

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC BOARD MEETING

15 November 2017 at 1.30pm in the Corn Exchange, 1 George Street, Exeter,
EX1 1BU.

AGENDA

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|--------|---|----------|
| 17/091 | Apologies for absence
To receive apologies for absence | (Oral) |
| 17/092 | Declarations of interests
To record any conflicts of interest | (Oral) |
| 17/093 | Minutes of the Board meeting
To approve the minutes of the meeting held on 20
September 2017 | (Item 1) |
| 17/094 | Matters arising
To consider matters arising from the minutes of the last
meeting | (Oral) |
| 17/095 | Chief Executive's report
To receive the Chief Executive's report
<i>Andrew Dillon, Chief Executive</i> | (Item 2) |
| 17/096 | Finance and workforce report
To receive a report on NICE's financial position to the end
of September 2017 and an update on the workforce
strategy
<i>Ben Bennett, Director, Business Planning and Resources</i> | (Item 3) |
| 17/097 | NICE IAPT assessment briefings (IABs)
To review the report
<i>Professor Gillian Leng, Deputy Chief Executive and
Director, Health and Social Care Directorate</i> | (Item 4) |
| 17/098 | NICE Charter
To review and approve the Charter
<i>Jane Gizbert, Director, Communications</i> | (Item 5) |
| 17/099 | Accelerated Access Review
To consider the Government's response to the review
<i>Professor Carole Longson, Director, Centre for Health
Technology Evaluation</i> | (Item 6) |
| 17/100 | Audit and Risk Committee terms of reference
To approve the amended terms of reference
<i>Ben Bennett, Director, Business Planning and Resources</i> | (Item 7) |

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| 17/101 | Directors' report for consideration
Health and Social Care Directorate
<i>Professor Gillian Leng, Deputy Chief Executive and
Director, Health and Social Care Directorate</i> | (Item 8) |
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| 17/102 | Directors' reports for information
Centre for Guidelines | (Item 9) |
| 17/103 | Centre for Health Technology Evaluation | (Item 10) |
| 17/104 | Communications Directorate | (Item 11) |
| 17/105 | Evidence Resources Directorate | (Item 12) |
| 17/106 | Committee minutes
To receive the unconfirmed minutes of the Audit and Risk
Committee meeting held on 25 October 2017 | (Item 13) |
| 17/107 | Any other business
To consider any other business of an urgent nature | (Oral) |

Date of the next meeting

To note the next Public Board meeting will be held on 17 January 2018 in the Frank Lee Centre, Addenbrookes Hospital, Cambridge, CB2 0SN.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**Public Board Meeting held on 20 September 2017
in the Education Centre, Heartlands Hospital, Birmingham, B9 5SS**

These notes are a summary record of the main points discussed at the meeting and the decisions made. They are not intended to provide a verbatim record of the Board's discussion. The agenda and the full documents considered are available in accordance with the NICE Publication Scheme.

Present

Professor David Haslam	Chair
Professor Sheena Asthana	Non-Executive Director
Dr Rosie Benneyworth	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Professor Martin Cowie	Non-Executive Director
Professor Tim Irish	Non-Executive Director
Dr Rima Makarem	Non-Executive Director
Tom Wright	Non-Executive Director

Executive Directors

Sir Andrew Dillon	Chief Executive
Professor Gillian Leng	Health and Social Care Director and Deputy Chief Executive
Ben Bennett	Business Planning and Resources Director
Professor Carole Longson	Centre for Health Technology Evaluation Director

Directors in attendance

Jane Gizbert	Communications Director
Alexia Tonnel	Evidence Resources Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Christine Carson	Programme Director and Deputy Centre for Guidelines Director

17/073 APOLOGIES FOR ABSENCE

1. Apologies were received from Elaine Inglesby-Burke and Professor Mark Baker.

17/074 CONFLICTS OF INTEREST

2. None.

17/075 MINUTES OF THE LAST MEETING

3. The minutes of the Public Board Meeting held on 19 July 2017 were agreed as a correct record.

17/076 MATTERS ARISING

4. The Board reviewed the actions arising from the Board meeting held on 19 July 2017, noting:
 - Activities to promote the Medtech Early Technical Assessment (META) tool include engagement with the Academic Health Science Networks.
 - NICE currently employs two graduate apprentices in the Evidence Resources Directorate, and the scope for employing graduate apprentices in health economics roles is under consideration.
 - The issues raised in the discussion of the annual workforce report will be considered as part of the HR work-plan.
 - The implementation plans for the changes arising from the public involvement strategic review had been circulated to the Board.
 - The consultation on the draft policy on declaring and managing interests for NICE advisory committees has closed. The responses will be reviewed and brought to the Board, along with any proposed amendments to the policy.

17/077 CHIEF EXECUTIVE'S REPORT

5. Andrew Dillon presented his report, describing the main programme activities and the financial position to the end of August 2017. At this point in the year, there are no significant issues with the delivery of the business plan objectives to report.
6. The Board received the report.

17/078 FINANCE AND WORKFORCE REPORT

7. Ben Bennett presented the report which outlined the financial position at 31 August 2017 and provided an update on the workforce strategy. At the end of this period there is a total underspend of £1.4m. The forecast outturn for the year is a £1.9m underspend, taking account of expected cost pressures in the second half of the year including investment in additional capacity for the technology appraisal (TA) programme. The business planning process for 2018-

19 is shortly due to commence. A balanced budget is anticipated, although this is contingent on NICE receiving approval to recover the costs of the TA and highly specialised technologies programmes from industry.

8. The Board received the report.

17/079 INCREASING CAPACITY IN THE TECHNOLOGY APPRAISAL PROGRAMME

9. Carole Longson presented the proposed amendments to the technology appraisal (TA) process to enable more topics to be processed through the four appraisal committees. All existing phases of the TA processes will be utilised, but the sequence of steps will be rearranged to increase internal and external efficiency. The changes provide clear, recognisable milestones for companies and other stakeholders, linked to key steps in the regulatory pathways. The changes give more time for NICE to engage with companies in the appraisal process, and enable guidance for all appraised drugs to be published within 90 days of marketing authorisation.
10. Subject to Board approval, a six week public consultation on the design principles is proposed, followed by a further six week consultation on the detailed changes to the Guide to the Process of Technology Appraisal. Splitting the consultation in this way will enable the stakeholder comments on the design principles to inform the amendments to the detailed process guide.
11. Board members expressed broad support for the proposals but sought assurance on a number of potential risks and issues, including whether bringing forward more work before the first committee meeting could affect the perceived independence of the appraisal committee. The impact of the proposed changes around inviting clinical, patient, and commissioning experts to committee meetings was discussed, including the potential negative stakeholder response. It was suggested that the decision making on whether to invite such experts to attend a meeting should be clearly documented to avoid subsequent challenge. Also, this assessment and any subsequent invitations must be sufficiently timely to give notice for these individuals to attend.
12. In response, Carole Longson assured the Board that the proposals do not diminish the scale of clinical, commissioner, and patient input, but seek to make this engagement more efficient. Likewise the proposals do not undermine the role of the appraisal committee, but will enable the committee to make a decision at an earlier point, with only one meeting required for the majority of topics. The impact of similar arrangements for the attendance of clinical, patient and commissioning experts in the Fast Track Appraisal process is being monitored, and to date no issues have been identified. The public consultation will though provide the opportunity to assess the level of stakeholder concern around the proposals.

13. It was agreed that the risk assessment in the report should be updated in response to the Board discussion and the introduction to the consultation should more clearly highlight the benefit to patients and clinicians of the changes in terms of providing earlier access to technologies approved by the TA programme. Subject to these amendments, the Board approved the proposals for a six week consultation on the design principles, and then a further six week consultation on the detailed changes to the Guide to the Process of Technology Appraisal. It was agreed that should the initial consultation raise significant objection to the proposals, a report should be brought back to the Board prior to any subsequent consultation on the process guide. The Board thanked colleagues in the Centre for Health Technology Evaluation for their work on the proposals, in particular, Meindert Boysen and Jenniffer Prescott.

ACTION: Carole Longson

14. A member of the audience working in the life sciences industry stated that it would be helpful for the consultation document to provide further information on the proposed engagement meetings between NICE and industry.

17/080 STAFF SURVEY RESULTS AND ACTION PLAN

15. Ben Bennett presented the results of the 2017 staff survey and the proposed action plan in response. The paper also included an update on the action taken following last year's survey. He confirmed that the HR team will take account of the issues raised in an earlier Board discussion when responding to the survey results.
16. In response to a question from the Board, Ben Bennett confirmed that the free text comments in the survey had been reviewed, and the thematic analysis of these comments has informed the action plan. The HR team will work with Centres and Directorates to review the survey responses at a more detailed level to identify whether there are specific local issues.
17. The Board noted and welcomed the results, and congratulated management for the overall positive results given the challenging context over the last year. The Board endorsed the proposed action plan, noting the importance of keeping a close watch on several issues, including bullying and harassment, and stress.

17/081 NICE SCIENTIFIC ADVICE MANAGEMENT ARRANGEMENTS

18. Carole Longson presented the update on work to establish NICE Scientific Advice (NSA) as a business unit, with greater autonomy, within NICE. Following agreement to the proposal in principle by the Senior Management Team, proposals for how this would work in practice are being developed, including the extent of autonomy, the oversight arrangements, and the relationship between

NSA and other NICE teams. The final proposals will be brought to the Board for approval.

19. Board members discussed the proposals, noting the importance of robust governance arrangements to ensure sufficient oversight of the proposed business unit. It was suggested that including a Non-Executive Director on the proposed management board could help mitigate risks of providing greater autonomy to NSA, and ensure alignment with NICE's wider work. Questions were raised about the arrangements for managing the relationship between NICE and NSA including avoiding conflicts of interest, and the rationale for not including the Office for Market Access in the business unit.
20. Carole Longson responded that NSA operates on a fee for service model, providing advice to the life science industry and therefore appropriately has distinct operating arrangements from the rest of NICE. The proposals should be seen as an evolution in NSA's operating arrangements to take account of its growth since establishment in 2009. Andrew Dillon cautioned that including a Non-Executive Director on the management board could undermine the accountability and oversight arrangements through the Senior Management Team and the NICE Board. David Haslam suggested that if the proposals proceed, the Board should receive regular reports from NSA as part of this oversight and accountability.
21. The Board noted the update, and thanked Nick Crabb and Leeza Osipenko for their work in developing NSA to date.
22. A member of the audience working in the life sciences industry suggested the rationale for not including the Office for Market Access in the proposed business unit is explained further.

17/082 PUBLIC INVOLVEMENT STRATEGIC REVIEW: ESTABLISHMENT OF AN EXPERT PANEL

23. Gill Leng presented the follow-up report that provided additional information on the implementation of the public involvement strategic review in response to the discussion at the last Board meeting. Further information is provided on the proposed Expert Patient Panel, and the Board-level metrics to support roll-out of the strategic review.
24. The Board discussed the proposals, emphasising the need for sufficient turnover in the composition of the Expert Patient Panel, to balance continuity of expertise with fresh input. As such, the proposed term limit for panel members should be reconsidered. The importance of diversity amongst members was noted, including age, condition and region of residence. Board members referred to paragraph 9 in the report and asked for a person rather than condition focused approach when recruiting panel members. Subject to these amendments, the Board approved the proposals for implementation.

ACTION: Gill Leng

25. A member of the audience stated she was an expert on a medical condition and would welcome the opportunity to be involved in the Expert Patient Panel, but had not been previously involved in a NICE committee. Gill Leng confirmed that in addition to recruiting 'alumni' from NICE committees, opportunities to join the Panel will be advertised on the NICE website shortly. Leeza Osipenko, Associate Director for NICE Scientific Advice, who was present in the audience, extended an invitation to contribute as a patient expert to any relevant work by NICE Scientific Advice in this area.
26. A member of the audience asked about the implementation of the other changes to public involvement following the strategic review that was discussed at the last Board meeting. In response, it was noted that the implementation plans had been circulated to the Board and were under review.

17/083 NICE'S CONTRIBUTION TO ANTIMICROBIAL RESISTANCE

27. Gill Leng and Carole Longson presented the update on NICE's work relating to antimicrobial resistance, including a methods research project to explore a potential role for the NICE technology appraisals programme in the evaluation of new antimicrobials with high potential for addressing unmet need.
28. Martin Cowie referred to his work as a hospital clinician and highlighted the importance of balancing prudence in the use of antimicrobials with ensuring these are available to prevent and tackle infections, particularly in high risk groups. There must be appropriate clinical judgement to enable a suitably nuanced approach in the use of antimicrobials.
29. In response to questions from the Board, Gill Leng explained the scope to trial the development of shared decision making aids in the new antimicrobial prescribing guidelines; and Carole Longson agreed to consider the scope to widen the horizon scanning and topic selection beyond antimicrobials.

ACTION: Carole Longson

30. The Board received the report and requested ongoing updates on this work.

ACTION: Gill Leng / Carole Longson**17/084 ANNUAL EQUALITY REPORT**

31. Ben Bennett presented the annual equality report for 2016-17, which provides an update on NICE's equality objectives; information on the characteristics of those applying to join the advisory committees in 2016-17, and those

subsequently appointed; and the results of the annual survey of committee members. It also includes information on equality considerations in guidance published in 2016-17 and summarises the workforce profile at 31 March 2017.

32. Rosie Benneyworth highlighted inequalities arising from rurality, particularly in terms of access to services. She suggested information is collated on the geographical spread of committee members, in particular the proportion drawn from urban and rural areas. Ben Bennett agreed to explore this further for next year.

ACTION: Ben Bennett

33. The Board noted the report. It was agreed that in future the report should include a summary that outlines key issues of note, including changes in data from previous years, learning points, and any actions arising from the data.

ACTION: Ben Bennett

17/085 DIRECTOR'S REPORT FOR CONSIDERATION

34. Jane Gizbert presented the update from the Communications Directorate, and highlighted particular areas of note within the report. She outlined work underway to procure a new customer relationship management (CRM) system following an internal audit into stakeholder management, and the envisaged benefits from this software. Jane also highlighted the continued increase in NICE's social media activity and profile.

35. The Board noted the report and thanked Jane for the work of the Directorate.

17/086 – 17/089 DIRECTORS' REPORTS FOR INFORMATION

36. The Board received the Directors' Reports.
37. In response to a query from the Board, Alexia Tonnel provided a brief update on the position with the Health App Briefings. These were produced as a pilot, and NICE would be able to produce further briefings if commissioned and funded to do so.

17/090 ANY OTHER BUSINESS

38. None.

NEXT MEETING

39. The next public meeting of the Board will be held at 1.30pm on 15 November 2017 in Exeter Corn Exchange, 1 George Street, Exeter, EX1 1BU.

DRAFT

National Institute for Health and Care Excellence

Chief Executive's report

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

The Board is asked to note the report.

Andrew Dillon
Chief Executive
November 2017

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

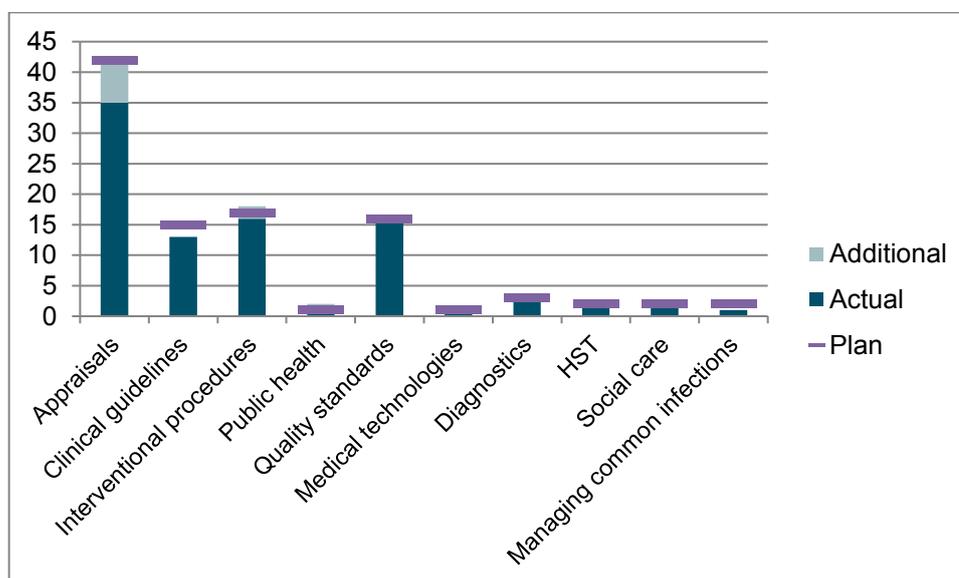
Chief Executive's report

1. This report sets out the performance of the Institute against its guidance, standards and information programmes, for the 7 months ending 31 October, and for the financial position to the end of September. The performance of the Institute against its business plan objectives for the same period is also reported, together with the guidance published since the last public Board meeting in September.

Performance

2. The current position against a consolidated list of objectives in our 2017-18 business plan, together with a list of priorities identified by the Department of Health, is set out in Appendix 1.
3. Extracts from the Directors' reports, which refer to particular issues of interest, are set out at Appendix 2. The performance of the main programmes between April and October 2017 is set out in Charts 1 and 2, below.

Chart 1: Main programme outputs: April to October 2017

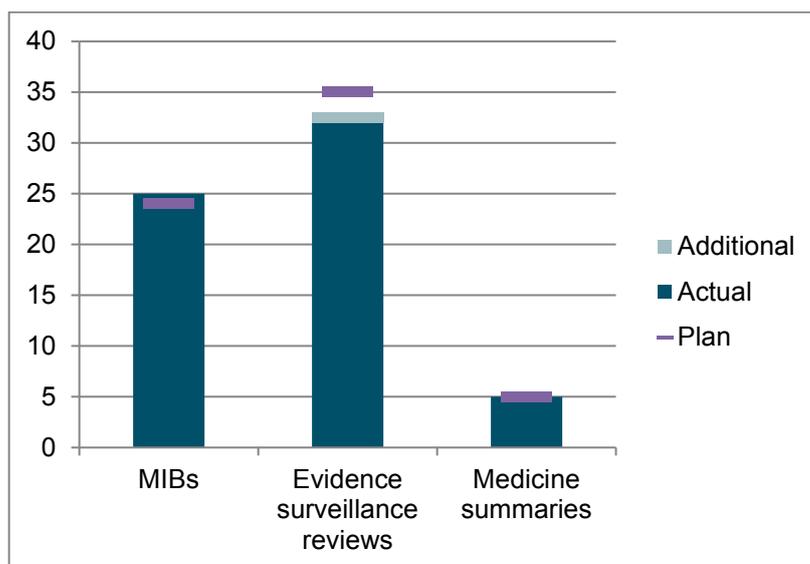


Notes to Chart 1:

- a) HST refers to the highly specialised technologies programme (drugs for very rare conditions)
- b) The variance is the difference between the target output for the reporting period, as set out in the business plan and the actual performance

- c) 'Additional' topics are either those which should have published in the previous financial year, or that have been added since the publication of the business plan
4. Details of the variance against plan are set out at Appendix 3. Guidance, quality standards and other advice published since the last Board meeting in September is set out Appendix 4.
5. The performance of other Institute programmes is set out in Chart 2, below.

Chart 2: Advice programmes main outputs: April to October 2017



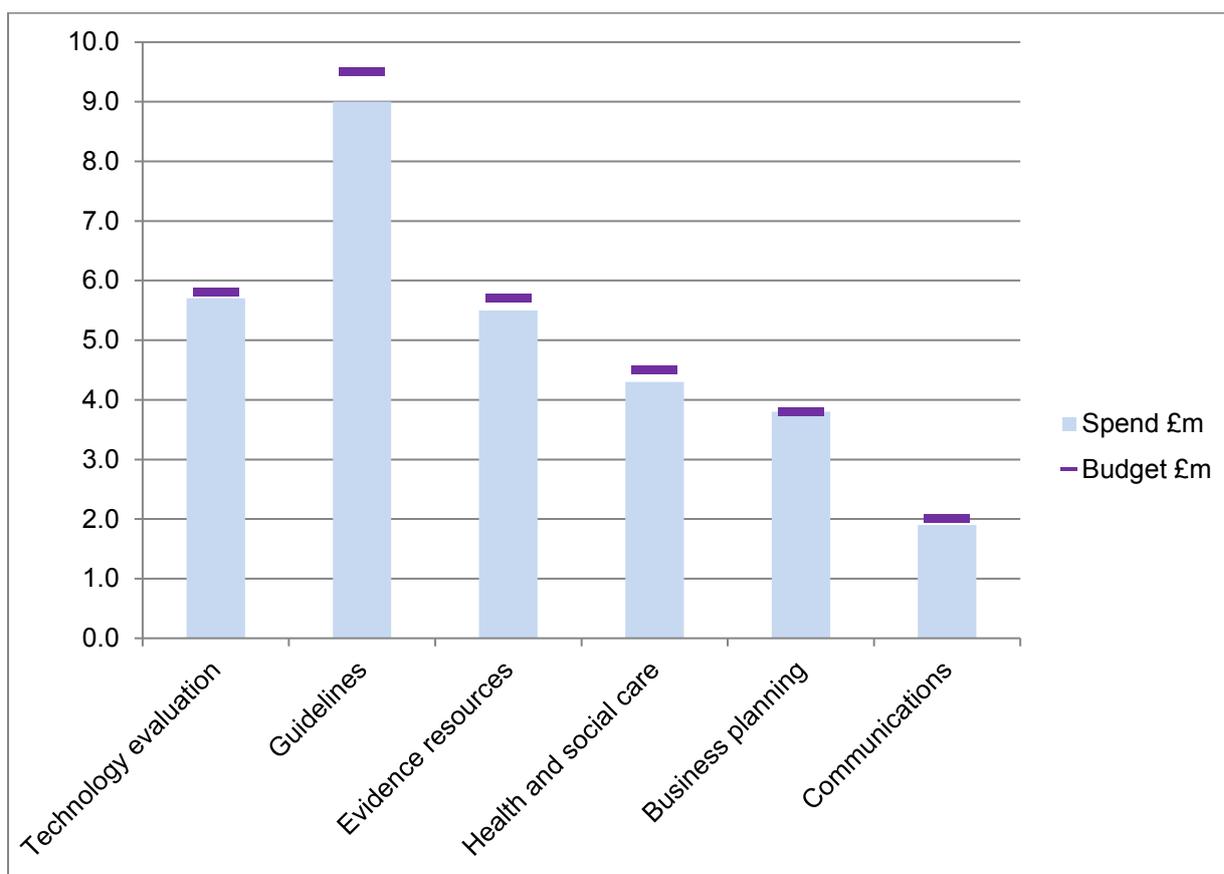
Notes to Chart 2:

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

Financial position (Month 6)

6. The financial position for the 6 months from April to the end of September 2017 is an under spend of £1.7m (7%) (£1.4m (6%) at the end of August), against expenditure (taking into account projected income) of £32.4m. Non pay is under spent by £0.5m against budget. Pay is £1.2m under spent against budget. The position of the main budget is set out in Chart 3. Further information is available in the Business Planning and Resources Director's report.

Chart 3: Main programme spend: April to September 2017 (£m)



Balance scorecard

7. Appendix 5 sets out balanced scorecard for the first 6 month of the financial year. The scorecard measures the Institute's performance against a series of significant metrics. Material variations to the targets agreed at the beginning of the year are explained in the table.

Appendix 1: Business objectives for 2017-18

In managing its business, NICE needs to take account of the objectives set out in its business plan, and the organisational and policy priorities for NICE set out by the Department of Health. The table below consolidates and tracks progress with the main elements of these influences on our work in 2017-18.

Objective	Actions	Update
Guidance, standards, indicators and evidence		
Publish guidance, standards and indicators, and provide evidence services against the targets set out in the Business Plan and in accordance with the metrics in the balanced scorecard	<ul style="list-style-type: none"> • Deliver guidance, standards, indicators and evidence products and services, in accordance with the schedule set out in the Business Plan • Ensure performance meets the targets set in the balanced scorecard 	<ul style="list-style-type: none"> • Details of the main programmes' performance against plan, including explanations for any variances are set out elsewhere in this report.
Implement changes to methods and processes in the technology appraisal programme	<ul style="list-style-type: none"> • Obtain stakeholders' perspectives on methods related to managing uncertainty and structured decision making • Deliver further improvements to the operation of Committee decision making • Subject to the outcome of consultation, implement the joint NICE-NHSE proposals for changes to the technology appraisal and highly specialised technologies programmes, introducing more flexible, rapid, risk-based appraisal processes • Develop methodological guidance, and internal capacity and capability for 'real world' data development and analysis 	<ul style="list-style-type: none"> • Targeted discussion and engagement on methods aspects has commenced. • Implementation of enhancements to appraisal committee operations already identified is ongoing. CHTE 2020 project has been initiated aiming to review and, where necessary, optimise all CHTE guidance and advice processes. • Implementation of changes to the Technology Appraisal programme and Highly Specialised Technologies evaluation programme commenced on 1 April 2017.

Objective	Actions	Update
		<ul style="list-style-type: none"> Initiation of CHTE work related to 'real world data' activity is planned for Q3/4 2017-18.
<p>Refine and implement new methods and processes to accelerate the development of updated clinical, public health and social care guidelines</p>	<ul style="list-style-type: none"> Establish 6 internal capacity slots for updating guidelines, using new accelerated methods and processes Implement new staffing structure and functions in the Centre for Guidelines Review and revise methods and processes for accelerated update outputs Develop and implement new scoping and post-consultation validation methods and processes to support the development of guideline updates in-house. Establish pre-development recruitment of guideline committee chair and expert members to support scoping 	<ul style="list-style-type: none"> The new structure is in place and three guidelines have been commissioned using the new process. The new scoping process has been initiated for the three new commissions. New methods for updating will be developed as part of the revision of the Manual.
<p>Enhance methods for developing and maintaining guidelines</p>	<ul style="list-style-type: none"> Continue to develop the methods and processes of guideline development to maintain and enhance NICE's reputation for methodological quality and efficiency in guideline development. Establish and maintain links and networks with external research initiatives, organisations and projects to address our methodological needs and ensure our methods continue to reflect internationally-recognised best-practice. Establish new staffing structure and functions to support health economics across the Centre for Guidelines 	<ul style="list-style-type: none"> A formal process has been instituted for the revision of the Manual of Methods and processes. The revised arrangements for health economics have been implemented. Recruitment has commenced for the GP reference panel and the first commissions agreed. An implementation plan has been developed to take forward changes to patient and public engagement, following discussion with the Board at its July meeting. Further

Objective	Actions	Update
	<ul style="list-style-type: none"> Develop a NICE GP Reference Panel to advise on the scoping of guidelines. Implement any changes agreed following the consultation on the NICE approach to patient and public engagement 	<p>detail has been prepared for the Board on the operation of the Expert Panel.</p>
<p>Deliver the suite of NICE evidence services, which meet the evidence information needs of health and social care users and partner agencies</p>	<ul style="list-style-type: none"> Maintain and make measurable improvements to the component services of NICE Evidence Services Procure and maintain the underpinning Link Resolver and Identity Management services Manage content procurement contracts (Clinical Knowledge Summaries (CKS), Cochrane), including those on behalf of HEE (National Core Content), to plan 	<ul style="list-style-type: none"> The new Link Resolver service was fully launched during October 2017 with no significant implementation challenge to date. Visits to the NICE BNF microsite are recovering following a significant drop in referrals from search engines after the launch of the new service in June 2017. The process of withdrawal of the NICE BNF and BNFC apps is underway. Users were notified in October that the NICE apps are no longer updated and are encouraged to download the new open access BNF publisher apps. The procurement of Clinical Knowledge Summaries concluded with the re-appointment of the incumbent supplier.
<p>Implement the relevant aspects of the Government's industrial strategy for the life sciences industries, taking account of the recommendations in the final report of the Accelerated Access Review</p>	<ul style="list-style-type: none"> Assess and report to the Board on the financial, operational and reputational implications of the Accelerated Access Review (AAR) and the Government's life sciences strategy, for NICE guidance programmes Develop an implementation plan and report to the Board on progress 	<ul style="list-style-type: none"> Internal teams continue to focus on the requirements of the AAR, and will take forward the recommendations following publication of the Government response to the AAR. The internal NICE AAR Implementation Group continues to meet regularly to plan for this.

Objective	Actions	Update
		<ul style="list-style-type: none"> • Work has started to establish the Accelerated Access Partnership Programme Office at NICE. • Changes to NICE's appraisal process, to increase capacity were approved by the Board in September 2017 for public consultation.
Adoption and Impact		
Deliver a programme of strategic and local engagement	<ul style="list-style-type: none"> • Work with local health and care systems to promote the use of NICE guidance and quality standards, measured against agreed standard metrics • Support the use of NICE guidance and standards through the work of other national organisations in health, public health and social care, measured against agreed metrics 	<ul style="list-style-type: none"> • Work is underway to progress work against new metrics, and a 6 monthly update is provided in the Health and Social Care Directorate progress report.
Evaluate the impact and uptake of Health and Social Care products and services and ensure that guidance and standards meet the needs of our audiences	<ul style="list-style-type: none"> • Produce a twice yearly uptake and impact report • Consult with the research community through the Implementation Strategy Group (ISG) to stimulate evaluation of implementation and improvement science 	<ul style="list-style-type: none"> • The 6 monthly reports have been replaced by shorter, topic-focussed reports, which will be brought to the Board for each public meeting. • The ISG met in June 2017 and considered how to encourage more research into implementation, and how to get the best out of the NICE Field Team.
Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and	<ul style="list-style-type: none"> • Develop the use of graphics and images to help explain guidance and related products • Building on the new Social Care Quick Guides, develop new online summaries for other forms of 	<ul style="list-style-type: none"> • A number of staff in the Communications Directorate and elsewhere across NICE are developing skills in image/graphics design. Recruitment for a dedicated graphic

Objective	Actions	Update
targeted marketing techniques. Contribute to demonstration of impact through regular evaluation	<p>guidance which are short, concise and use infographics and multimedia techniques</p> <ul style="list-style-type: none"> • Redesign the current resource used by practitioners to help make savings, improve productivity and promote optimal use of interventions • Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision Making (SDM) Collaborative • Develop the resource impact support team to enable it to deliver the budget impact assessments required as part of the changes to the TA and HST programmes 	<p>designer will begin in Q3. We were unable to appoint in the first round of interviews and are currently exploring options to make the role more marketable.</p> <ul style="list-style-type: none"> • Work is underway to develop 'quick guide' summaries and other secondary products for public health. • The online savings and productivity resource has been refocussed on key products. This is accompanied by wider work with key partners, including NHS Right Care, to support the use of our work on disinvestment. • Progress is being made in relation to NICE's commitments linked to the Shared Decision Making (SDM) work, including the referral of a guideline on SDM. • The work of the resource impact team has been developed to support budget impact assessments. Monthly assessments of future impact are sent to CCGs and to NHS England.
Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders	<ul style="list-style-type: none"> • Support NHS Digital in the development and adoption of common standards, taxonomies and language across ALBs • Maintain an ongoing relationship with the nhs.uk project (re-development of NHS Choices) 	<ul style="list-style-type: none"> • NICE attended its first Professional Record Standard Board (PRSB) Advisory Board in October 2017. The PRSB's mission is to support the development of standards in clinical records. This is an opportunity for NICE to understand if and how information standards such as SNOMED can play a role

Objective	Actions	Update
	<ul style="list-style-type: none"> • Fully capitalise on existing relationships with specialists in the evidence management field and extend to other potential partners • Identify partners for joint working on digital initiatives which support the distribution and re-use of NICE content in decision support and other third party systems. This may involve academic and regional collaborations • Support NHS England to deliver the digital IAPT pilot programme (Improving Outcomes in Psychological Therapies) 	<p>in adding structure and meta-data to NICE content.</p> <ul style="list-style-type: none"> • Partnership working continues with the EPPI-Centre in UCL on the development of evidence management and surveillance solutions. • Good progress is being made with the digital IAPT pilot, and two topics have been developed into IAPT Briefings. The Expert Panel did not think these technologies were appropriate for the pilot programme. • In collaboration with Health Innovation Manchester, work has started to explore the potential of establishing a Manchester based “Data Laboratory” as a vehicle for progressing opportunities from digital technologies in evidence generation and guidance production.
<p>Create a structured and coordinated approach for working with and listening to stakeholders</p>	<ul style="list-style-type: none"> • Roll out a customer relationship management (CRM) system to support and monitor engagement with stakeholders and to help deliver tailored communications • Develop a new interactive online newsletter with content tailored for key audiences • Explore opportunities to develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content to their needs 	<ul style="list-style-type: none"> • The tender process for a new customer relationship management system is on schedule. The tender was advertised in August and we are reviewing the responses. • Newsletters continue to evolve and are being promoted more heavily after analysis showed that people who read news stories via links on newsletters engaged more actively (spent longer on the page, looked at more pages and were more likely to engage

Objective	Actions	Update
	<ul style="list-style-type: none"> • Implement a social media strategy to increase engagement and drive traffic to corporate content • Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management 	<p>with the guidance) than readers from other sources.</p> <ul style="list-style-type: none"> • Whilst longer term options for personalised content on the website are being explored, work is underway to refresh the communities' pages on the website. The new pages will be promoted from the homepage and will be more visually engaging with relevant content tailored to the specific audience. • The social media guide for staff has been published and promoted. The social media strategy is well embedded in practice in the Communications directorate. Interactions with social media channels continue to increase. Regular updates of audience insights and analytics are made in reports to the Board. We are liaising with teams across NICE to offer them training and awareness building around NICE use of social media.
<p>Deliver new digital service projects, maintain NICE's existing digital services and implement service improvements based on user insights and service performance</p>	<ul style="list-style-type: none"> • Deliver digital service projects in line with the agreed investment priorities for 2017-18 • Maintain the NICE Digital Services to agreed service levels (service availability and time to defect resolution) • Maintain digital services performance indicators in line with business priorities and user insights 	<p>A number of projects completed over the last 2 months:</p> <ul style="list-style-type: none"> • A project to refresh UK Pharmascan reporting completed during October 2017. • Work to build automated testing capabilities for our developers completed at the end of September 2017.

Objective	Actions	Update
	<ul style="list-style-type: none"> • Translate data and observations about the performance of NICE Digital Services into actionable improvement proposals and implement in line with business priorities 	<p>A number of projects are under way:</p> <ul style="list-style-type: none"> • Work to upgrade our evidence management tools in partnership with UCL is being further extended to the end of December 2017. It is expected that a new web-based version of the EPPI Reviewer software will be available for use in NICE in early 2018. • A four week discovery period was undertaken in October 2017 to prepare for the development of Antimicrobial Prescribing Guidelines content in the MAGICapp software, subject to license agreement. • Work to bring efficiencies to the external consultation process is continuing. The Alpha phase of the work successfully passed the assessment of the Department of Health digital team. Work to scope the Beta phase of the work and seek Government Digital Services approval is under way. • A business analysis and costing project to identify the key areas of potential efficiency along the guidance development process, with a view to guide further investment decisions is progressing well. • Digital Services and the Communications team are putting in place new processes for delivering strategic improvements to the NICE website.

Objective	Actions	Update
Operating efficiently		
Operate within resource and cash limits in 2017-18. Actively manage the appropriate application of any non-recurrent funding as early as practicable in the financial year.	<ul style="list-style-type: none"> Deliver performance against plan for all budgets monitored and reported to the Senior Management Team and the Board 	<ul style="list-style-type: none"> Balanced budget set for 2017/18 with adequate contingency to minimise risk of exceeding resource or cash limits. We are on target to operate within our resource and cash limits. Further information is available in the finance and workforce report.
Implement the second year of a three year strategy to manage the reduction in the Department of Health's Grant-In-Aid funding and plan for a balanced budget in 2017-18	<ul style="list-style-type: none"> Centres and directorates identify the savings expected from them in order enable the Institute to manage within the reduced Grant in Aid funding received from DH, by April 2018 Management of change exercises completed in accordance with the schedule determined by the Senior Management Team 	<ul style="list-style-type: none"> Plans in place for delivery of the year 2 savings programme. Key management of change projects completed according to schedule and expected to deliver savings as planned. Further minor changes in progress according to plan. A small scale management of change exercise is starting in the Evidence Resource directorate regarding the Intellectual Property and Content Business Management team.
Subject to Ministerial approval put in place arrangements to charge the cost of the technology appraisal programme to industry users, from April 2018	<ul style="list-style-type: none"> If approved, put in place designed and tested financial and operational arrangements by December 2017 If approved, ensure that charging arrangements are able to go live from April 2018 	<ul style="list-style-type: none"> We are continuing our discussions with the Department of Health on the timing of the implementation of charging. A Contingency plan is in place should approval be withdrawn permanently and recurring GIA funding not reinstated. More detailed work will commence if cost recovery does not go ahead.

Objective	Actions	Update
<p>Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance</p>	<ul style="list-style-type: none"> • Articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK, including permissions to use content overseas, adaptation of guidance, quality assurance services and syndication services • Articulate and promote NICE's value propositions involving knowledge sharing with international organisations interested in NICE's expertise and experience 	<ul style="list-style-type: none"> • The Senior Management Team of NICE has approved a programme of work to refresh and standardise the copyright statement attached to NICE material. Over time, this will help promote the terms under which NICE's content can be re-used in the UK and overseas. • The NICE service offer associated with content re-use and the provision of an international delegation services was published on the NICE website during October 2017. • The NICE Scientific Advice team are delivering a small advisory project for the Vietnam Social Security, funded by the Foreign Commonwealth Office (FCO).
<p>Enthuse and enable staff to deliver on the Institute's objectives, ensuring that every member of staff has a clear set of personal objectives, a personal development plan and an annual appraisal</p>	<ul style="list-style-type: none"> • All staff have clear objectives supported by personal development plans • Put in place implementation plans for relevant NICE workplace guidance • Actively manage staff with the objective of ensuring that the global job satisfaction index in the annual staff survey is maintained or improved from its 2016 level • Put in place resources to support staff through Management of Change exercises 	<ul style="list-style-type: none"> • Workforce strategy in place with associated operational plan for HR. • Health and Wellbeing group well established and includes implementation of NICE workplace guidance on its agenda. • In the annual staff survey 2017 79% of staff rated NICE as a good or excellent place to work (78% in 2016). • Resources in place for further management of change

Objective	Actions	Update
<p>Promote a culture of continuous improvement within the organisation and uphold the ambition to remain a world-renowned organisation, benchmarking where possible its systems.</p>	<ul style="list-style-type: none"> • Identify the programmes which might be suitable for benchmarking and assess what, if any, international benchmarking is possible by September • Identify 10 publications in peer reviewed international journals which assess and provide an opinion on one or more aspects of NICE's work and submit to the Board for consideration in December 	<ul style="list-style-type: none"> • In progress. • A review of publications has been completed and a report is being prepared.

Appendix 2: Extracts from the Directors' reports

Director	Featured section	Section/ reference
Health and social care	To support the uptake of innovative technologies, NICE is working with the Office for Life Sciences and other stakeholders to realign the NICE Implementation Collaborative (NIC) and the innovation scorecard to support the implementation of the Accelerated Access Review (AAR). There is an opportunity to align activities to produce a coherent and efficient framework to support the adoption of transformative technologies in the health and care system, which is consistent with the recommendations in the AAR. NICE is central to these three multi-stakeholder, cross-system groups. It also has expertise in its core adoption support and resource impact functions to enhance the effectiveness of these developing structures. NICE is therefore in a unique position to facilitate the efficient implementation of the AAR and reduce the risk of duplication of effort.	Section/para 4
Guidelines	By promoting the new, free BNF app through a well-planned communication campaign and by placing messages on the NICE BNF apps to encourage users to switch (from the current NICE version), the number of users and sessions on the new BNF app had overtaken the NICE BNF app by the end of August 2017. NICE confirmed in September that the NICE BNF app would be retired at the end of November 2017, users have been notified.	Section/para: table 1, page 4
Health technology evaluation	As reported in the previous Board report, we have implemented the arrangements for the budget impact test in both the technology appraisal (TA) and highly specialised technologies (HST) programmes. The test is used to trigger discussions about developing potential 'commercial agreements' between NHS England and companies in order to manage the budget impact of introducing high cost treatments. Thirty-one appraisal and HST topics have been assessed for the budget impact test so far. So far two topics have been identified that may trigger the budget impact test criteria.	Section/para 23

Evidence resources	The new Amber risk was: "The transition to the new national Link Resolver provider service is not successful, resulting in a reduction in the ability of users to access the journal content they have purchased". The change in status occurred when it was identified that the link resolver service had, in the past, been integrated to 3rd party systems outside of NICE's direct management. However, the new service had not been specified to allow the same level of integration. NICE remediated to this issue by agreeing short contract extensions with the new and incumbent providers, extending the implementation period to allow for additional technical changes. The full service was launched in October with only a few issues arising. It is likely the risk will be taken down altogether by the end of the calendar.	Section/para 11
Communications	On Twitter we now have more than 134,000 followers, an increase of 4% since the last report. In September and October we received 2.3 million impressions (number of times posts are seen), 36,000 visits to the main profile page, 3500 interactions (likes, shares or replies to a post) and 3,800 mentions. Top tweets came from our activity on World Sepsis Day, promotion of our antimicrobial prescribing guidelines and the announcement that we are updating our CFS/ME guideline. We now have more than 2,500 followers on Facebook, a 25% increase since the last report. Our posts in September and October received more than 199,000 impressions, up by 66% since the previous two month period. Top posts came from our draft guideline on Lyme disease and promoting our sinusitis antimicrobial prescribing guidelines. On LinkedIn we now have 6,700 followers and we received more than 154,000 impressions in September and October. There were more than 6,800 views on our YouTube channel.	Section/para 6-8
Finance and workforce	The business planning process was launched 19 October 2017, with each directorate issued with a business planning template to complete setting out their key activities and objectives for 2018/19 along with their workforce plan, resource and budget requirement and the main risks to delivering the business plan. The deadline for directorate business plans to be submitted is 28 November 2017, after which the first draft of the NICE business plan will be prepared for review by the SMT and Board.	Section/para: 30

Appendix 3: Guidance development: variation against plan April 2017 – October 2017

Programme	Delayed Topic	Reason for variation
Clinical Guidelines	2 topics delayed	Familial hypercholesterolaemia (standing committee update): Delayed due to additional health economic analysis being required. Publication date to be confirmed.
		Glaucoma: Delayed due to additional time needed for guideline development. Publication expected in November 2017 (Q3 2017-18).
Interventional procedures	1 topic delayed	Surgical repair of vaginal wall prolapse using mesh: Publication was initially delayed during election purdah. Since then discussions at IPAC2 were postponed due to the specialist committee member being unable to attend the September 2017 meeting. The discussion has since been rescheduled to the IPAC2 meeting in October 2017. Publication now due in December 2017 (Q3 2017-18).
	2 additional topics published in 2017-18, that were not planned for this financial year	Sacrocolpopexy using mesh to repair vaginal vault prolapse: Delayed due to a resolution request being received. Published June 2017 (Q1 2017-18).
		Hysteroscopic sterilisation by insertion of intrafallopian implants: This guidance published in July 2017 however it has been temporarily suspended until a regulatory review of Essure has been completed, at which time we will review the position.
Medical technologies	No variation against plan 2017-18	
Public Health	No variation against plan 2017-18	

Programme	Delayed Topic	Reason for variation
	1 additional topic published in 2017-18, that was not planned for this financial year	Sexually transmitted infections - Condom distribution schemes: Publication date moved in order to agree cobranding arrangements with Public Health England. Published April 2017 (Q1 2017-18).
Quality Standards	No variation against plan 2017-18	
Diagnostics	No variation against plan 2017-18	
Technology Appraisals	7 topics delayed	<p>Naltrexone-bupropion (prolonged release) for managing overweight and obesity [ID757]: Delayed following receipt of an appeal. The appeal hearing will be held on 27 October 2017. Publication date of final guidance to be confirmed.</p> <p>Palbociclib in combination with an aromatase inhibitor for previously untreated metastatic, hormone receptor-positive, HER2-negative breast cancer [ID915]: The company requested that publication of the FAD be suspended so that they could make a further submission including an improved patient access scheme. Publication anticipated in December 2017 (Q3 2017-18).</p> <p>Pirfenidone for treating idiopathic pulmonary fibrosis (review of TA282) [ID837]: Delayed following receipt of an appeal. The appeal hearing will be held on 1 December 2017. Publication date of final guidance to be confirmed.</p> <p>Leukaemia (acute lymphoblastic, relapsed, adults) - inotuzumab ozogamicin [ID893]: Delayed following receipt of an appeal. The appeal hearing will be held on 3 November 2017. Publication date of final guidance to be confirmed.</p> <p>Urothelial cancer (metastatic, untreated) - atezolizumab (cisplatin unsuitable)[ID939]: Following the Committee meeting on 26 April 2017 NICE were unable to release any documentation until The Committee for Medicinal Products for Human Use (European Medicines Agency) issued a positive opinion. Following receipt of CHMP opinion, the ACD was published on the</p>

Programme	Delayed Topic	Reason for variation
		NICE website in August 2017. Final guidance publication expected in November 2017 (Q3 2017-18).
		Lung cancer (non-small-cell) - atezolizumab (after platinum chemotherapy) [ID970]: A second ACD has been released and final guidance publication is anticipated in Q4 2017-18.
		Urothelial cancer - pembrolizumab (after platinum chemotherapy) [ID1019]: Following submission and consideration of additional evidence by the company, final guidance publication is now anticipated January 2018 (Q4 2017-18).
	7 additional topics published in 2017-18, that were not planned for this financial year	Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy: Published as a terminated appraisal in May 2017 (Q1 2017-18).
		Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma: Published as a terminated appraisal in July 2017 (Q2 2017-18).
		Bortezomib for treating multiple myeloma after second or subsequent relapse: Published as a terminated appraisal in July 2017 (Q2 2017-18).
		Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation: Published as a terminated appraisal in July 2017 (Q2 2017-18).
		Methylnaltrexone bromide for treating opioid-induced constipation: Published as a terminated appraisal in August 2017 (Q2 2017-18).
		Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia: Published as a terminated appraisal in August 2017 (Q2 2017-18).

Programme	Delayed Topic	Reason for variation
		Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia: Published as a terminated appraisal in August 2017 (Q2 2017-18).
Highly Specialised Technologies (HST)	No variation against plan 2017-18	
Social Care	No variation against plan 2017-18	
Managing Common Infections	1 topic delayed	Acute sore throat: Development was paused to allow checks to be undertaken on the new process. Publication is scheduled for December 2017 (Q3 2017-18).

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

Programme	Topic	Recommendation
Clinical Guidelines	Faltering growth: recognition and management of faltering growth in children	General guidance
	Endometriosis: diagnosis and management	General guidance
	Cystic fibrosis: diagnosis and management	General guidance
	Cataracts in adults: management	General guidance
	Asthma management	General guidance
	Urinary tract infection in under 16s: diagnosis and management (standing committee update)	General guidance
	Type 2 diabetes: prevention in people at high risk (standing committee update)	General guidance
Interventional procedures	Ab externo canaloplasty for primary open-angle glaucoma	Standard arrangements
	High-intensity focused ultrasound for symptomatic breast fibroadenoma	Special arrangements
	Intramuscular diaphragm stimulation for ventilator-dependent chronic respiratory failure caused by motor neurone disease	Do not use
	Intramuscular diaphragm stimulation for ventilator-dependent chronic respiratory failure caused by high spinal cord injuries	Research only
Medical technologies	No publications	
Diagnostics	No publications	
Public Health	No publications	
Management of Common Infections	Acute rhinosinusitis	General guidance
Social care	Child abuse and neglect	General guidance
	Intermediate care including reablement	General guidance
Quality Standards	Cerebral palsy in children and young people	Sentinal markers of good practice
	Physical health of people in prisons	Sentinal markers of good practice
	HIV testing: encouraging uptake	Sentinal markers of good practice
	Rehabilitation after critical illness in adults	Sentinal markers of good practice

Programme	Topic	Recommendation
	Transition between inpatient mental health settings and community or care home settings	Sentinal markers of good practice
	End of life care for infants, children and young people	Sentinal markers of good practice
	Sepsis	Sentinal markers of good practice
Technology Appraisals	Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee	Optimised
	Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma	Optimised
	Reslizumab for treating severe eosinophilic asthma	Optimised
	Tofacitinib for moderate to severe rheumatoid arthritis	Optimised
	Immunosuppressive therapy for kidney transplant in adults	Optimised
	Immunosuppressive therapy for kidney transplant in children and young people	Optimised
	Sorafenib for treating advanced hepatocellular carcinoma	Optimised
	Dimethyl fumarate for treating moderate to severe plaque psoriasis	Optimised
	Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer	Optimised
Highly Specialised Technologies (HST)	No publications	
Evidence summaries	No publications	
Medtech Innovation Briefings (MIB)	Thora-3Di for assessing asthma in children	Evidence summary
	Memokath-028, 044 and 045 stents for urethral obstruction	Evidence summary
	Mepilex Border dressings for preventing pressure ulcers	Evidence summary
	PleuraFlow Active Clearance Technology for maintaining chest tube patency	Evidence summary
	Promonitor for monitoring response to biologics in rheumatoid arthritis	Evidence summary
	Aptiva for painful diabetic neuropathy	Evidence summary
	Caris Molecular Intelligence for guiding cancer treatment	Evidence summary

Programme	Topic	Recommendation
	Farco-fill Protect for indwelling urinary catheterisation	Evidence summary
Evidence Surveillance Reviews	Long-acting reversible contraception	Surveillance review decision
	Neuropathic pain in adults: pharmacological management in non-specialist settings	Surveillance review decision
	Depression in children and young people: identification and management	Surveillance review decision
	Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy): diagnosis and management	Surveillance review decision
	Contraceptive services for under 25s	Surveillance review decision
	Hepatitis B (chronic): diagnosis and management	Surveillance review decision

Key to recommendation types

Guidelines (clinical, social care and public health):

General guidance: NICE guidelines each cover a range of practice and interventions, with recommendations ranging from 'must do' (where compliance with legislation is required) and 'should do' (where there is strong evidence of effectiveness), to 'don't do', where compelling evidence that an intervention is ineffective or harmful has been identified.

Interventional Procedures:

Interventional procedures offer advice about the safety and effectiveness of surgical techniques and some other kinds of procedures. Advice normally relates to the kind of consent (normal or special) required from patients before the procedure is undertaken, but in a small number cases, where major safety concerns have been identified, a 'do not use' recommendation is made.

Medical technologies:

Guidance on new medical technologies (medical devices) is normally framed in terms of whether or not the case for use in the NHS has been successfully made by the manufacturer.

Diagnostics guidance:

New diagnostic techniques are recommended or not recommended for routine use in the NHS, or sometimes for research.

Management of common infections:

These guidelines help the NHS make the best use of antibiotics, as part of the broader antimicrobial stewardship effort.

Quality standards:

The statements in our Quality Standards identify important aspects of practice in which there is significant variation across the NHS.

Technology appraisals and highly specialised technologies:

This guidance can 'recommend' the use of a new drug or other treatment, 'optimised use', in which the recommendation is positive for some but not all uses, or 'not recommend' routine use in the NHS. Research only use is also sometimes recommended.

Evidence summaries and medtech innovation briefings:

Both publications provide information (but not guidance) about a particular topic.

Surveillance reviews:

These reports bring our knowledge of current evidence on guidance we have already published up to date.

Appendix 5: Balanced scorecard April to September

Outputs	Measure	Target	Planned Q1 & Q2	Actual Q1 & Q2	Cumulative performance	RAG
Development and publication of guidance and evidence outputs (as specified in Business Plan)						
Publish 3 public health guidelines	Publication within stated quarter	80%	1	2	150%	Green
Publish 25 clinical guidelines, including updates	Publication within stated quarter	80%	10	10	100%	Green
Publish 3 management of common infections	Publication within stated quarter	80%	1	0	0%	Red
<p><i>Notes:</i> <i>Acute rhinosinusitis was due to publish in July 2017 however timelines were paused while the process was being reviewed. The guideline published in October 2017.</i></p>						
Publish 3 social care guidelines	Publication within stated quarter	80%	1	2	200%	Green
Publish 55 technology appraisals guidance	Publication within stated year	100%	34	36	106%	Green
Publish 30 interventional procedures guidance	Publication within stated quarter	80%	17	18	106%	Green
Publish 6 diagnostics guidance	Publication within stated quarter	80%	3	3	100%	Green
Publish 3 highly specialised technologies guidance	Publication within stated year	100%	2	2	100%	Green
Publish 7 medical technologies guidance	Publication within stated quarter	80%	1	1	100%	Green
Publish 36 medtech innovation briefings (MIBs)	Publication within stated quarter	80%	21	20	95%	Green

Outputs	Measure	Target	Planned Q1 & Q2	Actual Q1 & Q2	Cumulative performance	RAG
Development and publication of guidance and evidence outputs (as specified in Business Plan)						
Submit advice to Ministers on 30 Patient Access Schemes	Publication within stated year	100%	14	18	129%	Green
Deliver up to 25 Commissioning Support Documents to NHS England	Publication within stated quarter	80%	N/A	N/A	N/A	N/A
<i>Notes: The first documents from the Commissioning Support Programme are not due to be published until NHS England has completed a public consultation on the documents. Publication of documents for the first CSP topic is therefore not anticipated before April 2018.</i>						
Publish 56 evidence surveillance	Publication within stated quarter	80%	31	30	97%	Green
Publish 10 evidence summaries	Publication within year	80%	5	5	100%	Green
Deliver 7 quick guides for social care	Publication within year	100%	3	3	100%	Green
Publish 20 quality standards	Publication within stated quarter	80%	15	15	100%	Green
Deliver 1 indicator set	Publication within year	100%	1	1	100%	Green
Deliver 4 Evidence Based Treatment Pathways (EBTP) to NHS England	Delivery to NHS England within stated quarter	100%	0	0	100%	Green
Publish 30 endorsement statements	Publication within stated quarter	80%	13	13	100%	Green
Deliver 50 shared learning examples	Publication within stated quarter	80%	17	17	100%	Green
Publish 12 monthly updates of the BNF and BNF C content	Publication within stated quarter	80%	6	6	100%	Green
Deliver a regular medicine awareness service	Publication to regular schedule	90%	77	77	100%	Green

Outputs	Measure	Target	Planned Q1 & Q2	Actual Q1 & Q2	Cumulative performance	RAG
Development and publication of guidance and evidence outputs (as specified in Business Plan)						
Deliver 16 medicines optimisation key therapeutics topics	Publication within stated quarter	80%	0	0	100%	Green
Deliver 25 medicines evidence commentaries	Publication within stated quarter	80%	13	14	107%	Green
Deliver 6 IAPT assessment briefings	Deliver within stated quarter	80%	1	0	0%	Red
<i>Notes: The delivery of the first IAPT Assessment Briefing was delayed due to purdah.</i>						

Adoption and impact

Outputs	Measure	Target	Planned Q1 to Q2	Actual Q1 to Q2	Cumulative performance	RAG
Provision of support products for the effective implementation of guidance						
Conduct a minimum of 5 adoption support products	Publication within year	80%	1	1	100%	Green
Publish 96 resource impact products	Publication within year	80%	41	44	107%	Green
Maintaining and developing recognition of the role of NICE						
NICE guidance and standards support the new STP Footprints	NICE products referenced in STP footprint implementation plans within year	80%	0	18	1800%	Green
NICE products help to inform CQC inspections	NICE guidance and quality standards referenced in the new health and adult social care assessment frameworks for the	100%	2	2	100%	Green

	CQC's key question around effectiveness					
Coverage of NICE in the media	% of positive coverage of NICE in the media resulting from active programme of media relations	80%	80%	77%	77%	Amber
<p><i>Notes:</i> Media coverage from April to September 2017 has been 77% positive, 5% negative, 16% neutral and 2% not assigned.</p>						

Operating efficiently

Outputs	Measure	Target	Planned Q1 to Q2	Cumulative performance	RAG
Delivering programmes and activities on budget					
Effective management of financial resources	Revenue spend	To operate within budget	2017/18 budget for the period April – September 2017 was £26.3m	Net spend for 2017/18 during April – September 2017 £24.6m. This was a net under spend of £1.7m and is mainly due to vacancies.	Green
Effective management of non-exchequer income	Net income received from non-exchequer income sources measured against business plan targets	90%	2017/18 mid-year income target of £1.1m for Scientific Advice programme, Office for Market Access, Intellectual Property income and research grants	Income received to date is £1.1m and is therefore on track with the business plan (score 100%) Within this, research grant	Green

				income is £54k below plan, although this is offset by a Scientific Advice programme being £55k above the income target.	
Produce the annual report and accounts within the statutory timeframe	Publications	100%	Lay before summer parliamentary recess.	2016-17 Annual accounts laid 13 July 2017 as planned.	Green

Outputs	Measure	Target	Cumulative performance	RAG
Maintaining and developing a skilled and motivated workforce				
Management of recruitment	Proportion of posts appointed to within 4 months of first advertisement	80%	80%	Green
Management of sickness absence	Quarterly sickness absence rate is lower than NHS average rate (3.7% Apr-Jun 2011) or general rate for all sectors (2.8%)	90%	100%	Green
Staff satisfaction	Proportion of staff reporting in staff survey that the Institute is a good, very good or excellent place to work (global job satisfaction index)	75%	79%	Green
Staff involvement	Hold monthly staff meetings	80%	100%	Green
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	65%	Amber
<p><i>Notes:</i> Further activity is planned to help staff and managers to support staff wellbeing, including mental health first aid training, line manager training and further development of the wellbeing promotion calendar.</p>				

Sustainable development				
Recycled waste	% of total waste recycled	50%	99%	Green
Improving stakeholder satisfaction				
Improved satisfaction	Complaints fully responded to in 20 working days	80%	100%	Green
Improved satisfaction	Enquiries fully responded to in 18 working days	90%	97%	Green
Improved satisfaction	Number of Freedom of Information requests responded to within 20 working days	100%	96%	Amber
<p><i>Notes:</i> 64 FOI requests were received within the first two quarters of 2017-18. Three requests were responded to outside of the required timeframe. 1 required additional time to consider the public interest under section 36. 1 was delayed because it required consideration by a third party who did not respond within deadline. 1 required additional time to consider public interest under section 43.</p>				
Improved satisfaction	Parliamentary Questions contribution provided within requested timeframe	90%	100%	Green
Ensuring stakeholders have access to our websites as the main communication channel	Percentage of planned availability, not including scheduled out of hours maintenance	98%	99%	Green

Outputs	Measure	Target	Planned Q1 to Q2	Actual Q1 to Q2	Cumulative performance	RAG
Interest in opportunities for lay people to sit on our advisory reflected by ratio of applications to positions	2 to 1 (or greater) each quarter	100%	2 to 1	4.5:1	225%	Green

Outputs	Measure	Annual target	Cumulative performance	RAG
Improving efficiency and speed of outputs				
Speed of production	% STAs for all new drugs issuing an ACD or FAD within 6 months of the product being first licensed in the UK	90%	67%	Amber
<p><i>Notes:</i> <i>In Q1 and Q2, 2 topics have been delayed by the timing of the referral, meaning that marketing authorisation had not been received by the time topics were referred.</i></p> <ul style="list-style-type: none"> • <i>Renal cell carcinoma (metastatic, treated) – lenvatinib [ID1029]</i> • <i>Basal cell carcinoma – vismodegib [ID1043]</i> 				
Speed of production	% of multiple technology appraisals from invitation to participate to ACD in 41 weeks, or where no ACD produced to FAD in 44 weeks	85%	100%	Green
Speed of production	% of Appeal Panel decisions received within 3 weeks of the hearing	80%	0%	Red
<p><i>Notes:</i> <i>The appeal decision for lysosomal acid lipase deficiency – sebelipase alfa [ID737] was received outside of the required timeframe.</i></p>				

RAG Status - Key

Green

= Greater than or equal to annual target

Amber

= Between 50 % and less than annual target

Red

= Less than 50% of annual target

National Institute for Health and Care Excellence

Finance and workforce report

This report gives details of the financial position as at 30 September 2017 and information about the workforce.

The Board is asked to review the report.

Ben Bennett

Director, Business Planning and Resources

November 2017

Performance

- Table 1 summarises the financial position as at 30 September 2017. There is a full analysis in Appendix 1.

Table 1: Financial position at 30 September 2017

	Year to date (30 September 2017)				Estimated Outturn (31 March 2018)			
	Budget £m	Expenditure £m	Income £m	Variance £m	Budget £m	Expenditure £m	Income £m	Variance £m
Guidance & Advice	25.6	25.1	(0.7)	(1.2)	53.6	53.3	(1.7)	(2.0)
Corporate	6.3	6.6	(0.4)	(0.1)	12.8	13.5	(0.8)	(0.1)
Scientific Advice	(0.1)	0.6	(0.8)	(0.0)	(0.2)	1.4	(1.6)	(0.0)
Other Income	(5.9)	0.0	(5.9)	0.0	(11.9)	0.0	(11.9)	0.0
Reserves	0.4	0.1	0.0	(0.3)	1.2	1.4	0.0	0.1
Grand Total	26.3	32.4	(7.8)	(1.7)	55.5	69.6	(16.0)	(2.0)

- Table 1 above shows a total under spend of £1.7m (7%) to the end of September. This is primarily attributable to vacant posts with an under spend on pay of £1.2m. There are also under spends on non-pay of £0.5m.
- The full-year forecast position estimates that the current rate of under spend will reduce and the full-year outturn will be £2.0m under spent.
- There is a capital allocation of £0.5m for 2017/18. To date, £0.16m has been spent on upgrading the office facilities in Manchester and new furniture and fittings.
- Progress on the implementation of the workforce strategy is detailed in Appendix 3. It includes information and updates relating to transformational change, resourcing, maximising potential, pay and reward and the culture of the organisation.

Financial Position as at 30 September 2017

6. The total expenditure during April to September 2017 was £32.4m and income recognised was £7.8m. The net expenditure was £24.6m, which was £1.7m (7%) lower than the budget of £26.3m. The under spend includes the following key items:
- £1.2m on pay budgets
 - £0.5m on non-pay budgets, in particular contracts (including the QOF contract and digital services contracts), travel and subsistence, committee costs and course fees.
 - £0.1m on income.
7. Appendix 1 shows in detail the financial position and forecast out turn by centre and directorate. Directors receive detailed monthly reports on the budget performance of their directorates and SMT review the summary position.

Pay

8. Total pay expenditure to 30 September 2017 was £16.3m, which was a £1.2m (7%) under spend against budget.
9. The staffing budget for September was 651wte with 585wte actually on payroll, the difference of 66wte equates to a vacancy rate of 10%. The under spend (£1.2m in 6 months) arising from these vacancies is significant, arising as a consequence of the restructures over the past year. Further, some vacancies are not being actively recruited to and may be deleted as part of NICE2020 savings plans.

Non-Pay expenditure

10. Total non-pay expenditure to 30 September 2017 was £16.1m, which was a £0.5m (3%) under spend against budget.
11. Of this, there is an under spend of £0.2m on contracts. £50,000 of this has arisen from the indicator development contract within the Quality and Leadership team due to the transition to a new provider. The digital services development budget for external contractors is £140,000 under spent against a total year to date budget of £474,000. The latter is a variable cost depending on the projects being worked on during the period and the monthly under spend is not expected to continue.

12. Budgets relating to committees are under spent, including payments to attendees (for example committee chairs, experts and lay members) due to holding fewer committees than planned. The budget is under spent by £159,000 against a year to date budget of £771,000.

Income

13. Total income recognised as at 30 September 2017 was £7.8m. Of this, £6.3m was income relating to agreements we have in place with the devolved administrations (£1.0m), NHS England (£3.2m) and Health Education England (£2.1) to use NICE services and products or fund programmes within the organisation.

14. The other income received relates to the Scientific Advice programme (£0.8m), subletting office space (£0.4m), receipts from research grants (£0.2m), and income from the Office for Market Access, intellectual property & content and secondment reimbursements (£0.1m).

15. Scientific Advice generated a £25,000 surplus after staff costs and other expenditure and after making a contribution to overheads. This surplus is projected to reduce slightly to £16,000 by the end of the financial year due to recruitment of new staff, with additional revenues expected to be generated following the launch of the Medtech Early Technical Assessment (META) tool in July 2017.

Forecast outturn

16. The forecast outturn for the year is a net spend of £53.5m against a £55.5m budget, resulting in a £2.0m (4%) under spend. This position assumes the under spend on pay due to vacancies and non-pay costs such as contracts and committee costs will continue but gradually reduce in magnitude. However, it is expected that there will be some cost pressures in the second half of the financial year relating to increasing the capacity of the Technology Appraisal programme and any potential transition costs arising from delivering the NICE 2020 savings programme. This current assumption is a £1.4m cost pressure, shown as expected expenditure against reserves in Table 1 above and Appendix 1.

Mid-year key financial statements

17. The financial statements (statement of comprehensive net expenditure and statement of financial position) comparing the mid-year position from 2016/17 to 2017/18 are presented for review in Appendix 2.
18. The net expenditure during April to September 2017 was £24.6m. This is compared to £27.3m for the same period in 2016-17. Table 5 details the breakdown by pay, non-pay and income.

Table 5: April to September net expenditure, 2016-17 and 2017-18

	April to September			
	2016-17 £m	2017-18 £m	Variance £m	Variance %
Pay	17.7	16.3	(1.4)	(8%)
Non-pay	18.4	16.1	(2.3)	(12%)
Income	(8.8)	(7.8)	1.0	(11%)
Total	27.3	24.6	(2.7)	(10%)

19. Expenditure on pay is £1.4m lower. This difference is partly due to the prior year figures including pay costs of NICE International (£0.3m), plus a reduction in digital services agency and contractor costs (£0.6m) combined with the current high level of vacancies noted earlier in this report.
20. Expenditure on non-pay is £2.3m lower. This is mainly because the prior year figures include £1.8m costs relating NICE International subcontracts. The remaining balance is due to reductions in external contract costs (£0.4m), travel and subsistence (£0.17m) and redundancy payments (£0.18m) compared to the prior year.
21. The prior year income amount includes £2m relating to NICE International. This reduction in income has been offset by income achieved from other areas. This includes new funding from NHS England for the new Commissioning Support Programme (£0.4m) and activity to support the Improving Access to Psychological Therapies (IAPT) programme (£0.2m). Revenue in the Scientific Advice programme has increased (£0.1m) and income from research grants and the Office for Market Access has grown (£0.1m).

Capital and payments performance

Capital Expenditure

22. The confirmed capital allocation for 2017/18 is £0.5m. To date £39,000 has been spent on new meeting room pods in the Manchester office. A further £121,000 has been spent on refurbishing works in the Manchester office during the summer. Table 2 details commitments and expenditure to date and shows a further commitment of £85,000 to Manchester office refurbishment works. An adjustment for the prior year has increased the capital allocation by £19,000. Allowing for these known items, there is a remaining capital budget of £292,000 for 2017/18. It is forecast that there will be future initial expenditure on a Customer Relationship Management (CRM) system of £7,000 and on increasing the IT storage capacity of £127,000. This would result in a remaining capital balance of £73,000.

Table 2: Current capital expenditure commitments 2017/18

Value (£'000)	Item
518	Capital allocation
19	Prior year adjustment (IT hardware not received)
(39)	Spend to date (Glass pods and laptop bars)
(121)	Spend to date (Manchester refurbishment fees)
(85)	Commitment (Manchester refurbishment)
292	Balance
(7)	Forecast - Initial CRM system spend
(127)	Forecast - IT system storage capacity
73	Forecast - balance

Payments performance

23. NICE is required to adhere to the Better Payments Practice Code (BPPC). This code requires all public bodies to pay suppliers/other NHS bodies within 30 days of receipt of a valid invoice. Currently the target set by the Department of Health is 95%.

24. Annually NICE pays 96% of its invoices to Non NHS Suppliers and 4% to NHS Bodies. Payments to Non NHS Suppliers are twice weekly by BACs and to NHS Bodies twice monthly. NICE's performance against this code is shown in table 3.

25. Table 3 shows that cumulatively year to date at month 6 the BPPC target has been met at 97.2%. A total amount of £18.6m has been paid to suppliers with £18.1m being paid within the 30 day target.

Table 3: Summary year to date BPPC statistics

Month	Total invoices paid (Count)	Paid within 30 days (Count)	Paid within 30 days (%)	Total invoices paid (£000's)	Paid within 30 days (£000's)	Paid within 30 days (%)
April to September 2017	1,469	1,398	95.2%	18,621	18,109	97.2%

Aged debt performance

26. Table 4 below shows a summary of the amounts owing to NICE and the age of those debts. The total owing was £2.1m as at the 30 September 2017. Of this £1.7m (83%) is classified as current which means the debts are still within the required payment terms.

27. Excluded from the aged debt analysis is funding received from NHS England via invoices. At the end of September £1.7m was outstanding, however £225,000 (13%) of this has been paid by NHS England in October.

28. NICE debt management is outsourced to Shared Business Service who continue to chase outstanding debt on a regular basis. Outstanding debt is also regularly reviewed internally within NICE, written off when required and included on the losses and compensation register. It is rare for an invoice to be written off and no invoices have been written off during 2017/18.

Table 4: Debt by days overdue as at 30 September 2017

Days overdue	Amount unpaid	
	£000's	%
Current (within payment terms)	1,734	83%
1-30 days	166	8%
31-60 days	117	6%
61-90 days	40	2%
>90 days	37	2%
Total	2,094	100%

Business Planning 2018/19

30. The business planning process was launched 19 October 2017, with each directorate issued with a business planning template to complete setting out their key activities and objectives for 2018/19 along with their workforce plan, resource and budget requirement and the main risks to delivering the business plan. The deadline for directorate business plans to be submitted is 28 November 2017, after which the first draft of the NICE business plan will be prepared for review by the SMT and Board.

31. There are no further NICE 2020 updates to provide in this report as no major savings projects are planned to commence until later in the financial year.

Appendix 1 Summary of financial position

The table below is a summary of the financial position per centre and directorate as at 30 September 2017.

Centre / Directorate		Year to Date				Estimated Outturn			
		Budget £000s	Expenditure £000s	Variance £000s	Variance %	Budget £000s	Expenditure £000s	Variance £000s	Variance %
Centre for Guidelines	Pay	3,319	2,941	(379)	(11%)	6,640	6,114	(526)	(8%)
	Non pay	6,510	6,364	(146)	(2%)	13,658	13,826	167	1%
	Income	(333)	(359)	(26)	(8%)	(645)	(835)	(190)	(29%)
	Total	9,496	8,945	(551)	(6%)	19,653	19,104	(549)	(3%)
Centre for Health Technology Evaluation	Pay	4,314	4,097	(216)	(5%)	8,858	8,466	(392)	(4%)
	Non pay	1,910	1,891	(19)	(1%)	5,138	5,087	(50)	(1%)
	Income	(370)	(322)	48	13%	(697)	(718)	(21)	(3%)
	Total	5,853	5,666	(187)	(3%)	13,299	12,836	(463)	(3%)
Health and Social Care	Pay	3,546	3,425	(121)	(3%)	7,129	6,994	(136)	(2%)
	Non pay	969	855	(113)	(12%)	1,938	1,814	(124)	(6%)
	Income	0	(11)	(11)	--	0	(15)	(15)	--
	Total	4,515	4,269	(246)	(5%)	9,067	8,792	(275)	(3%)
Evidence Resources	Pay	2,440	2,299	(141)	(6%)	5,032	4,762	(269)	(5%)
	Non pay	3,361	3,255	(106)	(3%)	6,661	6,265	(396)	(6%)
	Income	(47)	(46)	1	1%	(99)	(100)	(1)	(1%)
	Total	5,754	5,507	(247)	(4%)	11,594	10,927	(667)	(6%)
Subtotal Guidance and Advice		25,618.2	24,387.6	(1,230.5)	(5%)	53,612.6	51,659.6	(1,953.0)	(4%)

Communications	Pay	1,728	1,710	(18)	(1%)	3,543	3,468	(75)	(2%)
	Non pay	260	203	(58)	22%	442	380	(62)	(14%)
	Income	0	0	0	--	0	0	0	--
	Total	1,988	1,912	(75)	(4%)	3,984	3,848	(136)	(3%)
Business Planning and Resources	Pay	1,307	1,304	(3)	(0%)	2,638	2,680	42	2%
	Non pay	2,936	2,945	9	0%	5,971	5,945	(27)	(0%)
	Income	(396)	(418)	(22)	(5%)	(793)	(814)	(21)	(3%)
	Total	3,846	3,830	(16)	(0%)	7,817	7,811	(6)	(0%)
Depreciation / Capital Adjustments	Non pay	450	396	(54)	(12%)	1,000	1,000	0	0%
	Total	450	396	(54)	(12%)	1,000	1,000	0	0%
Subtotal Corporate		6,284.0	6,138.0	(146.0)	(2%)	12,801.2	12,658.6	(142.7)	(1%)
Scientific Advice	Pay	465	490	25	5%	930	1,065	135	15%
	Non pay	145	151	6	4%	290	355	65	22%
	Income	(713)	(769)	(56)	(8%)	(1,425)	(1,641)	(216)	(15%)
	Total	(103)	(128)	(25)	n/a	(205)	(221)	(16)	n/a
Other Income	Income	(5,900)	(5,900)	(0)	(0%)	(11,906)	(11,906)	0	0%
	Total	(5,900)	(5,900)	(0)	0%	(11,906)	(11,906)	0	0%
Reserves	Pay	317	0	(317)	(100%)	237	0	(237)	(100%)
	Non pay	98	77	(22)	(22%)	996	1,351	355	36%
	Total	415	77	(338)	(81%)	1,233	1,351	118	10%
NICE Grand Total	Pay	17,435.5	16,265.0	(1,170.5)	(7%)	35,007.2	33,548.9	(1,458.2)	(4%)
	Non pay	16,639.1	16,135.5	(503.6)	(3%)	36,093.7	36,021.7	(72.0)	(0%)
	Income	(7,760.0)	(7,826.2)	(66.2)	(1%)	(15,564.8)	(16,028.5)	(463.7)	(3%)
	Total	26,314.6	24,574.3	(1,740.3)	(7%)	55,536.0	53,542.1	(1,993.9)	(4%)

Appendix 2 Financial Statements

STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE PERIOD APRIL TO SEPTEMBER (6 months)

	30 Sept 2017	30 Sept 2016
	Total	Total
	£'000	£'000
Income from sale of goods and services	-848	-2,796
Other operating income	-6,978	-5,984
Total operating income	-7,826	-8,780
Staff costs	16,265	17,702
Purchase of goods and services	6,047	5,781
Depreciation and impairment charges	396	483
Other operating expenditure	9,692	12,119
Total operating expenditure	32,400	36,085
Comprehensive net expenditure	24,574	27,305

The above statement shows the income and expenditure incurred during months April - September in each financial year only to aid comparison.

STATEMENT OF FINANCIAL POSITION - 30 SEPTEMBER

	30 Sept 2017	30 Sept 2016
	Total	Total
	£'000	£'000
Non-current assets		
Property, plant and equipment	2,205	2,574
Intangible assets	66	127
Total non-current assets	<u>2,270</u>	<u>2,701</u>
Current assets		
Trade and other receivables	7,108	2,187
Cash and cash equivalents	4,391	5,334
Total current assets	<u>11,499</u>	<u>7,521</u>
Total assets	13,769	10,222
Current liabilities		
Trade and other payables	-5,769	-7,301
Provisions for liabilities and charges	-1,283	-2,072
Total current liabilities	<u>-7,052</u>	<u>-9,373</u>
Total assets less current liabilities	<u>6,718</u>	<u>849</u>
Total assets less total liabilities	<u>6,718</u>	<u>849</u>
Taxpayers' equity		
General fund	6,718	849
	<u>6,718</u>	<u>849</u>

The above statement shows the statement of financial position (also known as the balance sheet) as at 30 September in each financial year. It is a snapshot at that particular date and is not necessarily representative of the financial position at other points of the financial year or the position reported in the annual accounts.

Appendix 3 Workforce Strategy Update

The workforce strategy was approved at the July 2015 Board meeting. Work is continuing to progress activities in all five areas of the Workforce Strategy 2015-18. The table below provides a summary of activity that is currently underway.

Transformational change	
<ul style="list-style-type: none"> • Enabling change • Business and workforce planning 	<p>The HR team is reflecting further on various “lessons learnt” following the recent management of change programmes, and is considering ways in which this difficult process can be improved for staff and managers.</p> <p>The team is engaging with several teams in anticipation of their change programmes.</p>
Resourcing	
<ul style="list-style-type: none"> • Recruitment • Retention • Innovation 	<p>Apprentices</p> <p>We have 7 new apprentices in this financial year, with several more in the pipeline. This means we are making good progress against our apprenticeship recruitment target for 2017-18 (which is 2.3% of workforce, or 15 apprentices in this financial year).</p> <p>Recruitment</p> <p>We are continuing to work through our strategic review of recruitment to identify ways to improve our approach to resourcing and workforce planning. Part of that review is to explore the possibility of a micro site to enhance our recruitment channels for advertising.</p> <p>We have also started initial discussions with Communications to maximise return on investment of our</p>

Resourcing	
	<p>recruitment campaigns and reach a more diverse range of applicants via the use of social media platforms.</p> <p>Retention</p> <p>We have now implemented a new on-line exit survey as part of our retention strategy.</p>

Maximising potential	
<ul style="list-style-type: none"> • Leadership and management • Managing performance • Succession planning and talent management 	<p>Management development</p> <p>The HR team is developing a range of materials and face-to-face training for line managers to better support them with a range of management activities including recruitment, appraisals and performance conversations. These will be rolled out in phases from January 2018.</p>

Pay and reward	
<ul style="list-style-type: none"> • Total reward • Pay review 	<p>The £95k exit payment cap for public sector workers will be introduced when the regulations are confirmed. HR will continue to communicate with staff as soon as an enactment date is confirmed.</p> <p>NICE received one application to retain a Clinical Excellence Award, which was reviewed and approved by the Clinical Excellence Awards Committee</p> <p>NICE's annual remuneration committee was held in September 2017.</p>

Culture	
<ul style="list-style-type: none"> • Engaged workforce • Inclusive workforce • Wellbeing at work 	<p data-bbox="624 315 798 353">Staff survey</p> <p data-bbox="624 389 1458 595">NICE's staff survey action plan has now been accepted by the Board, and work is underway to deliver the plan. The HR team will be discussing directorate breakdowns with directors in the coming months to identify areas of good practice and consider reasons for lower scores.</p> <p data-bbox="624 631 925 669">Health and wellbeing</p> <p data-bbox="624 705 1430 911">The health and wellbeing strategy group is making good progress in embedding the NICE quality standards regarding healthy workplaces. Further activity is planned for line managers and staff in supporting those experiencing mental health issues.</p> <p data-bbox="624 947 911 985">Healthy Work Week</p> <p data-bbox="624 1021 1458 1272">Planning is underway for Healthy Work Week 2018 (January 22-26), which will build on the success of previous years and take into consideration our staff survey feedback on NICE quality standards. The week will be part of an overall calendar of activity to promote wellbeing on an ongoing basis.</p>

National Institute for Health and Care Excellence

NICE IAPT assessment briefings (IABs)

This report gives an update on the progress, to date, on the development of NICE IAPT assessment briefings (IABs).

The Board is asked to review the report.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

November 2017

Background

1. To improve access to psychological therapies, NICE has been commissioned by NHS England to assess selected, digitally enabled therapies (self-study online reinforced and supported by the therapist) for depression and anxiety using ongoing data collection to determine whether there are improvements in service efficiency, and whether patient outcomes are at least as good as those achieved by NICE recommended, non-digital therapy. The NICE and NHS England digital therapy technology endorsement for IAPT programme has 3 workstreams: selection and assessment (including the production of an IAPT assessment briefing); developmental support; and testing in practice.

Progress to date

2. A project team has been established within NICE to lead this work and a senior technical analyst has been appointed.
3. An expert panel has been convened to assess eligibility of technologies and decide on which technologies are suitable for the testing in practice phase. The panel is chaired by Professor Tim Kendall, NHS England's National Clinical Director for mental health. Members include a service user expert, a health economist, a health service commissioner, an IAPT service provider clinical lead, a digital technology expert, psychiatrist, psychologist and research and trial expert.
4. As of 12 October, 29 technologies have been notified to the programme by their respective technology developers. This is a significant proportion of technologies in the field, and includes products from Sweden, Germany, Australia and the UK.
 - Nine were presented to the panel for consideration on 20 July 2017. Three of these were considered to be eligible and have been prioritised for further assessment and production of an IAB.
 - Six were presented to the panel for consideration on 21 September 2017. Two of these were considered to be eligible and 1 has been prioritised for further assessment and production of a NICE Advice product.
 - One technology developer withdrew their product from the assessment process.
 - The first 2 prioritised technologies have been assessed and the IABs were reviewed by the panel on 21 September 2017.

Workstream 1 - selection and development

5. Digital therapy technologies that meet the eligibility criteria will progress to production of an IAB, following a prioritisation process. NICE leads on the assessment process and coordinates the outcome of the clinical effectiveness, content, technical standards and cost and resource impact assessments. The IAB is presented to the IAPT expert panel to make a recommendation for evaluation in practice, or not, of the technology in the IAPT programme.
6. Clinical effectiveness: The clinical evidence is summarised and critically appraised by the IAPT senior technical analyst. Literature searches are done by NICE's guidance information services, in line with pre-agreed search strategies.
7. Content assessment: A framework for assessing digital technology content against NICE guideline recommendations for depression and anxiety has been developed by 2 expert advisors: Professor Tony Roth, Joint Course Director, Research Department of Clinical, Educational and Health Psychology, UCL; and Paul Salkovskis, Professor of Clinical Psychology and Applied Science, University of Bath. Each condition has a distinct framework which is based on the model by which problem-specific competences describe the knowledge and skills needed when applying CBT principles to specific conditions (e.g. Beck model for depression, Clark model for panic disorder).
8. Digital technical standards assessment: NHS Digital advised NICE to procure a suitably qualified expert third party to undertake digital technical standards assessments of the selected digitally enabled therapies using questions from the beta version of the Health Developer Network Digital Assessment Questions (DAQ) they are currently piloting. NICE undertook a tender process in July 2017 to identify a provider to produce a report for each assessed technology. The contract was awarded to Quintiles IMS.

Once a technology has been selected by the panel for further assessment, the technology developer is asked to complete a self-assessment against a sub-set of questions derived from the DAQ. The key elements for consideration and categorisation are:

- data privacy
- safety
- usability and accessibility
- interoperability
- technical stability

Quintiles IMS produce a digital technical assessment outcome report for each prioritised technology based on the DAQ and any remediation plans and documentation the developer submits. This includes a final outcome (pass or fail) and any technical barriers which may help the panel in their final decision.

9. Cost and resource impact assessment: The NICE resource impact assessment (RIA) team outline the cost consequence of the digital technology and a description of the developer's business model. This includes costs of standard care and the potential impact of the digital technology on cost and system resources. The developer is asked to provide a short statement describing the anticipated impact of the technology on the health and social care system. Any published economic evidence is summarised.
10. Summaries of these assessments are presented in the IAB to the NICE expert panel, which decides whether to recommend the digital technology as:
 - provisionally suitable for evaluation in practice
 - eligible for application to development support
 - not suitable for the programme.

Publication

11. Panel considerations and decision on routing will be added to the IAB which will then follow an internal sign off process before being submitted for Publication Executive approval.
12. The IAB will be published on the NICE IAPT webpage in PDF format following an internal sign off process and Publication Executive approval.

Workstream 2 - Development support

13. The developers of promising products that do not meet required standards for use in IAPT, as identified by NICE, may apply for developmental funding administered by NHS England. When developmental work is complete NICE will reassess the technology against the required standards and represent to the NICE IAPT expert panel. NHS England is leading this workstream.

Workstream 3 - Evaluation in practice

14. NHS England will allocate technologies recommended by the NICE expert panel to a set of local IAPT services that express an interest and already achieve clinical outcomes that are not markedly below expectation. Data will be collected as part of the ongoing data collection for the IAPT programme, and will be reviewed by the IAPT expert panel on a quarterly basis for 2 years. Analysis will

be based on a before-and-after comparison. NHS England is leading this workstream.

Communication

15. The NICE and NHS England communication teams have worked closely to ensure a co-ordinated approach is taken to communications planning. This has included:

- direct email contact from NICE with all identified potential technology developers
- a dedicated digital IAPT programme webpage on both the [NICE](#) and [NHS England](#) websites
- a NICE news release
- tweets from both organisations
- NHS England Yammer and clinical networks cascades
- a pop-up university workshop in the harnessing innovation and technology workstream at NHS Exo 2017 (Digital Therapy: enhancing treatment for depression, anxiety disorders and medically unexplained symptoms with digital technologies) led by members of the NICE IAPT team. The IAPT #NICEchat on Twitter made 119.5k impressions (tweets viewed) and received 2000 engagements (i.e. link clicks, questions and follows).

Conclusion

16. The NICE led workstream on selection and assessment of digital therapy products for use in IAPT services is currently running to plan with 6 IAPT assessment briefings on target to be produced in the current financial year.

17. The NICE team will continue to work with both the NICE and NHS England communications teams and other stakeholders to identify promising products to be assessed in the next 2 financial years.

Issues for consideration

18. The Board is asked to consider this report. Further updates on this work will be provided in the regular Health and Social Care board reports.

National Institute for Health and Care Excellence

November 2017

National Institute for Health and Care Excellence

NICE Charter

This report gives details of proposed updates for the NICE Charter.

The Board is asked to consider the updated NICE Charter detailed in Annex 1, and to approve the newly updated version for publication on the NICE website.

Jane Gizbert

Director, Communications

November 2017

Introduction

1. The NICE Charter was first published on the NICE website in 2013. NICE was asked by the Department of Health to produce a Charter document which outlines in simple terms what NICE is, who we are, what we do and how we work.
2. The Department of Health requested that the Charter should be updated every three years, and as such it was last updated and approved by the Board in November 2016.
3. At that time, the Board requested to review the Charter on an annual basis.

Proposed updates and changes to the NICE Charter for 2017

4. An updated version of the NICE Charter can be seen in Annex 1 of this paper. Changes being suggested to the Charter for 2017 are:
 - The addition of the new point to reflect NICE's work on sustainability (paragraph 9)
 - The removal of the final section of the Charter titled 'Managing resources'. We suggest that the four bullet points from this section should be incorporated into other sections of the paper to distinguish between helping the health and care system make best use of its money, and our own management of our resources (see paragraphs 14, 42, 43 and 44).
5. The current version of the Charter, published in 2016, is available on the NICE website at www.nice.org.uk/about/who-we-are or on request.

Conclusion

6. The Board is asked to consider the updated Charter and approve for publication on the NICE website.

National Institute for Health and Care Excellence

November 2017.

Annex 1: the NICE Charter incorporating all updates for 2017

Who we are and what we do

1. The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for providing evidence-based guidance on health and social care. NICE guidance, standards and other resources help health, public health and social care professionals deliver the best possible care within the resources available.
2. NICE is at the heart of the health and social care system. We work closely with local and national organisations including NHS England, the Care Quality Commission, Public Health England, NHS Improvement, and Health Education England. Together we encourage and support a quality- and safety-focused approach, in which commissioners and providers use NICE guidance and other NICE-accredited sources to improve outcomes.
3. NICE guidelines make evidence-based recommendations on a wide range of topics in health, public health and social care. Our guidelines recommend the most effective ways to: prevent and manage specific conditions; to improve health and manage medicines in different settings; to provide social care to adults and children; to plan services and interventions to improve the health of communities; and to provide integrated health and social care services that meet the needs of patients and people who use services.
4. Our recommendations about the use of new medicines, medical technologies and diagnostics identify the most clinically- and cost-effective treatments available. We work openly and transparently with the pharmaceutical and medical technology industries to evaluate their products, facilitating access to the NHS market for those products which are found to offer the best value for patients, and making a clear case for their adoption in the NHS.
5. NICE quality standards are a key component of the drive to develop an outcomes-based approach to improving quality and consistency of care. They identify priority areas for quality improvement, and contain a set of statements and measures to enable organisations to assess the quality of care they are providing or commissioning.
6. Our quality standards, along with other NICE products, underpin the menu of indicators that NICE produces each year. NICE Indicators are used nationally and locally to help the NHS to measure the delivery of safe, effective, and cost-effective care and services. NICE indicators measure the quality of care a person receives and the impact it has on their health – and they focus on where improvements can be made. The NICE indicator menu comprises both indicators for Clinical Commissioning Groups and indicators for general practice.

7. Our support for organisations committed to improving the quality of care is accompanied by a responsibility to ensure careful and targeted use of finite resources. NICE enables the NHS, local government and social care providers make the best use of resources by setting out the case for investment and disinvestment through our guidance programmes and other advice. Our position is to work with system partners to realise the benefits of appropriate care and spending on the right things. This includes identifying specific recommendations that can save money, to enable conversations at a patient and population level on appropriate treatments and interventions.
8. All of our guidance, quality standards and other advice products are independent and authoritative. They are based on the best available evidence and set out the best ways to prevent, diagnose and treat disease and ill health, promote healthy living, and care for vulnerable people.
9. We are committed to an environmentally sustainable health and care system. We continue to seek ways to support commissioners and providers to assess and reduce the environmental impact of implementing NICE's recommendations.
10. Our guidance, advice and quality standards are made available in a variety of formats to ensure they are easily accessible to users through the NICE website, NICE Pathways and smartphone apps.
11. Our online NICE Evidence service provides a portal for easy access to evidence, accredited guidance and other products in health and social care. We commission evidence-based resources such as the British National Formulary on behalf of the health service, which can be accessed digitally from NICE Evidence via the NICE website.
12. Our guidance and other products are for the NHS, local authorities, social care organisations, charities and anyone with a responsibility for commissioning or providing healthcare, public health or social care services. Following our recommendations can help these organisations to reduce variations in practice across the country.
13. Through our digital programme, including NICE Evidence and NICE Pathways, we collate and disseminate high-quality guidance, research and information from NICE and other organisations to help health, public health and social care professionals deliver the best care and services. Patients, people using services, carers and the public can also use NICE guidance and other products as a guide to the high-quality care they should expect to receive.
14. NICE is committed to operating within the budget available to us through securing income opportunities, finding cost improvements and by effectively managing our resources.

How we work – core principles

15. We are internationally recognised for the rigorous processes we use to produce our recommendations and for the quality and accuracy of our products. All NICE guidance, quality standards and other products are developed to a high standard, as close as possible to the point at which it is needed, in accordance with a set of core principles that underpin all of our work:

Evidence

16. All NICE recommendations are based on the best available evidence of what works, in terms of both clinical effectiveness and cost effectiveness. We conduct and commission comprehensive reviews, drawing on published literature, to ensure that our advice is based on the most up-to-date evidence available.

Expert input

17. Every piece of NICE guidance and every quality standard is developed by an independent committee of experts, which includes lay members and representatives from clinical practice, public health, social care and where appropriate, from industry.

Public involvement

18. All of our committees include at least two lay members: patients, carers, service users or the general public. The expertise, insight and input of these lay members is essential to the development of all NICE guidance and advice, and helps us to make sure that our work reflects the needs and priorities of those who will be affected by them.

Independence, genuine consultation and transparency

19. All NICE committees are independent and unbiased. Once a topic has been referred to us by the Department of Health, or NHS England, neither organisation has any more influence over the final guidance than any other stakeholder. All of our guidance, quality standards and other products are developed independently of government influence. We have a consultation process, which allows individuals, patient groups, professional and statutory bodies, commissioners, charities and industry to comment on our recommendations throughout the development of our guidance and quality standards. We also have a formal appeal process for final recommendations in our technology appraisals and highly specialised technologies guidance.

Review

20. Once published, all NICE guidance is regularly considered for review, and updated in light of new evidence, if necessary.

Social values and equity considerations

21. The recommendations and decisions that NICE makes involve value judgements. We are committed to ensuring that the judgements we make reflect the values of society. Our Citizens Council – an advisory body made up entirely of members of the public from across the UK – helps NICE understand the views of the public and incorporate them into the decision-making process.

Methodological developments

22. Our independent advisory committees use a wealth of scientific methodology to help underpin and inform their decisions and recommendations. This includes internationally recognised scientific methods for evaluating and comparing the benefits and cost effectiveness of different forms of practice.
23. The science that the committees use when making their recommendations is constantly evolving. To make sure that NICE stays at the forefront of this challenging field, our Science Policy and Research team oversees a range of research activities that are undertaken across NICE to ensure that our processes, methods and policies remain up-to-date and fit for purpose.

How we involve people

24. All of our guidance, quality standards, and other products are developed taking into account the opinions and views of the people who will be affected by them, including patients, carers and members of the public, as well as health and social care professionals, NHS organisations, industry, social care businesses and local government.
25. Our consultation process allows a range of individuals and organisations to comment on our recommendations throughout the development of our guidance and quality standards. Our guidance is created by independent and unbiased advisory committees that include a diverse range of experts from surgeons and midwives, to health economists and social workers, as well as patients or carers or other members of the public.
26. In the case of our technology appraisals and highly specialised technologies guidance, in which we make recommendations about the use of new drugs and technologies within the NHS, we work with manufacturers to ensure that evidence they submit on the effectiveness of their products is the most appropriate to enable an evaluation to be undertaken.
27. We value the input of patients, carers and the general public in the development of our guidance and other products. By involving the people for whom the guidance will be relevant, we put the needs and preferences of patients and the public at the heart of our work. Our Public Involvement Programme supports individual patients, carers and members of the public, as well as voluntary, charitable and community organisations involved with NICE's work.

Working with the healthcare industries

28. Much of what NICE does has an impact on the healthcare industries that supply the NHS. We are very conscious of the responsibility we carry when we advise the NHS on the use of health technologies and we know that what we say about new technologies is often taken into account in health systems beyond the United Kingdom. For these reasons we regard the relationship we have with industries and individual companies as having equal importance with our other stakeholders and we will continue to work with the industry associations in this country and abroad to build mutual respect and trust.
29. NICE digital services manages *UK Pharmascan*, a horizon scanning database for information on new medicines in development which can be accessed by national horizon scanning organisations to support NHS budget and service planning to enable the faster uptake of new medicines across the NHS.
30. The NICE Office for Market Access (OMA) works with drugs, devices and diagnostics companies on a fee-for-service basis. OMA gives any commercial stakeholders access to a dedicated team at NICE, offering tailored support to help them optimise their products' journey through NICE and the rest of the pathway to market.
31. Our fee-for-service Scientific Advice programme allows life sciences companies to better prepare to present their case for adoption of their products in the event that they need to engage in one of our evaluative programmes.
32. We operate the Patient Access Scheme Liaison Unit (PASLU) to review and evaluate proposed Patient Access Schemes that pharmaceutical manufacturers plan to submit to the Department of Health. Patient Access Schemes involve innovative pricing agreements designed to improve cost effectiveness and facilitate patient access to specific drugs or technologies. PASLU advises the Department of Health on the feasibility of proposed Patient Access Schemes.

How our guidance is used

33. Different types of NICE guidance have a different status within the NHS, public health and social care. Our technology appraisals and highly specialised technologies guidance are unique because the NHS in England and Wales is legally obliged to fund and resource medicines and treatments recommended through our technology appraisal programme. The legal status of these programmes is reinforced in the NHS Constitution, which states that patients have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if the doctor responsible for the patient's care says they are clinically appropriate.
34. None of our other guidance and products is subject to the same legal obligations as our technology appraisals and highly specialised technologies guidance. Nevertheless, health and social care professionals are actively encouraged to follow our recommendations to help them deliver the highest

quality care. Of course, our recommendations are not intended to replace the professional expertise and clinical judgement of health professionals, as they discuss treatment options with their patients.

35. We are aware that NICE guidance sometimes recommends changes in practice which the NHS, local government and social care providers may find difficult to implement, especially when faced with limited resources and differing local budget priorities. We help local organisations by providing a programme of implementation support to put our guidance into practice locally.

36. Our guidance is relevant to charities, voluntary and community organisations, residential care homes, private sector employers, patients, carers, service users and the public as well as the NHS and local government. We do our best to provide support for all these groups to put our recommendations into practice locally.

Communicating about our guidance, standards and other resources

37. Our guidance, quality standards and other advice products are disseminated and communicated clearly to those responsible for putting them into practice. We also raise awareness about our broader role among those who use the NHS and social care and to members of the public whose health is influenced by our public health guidance.

38. Through our audience insights work we ensure that the views and expectations of NICE's audiences are systematically gathered and interpreted. We deliver a full suite of multi-channel communications activities, telling the story of NICE's work and role through our website, social and traditional media, speaking engagements, exhibitions and conferences, internal platforms, public affairs and stakeholder engagement. We provide a timely, responsive service to direct enquiries from health and care professionals, patient groups, charities, parliamentarians and members of the public.

Access to our guidance

39. We use a number of innovative ways to help all users access all of our products. Through our digital programme including NICE Pathways, NICE Evidence and mobile apps, health and social care staff are better able to implement our recommendations to make a difference to the nation's health and wellbeing.

Putting our guidance and standards into practice

40. NICE guidance and advice can both drive and enable the design and delivery of services provided by the health and care system. When used effectively, NICE resources can support local improvement initiatives, improve outcomes and reduce variation.

41. We deliver a substantial programme of support to encourage improvement and change in practice. For example: we work with third party organisations to motivate individuals to adopt NICE guidance and standards; we facilitate the availability of support tools which make following our guidance more straightforward at a local level; we provide a suite of online educational modules; and we also have a team of regional implementation consultants and prescribing advisors who provide practical support and advice to our audiences on a local level.
42. NICE is committed to supporting commissioners and providers, local authorities and organisations in the wider public and voluntary sector to make the best use of their money, setting out the case for investment and disinvestment through our guidance programmes and our other advice.
43. We have a collection of cost-saving resources on our website which can help commissioners and providers make sure they are spending money on the right things. We are committed to promoting the provision of appropriate care, and supporting the health and care system to stop ineffective care and treatments.
44. Our guideline manual sets out NICE's commitment only to recommend new treatments or interventions with an increased cost implication if they are underpinned by a solid evidence base and robust economic analysis.

National Institute for Health and Care Excellence

Accelerated Access Review

The Government has now published its response to the recommendations in the report of the Accelerated Access Review. The report has implications for NICE, which have been previously reported.

The Board is asked to note the report and to receive an oral assessment of its implications for NICE.

Professor Carole Longson

Director, Centre for Health Technology Evaluation

November 2017



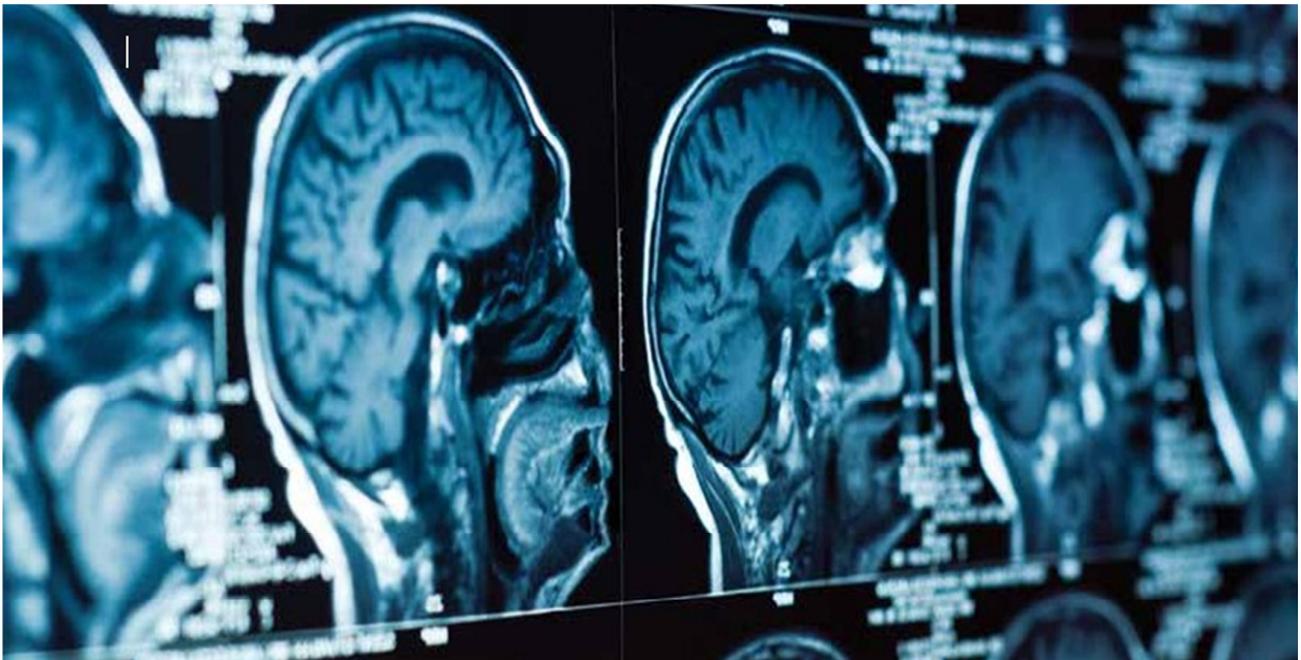
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& Industrial Strategy

Making a reality of the Accelerated Access Review

Improving patient access to breakthrough
technologies and treatments in a cost-effective
model



November 2017

Published in partnership with:

NHS England (NHSE)

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1. Our endorsement of the Accelerated Access Review

Introduction

- 1.1. **The Government's ambition is that NHS patients should be among the first in the world to get life-changing treatments. Achieving this goal is only possible by working in close partnership with our world-leading life sciences sector. Our response to the Accelerated Access Review (AAR) sets out how we will work with industry and the health system to create a streamlined and sophisticated approvals system so that cost-effective breakthrough products – be they drugs, devices, digital or diagnostics – can get into the NHS as fast as possible.**
- 1.2. In autumn 2016, the independently-chaired AAR set out a vision of getting the best technologies to patients more quickly and more cheaply, in a system that is quick to adopt innovation. It urged the Government to take advantage of opportunities to streamline the pathways to patients for breakthrough products while delivering improved value to the taxpayer. The report echoed the Government's ambition to build an even more dynamic and forward-looking NHS, and to make sure the UK is the best place in the world to innovate and invest in new life sciences technologies.
- 1.3. The life sciences sector is critical for developing medicines, medical and digital technologies and diagnostics that improve patients' lives. It is one of the key sectors for the UK economy with over 5,000 companies, nearly 235,000 employees and £63.5bn turnover in 2016¹. It is a highly productive industry with employment distributed across the regions, in small, medium and global companies. The significant role that life sciences play in the UK economy and its future growth was underlined when the Government made it one of five priority sectors in its January 2017 Green Paper: *'Building our Industrial Strategy'*.
- 1.4. Sir John Bell was asked by the Government to convene the sector to bring forward an industry vision for the *'Life Sciences Industrial Strategy' (LSIS)*. The LSIS sets out recommendations for Government to work with the sector for mutual benefit, paving the way for a Sector Deal later in the year. Sir John Bell is clear that the arguments in the AAR remain critical to delivering outstanding patient outcomes; building a collaborative environment between the public sector, industry and academia; and creating a dynamic ecosystem that encourages and rewards innovation.

¹ Office for Life Sciences (OLS) 'Strengths and Opportunities Report' 2016

Making a reality of the Accelerated Access Review

- 1.5. In the year since Sir Hugh Taylor and his team published the AAR, Government and its partners² have fully considered the arguments and recommendations in the review, and the best way to implement them. In responding, it is critical that we take the opportunity to create a catalyst for change in the access landscape.
- 1.6. The case for change is compelling. The NHS faces significant challenges in dealing with demographic changes, the pace of scientific advances, and the evolution of more complex personalised medicines and technologies. As our demographics change and populations become older, overall and per capita healthcare costs continue to increase. Technology and the availability of data are facilitating behaviour change in patients, who are becoming increasingly engaged about the type and quality of care they should be receiving. And our ability to develop treatments for rare and previously unmet need creates increasing debate about access, affordability and cost-effectiveness.
- 1.7. In parallel with this shift in the health landscape, we are also embarking on a new relationship with the European Union, which we hope will be a deep and special partnership.
- 1.8. In this context, Sir John Bell urged Government to accept the AAR recommendations, and implement them; we broadly agree. We also support Sir John's view that our commitment to the AAR's implementation represents a key step in the Sector Deal. In turn, we look to industry to develop innovations and technologies that not only deliver better outcomes for patients, but do so with improved value for money.

² NHS England (NHSE), National Institute for Health and Care Excellence (NICE), National Institute for Health Research (NIHR), Medicines and Healthcare products Regulatory Agency (MHRA), NHS Improvement (NHSI), Academic Health Science Networks (AHSNs)

2. Accelerated Access Review recommendations

- 2.1. The AAR made a series of recommendations to enable the NHS to improve patient outcomes, leverage the UK's strong biosciences research and life sciences industrial base and enhance the international competitiveness of our life sciences industry. We endorse its vision.

- 2.2. In accepting the recommendations in the AAR, we are also accepting many of the powerful arguments that shaped those recommendations. We agree that more can and should be done to accelerate access to market; we recognise that the current commercial arrangements and pathways can be unnecessarily complex. We agree that we need a better understanding of unwarranted variation in uptake, and a system that maximises the appropriate use of innovative products. The recommendations will, of course, need to be delivered within the budgetary envelope set by the Government for the NHS.

AAR Recommendations

1. *The NHS should develop an enhanced horizon scanning process and clarify its needs to innovators.*

2. *A new transformative designation should be applied to those innovations with the potential for greatest impact.*

3. *Patients should be involved in horizon scanning and prioritisation, and this involvement should continue along the whole innovation pathway.*

4. *An Accelerated Access Pathway for strategically important, transformative products should align and coordinate regulatory, reimbursement, evaluation and diffusion processes to bring these transformative products to patients more quickly.*

5. *A new strategic commercial unit should be established in NHS England.*

6. *The Accelerated Access Pathway should be suitable for medical technologies, diagnostics and digital products as well as medicines and emerging forms of treatment.*

7. *There should be a single set of clear national and local routes to get medical technologies, diagnostics, pharmaceuticals and digital products to patients.*

8. *National routes to market should be streamlined and clarified.*

9. *Many products will benefit from regional and local routes to market, which should be enhanced to operate consistently across the NHS.*

10. *The route for digital products should build on the Paperless 2020 simplified app assessment process.*

11. *The digital infrastructure should enable the system to capture information on the use of innovations and associated outcomes.*

12. *The process of assessing emerging technologies should be evolved so that it is fit for the future.*

13. *A range of incentives should support the local uptake and spread of innovation, enabling collaboration and with greater capacity and capability for change.*

14. *AHSNs, tertiary academic teaching hospitals and clinical leaders across the NHS should drive and support the evaluation and diffusion of innovative products.*

15. *Improved accountability and transparency around uptake of innovation should be supported by NICE.*

16. *An Accelerated Access Partnership should align national bodies around accelerating innovation.*

17. *The Accelerated Access Partnership should be established immediately.*

18. *Implementation of the report's recommendations should be led by the Accelerated Access Partnership and clinicians.*

3. Making a reality of accelerated access to innovation

- 3.1. Our vision for change is ambitious, but there is evidence across the system that it is becoming a reality. At the heart of this vision is a system which can embrace the innovations our patients need: delivering faster patient access to life-changing innovations. There is energy and hunger for innovation, with much already in train and even more in prospect.
- 3.2. Across the NHS there are many examples of innovation in clinical practice:
- New oral treatment for Hepatitis C will reduce mortality by around 10% and liver transplants for these patients by around 50%. Alongside the clear patient benefits, driving competition between companies has allowed the NHS to save millions, enabling the treatment to be made available to 25% more patients in the last year. So far, at least 20,000 patients have already benefited from this life-changing approach.
 - World-leading advances in genetic technology mean that babies at risk of mitochondrial diseases could now have DNA that is clear of those inherited conditions.
 - By 2019, more than 6,200 brain tumour patients a year will benefit from the use of stereotactic radiosurgery and radiotherapy, meaning that they are undergoing less invasive and cheaper treatments.
 - The NHS Clinical Entrepreneur Programme has supported the creation of 50 clinician-led start-ups.
- 3.3. We are also seeing new and innovative partnership arrangements. Last January we launched the **Test Bed** programme, demonstrating how industry and the NHS can work in collaboration. Through this unique approach we have established seven sites across the country, supported 40 innovations and have about 4,000 patients enrolled. Test Beds demonstrate success throughout the innovation pipeline: from supporting the development of devices and technologies, integrating them in new ways, and working with health professionals to adapt and develop new clinical and care pathways. It is early days for the test beds, and by the very nature of innovation, we expect that some will be more successful than others, but the evidence shows compelling signs of improvement to patient care outcomes. NHS England and Government have committed further funding to support the extension of the programme for another two years.
- 3.4. We know that innovation can mean the need for changes to clinical pathways and that this can be a barrier to adoption. Government is providing the **£6m Pathway Transformation Fund** to target these barriers, helping adoption and integration into everyday practice. The **NHS Innovation Accelerator** has also already supported 25 innovators to spread their innovations into over 700 NHS organisations. We hope for the

same excellent outcomes from the third cohort of innovators that will be announced by early 2018.

- 3.5. In addition to world-class R&D supported by the Research Councils and Innovate UK, the Government invests over £1bn each year in the National Institute for Health Research (NIHR) to improve the health and wealth of the nation. NIHR provides an internationally renowned environment for collaboration between the life sciences industry, charities, academia and the NHS, supporting the development of therapeutics, medical technologies and diagnostics. NIHR has recently invested £950m in new research infrastructure in the NHS, including £14m for **NIHR Medtech and In Vitro Diagnostic (IVD) Co-operatives (MICs)**. These centres of expertise will develop new medical devices and technology-dependent interventions, and catalyse the generation of the robust evidence that is required by the NHS and industry to enable rapid uptake of commercially-supplied in vitro diagnostics.
- 3.6. Over 95% of companies in the UK life sciences sector are small and medium sized enterprises (SME) and so we are prioritising help for SMEs to get their innovative products to patients. We know from the AAR analysis, and our ongoing stakeholder engagement, that SMEs are sometimes unable to provide sufficient real-world evidence to inform and/or support NHS commissioning and adoption decisions – preventing their innovations from helping patients. In addition to the portfolio of support available through current research funding, the Government is delivering a new **£6m scheme to support SMEs** in obtaining an effective evidence base for their medtech products (including IVDs and digitally enabled devices) or medicines qualifying for the **Early Access to Medicines Scheme (EAMS)**. We are also providing £35m over four years to encourage and support innovators to develop world-leading digital solutions. The **Digital Health Technology Catalyst** will support SME-led projects to develop the evidence base required to launch their products in the NHS.
- 3.7. **The 15 Academic Health Science Networks (AHSNs)** are providing local support for NHS adoption of the right innovations and tackling some of the causes of unwarranted variation in uptake. This capacity will be boosted by the £39m Government has committed to improve local adoption and uptake of innovative medical technologies. **New Innovation Exchanges** will establish greater collaboration between the 15 AHSNs, and support innovators, clinicians and patients to navigate the system to meet their needs. We know that many exciting innovations may be better supported at local level first, and Innovation Exchanges will increase AHSN capacity and capability to assess the local value of new technologies and promote diffusion of those products that deliver real benefits to patients.
- 3.8. Innovation Exchanges will work in partnership with NHS **Innovation National Networks (INNs)** that will connect AHSNs with clinical and national policy leads, bringing in relevant expertise to help identify and support the highest potential products. Together, Innovation Exchanges and INNs will provide a fertile ground for the uptake and spread of innovation.

- 3.9. NHS England's new **Innovation and Technology Tariff (ITT)** is supporting the uptake of technology across the health system, and has helped to procure digital innovations such as the myCOPD app across the NHS. Over 30,000 patients are benefitting from being able to self-manage their severe or very severe Chronic Obstructive Pulmonary Disease (COPD) symptoms. To extend the scope of the ITT, NHS England announced the **Innovation and Technology Payment (ITP)** in June 2017, supporting a wider range of medical devices, digital platforms and technologies, including in primary and community care systems. The ITP is expected to go live in April 2018.
- 3.10. Horizon scanning is a key capability required for a forward-looking NHS that can articulate its priorities to industry, and prepare to deliver against those priorities. **PharmaScan** currently enables horizon scanning for pharmaceutical products, and NHS England is currently building on these capabilities to create a parallel system suitable for medical technologies. The recently established **NIHR Innovation Observatory (NIHRIO)** is now applying state of the art data analytics to explore trends in health innovation across drugs, medical technologies, diagnostic tools and healthcare services.
- 3.11. There is a focus on streamlining routes to market and improving process across the system. In spring, NICE introduced 'Fast-Track' appraisals for the most clinically and cost effective products³. For which the time it will take to receive funding after NICE guidance publication is reduced from 90 to 30 days. NHS England and NICE have also developed a more streamlined and integrated commercial dialogue for the **Cancer Drugs Fund (CDF)** and **Highly Specialised Technologies (HST)** programme. NICE will continue to focus on earlier engagement with industry, ensuring that their evaluations continue to meet the needs of a rapidly changing healthcare system. NHS England's **Regional Medicines Optimisation Committees (RMOCs)** will also reduce duplication in NHS evaluations and play a role in decommissioning outdated medicines to help the NHS live within its means and creating headroom for new interventions.
- 3.12. We are doing more to better understand uptake across the system through the strengthened Innovation Scorecard and new research. This helps us to understand what is happening across the system and give patients an informed voice. We are improving the content and accessibility of the **Innovation Scorecard** to include medical technologies and provide a better view of what is happening across the wider innovation landscape. We will also commission further research to improve our policy response, and to give us a better view of how our uptake of innovation compares with other similar countries.
- 3.13. **NHS RightCare** is addressing variation in clinical practice across the country, working in partnership with a wide range of organisations, national programmes and patient groups to shine a light on performance, optimise use of medicines and other technologies, and design optimal care pathways.

³ Products which are £10,000/QALY or less

Making a reality of the Accelerated Access Review

- 3.14. These measures are being implemented in England. Our ambition is to align them closely with activities in the devolved administrations to ensure systems are joined up and navigable.

4. A new route for breakthrough products

The Accelerated Access Pathway

- 4.1. At the core of the Accelerated Access Review is the proposal to get strategically-important, cost-effective products into the NHS as rapidly as possible within NHS resource constraints. We endorse this approach, which should be focused on affordable products which can dramatically improve efficiency, fill an unmet need or make a step-change in patient outcomes.
- 4.2. From April 2018, we will introduce an **Accelerated Access Pathway (AAP)**. This will be a new route to market that will streamline regulatory and market access decisions; getting those innovations that we believe will be truly transformative to patients more quickly. We will make the process from bench to bedside quicker, cheaper, and easier for innovators and the NHS. The Government's ambition is to bring forward by up to four years patient access to these selected, highly beneficial and affordable, innovations.
- 4.3. The need to balance our commitment to accelerating patient access to life-changing innovations, against the financial sustainability of the NHS means that accelerated access must be cost neutral for the NHS. This has been a key design principle for the AAP. We anticipate that ~5 products a year will receive breakthrough product designation and go onto the new pathway, subject to satisfactory commercial negotiation. Across this basket of products, any products placed on the AAP that are cost additive will need to be offset by products that deliver cost savings, beyond those already factored into NHS plans. Medicines, medical technologies, diagnostics, and digital products at any stage will be eligible to benefit from the AAP, including repurposed medicines where a new indication is found for an existing product. Efforts will be focused on those products that will deliver the greatest benefit to patients and improve value for money.

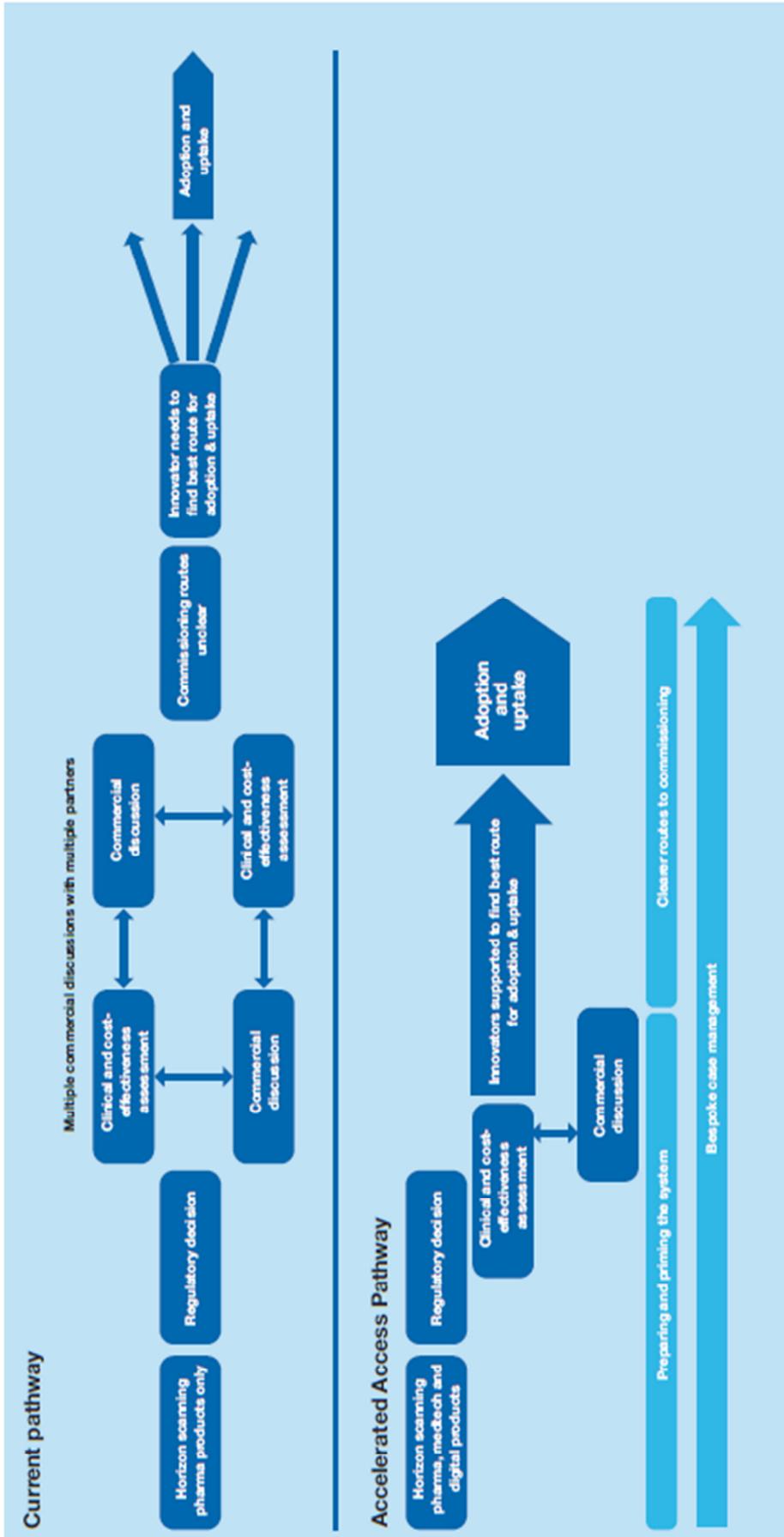


Figure 1: Comparison of current pathway and the Accelerated Access Pathway

The AAP will align the actions of key national bodies around the principle of accelerating access to innovations that patients need, streamlining regulatory and market access decisions and driving a better and more flexible deal to benefit patients, the NHS and innovators. It will have links to local networks and infrastructure for transformation including Sustainability and Transformation footprints. The AAC will be independently-chaired and will report to Ministers.

This diagram is for illustrative purposes only, the exact details will depend on the type of technology.

- 4.4. The AAP encapsulates our vision for partnership working across the system to deliver wins for industry, the NHS and its partners. Our new pathway will deliver faster access and support for uptake through features such as:
- Horizon scanning for new technologies to identify a subset of potential breakthrough products that could benefit from the AAP.
 - Streamlining the pathway from market authorisation through to patient use for designated breakthrough products.
 - Generation of real-world evidence in addition to clinical trials data.
 - Early price negotiation and the potential for flexible and confidential commercial arrangements.
 - Pharmaceutical products may also participate in the EAMS while on the AAP.
 - Support for adoption and diffusion through the AHSN network and the Pathway Transformation Fund⁴.
- 4.5. Each breakthrough product will benefit from bespoke case management, which will co-ordinate across partners to streamline the journey. In return for these commercial benefits, we expect industry to come forward with a cost proposition that delivers additional value for patients and the NHS beyond that achieved under the current system, and is affordable.
- 4.6. The AAP will complement existing activity. It will build on existing initiatives such as NICE's Fast Track Appraisal Process, the NICE/NHSE budget impact test, EAMS and the CDF. Intelligence and learnings from the delivery of the early and managed patient access schemes will be used to better understand impact and implementation challenges. This learning will be built into the AAP. Furthermore, products from other schemes that require further support with adoption and diffusion could be supported.
- 4.7. It will never be the case that the AAP is the right route for every product, but we will review and evaluate its impact, and consider whether other categories of product might be suitable for inclusion in the future. We will also aim to deploy more widely any improvements or learning that is identified through the AAP, where there is clear evidence that it will deliver patient benefit elsewhere, improvements in value for money, and meet our financial objectives. There will be implementation challenges to ensure that AAC is empowered to deliver within the requirement for no additional NHS cost, and to ensure that all AAP products deliver improved value to the taxpayer.

⁴ £6m to help the NHS to adopt and integrate new technologies into everyday practice, through the Pathway Transformation Fund

Making a reality of the Accelerated Access Review

- 4.8. We agree that there is also more to do to streamline existing access routes, and we remain committed to continuing to improve these for digital and medical technologies. We also recognise opportunities to improve alignment, reduce duplication and grow the commercial capacity of the NHS. By April 2018, we will make significant improvements. This will include enhanced commercial capability in NHS England. There is clear demand from innovators for the type of win:win commercial deals that we expect to see through the AAP. The strengthened commercial function within NHS England will have the capacity to develop these types of arrangement. In parallel, the NICE commercial liaison team will support commercial engagement between companies and NHS England, creating a smooth interface for companies throughout the appraisals process.
- 4.9. For pharmaceutical companies, we have proposed improvements that will immediately streamline the pathway for access discussions. By transferring the role of agreeing future **Patient Access Schemes (PAS)** from the Department of Health to NHS England, we will ensure that from early 2018 companies need to begin only one dialogue for each medicine, including products that will undergo HST appraisal or enter the CDF each year. Addressing existing duplication and bureaucracy in developing deals for these innovative medicines will unlock the benefits of greater simplicity throughout the appraisals process, including removing the risk of delays to guidance, and grant earlier certainty for companies about the process of approval.

The Accelerated Access Collaborative

- 4.10. Selecting the best products for the pathway will be key, and we think, as proposed by Sir Hugh Taylor, it is right that this decision is taken by the national organisations responsible for regulating, evaluating and delivering new innovations to patients (NIHR, MHRA, NICE, NHS England, NHS Improvement and Government with input from independent representatives for patients, industry and clinicians. This group will be referred to as the **Accelerated Access Collaborative (AAC)**. It will not disrupt existing statutory accountabilities for managing the NHS budget.
- 4.11. We shall seek representatives from industry and patient groups who have sufficient breadth of experience and independence to allow them to inform AAC discussions on the different technology types and conditions those technologies might benefit. The AAC will be headed by an independent chair, who will be accountable to ministers. We are delighted that the **first independent chair will be Sir Andrew Witty**. We will publish further details on the selection and membership of the AAC. The AAC will be in place in late 2017 and first products will be identified from April 2018.

5. Monitoring and measuring our impact

- 5.1. The Accelerated Access Collaborative aims to be a unique partnership between the NHS and industry that can deliver the world-leading innovation required to achieve better patient outcomes with two core objectives:
 - The NHS to be one of the most pro-innovation healthcare systems in the world, and for it to be seen as such by patients and industry.
 - Innovation will be delivered at a price that industry and the NHS think is affordable and fair.
- 5.2. As we implement our plans, it is vital that we understand and measure the impact that our policies are having. This will enable us to focus resource where we are making the biggest difference, and target gaps or emerging issues. In line with the AAR's recommendation, we believe that the AAC should be responsible for measuring and evaluating the impact of our accelerated access programme and on assessing the industry response to it. The views of the AAC will be informed by parties across the system, who will be represented in the group.
- 5.3. It will be for the AAC, in discussion with partners, to determine success criteria. We should, however, expect that they will consider indicators such as: level of industry interest in AAP; speed of product progression through the AAP; improved health and quality outcomes; increased affordability of new technologies and products; improved value for money; increased impact of AHSNs; and SMEs getting products to patients quicker and more easily.
- 5.4. In response to the AAC's views, and the opportunities and challenges that will arise through implementation, many of the policies within our programme will develop over time. Government and its partners will commit to provide appropriate updates to the wider system as this develops.

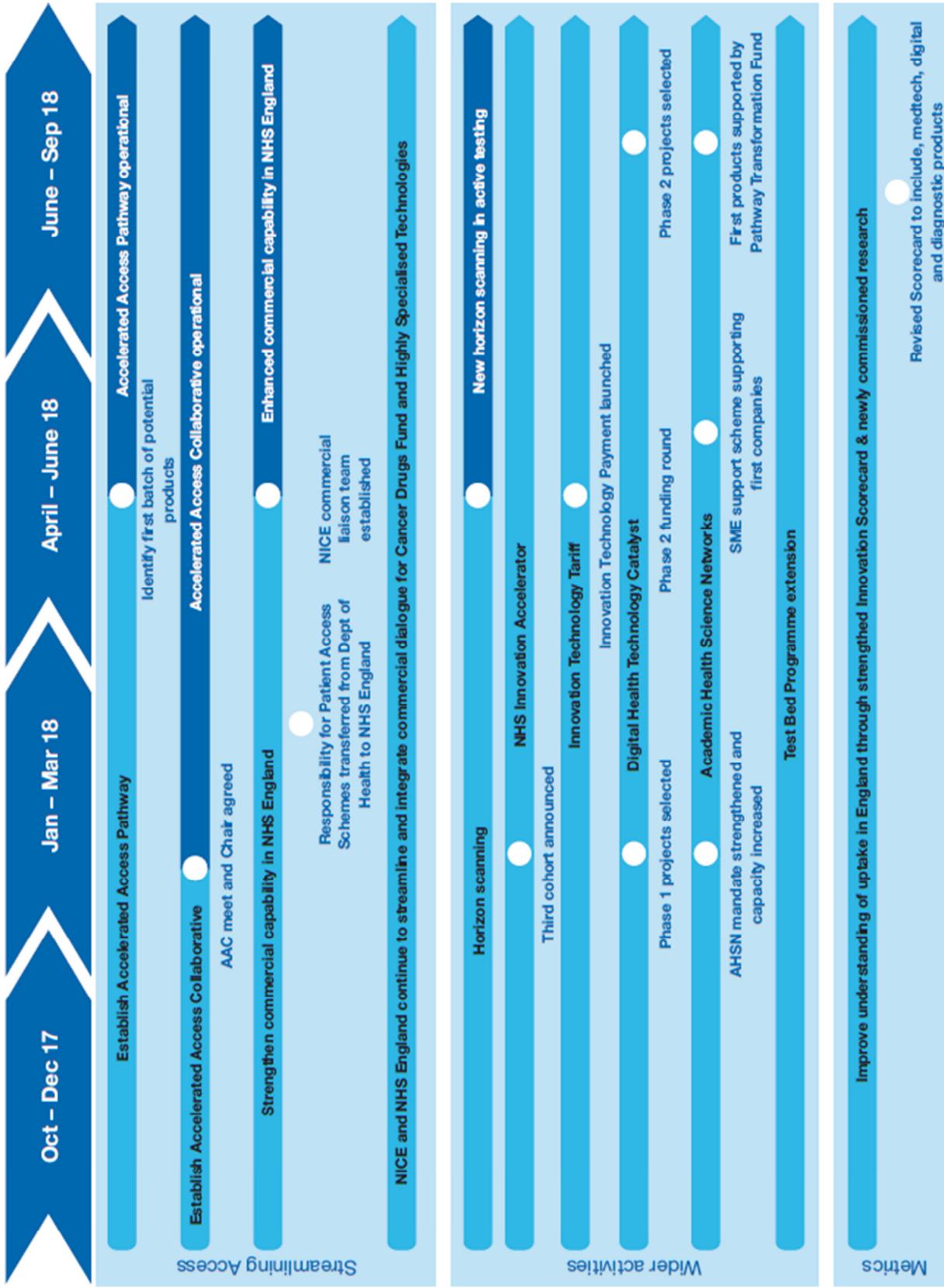


Figure 2: Summary of implementation milestones

6. Glossary

AAC	Accelerated Access Collaborative
AAP	Accelerated Access Pathway
AAR	Accelerated Access Review
AHSNs	Academic Health Science Networks
CDF	Cancer Drugs Fund
COPD	Chronic Obstructive Pulmonary Disease
EAMS	Early Access to Medicines Scheme
HST	Highly Specialised Technologies
INN	NHS Innovation National Networks
ITP	Innovation and Technology Payment
ITT	Innovation and Technology Tariff
IVD	In Vitro Diagnostic
LSIS	Life Science Industrial Strategy
MHRA	Medicines and Healthcare products Regulatory Agency
MIC	Medtech and In Vitro Diagnostic Co-operative
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NIHRIO	NIHR Innovation Observatory
PAS	Patient Access Scheme
QALY	Quality-Adjusted Life Year (used as part of a cost effectiveness calculation)
RMOCs	Regional Medicines Optimisation Committees
SMEs	Small- and Medium-sized Enterprises

National Institute for Health and Care Excellence

Audit and Risk Committee terms of reference

The Audit and Risk Committee's annual work plan requires that its terms of reference will be reviewed annually. The proposed revised terms of reference have been produced with the aim of being concise but still retaining the Committee's key duties and responsibilities, as delegated by the Board, and consistent with corporate governance guidance.

The Committee agreed the attached terms of reference at its meeting on 25 October 2017, for recommendation to the Board.

Previously the Committee has approved NICE's annual report and accounts on behalf of the Board. Under the revised terms of reference, the Committee will review the annual and accounts, together with external audit's opinion on these, and then recommend their approval to the Board.

The Board is asked to approve the revised terms of reference.

Ben Bennett

Director, Business Planning and Resources

November 2017

Audit and Risk Committee

Terms of reference and standing orders

Terms of Reference

1. The purpose of the Audit and Risk Committee is to provide an independent and objective view of governance and internal control at NICE and to advise the Board accordingly.
2. The Committee's duties and responsibilities are to:
 - Review the adequacy and effectiveness of NICE's corporate governance arrangements, in particular those relating to
 - risk management
 - information governance and security
 - the use of resources and the safeguards against fraud and corruption
 - the raising and investigation of concerns (whistle-blowing).
 - Review the annual report and accounts, together with any accompanying internal audit opinion and external audit opinion, with particular focus on the annual governance statement, consideration of key accounting policies and practices, estimates and judgements and the quality of the year end financial statements, unadjusted mis-statements, major judgemental areas, and significant adjustments arising from the audit.
 - Ensure there is an effective internal audit and external audit function in place which meets mandatory standards and provides independent assurance to the Committee, Chief Executive and the Board.
 - Review the findings of internal and external audit, and review management's responses to recommendations made.
 - Periodically review its own effectiveness and report the results to the Board.
3. To meet these responsibilities, the Committee will:
 - review the risk register each quarter
 - review the standing financial instructions, standing orders, and reservation of powers to the Board and scheme of delegation
 - approve the internal and external audit work plans annually and review performance against those plans
 - consider the appointment and dismissal of the internal auditor within the authority delegated to NICE.

4. The Committee will recommend to the Board approval of NICE's annual report and accounts.
5. The Committee will formally report annually to the Board on the outcome of its work on the effectiveness of NICE's governance and internal control arrangements.
6. In order to meet its duties and responsibilities the Committee is authorised by the Board to:
 - seek any information it requires from any employee
 - obtain outside legal or other independent professional advice
 - invite any non-NICE staff members with relevant experience and expertise to its meetings if it considers this necessary.

Standing Orders

General

7. These standing orders describe the procedural rules for managing the Committee's work as agreed by the Board. Nothing of these standing orders shall limit compliance with NICE's standing orders so far as they are applicable to this Committee. Committee members shall comply with the Committee's terms of reference, which set out the scope of the Committee's work and its authority.

Membership

8. The Committee will comprise a minimum of three and a maximum of five non-executive directors of NICE, one of whom will be appointed as Chair of the Committee. The composition of the Committee will be given in NICE's annual report and accounts.
9. The Chair of NICE shall not be a member of the Committee.

Other attendees

10. Only members of the Committee have the right to attend committee meetings. However, the Chief Executive, Business Planning and Resources Director, internal and external auditors have standing invitations to attend the Committee. Other directors and staff shall be invited at the discretion of the Committee when matters relating to their area of responsibility are being discussed.

Quorum

11. The quorum is set at three members. No business shall be transacted unless the meeting is quorate.

Voting

12. The decisions of the Audit and Risk Committee will normally be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the Chair will, in all cases, consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.

13. Voting, where required, will be by show of hands and decisions determined by a simple majority of those members present at a quorate meeting.
14. The Chair of the meeting will be included in the vote and in the event of a tie, the Chair will have a second, casting vote.

Arrangements for meetings

15. All members must make a declaration of any potential conflicts of interest that may require their withdrawal in advance of each meeting.
16. The Audit and Risk Committee shall meet a minimum of four times a year in January, April, September and November. There will be an additional meeting in June solely for the purpose of reviewing the annual report and accounts.
17. The Committee shall meet in private session with the internal and external auditors respectively, to consider matters of internal control or any other matter within its terms of reference.
18. No other business shall be discussed at the meeting except at the discretion of the Chair.

Minutes

19. The minutes of Audit and Risk Committee meetings shall be formally recorded by the Governance Manager: risk assurance and submitted to the next meeting for approval.
20. The minutes of Audit and Risk Committee meetings shall be submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or that require executive action.
21. Minutes will be published on the NICE website, subject to the redaction of any confidential or otherwise exempt material.

Other matters

22. The Corporate Office will provide support to the meetings.
23. The internal and external auditors shall have direct access to the Chair.

Interpretation or suspension of standing orders

24. During the course of a meeting, the Chair of the Audit and Risk Committee shall be the final authority on the interpretation of the standing orders.
25. Except where this would contravene any statutory provision, any one or more of the standing orders may be suspended at any meeting provided that a simple majority of those present and eligible to participate vote in favour of the suspension.
26. Any decision to suspend standing orders will be recorded in the minutes of the meeting and no formal business may be transacted while standing orders are suspended.

Review of terms of reference and standing orders

27. These terms of reference and standing orders will be reviewed annually. The next review date is October 2018.

DRAFT

National Institute for Health and Care Excellence

Directors' progress reports

The next 5 items provide reports on the progress of the individual centres and directorates listed below. These reports give an overview of the performance of each centre or directorate and outline the challenges and risks they face.

Professor Gillian Leng, Director, Health and Social Care Directorate (Item 8)

Professor Mark Baker, Director, Centre for Guidelines (Item 9)

Professor Carole Longson, Director, Centre for Health Technology Evaluation (Item 10)

Jane Gizbert, Director, Communications (Item 11)

Alexia Tonnel, Director, Evidence Resources Directorate (Item 12)

November 2017

National Institute for Health and Care Excellence

Health and Social Care Directorate progress report

1. This report summarises progress against the business plan objectives for the Health and Social Care Directorate since April 2017. It highlights delivery and the notable developments that have occurred during the reporting period September and October 2017.

Performance

2. The directorate successfully delivered a number of key products during September - October 2017 including: 1 evidence summary on the use of medicines; 4 medicines evidence commentaries; 7 quality standards and 2 quick guide for social care. Details of these publications are given in Appendix 1.
3. The team has been actively engaging across the health and care system to ensure advice from NICE informs local and national work at a variety of different levels. This paper provides the first report to the Board on key engagement metrics set at the beginning of the year (Appendix 2), and all are progressing well. Of particular note is the increasing involvement of NICE in the social care sector, helped both by work in relation to Quality Matters and by the popularity of advice provided as Quick Guides.
4. To support the uptake of innovative technologies, NICE is working with the Office for Life Sciences and other stakeholders to realign the NICE Implementation Collaborative (NIC) and the innovation scorecard to support the implementation of the Accelerated Access Review (AAR). There is an opportunity to align activities to produce a coherent and efficient framework to support the adoption of transformative technologies in the health and care system, which is consistent with the recommendations in the AAR. NICE is central to these three multi-stakeholder, cross-system groups. It also has expertise in its core adoption support and resource impact functions to enhance the effectiveness of these developing structures. NICE is therefore in a unique position to facilitate the efficient implementation of the AAR and reduce the risk of duplication of effort.

Table 1 Performance update for April - October 2017

Objective	Actions	Update
Publish guidance, standards and indicators, and provide evidence services against the targets set out in the Business Plan	Deliver standards, indicators and other products in accordance with the schedule set out in the Business Plan	Products delivered as planned. See Figure 1, Figure 2 and Appendix 1 for details of key outputs.
Enhance methods for developing and maintaining guidelines	Implement any changes agreed following the consultation on the NICE approach to patient and public engagement	Implementation meetings have been held with guidance development teams to discuss the implications for their work programmes of putting the recommendations into practice. Development work for recruiting the Expert Panel has been initiated, working with the Centre for Guidelines' Expert Adviser model. Projects to reduce unwarranted variation in language and phraseology across NICE programmes have been identified and will be pulled together into an overall project plan.
Implement the relevant aspects of the Government's industrial strategy for the life sciences industries, taking account of the recommendations in the final report of the Accelerated Access Review	Develop an Accelerated Access Review implementation plan and report to the Board on progress	A proposal was developed for the Office for Life Sciences (OLS) to support the implementation of the Accelerated Access Partnership by applying NICE's skills, knowledge and experience in adoption, uptake and resource impact. The proposal includes a realignment of the NICE Implementation Collaborative (NIC) and the innovation scorecard. In July 2017, the Government announced £6 million over three years to create a Pathway Transformation Fund (PTF), to help NHS organisations integrate new technologies into everyday practices. In the first instance, funding will be directed to products deemed transformative by the AAP. The OLS is exploring options for allocating the PTF through the AAP. NICE proposes that this is guided by input from the NIC and uptake data from a

Objective	Actions	Update
		<p>refocused innovation scorecard. The vision is to coordinate and align topic selection, identification of implementation barriers, and uptake data.</p> <p>This realignment supports the AAR recommendation that the work of the NIC should be developed into a new role that reaches beyond the evaluation of a technology into its subsequent clinical pathway. The NIC will continue to consider other sources of innovative technologies, such as the innovation accelerator. The AAR also proposed that the innovation scorecard should be the single source of information on the use of innovation in the NHS, and used by the AAP to hold the system to account and assess the progress of innovation in local areas.</p>
<p>Deliver a programme of strategic and local engagement</p>	<p>Support the use of NICE guidance and standards through the work of other national organisations and by working with local health and care systems</p>	<p>NHS England (NHSE)</p> <p>Sustainability and Transformation Partnerships (STPs)</p> <p>Informed by engagement and a desk top search in one of the regions, we have identified that 28 STPs currently reference NICE in their plans. The references vary across STPs in terms of detail. It is planned that scanning for developments across the remaining STPs will continue with the aim of covering all 44 during the autumn.</p> <p>The thematic review of STP plans being undertaken by the Field team, complements engagement with the STPs in understanding their priorities and support needs. The Field team also continues to facilitate and work with a range of teams across NICE to build the STP support offer.</p> <p>The Field team led a 2 hour workshop at the EXPO Innovation Conference in September. The workshop, which was aimed at STP senior leaders and managers, focussed on how NICE can support STPs to put plans into practice. The seminar showcased examples of collaborative working with NHS RightCare and NICE's support to the Cheshire and Merseyside STP prevention workstream on hypertension. Feedback from attendees was positive and a number of new contacts and opportunities to connect with STP programmes were made.</p>

Objective	Actions	Update
		<p>New Care Models</p> <p>Involvement with the New Care Models Board helps ensure that NICE's evidence based guidance and products are recognised in their work. We have participated through membership of the eight New Care Models learning sets, and by helping to develop guides and materials to share learning from successful vanguard interventions.</p> <p>NICE is developing an online version of the population health self-assessment tool which was produced earlier in conjunction with the New Care Models team using NICE's products. The online version will be published later this year.</p> <p>Direct support and advice is being provided to a minimum of 5 individual Vanguard sites. This includes:</p> <ul style="list-style-type: none"> • Ensuring NICE guidance is being used to support service redesign and advising on pathways alignment. • Supporting ongoing quality improvement initiatives and resource development, and staff training. • Contributing to Vanguard events, including collaboration with the Academic Health Science Networks (AHSNs). <p>NHS RightCare</p> <p>NICE and NHS RightCare presented a joint paper at the NHS Demand management board. The paper proposed that NICE Evidence is systematically built into NHS RightCare's logic models, developed to support the 'co-ordinating the reallocation of capacity' work stream. The Board agreed the proposal and work is now being taken forward.</p> <p>NICE has developed a NICE resources checklist for NHS RightCare staff to use in developing their 'intelligence' products which is now embedded in their development processes. The checklist will also be included on the NICE website.</p>

Objective	Actions	Update
		<p>The Field and Medicines Education teams have worked with NHS RightCare Delivery Partners to share regional opportunities and agree joint priority topics to collaborate on. This included mapping NICE resources to NHS RightCare's optimal value pathways, signposting delivery partners to implementation tools, cross referencing relevant NICE products for inclusion in local strategies and implementation documents for Clinical Commissioning Groups (CCGs), and support for local education events.</p> <p>Patient Safety</p> <p>NICE has worked with NHS England and other national partners such as the Sepsis Trust, the Royal College of Physicians and the Royal College of General Practitioners to inform NHSE's implementation advice. This is in relation to supporting NICE's guideline on sepsis that was published in September.</p> <p>NHS Improvement (NHSI)</p> <p>The partnership agreement has been developed and is awaiting sign off from NHSI. Work is underway to align the Getting it Right First Time (GIRFT) programme with NICE guidance and advice.</p> <p>NICE has pledged to support the evaluation of the Developing People Improving Care framework as part of a cross system wide implementation group led by NHS Improvement.</p> <p>Care Quality Commission (CQC)</p> <p>Discussions are taking place at the CQC GP Regulation Programme Board about how primary care focussed high impact interventions taken from quality standards can become part of the CQC inspection process for primary medical services. The interventions were initially presented at the National Quality Board meeting in October.</p> <p>To support CQC inspectors, a checklist has been developed and piloted to aid their approach to assessment against relevant NICE Quality Standards in older people's mental health wards. Feedback from Inspectors has been very positive and work is now</p>

Objective	Actions	Update
		<p>underway to rollout and replicate the checklist approach across all 12 of CQC's core mental health services. NICE also continues to collaborate with CQC Academy Learning Consultants and Heads of Inspection to support the training, development and work of CQC Inspectors in health and social care. Key NICE guidance, quality standards and shared learning examples are being mapped against the CQC learning management system for social care 'areas of interest' to support CQC staff in just-in-time, self-directed learning. This aims to support a consistent view of what good looks like (including well-led) during inspections, and supports inspectors in signposting providers who 'require improvement' to NICE resources. The Field team will also provide a session on the use of NICE resources at 6 CQC regional events for social care inspectors. A parallel approach is being taken to support inspectors for health in acute and primary medical services in relation to key core service inspection.</p> <p>For social care, the CQC has worked very closely with NICE to support the development of the NICE quality improvement resource, which maps NICE quality standards and managing medicines recommendations against the CQC key lines of enquiry. The CQC is supporting the dissemination of the resource, which has been developed as part of the Quality Matters priority actions.</p> <p>The CQC is undertaking 20 local system reviews, focussing on older people, and looking at how people move between health and social care. NICE provided details of relevant guidance to support the development of the review methodology. NICE has also been invited to be a member of the expert advisory group overseeing the national report to be published as a result of the reviews.</p> <p>Public Health England (PHE)</p> <p>NICE has worked in collaboration with several partners including:</p> <ul style="list-style-type: none"> • The Association of Directors of Public Health (ADPH), Local Government Association (LGA) and the RCP to develop and co-badge the PHE Guide to Delivering and Commissioning Tier 2 Adult Weight Management Services.

Objective	Actions	Update
		<ul style="list-style-type: none"> • The Royal College of Paediatrics and Child health (RCPCH), the ADPH and the RCP to develop and co-badge the PHE Guide to Delivering and Commissioning Tier 2 Weight Management Services for Children and their Families. <p>NICE supported PHE in identifying relevant NICE Pathways and guidance for use in the update of their best practice guidance for the national NHS HealthCheck programme.</p> <p>NICE attended the PHE annual conference in September, contributing a session on how to use NICE resources to make the case for prevention with STPs.</p> <p>The Field team is establishing collaborative projects with colleagues from PHE. The projects aim to support STPs with cardiovascular disease (CVD) prevention, resulting in 'system-wide offers' being developed across all regions, with other partner organisations also becoming involved. The recent 'size of the prize' infographics produced for every STP is expected to add extra impetus. Examples of progress include:</p> <p>North region:</p> <ul style="list-style-type: none"> • Developing a system support offer for STPs about CVD prevention. This has included involvement from PHE, NHS RightCare, the AHSN and clinical network. <p>Midlands and East region:</p> <ul style="list-style-type: none"> • Providing a regional ALB support offer for STPs. • Advising on to the West Midlands atrial fibrillation strategy. • Supporting the East Midlands prevention strategy – implementation. • Supporting the implementation of the East Midlands prevention strategy. <p>London:</p> <ul style="list-style-type: none"> • Collaborating with the British Heart Foundation and PHE to develop a support package for London STPs. This links to London Hypertension Leadership Group. • Contributing to the Pan London AF toolkit, which was developed in conjunction with the 3 AHSNs.

Objective	Actions	Update
		<p>South region:</p> <ul style="list-style-type: none"> • Being a member of the CVD prevention board and providing a workshop on behaviour change. <p>Journal of Public Health</p> <p>The Journal of Public Health includes regular articles, either summarising recently published guidance relevant to public health audiences or addressing particular themes, for example, health and wellbeing in the workplace. An article summarising the NICE air pollution guidance will feature in the next edition.</p> <p>GP Federations</p> <p>The Field team is building relationships with GP Federations in order to better understand their use of NICE guidance, quality standards and indicators:</p> <p>North region</p> <ul style="list-style-type: none"> • The Field team is working with the Manchester Primary Care Federation to develop a resource on frailty. • The Primary Care Cheshire Federation is using the NICE quality standard on diabetes to support a Local Enhanced Scheme and CQUIN. <p>Midlands and East region</p> <ul style="list-style-type: none"> • The Transformation at South Doc Services, Birmingham, is keen to work with the Field team to explore ways of using NICE guidance and quality standards to help drive and measure improvement work within the GP Federation.
		<p>Association of Directors of Adult Social Services (ADASS)</p> <p>The Field team has delivered a number of sessions to ADASS networks which focussed on how NICE guidance, standards and advice can drive quality and safety in social care. Slots have been secured in network newsletters to raise awareness of new resources and to encourage stakeholder engagement with guidelines and standards during their</p>

Objective	Actions	Update
		<p>development. Masterclasses on workplace health have been also delivered. A number of work streams have arisen as a result of these engagements including:</p> <ul style="list-style-type: none"> • The Pan London quality improvement project, which uses a subset of quality standards for quality assurance for home care and bed based care, based on NICE quality standards. This work has been used to develop the NICE quality improvement resource for social care launched on 9th October. • The Towards Excellence in Adult Social Care (TEASC) Risk Awareness Self-Assessment tool in the North West which uses NICE guidance and quality standards to underpin and reference the new risk awareness self-assessment tool. The tool specifically focusses on NICE guidance in the sections covering safeguarding, performance outcomes, commissioning and quality. The tool will support councils to be aware of the risks that face adult social care and to identify issues that can be addressed through a sector-led approach. The document also encourages submissions to NICE's shared learning programme. <p>Following a presentation to Local Authorities in the East of England on 'NICE: Supporting safety and quality in social care', discussions have taken place about how NICE guidance and quality standards could be used locally to help inform sector led improvement work.</p>
		<p>Skills for Care</p> <p>7 regional events have been delivered by the field team and the regional technical advisor in conjunction with Skills for Care. Further links will be developed with the Skills for Care locality managers and future events are being planned for other parts of the region. As an example of the impact of these engagements, the Bradford Registered Managers network is now using the guideline on Oral health in care homes and the associated quick guide resource to support professional education and supervision. NICE resources are also being used to develop a policy and supporting checklist on managing medicines in the community by Bradford Council for home care providers, based on the NICE guideline on Managing medicines in the community.</p>

Objective	Actions	Update
		<p>NICE quality improvement resource: adult social care</p> <p>NICE has worked with a coproduction group, including local authority commissioners, national provider organisations, CQC, Skills for Care and London ADASS, to map all relevant NICE guidance against the new CQC key lines of enquiry. The resource is available as an excel spreadsheet to download for local use. It is aimed primarily at commissioners but may also be useful to providers. The resource was launched during the week of the National Children's and Adults' Services conference in October as part of the Quality Matters initiative. A communications plan has been developed with support from the coproduction group to publicise and disseminate the resource, and the ADASS President has provided a supportive quote.</p>
		<p>Care Improvement Works</p> <p>Care Improvement Works is a web resource offering adult social care providers access to relevant guidance and tools, mapped against the CQC inspection framework. Care Improvement Works content has been remapped against the new CQC key lines of enquiry. New guidance and links to the NICE quality improvement resource have also been added as part of the October update. NICE has worked with Skills for Care and Social Care Institute for Excellence (SCIE) to publicise the updated resource which is aimed at providers.</p>
		<p>Voluntary and Community Sector</p> <p>NICE has conducted a baseline evaluation of the use of NICE guidance and other products in the websites of the 14 charities of the Richmond Group and used this as a foundation for discussing opportunities to work more closely together.</p> <p>NICE is working with its national partners, at a regional level and with relevant charities following the renewed emphasis on CVD prevention as set out in the Next Steps for the Five Year Forward View. This includes work with the British Heart Foundation, which aims to ensure that NICE guidance is central in plans to:</p>

Objective	Actions	Update
		<ul style="list-style-type: none"> • Improve detection of atrial fibrillation and prevent stroke • Capture and treat those with hypertension • Identify and treat people with familial hypercholesterolaemia. <p>Following a meeting of the reference group for the CVD prevention audit and decision support tool, it has been agreed that NICE quality standards and indicators will be the starting point for identifying the content of the audit.</p>
Evaluate the impact and uptake of Health and Social Care products and services and ensure that guidance and standards meet the needs of our audiences	Produce a twice yearly uptake and impact report	<p>As a transition to producing topic-based reports on the impact of NICE guidance on practice, a report on chronic kidney disease (CKD) has been completed and will be published on the 'Measuring the use of NICE guidance' page on the NICE website. The report shows that in the last year, kidney function was recorded in 81% of people on the CKD register, and the proportion of people presenting late to renal services has decreased from 22% in 2008 to 16% in 2015. However, blood pressure targets were met in 53% of people with CKD and in only 29% of people with CKD and diabetes.</p> <p>In July 2017, NICE published an updated CKD quality standard which identifies 3 priority areas for improvement: identification and monitoring, blood pressure control and offering statins to people with CKD. The first topic based report in the new format will be produced in January 2018.</p>
	Consult with the research community through the Implementation Strategy Group	<p>NICE is actively engaging with research institutions that propose to carry out research on interventions to support service guideline implementation.</p> <p>Two new members have been invited to join the Implementation Strategy Group. One member can provide a research perspective about the role of patients and the public in facilitating the implementation of evidence-based guidelines into practice, and one with experience of social care.</p>
Promote NICE's work and help users make	Deliver 50 shared learning examples	21 shared learning examples have been published since April which is in line with planned performance.

Objective	Actions	Update
<p>the most of our products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact through regular evaluation</p>	<p>Deliver 30 endorsement products</p>	<p>16 endorsement statements have been approved since April, in line with planned performance.</p>
	<p>Redesign the current resource used by practitioners to help make savings, improve productivity and promote optimal use of interventions</p>	<p>A draft policy proposition, based on the cost-saving NICE guidance on chest pain, has been discussed with NHS England. The potential for the proposition to support commissioning policy on interventions of limited clinical effectiveness is being explored.</p>
	<p>Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision-Making Collaborative</p>	<p>Actions from the Shared Decision-Making (SDM) Collaborative are being progressed in relation to musculoskeletal conditions and in widening patient participation. This follows extensive internal reorganisations of work programmes relating to shared decision-making within NHS England. A formal referral for a guideline on best practice in shared decision-making has been made. The Quality Standards team are collating all quality statements in relation to shared decision-making to produce an interim SDM Quality Standard. This year, the Medicines and Technologies Programme and colleagues in the Public Involvement and Publishing teams, have produced 2 decision support tools:</p> <ul style="list-style-type: none"> • Bisphosphonates for treating osteoporosis • Hormone treatment for endometriosis.
	<p>Develop the resource impact team to enable it to deliver the budget impact assessments as part of the TA and HST programmes</p>	<p>A total of 34 company submissions have been received by NICE since April. A budget impact test has been completed for all.</p>

Objective	Actions	Update
Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders	Support NHS England to deliver the digital IAPT (Improving Access to Psychological Therapies) pilot programme	<p>The delivery of the first IAPT Assessment Briefing, due in September, was delayed due to purdah.</p> <p>Two IAPT assessment briefings (IABs) were developed and presented to the IAPT expert panel in September. Two of seven further technologies have been selected for potential IAB development.</p>

Figure 1 Performance against plan for Health and Social Care Directorate key publication outputs for period April to October 2017

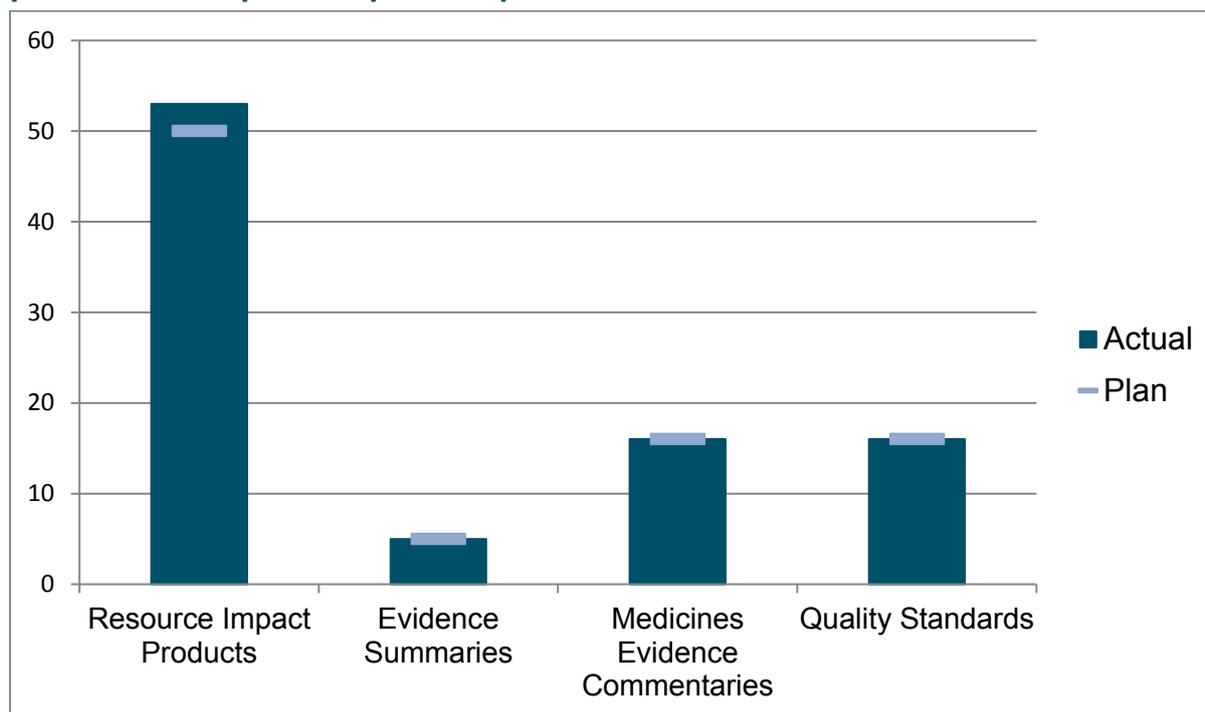
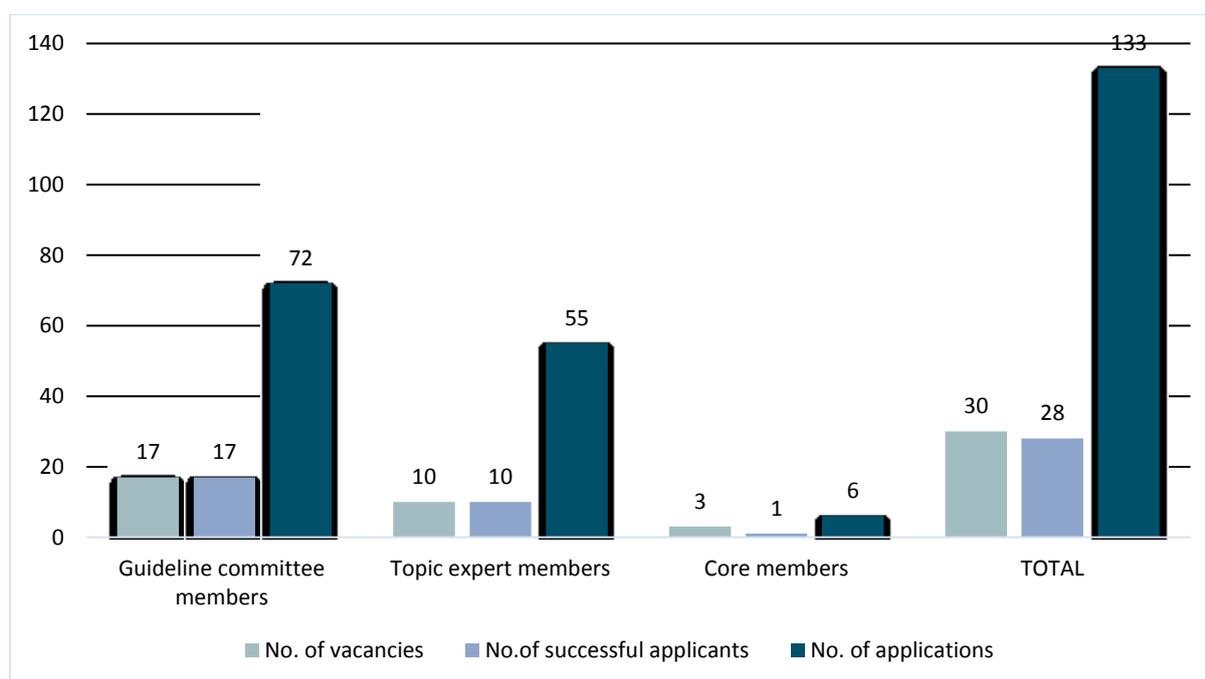


Figure 2 Patient & public committee member recruitment for the period April to October 2017



5. Overall, the ratio of applications to vacancies was 4.4:1 (133 applications for 30 positions), the target being 2:1 or greater. 48 people have been identified to give testimony to NICE's committees, and 8 topic expert committee members have also been identified.

Notable Developments

This section includes significant developments or issues that occurred during September - October 2017.

Health system developments

6. NICE has responded to a White Paper consultation from the Welsh Government on 'Services fit for the future - Quality and Governance in health and care in Wales'. Particular areas of interest to NICE were the wish to strengthen the voice of the citizen and build more accountability and challenge into the system. Feedback highlighted that NICE guidance and quality standards can support their recommendations.
7. NICE participated in the most recent joint working group meeting on repurposing medicines, led by the Department of Health and chaired by the Association of Medical Research Charities. The group comprises representatives from industry including the Medicines and Healthcare Products Regulatory Agency, patient organisations and NHS England. The group focused on finalising a report for ministers to facilitate the adoption of off-patent, repurposed medicines into NHS clinical practice.

National Clinical and Pharmacy Fellows schemes

8. NICE is in its 9th year of hosting National Clinical Fellows. Contact has been made with all of the 12 previous fellows to determine enthusiasm for an alumni event, and they are all keen to get together. The event, in the early stages of planning, will provide an opportunity to hear feedback on how the scheme and the year spent at NICE has influenced subsequent career development as well as allowing for more informal networking.
9. The first pharmacy clinical fellow on placement at NICE during 2016/17 contributed to 2 important projects related to patient safety:
 - Publication of the Royal College of Physicians guide 'Supporting junior doctors in safe prescribing'. The guide is aimed at junior doctors who are prescribing in hospitals and is built on published evidence and best practice.
 - Establishment of a more systematic mechanism to enable the routine consideration of MHRA drug safety updates during surveillance and update processes for NICE guidance.

Health and wellbeing in the workplace

10. NICE has been working with the health and wellbeing team at NHSE to ensure that NICE guidance is at the heart of their support for secondary care demonstrator sites. This has resulted in NICE guidance being embedded in the updated CQUIN guidance on health and wellbeing published in October.

User research project

11. An online national implementation survey was launched in September. The survey will use feedback from NICE users to inform future improvements to NICE products and services and support from key national partners has been sought in achieving a more extensive response. A report outlining the final results is due to be delivered to the Health and Social Care Director at the end of November.

Indicator process manual

12. The review of the indicator process guide will be deferred from Quarter 1 2017-18 until April 2018 to take into account the ongoing review of the Quality and Outcomes Framework (QOF). NICE is supporting the review of the QOF through both membership of the QOF Advisory Group and participating in a number of workshops to inform discussion of the advisory group.

Risks

13. No risks have been identified since the last report to the Board.

Appendix 1 Guidance published since April 2017

The table below provides a list of guidance and advice produced between April and October 2017. For the Health and Social Care Directorate this includes adoption support products (ASP), evidence summaries (ES), IAPT assessment briefings (IAB), medicines evidence commentaries (MEC), mental health care pathways (MHCP), quality standards (QS) and social care quick guides (SCQG).

Guidance title	Publication date	Product
SecurAcath for securing percutaneous catheters	June 2017	ASP
Evidence review: Zinc salts for Wilson's disease	September 2017	ES
Early breast cancer (preventing recurrence and improving survival): adjuvant bisphosphonates	July 2017	ES
Preventing recurrence of Clostridium difficile infection: bezlotoxumab	June 2017	ES
Obese, overweight with risk factors: liraglutide (Saxenda)	June 2017	ES
Non-cystic fibrosis bronchiectasis: inhaled tobramycin	April 2017	ES
Risk of death among users of Proton Pump Inhibitors: a longitudinal observational cohort study of United States veterans	October 2017	MEC
Topical Corticosteroid Phobia in Atopic Dermatitis: A Systematic Review	October 2017	MEC
Switching to biosimilar infliximab in people with stable disease	September 2017	MEC
New MHRA drug safety advice: June to August 2017	September 2017	MEC
Patient preferences for cardiovascular preventive medication: a systematic review	August 2017	MEC
Hyperlipidaemia: clinical outcome data for evolocumab	August 2017	MEC
Statin adverse effects: study suggests people are more likely to experience muscle aches and pains if they are expecting them	July 2017	MEC
Pain management: Initial opioid prescriptions and likelihood of long-term opioid use	July 2017	MEC
New MHRA drug safety advice: March to May 2017	July 2017	MEC
Medicines adherence: medicines problems associated with use of multicompartiment compliance aids in a UK community setting	June 2017	MEC
Depression treatment and mortality after myocardial infarction	June 2017	MEC

Guidance title	Publication date	Product
Statin therapy: could liver function monitoring be reduced	May 2017	MEC
Stopping or reducing antipsychotics in people with learning disabilities who have challenging behaviour	May 2017	MEC
Bioequivalence between biosimilar and reference tumour necrosis factor–alpha inhibitors	April 2017	MEC
Biosimilar infliximab: a successful managed switch programme in people with inflammatory bowel disease	April 2017	MEC
Primary prevention of stroke and transient ischaemic attack: UK observational study suggests under-prescribing of prevention medicines	April 2017	MEC
Cerebral palsy in children and young people	October 2017	QS
End of life care for infants, children and young people	September 2017	QS
HIV testing: encouraging uptake	September 2017	QS
Physical health of people in prisons	September 2017	QS
Rehabilitation after critical illness in adults	September 2017	QS
Sepsis	September 2017	QS
Transition between inpatient mental health settings and community or care home settings	September 2017	QS
Low back pain and sciatica in over 16s	July 2017	QS
Chronic kidney disease in adults	July 2017	QS
Oral health in care homes	June 2017	QS
Haematological cancers	June 2017	QS
Liver disease*	June 2017	QS
Multimorbidity	June 2017	QS
Violent and aggressive behaviours in people with mental health problems	June 2017	QS
Osteoporosis	April 2017	QS
Understanding intermediate care, including reablement	October 2017	SCQG
Moving between hospital and home, including care homes	September 2017	SCQG
Recognising and preventing delirium	July 2017	SCQG
Building independence through planning for transition	June 2017	SCQG

*NB: these quality standards combine 2 or more referred topics. Therefore the numbers in this list will not correlate with data in the graphs, which report on publication of referred topics.

Appendix 2 Strategic Engagement Metrics

National Metrics			
Organisation(s)	Strategic Metric	Progress Against Target	Progress Update
Care Quality Commission (CQC)	100% NICE guidance and quality standards are referenced in each of the new health and adult social care assessment frameworks for the CQC's key question around effectiveness	Complete	Metric achieved. NICE referenced in the new CQC health & adult social care assessment frameworks. Work continues to embed NICE guidance further in different tiers of the framework.
NHS England	NICE guidance, quality standards and other products are referenced in NHS England's Right Care 'intelligence' products	Complete	Delivery scheduled for end Q2. References noted in one product during September.
NHS Improvement	Partnership agreement in place with NHS Improvement outlining an action plan around key activities for 2017/18		The partnership agreement has been developed and is awaiting sign off from NHSI.
Royal Colleges	NICE guidance and quality standards are referenced in 6 different Royal College curricula, exams or learning resources	Complete	Nine Royal Colleges have referenced NICE. Planned review in Q4 to ensure achievement of metric has been maintained.
Ofsted	Principles of engagement in place with Ofsted outlining an action plan around key activities for 2017/18	Complete	Principles of engagement and an action plan are in place. Additional engagement on Child abuse and neglect guideline welcomed by Ofsted. Ofsted Chief Inspector to join next strategic meeting between NICE and Ofsted.
Skills for Care	NICE social care guidance and quality standards relevant to adults are all available on the Care Improvement Works (CIW) web resource		A review of CIW content was undertaken in October, mapped against the new CQC KLOEs. NICE content is also aligned with content in the new NICE Quality improvement resource. As a result, 12 additional pieces of guidance have been identified and included on the CIW website (making a total of 37)
Public Health England (PHE)	NICE guidance and quality standards are referenced in 80% of national level Public Health England publications where relevant		Review of PHE publications published since 1/4/17 undertaken. Initial findings indicate that more than 80% of relevant national publications reference NICE guidance and quality standards.

National Metrics			
Local Government Association (LGA)	NICE or its products are referenced in 4 'newsletters' issued by the Local Government Association, covering public health and social care		NICE referenced in 3 LGA publications since April 2017; 2 more than planned: - The 'Air pollution: outdoor air quality and health' guideline (NG70) referenced in the September edition of the LGA's First Magazine (published in August). - Information on NICE included in the 'LGA Sector-led improvement for public health, prevention and early intervention prospectus 2017/18' (published September 2017). - The 'Intermediate care including reablement' guideline (NG74) referenced in the LGA Health and Wellbeing System Bulletin (published October 2017).
Association of Directors of Public Health (ADPH)	NICE or its products are referenced in 4 'newsletters' issued by the Association of Directors of Public Health	Complete	There have been 4 references to date. Work continues to reference NICE further in the newsletters. - April edition: NICE guideline on Sexually transmitted infections: condom distribution schemes. - June edition: Guide published by Public Health England, NICE, the LGA, the RCP and ADPH which brings together the evidence to support the local commissioning and delivery of effective tier 2 weight management services for adults. - July edition: NICE guideline on Air pollution: outdoor air quality and health. - September edition: Draft NICE guideline on Physical activity and the environment (update) out for consultation.
Regional / Local Metrics			
Care Quality Commission	NICE delivers 4 webinars and events to CQC inspectors covering health and social care		Plans in place for webinars across social care. Webinars for health to be considered. Two webinars to be delivered by end of Q3 and two in Q4.
NHS England	NICE guidance and quality standards are referenced within 80% of the implementation plans produced by the STP footprints		Identified 28 STPs are referencing NICE in implementation plans. Total of 35 to be achieved by end of Q4.
NHS England	NICE guidance and quality standards are shown to have supported 7 'Vanguards' or new care models		On target with 4 'Vanguards' or new care models supported as planned by end October.
NHS England	NICE guidance or standards are used in 8 examples of joint working with the NICE Field Team, NHS England's Right Care, and the Regional Advisers (2 in each region)		There are 4 examples of joint working to date. Delivery of this metric is due from November (4 to be delivered at the end of Q3 and 4 by end February in Q4).
Skills for Care	NICE featured in 7 regional events for social care run in conjunction with Skills for Care		NICE has featured in 7 regional events for social care (target to deliver 3 by the end of October).

Regional / Local Metrics		
Social care stakeholders (individuals)	The NICE social care Update reaches 20% more individuals on a regular basis (an additional 243 people on the mailing list)	 <p>Significant increase of 264 subscribers in October. The majority of new subscribers came from the Community Care Live conference. We have now exceeded the target for 2017/18.</p>
Local authorities	NICE guidance or quality standards used to commission social care in 5% of local authorities	 <p>Examples of the use of NICE guidance and particularly quality standards continue to be identified within relevant interactions, with 10 Local Authorities identified so far (2 more than the overall target).</p>
Local Authorities	NICE guidance, quality standards or indicators are used to support improvements in public health in 80% of Local authorities	 <p>Delivery of this metric is due in Q4. Planning underway to undertake desk top exercise. 80% of Local Authorities = 122 (total number = 152).</p>
Public Health England	NICE guidance or standards are used in 4 examples of joint working with Public Health England Centres to support local improvements in public health (1 in each region)	 <p>It has been agreed with the PHE Regional Directors that work will focus on CVD prevention and a project is underway with specific priorities/approaches to be agreed in each region. Some of this has progressed, but not in every region.</p>

Above monthly target		Below monthly target (expected to reach target next month)	
Meets monthly target		Below monthly target (not expected to reach target next month)	

National Institute for Health and Care Excellence

Centre for Guidelines progress report

1. This report sets out the performance of the Centre for Guidelines against our business plan objectives during September and October 2017.

Performance

2. 4 clinical guidelines, 1 public health guidelines, 2 social care guidelines, 1 antimicrobial prescribing guidelines (managing common infections) and 7 surveillance reviews were published. Variation from the Business Plan targets are explained in Table 1.

Table 1 Performance update for September and October 2017

Objective	Actions	Update
To publish 34 guidelines, which includes, 25 clinical, 3 public health, 3 managing common infections, and 3 social care.	4 clinical, 2 social care and 1 public health and 1 Managing common infection guideline published in September and October 2017.	<p>Familial Hypercholesterolaemia: identification and management (CG71) was due to publish in October 2017 but was delayed until November 2017 to allow for a meeting with NHS England (NHSE) and Public Health England (PHE) prior to publication.</p> <p>Asthma diagnosis and monitoring and chronic asthma management (CG80) was due to publish in October 2017 but was delayed until November 2017 to allow for a meeting with NHSE and PHE prior to publication.</p> <p>To note, 2 guidelines referred on Asthma, Asthma: diagnosis and Asthma: management were combined into 1 guideline publication. The new combined guideline title is Asthma: diagnosis, monitoring and chronic asthma management (NG80).</p>
To publish 56 surveillance reviews, which includes, 45 clinical, 10 public health and 1 social care.	7 Surveillance Reviews were published in September and October, which includes, 1 PH topic and 6 Clinical.	Surveillance reviews on Behaviour change (PH6) and Behaviour change: individual approaches (PH49) were due to publish in October 2017 and were delayed to allow for a meeting with PHE.

Objective	Actions	Update
		Surveillance review on Hepatitis B and C testing: people at risk of infection (PH43) was due to publish in October and was delayed until November 2017.
To refine and implement new methods and processes to accelerate the development of updated guidelines.	<p>Establish 6 internal capacity slots updating guidelines using new accelerated methods and processes by year end.</p> <p>Implement new staffing structure and functions.</p> <p>Review and revise methods and processes for accelerated update outputs.</p> <p>Develop and implement new scoping and post consultation validation methods and processes to support the development of guideline updates in-house.</p> <p>Establish pre-development recruitment of guideline committee Chair / expert members to support scoping.</p>	<p>6 of the 8 internal Guideline Update Team slots now contain accelerated updates.</p> <p>The new staffing structure for the updates team is in place.</p> <p>The methods and processes for the scoping phase are complete and continues to be reviewed.</p> <p>Methods and processes for post consultation/validation phase are being developed.</p> <p>Early recruitment of experts is established.</p>
To manage contracts to time, quality and budget and further develop systems that will maintain and improve the quality of work and	Maintain delivery of quality of outputs, to time and budget through performance	All quarter 2 review meetings with contracts are either completed or in progress.

Objective	Actions	Update
<p>contribute to efficiencies, and manage the change from the existing to the new commissioning arrangements for social care guidance.</p>	<p>management through quarterly review meetings.</p> <p>Ensure appropriate risk management strategies are identified and managed.</p> <p>Efficient and sympathetic management of the non-renewal of contract with the Social Care National Collaborating Centre (NCCSC), by 31 March 2018.</p> <p>Manage the transition to the new commissioning arrangements for social care guidance.</p> <p>Work with BNF to deliver agreed KPIs to time.</p>	<p>All contractors whom have completed their review meetings remain within budget and are on target to deliver all objectives.</p> <p>Business planning for 2018/19 has commenced for all contractors.</p> <p>All contractors' risks were reviewed and appropriate mitigation is in place.</p> <p>We continue to work closely with SCIE to plan the transition of social care topics and maintain quality of outputs during the final phase of the contract. Discussions are underway with current and future contractors.</p> <p>By promoting the new, free BNF app through a well-planned communication campaign and by placing messages on the NICE BNF apps to encourage users to switch, the number of users and sessions on the new BNF app had overtaken the NICE BNF app by the end of August 2017. SMT confirmed in September that the NICE BNF app would be retired at the end of November 2017, users have been notified.</p>

Objective	Actions	Update
		<p>Distribution of print copies of BNF 74 and BNFC 2017 commenced in September and will be completed by the end of November. The number of print copies overall is being reduced this year by 9%. A communication strategy has started to encourage prescribers to share copies and to use the BNF app where possible.</p> <p>There is a delay to the printing of the Nurse Prescribers Formulary (NPF) 2017 as the content has yet to be agreed within the Department of Health.</p>
<p>To harmonise and integrate methods and processes for guideline development and quality assurance across clinical, public health and social care.</p>	<p>Establish harmonised methods and processes for stakeholder management across centre.</p> <p>Establish harmonised methods and processes for quality assurance across clinical, public health and social care guidelines.</p>	<p>All stakeholders are routinely invited to register for new clinical, public health and social care guideline topics.</p> <p>Methods and processes are being harmonised across clinical, social care and public health development and quality assurance.</p>
<p>To embed the merger of clinical, public health and social care surveillance functions, processes and methods, and develop sustainable methods and processes for reviewing guidelines.</p>	<p>Implement changed processes for surveying clinical guideline topics including continuous searching (diabetes pilot) and event tracking surveillance.</p>	<p>New draft processes for reviewing guidelines have been finalised and will be presented to SMT in November for sign off.</p>

Objective	Actions	Update
	<p>Implement new staffing structure and functions.</p> <p>Review different process designs across functions and harmonise.</p> <p>Plan the evaluation of the new processes/methods and collect necessary data to ensure they are fit for purpose.</p>	
<p>Develop sustainable methods for developing and maintaining guidelines and enhance the Centre's reputation for methodological quality and rigour.</p>	<p>To continue to develop the methods and processes of guideline development to maintain and enhance the Centre's reputation for methodological quality and efficiency in guideline development.</p> <p>Establish and maintain links and networks with external research initiatives, organisations and projects to address our methodological needs and ensure our methods continue to reflect internationally-recognised best-practice.</p> <p>Establish new staffing structure and functions to support health economics across the centre.</p>	<p>In September, 6 of our staff were well received at the GRADE working group meeting and Global Evidence Summit in Cape Town, delivering a number of workshops, oral and poster presentations.</p> <p>In September, a member of staff attended a steering group meeting of the MIROR project (Methods in Research on Research), an EU-funded PhD scholarship programme of which NICE is a partner organisation.</p> <p>Implementation of the new structure bringing together the health economic function from across CfG into a single team is continuing following the MoC exercise. We continue to struggle to recruit health economic analysts</p>

Objective	Actions	Update
	<p>Develop a NICE GP Reference Panel to advise on the scoping of guidelines.</p>	<p>to the team and are looking at alternative long term strategies for next year.</p> <p>Members of the UK GRADE Network comprising of NICE, UCL, Cochrane and the BMJ Knowledge Centre delivered an introductory GRADE training workshop in October 2017 that was attended by staff from NICE, our external development centres and Cochrane.</p> <p>The GP Reference Panel (99 GP members) has provided helpful feedback on a number of scopes, including Persistent Pain, Thyroid Disease and the update of Stroke.</p> <p>The panel has also provided feedback on Lyme Disease, Sore throat and Suspected Neurological Conditions.</p> <p>We have received positive feedback from guideline developers' regarding the value of the Reference Panel's advice for scoping new guidelines.</p>
<p>Undertake a programme of transformation activities related to guideline content, process, and methods and oversee the corporate transforming guidance</p>	<p>Embed the NICE content strategy principles and develop new presentations of guidelines to facilitate easy access for professional users and to support shared decision making.</p>	<p>Positive feedback has been received from internal staff and external stakeholders who have contributed to the development of a prototype tool to support NICE consultations.</p>

Objective	Actions	Update
development programme, ensuring the needs of all NICE teams are met.	Plan and deliver projects to support the development of structured content, management of evidence and development of guidance.	<p>Our partnership with EPPI-Centre/UCL continues, with a focus on improving the efficiency of evidence management through development of the EPPI-Reviewer tool.</p> <p>A new project aiming to develop antimicrobial prescribing guidance as structured content using the MAGICapp tool has begun.</p>
To undertake a scheduled update of 'Developing Guidelines the Manual'.	<p>Plan a scheduled update of 'Developing Guidelines the Manual' for consultation.</p> <p>Develop a plan for internal and external engagement taking into account areas for development.</p> <p>Deliver an updated 'Developing Guidelines the Manual' for implementation in 2018.</p>	<p>The update of the guidelines manual is progressing well with input from teams across NICE and a range of external experts through a newly established virtual reference group.</p> <p>The full updated manual is scheduled for Board consideration in March 2018, ahead of public consultation.</p>

Figure 2 Performance against plan for guidelines between April 2017 and October 2017

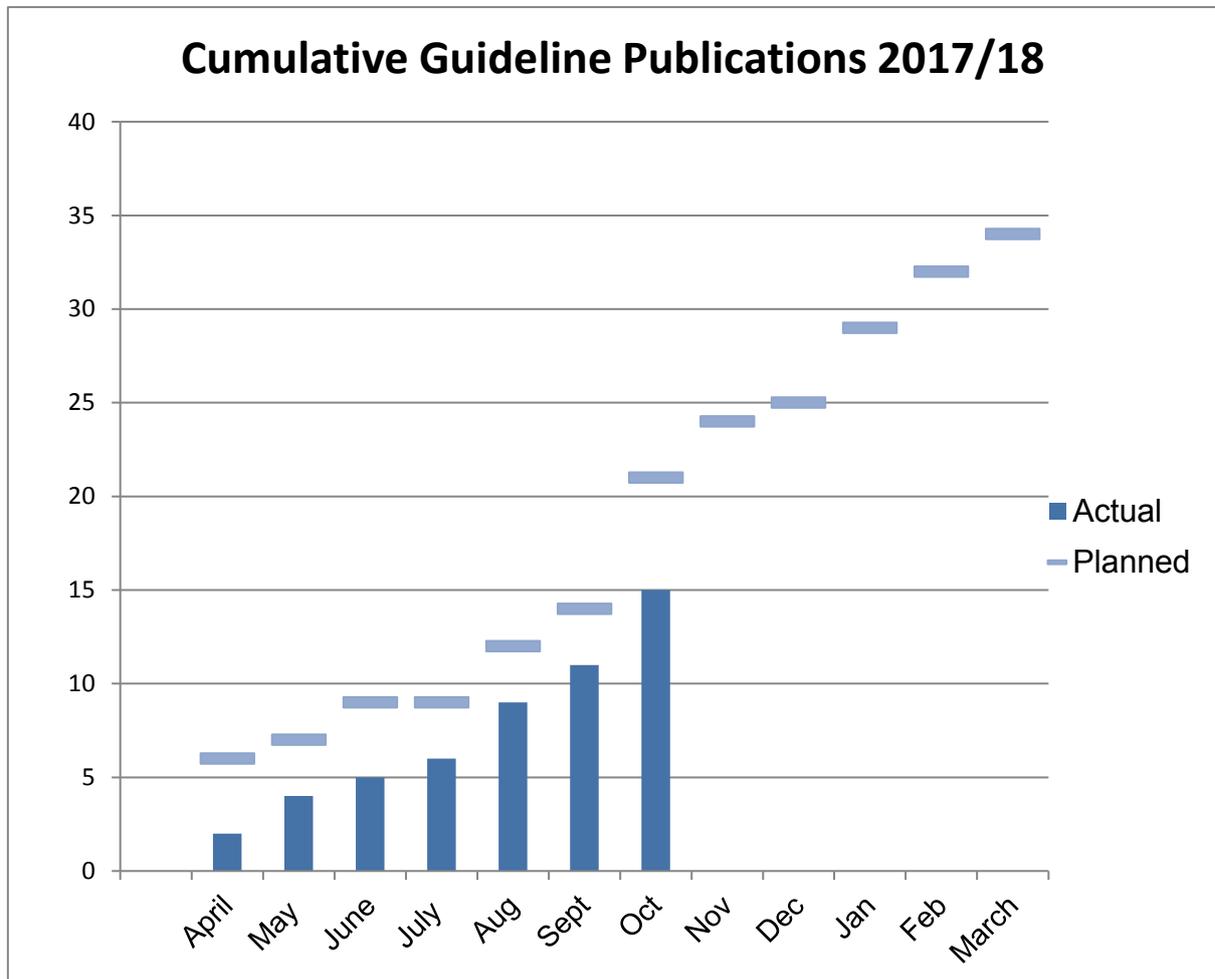


Figure 3 Performance against plan for management of common infections between April 2017 and October 2017

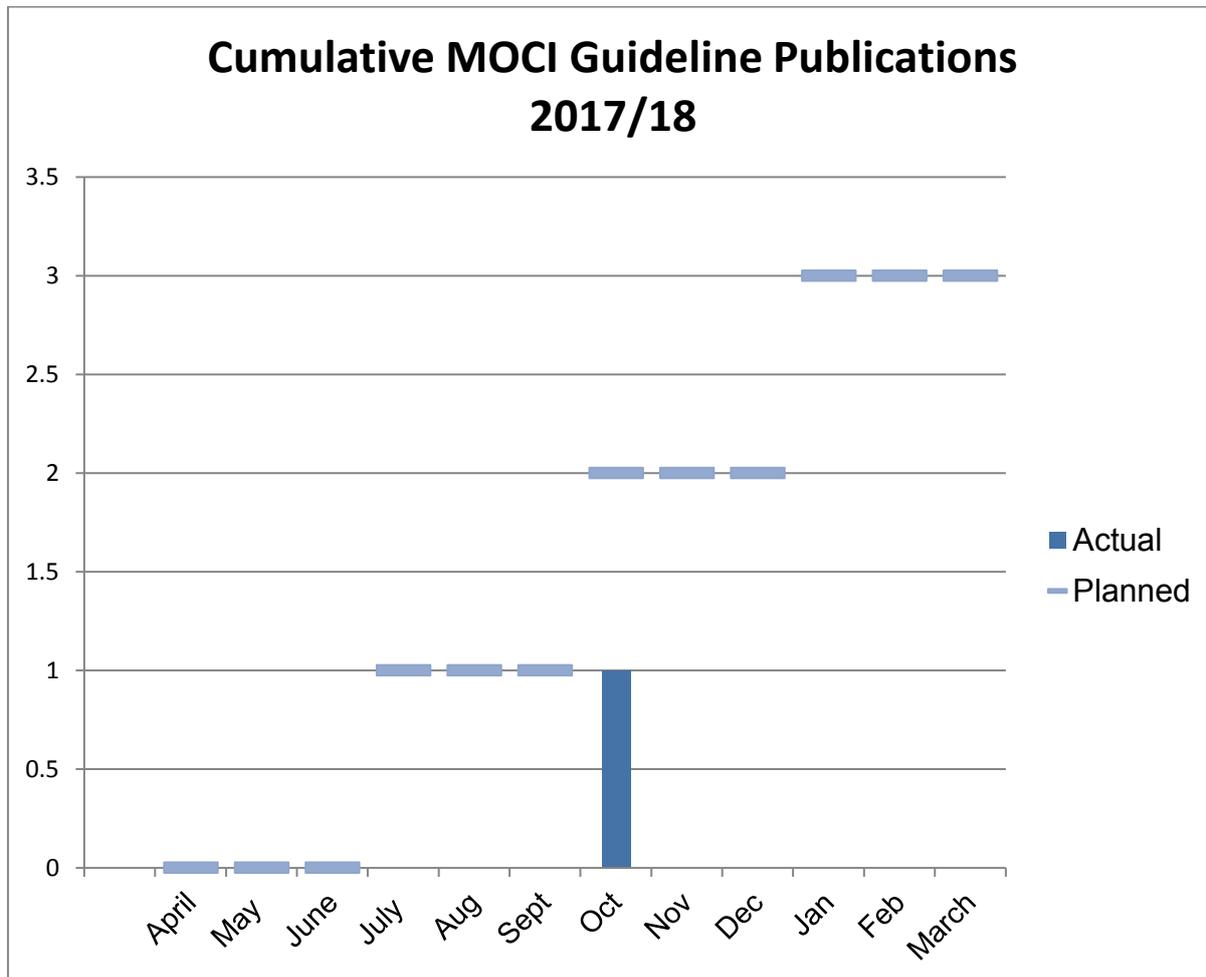
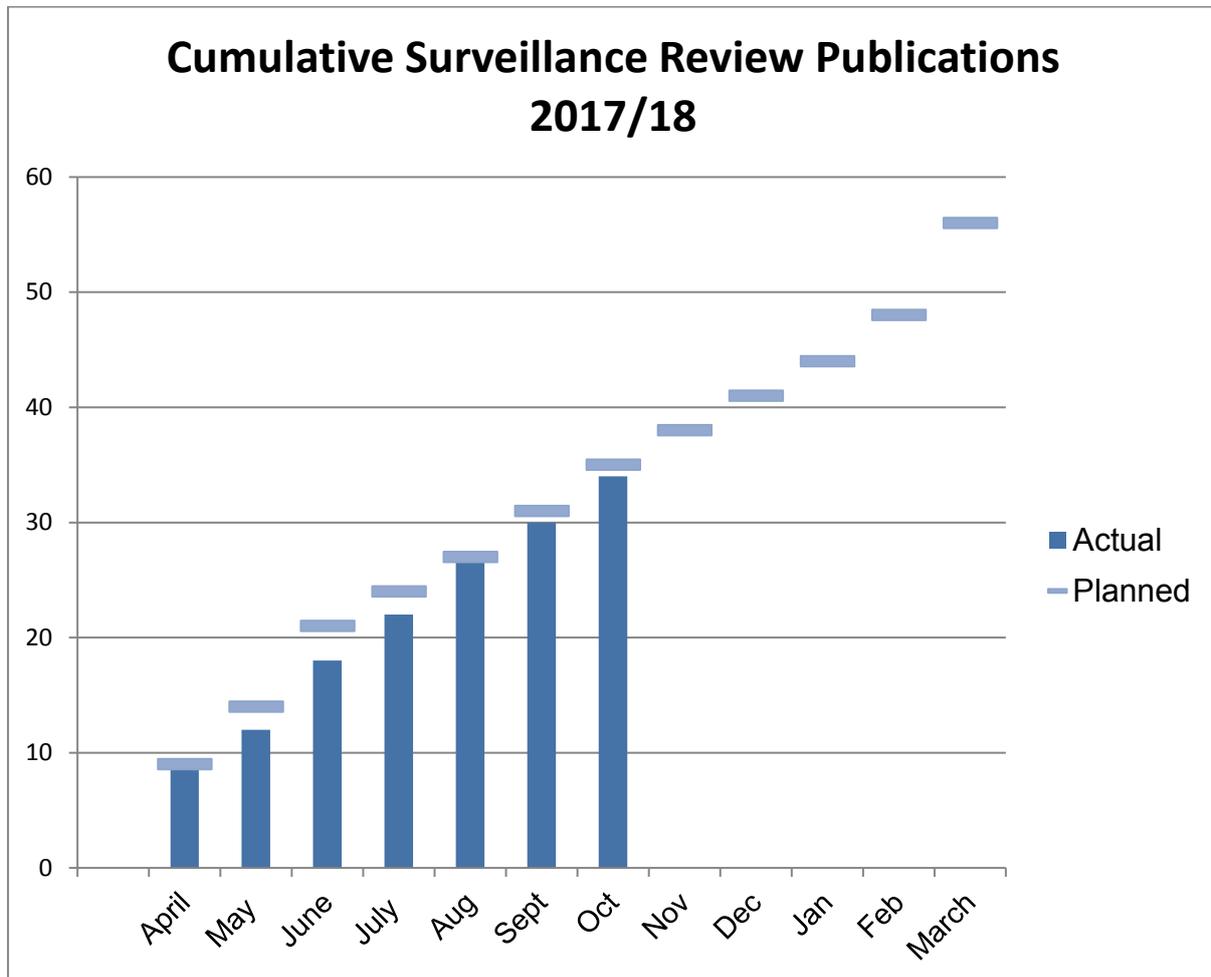


Figure 4 Performance against plan for surveillance reviews between April 2017 and October 2017



Appendix 1 Guidance published since April 2017

Guidance title	Publication date	Notes
Sexually transmitted infections: Condom distribution schemes (NG68)	April 2017	Public health guideline
Alcohol use disorders (CG100)	April 2017	Clinical guideline - Standing committee update
Hip fracture (CG124)	May 2017	Clinical guideline - Standing committee update
Eating disorders (NG69)	May 2017	Clinical guideline
Air pollution: outdoor air quality and health (PH92)	June 2017	Public health guideline
Parkinson's Disease (NG71)	July 2017	Clinical guideline
Advanced breast cancer (CG81)	August 2017	Clinical guideline - Standing committee update
Developmental follow up of children and young people born preterm (NG72)	August 2017	Clinical guideline
Urinary tract infections in under 16s (CG54)	September 2017	Clinical guideline
Intermediate care including reablement (NG74)	September 2017	Social care guideline
Endometriosis: diagnosis and management (NG73)	October 2017	Clinical guideline
Cystic fibrosis: diagnosis and management (NG78)	October 2017	Clinical guideline
Cataracts in adults: management (NG77)	October 2017	Clinical guideline
Child abuse and neglect (NG76)	October 2017	Social care guideline
Type 2 diabetes: prevention in people at high risk (PH38)	October 2017	Public health
Sinusitis (acute): antimicrobial prescribing	October 2017	MOCI

Guidance title	Publication date	Notes
Metastatic malignant disease of unknown primary origin in adults: diagnosis and management (CG104)	April 2017	Surveillance review
Fever in under 5s: assessment and initial management (CG160)	April 2017	Surveillance review
Acute kidney injury: prevention, detection and management (CG169)	April 2017	Surveillance review
Chronic kidney disease (stage 4 or 5): management of hyperphosphataemia (CG157)	April 2017	Surveillance review
Chronic kidney disease in adults: assessment and management (CG182)	April 2017	Surveillance review
Chronic kidney disease: managing anaemia (NG8)	April 2017	Surveillance review
Intravenous fluid therapy in adults in hospital (CG174)	April 2017	Surveillance review
Antisocial behaviour and conduct disorders in children and young people: recognition and management (CG158)	April 2017	Surveillance review
Patient group directions (MPG2)	April 2017	Surveillance review
Idiopathic pulmonary fibrosis in adults: diagnosis and management (CG163)	May 2017	Surveillance review
Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease (CG172)	May 2017	Surveillance review
Head injury: assessment and early management (CG176)	May 2017	Surveillance review

Guidance title	Publication date	Notes
Psoriasis: assessment and management (CG153)	June 2017	Surveillance review
Crohn's disease: management (CG152)	June 2017	Surveillance review
Ulcerative colitis: management (CG166)	June 2017	Surveillance review
Social anxiety disorder: recognition, assessment and treatment (CG159)	June 2017	Surveillance review
Antenatal and postnatal mental health: clinical management and service guidance (CG192)	June 2017	Surveillance review
Constipation in children and young people: diagnosis and management (CG99)	June 2017	Surveillance review
Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (CG32)	July 2017	Surveillance review
Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over (NG36)	July 2017	This was an exceptional review
Transition between inpatient mental health settings and community or care home settings (NG53)	July 2017	This was an exceptional review
Vitamin D: increasing supplement use in at-risk groups (PH56)	July 2017	Surveillance review
Workplace health theme: 1. Workplace health: long term sickness absence and incapacity to work (PH19) 2. Workplace health: management practices (NG13)	August 2017	Surveillance review

Guidance title	Publication date	Notes
Immunisations: reducing differences in uptake in under 19s (PH21)	August 2017	Surveillance review
Osteoarthritis: care and management (CG177)	August 2017	Surveillance review
Neuropathic pain in adults: pharmacological management in non-specialist settings (CG173)	September 2017	Surveillance review
Chronic Fatigue Syndrome/myalgic encephalomyelitis (or encephalopathy): diagnosis and management (CG53)	September 2017	Surveillance review
Atrial fibrillation: management (CG180)	September 2017	Surveillance review
Hepatitis B (chronic): diagnosis and management (CG165)	October 2017	Surveillance review
Bipolar disorder: assessment and management (CG185)	October 2017	Surveillance review
Long-acting reversible contraception (CG30)	October 2017	Surveillance review
Contraceptive services for under 25s (PH51)	October 2017	Surveillance review

National Institute for Health and Care Excellence

Centre for Health Technology Evaluation progress report

1. This report sets out the performance of the Centre for Health Technology Evaluation against our business plan objectives during September and October 2017.

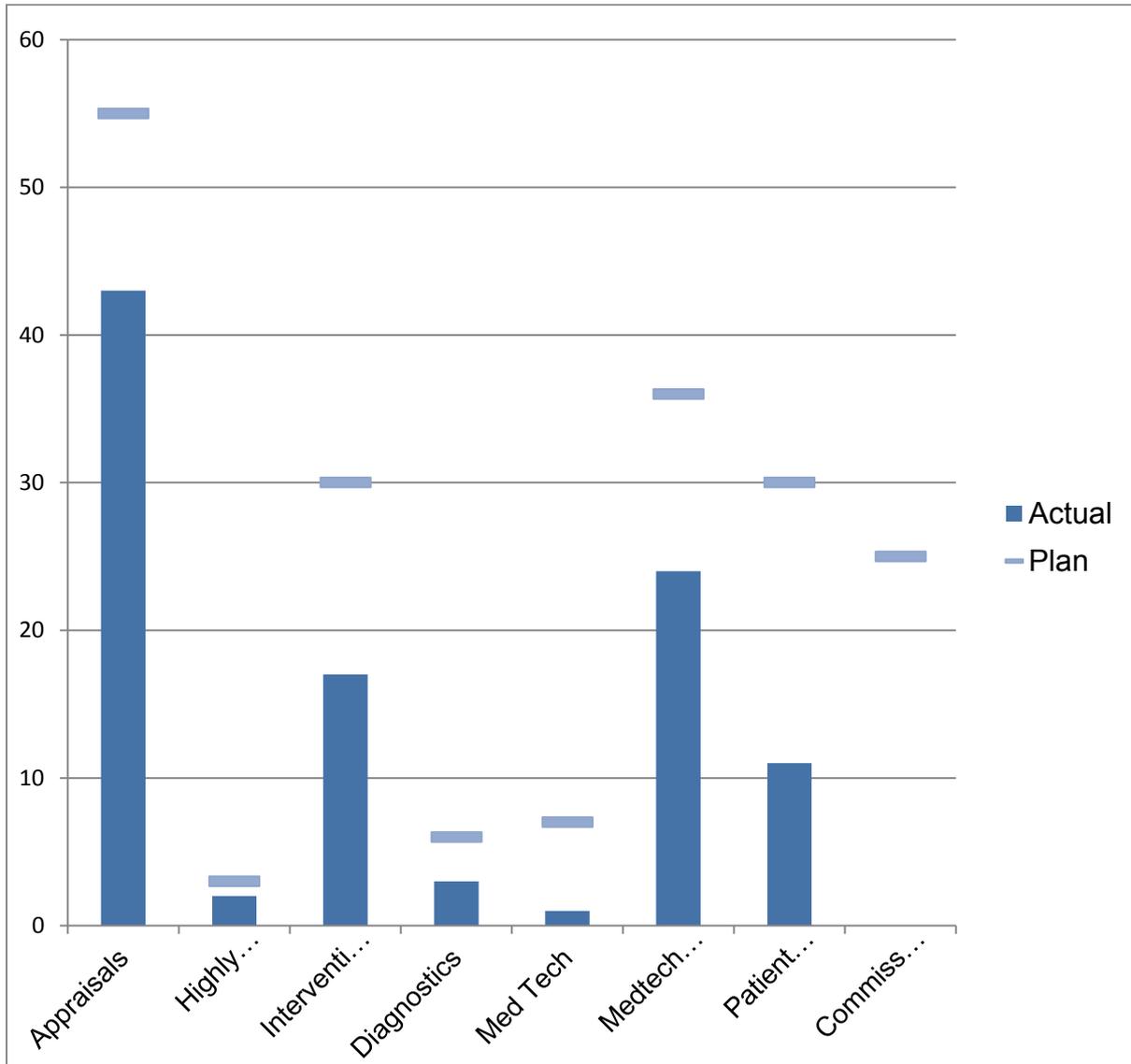
Performance

Table 1 Performance update for September - October 2017

Objective	Actions	Update
Publish 55 technology appraisals guidance (including up to 15 CDF reconsiderations)	9 pieces of guidance published	On target to publish more than 55 pieces of guidance in 2017/18 (currently anticipated to be 65)
Publish 30 interventional procedures guidance	4 pieces of guidance published (Interventional Procedures Guidance)	On target to publish 30 pieces of guidance in 2017/18
Publish 6 diagnostics guidance	No diagnostics guidance was published in September or October 2017.	On target to publish 4 pieces of guidance in 2017/18. One assessment has been extended to allow for additional work and one will be discussed at a further committee meeting following changes to the initial recommendations. Both topics will now publish in 2018/19.
Publish 3 highly specialised technologies guidance	No HST guidance published in September or October 2017 (non-planned)	On target to publish 3 pieces of guidance in 2017/18
Publish 7 medical technologies guidance	No medical technologies guidance was published in September or October.	Planned to publish 6 pieces of guidance in 2017/18. Additional work has been needed on the first guidance update process for MTG1 Sequent Please

Objective	Actions	Update
		which will now publish in 2018/19
Publish 36 Medtech Innovation Briefings (MIBs)	9 MIBs published	On target to publish 36 MIBs in 2017/18
Submit advice to ministers on 30 Patient Access Schemes	8 pieces of advice to Minister have been issued during September and October.	On target to produce 30 pieces of advice to the Minister for 2017/18.
Deliver up to 25 Commissioning Support Documents	Commenced work for all topics referred to the programme (10 topics).	Clinical evidence reviews completed and policy working groups held for first 3 topics on the work programme. 1st submission to NHS England Clinical Panel occurred on 04/10/17.
Effective management of Scientific Advice income generated activity	8 complete and 13 live advice projects in progress to date 9 speaking engagements	6 further advice projects planned for 2017/18 10 further speaking engagements planned for 2017/18

Figure 1 Performance against plan for Centre for Health Technology Evaluation in April to October 2017



Key developments and issues

Office for Market Access

2. The Office for Market Access continue to deliver successful engagement services. In September 2017, the first multi-product engagement meeting service was delivered. There are a number of other types of engagements scheduled including an International Healthcare training session and a joint post-NICE guidance multi-stakeholder engagement for two companies.

Scientific Advice

3. Scientific Advice continues to progress the delivery of the META tool service. In October, NICE Scientific Advice held three META facilitation sessions with NICE acting as facilitator. The facilitation sessions are held with devices and diagnostics companies who have requested an evidence gap analysis on their product development plans using the META tool service.
4. In September and October 2017, NSA delivered two further META training days with potential external licensees. In addition to the META tool, NICE Scientific Advice is currently piloting the first PRIMA service (PReliminary Independent Model Advice) to establish the timelines and fee structure for the service. The PRIMA service will be fully active from November 2017.
5. The Scientific advice AdviseME prize closed on October 13th and a total of 20 applications were received for shortlisting.
6. Scientific Advice also continues to have a healthy pipeline of standard project bookings in addition to a number of requests for speaking events and site visits.

Medical Technologies Evaluation Programme

7. The first Medtech Innovation Briefing including multiple products is planned to be published on 31 October. The briefing summarises technical and other information on software technologies designed to automate the process for monitoring patient and staff exposure to ionising radiation.
8. Several other 'multiMIBs' are in development and we expect that they will, at steady-state, account for up to about a quarter of MIB output. MTEP carried out user survey on MIBs during 2016, including industry stakeholders, and received feedback that MIBs describing multiple technologies would be a desirable addition to current outputs.
9. The first two proof-of-concept health apps briefings (HABs) were published on 6 November.

Diagnostics Assessment Programme

10. The inaugural chair of the diagnostics advisory committee, Professor Adrian Newland, retired at the end of September 2017. Dr Mark Kroese (the previous vice-chair) has been appointed as chair until March 2019.
11. The update of DG4 was originally planned to publish in this business year and will now publish in April 2018. This is partly because a second consultation was needed and partly because the scheduling of 3rd committee discussion was adjusted to take account of the diagnostic programme technical and project team input to the technology appraisal of pembrolizumab.
12. The Diagnostic Assessment Programme are currently providing support (technical analyst, technical adviser, project manager and administrator) for the following Technology Appraisal topics:
 - a. ID1062; Pembrolizumab for treating relapsed or refractory classical Hodgkin's lymphoma
 - b. ID937; Multiple sclerosis (relapsing-remitting) - ocrelizumab
 - c. ID938; Multiple sclerosis (primary progressive) - ocrelizumab

Interventional Procedures

13. The Interventional Procedures web page has been redesigned to allow easier navigation and location of key information.
14. The IP and Observational Data Unit teams have recently undertaken an audit of health technology registry data, which has been published in the European Journal of Public Health.¹ The project audited procedure registers against NICE's published criteria for registers recommended in Interventional Procedures guidance. These criteria include factors such as independent oversight, commitment to publish findings etc. It concluded that only a limited number of registers were mature enough to deliver evidence of sufficiently high quality and recommended that a standardised quality assessment tool is needed to evaluate registers before their recommendation for observational data gathering by decision-making bodies. The paper is the first to assess the quality of registers recommended by health technology assessment agencies.

¹ [Assessing the quality of health technology registers for national guidance development \(doi:10.1093/eurpub/ckx135\)](https://doi.org/10.1093/eurpub/ckx135)

Commissioning Support Programme

15. The programme has commenced work on all 10 topics referred to the programme by NHS England.
16. In the period covered by this report, clinical evidence reviews have been completed for the first 4 topics. Policy working groups have been formed for these topics (comprising clinicians, NHS England lead commissioners, Public Health England representatives and patient and carer representatives) and meetings have taken place to discuss the content of a draft policy proposition for submission to NHS England. The first draft policy proposition was considered by NHS England's Clinical Panel on 18 October. A decision from the panel was received, confirming that it can proceed to the next stage of development.
17. The programme, commissioned by NHS England, has been running for just over 1 year. During this time, a programme management office has been established, working relationships have been developed with a number of key partners, and discussions between NICE and NHS England have ensured alignment of technical approaches. A variety of stakeholders have provided positive feedback of their experience of working with programme team members. We will continue to work with NHS England, and other system partners, to ensure that we provide the highest level of service and expertise.

EUnetHTA

18. The annual face-to-face meeting of the NICE-led EUnetHTA Joint Action 3 work package was held at the NICE Manchester office in October. Fifty-five colleagues working in HTA across Europe attended the 2-day meeting to discuss progress and future activities and share experiences of using EUnetHTA outputs in their agency procedures.
19. NICE is leading a research project to collate HTA and reimbursement processes in the 29 countries represented in EUnetHTA and explore how agencies might engage in HTA cooperation. Consultation and data validation on the report is now complete. Data from 59 agencies has been collected. The report will be published in November with presentations of the research findings to take place at the ISPOR meeting in Glasgow in November 2017.
20. NICE is also leading a project in Work Package 5 of the EUnetHTA Joint Action 3, researching the use of observational data by HTA agencies. The first output is the development of standards for determining the quality of registers for use by HTA agencies when carrying out HTA. The standards will be piloted on "live" HTAs by a number of European HTA agencies. The European Medicines

Agency is also considering whether the standards may be of use when issuing Marketing Authorisations conditional on collection of further data.

Science Policy and Research

21. The Science Policy and Research programme has been working with two of NICE's External Assessment Centres on a scoping project to determine whether NICE is equipped to face the challenges that precision medicine will bring in the coming years. 'Precision medicine' refers to tailoring preventive or therapeutic strategies to subcategories of disease or subgroups of patients. These subgroups may differ in their baseline disease risk, their prognosis or their likely response to treatment based on genetic, environmental and lifestyle factors. The first phase of the project identified the types of precision medicine technologies and services that will emerge over the next 10 years. The second phase assessed whether, across all NICE's guidance-producing programmes, our current methods and processes are suitable for the anticipated trends. The team has identified areas where further research or methods development is needed. The Science Policy and Research programme is now working with colleagues on the Internal Research Advisory Group to develop an action plan for priority research and methods development areas.

Technology Appraisals and Highly Specialised Technologies

22. At the September 2017 Board meeting, the Board approved a public consultation on proposals to increase capacity within the Technology Appraisal programme. This consultation started on 5 October and will run until 16 November 2017. Whilst in consultation, NICE have held 2 engagement events. The first was a webinar attended by over 80 individuals. The second was a face to face workshop event, which was also well attended.

23. As reported in the previous Board report, we have implemented the arrangements for the budget impact test in both the technology appraisal (TA) and highly specialised technologies (HST) programmes. The test is used to trigger discussions about developing potential 'commercial agreements' between NHS England and companies in order to manage the budget impact of introducing high cost treatments. Thirty-one appraisal and HST topics have been assessed for the budget impact test so far. So far two topics have been identified that may trigger the budget impact test criteria.

24. In October 2017, the High Court rejected out a legal challenge by the Association of the British Pharmaceutical Industry (ABPI) against the implementation of the budget impact test and the introduction of QALYS in HST methodology.

Risks

Table 2 Risks identified for September to October 2017 are shown below

Risk	Key controls	Risk rating now	Risk rating year end
Capacity issues within the Technology Appraisal programme for the 2017/18 business year. Demand will outstrip supply.	<ol style="list-style-type: none"> 1. Develop and submit a business case for NHS England to request additional resource to increase capacity 2. Use Diagnostics Assessment Programme technical team resource within CHTE to reduce the capacity pressure in the Technology Appraisal Programme. This will delay initiation of assessment of some diagnostics topics. 	Red	Amber

Appendix 1 Guidance published since April 2017

Guidance title	Publication date	Notes
Technology Appraisals		
TA482: Immunosuppressive therapy for kidney transplant in children and young people	October 2017	
TA481: Immunosuppressive therapy for kidney transplant in adults	October 2017	
TA480: Tofacitinib for moderate to severe rheumatoid arthritis	October 2017	
TA479: Reslizumab for treating severe eosinophilic asthma	October 2017	
TA478: Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma	October 2017	
TA477: Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee	October 2017	
TA476: Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer	September 2017	
TA475: Dimethyl fumarate for treating moderate to severe plaque psoriasis	September 2017	
TA474: Sorafenib for treating advanced hepatocellular carcinoma	September 2017	
TA473: Cetuximab for the treatment of metastatic and/or recurrent squamous	August 2017	

Guidance title	Publication date	Notes
cell carcinoma of the head and neck (review of TA172)		
TA472: Lymphoma, non Hodgkin's NHL indolent, rituximab & refract) - obinutuzumab	August 2017	
TA471: Irritable bowel syndrome (diarrhoea) - eluxadoline	August 2017	
TA470: Leukaemia (chronic lymphocytic, relapsed) - ofatumumab (with chemotherapy)	August 2017	terminated
TA469: Leukaemia (chronic lymphocytic) - idelalisib (with ofatumumab)	August 2017	terminated
TA468: Constipation (opioid induced) - methylnaltrexone bromide	August 2017	terminated
TA467: Holoclar for treating limbal stem cell deficiency after eye burns	August 2017	
TA466: Baricitinib for moderate to severe rheumatoid arthritis	August 2017	
TA465: Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma	August 2017	
TA464: Bisphosphonates for treating osteoporosis	August 2017	
TA463: Cabozantinib for previously treated advanced renal cell carcinoma	August 2017	
TA462: Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma	July 2017	

Guidance title	Publication date	Notes
TA461: Roflumilast for treating chronic obstructive pulmonary disease	July 2017	
TA460: Adalimumab and dexamethasone for treating non-infectious uveitis	July 2017	
TA459: Collagenase clostridium histolyticum for treating Dupuytren's contracture	July 2017	
TA458: Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane	July 2017	
TA457: Carfilzomib for previously treated multiple myeloma	July 2017	
TA456: Ustekinumab for moderately to severely active Crohn's disease after previous treatment	July 2017	
TA455: Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people	July 2017	
TA454: Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)	July 2017	
TA453: Bortezomib for treating multiple myeloma after second or subsequent relapse (terminated appraisal)	July 2017	
TA452: Ibrutinib for untreated chronic lymphocytic leukaemia	July 2017	

Guidance title	Publication date	Notes
without a 17p deletion or TP53 mutation (terminated appraisal)		
TA451: Leukaemia (chronic myeloid, acute lymphoblastic) - ponatinib [ID671]	June 2017	
TA450: Leukaemia (acute lymphoblastic, B-precursor, relapsed, refractory) - blinatumomab [ID804]	June 2017	
TA449: Neuroendocrine tumours (metastatic, unresectable, progressive) - everolimus and sunitinib [ID858]	June 2017	
TA448: Etelcalcetide for treating secondary hyperparathyroidism [ID908]	June 2017	
TA447: Lung cancer (non-small-cell, metastatic, untreated, PDL1) - pembrolizumab [ID990]	June 2017	
TA446; Brentuximab vedotin for treating CD30-positive Hodgkin's lymphoma	June 2017	
TA445: Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs	May 2017	
TA444: Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal)	May 2017	
TA443: Obeticholic acid for treating primary biliary cholangitis	April 2017	

Guidance title	Publication date	Notes
TA442: Ixekizumab for treating moderate to severe plaque psoriasis	April 2017	
TA441: Daclizumab for treating relapsing–remitting multiple sclerosis	April 2017	
TA440: Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine	April 2017	
Highly Specialised Technologies		
HST6: Asfotase alfa for treating paediatric-onset hypophosphatasia	August 2017	Recommended with a Managed Access Agreement and commercial terms with NHS England.
HST5: Eliglustat for treating type 1 Gaucher disease	June 2017	
Interventional Procedures		
IPG594 Intramuscular diaphragm stimulation for ventilator-dependent chronic respiratory failure caused by high spinal cord injuries	September 2017	Research only
IPG593 Intramuscular diaphragm stimulation for ventilator-dependent chronic respiratory failure caused by motor neurone disease	September 2017	Do not use
IPG592 High intensity focused ultrasound for symptomatic breast fibroadenoma	September 2017	Special arrangements
IPG591 Ab externo canaloplasty for primary open-angle glaucoma	September 2017	Standard arrangements
IPG590 Biodegradable spacer insertion to reduce rectal toxicity during	August 2017	Standard arrangements

Guidance title	Publication date	Notes
radiotherapy for prostate cancer		
IPG589 Radiofrequency treatment for haemorrhoids	August 2017	Special arrangements
IPG588 Liposuction for chronic lymphoedema	August 2017	Standard arrangements
IPG587 Hysteroscopic sterilisation by insertion of intrafallopian implants	July 2017	Standard arrangements
IPG586 Transcatheter aortic valve implantation for aortic stenosis	July 2017	Standard arrangements
IPG585 Laparoscopic insertion of a magnetic titanium ring for gastro-oesophageal reflux disease	July 2017	Special arrangements
IPG584 Uterine suspension using mesh (including sacrohysteropexy) to repair uterine prolapse	June 2017	Standard arrangements
IPG583 Sacrocolpopexy using mesh to repair vaginal vault prolapse	June 2017	Standard arrangements
IPG582 Infracoccygeal sacropexy using mesh to repair uterine prolapse	June 2017	Special arrangements
IPG581 Infracoccygeal sacropexy using mesh to repair vaginal vault prolapse	June 2017	Special arrangements
IPG580 Endoscopic full thickness removal of non-lifting colonic polyps	May 2017	Special arrangements
IPG579 Irreversible electroporation for treating pancreatic cancer	May 2017	Research only
IPG578 Minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac pain	April 2017	Standard arrangements

Guidance title	Publication date	Notes
Diagnostics		
DG30 Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care	July 2017	
DG29 Multiple frequency bioimpedance devices to guide fluid management in people with chronic kidney disease having dialysis	June 2017	
DG28 Virtual chromoendoscopy to assess colorectal polyps during colonoscopy	May 2017	
Medical Technologies		
MTG34 SecurAcath for securing percutaneous catheters	June 2017	

National Institute for Health and Care Excellence

Communications Directorate progress report

1. This report sets out the performance of the Communications Directorate against our business plan objectives during September and October 2017. These Communications Directorate business objectives are closely aligned to the NICE strategic objectives.
2. The Communications Directorate is responsible for ensuring NICE's stakeholders know about how NICE's work can help to improve quality and change practice in health and social care. We help to protect and enhance the reputation of NICE through daily contact with the public, media, parliamentarians and other key groups. And we contribute to ensuring NICE content meets users' needs and is easily accessible through our website and other channels.

Table 1 Performance update for September and October 2017

Objective	Actions	Update
<p>1. CONTENT</p> <p>Curate and facilitate high quality content in the outputs from the communication directorate and across NICE (in order to help NICE achieve its high level objective to publish guidance, standards and indicators).</p>	<p>Provide expertise and training to enable teams across NICE to produce quality content.</p>	<p>Teams across the directorate contributed to the development of a hub page for the guideline on child abuse and neglect. The new style web page sets the NICE guideline in the context of other statutory functions and legislation and has received a lot of positive feedback from stakeholders.</p> <p>We also worked on the visual summary for the guideline on antimicrobial prescribing for sinusitis. This is the first of a series of guidelines on antimicrobial prescribing for common infections, developed with Public Health England. We have also developed a dedicated web page on NICE's work in this area, supporting the drive to encourage responsible prescribing to help slow antimicrobial resistance.</p> <p>The Publishing team ran a (charged-for) workshop for the Healthcare Quality Improvement Partnership on clear writing and writing recommendations.</p>
	<p>Provide communications expertise into the digital transformation project.</p>	<p>During the discovery phase of the structured guidance authoring project we worked closely with colleagues in other directorates to understand internal and external user needs, map out current guidance processes, and generate and prioritise a list of requirements that a structured content authoring tool would need to meet.</p>

Objective	Actions	Update
	Implement brand refresh and create clear brand guidelines which establish the voice and personality of NICE	Done/ongoing monitoring
	Ensure website content is up to date and accurate and deliver a rolling programme of improvements.	We have developed a significant number of new and refreshed web pages in a more engaging style. These include new pages for the Office for Market Access and our International services . To support the consultation on our draft service design guidance on learning disabilities and behaviour that challenges, we have developed a new style consultation page which is more accessible for people with learning disabilities.
	Maintain 100% of guidance in NICE Pathways and continue the programme of continuous improvement.	We continued to maintain 100% of guidance in NICE Pathways. We added a video to the NICE Pathways Help tab, showing how to use NICE Pathways.
	Expand on use of new online interactive and multimedia software packages such as 'Shorthand' to present our new guidance to media and other stakeholders	We continue to use rich multimedia content including in-depth stories about our sepsis work (for world Sepsis day), child abuse and neglect , and cataracts . We are also developing animations to create novel and engaging content for use across all our social media platforms. We are currently developing a new instagram feed for our work (follow @nicecomms).
	Provide communications expertise for NICE's support in shared decision making	For the information for the public tab for the sinusitis guideline we included diagrams aimed at helping health professionals and patients discuss the likely benefits and side effects of taking antimicrobials for sinusitis. We are running a pop-up survey on the page to get feedback on how useful find this.

Objective	Actions	Update
<p>2 ENGAGEMENT</p> <p>Create a structured and coordinated approach for working with and listening to stakeholders</p>	<p>Roll out a customer relationship management (CRM) system to support and monitor engagement with stakeholders and to help deliver tailored communications</p>	<p>The contract to produce a design specification for the new CRM was awarded to Seelogic in October. The initial project kick-off meeting took place in October and a series of business process workshops, designed to shape system requirements, are scheduled to take place in November. The tender for the build phase is expected to be sent out in December.</p>
	<p>Develop a new interactive online newsletter with content tailored for key audiences</p>	<p>Our new team content producer is reviewing the format of the NICE News newsletter. He has made some changes to the current template to help readers find our guidance more easily.</p>
	<p>Develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content to their needs</p>	<p>We are working on a project to develop landing pages for different audience groups. We have identified social care and the life sciences as priority groups to pilot this new approach.</p>
	<p>Deliver a programme of events and speaking engagements to enable NICE to engage directly with key audiences on priority topics</p>	<p>NICE hosted an exhibition stand at 6 events in September and October, including the RCGP Annual Conference, at which David Haslam gave a keynote speech to 1,600 primary care professionals.</p> <p>NICE staff and committee members delivered 25 presentations and speeches at a wide variety of conferences and events across the UK in September and October.</p>
	<p>Implement social media strategy to increase engagement and drive traffic to corporate content</p>	<p>Our social media traffic and engagement continues to increase. In October, we developed plans for our first Facebook Live event on antimicrobial resistance as part of world antibiotic awareness week. The Live will transmit in mid-November on our Facebook channel.</p>

Objective	Actions	Update
	Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management	The most viewed online news stories were on learning disabilities in October (2,829 views), and in September on endometriosis (2,795 views).
3. ADOPTION and IMPACT Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact through regular evaluation	Use graphics and images to help explain guidance and related products	The sinusitis guideline was the first for which we used a graphic on the guidance overview page . We intend to make more use of graphics in the future. We have a pop-up feedback survey running on this page.
	Build on the new Social Care Quick Guides, develop new online summaries for other forms of guidance which are short, concise and use infographics and multimedia techniques	The media team is exploring ways to use video clips and other digital content in support of the implementation teams. Clustered in themes, these will directly support our guidance and help to explain our work to key audiences - including clinicians, carers, patients and service users.
	Using external comms and marketing to explain NICE internal methods and processes, and work programme to interested stakeholders	We supported the Chair with briefings for the Academy of Medical Royal Colleges, Royal College of General Practitioners and the Royal College of Psychiatrists. We placed articles in a number of stakeholder newsletters - including the ADPH and Skills for Care. The Care Quality Commission's internal bulletins featured our Quality Improvement Resource. The resource was also on the Wired website (the UK's No.1 Government and public sector news alerting service). We worked on a submission for the House of Lords Science and Technology Committee's inquiry on the Government's Life Sciences Strategy. We also supported the Deputy Chief

Objective	Actions	Update
		Executive for an evidence session at the House of Lords on Evidence in Dementia and the Director of the Centre for Guidelines at a CFS/ ME meeting in Parliament.
	Bring content to life by reusing case studies, shared learning examples and other material	We've built good relationships with a number of trade publications targeted at specific stakeholders groups. As a result, in the run up to NHS Expo, the National Health Executive featured an article from Andrew Dillion focusing on innovation and another from Nicola Bent on STPs . A feature in the Health Business magazine focused on our guidance which has suggested easing A&E pressures by recruiting more Advanced Paramedic Practitioners .
	Use a variety of evaluation techniques to assess the impact of our work and to regularly gauge the views of our stakeholders	The audience insight team is delivering a joint project with the H&SC system engagement team to find out why and how individuals use NICE guidelines and quality standards; and explore how to facilitate implementation of our products. The project combined a qualitative and quantitative approach, with a series of interviews completed with users. The results helped to feed into the development of a survey which was live throughout October and has had over 800 responses. The insight team is currently analysing the results.
4. PRODUCTIVITY To be effective and efficient and to work better with less	Regularly assess directorate structure and future needs to ensure that resources are in place to enable delivery of directorate and wider corporate objectives.	The 'deep dive' continues into the work of the Editorial and Publishing team to assess whether the structure of the team is aligned with the needs of the organisation. Directors of guidance producing centre directors will meet in November to discuss their future editorial requirements.

Objective	Actions	Update
	Continue to roll out efficiencies and cost savings plan that will support the communication needs of the organisation in 2017-2018 and beyond	As above
	Continue 2017-2018 work to develop a directorate that is content-focused, able to work in social and multi-media and makes most productive use of communications resources.	Ongoing

Other issues

News coverage

3. Between September and October 73% of coverage was positive in tone. Positive coverage related to the endometriosis and Lyme disease guidelines and the update of the type 2 diabetes prevention guideline. The majority of neutral coverage was related to the reporting around conflicting advice on the use of electronic cigarettes. There was growing coverage of the mesh IPGs controversy which meant 6% of coverage was negative in tone; this is higher than we usually receive.
4. The most read news story in the reporting period was on endometriosis with 2,941 views from a total of 91,517 pages views of news articles.
5. In addition there were 6,500 views of Shorthand stories during the period with the child abuse story receiving the most views with 1,094 views.
6. On Twitter we now have more than 134,000 followers, an increase of 4% since the last report. In September and October we received 2.3 million impressions (number of times posts are seen), 36,000 visits to the main profile page, 3500 interactions (likes, shares or replies to a post) and 3,800 mentions. Top tweets came from our activity on World Sepsis Day, promotion of our antimicrobial prescribing guidelines and the announcement that we are updating our CFS/ME guideline.
7. We now have more than 2,500 followers on Facebook, a 25% increase since the last report. Our posts in September and October received more than 199,000 impressions, up by 66% since the previous two month period. Top posts came from our draft guideline on Lyme disease and promoting our sinusitis antimicrobial prescribing guidelines.
8. On LinkedIn we now have 6,700 followers and we received more than 154,000 impressions in September and October. There were more than 6,800 views on our YouTube channel.

Events

9. September and October were busy months for social care events. The External Communications team worked with the Health & Social Care Team to devise tailored content for NICE's exhibition stand at the Community Care Live conference in London. The event showcased more than 50 exhibitors from local authorities, adults' and children's social care providers and charities, to provide the largest free-to-attend social work event in the UK. Our stand staff handed

out five NICE Quick Guides on a range of social care topics at this event, from delirium to transition from hospital to home, as well as flyers about the different aspects of social care NICE can provide guidance in.

10. NICE also exhibited at the National Children and Adult Services Conference (NCAS) in October, a widely recognised and prestigious event in the social care calendar. The conference is the annual opportunity for those with an interest in social care, children's services, education and health to meet. Our guidelines team were on our stand to provide more information about NICE guidance for children's and adults' services. Both our Quick Guides and social care flyers were a huge success at both social care events.
11. The Events and Exhibitions team worked very closely with NHS England's events team to devise content for their Healthcare and Innovation Expo conference in September. The event hosted more than 5,000 delegates and more than 200 hours of speakers, workshops and sessions. NICE had a large exhibition space near the Innovation stage, the same stand we used at our own NICE annual conference earlier this year, which was staffed by colleagues from the system engagement team, external communications, guidelines, OMA and Scientific Advice.

Website and Pathways statistics

12. The following charts show we are continuing to see a steady increase in people visiting the website. October saw a significant increase in sessions, up 24% from September and up 15% from the same period in 2016.
13. However, use of the guidance app has fallen significantly this year and we are working with digital services to investigate the downward trend.

Performance of services which provide access to NICE guidance



14. In September and October we:

- Published 11 new pathways or pathways with major content updates
- Updated 22 NICE Pathways to include new quality standards, CHTE guidance, NICE advice or clinical knowledge summaries
- Updated 54 NICE pathways for maintenance (includes post-publication changes, standard changes such as to copyright line)

Enquiry handling

15. During September and October we responded to 2119 enquiries which included 34 MP letters, 29 freedom of information (FOI) requests and 22 parliamentary questions. The complexity and volume of FOI requests received during October has been challenging for both the enquiry team and other teams responsible for collating the required information. The team has also taken responsibility for the handling and initial management of enquiries received about re-use of content and knowledge transfer services.

16. In terms of enquiry topics, our technology appraisal guidance on collagenases clostridium histolyticum for treating Dupuytren's contracture prompted several queries from commissioners who wanted clarity on the definition of a treatment session, the number of injections recommended per cord and how follow up

treatment should be funded. The enquiries on this topic also highlighted some potential confusion for commissioners about the way the recommendations are worded and how the technology sections of the guidance are currently presented on the website.

17. Popular topics of enquiry from the general public have included vaginal mesh, Lyme disease and macular degeneration. In addition, following Lord O'Shaughnessy's statement that the Freestyle Libre device for glucose monitoring would be available on the NHS following the publication of NICE guidance, we have handled a number of enquiries and clarified the status of our medtech innovation briefings.

Risks identified September and October 2017, key controls and ratings

Risk	Key controls	Risk rating now	Risk rating year end
Failure to seek feedback from stakeholders in how we work and communicate with them	Learning from NICE Reputation survey with key sector stakeholders Use of insights and analytics to monitor and evaluate audience use of products and their views on NICE's outputs	Green	Green
Proposals for change in the directorate fail to offer efficiency savings or present a viable structure for supporting NICE in the future	Working with colleagues in HR and SMT to assess the need for change and to and implement agreed changes	Green	Green

National Institute for Health and Care Excellence

Evidence Resources progress report

1. The Evidence Resources directorate comprises three teams which provide a range of functions to NICE:
 - The Digital Services team delivers NICE's digital transformation programme and maintains all NICE's digital services.
 - The Information Resources team provides access to high quality evidence and information to support guidance development and other NICE programmes. It also supports the provision of evidence content to NICE Evidence Services and it commissions key items of content made available to the NHS via the NICE Evidence Services.
 - The Intellectual Property (IP) and Content Business Management team manages the range of activities involved in granting permissions to use NICE's IP and content and in responding to international delegation enquiries.
2. The directorate manages the NICE Evidence Services, a suite of evidence services including a search portal (Evidence Search), the Clinical Knowledge Summary service (CKS), the BNF microsites (BNF and BNFc), access to journals and bibliographic databases via a federated search (HDAS), a document supply ordering service and medicine awareness products.
3. This report sets out the performance of the Evidence Resources directorate against our business plan objectives for 2017/18. It also highlights performance against agreed metrics and provides an update on the risks managed within the directorate.

Performance

4. The directorate's progress achieved in September and October 2017, against the objectives set for the year 2017/18 is summarised in the table below.

Table 1 Overview of performance in September/October 2017 against FY 2017/18 objectives

Objective	Actions	Update
Information Resources		
<p>Deliver the suite of digital evidence services, which meet the evidence information needs of health and social care users and partner agencies</p>	<ul style="list-style-type: none"> • Maintain and make measurable improvements to the component services of NICE Evidence Services • Procure and maintain the underpinning Link Resolver and Identity Management services • Manage content procurement contracts (CKS, Cochrane), including those on behalf of HEE (National Core Content) • Manage the NICE Framework Agreement which supports local purchasing of information resources. 	<ul style="list-style-type: none"> • On track - with traffic across all sub-services performing well during the period. Specifically, traffic from the BNF microsites is recovering from the drop experienced in June 2017 when the new sites were launched. This drop was due to a decrease in referrals from search engines. Since that time usage levels are coming back strongly. Visits have increased by 150% and 54% for the BNF and BNFC respectively between August 2017 and October 2017. The total number of BNF and BNFC sessions is now just 4.5% lower for October 2017, compared with October 2016. • On track - The process of withdrawal of the NICE BNF and BNFC apps is underway. Users were warned in October that the NICE apps are no longer updated. Users continue to be encouraged to download the new open access BNF publisher apps. • On track – The new Link Resolver service was fully launched during October 2017 with no significant implementation challenge raised to date. • On track - Extension to the Core Content contracts have been secured for HEE. Some services have seen a substantial increase in cost due to changes in global exchange rate. Procurement for the CKS service resulted in the incumbent provider being re-appointed. • On track - Annual contract review meetings were held with all suppliers on the Framework during this period.

<p>Deliver efficient and high quality information services to NICE centres and directorates</p>	<ul style="list-style-type: none">• Develop Information Services capacity and support for new or growing programmes of work in line with 2017/18 activity plans.• Explore new methods and approaches, and where suitable, deliver service improvement in the provision of Information Services across NICE. This will involve close engagement with the Evidence Management project.	<ul style="list-style-type: none">• On track – new or additional support in place for medtech innovation briefings, commissioning support documents, IAPT assessment briefings and technology appraisals.• On track – the full document supply tool went live in Q1; sponsor and expert user input ongoing in to the development of EPPI-R5.
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Digital Services		
<p>Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives.</p>	<ul style="list-style-type: none"> Guidance Production Services: key priorities are the Evidence Management programme, the continued development of a structured content authoring platform and improving the processes of external consultations. 	<ul style="list-style-type: none"> On track - a number of digital projects have either completed or are under way across the portfolio. This includes: <ul style="list-style-type: none"> Guidance production services: <ul style="list-style-type: none"> Following the strategic review of MAGICapp, a 3rd party guidance authoring tool, in summer 2017, a four week 'Discovery' period was undertaken in October 2017 to prepare for the development of Antimicrobial Prescribing Guidelines content in the MAGICapp software, subject to signature of the license agreement. Work to upgrade our evidence management tools in partnership with UCL is being further extended to the end of December 2017. It is expected that a new web-based version of the EPPI Reviewer software will be available for use in NICE in early 2018. An important aspect to this work is the alignment and strategic fit in terms of evidence management process for NICE and NCCs and also act as a key enabler for the surveillance of evidence objectives outlined for the Transforming Guidance Development project. Work to bring efficiencies to the external consultation process is continuing. The 'Alpha' phase of the work successfully passed the 'service standard assessment' of the Department of Health digital team. Work to scope the 'Beta' phase of the work and seek Government Digital Services approval is under way.

<p>Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives. (continued)</p>	<ul style="list-style-type: none"> • NICE Website: continue to improve user experience across our sites. Other priorities to be confirmed through Q4 2016/17. 	<p>NICE website:</p> <ul style="list-style-type: none"> • Work to upgrade the search technology across the NICE website services (including the Pathways search) completed in July 2017. • Digital Services and the Communications team are putting in place new processes for delivering continuous strategic improvements to the NICE website. Initial focus will be on two key user journeys: accessing guidance and stakeholder registration.
	<ul style="list-style-type: none"> • NICE Evidence Services: continue to enhance operations stability and performance. • Other projects arising during the year: 	<p>NICE Evidence Services:</p> <ul style="list-style-type: none"> • Search technology replacement was extended to all Evidence Services and this concluded at the end of August 2017. • Link resolver was implemented as planned during October 2017. • A project to refresh UK Pharmscan reporting completed during October 2017 going live in early November. <p>In addition, Evidence Resources are supporting the Centre for Health Technology Evaluation with managing an external digital agency to undertake the design and build of the new MedTechScan database. The project started in September 2017 and is currently in 'Discovery' phase. This involves a user needs assessment to underpin the design of the new digital service.</p>

<p>Maintain operational service delivery and implement service improvements based on user insights and service performance against key performance indicators.</p>	<ul style="list-style-type: none"> • Maintain the NICE Digital Services to agreed service levels (in terms of service availability and time to defect resolution). • Maintain digital services performance indicators in line with business priorities and user insights. • Continue to translate data and observations about the performance of NICE Digital Services into actionable improvement proposals. • In response to the above, continuously improve NICE Digital Services in line with agreed investment priorities. 	<ul style="list-style-type: none"> • On track - NICE Digital Services operated within the generic agreed service levels for availability. Defect resolution SLAs were adhered to in 69% of cases. In September and October 70 defects were closed. • No further progress this period. • On track - a 'journey map process' to support iterative changes to the NICE website has been agreed with the Communications team. • On track – maintenance and continuous improvement priorities for 2017/18 are being agreed with service groups and shared with SMT. In September and October, 45 Change Control Requests were completed. • Work to build automated testing capabilities for our developers ended in September 2017.
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<p>Maintain and where possible improve the productivity of the digital services function</p>	<ul style="list-style-type: none"> • Progressively introduce new working practices that will lead to increased knowledge sharing amongst the multi-disciplinary teams and increase throughput. • Continue to reduce the end to end delivery time of small changes to services ensuring shorter cycles of improvement and learning. • Continue to develop semantic capability to support our products and platforms, including a revised classification vocabulary and a metadata repository. • Continue to optimise the hosting infrastructure. • Ensure the business benefits expected from projects run under the Digital Strategy are clearly defined in project documentation and that processes are in place with teams across NICE to ensure the realisation of benefits is monitored and reported. 	<ul style="list-style-type: none"> • On-going – in early June 2017, three new multidisciplinary ‘Service Delivery Teams’, Evidence, Content and Channels, were launched. Work continues to ensure the roles and responsibilities of different team members within the multidisciplinary teams remain clear. • Completed – JIRA, our new platform for managing software projects, was rolled-out across the digital services team between August and October 2017 with all activity now managed through this platform. • No further progress this period. • On-going – Planning for re-procuring the service will commence in November 2017. • Now on track, after some procurement delays – A business analysis and costing project to identify the key areas of potential efficiency along the guidance development process, with a view to guide further investment decisions, started in August 2017 and is now progressing to plan.
	<ul style="list-style-type: none"> • Recruit permanent staff in line with budget assumptions. Monitor success of recruitment and adjust budget assumptions accordingly. • Support retention and development of talents. 	<ul style="list-style-type: none"> • On-track – a tester and 2 senior developers were appointed in the recent two months. Recruitment of a portfolio performance analyst, of a service delivery manager and of the Associate Director for Service Delivery and Programme Management is under way. • No further progress this period.

<p>Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders.</p>	<ul style="list-style-type: none"> • Support NHS Digital in the development and adoption of common standards, taxonomies and language across ALBs • Maintain an ongoing relationship with the nhs.uk project (re-development of NHS Choices). • Identify partners for joint working on digital initiatives which support the distribution and re-use of NICE content in decision support and other third party systems. This may involve academic and regional collaborations • Fully capitalise on existing relationships with specialists in the evidence management field and extend to other potential partners. 	<ul style="list-style-type: none"> • On-going – NICE attended its first Professional Record Standard Board (PRSB) Advisory Board in October 2017. The PRSB’s mission is to support the development of standards in clinical records. This is an opportunity for NICE to understand if and how information standards such as SNOMED can play a role in adding structure and meta-data to NICE content. • No further progress this period. • No further progress this period. • On track - currently enabled through our partnership with the EPPI-Centre at UCL and their link with NaCTeM at Manchester University. NICE and UCL are co-authoring and presenting poster at the Global Evidence Summit in September 2017. Other connections are being made to support the management of ‘provenance’ information in the guideline production process.
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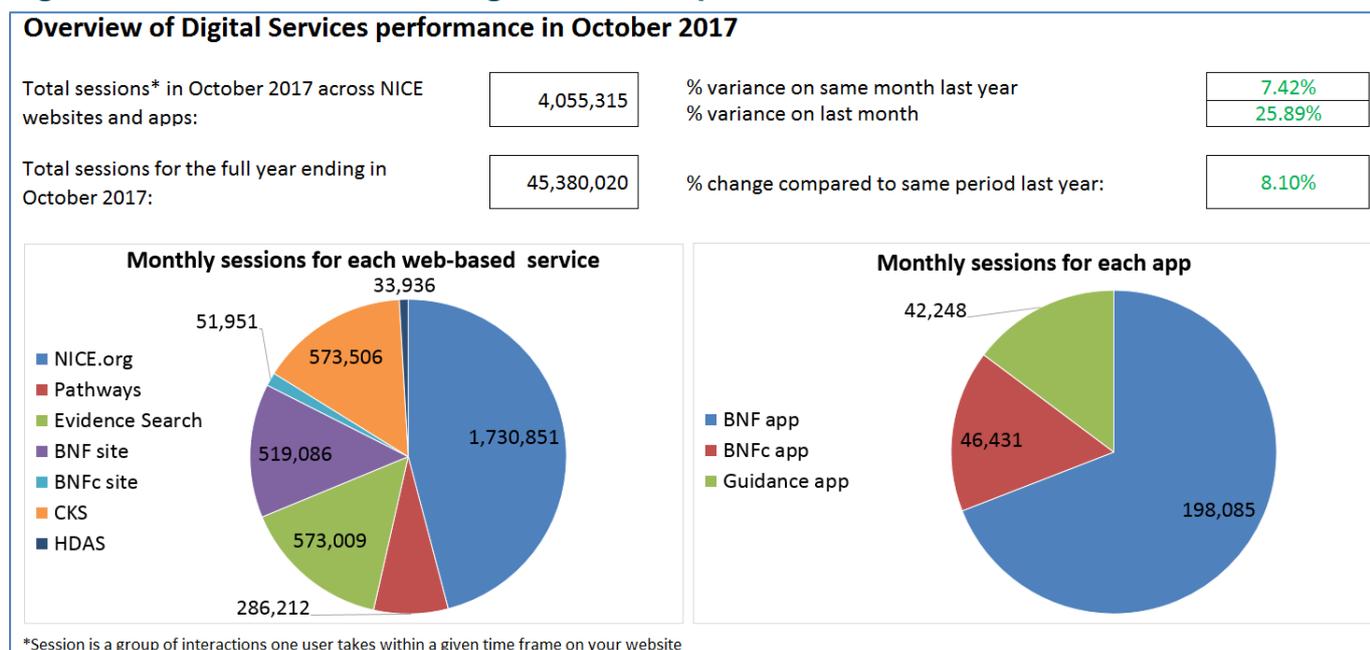
IP and Content Business Management		
<p>Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance.</p>	<ul style="list-style-type: none"> • Articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK – this will include permissions to use content overseas, adaptation of guidance, quality assurance services and syndication services. • Articulate and promote NICE's value propositions involving knowledge sharing with international organisations interested in NICE's expertise and experience – this will include supporting international delegations and enabling targeted advisory services. 	<p>On-track:</p> <ul style="list-style-type: none"> • Marketing material to promote the international services of NICE was published on the NICE website in October 2017. • The NICE Scientific Advice team are managing the delivery of a small piece of advisory work for the Vietnam Social Security, funded by the Foreign Commonwealth Office (FCO).

Directorate wide		
<p>Subject to available resources, work with partner agencies to continue to engage and support the wider app evaluation programme.</p>	<ul style="list-style-type: none"> • Liaise with PHE, NHS England, NHS Digital, the Office for Life Sciences (OLS), MHRA and CQC to ensure that NICE Health App Briefings are promoted and are part of wider app evaluation discussions. 	<ul style="list-style-type: none"> • No further progress this period. Publication of the 3rd pilot NICE Health App Briefings (HABs) will take place in November 2017.
<p>Implement the second year of a three year strategy to manage the reduction in the Department of Health's Grant-In-Aid funding.</p>	<ul style="list-style-type: none"> • Maintain focus on identifying new cost saving opportunities arising across the directorate portfolio of activities. • Review and renegotiate supplier contracts in line with savings target and schedule agreed and monitored by the SMT. 	<p>On-track</p> <ul style="list-style-type: none"> • All savings targets including renegotiated new contracts are in line with agreed savings plans for 2017/18. • A small management of change exercise is starting in the Evidence Resource directorate regarding the Intellectual Property and Content Business Management team. If approved, the proposals will contribute to the directorate's savings plans in 2018/19.

Performance of the live services supported by NICE digital services

5. Figure 1 below summarises the position of all NICE’s digital services at the end of October 2017, exposing the relative size of the different externally facing services of NICE, measured in number of ‘sessions’ (the number of visits to a website within a date range). There were over 45 million sessions across all digital services in the last twelve months which translates to an 8% increase in comparison with the same period in 2016/17. NICE services received a 26% increase in sessions from September to October 2017.

Figure 1: Overview of NICE’s digital services performance as of October 2017



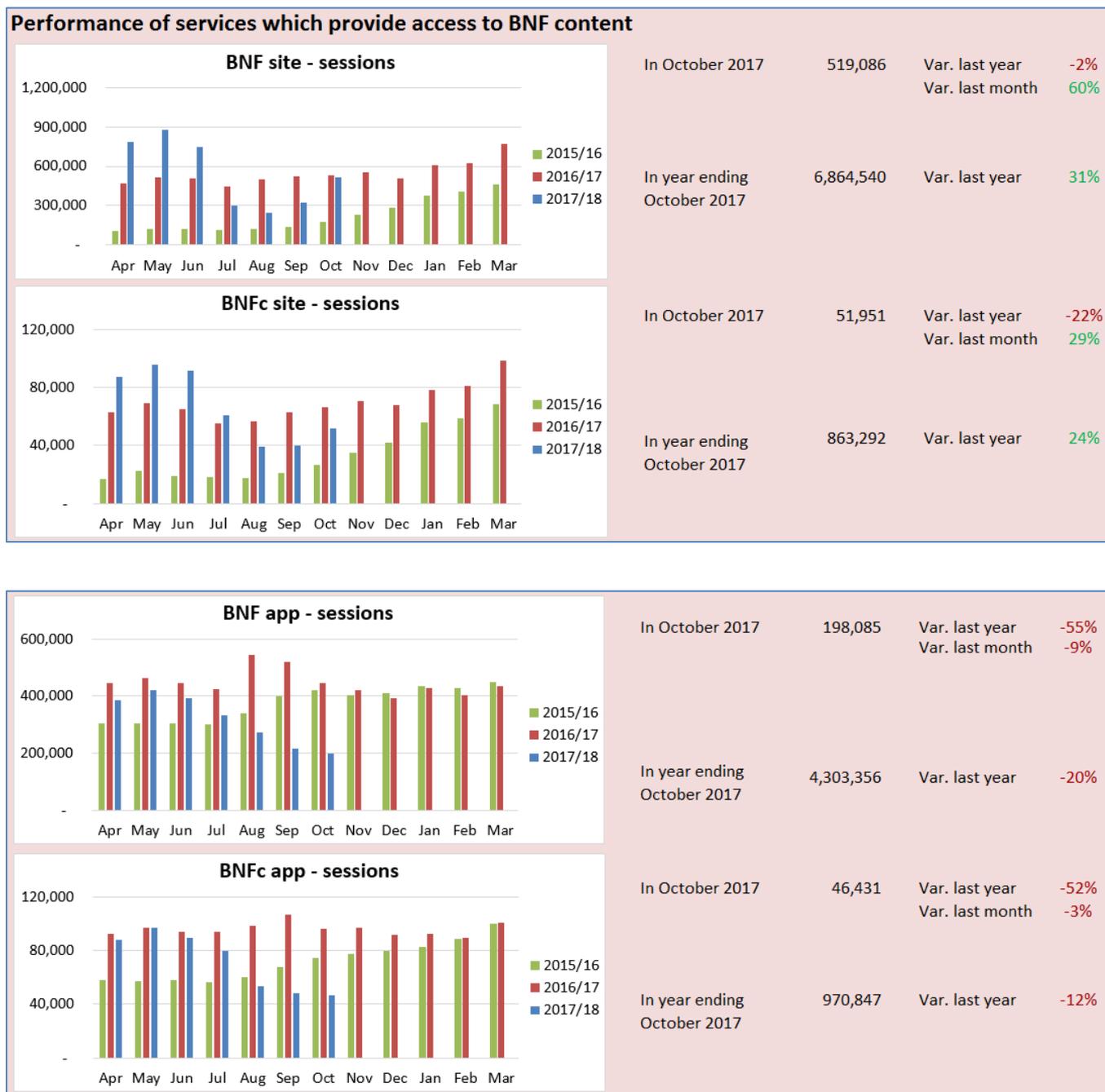
6. Figure 2 below details the performance of the 3 services which provide access to evidence beyond that produced by NICE: Evidence Search, Clinical Knowledge Summaries (CKS) and HDAS. While September was a strong month for Evidence Search and CKS, October saw a significant peak in sessions for all three services, accentuating a known positive seasonal fluctuation. The results are particularly strong for HDAS which number of sessions in October 2017 are getting closer to the historically stronger level of 2015/16.

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



7. Figure 3 summarises the performance of our BNF services, the microsites and the apps.
8. The new BNF and BNFc microsites are recovering gradually from the decline in sessions experienced in July and August. The total number of BNF and BNFc sessions is now just 4.5% lower for October 2017, compared with October 2016.
9. Sessions on the BNF and BNFc apps continue to decline -the BNF app has received 55% fewer sessions than October last year whereas BNFc app 52% fewer. This decline is encouraged and coincides with the launch of the open access BNF apps produced by the BNF publisher. NICE welcomes the transition of users to the new apps.

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



Risks

10. There were 4 Amber risks reported by the Evidence Resources directorate to the Senior Management Team in the previous period. No change was made in the new period to the status of these risks. During September and October

however, another risk previously reported as Green saw its status rise to Amber.

11. The new Amber risk was: "The transition to the new national Link Resolver provider service is not successful, resulting in a reduction in the ability of users to access the journal content they have purchased". The change in status occurred when it was identified that the link resolver service had, in the past, been integrated to 3rd party systems outside of NICE's direct management. However, the new service had not been specified to allow the same level of integration. NICE remediated to this issue by agreeing short contract extensions with the new and incumbent providers, extending the implementation period to allow for additional technical changes. The full service was launched in October with only a few issues arising. It is likely the risk will be taken down altogether by the end of the calendar year.

AUDIT & RISK COMMITTEE

Unconfirmed minutes of the meeting held on 25 October 2017 in the London Office

Present

Dr Rima Makarem	Non-Executive Director (Chair)
Professor Sheena Asthana	Non-Executive Director (by T/C)
Elaine Inglesby-Burke	Non-Executive Director
Professor Tim Irish	Non-Executive Director

In attendance

Professor Gill Leng	Deputy Chief Executive and Health & Social Care Director
Ben Bennett	Business Planning and Resources Director
David Coombs	Associate Director, Corporate Office
Grace Marguerie	Associate Director, Human Resources
Barney Wilkinson	Associate Director, Procurement & IT
Catherine Wilkinson	Associate Director, Finance & Estates
Andrew Jackson	National Audit Office
Mark Wilson	National Audit Office
Jeremy Nolan	Government Internal Audit Agency
Cameron Robson	Government Internal Audit Agency
Kelly Parry	Governance Manager: Information (for item 9.1)
Elaine Repton	Governance Manager: Risk assurance (Minutes)

Apologies for absence

Andrew Dillon	Chief Executive
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Declarations of interest

1. There were no interests declared.

Minutes of the last meeting

2. The minutes of the meeting held on 21 June 2017 were reviewed. Minor amendments were requested to paragraph 6 to read “the Committee noted the qualified audit opinion on the **externally provided** payroll and pensions shared service”. Also to paragraph 12 to read “the Committee confirmed that the unadjusted misstatements were not material and supported management’s view that these **need** not be corrected”.
3. Subject to these changes, the minutes were agreed as a correct record.

Action Log

4. The Committee received assurance that the list of partnership agreements and memoranda of understanding had been reviewed, cleansed and updated, and is kept updated by the Corporate Office. It was agreed that this action could be closed.
5. The remaining outstanding action was the Board's discussion planned for the 15 November to review the format of the annual report and accounts.

RISK MANAGEMENT

Risk Register

6. Elaine Repton presented the latest risk register and sought the Committee's view on the updated commentary and proposed changes. The Committee was in agreement that risk 23 could be removed following a decision that the Association of the British Pharmaceutical Industry's application for judicial review would not proceed to hearing.
7. The Committee sought clarification of the risk levels in: risk 5 (expiry of the London office lease); risk 19 (the move to a new contract with Ovid for the Link Resolver software); and risk 3 (cyber security and the penetration testing of IT systems). The current risk scores were noted.
8. There was a discussion of whether there were two parts to risk 1. Firstly in relation to the decision on whether charging for the technology appraisal and highly specialised technology programmes is to be introduced, and secondly, the impact on NICE's financial position from 2018/19 onwards, of a decision on whether this can proceed, and if so, the timescale for charging commencing. It was agreed to revise the wording ahead of the next committee meeting.

ACTION: Ben Bennett

9. The Committee questioned whether risk 13 and risk 14, which both related to digital services, covered the same issue. Ben Bennett explained that risk 13 was internally focused on NICE's own processes and using digital services to deliver efficiencies. Whereas risk 14 was externally focussed on NICE's contribution to digital activities in the wider health and care system. The Committee requested that the difference in focus be made clear in the next iteration of the risk register.

ACTION: Alexia Tonnel

10. The Committee supported the addition of risk 5, the increased risk score in risk 19 and the removal of risk 23.

Risk Discussion: Contract Management

11. Barney Wilkinson gave a brief overview of contract management arrangements which were currently devolved to teams with a central procurement resource to assist and support where needed. It was noted that the majority of contracts were procured through framework agreements with suppliers who can deliver a range of services. A smaller number were direct contracts on a one-off basis. NICE's major contracts (for example British National Formulary) were managed by the programme teams.
12. The internal intranet pages had recently been updated to include a comprehensive procurement guide with templates, example terms and conditions, and a training course is now available for contract managers.
13. The Committee asked what the most common contract management issues were. It was noted that problems generally related to quality standards not being achieved and also the niche work NICE was involved with required specialist skills which are not widely available. This limited market resulted in contract waivers being required.
14. The Committee discussed the BNF contract which was so specialist that there was no competition. However an internal audit review was planned for Q3 to provide assurance that NICE was receiving reasonable value for money.

INTERNAL AUDIT

Progress Report

15. Jeremy Nolan presented the GIAA progress report detailing the six audits planned for 2017/18 plus any follow up work. Jeremy referred to the BNF audit which has been allocated 5 to 7 days. He expressed a note of caution that a forensic review of expenditure by the BNF supplier would not be possible given the time available. It was agreed to provide GIAA with a copy of a previous audit of the BNF contract carried out by RSM Tenon, to assist the scoping of this review. The audit should focus on effective oversight and performance of the contractor and transparency of budget expenditure, both fixed and variable elements.

ACTION: Elaine Repton

16. Ben Bennett asked GIAA to confirm whether it was able to fulfil the BNF audit review requirements within the budgeted audit days allocated as this piece of work is a priority for NICE. The BNF contract was soon to be re-procured, therefore a good quality audit report would provide the required assurances ahead of the contract negotiations. If the budget did not allow adequate resource GIAA should discuss this matter with Ben Bennett with a view to increasing the resources available for this review.
17. The Committee was keen to receive the results of the cyber security review in light of recent and increasingly sophisticated attacks. It asked GIAA if it has the expertise to do it or if the audit should be outsourced. Cameron Robson

assured the Committee that GIAA had a specialist in-house team with cyber security expertise.

Key Financial Controls

18. The Committee discussed at length the report rating of moderate and risk rating of medium for the single recommendation, and challenged whether these were proportionate in what was otherwise a very positive report. The GIAA confirmed that in their opinion the rating was appropriate.

Indicators Programme

19. The report received a moderate assurance rating, and made two medium recommendations to explain the timescale for reviewing the indicator process guide on the NICE website and include completion dates in the indicator development spreadsheet.
20. The Committee noted the internal audit reports.

EXTERNAL AUDIT

National Audit Office Update Report

21. Andrew Jackson and Mark Wilson presented a progress report from the National Audit Office (NAO) including details of recent NAO publications to support Audit Committees in their work, notably a cyber security and information risk guide. This had been commissioned following the cyber-attack on NHS systems in May 2017.
22. The Committee sought assurance from Jeremy Nolan that he would refer to the Government's publication '10 steps to cyber security' when scoping the cyber security internal audit review planned for Q4.

ACTION: Jeremy Nolan

23. It was noted that the NAO's interim audit report would be presented to Committee in April 2018 to allow a review and discussion of any issues identified, ahead of the final report being submitted in June.
24. The content of the report was noted.

CONTRACTS & IT

Waivers report

25. The contract waivers approved in the last quarter were noted. The Committee discussed benchmarking and ensuring value for money where there was a sole provider/bidder. The Committee requested that the service provider's parent company be listed in future reports, not the UK subsidiary.

ACTION: Barney Wilkinson

26. The report was noted.

IT Infrastructure Security & Resilience

27. Barney Wilkinson introduced the annual IT infrastructure security and resilience report explaining the overall design of the network's security systems which provided multi layers of protection internally and externally. The Committee noted that in September alone, a total of 131,413 potential attacks were detected. The business continuity and disaster recovery scenarios were outlined in an appendix to the report.
28. Internal audit were asked whether they were assured by the report or whether they had any concerns to raise. Cameron Robson confirmed that the report did provide assurance that NICE had good levels of protection in place. He referred to work that GIAA was undertaking in conjunction with the National Cyber Security Centre (NCSC) to produce a pack of information to assist organisations with their IT security arrangements.
29. The Committee discussed the issue of the 'human factor' in terms of the scope for employees to inadvertently introduce viruses to the systems. Barney Wilkinson advised that this would always be a risk but one which was mitigated as far as possible through IT induction for new starters, refresher training, reminders of the IT policies and procedures for accessing systems, and regular alerts to all staff via email.
30. The Committee discussed the increased use of mobile devices and the additional threat this posed. It was noted that NICE was planning to re-procure its mobile phone contract, including the introduction of 'meraki', a software tool which enabled the remote wiping of all data from a device as soon as it was reported missing or hacked. The use of personal devices for NICE business is being considered as part of the preparation for the General Data Protection Regulation.
31. The Committee recognised that the report did not include systems and software overseen by the Digital Services team and queried how these systems were protected. Kelly Parry advised that she was working with the Digital Services and NICE IT teams to update the Digital Asset Register. The Committee requested that the assurance around software overseen by the Digital Services team, including that procured from third parties, forms part of the discussion in April 2018 when the cyber security internal audit report was presented.

Action: Alexia Tonnel

FINANCE

Financial Accounting Performance Statistics

32. The Committee reviewed the payments statistics report at the end of August 2017 showing performance was above the target of 95% every month with the exception of July (83%). The dip in July was due to a number of foreign

payments and larger than average invoices which required additional management information before processing.

33. Catherine Wilkinson explained that a large proportion (83%) of the aged debts related to the Scientific Advice team, and that Finance colleagues were encouraging the team to request purchase order numbers before commencing projects. This is expected to significantly reduce time spent matching payments.
34. The report was noted and accepted.

CORPORATE OFFICE

Information Governance Annual Report 2017/18

35. The Committee welcomed this comprehensive report which provided assurance that NICE was able to demonstrate a high level of compliance with the Cabinet Office's Security Policy Framework and the NCSC's 10 steps to cyber security.
36. The report also demonstrated that significant progress had been made through the Information Governance Steering Group to ensure NICE is preparing for the General Data Protection Regulation (GDPR) in May 2018. A bespoke information governance training course was being developed for roll out to all staff shortly, in readiness for the new regulations coming into effect.
37. The Committee discussed the information security incidents reported since April. All breaches were caused by human error which reinforced the importance of ongoing training and awareness.
38. The Committee noted the content of the report.

Review of the Committee's Terms of Reference

39. The Committee reviewed revised terms of reference which had been simplified but retained the duties required of an Audit & Risk Committee, as delegated by the Board.
40. There was a debate about the approval of the annual report and accounts, and agreement reached that the draft terms of reference be amended to state that the Committee would review the document before recommending it for approval to the Board.
41. The process and timescale for approving the annual report and accounts was agreed as being presented in draft version to the April meeting, followed by a further discussion at the June Audit and Risk Committee meeting. The Committee recommended that the Board then formally meets after the Board Strategy meeting that same day, to approve the document. Andrew Jackson highlighted that other Arms' Length Bodies hold such Board meetings in private given the restrictions on publishing the annual report and accounts prior to laying before Parliament.

42. Subject to the change referred to above, the draft terms of reference were supported for recommendation to the Board.

ACTION: Elaine Repton

Review of External Audit Effectiveness in 2016/17

43. Elaine Repton provided a summary of the feedback from the review of the external auditor's performance in 2016/17. The Committee noted that the report was generally positive with no areas of concern raised.

Internal Audit Recommendations Log

44. The Committee reviewed progress against recommendations issued in 2015/16 and 2016/17, and noted where internal audit had agreed actions had been implemented. Jeremy Nolan commented that further evidence of contract management training was required before this action could be closed.

ACTION: Elaine Repton

45. Grace Marguerie updated the Committee on progress with reviewing employee files where signed employment contracts were missing. The gaps appeared to be with the longest serving employees. It was anticipated that an audit of all files would be complete by end of December 2017 and a plan in place to address the most senior roles as a priority.

Use of Seal

46. The Committee noted that the seal had not been used in the reporting period.

COMMITTEE WORK PLAN 2017/18

47. The Committee noted its 2017/18 work plan.

OTHER BUSINESS

48. There were no further items of business.

FUTURE MEETING DATES

49. The Committee confirmed its meetings in 2018 would take place on:

- 22 January 2018
- 25 April 2018
- 20 June 2018 (Annual Accounts)
- 26 September 2018
- 28 November 2018

The Chair declared the meeting closed at 4.05pm

COMMITTEE'S PRIVATE SESSION

50. The Committee met in private initially with the external auditor, Ben Bennett and Catherine Wilkinson. The external auditor left the meeting, and the Committee met in private with Ben Bennett and Catherine Wilkinson.

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