NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Business Plan: objectives and performance measures

2019/20

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Introduction

1. This plan sets out our business objectives and performance measures for 2019/20.

2. Our purpose is to help improve the quality, sustainability and productivity of health and social care in England. 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. These are challenging decisions, and NICE plays an important role in supporting the health and care system to prioritise its investment. Our objectives support the wider system priorities, including delivering the NHS Long Term Plan, managing the risks and opportunities of EU Exit, and supporting 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. To make sure our products are delivered efficiently and continue to meet the needs of our audiences, we have launched an ambitious project to review the way we produce and present our advice. Informed by user feedback, the NICE Connect project will understand and adapt to what our audiences and digital partners need from NICE in the future.

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 for 2019/20 are framed around our six strategic ambitions:
    - Deliver and support the adoption of accessible, up to date and adaptable advice, fully aligned to the needs of our users

    - Play an active, influential role in the national stewardship of the health and care system

- Take advantage of new data sources and digital technologies in developing and delivering our advice

- Support the UK's ambition to enhance its position as a global life sciences destination

- Generate and manage effectively the resources needed to maintain our offer to the health and care system

- Within the organisation, maintain a motivated, well-led and adaptable workforce

NICE's unique offer

6.   We will continue to produce guidance and standards that promote better integration between health, public health and social care services. Our work will 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.

7.   NICE is an England only body and has contractual arrangements with all three devolved administrations. 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.

The context in which we work

The health and care system

8.   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, as will the UK's exit from the EU. Much of what is needed can be delivered/driven by the NHS and local government, but much too will require collaboration with voluntary organisations, care providers and employers. This argues for a determined effort to do what we know will help to promote good health and prevent ill-health, support people to gain control of their care by supporting the Government's ambition to help people maintain as independent life as possible, and promote better integration of care between

hospitals and general practitioners and between the NHS, public health and social care. This ambition, for the NHS, is framed in the NHS Long Term Plan and in the forthcoming social care green paper.

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 help them achieve their objectives in challenging circumstances. 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.

10. We will continue to work collaboratively with the Department of Health and Social Care, NHS England, NHS Improvement, 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. We will continue to ensure that our advice and guidance forms an integral part of their plans for change and supports a sustainable future, recognising the affordability challenge that the system can face in introducing new services and treatments.

11. We will ensure that our guidance is designed to work with a system that:

    - Is operating in a challenging funding environment

    - Is seeking significantly improved quality of care and value for money through a variety of means, including the emerging integrated care organisations and systems, and sharing of services and resources at local level

    - Is beginning to use diverse, previously unconnected data sets to better understand and respond to the needs of people who use services

    - Is collaborating with the life sciences industry to enhance the UK's position as a global industry destination

    - Is experimenting with a range of service delivery models

12. We need to ensure that our guidance and standards can be implemented as efficiently as possible, to improve the health and care of patients and the public. We work with system partners to support this in a number of ways, including through a variety of quality improvement initiatives. We track progress on engagement and uptake of our recommendations through a range of metrics, and through topic based impact reports, all routinely reported to the Board.

13. We track variation in uptake of our recommendations across the country in conjunction with partners, including working with NHS Digital to produce the Innovation Scorecard, and with NHS Improvement's Getting It Right First Time (GIRFT) initiative. Where possible we surface this unwarranted variation in our uptake reports, and work with local partners to increase adoption.

Helping the health and care system achieve financial balance

NHS

14. 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 (NHSE) and NHS Improvement (NHSI). 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 will also assess budget impact of technology appraisal and highly specialised technologies guidance, and provide a forward planner that shows and categorises anticipated costs, by quarter, for all future guidance. This supports the commissioning process, particularly for specialised products. We will also work closely with NHSE and NHSI to support the roll out of new guidelines with a significant resource impact.

15. We will continue to actively engage with partner organisations to identify and improve uptake and disinvestment opportunities. In particular, we are working with NHS RightCare and NHS Improvement's Getting it Right First Time programmes and to coordinate and align medicines optimisation activities in order to support efforts to get the best value from medicines including improving patient outcomes. We also support the Regional Medicines Optimisation Committees (RMOCs), and we will provide these committees with relevant evidence reviews.

16. Another strand of our work to optimise NHS expenditure and improve patient outcomes 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.

Digital health and care services

17. Expectations regarding the potential of digital interventions and services to transform the delivery of care, improve people's outcomes and access, and save costs, remain high across the health and social care system. In practice however, while 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. In 2018, NICE developed evidence standards for digital health technologies, working in partnership with NHS England and Public Health England. These standards cover effectiveness and economic impact and will sit alongside other principles for the development and

commissioning of digital health technologies as described in the [Code of Conduct](#) published by the DHSC.

18. In line with the Life Sciences Sector Deal, NICE will build on the development of these standards to establish a programme of digital technology evaluation, working in partnership with agencies such as NHS Digital to provide a rounded assessment, subject to the release of the required funding.

19. NICE also continues to support NHS England to deliver the digital Improving Access to Psychological Therapies (IAPT) pilot programme which aims to provide evidence-based psychological therapies and widen access to therapy for people with anxiety disorders and depression.

Public expectations of NICE

20. As NICE guidance and quality standards continue to extend their reach beyond clinical and public health practice 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.

21. The Government is committed to enabling the public to influence the development and delivery of health and social care services. NICE has, from its inception, actively encouraged and supported the involvement of patients, service users, carers and the public (both organisations and individuals) in the development and implementation of our guidance and advice, and in providing versions of this guidance and advice in accessible formats. We will continue to 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 2019/20 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 agreed following our strategic review of public involvement.

Public health

22. We continue to build on our existing relationship with Public Health England to support the delivery of many public health interventions and programmes. We also work closely with local authorities to ensure that guidance and related products are clear, relevant and accessible.

23. 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 will continue to work with PHE to optimise the national support for public health, including to jointly badge guidelines and other evidence based publications, and to actively support implementation of recommendations for public health at a local level.

24. 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 antimicrobial prescribing guidelines for managing common infections and antimicrobial evidence summaries, to support the stewardship of new antimicrobials coming to market. We are working with NHS England on 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

25. 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, work is commissioned by 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.

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

27. 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 2019/20.

28. 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, in addition to our social care programme. NICE's role in this sector was consolidated in 2017 with the publication of 'Quality Matters', which set out NICE's role in supporting quality improvement for adult social care alongside other partners. In 2018, NICE played an active role in implementing Quality Matters, working closely with Skills for Care, the Social Care Institute for Excellence (SCIE) and other national partners.

29. For the first year of Quality Matters, NICE led the development of a new digital resource 'Unlocking capacity: better together' which promotes good quality, person-centred care through collaborative working across health and adult social care. The resource aims to inspire local system leaders to take the next step on their journey of collaborative working. We also developed NICE's Quality Improvement Resource for adult social care, mapping relevant quality standards to the CQC inspection framework.

30. We will continue to play a key role in year 2 of Quality Matters, leading on two action areas with other national partners including Skills for Care, CQC, SCIE

and NHS Digital: collecting and using data more effectively, and providing support for quality improvement.

Life sciences industry

31. 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.

32. 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 to 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 and cost effective way and, as a result, enhance their prospects in the market.

33. 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 also 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, and to support the UK in developing a world-leading approach to using data to track outcomes and manage early access to worthwhile new technologies. Our new Commercial and Managed Access Programme will support both industry and healthcare partners in their understanding of what could be done to facilitate patient access, especially where there is significant uncertainty about the benefits and costs of introducing a new technology. We are working closely in partnership with NHS England to achieve this, by co-creating operational processes and procedures to assist both our organisations to work more efficiently and effectively in this regard.

34. Building on the international value of a positive NICE appraisal, we continue 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.

35. 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 2019, we will be working with the industry and our system partners, including NHS England, to implement key aspects of the new Voluntary Scheme for Branded Medicines Pricing and Access, the life sciences sector deal, the NHS Long Term Plan, and to continue our contribution to the work of the Accelerated Access Collaborative. These initiatives will benefit individuals 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.

36. The second sector deal relating to the Life Sciences strategy and the NHS Long Term Plan both call for NICE to increase its medtech programme, incorporating the evaluation of new digital health products. We are working with NHS England on the assessment of a small number of digital products and we stand ready to expand the wider medtech programme, once funding for it has been identified.

37. In 2019 we introduce charging arrangements for our technology appraisal and highly specialised technologies programmes. Charging will provide a more sustainable model, by reducing reliance on grant in aid and enabling us to flex capacity in future years in response to the pipeline of technologies, and be more responsive to developments in the life sciences sector. Charges have been set and will be reviewed in line with the principles of managing public money. A discount of 75% will be offered to small companies to minimise barriers to the participation. Over the past 20 years, we have developed a very good working relationship with companies in the life sciences sector, and one that we fully intend to maintain and build on as we put these cost recovery arrangements in place.

Exiting the European Union

38. As the UK leaves the EU, we will continue to work with DHSC and its arms' length bodies (ALBs) to manage the consequences of EU Exit on NICE and the wider health and care system. In particular, we will continue to coordinate the development and publication timeline for guidance on new medicines with the Medicines and Healthcare products Regulatory Agency (MHRA) to maintain timely patient access to effective new medicines and technologies. We will also need to consider the sustainability of the fee for service income we receive for our science advice programme, some of which is undertaken jointly with other EU countries, and the research income we currently receive from the EU.

39. NICE stores some personal data offshore in the EEA, and uses suppliers that do so. We are aware that if data protection legislation changes around data processor to data controller data transfers, these arrangements may need to be reviewed. We are working with our Data Protection Officer and colleagues at the Department of Health and Social Care to monitor the situation so that we are prepared to act quickly should we need to, to ensure continued access to our data.

40. We have risk assessed each of these issues and have completed or are actively progressing work to put in place mitigation arrangements. We will also continue to update our business continuity plans in line with the UK's future relationship with the EU. At the same time, we are contributing to the EU Exit planning and coordination work undertaken by the Department of Health and Social Care.

41.   We are actively encouraging and supporting the people we employ from other EU countries to register for settled status.

Developing a vision for the future: the NICE Connect project

42.   NICE has a significant portfolio of guidelines for health and social care, guidance on new medicines and technologies, plus other advice and support products. This can be challenging for us to keep up to date, and for users to readily identify the information they need. We have therefore initiated the 'NICE Connect project' to consider how we should organise and prepare our advice in future.

43.   Our vision for the future is that all our work will be driven by pathways that reflect the way prevention, treatment and care are organised and delivered. These pathways will become the way that we will prepare and present advice to our users on effectiveness, safety and value for money. The pathways will enable links to be made across topics and within topics, and allow users to access underpinning evidence and practical support.

44.   We will consider ease of access to information directly through our website and, importantly, how third party IT providers can readily adopt our content to provide access to users through routine decision support systems linked to data collection.

45.   The overall benefit of the proposed new approach will be improved care for people, with better outcomes, as a result of:
   - Maintaining up to date recommendations , so care is always based on the best available evidence
   - Rapid sequencing of new drugs and technologies, so they will be adopted more quickly
   - Integrating our recommendations into IT systems, so adherence to evidence-based practice is increased
   - More accessible recommendations, so access to NICE advice is quicker and easier.

46.   This ambition will be explored during 2019/20 through the generation of new diabetes pathways, which we will test and refine with users, to help us build our understanding of how we can meet their needs, and validate the case for change. Exploring the future needs of digital systems across health and social care will also form a central part of this early work.

47.   The findings from the NICE Connect project will inform much of our future work, and we anticipate moving into digital development and process redesign in the second half of the financial year. This represents an ambitious piece of work for NICE, ensuring we work efficiently and deliver an up to date product to all our audiences.

Objectives and programmes

48. 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.

49. In the development of guidance and standards, 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 we will:

   - Prepare guidance and standards on topics that reflect national priorities for the population's health and care
   - Use evidence that is relevant, reliable and robust
   - Set out frameworks for interpreting the evidence in our process and methods manuals, and review them regularly
   - Use independent advisory committees to develop recommendations
   - Take into account the advice and experience of people using services, health and social care professionals, commissioners and providers
   - Base our recommendations on an assessment of population benefits and value for money
   - Give people interested in the topic area the opportunity to comment on and influence our recommendations
   - Lead work with partners in the health and care system to encourage and support the adoption of our recommendations
   - Assess the need to update our publications in line with new evidence
   - Propose new research questions and data collection to resolve uncertainties in the evidence.

50. The planned actions in 2019/20 to deliver the strategic ambitions are on pages 32 to 34. The 'balanced scorecard', which sets specific targets based on these actions, is presented in Appendix 1. Details of the publication outputs for each programme are provided in Appendix 2. Further information on our products and services is outlined below.

Guidance and advice

Quality standards

51. 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.

52. Quality standards help commissioners and providers improve quality by providing measures of best practice to support ongoing performance improvement. Around 16 quality 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 experience – and take into account overall cost impact.

53. 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.

Guidance on health technologies

54. **Technology appraisals** develop recommendations for the NHS on drugs and treatments based on their clinical and cost effectiveness. We currently appraise all new and significant licence extensions for cancer drugs, and we will be appraising all drugs and significant licence extensions in accordance with the 2019 Voluntary Scheme for Branded Medicines Pricing and Access (2019VS), by April 2020. We currently aim to publish final guidance for cancer drugs within 90 days of granting of the marketing authorisation, and following the 2019VS we will begin to extend that to all drugs. 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. Entitlement to these drugs is set out in the NHS Constitution. The 2019VS also provides the opportunity to NICE to work with companies and NHS England on structured approaches to confidential commercial agreements, to facilitate the introduction of cost effective treatments and to work with system partners on an integrated horizon scanning initiative.

55. NICE also has responsibility for evaluating and providing advice to NHS England on selected **highly specialised technologies** which have been developed for treating conditions which affect very small numbers of people 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. Entitlement to these drugs is also set out in the NHS Constitution.

56. In accordance with the commitments in the 2019VS we will undertake a review of the methods guides for our technology evaluation programmes, including the selection criteria, ensuring that they are robust and fit for purpose by end March 2020.

57. 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, and continue to work with the National Institute for Health Research Innovation Observatory (NIHRIO) horizon scanning facility to ensure that we receive early intelligence on emerging new health technologies. In addition, we will continue our work with NHS England and other stakeholders to support **PharmaScan**, and increase early awareness of new and emerging medical technologies through the development of **HealthTech Connect** – a secure online system for identifying and supporting health technologies (including devices, diagnostics, apps, and wearables) as they move from inception to adoption in the UK health and care system. Medical technologies (devices and diagnostics) are currently notified directly to NICE, usually by commercial sponsors and sometimes by clinical leads. With the establishment of HealthTech Connect we are reviewing our topic selection process in order to align with NHS England's topic selection, increasing clarity in respective roles and decision points, in order to drive a clearer and more streamlined process that will benefit NICE, NHS England and the life sciences industry. This exploration is expected to further allow us to align the work across the various topic selection programmes for pharmaceuticals, medical devices, diagnostics, and in future, digital technologies.

58. 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 people and to the NHS, compared with current practice, and it includes detailed consideration of costs, settings and of the whole pathway of care.

59. Our **diagnostics guidance** advises the NHS and people on the clinical and cost effectiveness of diagnostic technologies that have the potential to transform clinical diagnosis pathways to achieve better outcomes and in some cases promote efficiencies. The scope of technologies to provide a diagnosis at the 'point of care' and to avoid attendances in secondary care is often an important consideration. We will continue to work with NHS England and other national partners on the appropriate evaluation of genomic tests following the introduction of the NHS Genomic Medicine Service.

60. 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 people about new technologies. We will continue to 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.

61. Since July 2016, a team at NICE has been working with colleagues in NHS England to support the arrangements laid out for the revised **Cancer Drugs Fund (CDF)**. We have appraised all of the licenced treatments that were made available via the original Cancer Drugs Fund, and continue to work 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 exited the reformed CDF following data collection in 2018.

62. Changes to the TA and HST programmes, such as the introduction of a technical engagement step and the 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. 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 are required in both NICE and NHS England. Commercial negotiation and managed access activity is resource intensive, sensitive and highly complex and in 2018/19 NICE established a Commercial and Managed Access Programme to work alongside NHS England.

63. In 2019/20 we will also continue to provide advice to NHS England on the feasibility of operating commercial arrangements put forward by companies through the **Patient Access Schemes Liaison Unit (PASLU)**, and will explore with colleagues in NHS England how, through PASLU and our Commercial and Managed Access Programme, we can support NHS England in the consideration of commercial access agreements.

Advice on safety and effectiveness

64. Our **interventional procedures guidance** provides important advice on the safety and efficacy of new interventional procedures, including those used in hospital, in the community and in people's 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, individuals, other programmes at NICE, and the health professionals who wish to use them.

65. We are working with strategic partners to ensure the outputs are applied with consistency in the NHS in the 4 UK countries and in the private health sector.

66. Since 2017, NICE has been developing outputs and undertaking activities to support NHS England's commissioning of specialised services through the **Commissioning Support Programme (CSP)** and the **Observational Data Unit (ODU)**. CSP is used by NHS England to bring together the evidence base for medicines that are of interest to its clinical reference groups for consideration of national commissioning, but that have not been selected by NICE for technology appraisal or highly specialised technologies programmes. The ODU is responsible for delivering evaluative commissioning projects on behalf of NHS England. The ODU is responsible for overseeing all aspects of these projects, from the detailed specification of the evidence needed to its

collection and analysis, highlighting the appropriateness of further evaluation by NICE where required. NHS England intentions for the CSP programme in 2019/20 will reflect their requirements which are changing as a result of the Voluntary Scheme for Branded Medicines Pricing and Access.

Guidelines

67. **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 and integrated care, including for example 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 services. Though not covered by a funding requirement or the NHS Constitution, they are an important reference for health and social care professionals and commissioners in the NHS, who are expected to take them into account, and for people who use health and care services. Importantly, our guidelines are also the primary source for our quality standards.

68. 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.

Medicines and prescribing

69. In addition to the recommendations in our guidelines, and technology appraisal and highly specialised technologies guidance, we provide a comprehensive suite of guidance, advice and support for optimal use of medicines. These include evidence summaries, key therapeutic topics, decision aids, medicines awareness services and the NICE associates programme. Prescribing advice for the NHS is provided via the British National Formulary (BNF) and through NICE's digital evidence resource.

70. **Evidence summaries** provide information on the effectiveness, safety, resource impact and person-related factors for new medicines which are not the subject of a timely technology appraisal. These are commissioned by NHS England to support the Regional Medicines Optimisation Committees. We also produce evidence summaries on the use of unlicensed or off-label medicines in conditions where there is no licenced alternative, supporting cross-system initiatives to facilitate the adoption of repurposed medicines with a robust evidence base. These are commissioned by NHS England specialised commissioning and provide the evidence base to support NHS England commissioning policies. Evidence summaries do not constitute formal recommendations, but summarise the available evidence to inform commissioning policies and local decision-making.

71. The medicines and prescribing team in conjunction with the public involvement programme develop **shared decision aids** to support decision making between clinicians and people using services. People have the right to be involved in discussions and make informed decisions about their treatment and care with their healthcare team. The decision aids intend to help a person making a decision weigh up the possible advantages and disadvantages of the different options available to them, explaining the treatment and care options in a way they can understand.

Indicators

72. We provide 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.

73. Indicators developed by NICE are used in the Quality and Outcomes Framework (QOF) to reward general practice for the provision of high quality care and to standardise improvements. NICE worked closely with NHS England and other national stakeholders in the recent national review of the QOF, and we will continue to work with NHS England and others to ensure NICE indicators support future revisions of the QOF.

74. NICE also produces indicators 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.

75. 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.

Evidence services

76. **NICE Evidence Services** are online evidence resources to help people working in the NHS and wider public health and social care sector make better decisions by providing them with access to clinical and non-clinical evidence-based information of the highest quality. 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 who need to search content across a range of bibliographic databases. The BNF and BNFC are also available as part of this service, as well as the Clinical Knowledge Summaries, which summarise practice recommendations for over 330 topics typically presenting in primary care. 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.

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

Improving Access to Psychological Therapies (IAPT) assessment briefings

78. To support NHS England's programme to improve access to psychological therapies, we evaluate selected, digitally assisted therapies for depression and anxiety using ongoing data collection to determine whether there are improvements in service efficiency, with 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. Collected data is reviewed on a regular basis by the panel, who evaluate whether the products are suitable for use by mainstream IAPT services 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.

Data and analytics

79. Increases in the amount and breadth of data available, the development of new and efficient mechanisms for analysis, and advances in the way information is labelled, linked and shared, have the potential to significantly disrupt our traditional approaches to synthesising research evidence. At the same time they offer opportunities to improve timeliness, relevance and efficiency. Our work to exploit these opportunities will move forward at pace in 2019/20 as we develop a framework and strategy for data and analytics.

80. In addition to these activities we will formalise relationships with a range of external organisations with an interest in data and analytics, including Health Data Research UK and the Alan Turing Institute. We will also continue to work with the University of Manchester and the Connected Health Cities in the North of England to further explore, through practical examples, how big data can provide evidence relating to the effectiveness of new and existing treatments and produce new big-picture health insights.

Engagement

Communications

81. The communications team explains what we do and why, and protects and enhances our reputation. The team promotes NICE's core aim of improving quality and productivity of healthcare, public health and social care services.

82. 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 existing and new audiences as people change the way they access information.

83. 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.

84. 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.

Involving people who use health and care services and the public

85. We have a service user and public-centred approach in 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 directly 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 our public involvement strategic review, aligning these with broader changes across NICE's guidance development processes and methodologies, in particular the work being undertaken in the CHTE 2020 programme.

86. We are committed to working with networks of organisations that represent the interests of the public, patients, people who use services and their carers. Groups such as Patients Involved in NICE (PIN) and the Richmond Group[1] are crucial in the development of our methods, our guidance and the NHS Evidence service, and we will continue to develop our capacity and our methodologies to do so.

87. We are also committed to encouraging and supporting voluntary and community sector organisations to champion 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

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[1] The Richmond Group of Charities is a collaboration of 14 health and social care organisations in the voluntary sector

provide advice to local Healthwatch organisations on supporting the use of NICE guidance and standards.

Involving health and social care practitioners and organisations

88. NICE recognises the important role that health and care professionals play in driving change. 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.

89. Our Fellows and Scholars programmes are another way in which we can draw on the experience of health and social care professionals and managers from all disciplines. NICE's Student Champions 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 helps embed a culture of evidence based thinking and practice that they can take with them into their future educational and professional lives.

90. 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.

Science Policy and Research

91. 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 our work. This includes membership of the DHSC Research and Development Committee and proactive involvement with national health research funders such as the Medical Research Council (MRC) and the National Institute for Health Research (NIHR). Through this influence, projects have been initiated in several areas relevant to our role including work on the HTA implications of histology-independent indications of cancer drugs and methods work on capturing the value of direct patient and public health benefits of new antimicrobials. In response to work with NICE, the MRC also issued a highlight notice to attract research applications to develop new methods and techniques for synthesising and assessing evidence for complex diagnostic technologies such as next-generation sequencing platforms.

92. The programme of scientific policy and research activities, which align to NICE's research priority areas, is increasingly delivered through grant funded research

projects. Building on a solid track record established over the past 5 years, NICE is regarded as an effective research partner and invited to participate in consortia to bid for key Horizon 2020 (H2020) and Innovative Medicines Initiative (IMI) project funding. The current portfolio includes 9 live IMI and H2020 projects. 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.

93.　The Science Policy and Research programme also leads on key external engagement with a number of regulatory and policy bodies including the MHRA.

Adoption and impact

Implementation

94.　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 on not merely what change is desirable in health and care systems but how to achieve it. 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) and Integrated Care Systems (ICSs).

95.　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.

96.　NICE has an Implementation Strategy Group comprised of academic leaders in the field of health, care, 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.

97.　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,
- a Local Practice Collection which includes Shared Learning examples and Quality and Productivity case studies on the NICE website.

98. We also have a regional field team that provides information about NICE and practical support and advice, particularly around the effective processes for implementation, to NHS trusts, Academic Health Science Networks, CCGs, local authorities, social care providers, sustainability and transformation partnerships, and accountable care organisations and systems. During 2019/20 we will continue to align the work of the field team where relevant with the regional structures of NHS England, NHS Improvement 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. The team will also continue to work closely with NICE's medicines and prescribing associates to maximise our impact, support and advice to the service.

99. In addition to this local and regional activity, we also have an active programme of strategic engagement at a national level. 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 national partners and professional bodies. Progress in engagement and its effect on the use of NICE guidance and standards is reported against a series of measures.

100. We measure the use of NICE guidance and capture this in impact reports that look at how the health and care system uses our recommendations to improve outcomes in priority areas. The reports are based on data showing the uptake of our guidance and quality statement from national audits, reports, surveys and indicator frameworks. They are presented to our public Board meetings, published on our website and publicised through communications activities.

Adoption of health technologies

101. We 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 the Accelerated Access Collaborative. 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. We facilitate the adoption of prioritised medical technologies across the NHS through engagement with clinical teams, commissioners and patient groups.

102. By applying NICE's skills, knowledge and experience in adoption, uptake and resource impact, we are supporting the realignment of the innovation scorecard

with key clinical areas, the work of the Getting It Right First Time initiative, the Accelerated Access Collaborative and the commitments made in the Voluntary Scheme for Branded Medicines Pricing and Access.

Endorsement and accreditation

103. 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.

Digital team and services

104. Underpinning the work of all NICE's teams is a range of digital services, tools and applications. Some of these systems are internally facing to support the guidance producing teams. Others are externally facing to allow widespread access to our content through a range of channels and formats.

105. Existing services are being maintained and continuously improved by our internal team of digital professionals, in line with business priorities and user needs. Particularly, 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 also continue to improve mobile access to our services.

106. Alongside the maintenance of existing systems, our digital team supports the digital transformation of the organisation by co-developing systems that will improve the efficiency and productivity of NICE's content development processes – starting at systems to improve evidence retrieval and analysis, all the way to systems enabling the capture, presentation and sharing of recommendations. The digital transformation programme will support the NICE Connect project during 2019/20, with the pilot's findings shaping the direction of NICE's ongoing digital transformation.

107. In delivering our digital offer, we are creating important links with digital teams across the Arms' Length Body sector as well as a number of specialist academic centres. We 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.

Resource assumptions

108. 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.

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

110. During the final quarter of 2018/19 DHSC informed us that the cost pressures in relation to the increased NHS pensions scheme employer's contributions and the Agenda for Change pay deal would not be fully funded as had previously been assumed. This was unexpected and the impact is detailed below.

111. The table below shows the planned sources of funds for 2019/20 and how they will be applied. It also shows how these compare with the 2018/19 business plan.

Table 1: Sources and application of funds

Financial year	2018-19 £m	2019-20 £m
Sources of Funding		
Grant-in-Aid (GIA) funding		
Administration	42.9	40.0
Programme	8.3	8.0
Agenda for change pay deal	0.5	0.5
Net contribution to NHS Pension Central Fund	-	(0.6)
Non-Cash Funding - Depreciation	0.9	1.0
Non-GIA funding		
Income from NHS England	6.9	4.3
Income from Health Education England	3.8	3.8
Income from Devolved Administrations	1.9	1.9
Income from TA and HST fees	-	3.2
Other operating income	4.6	4.6
Total Sources of Funding	**69.8**	**66.7**
Application of Funds		
Guidance and Advice	55.8	54.5
Corporate	13.1	13.9
Depreciation Charges	0.9	1.0
Total Applications of Funding	**69.8**	**69.4**
Budget deficit	**0.0**	**(2.7)**
Non-recurrent savings needed to fund pay and pension increases	-	1.1
Transition Funding relating to TA cost recovery	-	1.6
Total non-recurring savings and transition funding	**0.0**	**2.7**

112. The 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 2016. 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.

113. The savings programme included a plan to recover the costs of technology appraisals and highly specialised technologies programmes by charging industry. Proposals for the introduction of fees were suspended in 2017 but charging is expected to commence in 2019/20. The charges will only be made on appraisals that commence after 31 March 2019, which means a number of appraisals that will complete in 2019/20 will not be charged for. This leaves a potential shortfall of £1.6m against our savings programme in 2019/20. The DHSC has agreed to underwrite this amount, shown as transition funding in Table 1 above.

Sources of funds

114. The 2019/20 administration funding will fall by 7% (£2.9m) in cash terms. This is the fourth and final year of an overall straight line phased real terms reduction of 30% in our baseline administration funding over the current Spending Review (SR) period to 2019/20. The programme budget will also reduce from £8.3m to £8.0m which gives a total in year reduction in GIA funding of £3.2m (6%) as part of a straight line 10% reduction to the programme element over the SR period.

115. The DHSC recently consulted on increasing the rate of employer's contributions to the NHS pension scheme from 14.3% to 20.6%. This increase will take effect from 1 April 2019. The additional pension contributions payable by NICE will total £1.6m in 2019/20, of which £1.0m is funded by DHSC. The cost pressure of £0.6m will be deducted from our GIA allocation as a net contribution to the NHS pension central budget.

116. In addition to the baseline administration GIA budget, we will receive £0.5m additional funding as a contribution to the costs of the Agenda for Change 2018-21 pay deal. The new pay deal increased our pay budget by approximately £0.5m per year cumulatively, however only the first year increase is being funded, creating a £0.5m cost pressure.

117. The unfunded pay and pension costs total £1.1m. This cost pressure was identified late during the business planning process. To balance the budget, we have assumed that we will release non-recurrent savings of £0.8m from vacant posts during the year and we will reduce our non-pay budget for external contracts by £0.3m.

118. DHSC's 2019/20 budgets have yet to be formally approved. Therefore, the above GIA figures should be considered as provisional until formal confirmation of 2019/20 budgets has been provided by the Department.

119. In addition to GIA funding there are a number of other sources of income. In total these are projected to be £17.8m (26% of total sources of funding), an increase of £0.6m from 2018/19. The increase is mainly due to the introduction of charges for technology appraisals (£3.2m), although this is offset by a reduction in NHS England funding due to our work on evidence based treatment pathways in mental health ending in March 2019.

120. We anticipate that we will continue to receive funding to support a number of existing programmes commissioned by NHS England, such as our work to support the Cancer Drugs Fund which included an expansion of the technology appraisal programme. Details are set out in the table below.

Table 2: NHS England funding

Funding from NHS England	2018-19 £m	2019-20 £m
Ongoing activity		
Cancer Drugs Fund	2.6	2.6
Evidence based treatment pathways in mental health	1.6	-
Commissioning Support Programme	0.8	0.2
Evaluative Commissioning	0.6	0.4
Develop and launch new HealthTech Connect database	0.5	0.3
MedTech Innovation Briefings	0.4	0.4
Evaluation of digital therapies within the IAPT programme	0.3	0.3
Rapid Evidence Summaries	0.1	0.1
Total confirmed activity	**6.9**	**4.3**

121. The reduction in funding from NHS England is primarily due to the end of the evidence based treatment pathways in mental health activity, which as noted above, is contractually due to end on 31 March 2019.

122. The funding for HealthTech Connect database was higher during 2018/19 due to upfront investment in building the tool, therefore the reduced funding in 2019/20 reflects the move to the operational phase of the project. The funding for evaluative commissioning which supports our observational data unit is reducing by £0.2m, as there are only 3 active research projects confirmed for 2019/20 compared to the 5-6 normally in place. If new projects commence in 2019/20 additional funding will be provided by NHS England.

123. Funding of £3.8m will come from Health Education England under the service arrangements in place whereby NICE procures and provides the national core content for the NHS.

124. Income from the devolved administrations in Wales, Scotland and Northern Ireland contributes to the cost of guidance production, producing the BNF and some supporting services. Service level agreements and contracts 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 £1.9m in 2019/20.

125. In a full year it is expected that £9.2m will be received in charges to industry for technology appraisals and highly specialised technologies evaluations. However, as charges will only be made for appraisals that commence in the year, a total of £3.2m will be received in 2019/20. Careful monitoring of cash flow will be required during this launch phase of charging to ensure financial balance is maintained throughout the financial year.

126. Income from other sources is expected to amount to £4.6m, this funding is mainly made up as follows:

- NICE Scientific Advice provides early advice to the pharmaceutical and medical technology industries. These activities are expected to generate £2.4m to cover direct costs and contribute to overheads where appropriate.

- Rental income will remain around £0.9m for 2019/20. 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 Homes England (formerly the Homes and Communities Agency) and the Care Quality Commission.

- The Office for Life Sciences provides £0.3m funding for NICE to provide the Accelerated Access Collaborative Secretariat.

- There are also small amounts of income from other sources anticipated to contribute £1.0m 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 ongoing projects and staff resource spanning over a number of years.

127. 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 2019/20 is £0.5m as per previous years. It is anticipated this will be used to maintain office facilities and IT hardware and software.

128. 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

129. The pay budget for 2019/20 is currently £40.3m, including expected pay inflation cost pressures (see appendix 3.1 for full breakdown). This is an increase of £1.5m (4%) compared to 2018/19. This is mainly due to pay inflation, length of service increments awarded to staff and includes a 1% non-consolidated payment due in April 2019 to those employees at the top of their pay band, as agreed in the Agenda for Change pay deal.. Total budgeted headcount (682 whole time equivalents (wte)) is broadly the same as in 2018/19.

130. The non-pay budget for 2018/19 is £29.1m, a reduction of £2.0m (6%). Of this, £1.5m relates to a contract with the Royal College of Psychiatrists ending on 31 March 2019 due to the evidence based treatment pathways for mental health work funded by NHS England ending on 31 March 2019. A further £0.6m is being saved from the external NICE Guideline Development Centres as part of the NICE strategic savings programme. These savings are offset by non-pay

cost pressures mainly on facilities (rent, business rates and service charges) and IT (notably licences and software).

131. A number of new activities launched during 2018/19 will continue into 2019/20 and beyond. These include the NICE Connect project to transform the way we develop and present guidance and advice products to meet the needs of people who want to use them, plus increasing the use and understanding of data and analytics to inform our work. This new activity is being funded by additional savings generated during budget setting for 2019/20, and there will be opportunity costs as teams within NICE offer their support by releasing staff to work on the projects in the short-term. In the long-term we are looking for external sponsors to help us with these projects.

Human Resources

132. This year we refreshed the Workforce Strategy, which is a three year plan that sets out the strategic direction of the Human Resources (HR) department. It is supported by an annual HR business plan that sets out the specific projects and objectives to be undertaken that year to support the strategy.

133. Following a review of our recruitment strategy and the appointment of a recruitment manager we will be bringing recruitment in-house. This will not only enhance our recruitment service but improve the hiring manager and candidate experience. The HR team will work with each centre and directorate to formulate specific workforce plans to achieve more effective resourcing strategies. This will include more targeted recruitment campaigns and increased use of social media platforms to maximise our employer brand. We are also refreshing our approach to on-boarding following a review of our induction.

134. We will build links with key universities and identify opportunities to pilot a 'graduate programme' and/or placements for niche hard to fill roles while also continuing to drive our apprentice strategy and identify ways to maximise our use of the apprentice levy.

135. We are progressing our talent management activities by engaging with the 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 for line managers.

136. We are committed to staff engagement and we will be involving our employees with the creation of NICE values and running a campaign of health and well-being initiatives with a particular focus on mental health. We will also refresh our equality and diversity policy and continue to develop strategies to increase diversity and inclusion at NICE, particularly in black, Asian and minority ethnic leaders at band 7 and above.

137. We will also be supporting the business with the people strands in a number of transformation programmes such as the NICE Connect project, CHTE 2020 and the proposed NICE Foundation.

138. Another key objective is to improve the efficiency of HR processes and systems. Following on from the implementation of 'employee' and 'supervisor self-serve' on the Electronic Staff Record (ESR), phase two is the development of 'people dashboards' for managers with real time reporting, and e-appraisal. We will also move our Learning Management System (LMS) to ESR, creating one platform for all HR and learning systems.

Estates

139. All of NICE's office facilities 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 England 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 and will not be extendable beyond this. We are engaged in the DHSC London office accommodation strategy and as part of this we will relocate our London office during 2020, probably as part of a co-location arrangement with other DHSC ALBs. The lease on our Manchester office was renewed at the end of 2017 for 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

140. 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 Commercial Operating 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

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

142. 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. We will continue our activities to support the Government's policy to remove consumer single use plastics from the central government estate.

143. In addition, we are continuing to explore ways in which the sustainability of health interventions might feature in the guidance we produce, to guide the

decisions made by health and social care providers, and people who use health and care services. A sustainability steering group has been established that is considering how sustainability factors (social and environmental) can be incorporated into shared decision aids, following an initial piece of work on asthma inhalers. We will do this in conjunction with the Centre for Sustainable Healthcare and the Sustainable Development Unit. Any future changes to our methods or for the presentation of guidance would need to be the subject of discussion and consultation.

Equality

144. 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.

145. 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.

146. 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.

147. 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. To further support this area, the Senior Management Team has nominated an Executive Director sponsor for equality and diversity

Risk management

148. 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 is also briefed on significant incidents resulting from unforeseen or unmitigated risks.

149. 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 2019/20

Deliver and support the adoption of accessible, up to date and adaptable advice, fully aligned to the needs of our users	Delivery date
• Deliver guidance, standards, indicators and evidence products and services, in accordance with the schedule set out in the business plan and the balanced scorecard, including the planned increases in the technology evaluation programmes	• Ongoing
• Subject to evaluation of the NICE Connect project pilot, develop a business case and programme plans for the next phase of the project	• End of Q3
• Undertake a review of the topic selection arrangements for the HST programme and methods guides for the technology evaluation programmes	• End of Q4
• Review and update the guidelines methods and process manual to determine the optimal development path and timeline for guideline development in the context of the NICE Connect project	• End of Q4
• Maintain and monitor performance of NICE Evidence Services (CKS, HDAS, BNF microsites, Evidence Search, Medicines Awareness Service), with investment in new features on a strictly needed basis	• Ongoing
• Enable access to the new national core content and procure any additional content in line with Health Education England's (HEE) commissioning decisions	• Q1
• Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision Making Collaborative	• Ongoing
• Deliver a range of tools and support for the uptake of NICE guidance and standards, including adoption support products, endorsement statements, and shared learning examples	• Ongoing
• Evaluate the most effective social and multimedia channels currently used to promote NICE's work	• Ongoing
• Evaluate the scope to improve the recruitment and retention of advisory committee members	• End of Q2
Play an active, influential role in the national stewardship of the health and care system	**Delivery date**
• Work with NHS England and other health and care system partners to support the implementation of the NHS long term plan	• Ongoing

• Explore with NHS England the options for a digital health technology evaluation workstream, building on the Evidence for Effectiveness standards	• End of Q2
• Subject to the UK's EU exit arrangements, design and put in place changes to our current technology appraisal process in order to secure consistency with UK regulatory arrangements	• End of Q2
• Commission a bi-annual NICE reputation research project to assess our key stakeholders' views of NICE and our work, and conduct specific and targeted audience research on key issues that contribute to meeting corporate business objectives and implementation of NICE guidance	• End of Q2
• Deliver a suite of activities to mark NICE's 20th anniversary	• End of Q1
Take advantage of new data sources and digital technologies in developing and delivering our advice	**Delivery date**
• Develop and establish a long term data analytics strategy for NICE together with a framework for the appropriate the use of data analytics across NICE's programmes, and facilitating a national leadership in the field	• End of Q3
• Identify digital investment priorities, and their sequencing, to align with the NICE Connect project transformation work, reviewing the roadmap quarterly	• Ongoing
• Manage and maintain the live digital services of NICE utilising user insight and strategic service goals to prioritise use of resource	• Ongoing
Generate and manage effectively the resources needed to maintain our offer to the health and care system	**Delivery date**
• Deliver performance against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets	• End of March 2020
• Introduce charging for technology appraisal and highly specialised technologies and recover the target income for 2019/20	• From 1 April 2019
• Deliver existing grant funded research projects to plan and timetable and secure a pipeline of new projects for 2020-21	• End of March 2020
• Promote our capacity for knowledge sharing with international organisations interested in NICE's expertise and experience, including the re-use of NICE's published content outside of the UK	• Ongoing

Support the UK's ambition to enhance its position as a global life sciences destination	Delivery date
• Make preparations to implement the commitments of the 2019 Voluntary Scheme for Branded Medicines Pricing and Access related to NICE so that (i) all new active substances and drugs with significant licence extensions will be appraised, except where there is a clear rationale not to do so, by April 2020; (ii) NICE is able to publish recommendations on non-cancer drugs within 90 days of licensing to match the timescales for cancer drugs (ongoing)	• End of Q4/on-going
• Deliver the actions set out for NICE in the Government's Life Sciences Sector Deals and significantly increase the number of evaluations of these health tech products conducted, giving greater scope for considering different types of innovation, including digital products.	• Ongoing
• Prepare a final case for establishing a not for profit organisation delivering fee for service advisory and educational programmes, aligned to NICE's public task	• End of Q3
Maintain a motivated, well-led and adaptable workforce	**Delivery date**
• Ensure that all staff have clear objectives supported by personal development plans	• End of Q1
• Actively manage staff engagement and morale with the objective of ensuring that the global job satisfaction index in the annual staff survey is maintained or improved from its 2018 level	• End of Q1
• Implement the actions set out in the workforce strategy, including mapping out career paths for key roles, including increasing opportunities for apprenticeships, and defining the behaviours expected of a manager at NICE	• End of Q2
• Work with NHS Property Services to secure the future London office accommodation, and begin planning for the move to take place in the summer of 2020	• End of Q3
• Develop and implement a programme of improvements for the Manchester office to ensure best use of the space available	• End of Q2

APPENDICES

1.   **Balanced scorecard for 2019/20**

2.   **Activity analysis for 2019/20**

3.   **Revenue budget allocations for 2019/20**

4.   **Board and Senior Management Team**

5.   **Organisational chart**

Appendix 1 - Balanced scorecard 2019/20

Guidance, standards, indicators and evidence

Success Criteria	Key Measures	Target[2]
Development and publication of guidance and evidence outputs		
Publish 33 guidelines • Clinical areas (23) • Public health (3) • Social care (1) • Managing common infections (6)	Publication within stated quarter	80%
Publish 78 technology appraisals or highly specialised technologies guidance	Publication within stated year	80%
Publish 32 interventional procedures guidance	Publication within stated year	80%
Publish 6 diagnostics guidance	Publication within stated year	80%
Publish 7 medical technologies guidance	Publication within stated year	80%
Publish up to 38 medtech innovation briefings (MIBs)	Publication within stated year	80%
Deliver up to 38 commercial and up to 17 managed access briefings for NHS England to support discussions with companies, including 'Patient Access Schemes'	Publication within stated year	80%
Deliver up to 4 commissioning support programme topics to NHS England	Submission to NHS England Clinical Panel within stated quarter	80%
Manage portfolio of up to 3 evaluative commissioning projects for NHS England	Submission to NHS England Clinical Panel within stated quarter	80%
Publish 52 guideline surveillance reviews	Publication within stated quarter	80%

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[2] The targets have been set at a level to reflect there will factors outside of NICE's control that affect publication timelines

Success Criteria	Key Measures	Target[2]
~~Deliver up to 12 evidence summaries including resource impact template [3]~~	~~Publication within year~~	~~80%~~
Deliver up to 4 evidence summaries – antimicrobial prescribing	Publication within year	80%
Deliver up to 10 evidence reviews for NHSE specialised commissioning	Delivery to NHS England within year	80%
Deliver 8 quick guides for social care	Publication within year	100%
Deliver 16 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 update of 16 medicines optimisation key therapeutic topics	Publication within stated quarter	80%
Deliver 24 medicines evidence commentaries	Publication within stated quarter	80%
Deliver 7 IAPT (Improving Access to Psychological Therapies) assessment briefings	Publication within stated quarter	80%

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[3] July 2019 update: this has been removed as NHS England no longer wish to commission these products due to changes in the role of the Regional Medicines Optimisation Committees (RMOCs)

Adoption and impact

Success Criteria	Key Measures	Target
Provision of support products for the effective implementation of guidance		
Publish resource impact products to support all NICE guidelines, positively recommended technology appraisals, medical technologies and diagnostics guidance at the point of guidance publication	Publication within year	90%
Maintaining and developing recognition of the role of NICE		
Coverage of NICE in the media	% of positive coverage of NICE in the media resulting from active programme of media relations	80%

Operating efficiently

Critical Success Factors	Key Measures	Target
Delivering programmes and activities on budget		
Effective management of financial resources	Revenue spend	To operate within budget
Effective management of non-exchequer income	Net income received from non-exchequer income sources (including Scientific Advice, Office for Market Access, research grants, knowledge transfer) measured against business plan targets	90%
Maintaining and developing a skilled and motivated workforce		
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 the average rate (3.33% as at January 2018) across the Specialist Health Authorities and other Statutory Bodies	3.33%
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)	80%
Staff involvement	Hold monthly staff meetings	80%
Staff well-being	Implementation of NICE's quality standard for healthy workplaces: improving employee mental and physical health and wellbeing in respect of own staff	80% of quality statements
Sustainable Development		
Recycled waste	% of total waste recycled	90%

Improving stakeholder satisfaction		
Improved satisfaction	Complaints responded to in 20 working days	80%
	Enquiries fully responded to in 18 working days	90%
	Number of Freedom of Information requests responded to within 20 working days	100%
	PQs contribution provided within requested time frame	90%
Ensuring stakeholders have access to our websites as the main communication channel	Percentage of planned availability, not including scheduled out of hours maintenance	98%
Interest in lay committee vacancies reflected by ratio of applications to positions	2:1 (or greater) each quarter	100%

Improving efficiency and speed of outputs		
speed of production[4]	% TAs for all new cancer drugs referred to NICE issuing guidance within 90 days of the product being first licenced 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%

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[4] The following caveats are taken into account when measuring performance:

1. % STAs for all new cancer drugs issuing final guidance within 90 days of the product being first licenced in the UK
   - The product has been identified and referred early enough to allow for guidance publication to be timely, and
   - The technology appraisal follows standard NICE process up to and including the first committee meeting, and
   - No changes to the regulatory schedule are received after the company has been invited by NICE to make an evidence submission, and
   - No changes to the regulatory schedule are communicated before the appraisal has started, where the dates are brought forward without opportunity for NICE to react (that is notification less than 43 weeks before the CHMP meeting date) and
   - No requests for further submission of evidence are made after the initial submission of evidence, including for a PAS or CAA, and
   - No other factors out of NICE's control are in play (for example 'purdah' or EU exit)

2. % of multiple technology appraisals from invitation to participate to ACD in 41 weeks, or where no ACD produced to FAD in 44 weeks
   - The technology appraisal follows standard NICE process up to and including the first committee meeting
   - No requests for further submission of evidence are made after the initial submission of evidence, including for a PAS or CAA, and
   - No other factors out of NICE's control are in play (for example 'purdah' or EU exit)

Appendix 2 - Activity analysis 2019/20

Programme	2018/19 published outputs	2019/20 planned outputs
Social care guidelines	2	1
Clinical guidelines	16	23
Public health guidelines	3	3
Antimicrobial prescribing guidelines	8	6
Social care quick guides	10	8
Quality standards	18	16
Indicator menu	1	1
Technology appraisals or highly specialised technologies guidance	57	78
Medical technologies guidance	5	7
Medtech innovation briefings	37	34 (+/-4 subject to discussions over MoU with NHS England)
Diagnostics guidance	3	6
Commissioning support programme topics	12	Up to 4
Evaluative commissioning support	6	Up to 3
Managed access arrangements		Up to 17
Commercial access arrangements, including patient access schemes	39	Up to 38
Interventional procedures guidance	36	32
~~Evidence summaries including resource impact template~~[5]	~~1~~	~~12~~
Evidence summaries – antimicrobial prescribing	0	4
Evidence reviews – specialised commissioning	7	10
Medicines optimisation key therapeutic topics	14	16
Medicines evidence commentaries	25	24
Shared decision making products	6	8
Shared learning examples	60	50
Endorsement statements	30	30
Guideline surveillance reviews	65	52

IAPT assessment briefings	1	7
Medicine awareness service	50	50
Topic based 'impact reports'	7	6

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

Appendix 3.1 - Centre and directorate budget allocations 2019/20

Application of funds (Indicative budgets)	wte	Pay £m	Non-pay £m	Total £m
Guidance and advice				
Centre for Guidelines	108.0	6.8	11.3	18.1
Centre for Health Technology Evaluation	167.2	9.7	2.9	12.6
Health and Social Care Directorate	135.5	8.5	0.8	9.3
Evidence Resources Directorate	94.5	5.5	5.5	11.0
Science, Advice and Research	38.8	2.6	0.5	3.1
Corporate				
Communications Directorate	70.9	3.9	0.4	4.3
Business Planning and Resources Directorate	66.9	3.3	6.7	10.0
Unconfirmed increase to employers NHS Pension costs				
Depreciation	-	-	1.0	1.0
Total Budget	**681.8**	**40.3**	**29.1**	**69.4**

Appendix 3.2 - Revenue projections in financial statements format

Statement of comprehensive net expenditure	2019-20 £m
Expenditure	
Staff costs	40.3
Depreciation & Amortisation	1.0
Other expenditure	28.1
Sub-total expenditure	**69.4**
Income	
Income from sales of goods and services	(7.4)
Other operating income	(10.4)
Net Expenditure	**51.6**

Appendix 3.3 - Balance sheet projection

Statement of Financial Position to 31 March 2020	£m
Non-current assets	
Property, plant and equipment	3.0
Intangible assets	0.1
Total non-current assets	**3.1**
Current assets	
Trade and other receivables	2.0
Other current assets	2.4
Cash and cash equivalents	1.5
Total current assets	**5.9**
Total assets	**9.0**
Current liabilities	
Trade and other payables	(2.5)
Provisions for liabilities and charges	(1.0)
Total current liabilities	**(3.5)**
Non-current assets less net current liabilities	**5.5**
Non-current liabilities	
Provisions for liabilities and charges	(1.0)
Total non-current liabilities	**(1.0)**
Assets less liabilities	**4.5**
Taxpayers' equity	
General fund	3.3
Non-exchequer trading reserves	1.2
Total equity	**4.5**

Appendix 3.4 - Cash flow projection

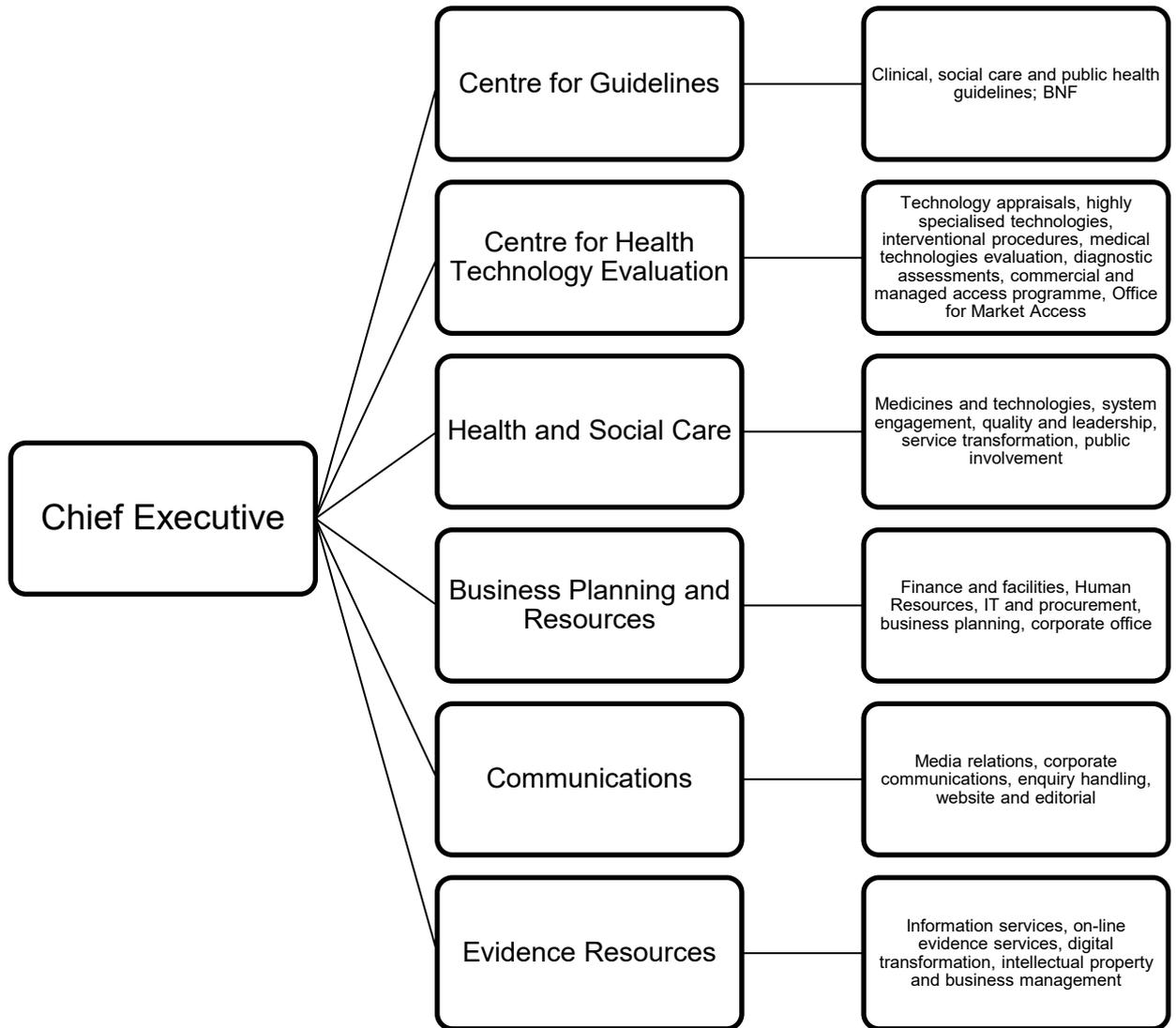| Projected cash flow statement for year ending 31 March 2020	£m
Cash flows from operating activities	
Net surplus after cost of capital and interest	(51.6)
Adjustments for non-cash transactions	1.0
Sub-total operating activities cash flows	**(50.6)**
Cash flows from investing activities	
Purchase of property, plant and equipment	(0.4)
Purchase intangible assets	(0.1)
Sub-total investing activities cash flows	**(0.5)**
Cash flows from Financing Activities	
Net grant-in-aid from Department of Health	51.1
Net Cash inflow/(outlow) before financing	**0.0**
Net increase/(decrease) in cash equivalents	**0.0**
Cash and cash equivalents at the beginning of the period	1.5
Cash and cash equivalents at the end of the period	1.5

Appendix 4 - Board and Senior Management Team

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

Sir David Haslam CBE	Chair
Professor Sheena Asthana	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Professor Martin Cowie	Non-Executive Director
Ms Elaine Inglesby-Burke CBE	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
Mr Meindert Boysen	Director: Centre for Health Technology Evaluation
Mr Ben Bennett*	Director: Business Planning and Resources
Dr Paul Chrisp	Director Centre for Guidelines
Ms Jane Gizbert	Director: Communications
Professor Gillian Leng CBE*	Director: Health and Social Care
Ms Alexia Tonnel*	Director: Evidence Resources

Note: * Executive Directors

Appendix 5 – Organisational Chart

Chief Executive

Centre for Guidelines — Clinical, social care and public health guidelines; BNF

Centre for Health Technology Evaluation — Technology appraisals, highly specialised technologies, interventional procedures, medical technologies evaluation, diagnostic assessments, commercial and managed access programme, Office for Market Access

Health and Social Care — Medicines and technologies, system engagement, quality and leadership, service transformation, public involvement

Business Planning and Resources — Finance and facilities, Human Resources, IT and procurement, business planning, corporate office

Communications — Media relations, corporate communications, enquiry handling, website and editorial

Evidence Resources — Information services, on-line evidence services, digital transformation, intellectual property and business management

View accessible version of Organisational Chart

- Chief Executive

Centre for Guidelines
Clinical, social care and public health guidelines; BNF
Centre for Health Technology Evaluation
Technology appraisals, highly specialised technologies, interventional procedures, medical technologies evaluation, diagnostic assessments, commercial and managed access programme, Office for Market Access

Health and Social Care
Medicines and technologies, system engagement, quality and leadership, service transformation, public involvement
Business Planning and Resources
Finance and facilities, Human Resources, IT and procurement, business planning, corporate office
Communications
Media relations, corporate communications, enquiry handling, website and editorial
Evidence Resources
Information services, on-line evidence services, digital transformation, intellectual property and business management