce antimicrobial resistance.
54. Evidence summaries provide information on the effectiveness, safety, resource impact and patient factors for new medicines which are not the subject of a timely technology appraisal. We also produce evidence summaries on the use of unlicensed/off-label drugs in conditions where there is no licensed alternative, supporting cross-system initiatives to facilitate the adoption of repurposed medicines with a robust evidence base. Evidence summaries do not constitute formal recommendations, but summarise the available evidence to facilitate commissioning policies and local decision-making.
55. **NICE menu of indicators** provides a range of evidence-based indicators to support national and local measurement of quality improvement. NICE has a robust process in place for developing indicators, which was recognised in 2015 through two independent reviews carried out by the King's Fund and the Health Foundation.
56. Indicators developed by NICE are used in the QOF to reward general practice for the provision of high quality care and to standardise improvements. NICE is working closely with NHS England to support planned changes to general practice indicators in England.
57. NICE also produces indicators for public health, and to help Clinical Commissioning Groups identify areas for improvement, to enable them to compare their care processes and outcomes with other groups, locally and nationally. NICE will work closely with NHS England to ensure indicator development reflects their priorities.
58. NICE is working with the CQC and other colleagues to identify indicators and measures that reflect high quality social care. This is being taken forward as a workstream within *Quality Matters*, and will draw on measures that NICE has identified in quality standards for social care.

59. **NICE Evidence Services** are online evidence resources to help people from across the NHS and working in the wider public health and social care sector to make better decisions by providing them with access to clinical and non-clinical evidence-based information of the highest quality. It does this by engaging directly with health and social care professionals to identify and disseminate quality evidence-based information, including from those organisations accredited by NICE. The service draws on a comprehensive range of information sources (including local experience), providing easy access to information that has traditionally been hard to find. The system includes a 'simple search', built around a powerful search engine, as well as an advanced database search for researchers and information specialists to search content across a range of bibliographic databases. The BNF and BNFC, and the Clinical Knowledge Summaries, which summarise practice recommendations for over 330 topics typically presenting in primary care, are also available as part of the evidence service of NICE. Access to these multiple services is now fully integrated within the NICE website and signposted from any page of the website. This enables a seamless journey for our users, from one information source to another.
60. The service is built on an 'open-access principle' – as much content and functionality as possible will be freely accessible. Access to some full-text content requires users to log on because of commercial arrangements with the information providers, although this is being kept to a minimum and the log-on process is as simple as possible.
61. **Improving Access to Psychological Therapies (IAPT) Assessment Briefings:** To support NHS England's programme to improve access to psychological therapies, we will evaluate selected, digitally assisted therapies for depression and anxiety using ongoing data collection to determine whether there are improvements in service efficiency, with patient outcomes that are at least as good as those achieved with NICE recommended non-digital therapy. We identify potential digital products, which are screened in line with NICE recommendations and address a condition currently managed by the IAPT programme, and produce an assessment briefing that is considered by an expert panel for inclusion in the IAPT programme. Suitable products are allocated to a set of local IAPT services, and evaluated in practice. Data collected is reviewed on a regular basis by the panel, and the products will be part of the mainstream IAPT service after 2 years if their performance is at least as good as NICE recommended non-digital therapy and there is a reduction in the unit cost allowing an increase in activity within current resources.

## Engagement

62. **Communications:** The communications team explains what we do and why. It protects and enhances our reputation. Its role is to promote NICE's core aim of improving quality and productivity of healthcare, public health and social care.
63. Work continues to improve the NICE website and we are developing ways to use new digital platforms, including social and multi media, to communicate with old and new audiences as people change the way they access information.

64. Through our audience insights programme we will regularly monitor and evaluate what our audiences think about NICE's products and services, how they use them and what we can do to improve their interactions with us.
65. In all areas of communications work – from writing and editing guidance, responding to enquiries about our work, developing and maintaining digital content, through to our public affairs work with government, and engagement with the press and other media as well as internal audiences – we will ensure that guidance and advice is easily accessible, simple to use and readily understood. Our aim is to explain NICE's key role in delivering excellence in health and social care.
66. ***Involving patients, services users and the public:*** We have a service user and public-centred approach in the development of our methodologies across all our programmes. Our processes are designed to enable organisations that represent patients, service users, carers and the wider public to submit evidence, alongside health professionals and others, and to influence the formulation of guidance and other products and services. Individual patients, service users, carers and community members are involved in the development of each piece of NICE guidance, and other products. We are committed to seeking improvements in how we can better incorporate the views of lay people into our work and in disseminating our recommendations to a public audience. We will continue to implement the recommendations from the public involvement strategic review during 2018-19, aligning these changes with broader changes across NICE's guidance development processes and methodologies.
67. We are committed to involving the public, patients, people who use services and their carers, and organisations that represent their interests, such as Patients Involved in NICE (PIN) and the Richmond Group, in developing our methods, our guidance and the NHS Evidence service, and we will continue to develop our capacity and our methodologies to do so.
68. We are also committed to encouraging and advising voluntary and community sector organisations to support the use of NICE guidance and standards. We will continue our work to refer people to appropriate patient and voluntary sector organisations as part of our guidance to provide readers with additional sources of support. In particular, most Quality Standards have voluntary and community sector organisations included as supporting organisations. These organisations enter into a formal agreement with us about how they will promote individual quality standards. We will also continue to work with Healthwatch England to provide advice to local Healthwatch organisations on supporting the use of NICE guidance and standards.
69. ***Involving health and social care professionals and organisations:*** NICE recognises the important role that professionals play in driving change in health and social care. This is clearly demonstrated in the evidence base for changing practice, and in numerous successful examples of implementing NICE guidance in the Local Practice collection. The effective engagement of professionals, as

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

70. Organisations that commission and deliver services are important external partners in our work. We want to ensure that they are encouraged to become involved in the development of our guidance as well as its implementation.
71. **Science Policy and Research:** The Science Policy and Research programme leads NICE corporate scientific affairs, and develops and maintains NICE's research governance infrastructure. The programme collaborates with and influences external policy partners and the research community to define and develop research projects of strategic importance to NICE. The team works with NICE's Internal Research Advisory Group to develop NICE's methods and encourages partners to commission research relevant to the work of NICE. This includes proactive involvement with national health research funders such as the Medical Research Council (MRC) and the National Institute for Health Research (NIHR).
72. The programme of scientific policy and research activities, which align to NICE's research priority areas, is increasingly delivered through grant funded research projects located within the Science Policy and Research team. Strong progress has been made resulting in significantly increased research activities in 2017-18, and we currently have a team of eight staff working on research projects fully funded through research grant income. Current activities include six European funded projects, research on patient preferences through a research grant from Myeloma UK and an MRC funded project "Extending the QALY". Outcomes from the projects are translated to practice through internal engagement with the guidance producing teams, and life sciences companies engaged in developments through the Office for Market Access and NICE Scientific Advice.
73. The programme leads on key external engagement with a number of regulatory and policy bodies. NICE's relationship with the MHRA continues, with quarterly meetings and on-going engagement. Additional activity in the research policy landscape includes i) the coordination of NICE's value framework, which will support the Pharmaceutical Price Regulation Scheme (PPRS) negotiations for 2018 renewal process, ii) a scoping study on the impact precision medicine might have on NICE methods and processes, iii) ongoing work to prepare an

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

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

### **Adoption and impact**

75. **Implementation:** NICE guidance and advice needs to be effectively implemented to have any impact on the health and wellbeing of the population and the quality of care provided. Our job is to produce what is needed, when it is needed and then do all we can to encourage and support those who are in a position to apply it. This is a complex, challenging task for which an understanding of the evidence for effective ways of overcoming obstacles is an essential prerequisite. There is a growing body of research evidence and an accompanying literature on not merely what change is desirable in health systems but how to achieve it so it is embedded and sustained. It is possible that the messages about how to effect change may not be getting across to policy-makers and managers in ways which help them or in terms they find useful. NICE needs to be both a user of, and contributor to, the evidence on how to effect large-scale transformational change in complex health systems. To facilitate this process, NICE has an ongoing programme of implementation support to encourage the uptake of guidance and quality standards, including tailored advice for the sustainability and transformation partnerships (STPs).
76. The implementation strategy has five specific objectives. To:
- produce guidance and standards that are fit for the audience’s needs
  - ensure relevant audiences know about the guidance recommendations
  - motivate and encourage improvement
  - highlight practical support to improve local capability and opportunity
  - evaluate impact and uptake.
77. NICE has an Implementation Strategy Group comprised of academic leaders in the field of health, care and social science and public involvement who help us to achieve the aims of the implementation strategy. The group advises on new areas of implementation science and engaging with the research community to

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

78. NICE provides or endorses relevant implementation support products for a range of purposes, including support for commissioning, support for service improvement and audit, and support for education and learning, all with the aim of making implementation more straightforward at a local level. Some examples of support from NICE include the web based 'Into practice' guide for organisations on how to put evidence into practice, a forward planner updated monthly to summarise our future work programme, provide indicative costs and highlight links with the tariff, and a Local Practice Collection which includes Shared Learning examples and Quality and Productivity case studies on the NICE website.
79. We also have a regional field team that provides practical support and advice to NHS trusts, Academic Health Science Networks, CCGs, local authorities, social care providers, sustainability and transformation partnerships, and accountable care organisations and systems, particularly in relation to effective processes for implementation and information about NICE. During 2018-19 we will continue to align the work of the field team where relevant with the regional structures of NHS England and Public Health England along with prioritised local engagement activities. This will continue to facilitate a strategic approach of working more closely with partner organisations, and of using new technologies such as webinars, to increase the team's impact.
80. We also have an active programme of strategic engagement at a national level, as well as locally and regionally. The focus of the national level programme is to ensure that the evidence base as set out in NICE guidance and quality standards is embedded in activity with relevant third parties. Progress in engagement and its effect on the use of NICE guidance and standards will be reported against standard metrics and regular uptake reports. This will also include information that NICE has about how our recommendations for evidence-based and cost effective care are being used.
81. ***Adoption of Health Technologies:*** We facilitate the adoption of selected guidance across the NHS through engagement with clinical teams, commissioners, patients groups and social care. Included in this is focused practical advice about how to measure impact. There are two types of practical adoption support: the first consolidates the learning that has taken place from a significant number of NHS sites that have already adopted a technology; the second focuses on technologies that are not widely used in the NHS or where complex redesign to services is required to successfully implement a technology.
82. We also support the uptake of new technologies in conjunction with the Academic Health Science Networks, the Office for Life Sciences, and NHS England including providing the secretariat for the NICE Implementation Collaborative (NIC) Board and supporting the Innovation Scorecard.

83. By applying NICE's skills, knowledge and experience in adoption, uptake and resource impact, we will support the realignment of the NIC and the scorecard with implementation of the Accelerated Access Review. The vision is to coordinate and align identification of transformative technologies, identification of implementation barriers, and uptake data, with clinical engagement, to provide system learning and drive adoption and uptake.
84. **Endorsement and accreditation:** To support users of NICE Evidence, we introduced a formal accreditation programme, enabling 'kite-marking' of high quality independent guidance producers. We now also have a process of formally endorsing externally produced implementation tools and resources, where these are in line with NICE recommendations. This process helps users of guidance to identify high quality resources, recognising the potential power of these channels and the lack of capacity to produce all that we might want to ourselves. In 2018-19 we will be considering whether the endorsement programme can operate on a fee-for-service basis.
85. **NICE Pathways:** NICE will continue to produce and promote access to a range of interactive pathways based on NICE guidance to ensure integration across topics and with guidance and quality standards. Pathways now provide access to all NICE guidance, including guidelines and guidance on technologies, making them the most comprehensive route to identify related guidance on the NICE website.
86. **Digital transformation:** underpinning the work of all NICE's teams is a range of digital services, tools and applications - some internally facing, supporting the guidance producing teams, some externally facing to allow widespread access to our content through a range of channels and formats. These services are being maintained, continuously improved and where needed transformed in line with internal and external user needs.
87. A key objective of the transformation work is to improve the efficiency and productivity of NICE guidance development processes. We are transforming the way we develop our content and manage our evidence base. The objective is to allow our recommendations, evidence statements, and the underpinning evidence to be queried, updated, shared and repurposed more effectively, with benefits to internal and external users of NICE's content alike.
88. The other key objective of our digital transformation is to widen and improve access and distribution of NICE guidance and evidence-based products and services to NICE core audiences using a range of digital channels. We strive to continually improve our website, to ease the navigation of NICE's complex portfolio of products and services, and facilitate access to relevant and related content for users. We continue to improve mobile access to our services. Finally, we seek partners for joint working on digital initiatives which support the distribution and re-use of NICE content in decision support and other third party systems.
89. In delivering its digital offer NICE is creating important links with digital teams across the Arms' Length Body sector as well as a number of specialist

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

## Core principles for product development

90. In the development of guidance and other advice, NICE operates a set of core principles. These principles inform the development of any new work programmes as well as the delivery of existing programmes. These principles state that:
- A comprehensive evidence base, subject to rigorous assessment and analysis, will be used to inform the development of evidence summaries and guidance recommendations.
  - Input from the public, patients, people who use health and social care services, and health and social care professionals will form part of all guidance development.
  - Independent advisory bodies will develop recommendations on behalf of the Board.
  - Transparent process and methods will underpin the development of all evidence summaries and guidance recommendations.
  - A consultation or process of contestability will enable external stakeholders to comment on and inform the development of our guidance.
  - A process of regular review and updating will ensure guidance recommendations are of continuing value.
91. These principles are supplemented by advice to NICE's advisory bodies on our approach to the application of social value judgements, and on the requirements to promote, within our guidance, equality of opportunity and to seek to eliminate unlawful discrimination on the grounds of any characteristic protected by equality legislation. It will be important for us to hold onto these principles during the changes facing us.

## Resource assumptions

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

93. The majority of NICE's funding (and DHSC funding) is classified as administration – the exceptions are funding for supplying the British National Formulary (BNF) publications to the NHS and costs associated with the medical technologies evaluation programme. NICE also receives other funding from Health Education England and NHS England which is also treated as programme costs.
94. The table below shows the planned sources of funds for 2018-19 and how they will be applied. It also shows how these compare with the 2017-18 plan.

**Table 1: Sources and application of funds**

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

95. The proposed reduction in GIA funding over the spending review period has presented a significant challenge. The Senior Management Team and Board agreed a strategic savings programme to deliver these savings in the four financial years from April 2017. The Board also agreed a strategic vision for NICE that seeks to retain the broad scope of NICE's offer at the end of this period.
96. The savings programme included a plan to recover the costs of appraisals by charging industry from 1 April 2018. However, in October 2017 these plans were put on hold for the time being. This leaves a potential budget deficit of

£1.3m in 2018-19, rising to £4.9m in 2019-20. We will continue to have conversations with DHSC about funding options.

## Sources of funds

97. The 2018-19 administration funding will fall by 7% (£3.1m) in cash terms. This is the third year of an overall straight line phased real terms reduction of 30% in our administration funding over the current Spending Review (SR) period to 2019-20. The programme budget will also reduce from £8.5m to £8.3m which gives a total in year reduction in GIA funding of £3.3m (6%) as part of a straight line 10% reduction to the programme element over the SR period.
98. In addition to GIA funding there are a number of other sources of income. In total these are projected to be £16.2m, an increase of £0.8m from 2017-18.
99. We anticipate that NHS England will continue to provide funding to support a number of existing programmes such as our work to support the Cancer Drugs Fund, details of which are set out in the table below.

**Table 2: NHS England funding**

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

100. Funding of £4.0m will come from Health Education England under the service arrangements in place whereby NICE procures and provides the national core content for the NHS.
101. Income from the devolved administrations in Wales, Scotland and Northern Ireland contributes to the cost of selected guidance production, producing the BNF and some supporting services depending on which products and services they make use of locally. Service level agreements set out the level of funding that will be provided and which outputs can be used by each country or support to be provided. It is expected that this income will remain at £1.8m in 2018-19.

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

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

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

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

### **How we apply our resources**

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

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

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

## Human Resources

107. There are two members of staff expected to earn more than £142,500 during 2018-19. Overall, the ratio of staff on the executive senior managers (ESM) pay framework to total staff complement is 1 ESM for 93 wte staff.
108. This years' People Plan sets the strategic direction of the Human Resources department. The People Plan sets out the specific objectives to be undertaken. Alongside this work the HR team will aim to deliver a modern HR service and continue to offer timely support, guidance and training to managers.
109. Following a review of our recruitment strategy we will work with each centre and directorate to formulate workforce plans to achieve more effective resourcing. We will develop a suite of recruitment tools for hiring managers, including greater usage of social media platforms to maximise our employer brand.
110. We will identify opportunities to pilot a 'graduate programme' for niche hard to appoint roles and continue to drive our apprentice strategy and identify ways in which usage of the apprentice levy can be maximised.
111. We are progressing our talent management activities by engaging with DHSC, Civil Service and other leadership programmes, including attending steering groups and supporting assessment centres. This will be underpinned by a suite of internal management development initiatives, including 'practical' mini-master classes in soft skills and key HR policies.
112. We are committed to staff engagement and will build on the excellent relationship with staff side partners. This year we will be rolling out NICE values and running a campaign of health and well-being initiatives with a particular focus on mental health. We are also reviewing our induction process to aid early engagement and retention.
113. A key objective of the transactional HR work is to improve the efficiency of HR processes and systems. This year we will be rolling out 'manager self-serve', creating real time reporting. The other key objective of our transactional work is to improve management information for managers to help inform business decisions. We will do this through the development of people dashboards and piloting e-appraisal.

## **Estates**

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

## **Procurement**

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

## **Sustainable development**

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

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

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

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

## Equality

119. As part of NICE's compliance with the Public Sector Equality Duty there is an equality analysis process for each item of NICE guidance (which includes quality standards and indicators for the Quality and Outcomes Framework and Clinical Commissioning Group Outcomes Indicator Set). This seeks to ensure that, wherever there is sufficient evidence, NICE's recommendations support local and national efforts to advance equality of opportunity and narrow health inequalities.
120. NICE meets the Equality Act's specific duty on publication of information through its annual equality report on the impact of its equality programme. In March 2016 the Board agreed equality objectives for the period 2016 to 2020 in accordance with the Public Sector Equality Duty.
121. The NICE equality and diversity group meets quarterly and includes members from each centre/directorate. In addition to overseeing the delivery of the equality objectives and coordinating input to the annual equality report, the group seeks to share good practice across NICE and provide a forum for discussing and proposing solutions to cross-Institute equality issues.
122. We have produced data on the gender pay gap, in the format required by the Department of Health and Social Care. This information is available on our web site.

## Risk management

123. We will continue to actively consider the risks associated with the achievement of our strategic and business objectives. The senior management team regularly review risks to ensure that appropriate mitigating action is being taken. The Audit and Risk Committee receives regular assurance on behalf of the Board concerning the identification and management of risks. The main vehicle for this assurance is the risk register but the Audit and Risk Committee also receives reports on significant incidents resulting from unforeseen or unmitigated risks.
124. The Board receives assurance on these from a number of sources but primarily through the Chief Executive's and the Directors' reports to the bi-monthly Public Board meetings, and also the risk register. The Department of Health and Social Care regularly assesses the extent to which NICE has met its statutory obligations and manages its risks at accountability meetings.

## Principal business objectives 2018-19

Objective	Actions
<b>Guidance, standards, indicators and evidence</b>	
Publish guidance, standards and indicators, and provide evidence services against the targets set out in the Business Plan and in accordance with the metrics in the balanced scorecard	<ul style="list-style-type: none"> <li>• Deliver guidance, standards, indicators and evidence products and services, in accordance with the schedule set out in the Business Plan</li> <li>• Ensure performance meets the targets set out in the balanced scorecard</li> <li>• In conjunction with national partners, develop a process for agreeing a joint narrative on the financial and workforce impact of our guidance</li> </ul>
Implement changes to methods and processes in the technology appraisal (TA) and highly specialised technologies (HST) programmes	<ul style="list-style-type: none"> <li>• Continue to implement changes to the TA and HST programmes: the TA fast track process, the budget impact test and value assessment in HST</li> <li>• Subject to the outcome of consultation, implement the proposals for increasing capacity in the TA programme</li> <li>• Make changes to the operation of the advisory committees, to improve the efficiency of the overall committee resource</li> </ul>
Refine and implement new methods and processes to accelerate the development of guidelines	<ul style="list-style-type: none"> <li>• Review the methods and processes for efficient and timely guideline update outputs</li> <li>• Revise and implement new methods and processes to support the development of guideline updates in-house</li> <li>• Revise and implement new processes for the surveillance of guidelines</li> <li>• Complete and publish a revised Guidelines Development Manual</li> </ul>
Maintain a suite of digital evidence services to meet the evidence information needs of health and social care users and partner agencies	<ul style="list-style-type: none"> <li>• Maintain and monitor performance of NICE Evidence Services (CKS, HDAS, BNF microsites, Evidence Search), with investment in new features on a strictly needed basis</li> </ul>

Objective	Actions
	<ul style="list-style-type: none"> <li>• Procure and implement the national core content in line with Health Education England (HEE) commissioning decisions</li> </ul>
<p>Implement NICE-related aspects of the life sciences industries sector deal and the Accelerated Access Review</p>	<ul style="list-style-type: none"> <li>• Develop an implementation plan for those aspects of the Life Sciences Sector Deal that are relevant to NICE</li> <li>• Operationalise the Accelerated Access Collaborative programme office, developing mechanisms for effective engagement with all members of the Collaborative</li> <li>• Establish the infrastructure for the MedTechScan horizon scanning programme</li> <li>• Establish a Commercial Liaison Team to provide input to NHS England to inform their negotiations with companies, based on the outputs of the Technology Appraisal and HST programme</li> <li>• Engage with DHSC and MHRA to ensure operational readiness for the UK's departure from the European Union</li> </ul>
<p>Review and remodel the approach to developing and delivering NICE guidance to take account of real world data, machine learning and new digital platforms</p>	<ul style="list-style-type: none"> <li>• Develop a strategy for implementing changes to the development of NICE guidance to take account of new evidence sources, digitally-enabled authoring and machine learning</li> <li>• Subject to SMT and Board agreement, and the availability of resources, develop and implement an action plan for 2018-19</li> </ul>
<p><b>Adoption and Impact</b></p>	
<p>Deliver a programme of national, regional and local strategic engagement to support alignment across the health and care system and the uptake of NICE guidance and standards</p>	<ul style="list-style-type: none"> <li>• Work with local health and care systems to promote the use of NICE guidance and quality standards, measured against the metrics in the 2018-19 strategic engagement plan</li> <li>• Support the use of NICE guidance and standards through the work of other national organisations in health, public health and social care, measured against agreed metrics</li> <li>• Work with key system partners, in particular NHSE and PHE, to deliver mutually supportive communication activities</li> <li>• Use our membership of the Arm's Length Bodies CEO group to promote a compelling narrative about the value of our work to the health and care system</li> </ul>

Objective	Actions
	<ul style="list-style-type: none"> <li>• Work with the devolution communities to ensure awareness of the NICE offer and help with system and service design</li> </ul>
Deliver a programme of support to encourage the adoption of drugs and other medical technologies recommended by NICE	<ul style="list-style-type: none"> <li>• Promote the innovation scorecard within the clinical community to encourage the uptake of recommended drugs and technologies</li> <li>• Deliver budget impact assessments to inform application of the budget impact test within the NICE TA and HST programmes</li> </ul>
Monitor the impact and uptake of Health and Social Care products and services and ensure that guidance and standards meet the needs of our audiences	<ul style="list-style-type: none"> <li>• Produce 6 topic based reports showing uptake and impact of NICE guidance and standards</li> <li>• Deliver a rolling programme of audience research projects including an annual stakeholder reputation audit</li> </ul>
Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact through regular evaluation	<ul style="list-style-type: none"> <li>• Undertake a programme of enhancements to content on the website for different audiences including visual summaries and improving the 'user journey' on the NICE website to enable users to easily find the information they want</li> <li>• Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision Making Collaborative</li> <li>• Deliver a programme of quality assurance activities including endorsement, shared learning and the shared learning award</li> </ul>
Promote collaboration on evidence management, system integration and data science initiatives across ALBs and with academic establishments and other external stakeholders	<ul style="list-style-type: none"> <li>• Support NHS Digital to understand the domain model of NICE (and its broader evidence context), and explore the opportunities/value of introducing common interoperability standards (such as SNOMED) into the structure of NICE's content</li> <li>• Support NHS England to deliver the digital IAPT pilot programme (Improving Access to Psychological Therapies)</li> </ul>
Create a structured and coordinated approach for working with and listening to stakeholders	<ul style="list-style-type: none"> <li>• Implement agreed actions from the public involvement strategic review including introduction of the Expert Panel and pilot novel methods in relation to user-focused evidence</li> <li>• Explore opportunities to develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content to their needs</li> </ul>

Objective	Actions
	<ul style="list-style-type: none"> <li>• Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management</li> <li>• Develop metrics to measure the extent and impact of our engagement with social care audiences</li> </ul>
<p>Deliver new digital service projects, maintain NICE's existing digital services and implement service improvements based on user insights and service performance and strategic priorities</p>	<ul style="list-style-type: none"> <li>• Deliver digital service projects that support NICE's strategic goals and transformation agenda. The projects will be prioritised and scoped throughout the year to support NICE in four key areas: evidence management, structured content development, process optimisation and dissemination/channels</li> <li>• Maintain all live NICE Digital Services to agreed service levels (service availability and time to defect resolution)</li> <li>• Translate data and observations about the performance of NICE Digital Services into actionable improvement proposals and implement in line with business priorities</li> <li>• Undertake continuous improvement of live services in response to user insights and service performance. For the NICE website, formally establish a new priority-led approach ('Journey Maps') to service improvement</li> </ul>
<p>Inform the review of the Pharmaceutical Price Regulation Scheme (PPRS)</p>	<ul style="list-style-type: none"> <li>• Engage with the Department of Health and Social Care to inform the re-negotiation of the PPRS, focussing attention on those aspects of the Scheme which have an impact on the development of NICE guidance</li> </ul>
<p><b>Operating efficiently</b></p>	
<p>Operate within resource and cash limits in 2018-19</p>	<ul style="list-style-type: none"> <li>• Deliver performance against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets</li> </ul>
<p>Implement the third year of a three year strategy to manage the reduction in the Department of Health and Social Care's Grant-In-Aid funding and deliver a balanced budget in 2018-19</p>	<ul style="list-style-type: none"> <li>• Centres and directorates to identify and deliver the savings expected from them in order enable the Institute to manage within the reduced Grant in Aid funding received from DHSC, by April 2019</li> <li>• Ensure that fully designed and tested financial and operational arrangements for charging for technology appraisals and highly specialised technologies are in place in time for charging to begin</li> </ul>

Objective	Actions
Further develop and grow NICE Scientific Advice	<ul style="list-style-type: none"> <li>• Re-establish NICE Scientific Advice as a business unit with increased devolved autonomy within the NICE legal entity</li> <li>• Work with relevant NICE corporate functions (HR, Finance and Communications) to define the scope of devolved autonomy and governance arrangements</li> <li>• Drive the business unit as a market facing way to deliver increased revenue and influence</li> </ul>
Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance	<ul style="list-style-type: none"> <li>• Articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK, including permissions to use content overseas, adaptation of guidance, quality assurance services and syndication services</li> <li>• Promote our capacity for knowledge sharing with international organisations interested in NICE's expertise and experience and take advantage of country-specific opportunities</li> </ul>
Enthuse and enable staff to deliver on the Institute's objectives, ensuring that every member of staff has a clear set of personal objectives, a personal development plan and an annual appraisal	<ul style="list-style-type: none"> <li>• Ensure that all staff have clear objectives supported by personal development plans</li> <li>• Put in place implementation plans for relevant NICE workplace guidance</li> <li>• Actively manage staff with the objective of ensuring that the global job satisfaction index in the annual staff survey is maintained or improved from its 2017 level</li> </ul>
Develop an accommodation strategy, taking into account projected future demand and national policy	<ul style="list-style-type: none"> <li>• Assess the future demand for office accommodation in London and Manchester</li> <li>• Consider the options for space in both locations, taking account of current lease arrangements and national policy on the location of public sector agencies</li> <li>• Prepare a strategy for Board approval by December 2018</li> </ul>

## **APPENDICES**

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

## Appendix 1 - Balanced Scorecard 2018-19

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

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

### Guidance, standards, indicators and evidence

Success Criteria	Key Measures	Target
<b>Development and publication of guidance and evidence outputs</b>		
Publish 27 guidelines <ul style="list-style-type: none"> <li>• Clinical areas (19)</li> <li>• Public health (2)</li> <li>• Social care (2)</li> <li>• Management of common infections (4)</li> </ul>	Publication within stated quarter	80%
Publish 75 technology appraisals guidance	Publication within stated year	100%
Publish up to 30 interventional procedures guidance	Publication within stated quarter	80%
Publish 4 diagnostics guidance	Publication within stated year	80%
Publish 3 highly specialised technologies guidance	Publication within stated year	100%

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

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<sup>1</sup> Depending on new work and funding from NHS England Regional Medicines Optimisation Committees. Exact number depends on scope of summaries.

## Adoption and impact

Success Criteria	Key Measures	Target
<b>Provision of support products for the effective implementation of guidance</b>		
Provide adoption support products for up to 5 topics	Provide within year	80%
Publish up to 96 resource impact products to support guidance	Publication within year	80%
<b>Maintaining and developing recognition of the role of NICE</b>		
Coverage of NICE in the media	% of positive coverage of NICE in the media resulting from active programme of media relations	80%

## Operating efficiently

Critical Success Factors	Key Measures	Target
<b>Delivering programmes and activities on budget</b>		
Effective management of financial resources	Revenue spend	To operate within budget
Effective management of non-exchequer income	Net income received from non-exchequer income sources measured against business plan targets	90%
Produce the annual report and accounts within the statutory timeframe	Publications	100%
<b>Maintaining and developing a skilled and motivated workforce</b>		
Management of recruitment	Proportion of posts appointed to within 4 months of first advertisement	80%

Critical Success Factors	Key Measures	Target
Management of sickness absence	Quarterly sickness absence rate is lower than NHS average rate (3.7% Apr-Jun 2011) or general rate for all sectors (2.8%)	90%
Staff satisfaction	Proportion of staff reporting in staff survey that the Institute is a good, very good or excellent place to work (global job satisfaction index)	75%
Staff involvement	Hold monthly staff meetings	80%
Staff well-being	Implementation of NICE's quality standard for healthy workplaces: improving employee mental and physical health and wellbeing in respect of own staff	80% of quality statements
<b>Sustainable Development</b>		
Recycled waste	% of total waste recycled	50%
<b>Improving stakeholder satisfaction</b>		
Improved satisfaction	Complaints responded to in 20 working days	80%
	Enquiries fully responded to in 18 working days	90%
	Number of Freedom of Information requests responded to within 20 working days	100%
	PQs contribution provided within requested time frame	90%
Ensuring stakeholders have access to our websites as the main communication channel	Percentage of planned availability, not including scheduled out of hours maintenance	98%
Interest in lay committee vacancies reflected by ratio of applications to positions	2:1 (or greater) each quarter	100%

Critical Success Factors	Key Measures	Target
<b>Improving efficiency and speed of outputs</b>		
Speed of production	% STAs for all new drugs issuing an ACD or FAD within 6 months of the product being first licensed in the UK	90%
	% of multiple technology appraisals from invitation to participate to ACD in 41 weeks, or where no ACD produced to FAD in 44 weeks	85%
	% of Appeal Panel decisions received within 3 weeks of the hearing	80%

## Appendix 2 - Activity Analysis 2018-19

Programme	2017-18 published outputs	2018-19 planned outputs	2019-20 planned outputs
Social care guidelines	4	2	1
Clinical guidelines	25	19	24
Public health guidelines	4	2	4
Management of common infections guidelines	3	4	5
Social care quick guides	7	10	10
Quality standards	21	20	20
Indicator menu	1	1	1
Technology appraisals guidance	76	75	75
Highly specialised technologies guidance	3	3	3
Medical technologies guidance	4	8	8
Medtech innovation briefings	37	TBC	TBC
Diagnostics guidance	4	4	7
Commissioning support programme topics	0	Up to 25	Up to 25
Patient Access Scheme advice	31	Up to 38	Up to 38
Interventional procedures guidance	31	Up to 30	Up to 30
Evidence summaries	7	20	20
Medicines optimisation key therapeutic topics	15	16	16
Medicines evidence commentaries	26	25	25
Adoption support products	4	5	5
Resource impact products	99	96	94
Decision support products	N/A	10	10
Shared learning examples	65	50	50
Endorsement statements	28	30	30
Guideline surveillance reviews	56	58	TBC*
IAPT assessment briefings	6	4	4
Medicine awareness service	50	50	50

\*

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

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

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

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

## Appendix 3.2 - Revenue projections in financial statements format

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

### Appendix 3.3 - Balance sheet projection

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

### Appendix 3.4 - Cash flow projection

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

## Appendix 4 - Board and Senior Management Team

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

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

Note: \* Executive Directors

## Appendix 5 – Organisational Chart

