NICE National Institute for Health and Care Excellence

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC BOARD MEETING

16 May 2018 at 1.30pm at the Gledhow Wing, St James' University Hospital, Beckett Street, Leeds, LS9 7TF

AGENDA

18/035	**Apologies for absence** To receive apologies for absence	(Oral)
18/036	**Declarations of interests** To record any conflicts of interest	(Oral)
18/037	**Minutes of the Board meeting** To approve the minutes of the Public Board meeting held on 21 March 2018	(Item 1)
18/038	**Matters arising** To consider matters arising from the minutes of the last meeting	(Oral)
18/039	**Chief Executive's report** To receive the Chief Executive's report *Andrew Dillon, Chief Executive*	(Item 2)
18/040	**Finance and workforce report** To receive a report on NICE's financial position to the end of March 2018 and an update on the workforce strategy *Ben Bennett, Director, Business Planning and Resources*	(Item 3)
18/041	**NICE impact: Cardiovascular disease prevention** To review the report *Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate*	(Item 4)
18/042	**Implementing NICE guidance and quality standards: audience insight report and NICE response to findings** To review the research report and NICE's response *Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate*	(Item 5)
18/043	**Audit and Risk Committee minutes** To receive the unconfirmed minutes of the Audit and Risk Committee meeting held on 25 April 2018 *Dr Rima Makarem, Chair, Audit and Risk Committee*	(Item 6)

18/044	**Audit and Risk Committee annual report and terms of reference** To receive the annual report *Dr Rima Makarem, Chair, Audit and Risk Committee*	(Item 7)
18/045	**Review of Standing Orders, Standing Financial Instructions, and Scheme of Reservation and Delegation** To agree the updated documents following annual review *Ben Bennett, Director, Business Planning and Resources*	(Item 8)
18/046	**Health and safety policy** To approve the updated policy *Ben Bennett, Director, Business Planning and Resources*	(Item 9)
18/047	**Directors' report for consideration** Evidence Resources *Alexia Tonnel, Director, Evidence Resources Directorate*	(Item 10)
	Directors' reports for information	
18/048	Centre for Guidelines	(Item 11)
18/049	Centre for Health Technology Evaluation	(Item 12)
18/050	Communications Directorate	(Item 13)
18/051	Health and Social Care Directorate	(Item 14)
18/052	**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 18 July 2018 at Oxford Town Hall, St Aldate's, Oxford OX1 1BX (Annual General Meeting)

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Public Board Meeting held on 21 March 2018 at the Westlands Centre, Yeovil, BA20 2DD

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
Professor Mark Baker	Centre for Guidelines Director
Ben Bennett	Business Planning and Resources Director

Directors in attendance

Jane Gizbert	Communications Director
Mirella Marlow	Acting Centre for Health Technology Evaluation Director
Alexia Tonnel	Evidence Resources Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)

18/017 APOLOGIES FOR ABSENCE

1. Apologies were received from Elaine Inglesby-Burke.

18/018 CONFLICTS OF INTEREST

2. There were no conflicts of interest declared.

18/019 MINUTES OF THE LAST MEETING

3. The minutes of the Public Board Meeting and subsequent part 2 meeting held on 17 January 2018 were agreed as correct records.

18/020 MATTERS ARISING

4. The Board noted that:

   - The NICE impact report on cancer was promoted through a range of media, including Facebook and Twitter, as will future impact reports.
   - Training on the new policy on declaring and managing interests for advisory committees is currently being delivered. The Board will be updated on any issues arising from the first year of the policy's implementation.

18/021 CHIEF EXECUTIVE'S REPORT

5. Andrew Dillon presented his report, describing the main programme activities to the end of February 2018 and summarising the financial position at the end of the same period. There are no material variances with the delivery of guidance nor the wider business plan objectives to report.

6. The Board received the report.

18/022 FINANCE AND WORKFORCE REPORT

7. Ben Bennett presented the report which outlined the financial position at the end of February 2018 and provided an update on the workforce strategy. Year-to-date, there is a total underspend of £3.2m. The full year forecast position is a £4m underspend, which will be returned to the Department of Health and Social Care (DHSC) to offset financial pressures elsewhere in the DHSC system.

8. In response to questions from the Board, Ben confirmed that an updated workforce strategy will be brought to the Senior Management Team shortly, and then to the Board. Ben agreed to include in the next Finance and Workforce report information on the next steps following healthy work week and the results of the survey on managers' future training needs.

ACTION: Ben Bennett

9. The Board received the report.

18/023 NICE IMPACT: MATERNITY

10. Gill Leng presented the report on how NICE's guidance is being used in the national priority area of maternity care. She noted in particular the impact of quality standards, and highlighted the role of partners in implementing NICE guidance. The reports are focused on national priority areas, and the proposed future topics will be provided in the covering paper for the next report, which will look at cardiovascular disease.

ACTION: Gill Leng

11. The Board discussed the variation in the implementation of the referenced NICE guidance across the country. It was agreed that it would be helpful to include information in future reports on identified barriers to implementation, and actions that have been taken to overcome these.

ACTION: Gill Leng

12. The Board noted and welcomed the report.

13. A member of the audience asked if the report is available digitally. In response, it was confirmed that the report, which includes links to the underpinning datasets, will be available on the NICE website.

18/024 BUSINESS PLAN 2018/19

14. Andrew Dillon presented the proposed 2018/18 business plan for the Board's approval, which reflects feedback from the Board's review of an earlier draft and comments from the Department of Health and Social Care (DHSC).

15. The Board approved the business plan and delegated approval of any final amendments to the Chief Executive for submission to the DHSC.

18/025 UPDATED GUIDELINES MANUAL

16. Mark Baker presented the overview of the main changes to Developing NICE Guidelines: the manual, following a scheduled three yearly review. He summarised the main proposed amendments, including changes throughout the manual that highlight guidelines may draw on reviews that use real world evidence and data. Mark thanked Sarah Cumbers and senior colleagues in the Centre for Guidelines for their work on the update.

17. The Board discussed the proposed amendments, including the recommendation within the manual that GRADE should be used as the first choice approach for quality assessing evidence; the refocussing of the surveillance process on event-driven checks of published guidelines; the resource impact of the changes to the manual; and the approach to disinvestment decisions. In response, Mark noted that the use of GRADE profiles to summarise the reliability of the

evidence enhances the transparency of the rationale for the recommendations. He stated that the approach to accessing intelligence to inform the event-driven checks is being developed, and this will take account of feedback in the consultation on the revised manual. Mark explained the proposed additional text on cost utility analysis, which will provide a more transparent and consistent approach to disinvestment decisions when there is an alternative to current practice. He confirmed that the changes will support the delivery of the guidelines programme within reduced resources.

18. The Board approved the manual for public consultation.

ACTION: Mark Baker

19. In response to a question from the audience, Mark noted the options available for taking account of unpublished clinical trials when evidence sifting.

18/026 INCREASING CAPACITY WITHIN THE TECHNOLOGY APPRAISALS PROGRAMME

20. Mirella Marlow presented the report that outlined the feedback from the second phase consultation on proposals to increase capacity within the technology appraisals (TA) programme. There were two main themes in the consultation feedback: firstly the handling of confidential information, and secondly, engagement with companies and experts in the development of the proposed new technical report. Mirella paid tribute to Meindert Boysen, Jenniffer Prescott and Jenna Dilkes from the TA programme for their work on the consultation.

21. Mirella highlighted the concerns raised by the industry on the proposals in the consultation regarding the handling of confidential data. It is now proposed to not therefore share clinical information considered confidential by companies with consultees and commentators as part of the engagement on the technical report. This includes consultation on preliminary recommendations, which takes place before a marketing authorisation is granted. This approach will only apply when a product is going to be immediately available for patients in the NHS at the time of marketing authorisation.

22. Board members discussed the impact of the revised proposals, and the potential risks to NICE's established principle of transparency. Andrew Dillon outlined the rationale for the decision to prioritise timeliness of NICE's guidance, highlighting NICE's role in facilitating patient access to innovative high quality technologies. The initial proposals, if implemented, could have extended the timescale for publishing NICE guidance by at least three to four months given companies could demand that information is only released after regulatory approval. He hoped companies would act reasonably and minimise the level of information that was marked confidential.

23. The Board:

    - Approved the changes to the proposals to the TA process in response to the consultation.
    - Approved the publication of the updated guide to the process of technology appraisals on 1 April 2018 and agreed that phased implementation of the new process could begin from 1 April 2018 onwards as outlined in the report.

ACTION: Mirella Marlow

24. A member of the audience from a Clinical Commissioning Group highlighted the challenges in implementing NICE TA guidance arising from the increased volume of published topics, and the reduced time period between marketing authorisation and guidance publication. Gill Leng highlighted the forward planner on the NICE website that outlines the pipeline of guidance topics.

Sheena Asthana, Martin Cowie and Tim Irish left the meeting.

18/027 ESTABLISHING NICE SCIENTIFIC ADVICE AS A BUSINESS UNIT

25. Mirella Marlow presented the proposals for establishing NICE Scientific Advice (NSA) as a business unit with increased autonomy. Mirella outlined the background to the proposals, which seek to provide a platform to further expand NSA's services that are valued by the life sciences industry.

26. The Board discussed the risks arising from the proposals, in particular the financial modelling and the long-term income projections to support the increased pay and non-pay costs. Andrew Dillon confirmed that the Senior Management Team had scrutinised the financial assumptions, noting the latent demand for NSA's services which could be realised with increased capacity, and a more proactive approach to business development. NSA's accumulated financial reserve provides further mitigation, whilst if necessary, staff could be transferred to NICE guidance programmes if there was a shortfall in demand for NSA services.

27. The Board approved the establishment of the business unit.

18/028 AUDIT AND RISK COMMITTEE MINUTES

28. Rima Makarem, Chair of the Audit and Risk Committee, presented the unconfirmed minutes of the Audit & Committee meeting held on 22 January 2018. She outlined the issues discussed, including internal audit reports on corporate governance and the General Data Protection Regulation. The Committee also discussed the structured guidance authoring project, and recommended a follow-up discussion with both the Committee and Board before NICE commits to any longer-term arrangement with MAGICapp.

29. The Board received the unconfirmed minutes.

18/029 DIRECTOR'S REPORT FOR CONSIDERATION

30. Mirella Marlow presented the update from the Centre for Health Technology Evaluation, and highlighted particular areas of note within the report including NICE's role hosting the Accelerated Access Collaborative (AAC) Secretariat, and the update of NICE's interventional procedures guidance where mesh is used to treat pelvic organ prolapse and stress urinary incontinence. Mirella noted that the Science Policy and Research team continue to build on their previous success of securing external grant funding, with the recent confirmation of two new projects. The first includes assessing the performance of a range of statistical methods used to analyse non-randomised studies, whilst the second relates to key challenges associated with using real-world data in drug development and subsequent regulatory and health technology assessment.

31. The Board noted the report and thanked Mirella for the work of the Centre. It was agreed that the appendix outlining published guidance should state the outcome for each topic.

ACTION: Mirella Marlow

32. In response to a question from a member of the audience from the life sciences industry, it was confirmed that the intention is to utilise NICE's clinical and cost effectiveness assessment for technologies given transformative designation by the AAC.

18/030 – 18/033 DIRECTORS' REPORTS FOR INFORMATION

33. The Board received the Directors' Reports.

18/034 ANY OTHER BUSINESS

34. There was no further business to discuss.

NEXT MEETING

35. The next public meeting of the Board will be held at 1.30pm on 16 May 2018 at St James' University Hospital, Leeds, LS9 7TF.

National Institute for Health and Care Excellence

Chief Executive's report

This report provides information on the outputs from our main programmes and on our financial position to the end of March 2018, together with comment on other matters of interest to the Board.

The Board is asked to note the report.

Andrew Dillon
Chief Executive
May 2018

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Chief Executive's report

1. This report sets out the performance of the Institute against its business plan objectives and other priorities, for the 12 months to the end of March 2018. This is the year-end position and includes balanced scorecard for the year (appendix 5). The scorecard sets out the Institute's performance against a range of performance indicators which we agreed with the Department of Health and Social Care. This report also notes the guidance published since the last public Board meeting in March and refers to business issues not covered elsewhere on the Board agenda.

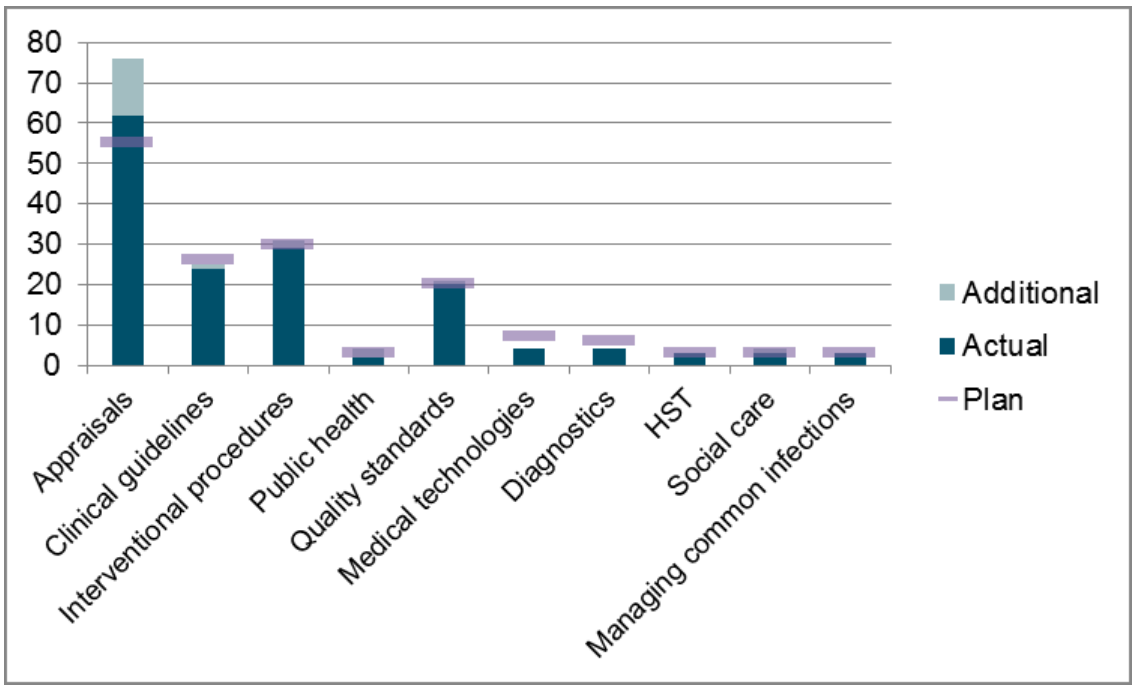
2. My report now has a new section reporting on the performance of the newly created Science Advice and Research programme. The programme was, until recently, part of the Centre for Health Technology Evaluation but was separated out prior to the appointment of the new director for that centre, in order to provide them a more manageable set of functions.

Performance

3. 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 and Social Care, is set out in Appendix 1.

4. 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 2017 and March 2018 is set out in Charts 1 and 2, below.

Chart 1: Main programme outputs: April 2017 to March 2018



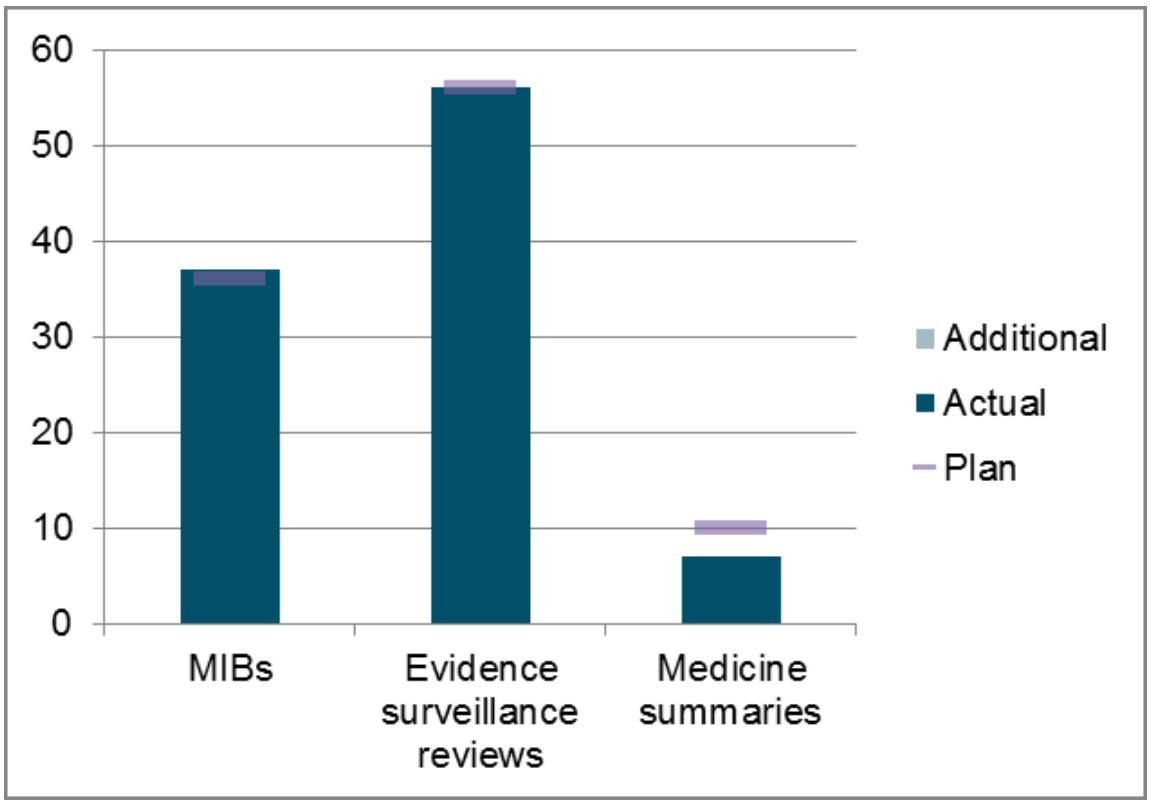
Notes to Chart 1:

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

5. 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 March is set out Appendix 4.

6. The performance of other Institute programmes is set out in Chart 2, below.

Chart 2: Advice programmes main outputs: April 2017 to March 2018



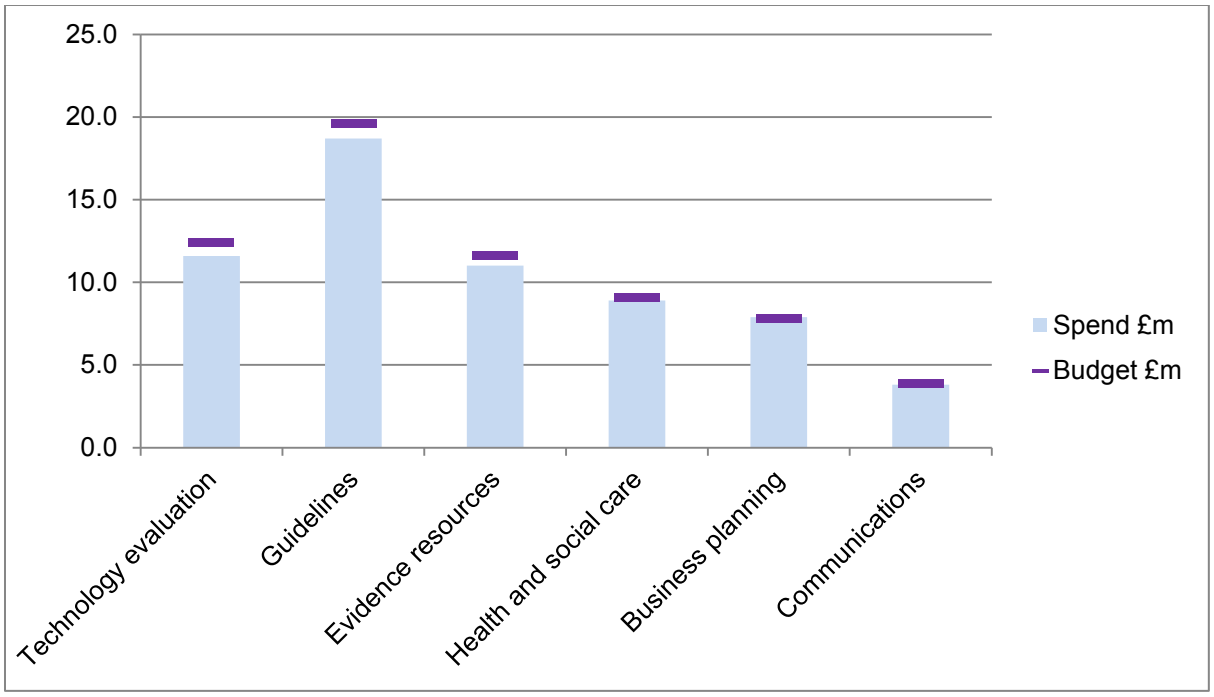
Notes to Chart 2:

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

Financial position (Month 12)

7. The financial position for the 12 months from April 2017 to the end of March 2018 is an under spend of £4.3m (8%), against the original budget. This consists of under spend of £1.7m on pay, £2.2m on non-pay and exceeding our income estimates by £0.4m. 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 2017 to March 2018 (£m)



Science policy and research programme

NICE scientific advice

8. The Board approved the establishment of the NICE Scientific Advice (NSA) business unit at the March meeting in Yeovil. The proposals outlined a new operating framework, governance structure, communications strategy, staff recruitment/retention plan and project accounting system. The team are currently working on the implementation of the agreed proposals.

9. Another key development from March was the approval by NICE SMT for NSA to develop a co-branded Executive MSc with the London School of Economics on Evaluation of Healthcare Interventions and Outcomes. The terms of engagement have been agreed with LSE and the course will be available to students from the start of the 2019/20 academic year.

10. The 2017-18 provisional accounts show that NSA fully covered its costs, made a full contribution to the Institute's overheads and delivered a surplus of £121,000. This was achieved through our most ambitious and diverse annual work plan to date in which the team initiated 74 different advice projects and completed 44 bespoke commissions/events/speaking engagements.

Office for Market Access

11. In 2017/18 the Office for Market Access (OMA) delivered 11 engagement meetings of varying sizes and complexity. In April OMA delivered its first large multi-stakeholder engagement meeting in the medtech/diagnostic area. Feedback from these engagements highlights that OMA has established itself as a highly valued part of the healthcare system, offering unique opportunities for multi-stakeholder engagement in a safe harbour environment. In 2017/18, the OMA generated a total revenue of £153,000.

Accelerated Access Collaborative Secretariat

12. The Accelerated Access Collaborative (AAC) Secretariat is run alongside OMA with senior staff shared between the two teams. Strong progress has been made, in collaboration with OLS colleagues, in establishing the infrastructure to support the AAC Steering Group and Board. The Board is awaiting the appointment of its new chair, following the resignation of Sir Andrew Witty.

13. The AAC Secretariat has coordinated a horizon scanning exercise, with a focus on later stage products which face barriers to adoption in the NHS. The products identified will be considered at the next AAC Board meeting for adoption support activities coordinated through the AAC. The exercise has been used to refine the process and collective working of the AAC going forward.

14. The AAC web page has been published on the NICE website. It provides background on the Accelerated Access Pathway (AAP), member lists, terms of reference and background on the AAC, and will be used to publish news and updates regarding the work of the AAC.

Science Policy and Research

15. Science Policy and Research is working on the final phase of the two-year patient preferences project in partnership with Myeloma UK. The project explored the use of quantitative methodology to incorporate patient preferences into HTA methods. A one-day workshop was held in December 2017 to present preliminary findings and was attended by academics, NICE staff from across the Institute, NICE committee members, patient representatives and several patient charities. Consensus was reached that these methods would be particularly useful in three different areas of NICE work: (1) early during clinical development to provide insight into a drug's value proposition in absence of convincing clinical data; (2) as a separate form of evidence to be considered by

NICE committees that could sit alongside other evidence, and (3) providing better insight into treatment options as part of NICE guidelines. In the next months, a report on the project will be finalised and the potential implications for NICE's work will be outlined.

16. The Science Policy and Research programme continues to work with external partners to establish a Data Lab. The health and social care systems generate a wealth of potentially useful data in their day-to-day activities. Until recently, these "big data" sources have had limited relevance but recent advances in data infrastructure, data linkage and analytics are making the use of such data increasingly feasible. NICE is interested in exploring how big data could complement data from traditional studies to inform its guidance.

EUnetHTA

17. The report from the NICE-led research to collate information about HTA and reimbursement processes in the 29 countries represented in EUnetHTA is now publically available on the EUnetHTA website. The report includes recommendations to support collaborative HTA as well as quantitative and qualitative findings about how agencies currently work and in-depth case studies about how they are able to use EUnetHTA assessments. The findings were presented at a plenary session at the ISPOR conference in Glasgow.

18. The NICE-led work package has started establishing a network to support implementation of EUnetHTA outputs among EUnetHTA partners. A group of 15 EUnetHTA partners will be acting as support leads for 71 agencies participating in the network. The main achievements so far include providing each agency in the network with a named contact for implementation issues and queries, establishing a baseline from which to measure use of EUnetHTA assessments, creating a feedback system to collect information about the experience of using EUnetHTA assessments and developing webpages that will bring together examples about how other partners are making use of EUnetHTA assessments and tools.

New director appointment

19. Meindert Boysen has been appointed as Director of the Centre for Health Technology Evaluation, with effect from 1 May. Meindert, who takes over from Carole Longson, was most recently programme director for technology appraisals and highly specialised technologies.

Searchable online archive

20. Since our establishment in 1999, we have provided the NHS, and those who rely on it for their care, with an increasing range of advice on effective, good value healthcare, with our remit subsequently expanding into public health and

social care. We have gained an international reputation for rigour, independence and objectivity, and there is much interest in our work.

21. Whilst our current guidance is freely available on our website, with our 20th birthday approaching we recognise that the wider records we hold offer a unique and valuable insight into an important aspect of the history of health and care services. These records include previous versions of our guidance, information about how this guidance was developed, and information about our establishment and developments in the way we work.

22. We are in discussions with the Wellcome Trust about a project to preserve these records and make them available to the public and anyone with an interest in this field. The first stage is to seek funding from the Trust to review our digital holdings, in order to identify the records most suitable for long term preservation, and then make these available online, ideally in a searchable archive.

23. This builds on our existing relationship with the Wellcome Library, to whom we transferred the records of our predecessor bodies (Health Education Authority, Health Education Council and some records relating to the Health Development Agency).

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 and Social Care. 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	• 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	• Details of the main programmes' performance against plan at the end of 2017/18, including explanations for any variances are set out elsewhere in this report.
Implement changes to methods and processes in the technology appraisal programme `	• 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	• Targeted discussion and engagement on methods aspects has commenced. • Implementation of changes to the Technology Appraisal programme and Highly Specialised Technologies evaluation programme commenced in April 2018, following Board approval in March 2018. • Work related to 'real world data' activity is underway through NICE's Digital Future project.

Objective	Actions	Update
	• Develop methodological guidance, and internal capacity and capability for 'real world' data development and analysis	
Refine and implement new methods and processes to accelerate the development of updated clinical, public health and social care guidelines	• 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	• The new structure is in place and 6 guidelines have been commissioned using the new process. • The new scoping process has been initiated for the new commissions. • New methods for short updates will be developed as part of the revision of the Manual.
Enhance methods for developing and maintaining guidelines	• 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.	• A formal process has been instituted for the revision of the Manual of Methods and processes and a draft updated version was issued for consultation at the start of April 2018. • The revised arrangements for health economics have been implemented. • Recruitment is continuing for the GP reference panel and the first commissions completed.

Objective	Actions	Update
	• Establish new staffing structure and functions to support health economics across the Centre for Guidelines • 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	• An implementation plan has been developed to take forward changes to patient and public engagement. Further detail has been prepared for the Board on the operation of the Expert Panel.
Deliver the suite of NICE evidence services, which meet the evidence information needs of health and social care users and partner agencies	• 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	• Performance across all NICE evidence services continues to grow year on year although we saw a slight dip in HDAS usage in March 2018. The BNF microsite is performing very strongly attracting over 1.2 million visits in March 2018 (the main NICE website attracted 1.7 million visits in the same month). • The Link Resolver procurement and implementation, the Cochrane and CKS re-procurements have all completed. • Re-procurement of the National Core Content has started.
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	• 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	• 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
		• The Accelerated Access Collaborative Secretariat has been established at NICE.
Adoption and Impact		
Deliver a programme of strategic and local engagement	• 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	• 6 monthly updates on uptake metrics are now provided in the Health and Social Care Directorate 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	• 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	• A series of topic-focussed reports are brought to the Board at each public meeting. • The ISG met in November 2017 with the new Health Improvement Studies Institute, Cambridge and NHS Horizons team, part of NHS England, in attendance. Using social media to increase the effectiveness and spread of the field team was a focus for discussion to inform the field team work plan, as well as a consideration of where NICE's work fitted on the improvement/implementation spectrum.
Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and targeted marketing	• 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	• Graphics and animations continue to do well on social media, helping tell the NICE story to a wider audience. • We have created 2 new online versions for the social care quick guide series: Getting

Objective	Actions	Update
techniques. Contribute to demonstration of impact though regular evaluation	guidance which are short, concise and use infographics and multimedia techniques • 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	help to overcome abuse and Helping to prevent infection. • The online savings and productivity resource has been refocussed on key products. This is accompanied by wider work with key partners, including NHS England, to support the use of our work on disinvestment. For example, we are participating in the Value Interventions Programme, a multi-stakeholder initiative, convened by the National Medical Director. • 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. • NICE has convened a Guideline resource and implementation panel (GRIP) with representatives from NHS England, NHS Improvement and Health Education England. The purpose of the panel is to review and consider the estimates and timings of budget impact and workforce implications of guidelines.

Objective	Actions	Update
Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders	• 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) • 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)	• NICE attended an NHS Digital 'Connectathon' event in April 2018 which introduced the provision of a new terminology server for publishing 'vocabularies' that can be used across health ALBs and will support the interoperability agenda. The meeting also introduced the notion of a National Data Architecture for managing healthcare data across the system. NICE could make use of these national infrastructures and will continue to attend follow-up events. • NICE, NHS England and PHE have agreed to co-produce simple advice to developers and commissioners on generating and assessing evidence of effectiveness of digital health applications. Work will start in May 2018. • Discussions continue with potential partners for progressing opportunities from digital technologies in evidence generation and guidance production. • Six IAPT assessment briefings have been delivered since April 2017, in line with planned performance. Two technologies were recommended for evaluation in practice, one for further development before evaluation, and two not recommended for evaluation. The remaining technology was ineligible for this programme, and the

Objective	Actions	Update
		assessment published as a Medtech innovation briefing (MIB). A data specification has been developed for evaluation in practice in IAPT services.
Create a structured and coordinated approach for working with and listening to stakeholders	• 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 • 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	• The first phase of the CRM project to scope out requirements and prepare a detailed specification has been completed. Assessments for the build phase are currently taking place. Following award of the contract in May 2018 the build will start in June. • The results from a survey to our 3 main newsletters have been analysed and indicate that the content and frequency work well. Suggestions for improvements included more visuals and less text which we will now look to incorporate. Work is progressing to develop new topic pages which will deliver a mix of guidance and non-guidance content such as news articles, blogs and case studies to provide more contextual information and support implementation of guidance. • The social media strategy is well embedded in practice in the Communications Directorate and we continue to extend our reach through new channels. We recently launched a podcast series, NICEtalks on SoundCloud. The podcasts bring together people's real-life experiences of health and

Objective	Actions	Update
		social care with expert opinions. The first episode on eating disorders, has received 903 plays. • The media team has created a digital dashboard to gather and track audience analytics across all our social media platforms. This means we can better identify the content our audience prefers and tailor our social media activities (such as Twitter chats and Facebook Lives) to increase engagement.
Deliver new digital service projects, maintain NICE's existing digital services and implement service improvements based on user insights and service performance	• 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 • Translate data and observations about the performance of NICE Digital Services into actionable improvement proposals and implement in line with business priorities	A number of projects are underway: • The beta version of the new web-based EPPI reviewer software will be deployed for use across NICE in early May 2018. The external guidelines centres will also start testing the tool with a view to transition to the new system later in the year. • SMT is considering options for how to progress the implementation of Structured Guidance Authoring principles following the evaluation of the MAGICapp software. • Work to bring efficiencies to the external consultation process is progressing well through its beta phase. • Business analysis work has identified opportunities to improve NICE stakeholder management and planning technologies – a

Objective	Actions	Update
		potential candidate for digital transformation investments later in 2018/19.
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.	• Deliver performance against plan for all budgets monitored and reported to the Senior Management Team and the Board	• This has been achieved. 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	• 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	• All management of change projects completed according to schedule and delivering savings as planned. • Balanced budget set and agreed for 2018/19 on assumption that cost recovery for TA programme will go ahead in 2019.
Subject to Ministerial approval put in place arrangements to charge the cost of the technology appraisal programme to industry users, from April 2018	• 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	• A decision, by the Department of Health and Social Care, on the introduction of charging is pending.
Actively pursue revenue generation opportunities associated with international	• 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,	• The NICE service offer associated with content re-use and the provision of an

Objective	Actions	Update
interest in the expertise of NICE and the re-use of NICE content and quality assurance	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	international delegation is now available on the NICE website. • The offer to sell licenses to adapt, and adopt, NICE guideline content overseas is continuing to attract interest. • NICE copyright management guidance has been redeveloped and a programme of training and awareness raising has be rolled-out across all NICE teams.
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	• 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	• 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). • All planned management of change completed.
Promote a culture of continuous improvement within the organisation and uphold the ambition to remain a world-renowned organisation, benchmarking where possible its systems.	• 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	• A review of the literature from the last 5 years to identify articles which assess or provide an opinion on NICE's work was undertaken and the findings reported to the Board.

Appendix 2: Extracts from the Directors' reports

Director	Featured section	Section/ reference
Health and social care	NICE has been commissioned by NHS England, funded by the Sustainable Development Unit (SDU), to undertake a proof of concept project focussed on the environmental impact of NICE guidance. Current work is underway to provide environmental impact information for preference-sensitive guidance decisions, as part of a shared decision-making (SDM) product for patients and their healthcare professionals. A draft decision aid on inhalers for use in asthma has been produced, which outlines different types of inhaler device, how to use them correctly, and their relative environmental impacts. The carbon footprint of pressurised metered dose inhalers is significant, which may be an important factor in choosing inhaler device for some patients. The draft decision aid is currently being reviewed by stakeholders. This work brings together NICE's commitment on sustainability and shared decision making. It is also in harmony with programmes and initiatives being set up by other healthcare organisations, with the objective of reducing the carbon footprint of the NHS. Organisations include the Royal College of Physicians, which has set up a Healthcare Sustainability project team, and the British Thoracic Society, which recently issued a position statement on the environment and lung health.	Section/para 11-13
Guidelines	New processes and methods for guideline surveillance, including event tracking, are being consulted on as part of the wider consultation on Developing NICE guidelines: the manual. The new processes are being piloted at present to inform post consultation revisions to the manual. The Expert Advisers database is now being used consistently across the CfG and by external developers. The Expert Advisers Panel is the main source of expert engagement for all surveillance reviews and has been used to promote vacancies for GC members.	Section/para: Table 1
Health technology evaluation	The Observational Data Unit has submitted reports to NHS England on the first 4 procedures of the Commissioning through Evaluation (CtE) initiative. Data is being collected for 1 procedure and analyses are under way for 1 other. Evidence reviews, which	Section/para 6-8

	summarise and critically appraise new and recent evidence (other than that generated in the CtE project) are now routinely undertaken by NICE External Assessment Centres. These are used by the NHS England Policy Working Groups as they advise the Clinical Panels when reviewing commissioning policy on each procedure. The NHSE Clinical Panel has approved two new procedures to be added to the Commissioning through Evaluation scheme; rituximab for membranous glomerulonephritis and Argus II retinal prosthesis for retinitis pigmentosa.	
Evidence resources	The NICE BNF and BNF C app have been withdrawn. The remaining traffic is residual usage. The remaining users would be aware, from the update messages received in autumn 2017, that our app is no longer supported and that they should have downloaded the BNF publisher app. It is possible some users have not uploaded updates for a very long time. If so, they would not have seen these autumn messages. However, such users would still be aware of the version of the BNF that they are using, and the published date for the content. This appears on each page of the app. As such, they would be aware that they are using out of date information.	Section/para 9
Communications	With two months until the NICE Annual Conference on the 25th June, the venue has been confirmed as The Hilton Deansgate. Current bookings stand at 334 delegates (70.1% of target):115 private sector and 101 public sector. All 50 speakers/chairs have been confirmed. The Shared Learning Awards will be held the evening before. 150 delegates will be attending this fully booked evening presented by David Haslam, and will be voting using a mobile app. This app will also be used throughout the sessions in the conference the following day, to allow delegates to ask questions and vote for the most popular questions for the speakers to answer.	Section/para 4-5
Finance and workforce	We have now appointed our new staff survey provider, and we're preparing to launch our annual staff survey in May. This provides our staff with a key opportunity to provide feedback on a range of subjects, including work-life balance and wellbeing, culture, line manager support and our working environment.	Section/appendix C

Appendix 3: Guidance development: variation against plan April 2017 – March 2018

Programme	Delayed Topic	Reason for variation
Clinical Guidelines	2 topics delayed	Depression in adults (update): Topic delayed due to decision to extend the consultation period. Publication date is to be confirmed.
		Suspected neurological conditions: Topic delayed due to late concerns raised by stakeholders which required additional work. Publication planned for May 2018 (Q1 2018-19).
	1 additional topic published in 2017-18, that was not planned for this financial year	Peripheral arterial disease (standing committee update): This was a short update and the topic was only commissioned after the planning for 2017-18 was finalised. Published February 2018 (Q4 2017-18).
Interventional procedures	1 topic delayed	Microinvasive subconjunctival insertion of a trans-scleral gelatin stent for primary open-angle glaucoma: Publication has been delayed as a considerable amount of new published evidence was noted at the IPAC2 meeting in September 2017. Therefore this procedure was subsequently issued for further public consultation and the guidance was published in April 2018 (Q1 2018-19).
	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 for this procedure. Published June 2017 (Q1 2017-18).
		Hysteroscopic sterilisation by insertion of intrafallopian implants: This guidance published in July 2017. However NICE has decided to temporarily suspend its guidance until the appropriate regulatory authorisation for Essure is in place, at which time NICE will review this decision.
Medical technologies	3 topics delayed	Neuropad: Delayed due to quoracy issues with MTAC in August 2017. Planned for publication in May 2018 (Q1 2018-19).
		Senza: Delayed due to a high number of consultation comments received. Planned for publication in June 2018 (Q1 2018-19).
		Sequent Please: Discontinued technology.

Programme	Delayed Topic	Reason for variation
Public Health	1 topic delayed	Flu vaccination - increasing uptake: Delayed to coincide with the NHS action to manage uptake. The anticipated publication date is to be confirmed.
	2 additional topics published in 2017-18, that were not planned for this financial year	Sexually transmitted infections - Condom distribution schemes: Publication date moved in order to resolve Public Health England cobranding website issues. Published in April 2017 (Q1 2017-18).
		Physical activity and the environment: An additional public health guideline was published in Q4 due to capacity becoming available. Published in March 2018 (Q4 2017-18).
Quality Standards	No variation against plan 2017-18	
	1 additional topic published in 2017-18, that was not planned for this financial year	Drug misuse prevention: An additional quality standard was published during Q4 due to capacity becoming available. Published in March 2018 (Q4 2017-18).
Diagnostics	2 topics delayed	Adjunctive colposcopy technologies for assessing suspected cervical abnormalities (update of DG4): A second consultation on the draft recommendations was required. The third meeting for this topic took place on 10 January 2018. Published April 2018 (Q1 2018-19).
		Tumour profiling tests to guide adjuvant chemotherapy decisions in people with breast cancer (update of DG10): The second committee discussion of this topic was postponed after the consultation on the draft recommendations closed because of the volume of technical work needed to prepare for the meeting. The second committee discussion took place on 14 March 2018. The earliest anticipated publication date is June 2018 (Q1 2018-19).
Technology Appraisals	4 topics delayed	Leukaemia (acute lymphoblastic, relapsed, adults) - inotuzumab ozogamicin [ID893]: Following the appeal hearing held on 3 November 2017, the appeal was upheld and the appeal panel concluded that the appraisal should be remitted to the appraisal committee who must take all reasonable steps to address the issues set out in the decision letter. Final guidance publication is anticipated to be in Q2 2018-19.

Programme	Delayed Topic	Reason for variation
		Lung cancer (non-small-cell) - atezolizumab (after platinum chemotherapy) [ID970]: A second ACD has been released therefore final guidance publication is anticipated in Q2 2018-19.
		Urothelial cancer - pembrolizumab (after platinum chemotherapy) [ID1019]: The company requested to submit additional evidence to this appraisal which NICE agreed to accept. As a consequence, to allow time for this to be reviewed, this appraisal was not discussed at the technology appraisal committee meeting on 30 August 2017. The discussion was rescheduled to 26 October 2017. Final guidance publication is expected in Q2 2018-19.
		Bladder cancer (second line, metastatic and/or unresectable) - nivolumab [ID995]: Following release of the final appraisal determination (FAD), the company, Bristol-Myers Squibb, has requested to submit an updated value proposition for nivolumab. While we consider whether this value proposition can be put forward to the appraisal committee, we have suspended the FAD for consideration for appeal. An additional committee meeting was held on 11 April 2018. Anticipated final guidance publication is now Q2 2018-19.
	14 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).
		Reslizumab for treating severe eosinophilic asthma: Topic not included in planning for 2017/18 – delayed from 2016/17. Published in October 2017 (Q3 2017-18).
		Ibrutinib for treating Waldenstrom's macroglobulinaemia: Topic not included in planning for 2017/18 – delayed from 2016/17. Published in November 2017 (Q3 2017-18).
		Nivolumab for previously treated non-squamous non-small-cell lung cancer: Topic not included in planning for 2017/18 – delayed from 2016/17. Published in November 2017 (Q3 2017-18).
		Hepatitis C (chronic) - sofosbuvir-velpatasvir-voxilaprevir: This appraisal went straight to FAD following the first committee meeting. Published in February 2018 (Q4 2017-18).
		Brodalumab for treating moderate to severe plaque psoriasis: This appraisal has gone straight to FAD following the first committee meeting. Published in March 2018 (Q4 2017-18).
		Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer: Topic not included in planning for 2017/18 – delayed from 2013/14. Published in March 2018 (Q4 2017-18).
		Autologous chondrocyte implantation with chondrosphere for treating articular cartilage defects: This appraisal has gone straight to FAD following the first Committee meeting. Published in March 2018 (Q4 2017-18).
Highly Specialised Technologies (HST)	No variation against plan 2017-18	
Social Care	No variation against plan 2017-18	
	1 additional topic published in 2017-18, that was not	Learning disabilities and behaviour that challenges: service design and delivery – Topic carried over from 2016-17. Published in March 2018 (Q4 2017-18).

Programme	Delayed Topic	Reason for variation
	planned for this financial year	
Managing Common Infections	No variation against plan 2017-18	

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

Programme	Topic	Recommendation
Clinical Guidelines	Emergency and acute medical care in over 16s: service delivery and organisation	General guidance
	Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism	General guidance
	Heavy menstrual bleeding: assessment and management	General guidance
	Attention deficit hyperactivity disorder: diagnosis and management	General guidance
	Lyme disease	General guidance
Interventional procedures	Laparoscopic mesh pectopexy for apical prolapse of the uterus or vagina	Only in research
	Mosaicplasty for symptomatic articular cartilage defects of the knee	Standard arrangements
	Robot-assisted kidney transplant	Special arrangements and research only
	Nerve transfer to partially restore upper limb function in tetraplegia	Special arrangements
	Prostate Artery Embolisation for Benign Prostatic Hyperplasia	Standard arrangements
	Microinvasive subconjunctival insertion of a trans-scleral gelatin stent for primary open-angle glaucoma	Special arrangements
Medical technologies	Thopaz+ portable digital system for managing chest drains	Fully supported
Diagnostics	Adjunctive colposcopy technologies for assessing suspected cervical abnormalities: the DYSIS colposcope with DYSISmap and the ZedScan I	Recommended for DYSIS and further research for ZedScan
Public Health	Stop smoking interventions and services	General guidance
	Physical activity and the environment	General guidance
Managing Common Infections	Otitis media (acute): antimicrobial prescribing	General guidance
Social care	Learning disabilities and behaviour that challenges: service design and delivery	General guidance
	Care and support of people growing older with learning disabilities	General guidance
Quality Standards	Trauma	Sentinal markers of good practice
	Drug misuse prevention	Sentinal markers of good practice

Programme	Topic	Recommendation
Technology Appraisals	Cabozantinib for treating medullary thyroid cancer	Recommended
	Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen	Not recommended
	Regorafenib for previously treated advanced hepatocellular carcinoma	Not recommended
	Obinutuzumab for untreated advanced follicular lymphoma	Optimised
	Tivozanib for treating advanced renal cell carcinoma	Optimised
	Brodalumab for treating moderate to severe plaque psoriasis	Optimised
	Daratumumab monotherapy for treating relapsed and refractory multiple myeloma	Optimised within the CDF
	Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer	Recommended
	Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee	Optimised
	Tocilizumab for treating giant cell arteritis	Optimised
	Avelumab for treating metastatic Merkel cell carcinoma	Recommended in routine commissioning (second line and beyond) Recommended in CDF (first line)
	Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy	Recommended for use within CDF
Highly Specialised Technologies (HST)	No publications	
Evidence summaries	No publications	
Medtech Innovation Briefings (MIB)	Curos disinfecting cap for needleless connectors	Summary of best available evidence
	ColonFlag for identifying people at risk of colorectal cancer	Summary of best available evidence

Programme	Topic	Recommendation
	Noctura 400 Sleep Mask for diabetic retinopathy and diabetic macular oedema	Summary of best available evidence
Evidence Surveillance Reviews	Type 2 diabetes prevention: population and community-level interventions	Surveillance review decision
	Type 2 diabetes: prevention in people at high risk	Surveillance review decision
	Mental wellbeing in over 65s: occupational therapy and physical activity interventions	Surveillance review decision
	Mental wellbeing at work	Surveillance review decision
	Older people: independence and mental wellbeing	Surveillance review decision
	Fractures (non-complex): assessment and management	Surveillance review decision
	Antisocial behaviour and conduct disorders in children and young people: recognition 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 2017-March 2018

Delivering services and improvements

Outputs	Measure	Target	Planned 2017-18	Actual 2017-18	Cumulative performance	RAG
Publish 3 public health guidelines	Publication within stated quarter	80%	3	4	133%	Green
Publish 25 clinical guidelines, including updates	Publication within stated quarter	80%	25	24	96%	Green
Publish 3 management of common infections	Publication within stated quarter	80%	3	3	100%	Green
Publish 3 social care guidelines	Publication within stated quarter	80%	3	4	133%	Green
Publish 55 technology appraisals guidance	Publication within stated year	100%	55	76	138%	Green
Publish 30 interventional procedures guidance	Publication within stated quarter	80%	30	31	103%	Green
Publish 6 diagnostics guidance	Publication within stated quarter	80%	6	4	67%	Amber
Notes: *Two topics delayed by the end of 2017-18:* • *Adjunctive colposcopy technologies for assessing suspected cervical abnormalities (update of DG4)* • *Tumour profiling tests to guide adjuvant chemotherapy decisions in people with breast cancer (update of DG10)*						
Publish 3 highly specialised technologies guidance	Publication within stated year	100%	3	3	100%	Green
Publish 7 medical technologies guidance	Publication within stated quarter	80%	7	4	57%	Amber
Notes: *Three topics delayed by the end of 2017-18:* • *Neuropad* • *Senza* • *Sequent Please*						
Publish 36 medtech innovation briefings (MIBs)	Publication within stated quarter	80%	36	37	103%	Green

Outputs	Measure	Target	Planned 2017-18	Actual 2017-18	Cumulative performance	RAG
Submit advice to Ministers on 30 Patient Access Schemes	Publication within stated year	100%	30	31	103%	Green
Deliver up to 25 Commissioning Support Documents to NHS England	Publication within stated quarter	80%	25	0	0%	Red
Notes: *The first documents from the Commissioning Support Programme are not due to be published until NHS England has completed a public consultation. Publication of documents for the first CSP topic is therefore not anticipated before April 2018.*						
Publish 56 evidence surveillance	Publication within stated quarter	80%	56	56	100%	Green
Publish 10 evidence summaries	Publication within year	80%	10	7	70%	Amber
Notes: *Seven evidence summaries have been delivered in 2017/18 against a planned target of ten. The variance is due to a shortfall in topic referrals from the commissioner, NHS England specialised commissioning team.*						
Deliver 7 quick guides for social care	Publication within year	100%	7	7	100%	Green
Publish 20 quality standards	Publication within stated quarter	80%	20	21	105%	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%	4	0	0%	Red
Notes: *NHS England reviewed the specifications for the mental health care pathways during 2017/18 which resulted in an agreed move away from the product and delivery schedule set at the beginning of the year. Alternative projects on community health and equalities have been commissioned and will be delivered from Quarter 2 of 2018/19.*						
Publish 30 endorsement statements	Publication within stated quarter	80%	30	28	93%	Green
Deliver 50 shared learning examples	Publication within stated quarter	80%	50	65	132%	Green
Publish 12 monthly updates of the BNF and BNF C content	Publication within stated quarter	80%	12	12	100%	Green

Outputs	Measure	Target	Planned 2017-18	Actual 2017-18	Cumulative performance	RAG
Deliver a regular medicine awareness service	Publication to regular schedule	90%	298	298	100%	Green
Deliver 16 medicines optimisation key therapeutics topics	Publication within stated quarter	80%	16	15	94%	Green
Deliver 25 medicines evidence commentaries	Publication within stated quarter	80%	25	26	104%	Green
Deliver 6 IAPT assessment briefings	Deliver within stated quarter	80%	6	6	100%	Green

Adoption and impact

Outputs	Measure	Target	Planned 2017-18	Actual 2017-18	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%	5	4	80%	Green
Publish 96 resource impact products	Publication within year	80%	96	99	103%	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%	35	36	103%	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 CQC's key question around effectiveness	100%	2	2	100%	Green

Coverage of NICE in the media	% of positive coverage of NICE in the media resulting from active programme of media relations	80%	80%	79%	79%	**Amber**
Notes: *Media coverage from April 2017 to March 2018 has been 79% positive, 18% neutral and 3% negative, with NICE's guidance on the use of mesh receiving negative coverage.*						

Operating efficiently

Outputs	Measure	Target	Planned 2017-18	Cumulative performance	RAG
Delivering programmes and activities on budget					
Effective management of financial resources	Revenue spend	To operate within budget	2017/18 annual budget was £54.7m.	Net spend for 2017/18 was £50.4m. This was a net under spend of £4.3m and was mainly due to vacancies. These figures are stated pre-audit and are subject to change.	**Green**
Effective management of non-exchequer income	Net income received from non-exchequer income sources measured against business plan targets	90%	The annual income target was £2.2m. This relates to the NICE Scientific Advice programme, Office for Market Access, Intellectual Property income and research grants	Income received for these programmes was £2.7m, therefore target achieved. The £0.5m surplus is due to each of these income sources	**Green**

				being ahead of plan, in particular NICE Scientific Advice (£375k additional income) and the Office for Market Access (£63k more).	
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. The 2017-18 accounts are due to be laid 10 July 2018.	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%	97%	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%	66%	Amber
Notes:				

All staff meetings were not held some months. On a couple of occasions they were held late during the previous month and early in the next month. On the other occasions, the planned date wasn't achievable and it was difficult to rearrange a time and date slot that was suitable. We're starting to film meetings so those who miss it can watch it on the intranet.				
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	80%	**Green**
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%	98%	**Amber**
Notes: *End of the year: 131 out of 134 FOI requests responded to within 20 working days:* • *1 (EH82752) required additional time to consider the public interest under section 36* • *1 (EH83395) delayed because it required consideration by an external 3rd party who did not respond within deadline.* • *1 (EH83764) required additional time to consider public interest under section 43.*				
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 2017-18**	**Actual 2017-18**	**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	6.6:1	314%	**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%	71%	Amber
Notes: *By year end 2017-18, 4 topics have not met the target:* • *Ocular burns - autologous human corneal epithelial cells [ID899] - the appraisal was suspended for a short time period whilst pricing arrangements were clarified. Original scheduling of the appraisal would have allowed the KPI to be achieved.* • *Renal cell carcinoma (metastatic, treated) - lenvatinib [ID1029] - target not being met due to the timing of the referral of the topic. Marketing authorisation had been received by the time the topic was referred.* • *Basel cell carcinoma - vismodegib [ID1043] - The rationale for the target not being met is due to the timing of the referral of the topic. Marketing authorisation had been received by the time the topic was referred. This topic was also in Cancer Group 3 of the CDF transition topics.* • *Teduglutide for treating short bowel syndrome [ID885] - Originally considered by NICE in 2009, but was not selected for guidance production. At the time Topic Selection routed the topic to AGNSS for consideration. When the HST programme began it was reconsidered and scheduled in as a proposed HST topic. Further investigation discovered a larger population size than previously thought and this topic was therefore combined with the paediatric indication (license received in 2016) and referred as an STA. Therefore the formal referral was received too late in order to publish timely guidance.*				
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%	67%	Amber
Notes: *By year end 2017-18, 1 appraisal has not met the target:* • *Neuroendocrine tumours (metastatic, unresectable, progressive) - everolimus and sunitinib [ID858] - additional information was received from the company post appraisal committee meeting which then required agreement from committee. Original scheduling of the appraisal would have allowed the KPI to be achieved.*				

Speed of production	% of Appeal Panel decisions received within 3 weeks of the hearing	80%	50%	**Amber**
Notes: *Two appeal decisions were received outside of the required timeframe:* • *Lysosomal acid lipase deficiency – sebelipase alfa [ID737]* • *Idiopathic pulmonary fibrosis - pirfenidone (review of TA282) [ID837]*				

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 31 March 2018, an update on the budget for 2018/19 and information about the workforce.

The Board is asked to review the report.

Ben Bennett

Business Planning and Resources Director

May 2018

Summary

1. Table 1 summarises the financial position as at 31 March 2018. There is a full analysis in Appendix A.

Table 1: Financial position at 31 March 2018

	Full Year Outturn			
	Budget £m	Expenditure £m	Income £m	Variance £m
Guidance & Advice	52.8	51.9	(1.8)	(2.7)
Corporate	12.8	13.6	(0.9)	(0.1)
Scientific Advice	(0.2)	1.4	(1.8)	(0.2)
Other Income	(12.3)	0.0	(11.9)	0.4
Reserves	1.7	0.0	0.0	(1.7)
Grand Total	**54.7**	**66.9**	**(16.5)**	**(4.3)**

N.B. The figures in the table are rounded from Appendix A

2. Table 1 above shows a full year total under spend of £4.3m (8%) against the original budget. This is attributable to vacant posts, under spends on the non-pay budget and additional unbudgeted income generation within directorates. This is £0.4m higher than forecast in the March 2018 Finance and Workforce report. This difference is mainly attributable to additional funding from the Office for Life Sciences to establish the Accelerated Access Collaborative (£0.2m) and potential calls on reserves not materialising (£0.1m). The DHSC has been able to use some of this resource to off-set financial pressures in the NHS.

3. The 2017/18 capital allocation was £0.5m. Of this allocation £0.25m has been spent on upgrading the office facilities in Manchester, £0.1m on IT hardware and £0.1m on a new web hosting contract.

4. The 2018/19 business plan has been published. The business plan noted a potential budget shortfall of £1.3m and that the DHSC recognised the possibility that it would need to provide transitional funding for this. We will continue to liaise with DHSC colleagues on this. It is likely that a number of non-recurrent savings arising will likely offset the shortfall.

5. Progress on the implementation of the workforce strategy is detailed in Appendix C. 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 31 March 2018

6. Work on the 2017/18 financial accounts and statutory audit is close to completion. This report is based on the accounts pre-audit and may be subject to change. The draft accounts and annual report will be formally approved by the Board at its meeting on the 20 June 2018. The accounts will then be laid before parliament in July 2018.

7. Appendix B shows the unaudited 2017/18 key financial statements (comprising the Statement of Comprehensive Net Expenditure, Statement of Financial Position and Statement of Cash Flows).

8. The net operational expenditure in 2017/18 was £50.4m as shown in Table 1 above and Appendix A. This was a £4.3m (8%) under spend, primarily composed of the following favourable variances:

    - £1.9m (43% of the under spend) pay under spend arising from vacant posts.
    - £0.5m (12%) under spend on non-pay budgets
    - £0.2m (5%) relating to higher than anticipated income relating to Scientific Advice and the BNF.
    - £1.7m (40%) from unutilised reserves.

Pay

9. Net operational pay expenditure for 2017/18 was £33.4m, which was £1.7m (5%) under spent against budget. An analysis of this pay under spend is provided in table 2 below.

Table 2: Pay Variances by Directorate

Pay	Budget £000's	Actual £'000	Variance £000's	Percentage of the total underspend %
Centre for Guidelines	6,640	5,933	(707)	43%
Centre for Health Technology Evaluation	8,965	8,423	(542)	33%
Evidence Resources	5,032	4,625	(407)	25%
Health & Social Care	7,149	6,942	(207)	13%
Communications	3,543	3,495	(48)	3%
Business Planning & Resources	2,595	2,665	70	(4%)
Scientific Advice	930	1,086	156	(9%)
Reserves	208	238	30	(2%)
Total	**35,061**	**33,407**	**(1,654)**	**100%**

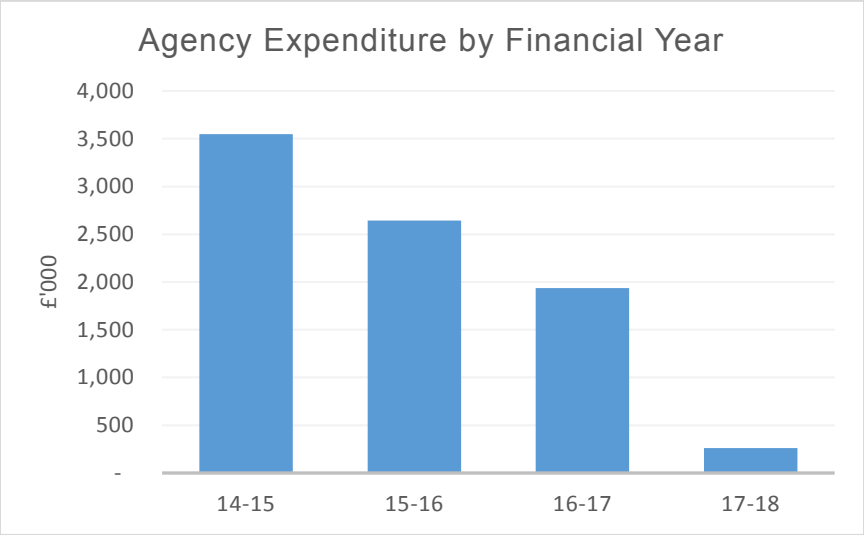
10. The overall pay under spend is slightly offset by an overspend of £70k in Business Planning and Resources mainly due to additional costs associated with acting up and sickness cover earlier in the year.

11. NICE Scientific Advice has incurred higher than anticipated pay expenditure mainly due to the expansion of the team to increase capacity. This additional expenditure has been fully offset by increased income in 2017/18.

12. The 2017/18 under spend on pay is mainly due to the high number of vacancies throughout the year. As we enter the new financial year there are currently 58wte vacant posts (8.5% of total posts), of which 11 posts relate to the expansion of the Technology Appraisals programme.

13. Spending on agency staff has fallen significantly in recent years and this trend has continued in 2017/18. Chart 1 below details agency spend over the previous four financial years.

Chart 1: Agency spend since 2014/15



14. Spending on agency staff in 2017/18 has reduced mainly due to digital services agency and contractor costs being £1.6m lower than last year. The Digital Services teams have worked to appoint contractors previously employed through agency to permanent posts paid through NICE payroll.

Non-Pay expenditure

15. Overall expenditure of £33.5m is a reduction of £2.8m to 2016/17. NICE International moving to Imperial College London in September 2016 accounts for £1.7m of this reduced expenditure in 2017/18.

16. Table 3 below shows a breakdown of non-pay expenditure for the year. The most significant category of expenditure (£7.9m) was payable to the Guideline Development Centres as part of the development of clinical guidelines, the NCC for Social Care as part of the development of social care guidelines and quality standards.

Table 3: Breakdown of Non-Pay expenditure for 2017/18

Non-Pay Expenditure description	2017/18 £'000	2016/17 £'000
Guideline Development Centres	7,933	8,031
External contractors	5,416	6,765
British National Formulary	4,795	4,908
Healthcare library services (HEE Funded)	3,691	3,550
Premises and fixed plant	3,195	3,031
Medical Technology External Assessment Centres	2,200	3,020
Rentals under operating leases	1,834	1,753
Travel expenditure	1,663	2,028
Depreciation and Amortisation	921	650
Establishment expenses	584	654
Supplies and services - general	563	106
Education, training and conferences	414	381
Legal fees	257	68
Chair and non-executive directors' costs	141	144
Auditor's remuneration: audit fees	50	50
Internal audit expenditure	34	22
Other operating costs: Interest	-	49
Provisions	(223)	995
Total Non-pay expenditure	**33,467**	**36,202**

17. External contractor expenditure of £5.4m is a decrease of £1.3m mainly due to the transfer of NICE International (£1.7m) and other smaller reductions such as the indicator development support. This has been offset by an increase in the use of contractors in Digital Services (£0.7m) in 2017/18.

18. The cost of purchasing and distributing the BNF on behalf of the NHS was £4.8m. NICE received a contribution of £0.8m towards this total from the devolved administrations (Wales, Scotland and Northern Ireland) in 2017/18.

19. Expenditure on the external assessment centres of £2.2m is £0.8m lower than in 2016/17 due to the reduction of centres from 4 to 3 in 2017/18.

20. Travel and subsistence expenditure of £1.7m is £0.3m lower than in 2016/17 mainly due to the transfer of NICE International travel (£0.2m) and the impact of

moving committee meetings to Manchester where the majority of staff are located.

21. The provisions line in the table above relates to adjustments we make in the annual accounts for liabilities of uncertain timing and amounts. In 2016/17 we included a provision for redundancy costs relating to the restructures taking place early in 2017. We also made a provision for transition costs relating to ending the NCC social care contract in 2016/17. Much of the latter provision was not required during 2017/18, resulting in the credit balance of £223,000 shown in the table above.

22. Net operational non pay expenditure in 2017/18 of £33.5m was an under spend of £2.3m (6%) against budget.

23. Of this, £1.7m was from unutilised non-pay reserves. The reserves balance consists of a budget set aside in the business plan to cover unplanned expenditure and any savings generated during the year as part of the NICE 2020 project.

24. Table 4 provides a breakdown of non-pay spend for 2017/18

Table 4: Breakdown of Non-Pay variances for 2017/18

Non Pay	Budget £000's	Actual Expenditure £'000	Variance £000's	Percentage of the total underspend %
Contracts	18,986	18,398	(588)	90%
Travel & Subsistence	1,839	1,663	(176)	27%
Committee Costs	1,187	1,062	(125)	19%
Training and Course Fees	283	255	(29)	4%
Provisions unutilised	0	(236)	(236)	36%
Computer maintenance, hardware and software	1,348	1,476	128	(20%)
Legal and Professional Fees	100	257	157	(24%)
Printing Costs (mainly BNF)	521	738	217	(33%)
Other grouped miscelleneous items	9,851	9,852	2	(0%)
Total	**34,116**	**33,466**	**(650)**	**100%**

25. In 2017/18 there has been an under spend on contracts of £0.6m mainly comprising of digital services contractors (£0.2m). Costs of £0.4m associated with MedTech Scan and the observational data unit have been deferred into the next financial year (2018/19). Funding associated with this activity from NHS England has also been deferred into the new financial year so the net impact on both years' budgets is nil.

26. The remaining under spend relates to travel and subsistence for staff and non-staff (£0.2m) and committee costs (£0.1m).

27. This total 2017-18 under spend is offset by overspends in the following areas:

- £250k on BNF printing costs (55% overspend against a budget of £702k). SMT agreed on 6 June 2017 this overspend could be funded by non-recurrent underspends elsewhere in the organisation. This was after reviewing proposals for reducing the number of printed copies of the BNF. The number of copies ordered was reduced, but there is still an ongoing need to distribute printed copies of the BNF across the NHS to complement the digital version.
- Legal fees are currently £157k over spent against a budget of £100k, with a particular cost pressure arising from specialist HR advice resulting from 2 employment tribunals. In previous years legal fees totalled £67k (2016/17) and £91k (2015/16).
- £128k overspend on computer maintenance, hardware and software items against a budget of £1.3m mainly across BPR (9% overspend). The majority of this overspend relates to computer hardware purchases (video conferencing equipment and laptops).

Other operating income

28. A summary extract from the 2017/18 unaudited accounts showing the £16.5m other operating income received is shown in table 5 below:-

Table 5: Breakdown of other operating income for 2017/18

Income Sources 2017/18		
	2017/18	2016/17
Income from sale of goods and services	£m	£m
Scientific Advice	1.8	1.5
NICE International	0.0	2.1
Publications, intellectual property and royalties income	0.1	0.1
Office for Market Access	0.2	0.1
	2.1	3.8
Other operating income		
Income from related NDPBs and Special Health Authorities		
NHS England	6.6	5.4
Health Education England	4.1	3.8
NHS Business Services Authority	0.0	0.0
Income from devolved administrations	2.0	2.1
Other income		
Office sublet income	0.9	0.8
Research grant receipts	0.6	0.5
Income received for staff seconded out (note 5)	0.1	0.1
Reimbursement of travel costs	0.0	0.0
Contribution to UK Pharmascan costs	0.0	0.0
Other income	0.0	0.1
	14.4	12.9
Total	**16.5**	**16.7**

29. The devolved administrations (Wales, Scotland and Northern Ireland) contributed £2.0m towards the cost of developing NICE guidance and products and procuring the BNF.

30. Income from the sale of goods and services has reduced by £1.8m from 2016/17 mainly due to the transfer of NICE International (£2.1m) to Imperial College London in September 2016. This has been offset a £0.3m growth in Scientific Advice income (16.5% increase) mainly due to an increase in the teams capacity in 2017/18. Income from the Office for Market Access has also increased by £0.1m from 2016/17.

31. Total research grant income in 2017/18 was £0.6m mainly comprising of IMI funding from the European Commission (£0.4m) to support 5 ongoing projects in the Science Policy and Research Group. NICE also received £0.2m in 2017/18

from the European Health Technology Appraisal network (EUnetHTA) for work on the European HTA network.

32. NHS England fund a number of work programmes at NICE with a cumulative total of £6.6m for 2017/18. This was an increase of £1.2m to 2016/17 mainly due to new funding agreements for the development of a Medtech Horizon Scanning database (£0.3m) and assessing digitally enhanced IAPT (Improving Access to Psychological Therapies) technologies (£0.3m). In addition to this there has also been additional funding to increase capacity of the technology appraisal programme in relation to the Cancer Drugs Fund (£0.5m).

33. Total funding is expected to increase in 2018/19 by £0.3m mainly due to increased activity associated with MedTech Scan. Table 6 below summarises the funding streams from NHS England.

Table 6: NHS England funding in Financial Years 2016/17, 2017/18 and 2018/19

Programme	2016-17 Actual £'m	2017-18 Actual £'m	2018-19 Planned £'m
Cancer Drugs Fund	2.1	2.6	2.6
Evidence based treatment pathways in mental health	1.9	1.3	1.6
Commissioning Support Programme	0.2	0.7	0.8
Commissioning Through Evaluation	0.6	0.8	0.6
Develop new MedTech Horizon Scanning Database		0.3	0.5
MedTech Innovation Briefings	0.5	0.4	0.4
Evaluation of digital therapies within the IAPT programme		0.3	0.3
Rapid Evidence Summaries	0.1	0.1	0.1
Total Confirmed Activity	**5.4**	**6.6**	**6.9**

Capital Expenditure

34. The 2017/18 capital allocation of £0.5 million was fully utilised. Expenditure included £0.25m on upgrading the office facilities in Manchester, £0.1m on IT hardware and £0.1m on a new web hosting contract.

Better Payment Practice Code

35. As a public sector organisation NICE is required to pay all non-NHS trade creditors in accordance with the Better Payment Practice Code (BPPC). The target is to pay 95% of all valid invoices by the due date or within 30 days of receipt of the goods, whichever is the later. NICE has achieved this target in 2017/18.

Forward planning

36. The 2018/19 business plan has now been published on the NICE website. It details the objectives and performance measures for the current financial year. The business plan noted a potential budget shortfall of £1.3m heading into 2018/19. However, delays to awarding the new MedTech external assessment centre contracts, coupled with the number of vacancies as we enter the new financial year highlighted earlier in this paper, mean that there are non-recurrent savings to offset much of this deficit.

37. The potential shortfall of £4.9m for 2019/20 is an ongoing issue that we continue to work with the DHSC to resolve. The board will be kept up-to-date with this position throughout the year.

38. The DHSC expected us to set aside funding for a 1% increase in our total pay costs. We pay our staff on NHS pay scales and the recently announced proposal for changes to the agenda for change pay framework will increase our pay cost by more than 1%. The DHSC has indicated to us that we will be given additional resourcing to cover the excess cost.

Appendix A – Summary of financial position as at 31 March 2018

Centre / Directorate		Full Year Outurn			
		Budget £000s	Expenditure £000s	Variance £000s	Variance %
Centre for Guidelines	Pay	6,640	5,933	(707)	(11%)
	Non pay	13,658	13,573	(85)	(1%)
	Income	(645)	(831)	(186)	(29%)
	Total	**19,653**	**18,674**	**(978)**	**(5%)**
Centre for Health Technology Evaluation	Pay	8,965	8,423	(542)	(6%)
	Non pay	4,251	4,045	(207)	(5%)
	Income	(789)	(855)	(67)	(8%)
	Total	**12,428**	**11,612**	**(815)**	**(7%)**
Health and Social Care	Pay	7,149	6,942	(207)	(3%)
	Non pay	1,938	1,912	(26)	(1%)
	Income	0	(26)	(26)	--
	Total	**9,087**	**8,828**	**(259)**	**(3%)**
Evidence Resources	Pay	5,032	4,625	(407)	(8%)
	Non pay	6,661	6,432	(229)	(3%)
	Income	(99)	(131)	(33)	(33%)
	Total	**11,594**	**10,926**	**(668)**	**(6%)**
Subtotal Guidance and Advice		**52,761**	**50,041**	**(2,720)**	**(5%)**
Communications	Pay	3,543	3,495	(48)	(1%)
	Non pay	441	360	(80)	18%
	Income	0	(2)	(2)	--
	Total	**3,983**	**3,854**	**(129)**	**(3%)**
Business Planning and Resources	Pay	2,595	2,665	70	3%
	Non pay	6,016	6,129	113	2%
	Income	(793)	(890)	(97)	(12%)
	Total	**7,818**	**7,904**	**86**	**1%**
Depreciation / Capital Adjustments	Non pay	950	920	(30)	(3%)
	Total	**950**	**920**	**(30)**	**(3%)**
Subtotal Corporate		**12,751**	**12,678**	**(73.6)**	**(1%)**
Scientific Advice	Pay	930	1,086	156	17%
	Non pay	290	315	25	9%
	Income	(1,425)	(1,802)	(377)	(26%)
	Total	**(205)**	**(400)**	**(195)**	**n/a**
Other Income	Income	(12,325)	(11,943)	383	3%
	Total	**(12,325)**	**(11,943)**	**383**	**(3%)**
Reserves	Pay	208	238	30	14%
	Non pay	1,526	(220)	(1,746)	(114%)
	Total	**1,734**	**18**	**(1,716)**	**(99%)**
NICE Grand Total	**Pay**	**35,061**	**33,407**	**(1,654)**	**(5%)**
	Non pay	**35,731**	**33,466**	**(2,265)**	**(6.3%)**
	Income	**(16,076)**	**(16,480)**	**(404)**	**(3%)**
	Total	**54,716**	**50,393**	**(4,323)**	**(8%)**

Appendix B – Financial Statements

Statement of Comprehensive Net Expenditure		
	Total 31 Mar 2018 £000	Total 31 Mar 2017 £000
Income from sale of goods and services	(2,102)	(3,820)
Intangible assets	(14,379)	(12,912)
Total non-current assets	**(16,480)**	**(16,732)**
Staff costs (before recoveries of outward secondments	33,407	35,094
Purchase of goods and services	32,769	34,508
Depreciation and impairment charges	921	650
Provisions expense	(223)	995
Other operating expenditure	0	49
Total current assets	**66,874**	**71,296**
Net comprehensive expenditure	**50,394**	**54,564**

Statement of Financial Position

	Total 31 Mar 2018 £000	Total 31 Mar 2017 £000
Non-current assets		
Property, plant and equipment	1,925	2,419
Intangible assets	129	86
Total non-current assets	**2,054**	**2,505**
Current assets		
Trade and other receivables	1,820	2,670
Other current assets	2,045	2,249
Cash and cash equivalents	3,492	2,200
Total current assets	**7,358**	**7,119**
Total assets	**9,412**	**9,624**
Current liabilities		
Trade and other payables	(2,807)	(2,713)
Provisions for liabilities and charges	(339)	(1,095)
Total current liabilites	**(3,146)**	**(3,808)**
Non-current assets less net current liabilities	**6,266**	**5,816**
Non-current liabilities		
Provisions for liabilities and charges	(669)	(828)
Total non-current liabilities	**(669)**	**(828)**
Assets less liabilitites	**5,597**	**4,988**
Taxpayers' equity		
General fund	4,680	4,071
Non-exchequer trading reserves	917	917
	5,597	**4,988**

Statement of Cash flows

	Total 31 Mar 2018 £000	Total 31 Mar 2017 £000
Cash flows from operating activities		
Net operating cost	(50,394)	(54,564)
Adjustments for non-cash transactions	698	1,645
(Increase)Decrease for trade and other receivables	1,053	(864)
Increase/(Decrease) in trade and other payables	93	(4,997)
Use of provisions	(691)	(1,527)
Net cash outflow from operating activities	**(49,240)**	**(60,307)**
Cash flows from investing activities		
Purchase of property, plant and equipment	(383)	(472)
Purchase of intangible assets	(86)	0
Proceeds of disposal of property, plant and equipment	0	0
Proceeds of disposal of intangibles	0	0
Net cash outflow from investing activities	**(468)**	**(472)**
Cash flows from financing activities		
Net Grant in aid	51,000	56,600
Net increase/(decrease) in cash equivalents in the period	**1,293**	**(4,179)**
Net increase/(decrease) in cash equivalents in the period	1,293	(4,179)
Cash and cash equivalents at the beginning of the period	2,200	6,379
Cash and cash equivalents at the end of the period	3,492	2,200

Appendix C – Workforce Strategy Update at 30 April 2018

The HR team has been making progress with the following areas in the last few months:

Resourcing

Recruitment
We have now appointed a Recruitment Manager, who will be focussing on a range of strategic resourcing initiatives, including attracting high-quality candidates, developing action-plans for hard-to-fill vacancies, and improving the selection process.

Apprentices
We have appointed 15 apprentices in the last financial year, which means we have achieved our apprenticeship recruitment target for 2017-18 (which is 2.3% of workforce, or 15 apprentices). We are now working with line managers to identify further apprenticeship opportunities, including progressions for apprentices wishing to develop further.

HR Systems

ESR Self Service
ESR self-service has now been launched across NICE. The system is being used to book annual leave and record other types of absence, including sickness absence and carers' leave. We are now exploring other modules which ESR offers, including e-appraisals.

Policy development

Sickness absence policy
Our sickness absence policy has been updated in consultation with the union. The new policy has introduced a more structured support plan which facilitates timely involvement of support mechanisms such as occupational health.

Organisational change policy
Our organisational change policy has been updated in consultation with the union. The policy has been designed to improve the process for both staff and managers, to improve communication, and minimise worry and disruption which can be experienced during change processes.

Culture

Staff survey
We have now appointed our new staff survey provider, and we're preparing to launch our annual staff survey in May. This provides our staff with a key opportunity to provide feedback on a range of subjects, including work-life balance and wellbeing, culture, line manager support and our working environment.

Health and wellbeing
NICE has trained its first cohort of mental health first aiders. The training was well-received and activities are underway to continue to promote our mental health first aiders

Stonewall
NICE has recently become Stonewall Diversity Champions, and will be working with Stonewall over the coming months to make improvements to some of our policies and processes to make them more LGBT inclusive. Stonewall will also be providing advice to our NICE Equality and Diversity Group on the use of inclusive language in our guidance.

National Institute for Health and Care Excellence

NICE impact: cardiovascular disease prevention

This NICE impact report provides the Board with information on how NICE guidance is used in the national priority area of cardiovascular disease prevention.

Ten topic areas have been agreed for the impact reports. The table below shows the progress of each one and includes the 2019 publication dates for mental health, sexual health, social care and respiratory disease. The schedule has been set following a review of predicted publication dates of the data which are expected to underpin these reports. This has been reviewed by Senior Management Team.

Once this schedule is complete, given that this is a rolling programme, the cycle will begin again. This provides an opportunity to explore different themes under the topic headings, subject to data availability. For example, the focus of the report attached is CVD prevention: the next CVD report may explore the uptake and impact of NICE recommendations on CVD treatment.

Topic	Publication	Status
Cancer	January 2018	Published
Maternity	March 2018	Published
Cardiovascular disease prevention	May 2018	Attached
Musculoskeletal conditions	July 2018	In progress
Diabetes	September 2018	In progress
Antimicrobial resistance and infections	November 2018	Due to start in June
Social care	January 2019	Due to start in August
Sexual health	March 2019	Due to start in September
Respiratory disease	May 2019	Due to start in November

The Board is asked to review the report and note the timetable for future NICE impact topic reports.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

May 2018

NICE National Institute for Health and Care Excellence

NICEimpact *cardiovascular disease prevention*

NICEimpact *cardiovascular disease prevention*

Around 7 million people in the UK are affected by cardiovascular disease (CVD). This report considers how NICE's evidence-based guidance can contribute to improvements in the prevention of CVD.

This report highlights progress made by the healthcare system in implementing NICE guidance. We recognise that change can sometimes be challenging, and may require additional resources such as training, new equipment or pathway reconfiguration.

We work with partners including NHS England and NHS Improvement to support these changes, and we also look for opportunities to make savings by reducing ineffective practice.

Changing behaviour to reduce risk p4

Focusing on behaviour change can reduce the incidence of CVD and, in turn, help to prevent other major causes of death and illness. We have looked at how NICE recommendations on obesity, smoking and physical activity can help reduce CVD risk at the population and individual level.

Diagnosing and managing 6 high-risk conditions p6

NHS RightCare has identified 6 high-risk conditions which are major causes of CVD events such as heart attack and stroke. We have reviewed how NICE recommendations are used to identify and manage high blood pressure (p7), high cholesterol (p8), atrial fibrillation (p11), chronic kidney disease (p13), high blood sugar (pre-diabetes) (p14) and diabetes (p15) to reduce CVD risk. We have also looked at how NICE and our partners in the system are working together to put these recommendations into practice.

Spotlight on severe mental illness p17

Severe mental illness is also linked with an increase in CVD risk. We have considered how NICE recommendations can contribute to improving the physical health of people with severe mental illness.

Commentary p18

HOLD for summary once commentary has been received. (One/two sentences)

Why focus on CVD prevention?

CVD is a general term for conditions affecting the heart or blood vessels. It's usually associated with a build-up of fatty deposits inside the arteries (known as atherosclerosis) and an increased risk of blood clots. It can also be associated with damage to arteries in organs such as the brain, heart, kidneys and eyes.

Heart disease and stroke are the most common forms of CVD. Other forms include a 'mini-stroke' (transient ischaemic attack or TIA) and peripheral arterial disease (narrowing of the arteries, usually in the legs).

NICE impact reports review how NICE recommendations for evidence-based and cost-effective care are being used in priority areas of the health and care system, helping to improve outcomes where this is needed most.

NICE provides evidence-based guidance and advice to help improve health and social care services. The uptake of NICE guidance is influenced by close relationships with partners in the system, such as NHS England and Public Health England (PHE). **Next steps on the NHS Five Year Forward View** was commissioned by NHS England to set out a series of practical and realistic steps to deliver a better, more joined-up and more responsive NHS. A particular focus of the report is prevention.

Next Steps on the Five Year Forward View highlights that CVD is highly preventable through evidence-based treatments for high risk conditions. NHS RightCare and PHE have established a **CVD prevention pathway** and so, in this report, we have focused on what we know about the uptake and impact of our recommendations in this area.

NICE published its first CVD guideline, on hypertension, in 2004. Since then we have produced a **suite of guidance and advice on the diagnosis and management of cardiovascular conditions** such as acute coronary syndromes, heart failure, and venous thromboembolism. However, because the focus of this report is CVD prevention, we have looked at a broad range of NICE guidance on conditions that increase the risk of CVD, such as diabetes, and risk factors that can be altered, such as obesity.

We routinely collect data which give us information about the uptake of our guidance. To produce this report, we have worked with national partners to select data which tell us how NICE guidance can make a difference in priority areas of CVD prevention. The data also highlight areas where there remains room for improvement.

26%

26% of all deaths in the UK are caused by CVD

Changing behaviour to reduce risk

NICE's guidance on CVD prevention at the population level is complemented by a suite of guidance recommending interventions to help people stop smoking, eat a better diet and increase their physical activity.

The proportion of people who smoke continues to reduce, but data suggest that more could be done to implement NICE's recommendations on preventing smoking in schools and in secondary care settings.

There is wide regional variation in the proportion of people who are overweight or obese and more than 1 in 5 adults report getting less than 30 minutes of moderate intensity activity each week. These data suggest that more could be done to help people manage their weight and get physically active.

Poor diet, physical inactivity and smoking are risk factors for CVD. Behaviour change at the population and individual level can reduce the incidence of CVD.

In June 2010, NICE published a guideline on **CVD prevention**, covering the main risk factors linked with cardiovascular disease such as poor diet, physical inactivity and smoking. It aims to reduce the high incidence of CVD through interventions at the population level. It is complemented and supported by a range of NICE guidance recommending interventions focused on changing individual behaviour. In this section of the report we have looked at the uptake and impact of some of these recommendations.

Smoking

Quitting smoking is described by the British Heart Foundation (BHF) as **the single best thing you can do for your heart health**. NICE's first public health guideline was on **smoking: brief intervention and referrals**, published in 2006. We have since published a range of guidance and advice on **smoking and tobacco**, aiming to prevent people from taking up smoking, reduce harm and help people quit. Data from the **Public Health Outcomes Framework** (PHOF) show the proportion of people who smoke in England continues to reduce each year; 15.5% of adults smoked in 2016, down from 19.3% in 2012.

19%

19% of children aged 11 to 15 tried smoking at least once …

23%

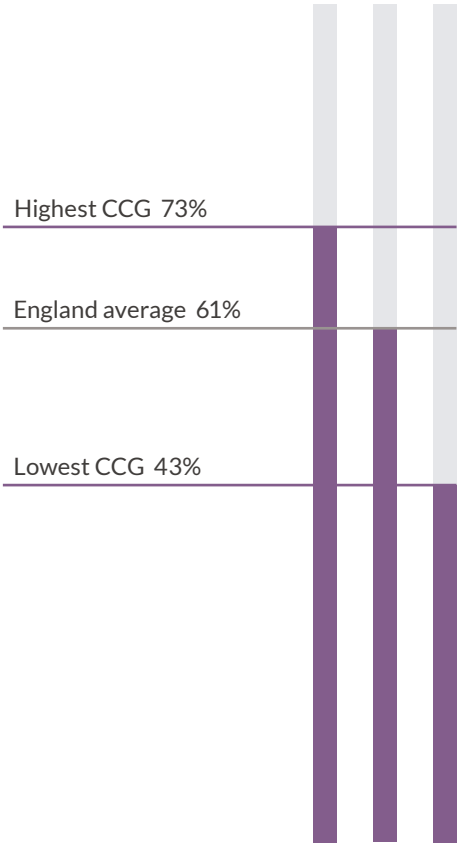
… down from 23% in 2012

The NICE guideline on **smoking prevention in schools** aims to prevent children and young people under 19 from taking up smoking. In 2016, NHS Digital published a report on **smoking, drinking and drug use among young people in England** which found that 19% of children aged 11 to 15 had tried smoking at least once, down from 23% in 2012. Nearly all schools reported providing pupils with lessons about smoking, as recommended by NICE. However only 60% of pupils recalled a lesson on smoking in the last year and only 59% of pupils felt they received enough information about smoking.

NICE's guideline on **smoking in acute, maternity and mental health services** promotes smokefree policies and recommends how to help people stop or abstain from smoking in these settings. In 2016, the British Thoracic Society carried out a **smoking cessation audit** of nearly 15,000 inpatients which gave us information about the uptake of these recommendations.

NICE recommends that everyone who comes into contact with a healthcare professional should have their smoking status recorded and, if they are a smoker, be offered advice on how to quit. The audit found that, although smoking status was recorded in 73% of inpatient records, only 28% of current smokers were asked if they'd like to quit. Of these, just 20% were referred to a hospital smoking cessation service.

Percentage of adults classed as overweight or obese in England, 2015/16



Diet and obesity

Poor diet and obesity also increase the risk of CVD. NICE published a guideline on **obesity prevention** in 2006 and since then we have published a suite of guidance and advice on **diet, nutrition and obesity**. The guidance aims to prevent children, young people and adults from becoming overweight or obese. It also covers identifying, assessing and managing obesity, and referral to lifestyle services.

The PHOF records the proportion of people who are overweight or obese in England. In 2016/17, 23% of children aged 4 to 5 were classed as overweight or obese and, in 2015/16, 61% of adults were overweight or obese according to their BMI. However, there is wide regional variation in these rates. In children aged 4 to 5, the percentage classed as overweight or obese ranged from 15% to 28% in CCGs across England, and the range for adults is even wider.

Physical activity

Being active also helps reduce the risk of CVD and NICE has produced a suite of guidance aimed at increasing **physical activity**. PHE's **indicators** show that 22% of adults in England report getting less than 30 minutes of moderate intensity physical activity each week. NICE's guideline on **walking and cycling** aims to help people achieve recommended physical activity levels. PHE's indicators show that only around half the adults in England say they walk at least 5 times a week for 10 minutes or more. These data suggest that there is room for improvement in many people's activity levels.

Diagnosing and managing 6 high-risk conditions

Data show that 60% of people under 80 with hypertension achieve the NICE recommended blood pressure target but only 9% had a recorded assessment of physical activity.

NICE's updated recommendation for offering statins appears to be associated with a change in prescribing practice. An increasing proportion of people with atrial fibrillation and a risk score above 2 are receiving anticoagulation as recommended by NICE.

For people with diabetes, NICE recommends structured education to help them manage their condition. While most people are referred soon after diagnosis, data suggest that attendance at these programmes may be poor in adults.

High blood pressure, high cholesterol, atrial fibrillation, chronic kidney disease, high blood sugar (pre-diabetes) and diabetes are major causes of CVD events such as heart attack and stroke. Late diagnosis and under-treatment is common.

Recent analysis by PHE suggests that there is an opportunity to prevent more than 9,000 heart attacks and at least 14,000 strokes over the next 3 years with better diagnosis and management of high blood pressure, high cholesterol and atrial fibrillation.

PHE and NHS RightCare have produced a **CVD prevention pathway**, focusing on high impact interventions to deliver improvement in the diagnosis and management of these conditions as well as diabetes, pre-diabetes and chronic kidney disease. NICE is working with NHS RightCare to support the use of NICE guidance and other products during the development of this and other **NHS RightCare Intelligence products** such as optimal value pathways, high impact interventions and logic models.

In this section of the report, we have considered the uptake of NICE's recommendations for the diagnosis and management of these 6 high-risk conditions. We have also looked at examples of NICE's recommendations being used in practice to support the CVD prevention pathway.

Helping GPs identify and manage the 6 high-risk conditions

In collaboration with the BHF, PHE and NHS England, NICE is supporting the development of a CVD prevention audit and decision aid tool based on NICE recommendations. The tool will be embedded in GP systems and aims to identify people with one or more of the 6 high-risk conditions undiagnosed or sub-optimally managed, putting them at increased risk of CVD.

The tool will provide decision support in the form of built-in prompts to assess risk or optimise management and will allow reporting at regular intervals in order to monitor progress. It will be fully aligned with NICE guidance for each of the 6 conditions and will support the NHS RightCare CVD prevention pathway.

1 High blood pressure – hypertension

There are opportunities to improve the diagnosis and management of high blood pressure, also known as hypertension. The CVD prevention pathway highlights that there are an estimated 5 million people with undiagnosed high blood pressure. Of those with a diagnosis, 40% have poorly controlled blood pressure.

Reducing blood pressure to a recommended target range reduces the risk of cardiovascular events. NHS England's **Size of the Prize** analysis estimates that, over a 3 year period, optimal treatment of hypertension could prevent 9,710 heart attacks and 14,500 strokes, saving the NHS up to £274.2 million.

5m

5 million people have undiagnosed hypertension

NICE's guideline on **hypertension in adults: diagnosis and management** focuses on identifying and treating primary hypertension in people 18 and over. It aims to reduce the risk of cardiovascular problems such as heart attacks and strokes by helping healthcare professionals to diagnose hypertension accurately and treat it effectively.

NICE recommends that people under 80 with diagnosed hypertension should aim for a target clinic blood pressure below 140/90 mmHg. For people aged 80 or over, the NICE recommended target is 150/90 mmHg or below. The **Quality and Outcomes Framework** (QOF) records the proportion of all people with a diagnosis of hypertension who achieve a target clinic blood pressure of 150/90 mmHg or below; this was 80% in 2016/17.

However, data from the **Indicators no longer in QOF** (INLIQ) show that only 60% of people aged under 80 achieved the NICE recommended target clinic blood pressure of 140/90 mmHg or below in 2016/17. This suggests that more work is needed to ensure that those aged under 80 are able to meet their target blood pressure.

Lifestyle factors can have a large effect on CVD risk, and increased physical activity can help to manage hypertension. NICE's guideline on **physical activity: brief advice for adults in primary care** aims to improve health and wellbeing by raising awareness of the importance of physical activity and encouraging people to increase or maintain their activity level. The guideline recommends that adults who are not

Dudley CCG identified a large gap between the reported and expected prevalence of hypertension in their local area. To address this, they developed a **local pathway** *based on NICE guidance, which covers screening, diagnosis, treatment and referral options for people with, or suspected of having, hypertension. They described their process in a* **NICE shared learning example**.

As a result of this work they diagnosed over 1,000 new people with hypertension over 2 years. Dudley CCG have estimated that, for each additional 1,000 people whose blood pressure is controlled, 16 strokes and 12 heart attacks could be prevented each year.

currently meeting the UK physical activity guidelines should be identified during a consultation with a primary care practitioner or as part of a planned session on management of long term conditions. Adults who are assessed as inactive should be advised to do more physical activity, and the benefits of this should be emphasised.

Nearly half of people with hypertension who were assessed for physical activity received a score of 'less than active'

Data from INLIQ show that only 9% of people with hypertension aged 16 to 74 had an assessment of physical activity in the last 12 months. Nearly half of those assessed received a score of 'less than active'. This suggests that there are opportunities for improvement in the identification of people who are not active enough, as part of their hypertension management.

Systematic case finding of people with hypertension

NICE works with a community of medicines and prescribing associates to support and promote high quality, safe, cost-effective prescribing and medicines optimisation in their local health economies. One of these associates supported a project aimed at increasing diagnosis rates for hypertension in East Berkshire, which is described in a NICE shared learning example.

The project was carried out by members of the CCG Medicines Optimisation Team (MOT), who worked with GP practices to find people through audit who either had hypertension or were at risk of developing hypertension. MOT pharmacists then added people with hypertension to disease registers or referred people not yet diagnosed for diagnosis and QRISK2 assessment as recommended by NICE.

After 12 months there was a 12% increase in the number of people diagnosed with hypertension, a significantly higher increase than in the previous 2 years and a bigger increase than any other CCG in England. Over 4,000 people who were added to the register in 2017 achieved a blood pressure target of 150/90 mmHg by the end of the year.

2 High cholesterol – hypercholesterolaemia / familial hypercholesterolaemia (FH)

People with high cholesterol due to lifestyle factors or a genetic condition such as FH are at a greater risk of cardiovascular events. The CVD prevention pathway highlights that 85% of those with FH are undiagnosed and most people with high cholesterol do not receive cholesterol-lowering medicine such as statins or PCSK9 inhibitors.

NICE has produced a patient decision aid to help people make up their mind whether or not to take a statin to help reduce their risk of having a heart attack or developing angina (together called coronary heart disease or CHD), or of having a stroke.

Statin initiation

With such a high percentage of people with high cholesterol undiagnosed, risk scoring and subsequent statin initiation is particularly important. In July 2014, NICE published an updated guideline on cardiovascular disease: risk assessment and reduction, including lipid modification. It contains recommendations for using the QRISK2 tool to identify people who are at risk of CVD and offering statins to reduce their risk.

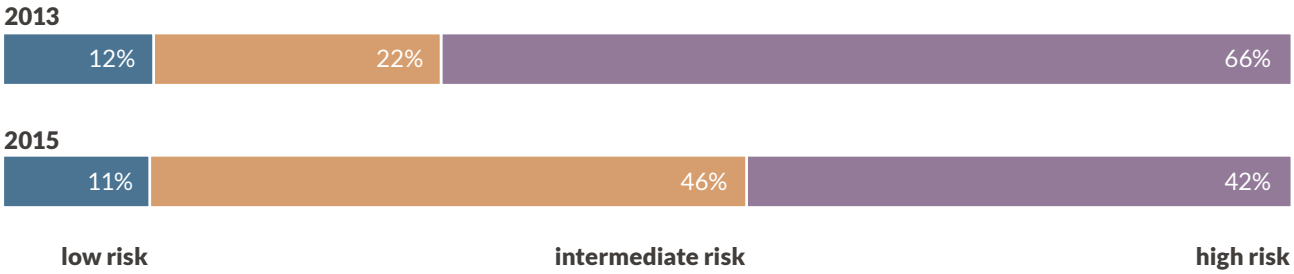
The updated guideline reduced the CVD risk threshold for offering statins from a previous NICE recommendation. NICE now recommends that people with a 10% or greater 10-year risk of developing CVD are offered statins, while the previous guideline recommended a threshold of 20%.

NICE's updated guideline recommends offering statins to people with a 10% or greater 10-year risk of developing CVD

A paper published in the British Journal of General Practice looked at risk scoring and the initiation of statins for the primary prevention of CVD. It aimed to identify the effect of the NICE guideline update. The analysis included 1.4 million patients from 248 GP practices. It showed that, between 2012 and 2015, 73% of people initiated on a statin did not have a QRISK2 score recorded at any time.

Of those who had a QRISK2 score recorded, the proportion of statin initiations by risk group changed following the publication of the updated guideline. In this analysis, people with a QRISK2 score between 10% and 19.9% were defined as being at intermediate risk. Since NICE recommended that statins should be offered to people with a 10% or greater 10-year risk, the proportion of statin initiations which are in people at intermediate risk has increased.

The proportion of statin initiations by QRISK2 risk category before and after the 2014 NICE guideline update



(Finnikin S, Ryan R, Marshall T (2017) Statin initiations and QRISK2 scoring in UK general practice: A THIN database study. *British Journal Of General Practice* 67 (665) 881-7)

'Despite my fit and active life as a police officer, at the age of 35 I had a heart attack and shortly afterwards I was discharged as medically unfit. I've since had a triple bypass, five stents, a redo bypass and a replacement aortic valve despite travelling from Salisbury to Cardiff fortnightly for 26 years to receive LDL apheresis.

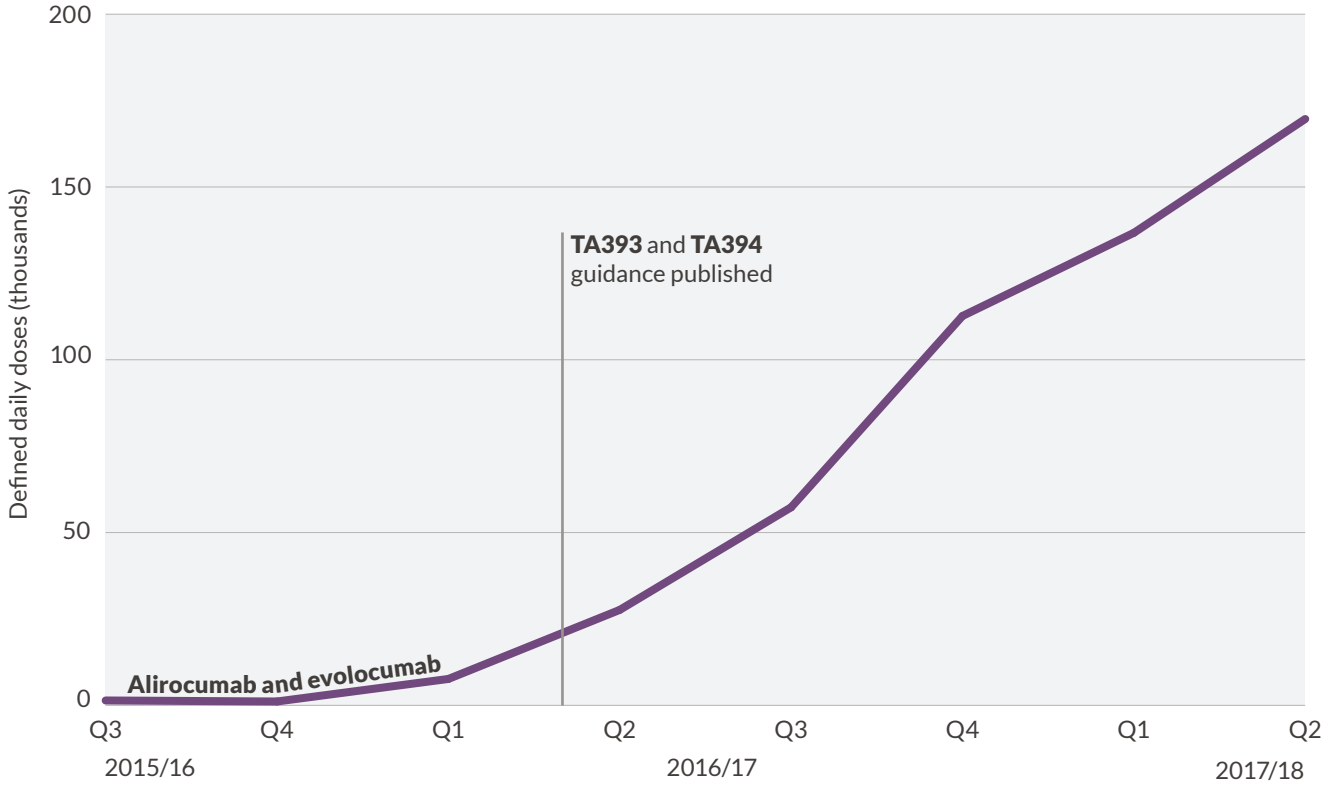
In 2016, I took part in trials for the new PCSK9 inhibitors which was so successful in lowering my LDL-cholesterol that rather than the fortnightly trips to Cardiff I now self-administer PCSK9 inhibitors at home, vastly improving my quality of life.' David, Heart UK ambassador

PCSK9 inhibitors

In June 2016, NICE recommended 2 new cholesterol-lowering medicines, alirocumab and evolocumab, for treating primary hypercholesterolaemia and mixed dyslipidaemia. They are recommended for people whose low-density lipoprotein (LDL) concentrations are not adequately controlled on other lipid-lowering medication, such as statins, or who cannot tolerate other treatments. LDL carries cholesterol to the cells that need it but, if there's too much cholesterol for the cells to use, it can build up and lead to CVD. For this reason, LDL is often known as 'bad cholesterol'.

Alirocumab and evolocumab are PCSK9 inhibitors, which help receptors in the liver keep working to lower cholesterol levels in the blood. Data from the Innovation Scorecard show an increase in the prescribing of these medicines over time.

Prescribing of PCSK9 inhibitors for treating primary hypercholesterolaemia or mixed dyslipidaemia



The Innovation Scorecard estimates report estimates the number of people to be treated with medicines recommended by NICE. The report then compares expected uptake to the actual volume of medicines used. While prescribing of alirocumab and evolocumab has increased, the most recent report estimates that the volume of these 2 medicines used from July to September 2017 was 62% lower than expected. Barriers to uptake may include identification of appropriate patients, a lack of locally agreed referral pathways and varied funding approaches. This suggests that many more people could benefit from PCSK9 inhibitors.

A news story released at the time of publication received almost 2,000 views and the updated guideline received extensive media coverage, with more than 30 pieces published. The coverage was positive, suggesting that the guidance was well received.

Familial hypercholesterolaemia

In November 2017, NICE updated the guideline on familial hypercholesterolaemia: identification and management. It contains recommendations on identifying and managing FH, a specific type of high cholesterol that runs in the family, in children, young people and adults. It aims to help identify people at increased risk of coronary heart disease as a result of having FH.

NICE has produced an implementation resource in collaboration with PHE, NHS England, the BHF and Heart UK to support the updated FH guideline. The resource aims to set out measures which could be taken to improve the diagnosis and treatment of FH, based on the NICE guideline and other available evidence and expertise. **(Due to publish on PHE website in May. A hyperlink will be included in the final published report).**

3 Atrial fibrillation (AF)

AF is associated with an increased risk of stroke. The CVD prevention pathway highlights that 30% of people with AF are undiagnosed. Of those with a diagnosis, over half have untreated or poorly controlled AF.

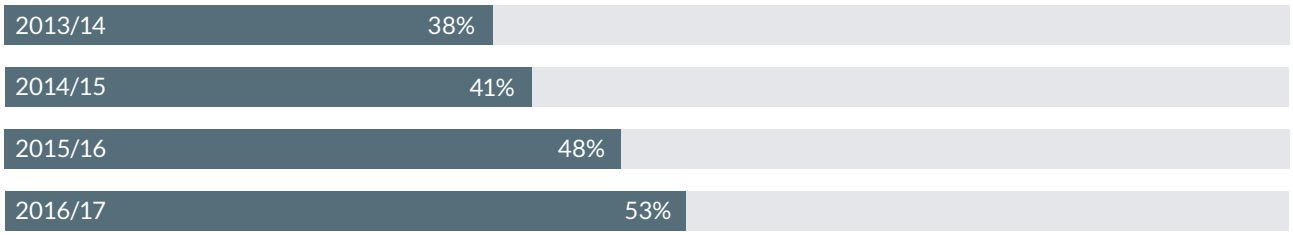
NICE has produced a patient decision aid to help people with AF reach a decision about whether to take an anticoagulant to reduce the risk of stroke, and which one to take if they decide to do so.

For people with AF who are assessed at being at risk of stroke, NICE recommends offering anticoagulants, which prevent the blood from clotting and can be highly effective at reducing the risk of cardiovascular events. The CVD prevention pathway estimates that anticoagulants prevent two thirds of stroke in people with AF. There are also potential savings for the NHS by preventing emergency admissions to hospital.

In June 2014, NICE published an updated guideline on **atrial fibrillation: management.** It contains recommendations on the diagnosis and management of AF in adults and aims to prevent harmful complications, in particular stroke. To help assess the risk of stroke it recommends the use of the CHA_2DS_2-VASc tool.

Data from QOF show that, in 2015/16, 94% of people with AF were risk assessed using this tool. Of those risk assessed, an increasing proportion of people, 78% in 2015/16 and 81% in 2016/17, with a CHA_2DS_2-VASc score of 2 or more received anticoagulation therapy as recommended by NICE.

The percentage of people with AF prescribed anticoagulation before having a stroke



However the **Sentinel Stroke National Audit Programme** (SSNAP) records the percentage of people with AF prescribed anticoagulation before having a stroke. The data show that the percentage has increased, but only just over half received anticoagulants before having a stroke in 2016/17. This highlights that some people at risk of stroke are potentially not receiving anticoagulation medicine as recommended by NICE. The audit report suggests that, if everyone with AF was treated with anticoagulants appropriately, then about 6,000 strokes would be prevented each year.

Increasing anticoagulation in AF through pharmacist led virtual clinics in primary care

Working with Lambeth CCG and Southwark CCG in South London, NICE's medicines and prescribing associates have supported a project to increase the uptake of anticoagulation in patients with AF who are at risk of stroke.

Following NICE's guideline on the management of AF, the project aimed to ensure that all patients on the QOF AF register had an assessment of stroke risk using CHA_2DS_2-VASc, and were offered anticoagulation if at risk of stroke. Any patients currently treated with aspirin for AF-related stroke prevention were reviewed. Education of practice staff was also promoted.

Specialist anticoagulation pharmacists reviewed 1,340 patients in virtual clinics over an 11 month period and provided anticoagulation therapy to an additional 1,292 patients. Across the 2 CCGs 81% of high risk AF patients are now receiving anticoagulation, an increase of 19%. As a result it is estimated that the CCGs will see up to 45 AF-related strokes prevented each year.

4 Chronic kidney disease (CKD)

Good management of CKD can improve CVD outcomes. The CVD prevention pathway highlights that many of those with CKD have poor blood pressure control and poor proteinuria control (an increase in amount of protein in the urine). This is a significant risk factor for CVD. In addition, 1.2 million people with CKD are undiagnosed.

Data from the National CKD Audit show that, in 2016, 69% of people with identified CKD received statins in line with NICE guidance. Lower uptake of these recommendations was seen among younger people without diabetes, a group that may have the most to gain from statin therapy for CVD prevention.

The National CKD Audit shows that people with CKD stages 3-5 (the more severe stages) are often hospitalised due to cardiovascular events. Effective management of CKD can reduce emergency admission to hospital, be cost effective for the NHS and reduce pressure on secondary care. NICE's guideline on chronic kidney disease in adults: assessment and management aims to prevent or delay the progression of CKD, reduce or prevent the development of complications, and reduce the risk of CVD.

Good management of CKD in line with NICE guidance can reduce emergency admission to hospital, be cost effective for the NHS and reduce pressure on secondary care

Primary care is responsible for a number of key interventions in early stage CKD. Where CKD is not recorded correctly in GP records, interventions recommended by NICE, such as patient information and education, review of kidney function, blood pressure control, statin prescription and medication management, may not occur. The National CKD Audit found that 70% of confirmed cases of CKD were recorded correctly in GP records, although 11% of people recorded as CKD stage 3-5 had test evidence that they did not have CKD stage 3-5.

70%

70% of people on the CKD register achieved a target blood pressure

To reduce the risk of CVD, and of CKD progression, NICE recommends that people with CKD should aim for a target blood pressure below 140/90 mmHg. Data from INLIQ show that, in 2016/17, 70% of people on the CKD register achieved a target blood pressure of 140/85 mmHg or below. However, NICE recommends that people with both CKD and diabetes should aim to keep their blood pressure below 130/80 mmHg. Data from the National CKD Audit show that blood pressure control is poor in people with both CKD and diabetes; only 29% had blood pressure below this target.

5 High blood sugar (pre-diabetes) – non diabetic hyperglycaemia (NDH)

People with high blood sugar without diabetes can, through behaviour change programmes, reduce their risk of diabetes and associated cardiovascular events. The CVD prevention pathway highlights that 5 million people have NDH and most do not receive an intervention.

The NICE guideline on type 2 diabetes prevention in people at high risk covers how to identify adults at high risk of diabetes and aims to help provide them with an effective and appropriate behaviour change programme. There are a lack of data telling us about the uptake of our recommendations in this area.

The NDA diabetes prevention pilot found that most people at risk of developing diabetes were not recorded with a diagnosis in GP systems

However, the National Diabetes Audit (NDA) has begun collecting information on people with NDH. A pilot in 22 GP practices found low rates of diagnosis recording in people with elevated glucose in the pre-diabetes range, and low attendance at behaviour change programmes as recommended by NICE. We will review the national data when they become available.

Pre-diabetes case finding and behaviour change programmes

The Healthier You: NHS Diabetes Prevention Programme (NHS DPP) was launched in 2016 and represents a joint commitment from NHS England, PHE and Diabetes UK. Using the approach outlined in NICE's guideline on prevention of type 2 diabetes in people at high risk, the programme aims to identify people with NDH through the NHS Health Checks programme, searches of GP records or routine contact with a healthcare professional. They are then referred onto a behaviour change programme.

People who are referred receive support to set and achieve goals and make positive changes to their lifestyle. They are encouraged to achieve dietary and physical activity recommendations and to reach a healthy weight. Together these changes are proven to reduce the risk of developing Type 2 diabetes. Between June 2016 and March 2017 the programme was available in 27 areas of England, covering over half the population. Nearly 44,000 referrals were made and 49% of those referred attended at least the first session.

By March 2018, 4,500 people had completed the programme, which takes approximately 9 months. Analysis of the results are ongoing. The programme will be rolled out nationally from April 2018 and the new data collection on pre-diabetes as part of the NDA will allow the long term impact to be assessed.

6 Diabetes

NICE has produced a patient decision aid to help people with type 2 diabetes think about their options for controlling their blood glucose to try to reduce the long-term risks of diabetes.

People with diabetes who receive NICE recommended care processes, such as measurement of blood pressure and BMI, can more effectively manage their condition and improve their CVD outcomes. However the CVD prevention pathway highlights that 940,000 people with diabetes are undiagnosed and many of those who are diagnosed do not receive optimum care.

NICE has published a suite of guidance on the diagnosis and management of type 1 and 2 diabetes in both children and adults. The NDA measures the uptake of 8 of the care processes recommended by NICE. Data from the 2016/17 audit show that only 34% of people with type 1 diabetes and just under half of people with type 2 diabetes received all 8 care processes. The audit found that there is variation by age, with younger people less likely to receive their annual diabetes checks.

A third of people with type 1 diabetes and about half of people with type 2 diabetes received all 8 of the NICE recommended care processes

One key NICE recommendation is that people who are newly diagnosed should be offered structured education programmes. These programmes can help improve knowledge, skills and also help to motivate people to take control of their condition through self-management. Control of blood pressure, HbA1c (average plasma glucose concentration) and lipids improves outcomes.

Data from QOF show that around 70% of people with newly diagnosed diabetes are referred to a structured education programme within 9 months. However, data from the NDA suggest that attendance rates at these programmes is low, although the audit highlights that recording is poor and rates may be underestimated. Of those diagnosed in 2015, only 3% of people with type 1 diabetes and 7% of those with type 2 were recorded as attending structured education within a year of diagnosis.

'Going on the course made a big difference. It took the worry away. It reduced my HbA1c. It reduced my cholesterol. I lost three stone in weight. My blood pressure came down. I am still going to the gym twice a week and swimming at the age of 72. Now I understand the condition I don't worry. I can go away on holiday and know my diabetes is under control. It doesn't stop me doing anything I want to do.' Malcolm, Diabetes UK volunteer

NICE recommends that children and young people with diabetes should be offered a continuing programme of education from diagnosis. Data from the National Paediatric Diabetes Audit suggest that uptake of this recommendation is better, with 71% of children and young people with type 1 diabetes and 58% of those with type 2 receiving structured education in 2015/16.

These data show that there are opportunities to improve self-management of diabetes through structured education, particularly in adults. A future NICE impact report will give further insights into what we know about the uptake of our recommendations for the care of people with diabetes.

Increasing uptake of structured education

Most people with diabetes only spend around 3 hours a year with their doctor, nurse or consultant. For the other 8,757 hours they must manage their diabetes themselves. Managing diabetes day-to-day can be difficult. This is why it's important people have the knowledge and skills to manage their diabetes so they can live well and avoid complications.

Structured education, recommended by NICE, can improve key outcomes, reduce the onset of complications and can result in associated savings for the NHS. NICE recommends that these programmes should include an evidence-based curriculum, quality assurance of teaching standards and regular audit. In March 2018, £40 million was allocated as part of the NHS Transformation fund for Diabetes by NHS England for an additional 94,000 structured education places a year.

Diabetes UK's Taking Control campaign aims to increase the provision and uptake of diabetes structured education in line with NICE guidance. It aims to ensure more people are offered and go on courses. In addition every area in the UK should offer a range of ways to learn about diabetes and ensure people with diabetes feel they have the skills and confidence to manage their diabetes well.

The campaign has challenged decision makers to sign up to education pledges and has empowered people with diabetes to talk to healthcare professionals about what is available in their area. It has received over 500,000 views of videos promoting courses, more than 1.2 million views of posts on social media and over 11,000 likes, shares or retweets.

Spotlight on severe mental illness

One of NICE's medicines and prescribing associates has supported Birmingham and Solihull Mental Health Foundation Trust's strategy aiming to improve the physical health monitoring of people with serious mental illness, particularly those on antipsychotic medication.

Systems have been set up to encourage better monitoring of patients' physical health parameters in line with NICE guidance, and to improve recording in electronic patient records. This then enables appropriate actions to be taken within the trust or by other partners such as the patient's GP.

Good progress has been made in capturing cardiometabolic indicators; 70% of inpatients had these recorded on their patient record in October 2017, up from 38% in April 2017.

Severe mental illness is also linked with an increase in CVD risk. The **Five Year Forward View for Mental Health taskforce report** highlights that people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people. Two thirds of these deaths are from avoidable physical illnesses such as CVD.

In our guidance on **psychosis and schizophrenia** and **bipolar disorder,** NICE recommends that people with these conditions have physical health assessments to enable healthcare practitioners to offer any necessary physical health interventions. Blood pressure is one NICE recommended element of a comprehensive physical health assessment. Data from the QOF show that, in 2016/17, 90% of people with severe mental illness had their blood pressure recorded in the last 12 months.

Further NICE recommended checks, such as cholesterol and blood sugar, were retired as QOF measures in 2014. However, in Next Steps on the Five Year Forward View, NHS England has prioritised this area of care, promising at least 280,000 health checks for people with severe mental illness in 2018/19.

Improving physical healthcare for people with severe mental illness

NHS England has produced a **resource to support CCGs** which identifies key elements in the delivery of accessible, comprehensive and evidence-based physical healthcare for people with severe mental illness. The first element is the completion of NICE recommended physical health assessments as part of a routine check at least annually. The resource describes how Bradford District Care NHS Trust designed and implemented a new physical health template in line with NICE guidance which identified more people at high risk of CVD.

The second element identified in the resource is the delivery of or referral to NICE recommended interventions for physical health risks or conditions identified in the assessment. It signposts to NICE guidance on obesity, physical activity, hypertension, diabetes, CVD, smoking, alcohol and drug misuse. The resource anticipates that better management of the physical health of people with severe mental illness could release savings of over £100 million to the NHS by 2020/21.

Commentary

To be supplied by Jamie Waterall, National Lead for Cardiovascular Disease Prevention & Associate Deputy Chief Nurse, PHE

We would like to thank Dr Matt Kearney, National Clinical Director for Cardiovascular Disease Prevention, for his input. We would also like to thank British Heart Foundation, Diabetes UK, Heart UK and Public Health England for their contributions to this report.

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National Institute for Health and Care Excellence

Implementing NICE guidance and quality standards: audience insight report and NICE response to findings

This report gives details of the findings of the 2017 NICE guidance and quality standards audience insight report. It describes the NICE response drawn from work underway or other planned actions for 2018/19. It also includes a summary of how NICE already meets some of the user needs expressed in the survey.

The Board is asked to:

- Note the findings
- Discuss the NICE response and consider whether there is anything more we should be doing.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

May 2018

Introduction

1. The purpose of the survey was to obtain feedback from individuals who have used NICE guidance or quality standards (QS) to inform the delivery of the implementation strategy.

2. We asked people working in health, public health and social care sectors to tell us why and how they used our products, their experience of doing so and how this could be made easier for them.

3. There are many positive headlines for NICE and some suggestions for doing things differently.

Background

4. We took a cross-institute approach to the development of the survey and to its dissemination.

5. There were two phases to the methodology. In July 2017, the Communications Directorate's Audience Insights team carried out 15 telephone/email interviews with participants representing each sector. This feedback was then used to inform the development of an online survey.

6. In September/October 2017, we worked with teams across NICE to disseminate the online survey to each sector via a range of NICE contact databases and stakeholder bulletins.

7. We received 860 survey responses from across all three sectors. Of the 574 respondents who selected a sector, 73% were from the healthcare sector, 11% from public health, 10% from social care and 6% from education.

8. The findings of the research have been shared widely within NICE. We have worked with all relevant teams to identify a) where we already meet the needs of our users (see appendix 1) and b) work in progress in the 2018/19 business plans that will address the suggested improvements, discussed below.

9. A full report of the findings was delivered by NICE's Audience Insight Team, attached as appendix 2.

NICE response

10. The survey highlights that NICE guidance is widely respected and a key source of information used to drive quality improvement. However, there are challenges that people face in implementing guidance consistently and the

responses suggest there may be relatively low awareness of the way we work and the support we provide.

11. In relation to the challenges highlighted, respondents were encouraged to make suggestions for doing things differently. Three main themes emerged, which relate to the results from the 2017 reputation research.

12. The themes also relate to the principles in the NICE implementation strategy and have been used to inform future work programmes.

13. The following sections present each theme, examples of the suggestions received and key activities planned in 2018/19 which respond to these.

Theme 1: Reflecting the 'real world' in guidance development

14. After citing limited local resources for implementation as the biggest challenge, respondents indicated that the lack of people's real life experiences of the condition or service, and the knowledge and experience of local practitioners were also challenging. Nearly a third of respondents said they used case studies and shared learning to understand the impact on people and practitioners. Wherever feasible, the current developing NICE guidelines: the manual provides scope for taking account of the practice context for a guideline and shared learning examples will continue to be sought or encouraged.

Respondents said	Action
Broaden the scope of evidence	The Public Involvement Programme (PIP) and Centre for Guidelines (CfG) are collaborating to pilot the submission of patient/service user evidence from stakeholder organisations in 1 or 2 guidelines in 2018/19 to better reflect 'people's real life experiences and reflections of the condition'.

Theme 2: Content and presentation of the guidance

15. The publishing team prioritises clear and user-focussed presentation of recommendations when working with developers. However, to ensure guidance and standards continue to fit our audiences' needs, the following activities are planned.

Respondents said	Action
Provide a summary of main recommendations tailored for various audiences / settings	NICE is working towards a vision where our guidance is developed in a structured form, which will make it much easier for users to find the specific information that they need. The digital content strategy will enable new forms of presentation to be developed, for example, access to the main headlines, or the option to create collections of information for particular types of user.
Incorporate more visual representations of guidance	NICE will explore the option of visual summaries for guidelines when appropriate (for example, to support significant changes in practice, where a practitioner needs to make quick decisions, or a specific audience needs support).
	NICE will consider producing more Easyread versions for topics to support the committee/users when appropriate. For example, we have just published Easyread versions on *Learning disabilities and behaviour that challenges: service design and delivery* and *Care and support of older people with learning disabilities*.
In social care guidelines use plain 'person-centred' language	Training will be delivered to relevant teams and individuals within NICE to ensure social care recommendations are written and presented clearly, and tailored appropriately for social care audiences.

Theme 3: Support for implementation

16. Respondents welcomed the implementation support that NICE provides however, they would like more practical support and advice. In response to this, the following developments are planned.

Respondents said	Action
Reinforce NICE guidance by linking more to national bodies and inspection frameworks	The NICE strategic engagement strategy is regularly reviewed and monitored through the Strategic Engagement Oversight Group (SEOG). In 2018/19, the strategy will be informed by the survey to reinforce the partnership agreements already in place with NHS England, NHS Improvement, Public Health England

	and the Care Quality Commission (CQC) to support implementation.
	NICE will continue to work with the NHS RightCare programme to integrate NICE guidance, standards and advice in their pathways, high impact solutions and logic modelling programmes. These are for Clinical Commissioning Groups and Sustainability and Transformation Partnerships.
	NICE will continue to work with regulatory bodies to encourage them to reference NICE guidance and QS in their inspection frameworks. We plan to work with the CQC to use the NICE quality improvement tool to help providers move from 'needs improvement' to 'good' on their inspection framework. We will also continue to work with OFSTED to encourage them to include NICE guidance and QS as a measure of quality in their research programme report.
	NICE will work with the British Association of Social Workers (BASW) to cross reference NICE guidelines with the social work capability framework.
Provide more practical advice about local implementation and support	Resources to support integrated health and care partnerships with service transformation and pathway redesign will be developed and published on the NICE website. This will include videos and case studies of real life experiences, and practical examples based on NICE guidance, standards and support products.
	A key challenge mentioned by a high proportion of survey respondents was the lack of local resources available for implementation. During 2018/19, the development of an implementation statement with details of affordability, workforce implications and implementation challenges is being considered for each guideline by a Guideline Resource and Implementation Panel (GRIP). The panel will involve key partners such as NHS England, NHS Improvement and Health Education England.
	The Medicines and Technologies programme is piloting an approach to develop a resource that will help users choose between treatment options recommended by NICE. The resource will measure uptake using data from the innovation scorecard and act as a link between relevant guidelines and Technology Appraisals (TAs) more easily. The vision is for this to

	be used by Getting It Right First Time (GIRFT) teams to improve quality and reduce unwarranted variation in practice.
	To generate more practical examples of successful implementation, the field team will work with the GIRFT programme to identify examples of NICE being used in practice in their clinical hospitals programmes. We will also support the Chief Allied Health Professions Officer Awards (CAHPO), which will generate case studies for the NICE shared learning programme.
	NICE is developing a process to encourage committee members of social care guidelines to help with dissemination of guidance and to provide examples of successful implementation.
	To raise the profile of existing examples from practice in social care, there will be a dedicated section on the new Social Care page on the NICE website.
Provide more support on how to use guidance, for example, through training and workshops	NICE will deliver an implementation workshop on a Five Year Forward View priority topic.
	An updated 'NICE Into Practice Guide' will be launched at the 2018 NICE conference. It will provide advice on how to use NICE guidance and QS to improve quality in health and social care, as well as examples from practice and relevant supporting resources. The NICE Into Practice webpages will also be updated alongside this to improve user accessibility to a range of resources.
	A number of targeted webinars with social care audiences are planned as part of the 2018-20 Social Care Institute for Excellence (SCIE) contract.
	The associates programme will provide audience specific short message slide-sets for new NICE guidance for dissemination to their networks.

Conclusion

17. This report provides us with an insight into the experiences of 860 users of NICE guidance and quality standards and their suggestions for what would make their experience better. The good news is that NICE is already familiar

with many of the issues raised in this research, and the findings support the work we already do or have in progress. The report may indicate low awareness of some aspects of the way we work and the resources we provide, which highlight areas which may need to be communicated more effectively.

18. Some of the work in progress will take time for the benefits to be seen, such as the digital content strategy and the changes we made to our methodologies through the new guideline manual published in 2016. Progress is being monitored through routine business and team planning processes.

19. Overall, the findings reinforce the principles outlined in the NICE implementation strategy and the direction of travel for our 2018/19 business plan, the processes outlined in the guidelines revised manual and the long term aim of our digital content strategy.

National Institute for Health and Care Excellence

March 2018

Appendix 1 summary of where NICE already meets the needs of our users relating to survey feedback

Theme 1: Reflecting the 'real world' in guidance development

Respondents said	NICE response
Broaden the scope of evidence	Topic experts are recruited to ensure that experience from practice is considered during guideline and QS development. It is topic dependent, but as an example, the guideline on managing medicines in care homes identified few randomised controlled trials (RCTs) during development and therefore needed to undertake a call for evidence from stakeholders. A number of stakeholders (including care homes, local authorities) were selected to answer specific questions from the committee to inform guideline development.
	Information about practice from the field team through their Customer Relationship Management system feeds into the guidance surveillance process.
	There are published processes and well-established procedures for including advice and input from clinical and patient experts across CHTE advice and guidance outputs. The same approach will be piloted across CfG in 2018/19 (see main report for more details).
	PIP provides advice and support for patient experts, who are willing to share their lived experience of a condition, treatment or service with the relevant NICE team, and patient evidence submissions. PIP also support NICE committee topic expert lay members who bring lived experience of a condition or service.

Respondents said	NICE response
	The field team encourages members of the public and service users to get involved with guidance development through our consultation process.
	NICE shared learning provides insight into the knowledge and experience of practitioners and organisations working with patients and service users. This programme is actively promoted through the implementation support team, field team, fellows and scholars, the NICE medicines and prescribing associates, Medicines Implementation Consultants, published submitters and shared learning award winners, and we actively link with third parties to be advocates. NICE generates 50 or more published shared learning examples annually.
	In QS, patient experience is one of the key elements that helps to prioritise areas to include.
Link to national audits and inspection frameworks	NICE has developed strong links with HQIP and the Royal Colleges and attends all national audit specification meetings to ensure that national audits are aligned with NICE guidance and standards. The NICE audit publications planner highlights links between NICE guidelines / QS and national audits.
Use up to date evidence	Guidance review processes can be triggered at any time if relevant new evidence is identified.

Theme 2: Content and presentation of guidance

Respondents said	NICE response
Provide summary of main recommendations tailored for various audiences / settings	NICE will continue to produce visual summaries for antimicrobial prescribing guidelines, which were developed based on user feedback and consultation with committee members.
	Social care Quick Guides focus on aspects of the guideline relevant for specific audiences. Feedback from users in relation to the guides has been very positive and the guides have been well received by the social care sector.
Make recommendations shorter, more punchy, less repetitive, more specific, fewer in number	The medtech innovation briefing (MIB) underwent a complete redesign in 2016 including a short bulleted summary.
	TA/HST Guidance has been reviewed and contains shorter clearer recommendations along with a short rationale.
	Antimicrobial Prescribing Guidelines are an example of shorter guidelines containing visual summaries.
	The Medical Technologies guidance template has been redesigned to significantly shorten the guidance, making it easier to understand committee decision-making, and with clearer recommendations on cost savings. Interventional Procedures guidance recommendation types were revised for additional clarity when the programme manual was updated in 2016.
Use plain ‘person-centred’ language	The revised guideline manual includes a section on using ‘person-centred’, clear English when developing any NICE guideline. This is a priority for the publishing team.

Theme 3: Support for implementation

Respondents said	NICE response
Reinforce NICE guidance by linking more to national bodies and inspection frameworks	This suggestion is a core focus for the NICE strategic engagement strategy, which is regularly reviewed and monitored through the SEOG.
	To encourage social care audiences to use NICE guidelines and standards, we have produced a quality improvement tool in collaboration with the CQC. This resource links NICE recommendations and QS statements to CQC key lines of enquiry.
Provide more practical advice about local implementation and support	NICE routinely provides resource impact assessment for all NICE guidance promoted to stakeholders via a monthly digest. The resource planner lists all published and forthcoming guidance for 3 financial years. It provides indicative resource impact (costs or savings) for England based on published or draft guidance and profiles the costs and savings over 5 years.
	NICE actively encourages the submission of resources that can support the implementation of NICE guidelines through the NICE endorsement scheme.
	NICE provides adoption support resources highlighting lessons learned and examples from practice for selected topics from the Medtech and Diagnostics programme, which are included in the shared learning collection. We have improved accessibility by providing a link to implementation tools on the relevant guidance page.
	The new NICE Impact reports will provide regular information on where the use of NICE guidance and QS has made a difference. We provide a Quality Standard Service Improvement template to help users collect data as part of their quality improvement activities.

Provide more support on how to use guidance, for example, through training and workshops	NICE medicines and prescribing associates receive 5 face to face training days a year on medicines optimisation issues in new NICE guidance, which they then disseminate to their networks. They support local and national training in medicines optimisation, including the Centre for Pharmacy Education (delivering training to primary care pharmacists using the materials produced by NICE).
	NICE regional medicines implementation consultants deliver training to national or regional conferences and meetings when appropriate.
	Training on how to use the resource impact and Quality Standards service improvement tools is also offered.

Implementing NICE guidance and quality standards

Audience insight

January 2018

NICE National Institute for Health and Care Excellence

Introduction

NICE guidance and quality standards are used by a wide range of professional groups across the health and social care system. To inform ongoing development, it is important we understand how our guidance and quality standards are used, and in particular identify any barriers or challenges preventing implementation.

Between July 2017 and October 2017 we conducted a 2 phase audience research project to gain insights on:

- How and for what purpose NICE guidance and quality standards are considered and implemented
- The experience of using NICE guidance and any challenges or barriers to implementation

The initial phase consisted of 15 in-depth interviews with representatives from different professional groups. All had experience of using and implementing NICE guidance and/or quality standards. The qualitative feedback collated through the interviews informed the development of an online survey which was distributed between 27th September and 27th October 2017. 860 responses were received and a breakdown of the responses by professional group can be found in Appendix 1.

The results presented in this report are based on an in-depth analysis of the quantitative data from the survey responses alongside a review of the qualitative data from the initial interviews to support and increase the overall validity of the findings.

NICE guidance in context

NICE guidance in context

The importance of NICE guidance
When making decisions in health and social care our audiences told us they have to consider many different information sources from legislation and other guidance to local requirements and public opinion.

To test out the importance of NICE guidance amongst these other information sources we identified those referenced through our in-depth interviews and from other insight work. We then asked the survey respondents to rank these information sources in order of importance.

The overall rankings are shown in figure 1, with NICE guidance ranked the most important.

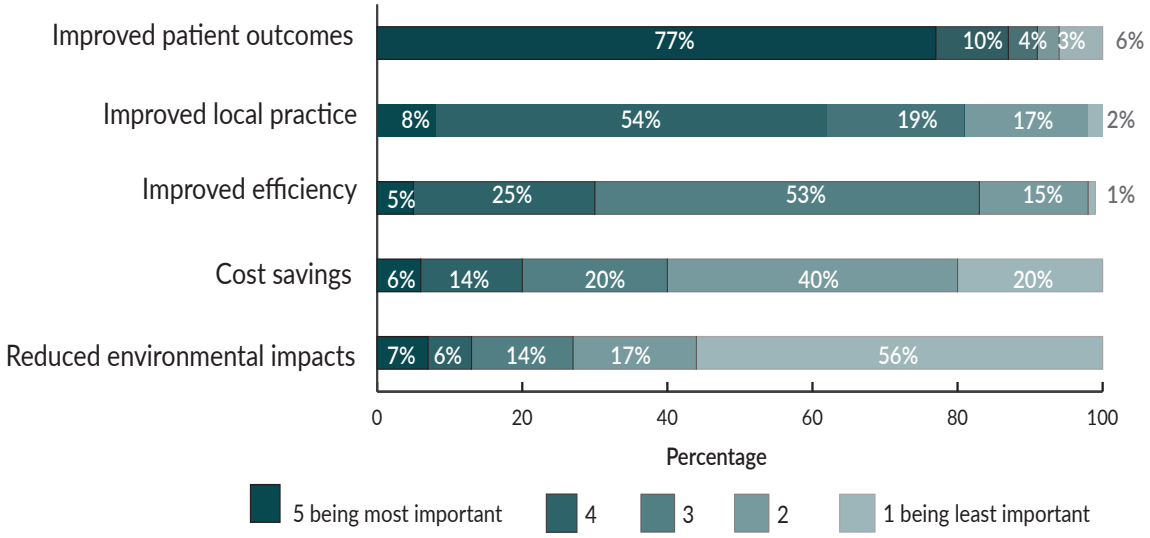
Motivation for implementing NICE guidance
We identified 5 overarching motivations our audiences cited for implementing NICE guidance during the in-depth interviews. We asked the survey respondents to rank each factor.

As figure 2 shows, the most important motivation was improving patient outcomes, whilst the least important was achieving reduced environmental impact.

Figure 1: Sources of information used to improve local practice

Order of importance	
1	NICE guidance and quality standards
2	Legislation
3	Guidelines from other national bodies
4	National priorities
5	Local data
6	Local leadership
7	Financial considerations
8	Public opinions

Figure 2. Factors considered when implementing NICE guidance



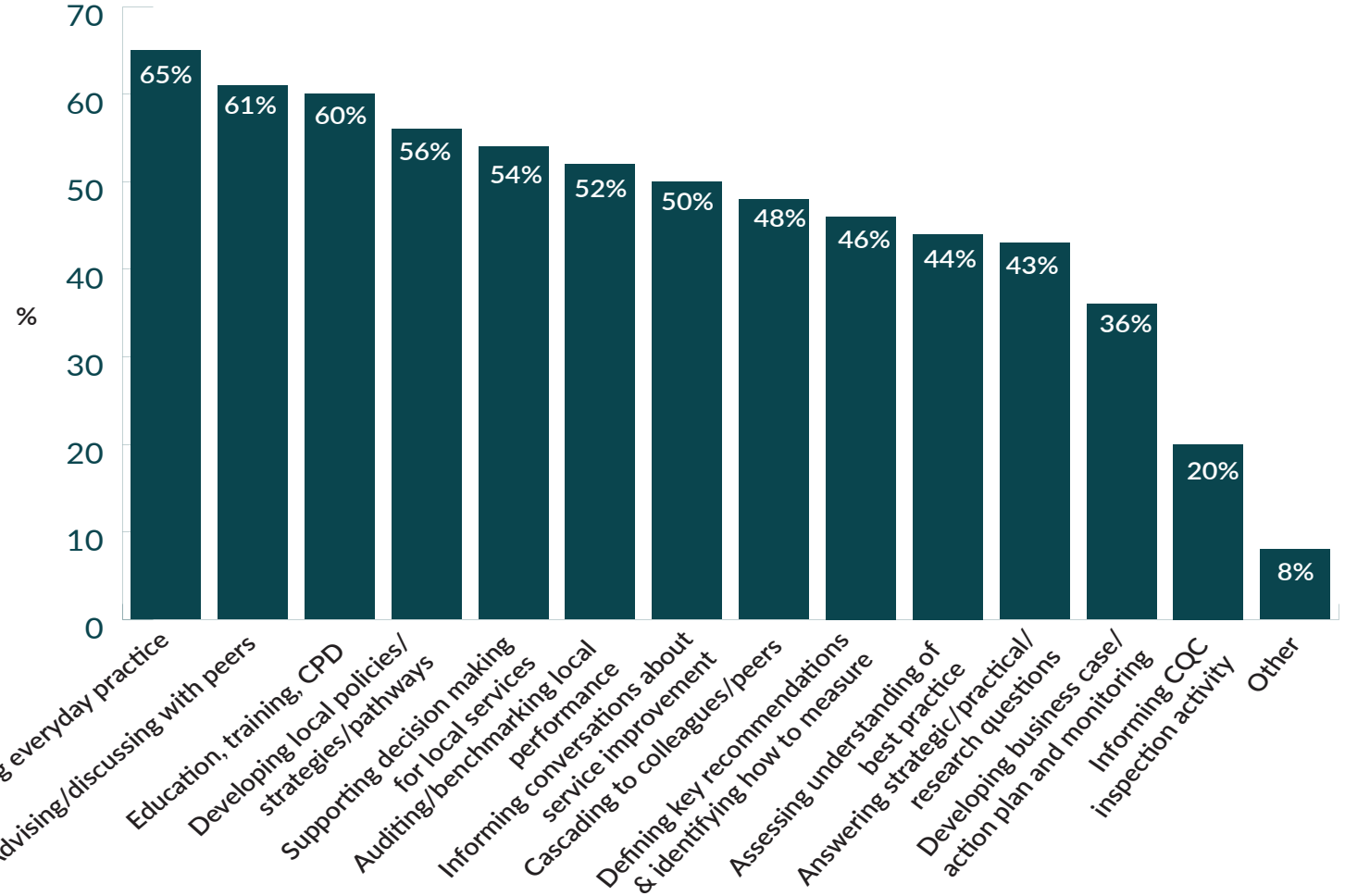
Using NICE guidance

Reasons for using NICE guidance

We know that people use NICE guidance for a variety of reasons, from assisting with day to day work to informing performance management practices.

Figure 3 indicates that the main reasons for using NICE guidance were 'informing everyday practice' (65%), 'advising or discussing with colleagues or peers' (61%), and 'education, training or ongoing continuous professional development' (60%).

Figure 3. Reasons for using NICE guidance



The interviews provided examples about how guidance was used which help to bring these figures to life around the following themes:

Informing everyday practice:

"I use the information to inform my practice both clinically and in teaching/assessing...I critically appraise it in relation to the real needs of the patient in front of me." (Physiotherapist)

"I mostly use NICE guidelines to double check specific points in my day to day respiratory work...I used the information to justify the opinion I already held!" (Respiratory and Intensive Care Physician)

Developing local policies, strategies, and pathways:

"When the VTE guidance came out we redid our policy...we changed a lot of things." (Head of Clinical Effectiveness)

"We developed quite a significant smoking cessation pathway ... based on the initial NICE guidance." (Public health professional)

Supporting decision making in local service provision, delivery and improvement:

"I was in a group looking at transition between children's and adult social care settings ... we've been using it [NICE guidance) ... and using the mapping tools, etc, which are available with that guidance, to try and embed it." (Public health professional)

Auditing or ongoing monitoring of local service performance:

"We check it [quality standards] against any progress that's been made ... our trust wants there to be ongoing audit or monitoring arrangements and we kind of use it as a proxy for the relevant guidance ... on an ongoing basis..." (Clinical Audit and Effectiveness Manager)

Continuing professional development and informing inspection activity:

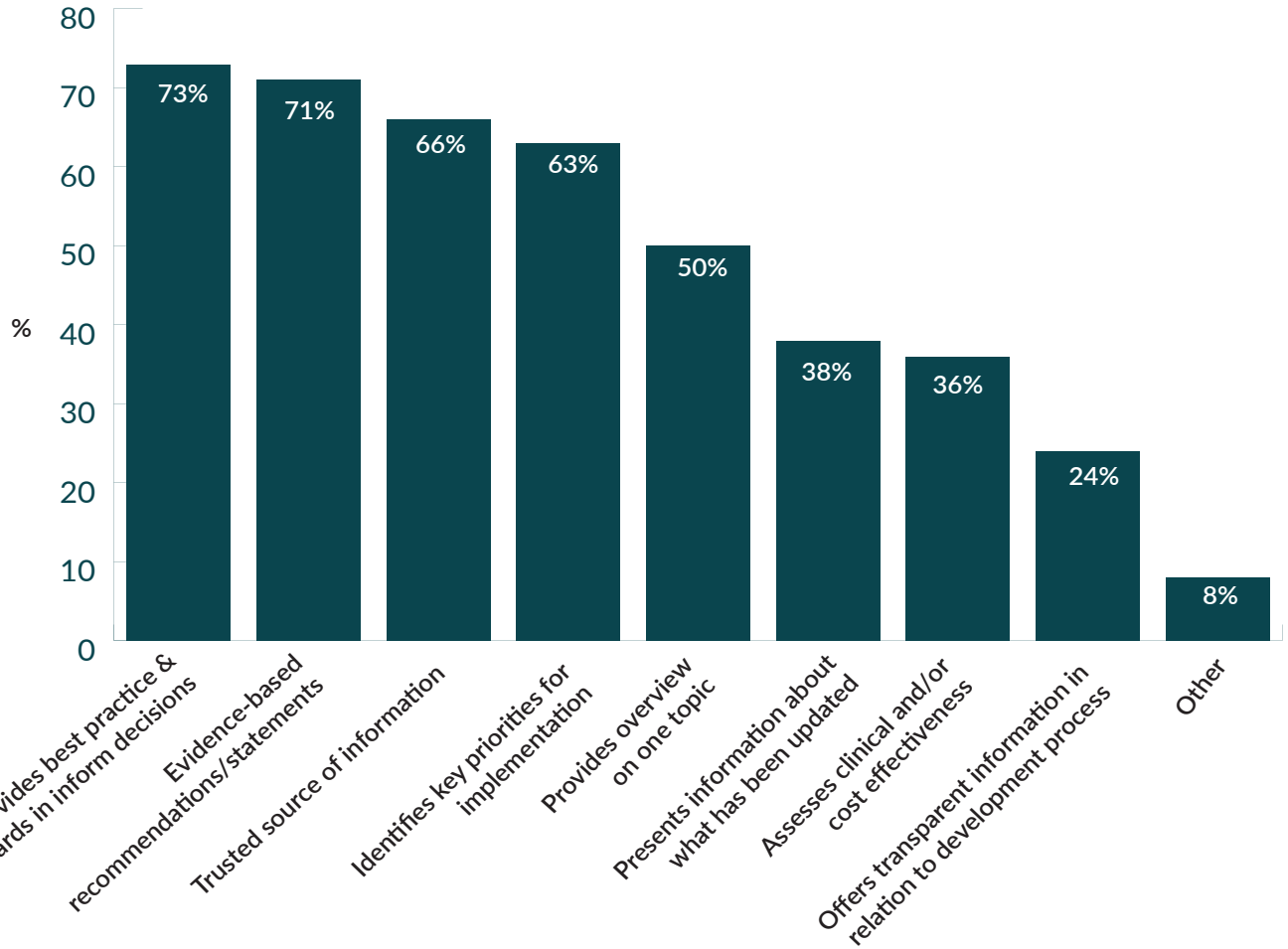
"(I use NICE quality standards) to keep up to date with developments in evidence based standards in mental health and learning disability services, and to inform CQC inspection activity." (Specialist Advisor)

Useful aspects of NICE guidance

For the majority of respondents, the most useful aspects of NICE guidance are the fact it provides best practice and standards to support in decision-making, the use of evidence-based recommendations and it being a trusted source of information.

This reinforces messages from other insight projects about how important the rigorous processes and evidence based recommendations are for users.

Figure 4. Most useful aspects of NICE guidance



Products used to put NICE guidance into practice

NICE produces a range of products and resources to make it easier for users to access and implement NICE guidance. Respondents were asked to identify which products they had used that had worked well from a list of options.

NICE Pathways were used by nearly half of all respondents. Some respondents stated how they valued NICE Pathways and gave examples of how they used them to support their work.

> *"I really like NICE Pathways. It would be great when you access a pathway you also see a full list of guidance/recommendation at the bottom of the page rather than clicking on pathway."* (Senior Manager)
>
> *"In terms of visual representations that would be helpful in the guidance, the flow diagrams in the NICE pathways are particularly good exemplars, as are those in the 'Social and emotional wellbeing for children and young people pathway' documents."* (Psychologist)

Nearly a third of respondents said they used case studies and shared learning, indicating that people like to see how the guidance is used in the 'real world' to help to understand the impact on people and practitioners. This is explored in more detail later on in the report.

Information for the public had been used by around a quarter of respondents and patient decision aids by around a fifth. A number of respondents commented that they would like to see these developed further to support people to be more involved in their care.

Quick guides on social care topics had been used by over 10% of all respondents and not just those who use social care guidance. This reflects the desire for more summaries of guidance, which is frequently mentioned by respondents and which is considered in more detail later in the report.

For those respondents who had not used any of these resources, a number of reasons were given. One was that they were not relevant to their role as they did not need to implement NICE guidance. Another was that the resources did not exist for the guidance that they used or if they did, they were not aware of them. For a small number, the resources were not helpful to them in implementation.

> *"Am not aware of podcasts/videos for particular topics or online learning resources."* (Allied health professional)

The experience of using NICE guidance

Experience: all guidance

Respondents were asked to select the guidance product that they felt was most relevant to them and provide more detailed feedback on that product. This section reports the combined findings of all products. The top 5 most selected products are then considered in turn.

Overall experience
Respondents were asked to score their overall experience of using NICE guidance on a scale of 1 to 5, where 5 is excellent and 1 is poor. As shown in figure 5, over half of respondents (55%) indicated a positive experience (a score of 4 or 5) and 12% a negative one (a score of 1 or 2).

Using guidance successfully
When asked to consider how successfully they had implemented NICE guidance, 59% scored 4 or 5 where 1 was 'not at all' and 5 was 'a great deal'. 3% chose 1.

Improving local practice
When asking respondents to think about this in more detail and consider the extent to which NICE guidance had improved their practice, nearly half scored a 4 or 5, whereas 5% felt that there had been no impact and selected 1.

"The significant one was the smoking cessation for developing quite a robust pathway in secondary care... we started using that years ago and we're still using that now." (Public Health Professional)

Figure 5: Overall score of using NICE guidance

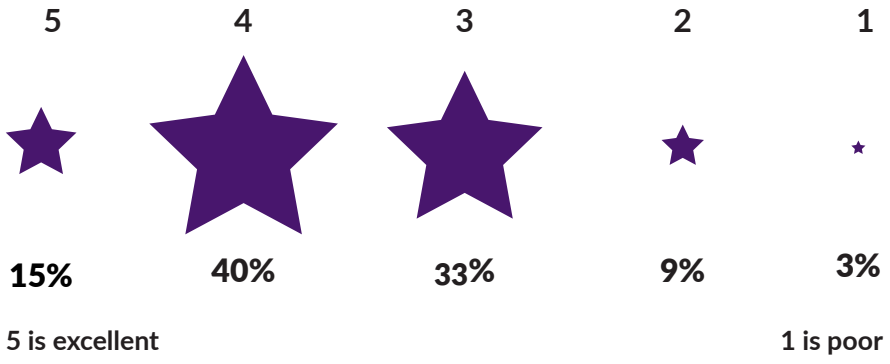
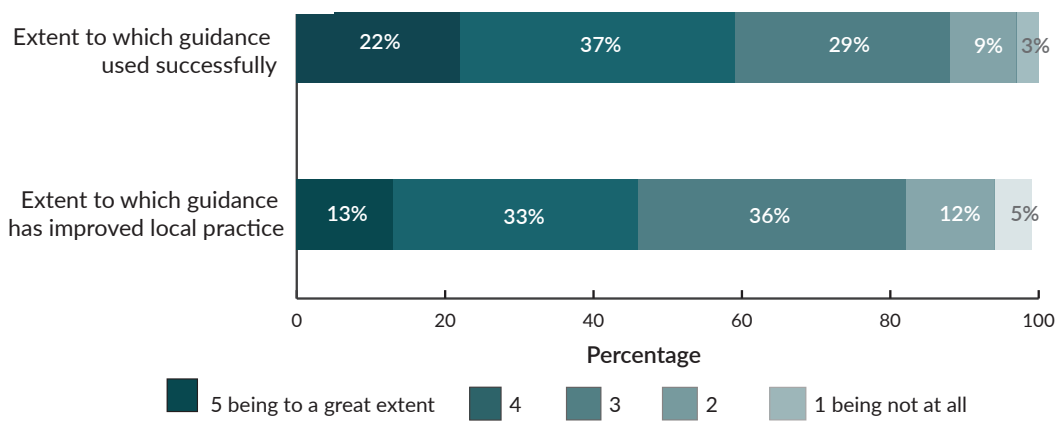


Figure 6: Using guidance and improving local practice



Experience: clinical guidance

258 of all respondents provided feedback on clinical guidelines. The main reasons for using NICE clinical guidelines were to 'inform everyday practice' (76%), for 'education, training or ongoing continuous professional development' (70%), and to 'advise/ discuss with colleagues/ peers' (67%).

65% scored the **overall experience** as a 4 or 5.

66% scored 4 or 5 when asked the extent to which guidelines had been **successfully implemented**. 2% scored 1.

Over half (55%) scored 4 or 5 when asked about how NICE guidance had **improved local practice**.

The top 3 most useful aspects for clinical guidelines were the fact that they contain evidence-based statements, provide best practice to inform decisions and come from a trusted source of information.

"The guidance was very clear... (i) effective identification of key issues; (ii) ease of communication of the assessment outcomes and possible implications; and (iii) an evidence base that the client...found helpful when discussing ... the support that might be most appropriate to meeting foreseeable needs." (Independent child & educational psychologist referring to CG142: Autism spectrum disorder in adults: diagnosis and management)

Figure 7: Overall score of using clinical guidelines

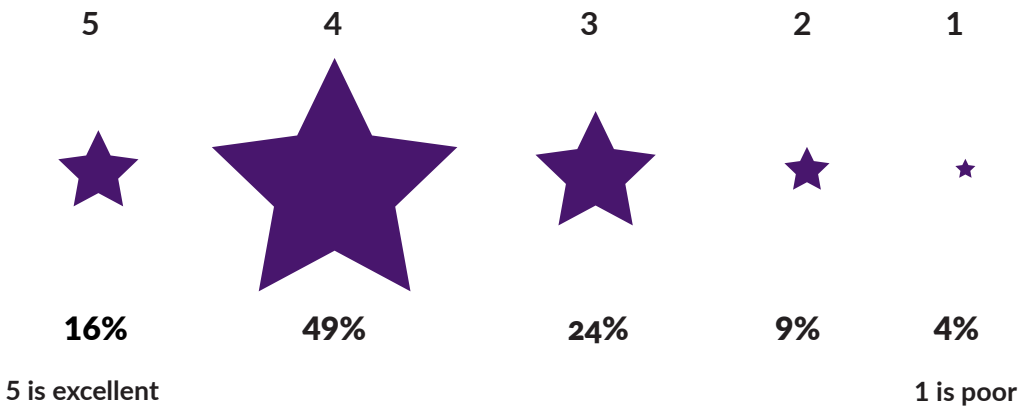
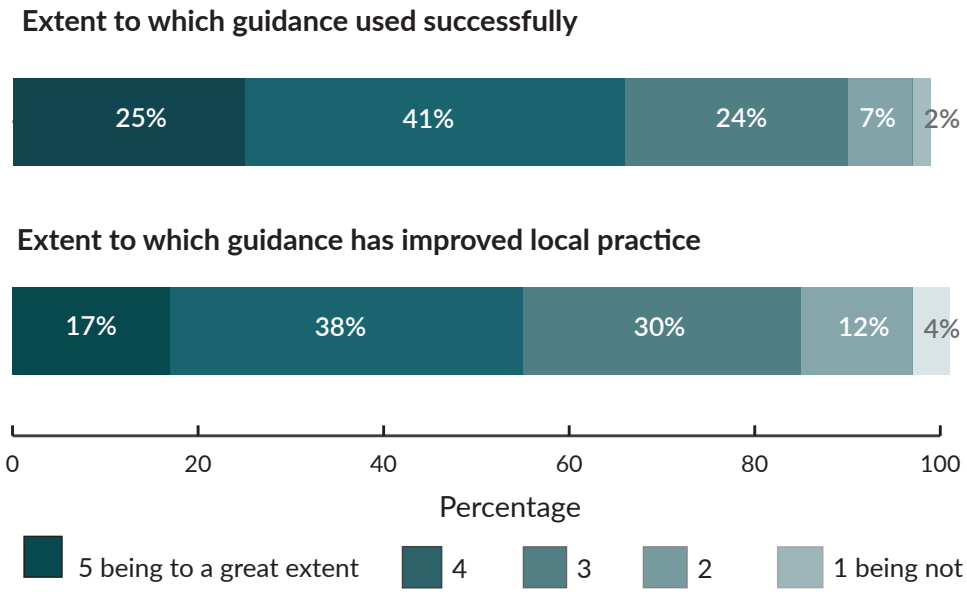


Figure 8: Using clinical guidelines and improving local practice



Experience: quality standards

Feedback on quality standards was provided by 129 respondents. For them, 'auditing or benchmarking local service performance' was the main reason for use (74%), followed by 'informing everyday practice' (67%), and 'developing local policies/strategies/pathways' (58%).

Over half of respondents rated their **overall experience** positively, 51% scored a 4 or 5. 8% scored negatively, as a 1 or a 2.

Over half of respondents (54%), scored 4 or 5, to say they had been **used successfully**. No one selected 1, which meant that all respondents had implemented quality standards to some extent.

Similarly 44% scored 4 or 5 to indicate that quality standards had **improved practice**.

The top 3 most useful aspects for quality standards were providing best practice to inform decisions, it contains evidence-based statements and is a trusted source of information.

"it's just simple and in the quality standard... everything that's available in one place, it's ... a distillation of all the guidance in one place, so it's almost like a quicker reference. " (Public health professional)

Figure 9: Overall score of using quality standards

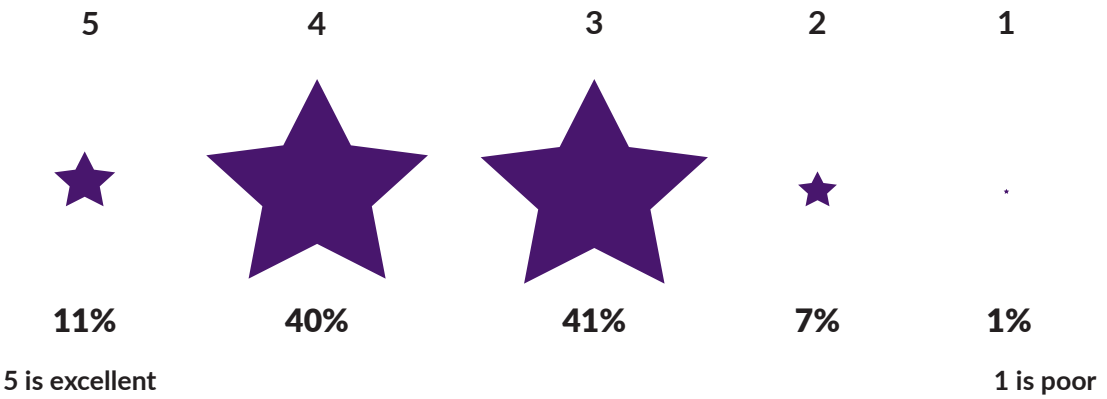
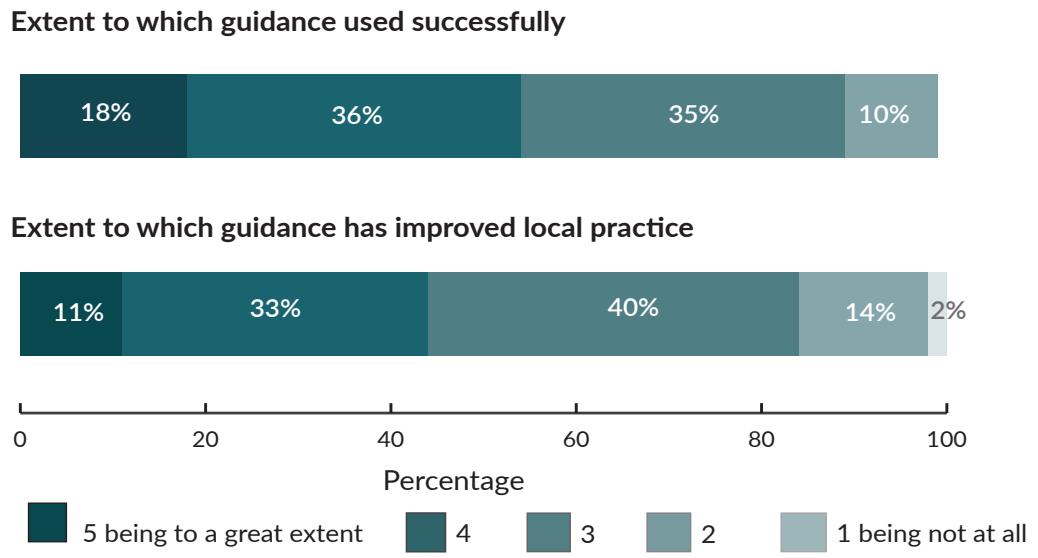


Figure 10: Using quality standards and improving local practice



Experience: social care guidelines

71 respondents provided feedback on social care guidelines. For these respondents, the focus of these guidelines was to 'audit or benchmark local service performance' (100%) and to 'inform conversations about service improvement' (65%). 'Informing everyday practice' was the third most important reason (63%).

46% of respondents rated their **overall experience** of using the guidelines as 4 or 5.

49% of respondents scored 4 or 5 for **successful implementation** of the guidelines.

Nearly a third (32%) said that it had **improved local practice,** rating is as a 4 or a 5.

The top 3 most useful aspects for social care guidelines were providing best practice to inform decisions, being a trusted source of information and the fact it contains evidence-based statements.

"The guidance [social care guidelines] helps shape my service specifications and contracts with social care providers. It sets the bar for where we want the quality to be and it helps to send out a consistent message of what good looks like." (Commissioner)

Figure 11: Overall score of using social care guidelines

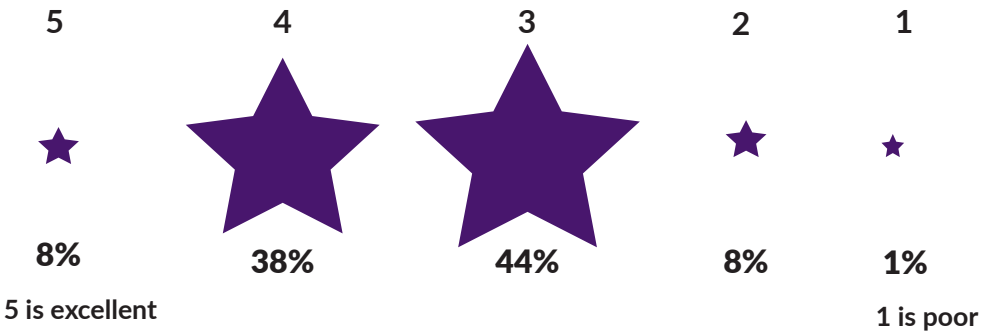
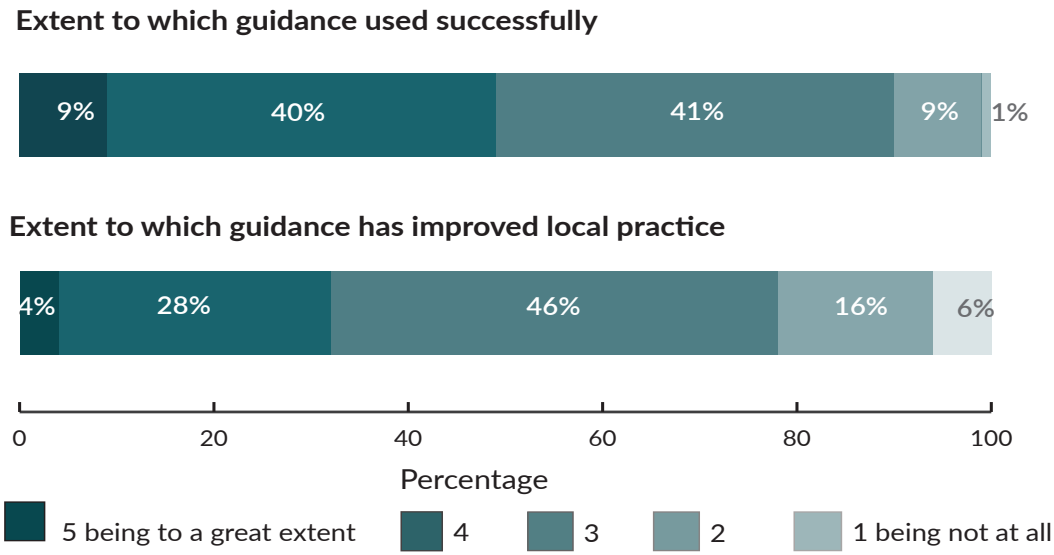


Figure 12: Using social care guidelines and improving local practice



Experience: technology appraisal guidance

67 respondents fed back on technology appraisal guidance. This guidance is less about informing everyday practice than the other guidance products, with focus on 'supporting decision-making in local service provision, delivery and improvement' (57%), 'advising/ discussing with colleagues/ peers' (57%), and 'developing local policies/ strategies/ pathways' (54%).

58% of respondents scored 4 or 5 for their **overall experience**. 8% scored 1 or 2.

Three quarters of respondents (75%) had **used the guidance successfully**, giving a score of 4 or 5. 2% had not used the guidance at all.

Over half of respondents (59%) said that it had **improved local practice** (a score of 4 or 5). 3% said it had not improved practice at all.

The top 3 most useful aspects for technology appraisal were slightly different than for all guidance, with the inclusion of evidence-based statements and recommendations being the top reason, followed by assessing clinical and/or cost effectiveness and the fact it's from a trusted source of information.

"The technology appraisals seems to work quite well because they go through pharmacy medicines management and they go through drugs forums and meetings and so on" (Clinical Executive Manager)

Figure 13: Overall score of using technology appraisal guidance

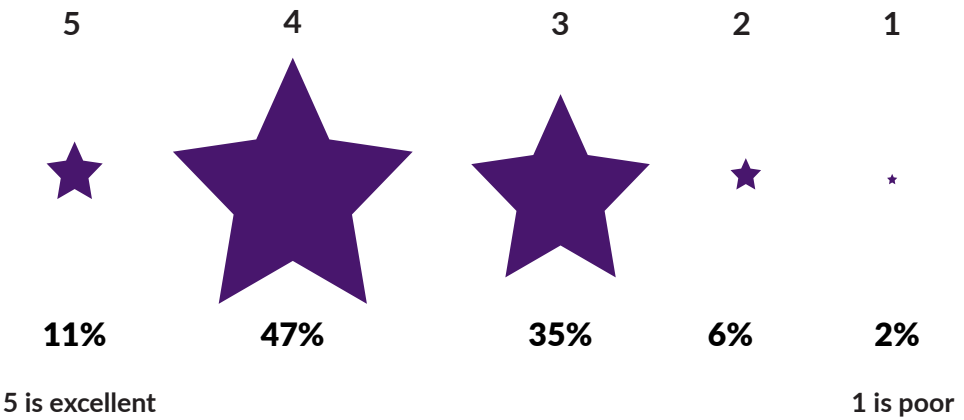
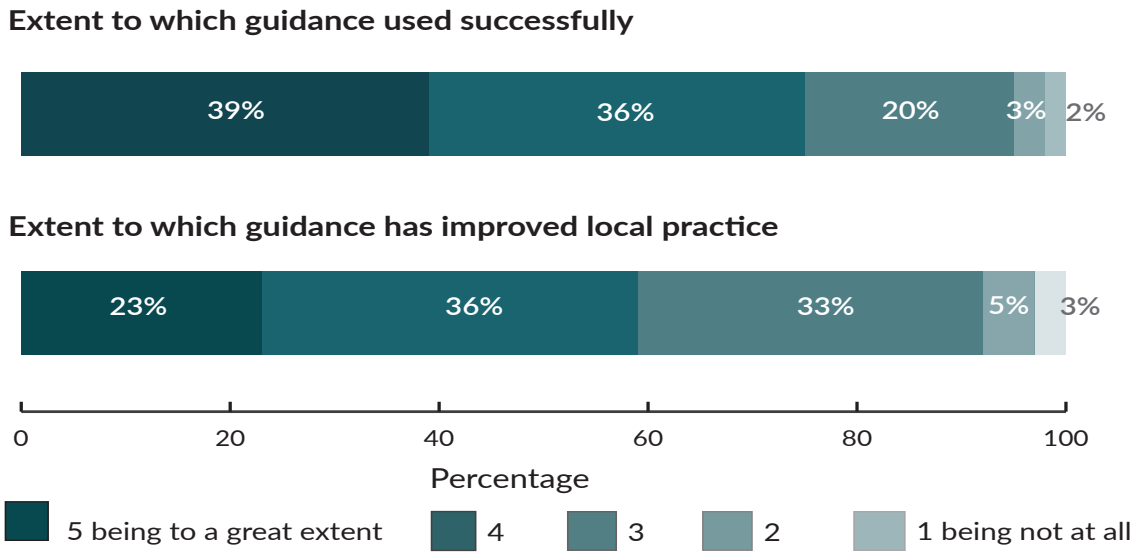


Figure 14: Using technology appraisal guidance and improving local practice



Experience: public health guidelines

61 respondents gave feedback on their experience of using public health guidelines. Developing local policies/ strategies/ pathways were most important for these respondents. 'Advising or discussing with colleagues or peers' (67%), and 'education, training or ongoing continuous professional development' (64%) were the second and third most useful reasons.

57% of respondents rated their **overall experience** as 4 or 5. 7% scored a 2 and no one gave a 1.

Over half of respondents (54%) scored 4 or 5 for how **successfully the guidance had been implemented**. 3% scored 1.

40% of respondents scored 4 or 5 when asked about the extent to which the guidelines had **improved local practice**. 2% scored 1.

The top 3 most useful aspects for public health guidelines were the inclusion of evidence based statements and recommendations, followed by it being a trusted source of information and providing best practice to inform decisions.

"Mine [experience of using public health guideline] is fine … I think one thing which would work better and would make life easier sometimes is … examples of where it's worked well (Public Health Specialist)

Figure 15: Overall score of using public health guidelines

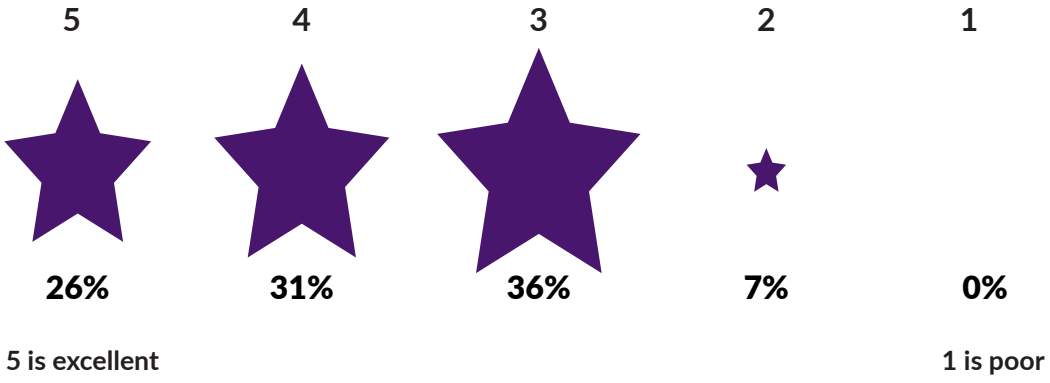
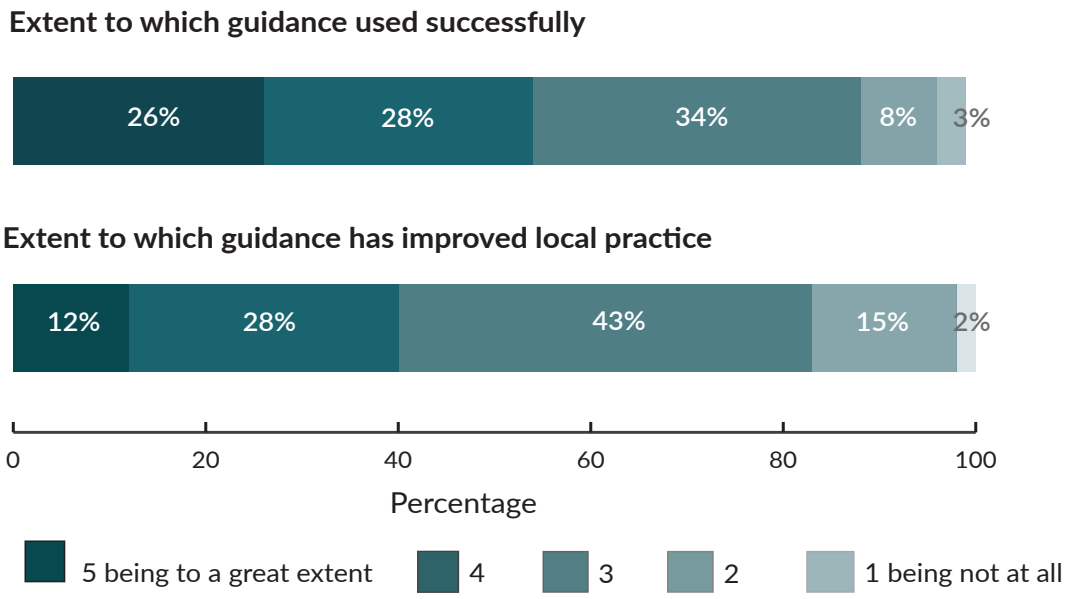


Figure 16: Using public health guidelines and improving local practice

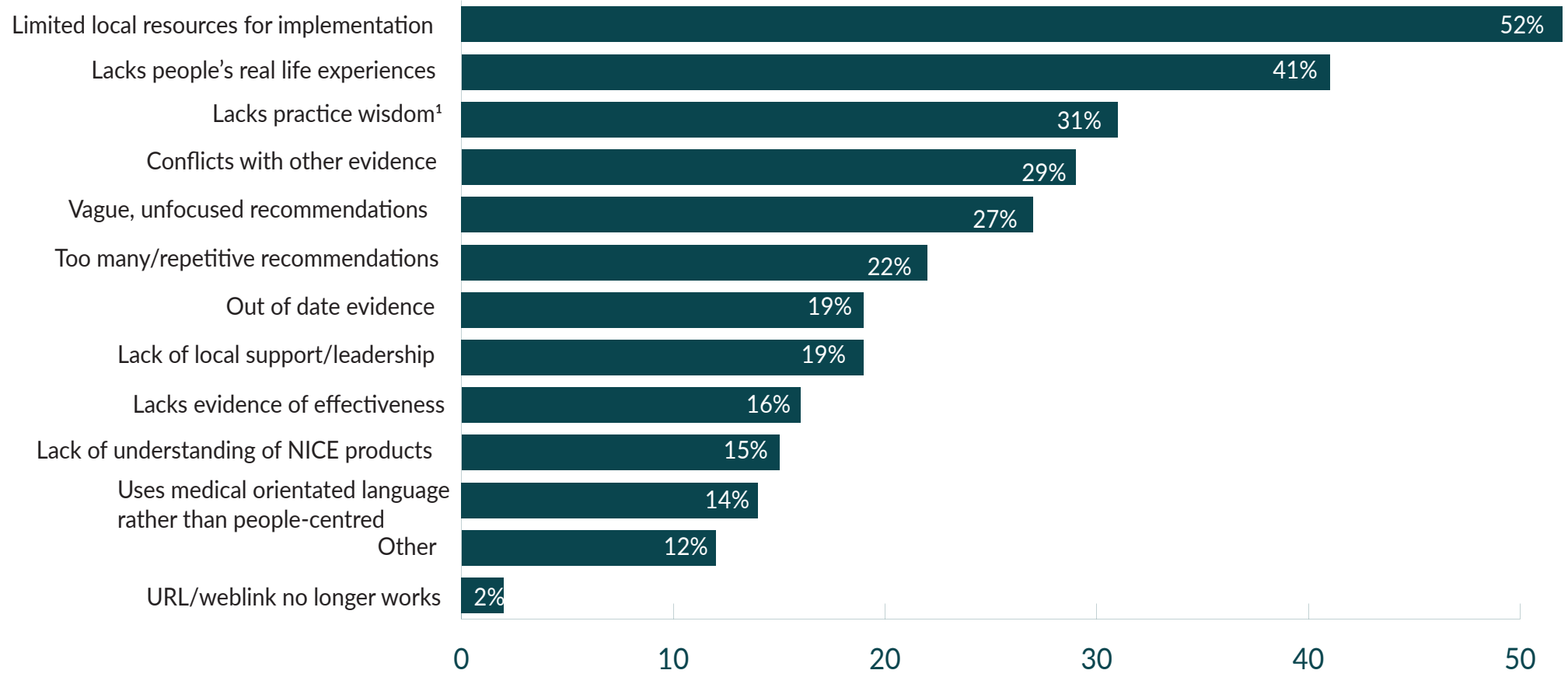


Challenges and suggestions for doing things differently

Challenges in implementing NICE guidance

There are clear areas of challenge that respondents face in implementing guidance, the main one being the lack of local resources available locally for implementation, mentioned by over half of survey respondents. 41% felt that the lack of people's real life experiences was a key challenge and 31% said that guidance lacked practice wisdom[1], the knowledge and experience gained from practitioners.

Figure 17: Challenges in implementing NICE guidance

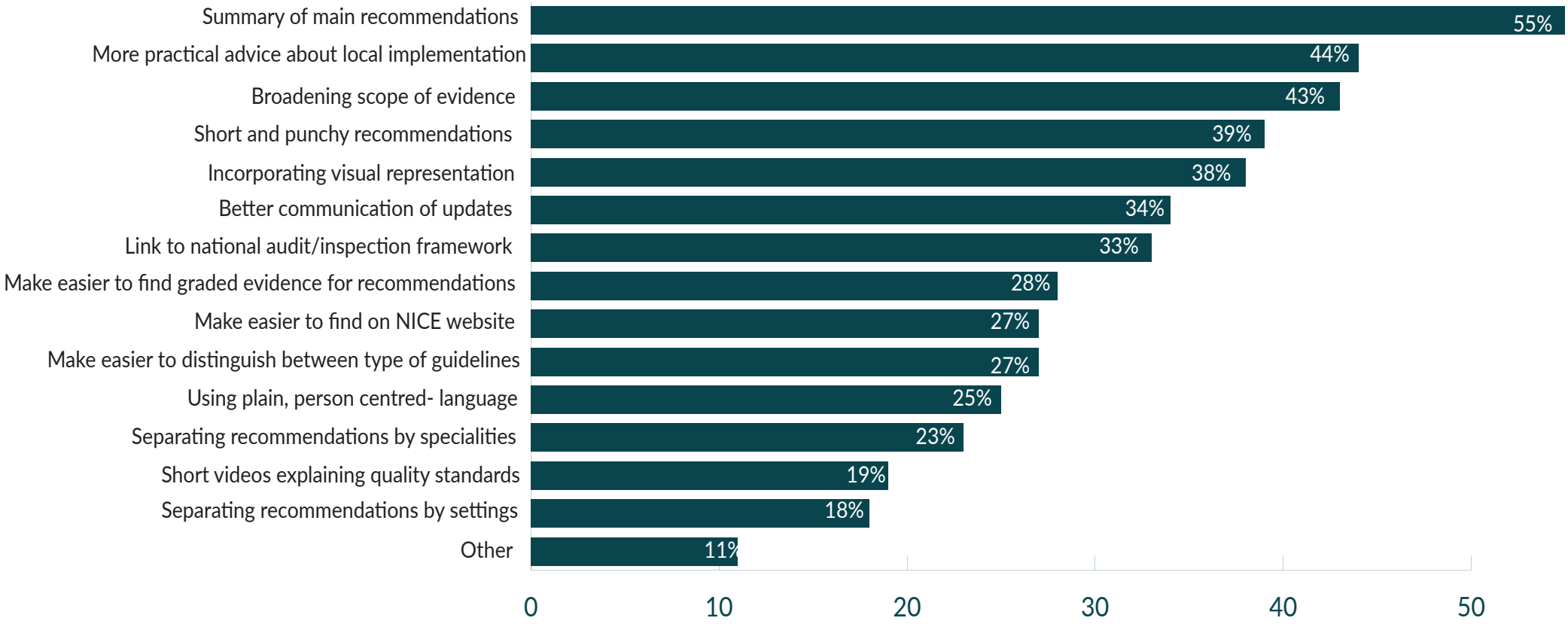


[1] Practice wisdom is a term used in academic papers to describe knowledge gained through work-related training, research and experience

Help with implementing guidance

Largely linked to each area of challenge, the main way that implementation could be made easier would be a 'summary of the main recommendations'. More practical advice about implementation would be welcomed to address the challenge of a lack of real life experiences and knowledge and experience from practitioners.

Figure 18: What would help in implementing NICE guidance



Reflecting on the overall findings

When we consider the survey results alongside the interview feedback, the main findings can be grouped into 3 themes.

1. Reflecting the 'real world' in guidance development
Many of the challenges relate to how the 'real world' is considered in the guidance. For example, how does the guidance reflect people's real life experiences from the perspective of the person with the condition and from practitioners treating it. Also how does the guidance sit within a wider context, integrating with other topics and taking account of local resource limitations and the ability to implement.

> *" everything is orientated to a very medical model … but the medical model is only part of life, people's lives are much bigger than their illnesses."*

The importance of empirical evidence is acknowledged, but some would like to see **less reliance on Randomised Controlled Trials (RCTs)** and more inclusion of real life experiences of conditions and more from practitioners to reflect their experience and learning in the guidance.

> *"do not be too dependent upon RCTs which are more difficult to achieve in some clinical areas than others - take advice from clinicians who are absolutely aware of which patients are likely to benefit"* (Consultant Clinical Scientist)
>
> *"more evidence taken from service users in social care"* (Manager)

Taking a **more integrated approach to guidance development** was welcomed, with some participants acknowledging the progress that NICE is already making in this area. The intermediate care guideline was cited as an example of good practice to addressing real world issues and people would like to see more.

> *"review treatment as a whole. For example, Rheumatoid arthritis, too many slightly different TAs … making it difficult to understand … leading to local variations …".*

2. Content and presentation of the guidance

The second theme that emerged from all the findings relates to how the guidance is written and presented, from the length of the guidance itself to the specifics of the recommendations and how the information is presented.

The **length of the guidance** was a recurring issue, particularly in relation to how difficult it sometimes made it for people to identify and then get to the relevant recommendations. A number of respondents said that some guidance contains too many recommendations, so summaries of main recommendations, potentially grouped in themes or tailored to different audiences would help with this. The request for **summaries** of information is also a strong theme in other recent insight projects.

"I think some of them are very long … it makes it very difficult sometimes to identify which bits are relevant to us and which bits we need to evidence compliance with." (Clinical Executives Managers)

"As a GP I need a short summary with visual algorithms" (GP)

"They [local authorities] want to know the evidence is there if they need to go to look for it, but they just want a summary." (Public health professional)

As reflected in the survey results, some respondents felt that **recommendations were sometimes vague or unfocused and repetitive**. Producing short and punchy recommendations was the fourth most popular idea for helping to improve implementation.

"Keep it nice and short and clear and simple. Tell us exactly what we need to do and we'll do it." (Clinical Executive Manager)

Some respondents would like to see NICE **recommendations be more clearly linked to graded evidence** or other information sources, to help them make a decision as to which recommendation they should adhere to.

"I think one of the big problems with [NICE] guidelines is that there is such a mixture of quality of evidence for each recommendation, some of them are really well properly evidenced things and some of them are really rather fanciful … we need to be focusing on the really important well evidenced recommendations …" (Clinical Audit and Effectiveness Manager)

In terms of the actual content of the guidance, some were concerned that they included **out of date evidence,** because of the time taken in the development process. It was acknowledged that NICE needed rigorous processes, but it was felt that this meant there was often a long time lag between development and publication.

Use of medical orientated language was identified as a challenge for 14% of survey respondents, but this was particularly apparent for those who said they used social care guidance. Respondents would like NICE to continue with its **more person orientated approach**, using more person-centred language.

"people who work in the NHS, not to refer to people as patients. They are people first. Yes, they may be in a patient setting in a hospital but they're still people and that extends right the way through to how things are described in guidance … Let's talk about support for people, so, because when you talk about care it's a sort of looking after concept rather than a supportive concept of helping people to make their own decisions etc."

"I was really pleased with the intermediate care guidance in some of the consultation feedback coming back saying how pleased they were to see how person orientated it was"

3. Support for implementation

In general, more help with implementing guidance would be welcomed **in the form of more implementation support (tools) and practical advice from NICE**. Some examples were provided about how this might look in practice, including making more use of committee members in sharing their knowledge and experience from the development process, as well as providing more training and workshops about how to use the guidance.

"More implementation tools … I don't think these are always available for my speciality, e.g. pregnancy and childbirth." (Governance and Quality Lead)

"Webinar workshops on how to use the guidance or more importantly how to implement the guidance." (Commissioner)

Local factors can influence how people implement NICE guidance in their local areas, which can ultimately mean that standards are not followed. The lack of local resources for implementation was identified as the main challenge by survey respondents who would like to see more practical advice about implementation at a local level.

The status of the guidance also has an impact on implementation, in terms of whether it is **mandatory** or not. Generally speaking, technology appraisal guidance seems to work well, but there are sometimes challenges with other types of guidance that are not mandatory to implement.

To help with this issue, it was suggested that NICE guidance could be reinforced by linking more to national bodies and inspection frameworks, such as the CQC as *"local authorities are used to being inspected"*, *"joining up NICE recommendations with national priorities rather than working in a silo"*.

Conclusions and summary

We know that NICE guidance is widely respected and a trusted source of information, and the findings here provide further reinforcement of this fact. Practitioners turn to NICE guidance and quality standards as the main source of information when looking to improve local practice, largely because of our evidence-based approach.

People use guidance for many reasons, for everyday purposes to help with informing practice to more strategic decision-making and policy development. It provides best practice to help inform decision-making, the most useful aspect of NICE guidance for respondents. The evidence base and rigorous, scientific approach to developing recommendations give people the confidence to use and implement guidance.

People are keen to implement NICE guidance and highlighted the resources and tools that they already use to help them. NICE Pathways feature for around half of respondents and case studies and shared learning are used to help users understand how guidance has been implemented by others, a strong theme from the whole report.

There are difficulties that people face in implementing guidance consistently and the three main themes reflected in this research, which were also highlighted in the 2017 reputation research, were:

1. Reflection of the 'real world' in guidance development and implementation
In terms of guidance development, respondents recognise the need for us to maintain our strength of developing empirical evidence-based recommendations, but would like to see these strengthened by incorporating more real world experience (from people and practitioners) and giving greater consideration and weighting to a wider range of evidence sources than RCTs.

2. Clear presentation
There was a recognition that NICE guidance needs to be detailed, which subsequently leads to potentially lengthy documents. As a result, guidance needs to be well structured so respondents can get directly to the information they need and recommendations need to be clear and concise. Summaries and visual representations are frequently mentioned by respondents to help them get to the recommendations they need. The language used is also very important, focusing on people-centred language, rather than medical-orientated language as far as possible.

3. Continued support for implementation
The implementation support provided is welcomed by respondents and they do make use of many of the products on offer. Communicating and promoting these existing tools more widely would help to improve uptake, but also respondents would like to see more practical advice to support local implementation to take account of how circumstances, such as finance, resources and leadership, differ by locality.

The issues highlighted within these themes are already being considered and addressed in various ways across NICE, but this research provides further detail to inform the actions being taken and provides reinforcement of the approach being taken.

APPENDICES

Appendix 1: Demographic information

Roles	Number	%
Medical and dental professional	180	21%
Allied health professional	89	10%
Nursing and midwifery professional	79	9%
Pharmacist	77	9%
Other manager	54	6%
Service user representative/advocate	45	5%
Director	43	5%
Admin and clerical	41	5%
Researcher	39	5%
Educator/trainer	33	4%
Clinical/care manager	31	4%
Public health professional	30	3%
Quality improvement/ patient safety officer	29	3%
Commissioner	21	2%
Policy development officer	16	2%
Information specialist/ librarian/ analyst	12	1%
Scientific and technical staff	12	1%
Care worker/ community suport worker	9	1%
Healthcare support staff	7	1%
Social worker	7	1%
Other	6	1%

Appendix 2: Dissemination channels

All	Insight Community
	NICE News
	NICE tweets/blog featured
	Fellows & Scholars professional networks
	Adoption and Uptake reference panel
	Quality standards contacts database
	Field team contacts
	NICE Manager networks
	Commissioning networks
	Shared learning and accredited providers contacts
	Endorsed provider contacts
	NICE website survey link on home page
Health care	NHS England Clinical Fellows alumni database
	Medicines awareness service
	Royal college bulletins
	Update for primary care
	Arms length body bulletins

Public health	Public Health England centres/networks
	Association of Directors of Public Health bulletin
	Public Health England bulletin
	Royal Society of Public Health newsletter
Social care	Social Care Information Centre bulletin
	Skills for care field team contacts
	Skills for Care bulletin
	Local Government Association bulletin
	Department of Health social care blog
	Association of Directors of Adult Social Services
	Association of Directors of Adult Social Services bulletin
	Association of Directors of Children's Services bulletin
	Other social care bulletins to social care providers
	RiP/RiPFA bulletin
	SCIE e-bulletin
	Social care providers bulletin

AUDIT & RISK COMMITTEE

Unconfirmed minutes of the meeting held on 25 April 2018 at the NICE London Office

Present

Dr Rima Makarem	Non-Executive Director (Chair)
Professor Sheena Asthana	Non-Executive Director
Professor Tim Irish	Non-Executive Director

In attendance

Andrew Dillon	Chief Executive
Ben Bennett	Business Planning and Resources Director
David Coombs	Associate Director, Corporate Office
Barney Wilkinson	Associate Director, Procurement & IT
Catherine Wilkinson	Associate Director, Finance & Estates
Alexia Tonnel	Evidence Resources Director (item 4.2)
Christine Carson	Programme Director – Centre for Guidelines (item 5.1)
John Davidson	Associate Director – External Relations (item 10.1)
Elaine Repton	Governance Manager: Risk assurance (Minutes)
Jane Newton	Head of NICE Sponsor Team, DHSC
Andrew Jackson	National Audit Office
Andrew Ferguson	National Audit Office
Cameron Robson	Government Internal Audit Agency
George Pinnington	Government Internal Audit Agency
Niki Parker	Government Internal Audit Agency

Apologies for absence

Apologies for absence were received from Elaine Inglesby-Burke.

Declarations of interest

1. There were no interests declared.

Minutes of the last meeting

2. The minutes of the meeting held on 22 January 2018 were agreed as a correct record.

Action Log

3. The Committee reviewed the action log noting that all but one action were closed. The issues of how quality assurance is gained from the contracts with the external guideline development centres will discussed in September.

Item 6

ACTION: ER

RISK MANAGEMENT

Risk Register

4. Elaine Repton presented the risk management report which included updates to the corporate risk register, and a summary corporate risk dashboard.

5. The Committee noted that a new risk (22/18) had been included concerning the contracts with the external assessment centres, particularly with regard to their ability to deliver projects to support guidance and other outputs in line with NICE's requirements, with insufficient core capacity of scarce skills. The Chair added that the outcome of a recent and associated whistleblowing case will be coming to the Committee in September for review, along with a revised whistleblowing policy.

6. In relation to business continuity planning (risk 18/18), the Committee requested that the risk is widened to reflect business continuity planning for IT not just buildings. The Committee questioned why it was not felt appropriate to document a schedule of business activities that should be regularly tested, under different scenarios, for both IT systems and buildings. The Officers outlined the various levels of resilience within the IT systems which they considered to be sufficient given the perceived level of risk faced by NICE. The Committee suggested consideration is given to undertaking further testing of the BCP to provide assurance that, for example, IT backups (or any other plan B mitigations), actually work.

ACTION: BW/CW

7. The Committee asked where assurance was gained from third parties if their systems were to go down (for example NHS Shared Business Services). It was confirmed that they have their own BCP/DR arrangements in place and their systems are audited independently with the outcomes shared with all organisations that use their services in their Third Party Annual Assurance Reports. Copies of which will be presented to the Committee in June 2018.

ACTION: ER

8. Andrew Jackson recommended that NICE, as an end-user of NHS SBS, check that assurances provided in the ISAE3402 report from NHS SBS cover the important aspects of BCP/DR from NICE's perspective as the scope of the ISAE3402 report is determined by SBS.

9. There was a general discussion about the usefulness of the risk register as the majority of the scores were moderate and whether the current format of the register presented a good management tool for managing risk. It was agreed that NICE's approach was in line with best practice in terms of monitoring key risks and the mitigations to manage them. It was also a requirement of the DHSC's control environment that NICE maintains such a document.

10. The risk register updates, including the new risk, were agreed.

Risk Discussion: Cyber security

11. Alexia Tonnel gave a presentation on the work of the Digital Services (DS) team based within the Evidence Resources Directorate. The team develop and manage a wide range of on line services, internally and externally facing. The team work on a separate network from the rest of NICE. The on-line services are hosted externally by AWS ("Amazon Web Services"). The team have their own operations team and service desk.

12. In terms of the security arrangements, Alexia provided the Committee with assurances that the internal digital services network, and the external AWS hosting environment were secure. Alexia also explained how the new Confluence content management system had been used to document all cyber security processes and artefacts, and how it was used to increase digital services staff awareness / vigilance, the latter being discussed as an important control as well as the maintenance of the DS digital asset register.

13. The Committee asked Alexia where she felt the security risk remained. Alexia explained the internal network and AWS environment felt secure and that greater risk might reside in human error associated with information governance acknowledging that those working in a digital environment tended to have a more collaborative and sharing approach to work. This is why she had placed increased focus on staff awareness in recent months. Controls in place for this include regular staff communications and close management of the user accounts for software as a service tools used across the digital services team. In relation to the risk of internal hacking, Alexia agreed to check whether internal penetration tests had been carried out.

ACTION: AT

14. The Committee asked whether the DS / IT split caused issues internally. The Officers confirmed that it provided additional re-assurance and that they now have two weekly meetings to discuss new developments and share issues. It was suggested looking at formalising these meetings and documenting a learning log would be a useful step.

ACTION: AT/BW

INTERNAL AUDIT

Progress Report

15. Cameron Robson presented a summary of work undertaken in 2017/18. It was noted that no items had been removed from the plan or ad hoc work added.

BNF Contract arrangements

16. The report received a moderate assurance rating with one medium and three low recommendations, all of which have been accepted. The Committee noted the positive findings regarding regular contract management meetings, NICE challenging the BNF consortium on performance and more recently challenging

on costs. NICE is continuing to push for an open book approach to provide greater transparency of costs.

17. The Committee discussed the key issue of the printing costs, the difficulty of a single supplier and the attempts to transition more prescribers to the digital version. Reference was also made to the patient safety aspect of the book being updated annually compared with the BNF App being updated monthly. Whilst NICE had managed to achieve substantial savings year on year since taking over the contract from the DHSC, the report recommended further actions for consideration to achieve better value for money. A number of these were more focused on the possible structuring of any future contract.

Cyber security

18. Cameron Robson presented the cyber security audit report which received a moderate assurance rating with four recommendations (three medium and one low). He highlighted the areas of good practice and in line with minute 6 above, recommended that the business continuity plan should include a documented and prioritised schedule of business activities, as recovery time is critical and a written plan would support it being easily activated at immediate notice. Ben Bennett confirmed that NICE had adopted a proportionate approach which focused on recovering NICE's own systems. The Committee acknowledged some key systems were hosted by external partners but was of the opinion that management should revisit its response to recommendation 1 by considering a prioritised ranking of NICE's systems, documenting who was responsible for each and what their action would be in a critical situation. The Committee asked that this be reported back at the next meeting.

ACTION: BW/CW

19. The Committee debated the issue of external partner systems being compromised and the extent to which NICE would be able to influence this, hence a proportionate response had been agreed. The NAO added that if the Committee felt it needed more assurance about the security of third party systems, it could approach the DHSC.

20. The Committee noted the internal audit reports.

Annual Assurance Report 2017/18

21. The GIAA's annual assurance report was presented providing an overall moderate assurance level for 2017/18 in the three key compliance areas of risk management, governance and control. The report was noted.

Draft internal audit plan 2018/19

22. The Committee was asked to review the proposed internal audit plan for 2018/19. It was noted that the reviews were almost all in the Business Planning & Resources Directorate, and therefore other Directors should be asked to confirm whether they have any areas they wish to be included before the plan was finalised.

ACTION: CR

23. Cameron Robson agreed to check any potential areas of overlap between key financial controls and the control environment reviews. He also agreed to discuss with Ben Bennett and Alexia Tonnel whether there were any specific areas to be covered in the next cyber review which would require a specialist technical auditor.

ACTION: CR

24. Subject to confirming the two points above, the draft audit plan for 2018/19 was agreed.

EXTERNAL AUDIT

National Audit Office update report

25. Andrew Jackson and Andrew Ferguson presented the audit progress report on the 2017/18 financial statement audit which had not identified any significant issues from the internal audit work. The report detailed the work carried out to date and highlighted changes to the FReM which require additional disclosures to be made in the annual report and accounts for 2017/18.

26. On the follow up of recommendations made last year, work was progressing on the classification of income and expenditure at source to avoid re-coding at month end, but it remained a challenge for NICE due to the difficulty splitting out admin, programmes and project costs. Any further advice from the NAO would be welcomed.

ACTION: AJ/AF

27. The content of the report was noted.

Committee effectiveness review

28. The Committee discussed the highlights from its effectiveness review facilitated by the NAO. Overall feedback was positive about how the committee is functioning and there was no evidence of a significant difference of opinion between the non-executives and the executives.

29. Feedback highlighted the Committee's relationship with the DSHC's Audit & Risk Assurance Committee (ARAC), and generally engagement with other ALBs as areas for development. The Chair commented that she had tried to progress this by contacting ALB Audit Chairs and she was soon to attend a DHSC hosted event for ARAC chairs and non-executives on 1 May 2018.

30. With regard to the Committee's skill balance, it was agreed that having NEDs with relevant financial management skills was sufficient, rather than requiring a financially qualified member. The issue of cyber security skills would be kept under review throughout the year. The Committee would monitor the need for further training in this area, and if necessary, the option to co-opt specific skills onto the Committee.

31. The NAO was thanked for their support.

CONTRACTS & IT

Annual Waivers report 2017/18

32. The annual waivers report for 2017/18 was discussed. The Committee commented that the ratio of waivers as a percentage of total contract spend had fluctuated significantly year on year and questioned why there was such a significant variance and whether there was scope to reduce the proportion of waivers. Barney Wilkinson advised that the higher value waivers related to information & data purchases for which there tended to be specialist and sole suppliers.

33. It was queried whether it would be reasonable to set a target each year, to aim for the percentage of contracts agreed by waivers to be gradually reduced.

34. The Committee noted the 2017/18 annual waivers report.

Waivers to April 2018

35. The Committee also reviewed the contract waivers approved in the last quarter. The report was accepted.

FINANCE

Financial Accounting Performance

36. Catherine Wilkinson presented a financial accounting progress report detailing NICE's payments and debt recovery performance. The issue of non-payment of invoices by NHS England (NHSE) was mostly resolved in March when a payment of £3.47m was received. The finance team was continuing to work with NHSE colleagues to avoid the cash flow issues experienced in 2017/18 due to late payment. NICE's preference would be to receive the allocation directly from DHSC rather than invoicing via NHSE.

37. The report was noted and accepted.

NICE Statutory instruments and spending restrictions

38. Catherine Wilkinson was thanked for producing a comprehensive report on the statutory instruments and spending restrictions which NICE complies with. The Committee agreed the report provided good assurance and clarity on the financial responsibilities within NICE.

Report on the M9 Annual Accounts 2017/18

39. The financial position at M9 was reported, including compliance with key accounting policies. The Committee was assured that the interim audit had not identified any significant issues.

40. The financial position at M9 was noted.

Forecast Outturn 2017/18

41. Ben Bennett gave a verbal report on the 2017/18 forecast outturn position which was positive due to underspends on salaries, reserves and non-pay items. The reasons were briefly explained.

42. It was noted that the current year's budget was balanced and not reporting a deficit as had been previously anticipated.

CORPORATE OFFICE

Internal Audit Recommendations Log

43. Progress against overdue audit recommendations that were issued in 2015/16 and 2016/17 was noted. There was only one recommendation in the 2017/18 audit plan which had not fully been implemented by the original due date but a revised date was agreed.

Use of the NICE Seal

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

Revisions to Standing Orders, Standing Financial Instructions and Powers reserved for the Board and Scheme of Delegation

45. The Committee had requested sight of the draft documents prior to their submission to the Board, with the proposed updates tracked.

46. The proposed amendments to Standing Orders, Standing Financial Instructions and Powers reserved for the Board and Scheme of Delegation were agreed.

Review of the Committee's Terms of Reference

47. The Committee agreed that its terms of reference were still relevant and supported a recommendation to the May Board that they be approved without amendment. They will next be reviewed in April 2019.

Audit and Risk Committee Annual report 2017/18

48. The Committee reviewed its draft annual report to the Board for 2017/18. The Chair requested that any requests for additional text be sent to Elaine Repton. If no further comments are received, the draft was approved for submission to the May public Board meeting.

ANNUAL REPORT AND ACCOUNTS TIMETABLE 2017/18

49. John Davidson presented a first draft of the 2017/18 annual report and accounts which had been reviewed at the Board strategy meeting preceding the Audit & Risk Committee. For the benefit of those not at the Board, the Chair summarised the main comments and action points.

50. It was agreed that version 2 should show tracked changes when circulated and that the Committee should have the opportunity to comment on the design options.

ACTION: JD

COMMITTEE WORK PLAN 2018

51. The Committee reviewed its work plan for 2018.

OTHER BUSINESS

52. There were no further items of business.

FUTURE MEETING DATES

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

    - 20 June 2018 (Annual Accounts)
    - 26 September 2018
    - 28 November 2018

    The Chair declared the open part of the meeting closed at 4.45pm.

National Institute for Health and Care Excellence

Audit and Risk Committee annual report 2017/18 and terms of reference

This report summarises the work of the Audit and Risk Committee during the 2017/18 financial year. The Board is asked to note in particular the Committee's assessment of the work undertaken in 2017/18 (paragraphs 5 - 23) and the anticipated challenges for the coming year (paragraphs 33 - 36). The Committee has undertaken an annual review of its terms of reference and do not propose any changes.

The Board is asked to

- receive the annual report from the Committee
- confirm no changes are required to the Committee's terms of reference.

Dr Rima Makarem

Chair, Audit and Risk Committee

April 2018

Introduction

1 The Committee's primary function is to provide the Board with an independent and objective view of the adequacy and effectiveness of NICE's governance arrangements, system of internal controls, and management of risk.

2 In order to discharge this function the Audit and Risk Committee prepares an annual report for the Board and Accounting Officer. This report includes information provided by internal audit, external audit and other assurance providers.

3 The composition of the Committee changed significantly in 2016/17 following new non-executive appointments to the NICE Board and to this committee. This annual report covers a 12 month period during which all current members served on the Committee.

4 During the year the Committee agreed to re-structure its calendar of meetings to better coincide with the Board's timetable enabling key assurance reports to be presented to Board in a timely manner. The Committee has also strengthened links with the Department of Health & Social Care (DHSC), through the attendance of the Head of the NICE Sponsor Team at meetings.

Audit & Risk Committee's Assessment

5 This is a positive annual report from the Committee. We continue to receive assurance from the reports of our internal and external auditors as well as the 'deep dive' risk assessments presented by senior managers, and reports on specific business areas.

6 Members of the Board should acknowledge that the assurances given can never be absolute. The highest level of assurance that can be provided to the Board is a reasonable assurance that no major weaknesses have been identified in NICE's risk management arrangements, internal controls and governance processes.

7 The Committee has received reports in a range of key areas and has drawn particular assurance from the positive internal audit reports on key financial controls, the indicators programme, corporate governance arrangements, preparedness for the General Data Protection Regulation (GDPR), the contract with BNF, and cyber security.

8 The assessment of the Committee, based on the totality of the work presented to it, including but not exclusively the internal and external audit work, is that control and governance processes are well designed and managed. They provide reasonable assurance to the Board.

Information supporting the Committee's opinion

9 Summarised below are the key sources of assurance that the Committee has relied upon when formulating this opinion.

Internal Audit

10 NICE's internal audit service is provided by auditors from the Government Internal Audit Agency (GIAA). As in prior years, should the need arise, private firms like PwC or KPMG may be contracted to perform discrete audits. There was no requirement for this during 2017/18 and all the work was performed by GIAA.

11 The Committee received the Head of Internal Audit's opinion at its meeting on 25 April 2018 covering the financial year ended 31 March 2018. An opinion of moderate assurance was issued.

12 The internal audit plan was reviewed regularly by the Committee and an annual work programme of specific assignments derived from it and agreed in advance with the Committee.

13 The Committee notes that the 2017/18 opinion, ranked as moderate, is the same as the assessment for last year. We consider the current assessment as 'usual', and not a cause for concern. The table below sets out the full range of audit work in the year, with conclusions discussed later in the report:

Table 1 – Internal audit reviews

Assignment	Final report issued	Opinion
Key Financial Controls	October 2017	Moderate
Indicators Programme	October 2017	Moderate
Corporate Governance	January 2018	Moderate
GDPR	January 2018	Moderate
Contract with BNF	April 2018	Moderate
Cyber Security	April 2018	Moderate

See Table 4 for an explanation of assurance opinion levels

External Audit

14 The external audit is carried out by the National Audit Office (NAO). They give their opinion on whether the accounts give a true and fair view of the financial affairs of NICE and also whether its funds have been applied to the purposes intended by Parliament. This opinion will follow their audit starting on 7 May 2018, and a clean unqualified opinion is expected.

Local Counter Fraud Service

15 As a Non Departmental Public Body there is no requirement for NICE to purchase a specific range of proactive and preventative counter fraud work. Instead the SLA with GIAA allows for counter fraud work to be procured as required. This is normally every 12 to 18 months. The last staff awareness

sessions were held in February and May 2017, delivered by the DHSC anti-fraud unit. The anti-fraud unit also provides support to NICE by reviewing relevant draft policies. It is suggested that consideration be given to arranging sessions to be delivered later in 2018/19.

16 There were no incidents of fraud detected during the 2017/18 financial year.

Assurance framework

17 The Audit and Risk Committee oversees the operation of NICE's internal control and assurance arrangements. The arrangements demonstrate the following features:

- identification of corporate risks linked to business objectives
- assessment and management of significant risks
- monitoring of the effectiveness of the internal controls
- review of independent assurance reports.

18 These assurances are provided to ensure that the Board can satisfy itself that appropriate arrangements are in place for managing risk and that the system of internal control is functioning and effective.

19 **NICE's Risk Management Policy** - The risk management policy was reviewed and updated in May 2017, following recommendations from the internal audit review of NICE's risk management and assurance framework. The updated policy emphasises the Directors' ownership of the risk identification and management process, and refers to a new role of "Governance Manager: risk assurance" in co-ordinating the risk management process. An appointment to the post, which also acts as Committee Secretary, was made in July 2017. The next review of the policy is scheduled for May 2020, subject to any issues arising that necessitate an earlier review.

20 **Identification of risks** - NICE's assurance arrangements involve an annual business planning cycle that establishes clear business objectives for the organisation and individual centres and directorates. Directors and their senior management teams identify potential risks that could adversely affect delivery of these objectives and develop strategies to manage them. These are included in a corporate risk register which is reported to the NICE Senior Management Team (SMT) and the Audit and Risk Committee at the beginning of the financial year setting out the key business objectives of the organisation, and listing controls and assurances for the management of those risks. The risk register is then presented to a Board strategy meeting for approval.

21 **Management of risks** – Each quarter the Audit and Risk Committee reviews the high and medium level risks in the corporate risk register, and the low risks annually. The SMT reviews the full corporate register bi-monthly. In doing so, the SMT and Audit and Risk Committee assess whether the management strategies are likely to be effective in mitigating the risk level, and additional actions are agreed where necessary.

22 The Board also engages regularly with NICE's risk profile through its annual review of strategic risks. The Board and this Committee review a strategic risk register (covering a three year period), currently 2018 – 21, which details the wider risk environment within which NICE is operating, and focuses on the external influences which could potentially have a significant impact on NICE. The Audit and Risk Committee also reviews the strategic risks twice yearly. Additionally, the format for the Directors' progress reports to the Board include a specific update on changes to the risks facing each centre/directorate.

23 **Corporate governance arrangements** – an internal review of NICE's corporate governance arrangements provided a moderate assurance level with three recommendations made. All three will have been actioned in timescale by the end of May 2018. Two related to the need for effectiveness reviews of the Board and this committee; both are in progress. The third recommendation related to succession planning for the Executive Director positions, on which the Chief Executive subsequently made a presentation to the Board.

Management

23 The Committee received a range of assurance reports from management throughout the year. These are summarised in the table below.

Table 2 – summary of sources of management assurance

Management assurance	Description
Losses and compensations register	As required by DHSC NICE maintains a register of such payments. This is reported annually to the Audit and Risk Committee. For 2017/18 the total value of these payments was £34,036 (c£50,000 2016/17). Of this amount £23,094 relates to train cancellation or amendment fees, £1,794 relates to flight cancellation costs and £1,940 relates to meeting cancellation costs. The remaining value relates to bad debts written-off (£7,208).
Contract waiver report	The Committee receives a report at every meeting of the tender waivers that have been authorised since the last meeting. Details are provided of the reason for the waiver, the value and the person that authorised it. The Committee also receives an annual summary of all waivers granted during the year. In 2017/18 there were a total of 92 contracts of which 16 were subject to waivers. The Committee scrutinises waivers granted and requests specific assurance from management if it has particular concerns. There continue to be issues with some of the specialist contracts due to the limited pool of suppliers bidding for the work.
Contract waiver approvals	In some cases the Committee is asked to approve waivers in advance. This is usually when the contract is of particularly high value. There was 1 contract waiver approved in this way during 2017/18, The Cochrane Library from John Wiley and Sons Limited as they are the sole providers of the Cochrane Library.
Technical accounting issues	The Committee receives reports where there are significant changes to our accounting policies or practices. There were no significant changes during 2017/18.

Specific Incident reports	Where there is an incident particularly relating to a loss suffered by NICE, the Committee receives a report as part of the exercise of its risk management duties. There were no incidents relating to accidental disclosure of confidential information, of a material enough nature that required escalation to the Committee.
Approval of redundancy payments	Redundancies within contractual terms are reported to the Committee. Significant severance payments which go beyond the contractual terms will be cleared with the Committee Chair. There were 23 redundancies during 2017/18 resulting from restructures of the Centre for Guidelines, and Health & Social Care, Evidence Resources and Business Planning & Resources Directorates. Most of the costs had been accrued in 2016/17.
Annual assurance reports	There are a range of reports that the Committee receives to provide additional assurance. During 2017/18 the Committee received reports on information governance, IT security & resilience and cyber security.

Key messages from the year's work

24 Our work is part of broader governance controls overseen by the Board. We report our findings to the Board after each meeting. In addition, the Board receives at each public meeting a regular report from the Chief Executive which reports on performance and key issues arising, and a report from the Director of Business Planning and Resources which provides a progress update on the financial position and any HR issues.

Comment on 2017/18

25 From our work we wish to highlight to the Board the following issues:

- We were pleased to receive a clean set of accounts for the financial year 2016/2017 and a positive audit opinion. The work is done to very tight timetables but continues to present a positive picture of the accuracy and control of our core financial systems. This continues to be re-enforced by internal audit assessments. It is pleasing that our internal auditors gave a 'moderate' rating to our key financial controls.
- We have continued to refine our approach to risk management. We receive at each meeting a statement of the main risks facing NICE and the mitigation action by the executive. We receive once each year the full register (i.e. to include the low risks) to provide visibility of risks that could potentially escalate to medium and gain assurance on the management of these. The risk appetite statement more explicitly refers to the levels of risk that will be accepted, and the process for escalating risk. These are reflected in the current risk management policy.
- We also invite a senior manager to present to us at each Committee meeting to hear their perspective on the challenges and risks in a specific area of responsibility. We have looked at the risks around contract management, a new software tool (MAGICApp) for authoring and better managing guidance as structured content, and cyber security risks.

- We reviewed the Committee's terms of reference in October 2017 and produced a simplified and more concise version which was approved by the Board in November 2017. The Committee has since reviewed its annual work plan and agreed that it would make more sense to present the review of its terms of reference to the Board in May each year, in conjunction with its annual report. Therefore, the Committee reviewed its terms of reference again in April 2018, and is recommending to the Board that no further changes are made. The next review will take place in April 2019. The terms of reference are attached at appendix 1.
- There have been six internal audit reports published (listed in table 1 above). We were assured that the audit plan covered a good spread of NICE's work including key financial controls, the indicators programme, IT security, the BNF and corporate governance arrangements. Additionally there were no 'high' level recommendations made. In total there were fifteen recommendations for improvement (12 medium and 3 low). Good progress has been made to implement recommendations from previous year's audit plans. These outstanding actions are now reduced to three.
- Action to combat fraud is important. No new incidents of fraud had been detected in 2017/18. We use a system mandated for us by the DHSC, but we will need to continue to assure ourselves of the effectiveness of controls recognising the issue of proportionality of controls to risks. During 2018/19 we are proposing to undertake a self-assessment of NICE's current arrangements for preventing fraud, against the Cabinet Office's '*functional standards for counter fraud'*. These standards are the basic components that an organisation should have in place to effectively deal with fraud. A report will come to Committee later in the year.
- In October 2017 we received a comprehensive annual review of NICE's IT infrastructure security and resilience which provided the Committee with assurance regarding the overall design of the network's security systems and multi layers of protection internally and externally. The Committee noted that the report did not cover systems and software tools overseen by the Digital Services team within the Evidence Resources Directorate. However, as an internal audit review of cyber security was planned within the year, the Committee invited the Evidence Resources Director to attend the April 2018 meeting when the internal audit report was presented, with a view to having wider discussion of potential cyber security threats, covering both IT and digital services.
- It is equally important to maintain control over information security. The Committee received an annual information governance (IG) assurance report which set out how NICE benchmarks its IG controls, and measures compliance with Cabinet Office standards with the security policy framework (SPF) and the National Cyber Security Centre's '10 Steps to cyber security'. The report concluded that the risk of loss, misuse or unauthorised disclosure of sensitive and/or confidential information at NICE remained low. The committee received assurance that the mandatory information governance training course for all staff had been reviewed and updated to meet General Data Protection Regulation ("GDPR") compliance requirements.

- The report also advised the Committee on NICE's preparedness for implementation of GDPR in May 2018. The report was supported by an internal audit review which provided a moderate assurance level and made one recommendation regarding the appointment of a Data Protection Officer (DPO) under the Regulation. This has been addressed within NICE by formally appointing the Governance Manager: information, as the DPO.
- We received an annual whistle blowing report and plan to review the process, policy and any outstanding cases in the autumn 2018.
- Effective procurement systems and contract management arrangements are in place and are applied effectively. The Committee discussed contract management as a 'deep dive' risk topic in October 2017. The majority of contracts are procured through framework agreements. Where it has not been possible to run a fully competitive tender, the Committee is asked to approve contract waivers. We are reassured that our procurement has provided good value for money and that contract managers are trained and supported in this area through a comprehensive procurement guide and training resources, which were updated in 2017/18.

Review of the Committee's effectiveness in 2017/18

26 The Committee's terms of reference require that periodically, the Committee shall review its own effectiveness and report the results to the Board. The NAO facilitated a review of the Committee's performance using the NAO's audit and risk committee effectiveness checklist. In March 2018 all the regular attendees at the Committee's meetings were asked to complete the checklist. Andrew Ferguson, Engagement Manager (NAO), presented the highlights from the review to the Committee in April 2018.

Training

27 In light of the changes to the non-executive membership last year, it was agreed to organise a training session which was facilitated by the NAO. In December 2017, Andrew Jackson (Engagement Director) delivered a workshop which outlined the role, scope and responsibilities of an Audit Committee. Invitations were extended to all the NICE Board members and the executives who normally attend the Audit and Risk Committee meetings. The feedback from attendees confirmed that they had found it to be extremely useful and positive.

Review of internal and external audit services

28 In line with governance best practice, the Committee's work programme includes an annual review of the performance of the internal and external auditors.

29 In terms of the management of the internal audit service provided by the Government Internal Audit Agency, progress in implementing the annual audit plan is reviewed at each meeting. The GIAA has issued its annual assurance report for 2017/18, with a moderate assurance opinion.

30 All those who regularly attend Audit and Risk Committee meetings were invited to complete a survey to review the performance of external audit (in September 2017) and internal audit (in December in 2017) services. The views expressed in each were summarised for discussion by the Committee.

31 It is fair to say that there is room for improvement in the relationships between NICE and the GIAA team. A new Head of Internal Audit (and deputy) has been allocated to NICE in 2018/19. Positive working relationships are essential to gaining the maximum benefit from the contract and to ensure the work of internal audit assists NICE in improving performance and adds value to NICE's activities.

32 The NAO is NICE's external auditor appointed by Parliament. The report on the effectiveness of the external auditor was very positive with no areas of concern.

Challenges and risks for 2018/19

33 In the coming year we will continue to review the range of risks facing NICE, consider the controls in place and assess their effective management. In terms of our focus, we are conscious of the following issues and risks facing NICE which will guide our work.

34 We would highlight the following:

- **Resource pressures** - We are conscious of the continuing financial pressure that NICE, as other public bodies, faces. NICE has a cautious approach to spend commitments which has enabled it to manage pressures so far without rapid cut backs in particular areas. NICE is facing considerable challenge in continuing to provide the broad range of services we aim to do. That in itself contains risks, and a key dependency is the introduction of a system of cost recovery in our Technology Appraisal and Highly Specialised Technologies programmes. Discussions continue with the DHSC regarding the transition to this cost recovery model. The Board is currently considering other options for future income generation and has established NICE Scientific Advice as a commercial business unit.
- **Workforce risks** – The recent resignations of two long standing Directors of NICE has highlighted the continuity of the senior management cohort as a risk area to keep under review. However, we are assured that this is now on the Board's agenda. A further risk is the pressure of maintaining the broad offer while resources are reducing and the excessive pressure this places on staff to the detriment of quality of outputs and the morale of staff.
- **Remaining an active partner in the national health and care system** – We recognise that NICE's active involvement in the Government's Life Sciences strategy is crucial to being able to articulate the importance of integrating technology evaluation with the commercial and operational aspects of adopting new technologies. NICE needs to remain agile and to align its methods with the ambitions and capacities of the health and care system.

- **Advances in digital health technologies** – NICE needs to embrace new digital technologies otherwise it risks its products becoming inaccessible and no longer fit for purpose for health and care professionals. The challenge of investing in digital technologies whilst also taking account of the resource constraints under which the health and social care system is functioning, is a delicate balance to be achieved.
- **Internal Audit** - Following a second planned change of the Head of Internal Audit, we still need to establish a long term more strategic programme for internal audit, clearly aligned to the risks facing NICE, taking account of key business areas as well as the formal control systems. We need to be ever conscious of the value of money of the service and the balance of resources we use. Our aim is to continue to bed in the service and with the support of our new Head of Internal Audit, encourage a more strategic programme for 2018/19.

35 Putting the above into context, NICE is well managed with effective processes and controls in its guidance products and processes; strong financial, procurement, HR, information, and digital service management, and a skilled and committed workforce. That provides a resilient and strong base for the challenges ahead. There is not a current problem, rather we consider that, as a contingency, we should look to identify and be ready to mitigate any signs of emerging stress before they start to impact on the work and success of NICE.

36 Finally, we should record our appreciation of the excellent work and support from those in the Business Planning and Resources Directorate whose work we most scrutinise and rely on. We are assured that management take governance issues seriously and we have particularly valued the more informal assessments of risks with senior managers that we do at our meetings. We also note with pleasure the effective working relationships that continue to operate with our external auditors and the work to further develop an effective working relationship with our internal auditors.

The role and operation of the Audit and Risk Committee

37 The members of the Committee during the period of the report were as follows:

Rima Makarem (Chair)	from 01/01/17
Sheena Asthana	from 24/11/16
Elaine Inglesby-Burke	from 16/11/16
Tim Irish	from 20/07/16

38 No members declared any conflicts of interests in any of the agenda items during the year.

39 The following managers attend the Committee meetings regularly to support it, present reports, respond to audit reports and answer queries from the Committee:

Andrew Dillon	Chief Executive
Ben Bennett	Business Planning and Resources Director
Catherine Wilkinson	Associate Director – Finance & Estates
Barney Wilkinson	Associate Director – Procurement & IT
David Coombs	Associate Director – Corporate Office
Chris Hay	Senior Financial Accountant
Elaine Repton	Governance Manager: risk assurance

Other senior managers attend as and when for specific items as required

40 Representatives also attend from:

Internal audit	The Government Internal Audit Agency
External audit	The National Audit Office
DHSC	Head of the NICE Sponsor Team

41 It has been the Committee's normal practice to hold a private discussion at the end of each meeting, between the auditors and members of the Committee without the management present. This is to give the auditors an opportunity to raise any matters of concern without the presence of the management. The non-executive members also find these short meetings helpful. At the January 2018 meeting the session took place before the start of the meeting and it is proposed to continue this in 2018/19.

42 The Committee is required to meet at least 4 times a year. Meetings took place during the period and were attended as follows:

Table 3 – Attendance at meetings in 2017/18

Member	26-Apr-17	21-Jun-17	25-Oct-17	22-Jan-18
Rima Makarem	P	P	P	P
Tim Irish	P	P	P	P
Elaine Inglesby-Burke	P	A	P	P
Sheena Asthana	A	P	P	P

Key: P= Present for meeting / A= Absent from meeting

43 The quorum for meetings of the Committee is three. As the table above shows, all meetings of the Committee during the period were quorate.

Table 4 - Explanation of internal audit assurance levels

Substantial	The framework of governance, risk management and control is adequate and effective.
Moderate	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control
Limited	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective
Unsatisfactory	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

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 April 2019.

National Institute for Health and Care Excellence

Revisions to Standing Orders, Standing Financial Instructions and Reservation of Powers to the Board & Scheme of Delegation

This report details proposed changes to NICE's Standing Orders, Standing Financial Instructions and Reservation of Powers to the Board and Scheme of Delegation, following an annual review.

The Board is asked to approve the amendments to the governance documents.

Ben Bennett

Director, Business Planning and Resources

May 2018

Background

1. NICE is required to review its Standing Orders, Standing Financial Instructions and Reservation of Powers to the Board and Scheme of Delegation annually.

2. This review has taken place and a number of updates are proposed, informed by these documents in other health Arm's Length Bodies (ALBs). The Audit and Risk Committee reviewed the full documents and supported the proposed revisions at its meeting on 25 April 2018.

3. The main changes are summarised in the tables below. The full documents have been circulated to Board members electronically.

Key issues and changes

4. The aim has been to simplify the documents, remove duplication, and use plain English. Throughout all three documents terminology has been updated to refer to 'NICE' rather than 'The Institute' in line with the NICE style guide. All references to 'chairman' and 'vice chairman' have been changed to 'chair' and 'vice chair', in line with other ALBs. Additionally, references to 'non officer member' have been changed to 'Non-Executive Director', and 'officer member' have been changed to 'Executive Director'.

Standing Orders (SOs)

5. Table 1 below summarises the proposed amendments:

Table 1: proposed changes to the Standing Orders

Section & Standing Order (SO)	Proposed change	Rationale
Terms of office of the chair & members (was SO 23)	Section on tenure of office has been removed as it has been included in SO 21 which now covers the appointment, removal and tenure of the chair and the Non-Executive Directors (NEDs)	For simplification
Appointment of a Senior Independent Director (SID) (SO 25)	New section included clarifying the appointment of a NED as SID and the right for the appointee to resign from the position at any time	Good governance to have this appointment clarified in SOs

Section & Standing Order (SO)	Proposed change	Rationale
	by giving notice in writing to the chair	
Petitions (was SO 39)	Removal of the following provision – "where a petition has been received by NICE the Chair may include the petition as an item for the agenda of the next meeting. The decision whether a petition should be included as an item is at the discretion of the Chair."	To reflect current practice that petitions are not usually dealt with by the Board
Delegation to officers (was SO 77, 78 & 80)	Removal of text around the preparation of the scheme of delegation as these sections repeat existing text elsewhere in the document which clarifies the functions that are reserved by the Board and those delegated to the Chief Executive	For simplification
Failure to comply with Standing Orders (was SO 80)	This is an amendment to re-order the section to earlier in the document (now at SO10)	Retained in SOs but re-ordered to aid reading
Declaration of interests (SO 88 – 91)	Reducing the amount of explanatory text about declarations of interests in SOs by simply referencing the new policy on declaring and managing interests	For simplification and to reflect the newly updated policy on declaring and managing interests for board members and employees
Register of interests (SO 92 – 94)	Simplification of the text to state that the interests register will be available to the public via the NICE website, in line with the requirements of the new policy on declaring and managing interests for board members and employees	For simplification and to reflect the newly updated policy on declaring and managing interests for board members and employees

Section & Standing Order (SO)	Proposed change	Rationale
Disability of the chair and members on account of a pecuniary interest (was SO 99 – 106)	Section removed as the language is out of date with the new declaring and managing interests policy	To reflect the newly updated policy on declaring and managing interests for board members and employees
Interests of officers in contracts (SO 98)	Text revised and simplified to reflect the wording of the new declaring and managing interests policy	To reflect the newly updated policy on declaring and managing interests for board members and employees
Public Contract Regulations 2015 (SO 107)	Updated to reference Public Contract Regulations 2015	To include new regulations
Competitive tendering (SO 108)	Revised OJEU procurement thresholds published in January 2018	To reflect updated thresholds
Contracts (SO 124)	Updated to reference Public Contract Regulations 2015 and other statutory powers to be complied with – IR35 and the Cabinet Office controls.	To include new regulations and other compliance matters
Employee, agency or temporary staff contracts (SO 126)	Additional text included to ensure compliance with IR35	To reflect latest statutory regulations

Standing Financial Instructions (SFIs)

6. Table 2 below summarises the proposed amendments:

Table 2: proposed changes to the Standing Financial Instructions

Section & Standing Financial Instruction (SFI)	Proposed change	Rationale
Audit & Risk Committee (SFI 18)	Removal of duplicating text about the role of the Committee	Duplication of SFI 19
Delegated budgets (SFI 37)	Amended to reference increased public sector procurement thresholds	To reflect updated thresholds

Section & Standing Financial Instruction (SFI)	Proposed change	Rationale
Bank accounts (SFI 45)	Remove – "The Board shall approve the banking arrangements." Replace with – "NICE's banking arrangements are directed by the DHSC."	NICE's banking arrangements are directed by DHSC
Data Protection (SFI 72)	Remove - Data Protection Act 1998 Replace with GDPR	To reflect change in legislation
Losses and special payments (SFI 122)	Amended to clarify the writing off of losses are reviewed and approved by the Audit and Risk Committee on behalf of the Board	To reflect current practice in which the Audit and Risk Committee considers the losses and compensation report
OJEU public sector procurement thresholds schedule (in Appendix 1)	Updated to reflect public sector procurement thresholds effective from 1 January 2018	To reflect updated thresholds

Reservation of Powers to the Board and Scheme of Delegation

7. Table 3 below summarises the proposed amendments:

Table 3: proposed changes to the Reservation of Powers to the Board and Scheme of Delegation

Section & paragraph	Proposed change	Rationale
Role of the Chief Executive (was 12)	Text edited to remove duplication	To remove duplicating text
Reservation of powers to the Board (was 16)	Removal of duplicating text.	To remove duplicating text
Regulation and Control (22)	Text amended to clarify the Board's power to approve NICE's high level organisational structures and agree modifications thereto. Removal of the need for the Board to approve processes and procedures to facilitate	Removed the requirement for the Board to approve processes and procedures which is an operational matter

Section & paragraph	Proposed change	Rationale
	the discharge of business by NICE	
Appointments (29)	Replace "The appointment, appraisal, dismissal or disciplining of senior staff shall be subject to agreement between the Chairman or Non-Executive Director nominated by him/her and the Chief Executive." With the Board shall agree "the arrangements for the appointment, appraisal, dismissal or disciplining of Executive Directors and other Directors."	To simplify text and clarify the Board's powers
Direct operational decisions (41)	Remove – “To note waivers approved by the Audit and Risk Committee.”	The schedule lists the decisions matters reserved for the Board - matters for "noting" are not included
Financial and performance reporting arrangements (44)	Remove – "The Board shall approve the banking arrangements." Replace with – "Approve any deviation from the DHSC’s approved banking providers"	NICE's banking arrangements are directed by DHSC
Data Protection (51)	Removed - Data Protection Act 1998 Replace with GDPR	To reflect change in legislation#

Recommendation

8. The Board is asked to:

- Approve the amendments to the governance documents.

National Institute for Health and Care Excellence

May 2018

National Institute for Health and Care Excellence

Health and safety policy

The health and safety policy has been redrafted in line with the most recent Health and Safety Executive (HSE) guidance. Each section of the policy is in line with organisational best practice as per HSE guidance. The policy has been drafted by the Health and Safety Group. Each policy referenced within the health and safety policy will be reviewed by the group and updated where required.

The Board is asked to approve the policy.

Ben Bennett

Director, Business Planning and Resources

May 2018

Health and Safety Policy (Health and Safety at Work Act 1974)

Responsible Officer	Business Planning & Resources Director
Author	Catherine Wilkinson
Date effective from	March 2018
Date last amended	March 2018
Review date	March 2019 (H&S working group) March 2021 (Board and SMT)
Audience	NICE SMT and staff (including contractual staff)

Table of Contents

Section 1. Health, safety and welfare policy statement

This is the health and safety policy statement of The National Institute for Health and Care Excellence.

NICE will, taking all reasonable and practicable action:

- Ensure adequate control of health and safety risks arising from our work activities
- Consult with staff on matters affecting their health and safety.
- Provide and maintain safe plant and equipment.
- Provide health and safety information, instruction and supervision for employees and visitors.
- Ensure all employees are competent and safe to do their tasks, and to give them adequate training.
- Take all reasonable steps to prevent accidents and cases of work-related ill health.
- Assess risks to which our employees and visitors are exposed to at work and take appropriate steps to mitigate.
- Maintain safe and healthy working conditions.
- Review our health and safety policy, risk assessments and control arrangements as necessary.
- Comply with the Health and Safety at Work etc. Act 1974 and other applicable legislation.
- Ensure health and safety is taken seriously and accidents and incidents are reported and prevented by the regular convention of the Health and Safety Group and reporting to the Senior Management Team and Board.

Primary responsibility for health and safety within the business rests with the Director of Business Planning and Resources who will ensure that all rules and regulations which are pertinent to the business are complied with as the Chair of the Health and Safety Group and a member of the Board and Senior Management Team.

Health and safety however is not the sole responsibility of any one person with each employee being required to take all reasonable care to control risks faced by themselves or others who may be harmed by their acts or omissions.

Signed on behalf of the Senior Management Team.

_____Ben Bennett_____

Date.

Section 2. Health and safety policy scope and responsibilities

Scope

1. The scope of this policy extends to:

    - NICE staff, wherever they are working
    - Others working in or visiting NICE offices

2. For avoidance of doubt NICE is not responsible for Health and Safety in common areas of the buildings. This is the responsibility of respective building management firms. Health and safety issues in regard to common areas can be reported to the NICE facilities team who will feedback to building management.

3. Relevant legislation addressed by the policy includes:

    - Health and Safety at Work act 1974
    - Workplace (Health, Safety and Welfare) Regulations 1992
    - Safety Representatives and Safety Committee Regulations 1977 (SRSCR),
    - Control of Substances Hazardous to Health (COSHH) 2002
    - First Aid at Work Regulations 1981
    - Electricity at Work Regulations 1989
    - Display Screen Equipment Regulations 1992
    - Regulatory Reform (Fire Safety) Order 2005
    - Personal protective equipment at work regulations 1992
    - Manual Handling Operations Regulations 1992 (as amended)
    - The Management of Health and Safety at Work Regulations 1999

Responsibilities

Chief Executive

4. Overall responsibility for health and safety within NICE rests with the Chief Executive. The holder of this office shall ensure that sufficient resources are made available for the implementation, development and sustainability of the health and safety programme. The Chief Executive will give equal weight to health and safety considerations when making business decisions, where appropriate.

Business Planning and Resources Director

5. Business Planning and Resources Director's responsibilities in relation to health and safety and risk monitoring include but are not limited to ensuring the following:

    - Application of the health and safety policy and statement.

- Enable and ensure the senior management team and all NICE managers to meet their responsibilities for health, safety and welfare.
- NICE is compliant with legislation and with the policy statement set out in section 1 and that there are systems for monitoring, evaluating and initiating appropriate action to eliminate or reduce risk.
- Appropriate information and training for health and safety matters are available to all managers and staff.
- NICE is aware of the latest developments in health and safety law and best practice.
- Ensure effective accountability and communication channels are in operation, including chairing the health and safety group, regular health and safety updates to the SMT and incidents and accidents statistics are included in NICE's annual reports
- Ensuring the terms of reference for the Health and Safety group are up to date, reviewed regularly and ensure compliance with legislation.
- Ensure Health and Safety Manual is available, up to date and all sections are applied.
- Ensure regular formal assessment of health and safety processes, procedures and risks are carried out.
- Lead on the development of processes and procedures and the initiation of action to reduce or eliminate risks.
- Maintain and retain records of all health and safety related training.
- Conduct regular inspections of the workplace under their supervision, collate and review the results and implement changes/improvements as necessary.
- Identify and nominate competent persons to deal with emergencies and provide health and safety advice.
- Ensure staff are represented on the health and safety group via the recognised Union.

Directors and Managers

6. Directors and managers have a duty to implement NICE's health and safety policies for the area under their control. In addition, these positions may include but not be limited to the following responsibilities.

- The health, safety and welfare of all staff and all visitors.
- Comply with training requirements in relation to health and safety and allocate resources to allow training to take place including releasing employees from their tasks to enable them to attend training.
- Promote a safety culture within the workplace by always striving to set a good example for others to follow, encouragement of safety and the active discouragement of unsafe practices.

All staff

7. All staff have a duty to comply with the health and safety policy, legislation, instructions and warning signs with regard to health and safety matters. Staff are encouraged to speak to their manager or supervisor if they have any concerns regarding any health, safety or welfare concerns while at work. All staff should:

    - Use work equipment for the purpose it was designed for and only if they have been trained to do so.
    - Attend training provided by the employer, for example fire walks and manual handling training.
    - Report any damage or missing equipment to the facilities team as soon as possible.
    - Report all work related accidents, injuries, dangerous occurrences, near misses or suspected breaches of policy to the facilities team or line managers or if necessary via whistleblowing. For more details about Whistleblowing, refer to the policy on the intranet.
    - Have a duty of reasonable care for themselves and others under the Health and Safety at Work Act 1974.
    - Committee chairs and staff hosting external visitors are responsible for ensuring visitors are informed of fire safety information and any other relevant health and safety information.
    - Follow all protocols and policies contained on the staff intranet pages.

Trade Union

8. UNISON, as NICE's recognised trade union, will nominate a Health and Safety Representative to represent NICE's UNISON members on health and safety matters and assist in the creation of the Health and Safety Policy.

Section 3. Health and safety policy arrangements

9. The following section gives detail on how NICE manages the various aspects of its health and safety arrangements. In some cases further detail is given in additional procedures and where relevant these are referenced for further reading.

Accident Management and First aid (First Aid at Work Regulations 1981)

10. Specific detail is given in the following documents found on the intranet.

    - Accident reporting procedure
    - Incident / “near miss” report form

11. In compliance with the Health and Safety (First Aid Regulations 1981, approved Code of Practice and Guidance), NICE has put the following in place in each office.

    - Dedicated, secure and private first aid room.
    - First aid equipment, including suitably stocked, secured and properly identified first aid containers both within NICE’s demise and provided by landlords.
    - An accident and first aid record keeping book (retained in Facilities).
    - Appointed and fully trained (in basic first aid) first aiders, displayed on first aid boards in the office and on the intranet.

12. All employees have a duty to report any accident or “near miss” or health-related incident occurring on NICE premises or whilst conducting NICE business.

13. The Business Planning and Resources Director has overall responsibility of Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) as required and compliance with First Aid at Work Regulations 1981.

14. Staff with existing medical conditions that may require first aid should inform their manager and where appropriate occupational health, HR and nominated first aiders or Facilities. Specialist training for first aiders and team members will be sought in cases where specialist medicines and devices may be required where appropriate or upon request.

15. For the avoidance of doubt whilst first aid should only be administered by a suitably qualified individual. In the case of serious injuries and illness emergency services (999) should be called immediately, followed by informing the facilities team.

Chemicals

16. Harmful chemicals are not used as part of NICE's undertaking although some basic cleaning chemicals may be present on site. Control of Substances Hazardous to Health (COSHH) is applied to cleaning materials and toner cartridges. Cleaning materials are held on site in a locked cupboard with access limited to cleaning staff and the facilities team. Toner cartridges are only replaced by facilities staff.

Communication

17. There is a dedicated health and safety section on the NICE intranet (NICEspace). This contains all relevant policies and procedures as well as details and membership of the Health and Safety Group.

18. Health and safety law notices, fire safety and first aid information are on prominent display in both offices.

19. The Health and Safety Group discusses issues, which are then addressed or communicated up to the senior management team for further consideration. A communications officer is a member of this group.

20. Amendments and updates to the health and safety policy are communicated to staff via the established internal communications channels.

Consultation

21. NICE has a duty to consult and engage with staff on issues which may affect their health and safety whilst at work. NICE also recognises that consultation as defined in the regulations is a two-way process and is not limited solely to informing individuals of what is to happen on specific issues.

22. All employees are encouraged to raise health and safety issues with the Facilities team and the Health and Safety Group where appropriate.

Contractors (maintenance, repair and works)

23. Contractors may be used for specific tasks relating to office maintenance and repair. The facilities team or landlord shall ensure:

    - Work activities are designed to minimise risk. Where appropriate a risk assessment and method statement (RAMS) will be undertaken by the contractor and shared with facilities and the landlord prior to commencing work.

    - Contractors maintain standards of health and safety.

    - Oversight of contractors whilst on the premises.

- Contractors are to be provided with a copy of this Health and Safety policy and informed of fire evacuation procedures.

- Contractors are provided with the correct lanyard in order that other staff and visitors can quickly identify that they have permission to be on site.

Display Screen Equipment (DSE)

24. A training module for Display Screen Equipment and a quick guide to DSE can be found on the intranet. If you require any further assistance after completing the online training the Facilities team will perform individual DSE assessments and provide all necessary equipment and advice. NICE will reimburse up to £20 for eye tests and up to £50 for glasses if they are required for DSE usage as certified by an optician. This can be reclaimed via the expenses system.

Electrical Hazards (Electricity at Work Regulations 1989)

25. Electrical hazards may arise via the mains supply in the office and via portable electrical equipment which may be used. The mains supply should be inspected and tested at least once every five years and a portable appliance examination and testing (PAT) is undertaken on a bi-annual basis. Responsibility for arranging PAT sits with the facilities team, however staff are required to return all IT kit to the IT team for testing. Staff will be notified to request the return of kit for testing when requested to do so.

26. Maintenance of all electrical equipment fixtures and fittings, together with the removal or installation of all electrical equipment, fixtures and fittings will be carried out by authorised contractors or trained qualified persons. A record of all electrical work carried out on NICE premises is maintained.

Fire (Regulatory reform (fire safety) Order 2005)

27. Specific detail is given in the following documents found on the intranet.

    - Manchester fire evacuation procedure
    - London fire evacuation procedure

28. NICE has put the following in place in each office.

    - A fire risk assessment for Manchester is completed annually by an external specialist. In London, the fire risk assessment is the responsibility of the landlord. An ongoing plan to manage fire risks as advised by the risk assessments is managed on each site.

    - A weekly inspection of health and safety provision undertaken by the facilities team, including fire safety precautions such as exit doors, routes and extinguishers.

- Fire marshals and committee chair fire awareness training as determined by the fire risk assessment is arranged annually by the facilities team.
- A mandatory “fire walk” of each office in the first week of employment for all new starters. Responsibility for which lies with the facilities team.
- Communication of fire evacuation procedures to visitors. Responsibility for which lies with committee chairs or the lead host. Committee chairs are provided with a script which should be read out at the commencement of each.
- Committee Chairs informing all members of the fire evacuation procedure.
- Regular fire alarm testing (Friday mornings) and annual planned fire drills.

29. NICE staff and visitors must ensure that the facilities team are aware of any health conditions, disabilities or mobility restrictions that may impact upon ability to safely evacuate the building. Facilities will work with colleagues within the relevant to ensure that a named buddy is allocated and a personal evacuation plan is in place.

Health and Safety Group

30. The health and safety group meetings on a monthly basis and is chaired by the Director of business planning and resources. Terms of reference can be found on the intranet. Attendees include representatives from.

- Facilities
- HR
- UNISON
- Communications

31. The following items are standing items on the agenda.

- Incidents and accidents
- Policy and legislation updates
- Risk assessments, inspections and audits
- Maintenance

Health Surveillance

32. There are currently no activities undertaken within NICE which may necessitate health surveillance (e.g. high noise levels, exposure to specific chemicals or skin irritants, fork lift drivers, night workers, etc.).

Heights

33. NICE employees do not carry out work that involves working at height.

34. Contractors operating at height are expected to adhere to their own health and safety policies and risk assessments.

Home and flexible workers

35. Specific detail on home working is given in the home workers policy. This also applies to office based staff that work flexibly from home.

36. Home workers complete a health and safety self-assessment form before being allocated an RSA token. This is shared with facilities and IT who will provide reasonable and necessary equipment.

Lone working and out of hours office access

37. Specific detail on lone working is given in the lone workers policy.

38. The nature of the work undertaken by NICE is such that employees, or others working on our behalf, are not routinely expected to work in isolated locations on jobs or tasks which give rise to an increased risk to that person's health and safety due to hazards associated with the task. All employees are requested to notify their line manager, HR and the facilities team if they have any medical conditions which may cause a risk to themselves if they are in the office on their own at any time.

39. The London office building is accessible at all times however as per the lone workers policy staff working outside of normal contracted hours should report late working to their line managers. The building security team will escort staff accessing the office after 9pm.

40. The Manchester office building is accessible between the hours of 6am and midnight.

41. The office facilities should not be used for anything other than the intended purpose unless there is explicit permission from the Chief Executive Officer.

Maintenance

42. All staff must report defective equipment through the facilities helpdesk, or in person/by phone if the defect is urgent or dangerous. Arrangements will be made for repair or replacement. Staff should not attempt to make repairs.

43. Facilities maintain a log to ensure that any equipment which requires routine servicing or maintenance is done so within the time schedule required.

44. Weekly housekeeping and maintenance inspections are undertaken by the facilities team alongside the weekly health and safety inspection. A log is maintained and records of all inspections kept for a minimum period of three years.

Manual Handling

45. Manual handling tasks do not usually take place within NICE with the exception of the facilities and IT teams. NICE will take all reasonably practicable steps to minimise and control risks arising from this. This includes ensuring the risk assessment process includes manual handling activities, that risks are reduced where appropriate and where risks remain training is given to all employees potentially at risk.

46. Manual handling training will be provided to all appropriate staff involved in manual handling.

New and expectant mothers

47. Further detail on new and expectant mothers can be found in the maternity leave policy.

48. NICE do not use chemicals which are harmful to new or expectant mothers.

49. Should an employee become pregnant they are encouraged to inform their line manager. HR provide all expectant mothers with a risk assessment form. Reasonable arrangements and adjustments will be made as determined by individual needs and job role. Advice and support may be sought from the HR team where necessary. As appropriate the facilities team should be informed in order to assist in making necessary adjustments and to ensure that all areas of health and safety such as fire safety are considered.

50. The first aid room is available for expressing and storing milk, if required. A fridge is provided in the room for this purpose.

Occupational Health Service

51. NICE has an outsourced occupational health service which offers independent advice to help staff and managers address issues which affect physical and mental health and wellbeing. The service also advises on safe working practices and safe working environments for individuals with additional requirements. The service is usually accessed via a referral by a line manager or HR. Further information can be found on the intranet, or from the HR team. Further detail on occupational health referrals can be found within the sickness absence policy.

52. All new staff have pre-employment checks with our occupational health service to assess fitness to work, and identify any reasonable adjustments which may assist the new starter. These checks are arranged through the HR team, or our outsourced recruitment partner.

Office Security

53. All staff are expected to be familiar with the office protocols which can be found on the intranet.

54. Protocols specifically related to office security include.

- Security passes must be visibly worn on the correct lanyard by staff, visitors and contractors.
- Any person present in the building without a pass should be challenged.
- Staff should remain vigilant for tailgaters at security pass points.
- Security concerns be reported immediately to the facilities team or on-site security.
- Lost security passes should be reported to the facilities team as soon as possible.
- Security badges should not be worn outside of the work place.

55. Should a staff member or visitor be threatened, or feel threatened, by any other member of staff or member of the public during the course of their work, either physically or verbally, they are encouraged to report this and NICE will investigate and take appropriate measures. NICE operates a zero tolerance approach to threatening or abusive behaviour.

Personal Protective Equipment (PPE) and Clothing

56. On occasion, specific jobs may require the use of PPE and clothing. This is strictly limited to the facilities team and contractors, with the exception of hi-vis vests which are provided to all fire marshals. Where a need for it is required by risk assessment, NICE will provide all necessary PPE and clothing, this will be at no cost to the employee.

Risk Assessments

57. Risk assessment forms the basis of most health and safety areas and is at the heart of how NICE controls risks faced by employees. The Management of Health & Safety at Work Regulations requires NICE to make suitable assessments of risks to the health and safety of employees and others who may be affected by their activities.

58. Risk assessments should identify the significant risks arising out of work activities. The assessment will enable identification and prioritisation of the measures needed to comply with health and safety legislation.

59. The health and safety risk assessment process is overseen and managed by the facilities team who will undertake assessments or arrange with in-house or external personnel to undertake the assessments as appropriate. Risk assessments as required by current legislation are undertaken by the facilities team and include.

    - Office risk assessments, ensuring compliance with management of health and safety at work regulations - annually
    - Fire risk assessments, ensuring compliance with fire precautions (workplace) regulations - annually
    - New and expectant mothers – as necessary
    - Young persons – as necessary
    - Display screen equipment – available to all staff – as necessary
    - Personal protective equipment – as necessary
    - COSHH – as necessary
    - Homeworkers – as necessary

60. Following the assessments, NICE will take all reasonably practicable steps to reduce the risks present.

61. Risk will be raised at and managed by the health and safety group and where appropriate the senior management team.

Stress

62. Stress can arise in the workplace in a number of ways, including time pressures, pressures of work, an over-reaching or over-expectation of ability by either an individual or their manager, or via issues such as ill health, non-work family issues, etc. NICE recognises that stress is not an admission of failure on any individual's behalf and endeavours not to treat it as such.

63. NICE encourages all employees who may be concerned that stress is affecting their health or their performance to report this to their manager and has a range of support for people who may be feeling stressed. Should any employee be uncomfortable with this they can also approach HR colleagues or confidentially contact the Employee Assistance helpline.

64. The Employee Assistance Programme (EAP) provides free, confidential advice and counselling to staff on a range of issues which may affect mental or physical health and wellbeing. All staff members can access the service directly via telephone at any time, without the need to discuss with a line manager or HR, although staff are encouraged to discuss such issues with their line manager. Further details are available on the intranet.

65. Stress is addressed as part of the responsibilities of NICE's Health and Wellbeing Group. Please refer to the Health and Wellbeing pages on NICE Space or speak to a member of the HR team for further information.

Training

66. Health and safety inductions (including fire walks) are mandatory for all new starters and must be carried out on the first working Monday in Manchester and first working day of employment in London.

67. NICE recognises that health and safety training has a beneficial role to play within the organisation and is necessary to allow various individuals to perform the tasks expected of them. NICE will provide the appropriate resources for training as necessary (e.g. legally required, arising from risk assessments, identified in appraisals etc.) and will provide all such training during working hours. Facilities will maintain a record of first aid and fire training and ensure that such training is provided.

Travelling on NICE business

68. Further detail can be found in the staff and non staff travel policies.

69. Staff safety is paramount and as such management discretion may be used in order to deviate from the policy if staff health and safety may be compromised. Consideration should be given to.

    - Personal safety when travelling late at night or in the dark.
    - Impact on work life balance of extensive travel and long days.
    - Staff personal circumstances.

70. Most travel on NICE business should be undertaken on public transport, however there may be certain instances or job roles that require use of a car. With the exception of cars on NICE's car lease scheme, when using a car for NICE business staff should provide the following:

    - Evidence of insurance for business use.

    - Evidence that the vehicle is roadworthy (sight of annual MOT certificate where vehicle age requires this).

    - Sight of a valid driving licence. Either a copy should be forwarded for verification or a code obtained from GOV.UK to allow NICE to verify driving licence information.

Working Time Regulations 1998

71. Although there will be occasions when it will be necessary to work longer than standard hours, managers should ensure that staff do not work long hours on a

regular basis. In particular, managers should ensure that staff do not feel under pressure to work more than their contracted hours and are aware of their obligations under the Working Time Regulations 1998. If staff find that they are regularly working in excess of the maximum hours they should discuss this with their Line Manager, Grandparent Manager or HR. Working hours is addressed as part of the Health and Wellbeing group's responsibilities.

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.

Alexia Tonnel, Director, Evidence Resources Directorate (Item 10)

Professor Mark Baker, Director, Centre for Guidelines (Item 11)

Meindert Boysen, Director, Centre for Health Technology Evaluation (item 12)

Jane Gizbert, Director, Communications (Item 13)

Professor Gillian Leng, Director, Health and Social Care Directorate (Item 14)

May 2018

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 March and April 2018, against the objectives set for the year 2017/18 is summarised in the table below.

Table 1 Overview of performance in March/April 2018 against FY 2017/18 objectives

Objective	Actions	Update
Information Resources		
Deliver the suite of digital evidence services, which meet the evidence information needs of health and social care users and partner agencies	• Maintain and make measurable improvements to the component services of NICE Evidence Services	• **Achieved for the year** - traffic across all sub-services performed well during the period. Traffic from the BNF microsite has now fully recovered from the transition to a new site in June 2017 with traffic exceeding 1.1 million visits in March 2018. • **Complete** - withdrawal of the NICE BNF and BNFc apps. Residual usage is very low. • **Complete** - a new process for medicines management content in Evidence Search was implemented during the year.
	• Procure and maintain the underpinning Link Resolver and Identity Management services	• **Complete** – Link Resolver procurement and implementation.
	•	• **Complete** - Cochrane and CKS re-procurements.
	• Manage content procurement contracts (CKS, Cochrane), including those on behalf of HEE (National Core Content)	• **Complete** - Planning work for the re-procurement of the National Core Content on track for completion in 2018/19.
	• Manage the NICE Framework Agreement which supports local purchasing of information resources.	• **Complete** - Annual contract review meetings were held with all suppliers on the Framework during the year.

Deliver efficient and high quality information services to NICE centres and directorates	• 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.	• **Achieved for the year** – new or additional support in place for medtech innovation briefings, commissioning support documents, IAPT assessment briefings and technology appraisals. • **Near complete** – the full document supply tool went live in Q1; sponsor and expert user input ongoing into the development of EPPI-R5. • **Complete** - on 28 February NICE hosted its Joint Information Day, organised every two year for the information specialists working across the NICE developer network. The focus of the day was on embracing changes brought by data science and new technology such as machine learning. • **Complete** - a research project on precision searching for surveillance has concluded. This has resulted in a search approach which retrieves fewer records.
Digital Services		
Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives.	• 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	• **On track** - a number of digital projects have either completed or are under way across the portfolio. This includes: **Guidance production services**: • Work to upgrade our **evidence management** tools in partnership with UCL is continuing through to the end of April 2018 when the beta version of the new web-based EPPI Reviewer software will be ready for deployment across NICE. Future phases of work include addition of priority functionalities and roll-out of the new software to the external guidance centres. • SMT is considering options for how to progress the implementation of **Structured Guidance Authoring** principles following the evaluation of the MAGICapp software.

Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives. (continued)	Continued	• Work to bring efficiencies to the **external consultation** process is progressing well through its beta phase. Work completed to date includes managing user identity, completion of basic commenting functionality, completion of designs for leaving comments on documents, sections, highlighted text. Mobile device design and testing are also in progress. • Business analysis work has identified opportunities to improve NICE **stakeholder management and planning** technologies – this is a potential candidate for digital transformation investment later in FY 2018/19.
	• NICE Website: continue to improve user experience across our sites. Other priorities to be confirmed through Q4 2016/17.	**NICE website:** • Work to upgrade the search technology across the NICE website services (including the Pathways search) completed in July 2017. A follow up project to optimise the use of the new technology completed in January 2018. • Digital Services and the Communications team continue to work on a 'user led ' approach to delivering continuous strategic improvements to the NICE website although progress has slowed down in recent months due to capacity being diverted to other projects. Changes have focused on measured improvements to user experience in the journey to accessing guidance from the Guidance Topic Overview page.

Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives. (continued)	• NICE Evidence Services: continue to enhance operations stability and performance. • Other projects arising during the year:	**NICE Evidence Services:** • **Complete** - Search technology replacement was extended to all Evidence Services and this concluded at the end of August 2017. A follow up project to optimise the use of the new technology completed in January 2018. • **Complete** - Link resolver was implemented as planned during October 2017. • **Complete** - A project to refresh UK Pharmascan reporting went live in November 2017. 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 Beta phase of the work is progressing to plan and there is currently a strong focus on testing the system with external users. The build phase is expected to be completed in the Summer with a soft launch of the system planned for Autumn 2018. A new name for the platform, HealthTech Connect, has been agreed by the Project Board chaired by NHS England.

Maintain operational service delivery and implement service improvements based on user insights and service performance against key performance indicators.	• 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.	• **Delivered** - NICE Digital Services operated within the generic agreed service levels for availability. Defect resolution SLAs were adhered to in 48% of cases. In March and April 123 defects were closed. • **Delivered** - Service Groups' usual reports and insights have been distributed and additional analysis has been done to support the journey mapping work (analysis of the 'Topic Page' and the 'Find Guidance Page'). • **Delivered** - a ‘journey map process’ to support iterative changes to the NICE website has been agreed with the Communications team and is being implemented. • **Delivered** – during 2017/18, maintenance and continuous improvement priorities were being agreed with service groups and shared with SMT. In March and April, 15 Change Control Requests were completed. • **Complete** - Work to build automated testing capabilities for our developers ended in September 2017.

Maintain and where possible improve the productivity of the digital services function	• Progressively introduce new working practices that will lead to increased knowledge sharing amongst the multi-disciplinary teams and increase throughput.	• **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. An assessment of the team model will be undertaken in mid FY 2018/19 to ensure the model still supports the evolving portfolio of work. The delivery model will be adjusted if required.
	• Continue to reduce the end to end delivery time of small changes to services ensuring shorter cycles of improvement and learning.	• **Complete** – 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.
	• Continue to develop semantic capability to support our products and platforms, including a revised classification vocabulary and a metadata repository.	• **On track -** Software used to manage NICE ontology was decommissioned during the autumn. Software options for managing NICE's classification vocabulary and a metadata repository will be explored alongside broader vocabulary management and governance considerations during spring 2018.
	• Continue to optimise the hosting infrastructure.	• **Complete** - The selection of a new hosting provider completed in January 2018. The new 3 year contract is delivering savings for NICE.
	• 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.	• **Complete -** The first phase of a business analysis project to assess the savings expected from the External Consultation project concluded in November 2017. Further work to identify the key areas of potential efficiency along the guidance development process completed in February 2018 and will be used to prioritise the digital transformation investments during FY 2018/19.

	• Recruit permanent staff in line with budget assumptions. Monitor success of recruitment and adjust budget assumptions accordingly.	• **Continued progress** – The new Associate Director for Service Delivery and Programme Management joined the team in early March 2018. Recent appointment also include a web-ops engineer, an apprentice web-ops engineer and an apprentice web data analyst. Positions currently under recruitment include technical testers (x2), senior developers (x2), senior business analysts (x2) and a portfolio performance analyst.
	• Support retention and development of talents.	• A senior business analyst will be leaving NICE in June.

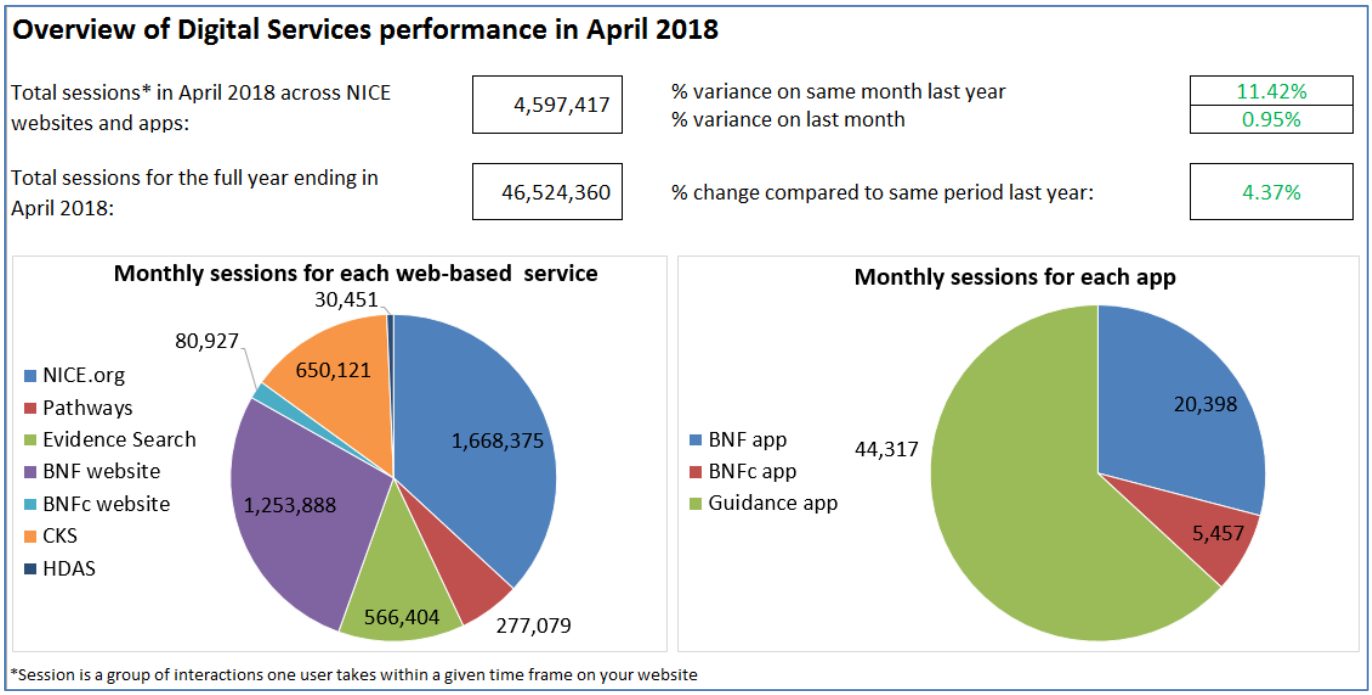
Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders.	• Support NHS Digital in the development and adoption of common standards, taxonomies and language across ALBs.	• **On-going** – NICE attended an NHS Digital 'Connectathon' event in April 2018 which introduced the concept of a new terminology server for publishing 'vocabularies' that can be used across health ALBs to support the interoperability agenda. The meeting also introduced the notion of a National Data Architecture for managing healthcare data across the system. NICE could make use of these national infrastructures and will continue to attend follow-up events.
	• Maintain an ongoing relationship with the nhs.uk project (re-development of NHS Choices).	• **No further progress this period**. NICE is kept abreast of changes to nhs.uk, especially its topic pages and new medicine pages.
	• 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.	• **On-going -** discussions with a commercial decision support system provider are on-going to help validate the structure captured by the MAGICApp for feeding into their decision support tools.
	• Fully capitalise on existing relationships with specialists in the evidence management field and extend to other potential partners.	• **On-going** - collaboration with the EPPI-Centre at UCL continues around the development of the EPPI R5 software. A research project with King's College London to explore the management of 'provenance' information in the guideline production process is progressing well. Some rapid discovery work ('spiking') was undertaken in March and April with NaCTeM at Manchester University to assess how to improve the NICE search using Natural Language Processing. An exploration of digital solutions to support committee processes is also under way including recording and auto-transcription of discussions and the capture of consensus on evidence to decision tables. An abstract describing this work has been submitted to the GIN conference.

IP and Content Business Management		
Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance.	• 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.	• **Complete** - infrastructure and standard operating procedures for generating revenue associated with international sales are in place. The NICE website includes a specific page for international NICE services. This includes details of how international organisations can request NICE to host a delegation or deliver targeted advisory services overseas. A number of more substantial content licensing opportunities emerged during March and April 2018 which are boosting revenue forecast for 2018/19. • **Complete** - redevelopment of all internal guidance on copyright management. A programme of training and awareness raising has been rolled-out across all NICE teams.
Directorate wide		
Subject to available resources, work with partner agencies to continue to engage and support the wider app evaluation programme.	• 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.	• **Recent developments** - in April 2018, NICE, NHS England and PHE have agreed to co-produce high level advice to developers and commissioners on generating evidence of effectiveness for digital health applications. Work will start in May 2018.
Implement the second year of a three year strategy to manage the reduction in the Department of Health's Grant-In-Aid funding.	• 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.	**On-track** • All savings targets including renegotiated new contracts are in line with agreed savings plans for 2017/18. • A management of change exercise completed in the small Intellectual Property and Content Business Management team. The change 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 April 2018, 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 46.5 million sessions across all digital services in the last twelve months which translates to a 4% increase in comparison with the same period in 2016/17.

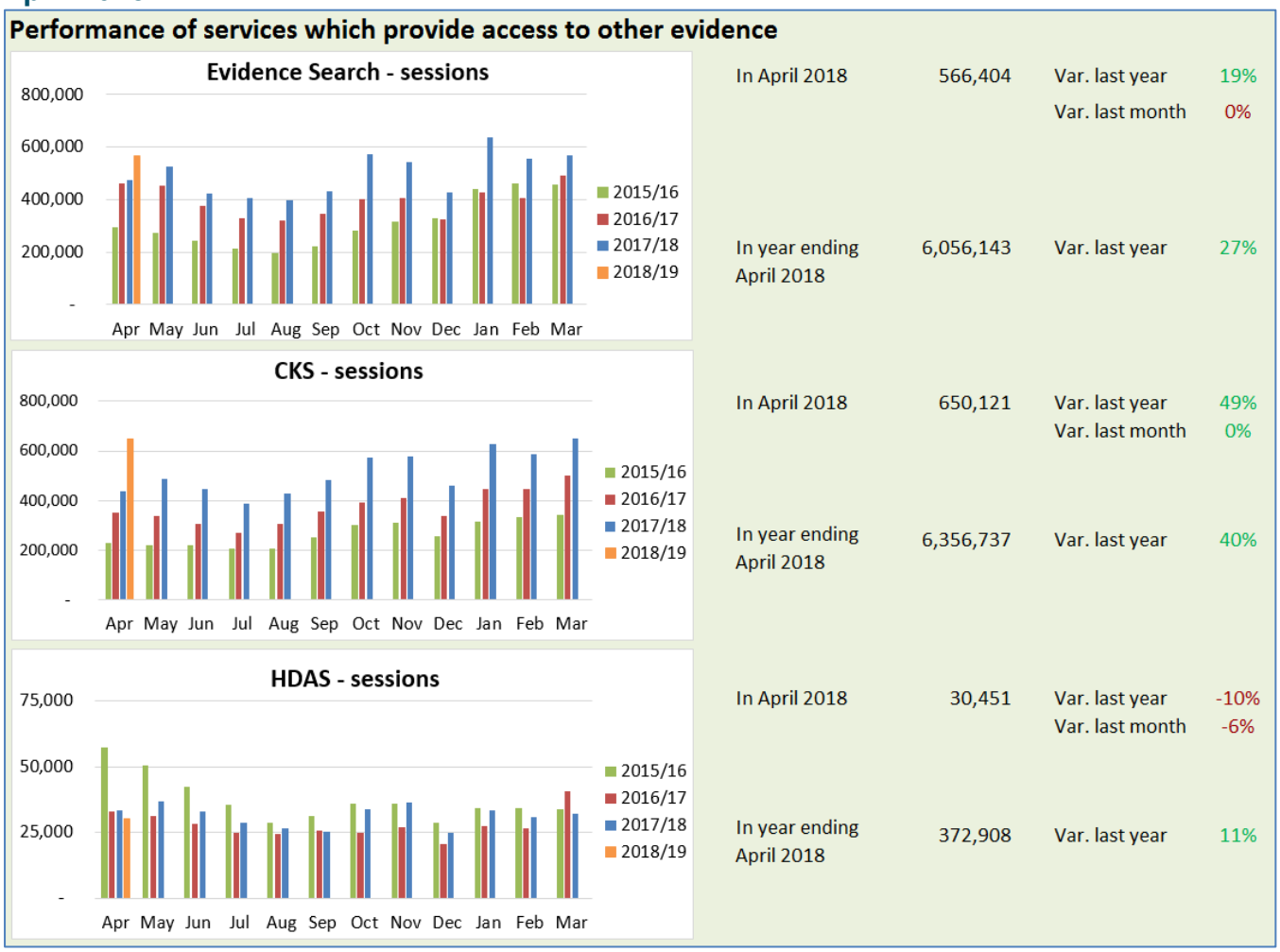
Figure 1: Overview of NICE's digital services performance as of April 2018



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. Evidence Search and CKS have grown significantly over the last year although growth appears to have stalled slightly between March and April this year.

7. Looking at the last two months, usage of HDAS appears low when compared to usage in the same months last year. We are confident this is a factor of abnormally high usage at this time in 2017 corresponding to users preparing for the decommissioning of the old HDAS.

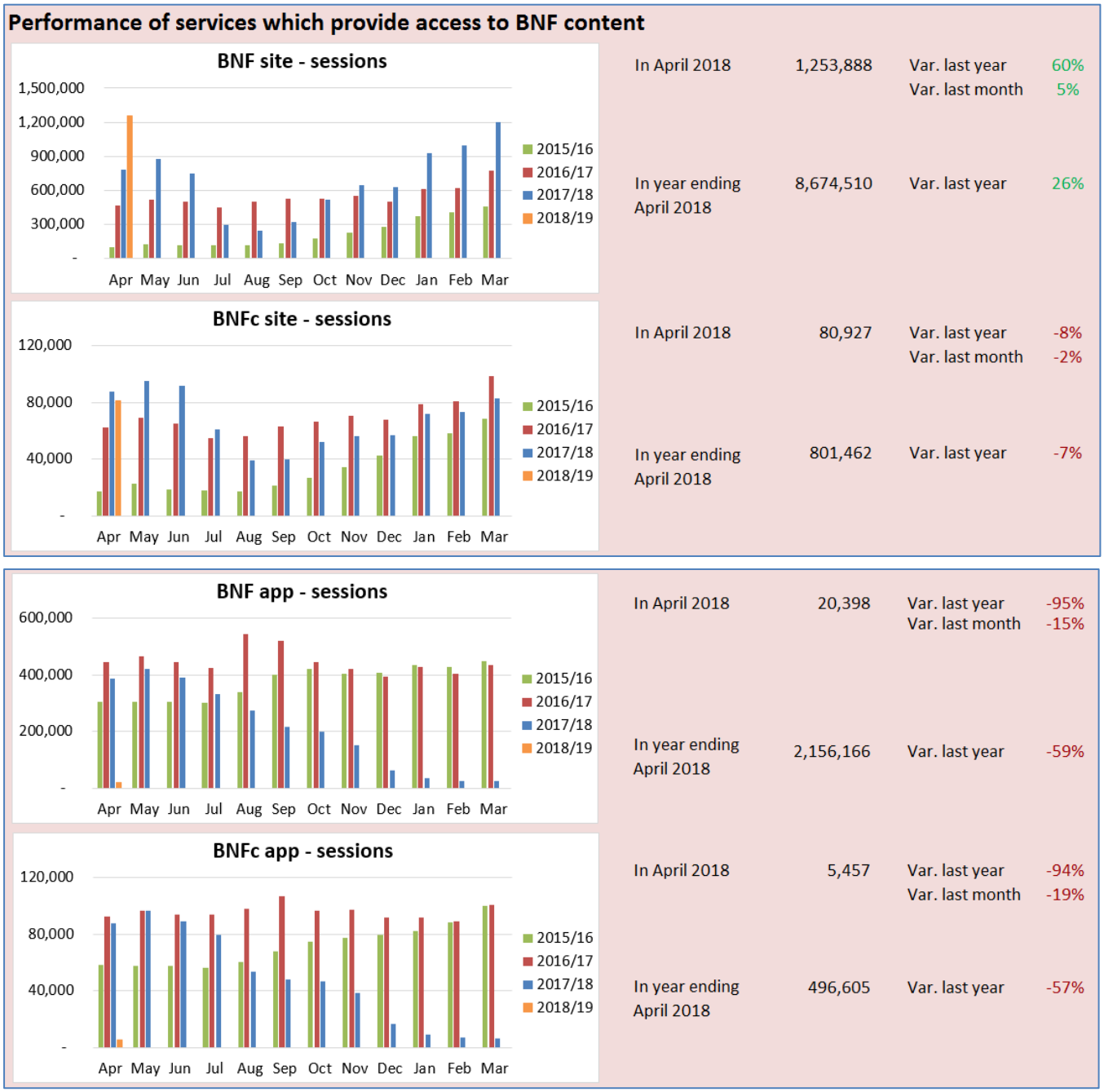
Figure 2: Performance of services providing access to 'other evidence' as of April 2018



8. Figure 3 summarises the performance of our BNF services, the microsites and the apps. The BNF microsite continues to perform very strongly, now exceeding 1.2 million session a year.

9. The NICE BNF and BNF C app have been withdrawn. The remaining traffic is residual usage. The remaining users would be aware, from the update messages received in autumn 2017, that our app is no longer supported and that they should have downloaded the BNF publisher app. It is possible some users have not uploaded updates for a very long time. If so, they would not have seen these autumn messages. However, such users would still be aware of the version of the BNF that they are using, and the published date for the content. This appears on each page of the app. As such, they would be aware that they are using out of date information.

Figure 3: Performance of services providing access to BNF content as of April 2018



Risks

10. No material change to the risks reported by the Evidence Resources directorate to the Senior Management Team this previous period.

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 March 2018.

Performance

2. 24 clinical guidelines, 4 public health guidelines, 4 social care guidelines, 2 antimicrobial prescribing guidelines and 56 surveillance reviews were published. Variation from the Business Plan targets are explained in Table 1.

Table 1 Performance update for March 2018

Objective	Actions	Update
To publish 34 guidelines, which includes, 25 clinical, 3 public health, 3 managing common infections, and 3 social care.	Agreed number of outputs published in year.	The business plan objective to publish 34 guidelines in 2017/18 was met. The publications included 24 clinical guidelines, 4 public health guidelines, 2 managing common infections guidelines, and 4 social care guidelines. In 2017/18 the two asthma guidelines were collated and published as one guideline instead of two as originally proposed at the time of commission.
To publish 56 surveillance reviews, which includes, 45 clinical, 10 public health and 1 social care.	Agreed number of outputs published in year.	The Surveillance Team met the business objective to publish 56 surveillance reviews in 2017/18.
To refine and implement new methods and processes to accelerate the development of updated guidelines.	Establish 6 internal capacity slots updating guidelines using new accelerated methods and processes by year end. Implement new staffing structure and functions. Review and revise methods and processes for accelerated update outputs.	The methods and processes for the scoping phase are complete and continue to be reviewed. The methods and processes for the post consultation/validation phase are complete. 6 updates are currently following this new accelerated process. Plans are being developed to establish pre-development recruitment of guideline

Objective	Actions	Update
	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 / expert members to support scoping.	committee Chair / expert members to support scoping. Post consultation validation will now be undertaken by the Guideline Updates Team with post GE validation to be completed by the Scoping and Validation Team.
To manage contracts to time, quality and budget and further develop systems that will maintain and improve the quality of work and contribute to efficiencies, and manage the change from the existing to the new commissioning arrangements for social care guidance.	Maintain delivery of quality of outputs, to time and budget through performance management through quarterly review meetings. Ensure appropriate risk management strategies are identified and managed. Efficient and sympathetic management of the non-renewal of contract with the Social Care National Collaborating Centre (NCCSC), by 31 March 2018. Manage the transition to the new commissioning arrangements for social care guidance. Work with BNF to deliver agreed KPIs to time.	Review meetings with both internal and external guidance developers and suppliers were completed. All contractors remain within budget and are on target to deliver key objectives. Risk ratings are low and medium. The transition contract has been agreed and signed by SCIE and the RCOG. Six staff TUPED from SCIE to the RCOG on the 1 April 2018. The re-tendering work with the Royal Pharmaceutical Society for the printing contract of the relevant BNF publications has been completed. The new contract is due to commence in Summer 2018. Business plans for all external contractors, including funding details and measurable objectives, have been agreed and finalised for the 2018/19 business year.

Objective	Actions	Update
To harmonise and integrate methods and processes for guideline development and quality assurance across clinical, public health and social care.	Establish harmonised methods and processes for stakeholder management across centre. Establish harmonised methods and processes for quality assurance across clinical, public health and social care guidelines.	Harmonised methods and processes for quality assurance across public health, social care and clinical guideline development are complete. The process for stakeholder management and engagement across public health, social care and clinical guidelines has been harmonised and a unified process is now in place. All clinical, public health and social care guidelines are now hosted on a single planning system.
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.	Implement changed processes for surveying clinical guideline topics including continuous searching (diabetes pilot) and event tracking surveillance. Implement new staffing structure and functions. Review different process designs across functions and harmonise. Plan the evaluation of the new processes/methods and collect necessary data to ensure they are fit for purpose.	New processes and methods for guideline surveillance, including event tracking, are being consulted on as part of the wider consultation on Developing NICE guidelines: the manual. The new processes are being piloted at present to inform post consultation revisions to the manual. The Expert Advisers database is now being used consistently across the CfG and by external developers. The Expert Advisers Panel is the main source of expert engagement for all surveillance reviews and has been used to promote vacancies for GC members.

Objective	Actions	Update
Develop sustainable methods for developing and maintaining guidelines and enhance the Centre's reputation for methodological quality and rigour.	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. 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. Develop a NICE GP Reference Panel to advise on the scoping of guidelines.	We continue to struggle to recruit to all the vacant health economic analyst posts in the team. We are exploring alternative long term strategies with HR, such as a graduate and/or apprentice schemes. In March the Methods and Economics team held a Strategy Day to inform the development of the Centre for Guidelines Methods Strategy for 2018/19. Priority areas for further methodological and economic research and development were identified. In March, the MET led on the delivery of a training workshop on approaches to Qualitative Evidence Synthesis for internal and external guideline developers. The GP Reference Panel continues to provide helpful feedback on guideline scopes. During March and April they provided comments for the update of Chronic fatigue syndrome, and for a new guideline on Rehabilitation after traumatic injury. The panel also provided comments on the draft guideline on Pancreatitis.
Undertake a programme of transformation activities related to guideline content, process, and methods and oversee the corporate transforming guidance	Embed the NICE content strategy principles and develop new presentations of guidelines to facilitate easy access for professional	The redevelopment of the EPPI-Reviewer systematic reviewing tool is in the final stages of testing with release of a beta version of the new tool scheduled for May 2018.

Objective	Actions	Update
development programme, ensuring the needs of all NICE teams are met.	users and to support shared decision making. Plan and deliver projects to support the development of structured content, management of evidence and development of guidance.	The first phase of development of a tool to support NICE's consultations is underway; the tool will reduce manual effort and improve the user experience for stakeholders. Evaluation of the MAGICapp tool continues as part of our work to develop NICE guidance as structured content.
To undertake a scheduled update of 'Developing Guidelines the Manual'.	Plan a scheduled update of 'Developing Guidelines the Manual' for consultation. Develop a plan for internal and external engagement taking into account areas for development. Deliver an updated 'Developing Guidelines the Manual' for implementation in 2018.	The public consultation on the updated Developing NICE guidelines: the manual started on 3 April and will close on 24 June 2018. Following further Board review it is anticipated that the updated manual will be published in October 2018 and implemented from January 2019.

Figure 1 Performance against plan for guidelines between April 2017 and March 2018

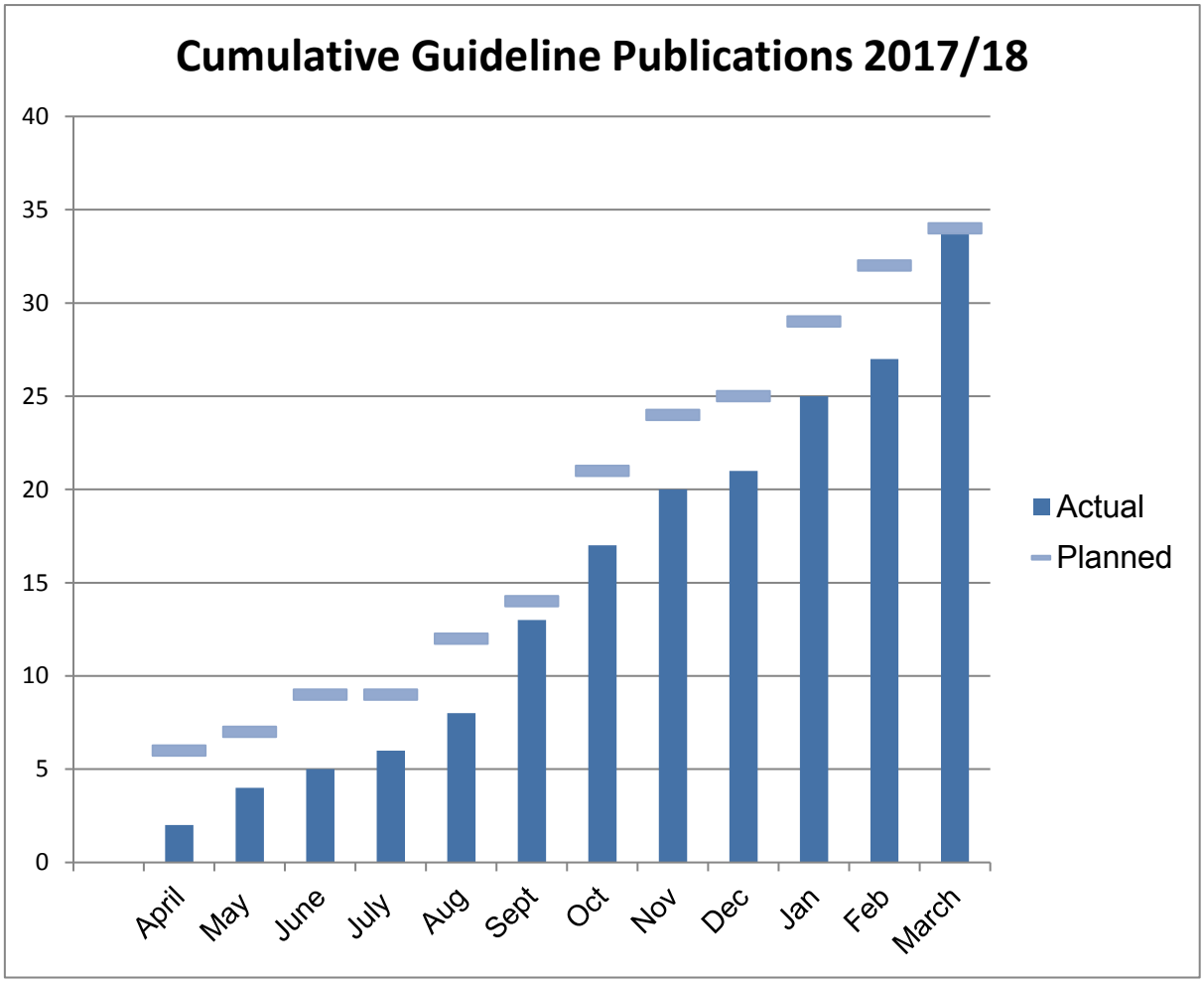


Figure 2 Performance against plan for management of common infections between April 2017 and March 2018

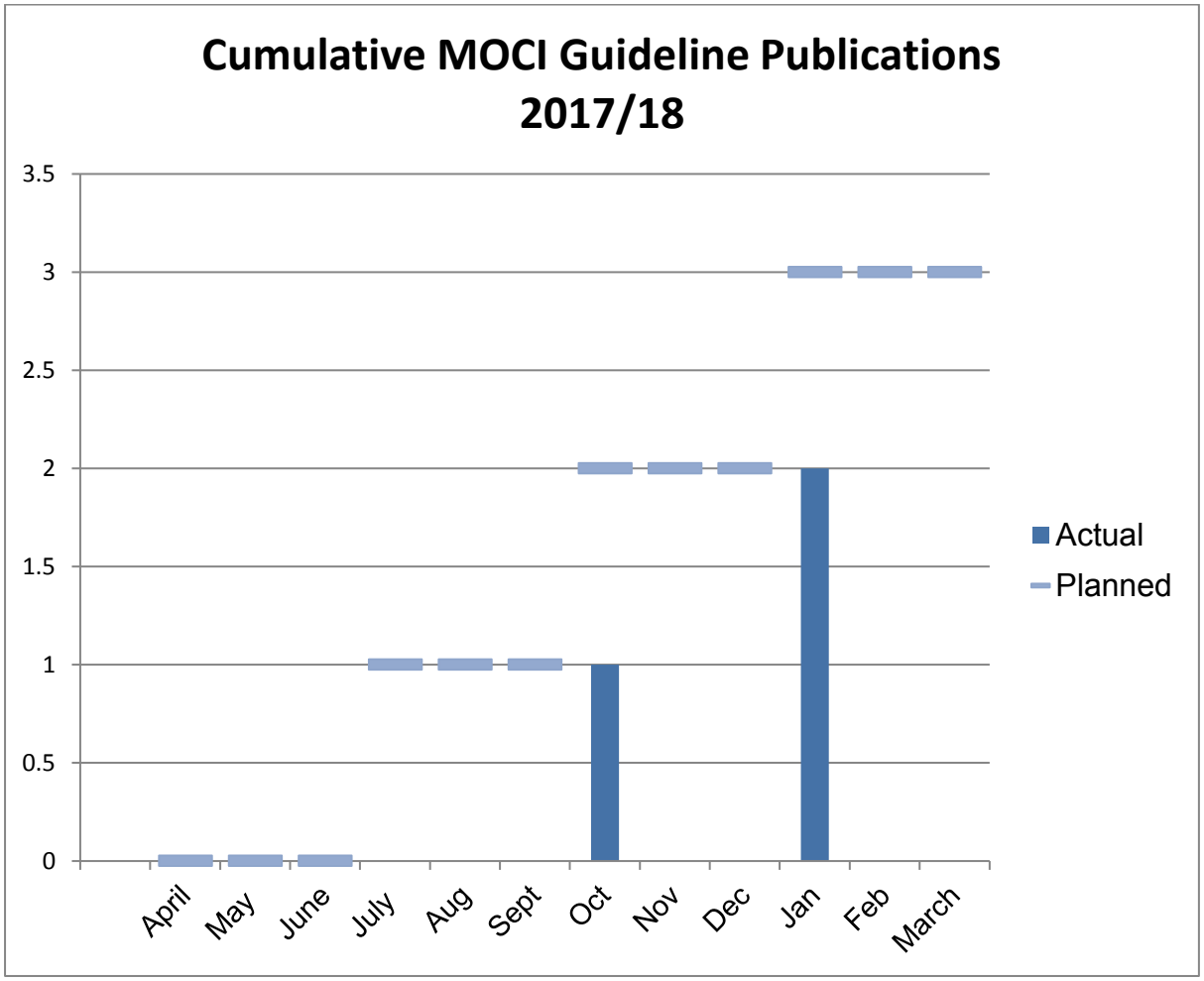
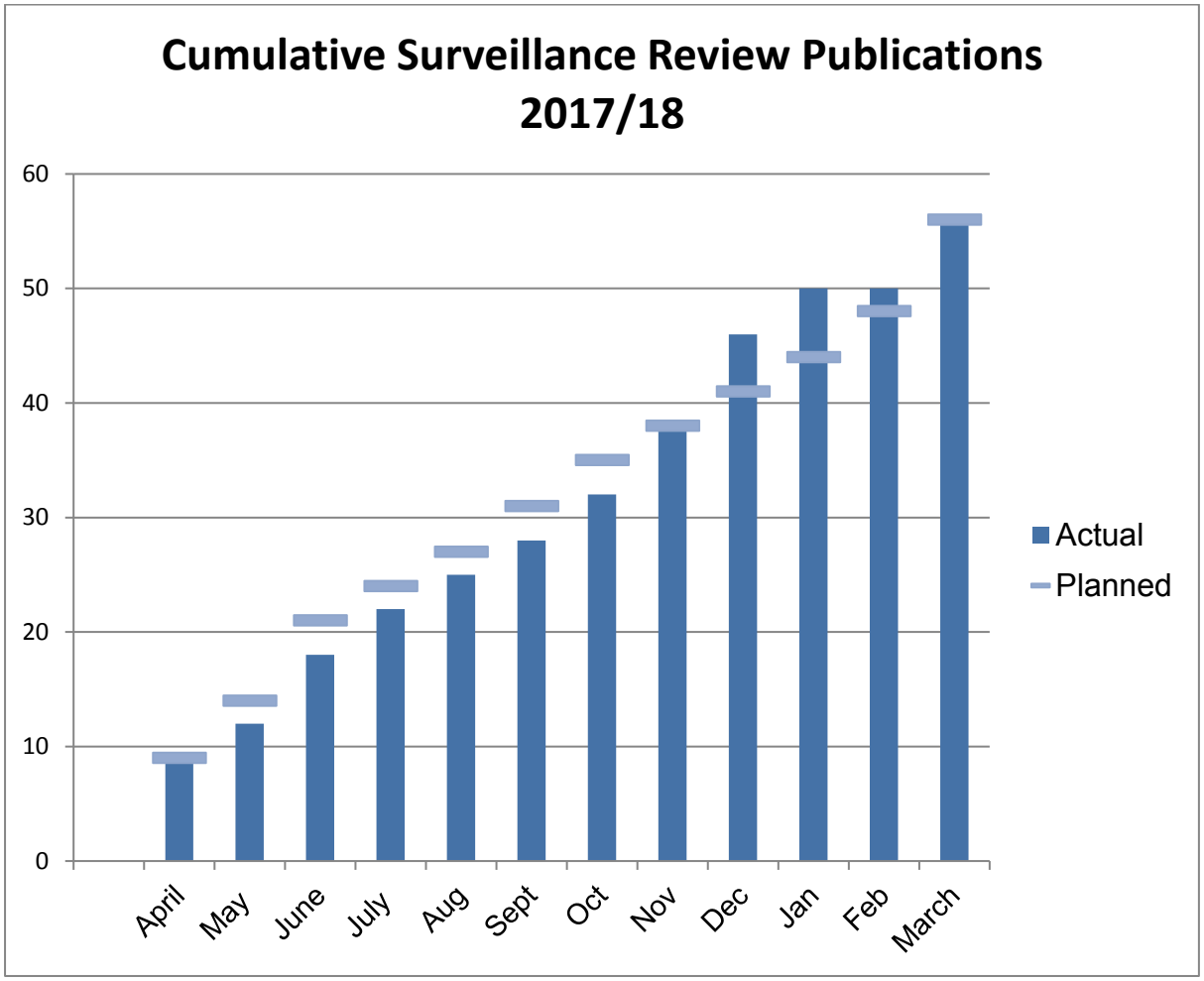


Figure 3 Performance against plan for surveillance reviews between April 2017 and March 2018



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
Faltering growth: recognition and management of faltering growth in children (NG75)	September 2017	Clinical guideline
Type 2 diabetes: prevention in people at high risk (PH38)	September 2017	Public health guideline
Intermediate care including reablement (NG74)	September 2017	Social care guideline
Endometriosis: diagnosis and management (NG73)	September 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

Guidance title	Publication date	Notes
Sinusitis (acute): antimicrobial prescribing (NG79)	October 2017	Management of common infections guideline
Glaucoma: diagnosis and management (NG81)	November 2017	Clinical guideline
Familial hypercholesterolaemia: identification and management (CG71)	November 2017	Clinical guideline - Standing committee update
Asthma: diagnosis, monitoring and chronic asthma management (NG80)	November 2017	Clinical guideline
Autism spectrum disorder in under 19s: recognition, referral and diagnosis (CG170)	December 2017	Clinical guideline - Standing committee update
Age-related macular degeneration (NG82)	January 2018	Clinical guideline
Oesophago-gastric cancer: assessment and management in adults (NG83)	January 2018	Clinical guideline
Pancreatic cancer in adults: diagnosis and management (NG85)	January 2018	Clinical guideline
Sore throat (acute): antimicrobial prescribing (NG84)	January 2018	Management of common infections guideline
Peripheral arterial disease (CG147)	February 2018	Clinical guideline - Standing committee update
People's experience of adult social care	February 2018	Social care guideline
Emergency and acute medical care in over 16s: service delivery and organisation (NG94)	March 2018	Clinical guideline
Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep	March 2018	Clinical guideline

Guidance title	Publication date	Notes
vein thrombosis or pulmonary embolism (NG89)		
Attention deficit hyperactivity disorder: diagnosis and management (NG87)	March 2018	Clinical guideline
Heavy menstrual bleeding: assessment and management (NG88)	March 2018	Clinical guideline
Stop smoking interventions and services (NG92)	March 2018	Public health guideline
Physical activity and the environment (NG90)	March 2018	Public health guideline
Learning disabilities and behaviour that challenges: service design and delivery (NG93)	March 2018	Social care guideline
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

Guidance title	Publication date	Notes
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
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	Surveillance review (exceptional review)
Transition between inpatient mental health settings and community or care home settings (NG53)	July 2017	Surveillance review (exceptional review)

Guidance title	Publication date	Notes
Vitamin D: increasing supplement use in at-risk groups (PH56)	July 2017	Surveillance review
Workplace health: long term sickness absence and incapacity to work (PH19)	August 2017	Surveillance review
Workplace health: management practices (NG13)	August 2017	Surveillance review
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
Psychosis and schizophrenia in adults:	November 2017	Surveillance review

Guidance title	Publication date	Notes
prevention and management (CG178)		
Hepatitis B and C testing: people at risk of infection (PH43)	November 2017	Surveillance review
Acute kidney injury: prevention, detection and management (CG169)	November 2017	Surveillance review (exceptional review)
Behaviour change: general approaches (PH6)	November 2017	Surveillance review
Behaviour change: individual approaches (PH49)	November 2017	Surveillance review
Ovarian cancer: recognition and initial management (CG122)	November 2017	Surveillance review (exceptional review)
Looked-after children and young people (PH28)	December 2017	Surveillance review
Acute heart failure: diagnosis and management (CG187)	December 2017	Surveillance review
Managing medicines in care homes (SC1)	December 2017	Surveillance review
Maternal and child nutrition (PH11)	December 2017	Surveillance review
Home care: delivering personal care and practical support to older people living in their own homes (NG21)	December 2017	Surveillance review
Social and emotional wellbeing in primary education (PH12)	December 2017	Surveillance review
Social and emotional wellbeing in secondary education (PH20)	December 2017	Surveillance review
Social and emotional wellbeing: early years (PH40)	December 2017	Surveillance review
Cardiovascular disease: risk assessment and reduction,	January 2018	Surveillance review

Guidance title	Publication date	Notes
including lipid modification (CG181)		
Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NG15)	January 2018	Surveillance review
Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer (CG164)	January 2018	Surveillance Review
Advanced breast cancer: diagnosis and treatment (CG81)	January 2018	Surveillance Review
Type 2 diabetes: prevention in people at high risk (PH38)	March 2018	Surveillance Review
Type 2 diabetes prevention: population and community-level interventions (PH35)	March 2018	Surveillance Review
Mental wellbeing at work (PH22)	March 2018	Surveillance Review
Mental wellbeing in over 65s: occupational therapy and physical activity interventions (PH16)	March 2018	Surveillance Review
Older people: independence and mental wellbeing (NG32)	March 2018	Surveillance Review
Fractures (non-complex): assessment and management (NG38)	March 2018	Surveillance Review (exceptional 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 March 2018. It also highlights new developments in the Centre during April 2018. Please note that the Scientific Affairs programme no longer features as part of the CHTE report, and is contained within a separate Science, Advice and Research report within the Chief Executive's report.

Performance

Table 1 Performance update for March 2018

Objective	Actions	Update
Publish 55 technology appraisals guidance (including up to 15 CDF reconsiderations)	9 pieces of guidance published	Published 76 technology appraisals in 2017/18, exceeding the target by 21 pieces of guidance
Publish 30 interventional procedures guidance	2 pieces of guidance published	Published 31 pieces of interventional procedures guidance in 2017/18, exceeding the target by 1 piece of guidance
Publish 6 diagnostics guidance	No guidance published	Published 4 pieces of diagnostics guidance in 2017/18 (variance explained below)
Publish 3 highly specialised technologies guidance	No guidance published - none planned	Target for year met
Publish 7 medical technologies guidance	1 piece of guidance published.	Published 4 pieces of guidance in 2017/18 (variance explained below)
Publish 36 Medtech Innovation Briefings (MIBs)	No briefings published - none planned.	Target for year met
Submit advice to ministers on 30 Patient Access Schemes	1 piece of advice issued to NHS England in March.	Issued 31 pieces of advice in 2017/18, exceeding the target by 1 piece of advice

Objective	Actions	Update
Deliver up to 25 Commissioning Support Documents	First 6 Commissioning Support Programme topics have completed public consultation with NHS England and will be considered for Clinical Priorities Advisory Group prioritisation decision in May.	Finalisation of CSP work on 1st 6 topics has been delayed due to further assurance stages from NHS England following public consultation.

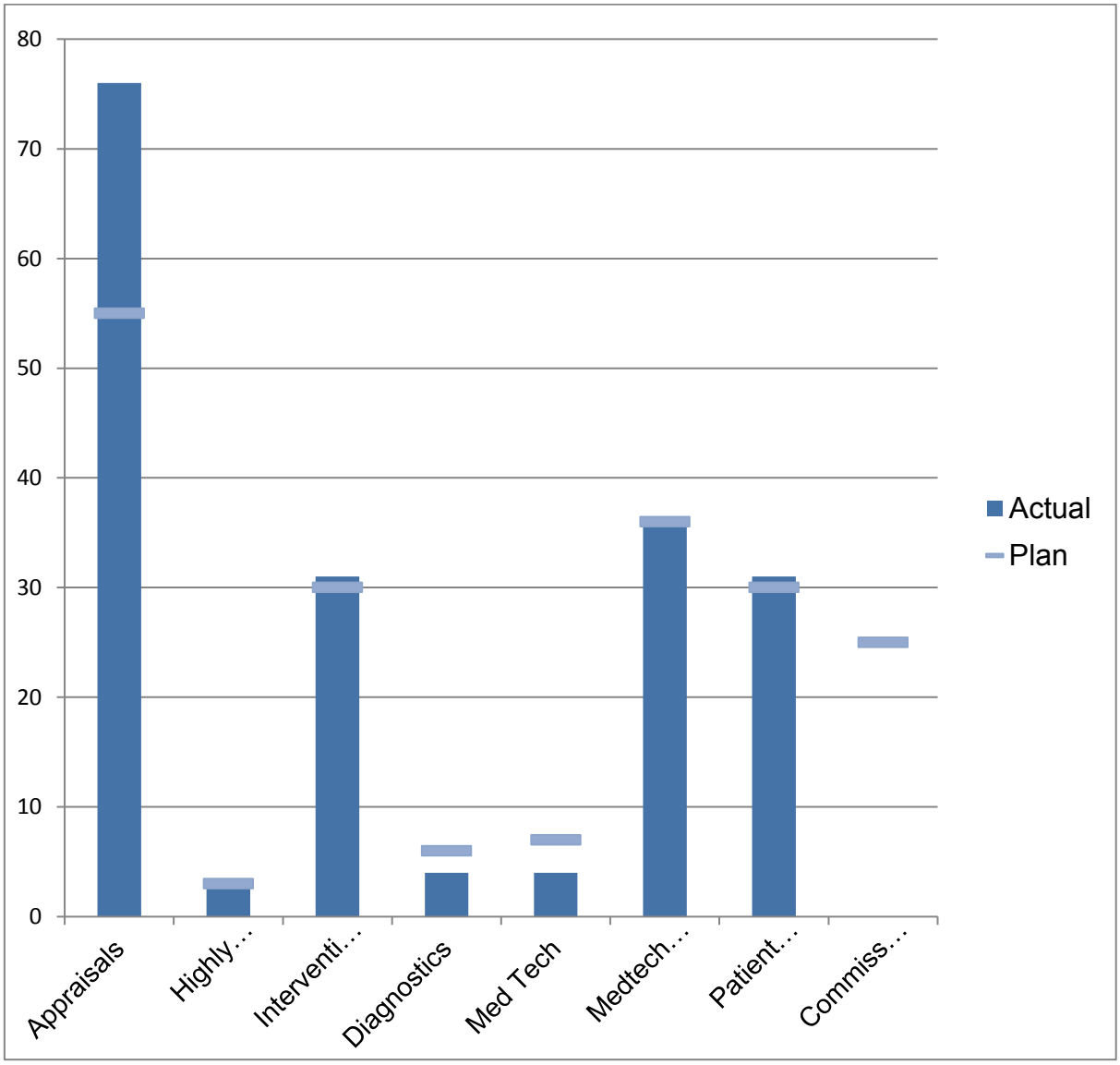
Diagnostics Assessment Programme

2. For diagnostics guidance, 1 topic planned for publication in 2017/18 is delayed, partly because the scheduling of a 3rd committee discussion had to be adjusted as the diagnostics programme technical and project team had to work instead on the technology appraisal ID1062 pembrolizumab and partly because a second consultation was needed. This topic will now be published in April 2018. A second topic was delayed, initially to allow more work to be carried out by the External Assessment Group. The topic was then delayed further because a second consultation was needed. This topic will be published in 2018/19.

Medical Technologies Evaluation Programme

3. Development of guidance on 1 topic was delayed due to cancellation of the August committee meeting which was inquorate. This topic will now be published in May 2018. Development of guidance on a second topic was delayed both by the cancellation of the August committee meeting and also due to a very high number of consultation comments which could not be processed within the normal timing allowed; this topic is now planned to publish in June 2018. Finally, the update of MTG1 SeQuent Please, which was planned to be published in March 2018, was discontinued and the topic will now be updated within a NICE guideline.

Figure 1 Performance against plan for Centre for Health Technology Evaluation in April 2017 - March 2018



Key developments and issues

Technology Appraisals and Highly Specialised Technologies

4. At the March 2018 Board meeting, the Board approved the implementation of changes to the TA process in order to increase capacity within the work programme. The updated process guide was published on 3 April, and the transition plan is underway.

5. As reported previously to the Board, the arrangements for the budget impact test have been implemented 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. Since implementation, 59 appraisal and HST topics have been assessed for the budget impact test, and 12 have been identified as potentially meeting the budget impact test criteria.

Observational Data Unit

6. The Observational Data Unit has submitted reports to NHS England on the first 4 procedures of the Commissioning through Evaluation (CtE) initiative. Data is being collected for 1 procedure and analyses are under way for 1 other. The completed analysis and evaluation reports are available at: https://www.england.nhs.uk/commissioning/spec-services/npc-crg/comm-eval/.

7. Evidence reviews, which summarise and critically appraise new and recent evidence (other than that generated in the CtE project) are now routinely undertaken by NICE External Assessment Centres. These are used by the NHS England Policy Working Groups as they advise the Clinical Panels when reviewing commissioning policy on each procedure.

8. The NHSE Clinical Panel has approved two new procedures to be added to the Commissioning through Evaluation scheme; rituximab for membranous glomerulonephritis and Argus II retinal prosthesis for retinitis pigmentosa.

Interventional Procedures Programme

9. The IP programme has exceeded the target to publish 30 guidance in 2017/2018, by 1 piece of guidance.

Diagnostics Assessment Programme

10. In March 2018 the diagnostics assessment programme (DAP) launched a new topic, an assessment of Promonitor (and alternative technologies identified

during scoping) for monitoring response to biologic treatment for rheumatoid arthritis.

Medical Technologies Evaluation Programme

11. The new External Assessment Centre contracts are expected to be in place from October 2018. The contracts will support CHTE programmes with evidence assessment and generation, technical evaluation and decision support services. A new framework contracting model is being applied for the first time. This will allow more flexible commissioning and resource expenditure by NICE. Enhanced arrangements for contract management are being developed to ensure that there remains sufficient capacity of scarce skills to deliver projects to support guidance and other outputs within NICE's timelines.

Commissioning Support Programme

12. Following handover of documents to NHS England for public consultation on the 1st 6 topics to go through the Commissioning Support Programme (CSP), a further round of assurance checks has been undertaken by NHS England post public consultation. Changes to assumptions in the impact assessment documents have been requested. The CSP, working with the Resource Impact Assessment team, has provided support to NHS England in this stage. Further clarity is being sought to explain the rationale for the changes.

13. Work on the next wave of Commissioning Support topics is in progress. Policy working group meetings have been held for 3 of the 4 current topics, with the fourth planned during May. Plans to submit the relevant documents to NHS England's first gateway (the Clinical Panel) are on schedule.

14. NHS England have referred a further 8 topics to the Commissioning Support Programme but have asked that the CSP await further instructions regarding the priorities for these topics before scheduling into the work programme.

Risks

Table 2 Risks identified May 2018: key controls and ratings

Risk	Key controls	Risk rating now	Risk rating year end
Capacity issues within the Technology Appraisal programme for the 2018/19 business year. Demand will outstrip supply - due to vacancy rate of technical positions.	1. Use Diagnostics Assessment Programme technical and project team resource within CHTE to reduce the capacity pressure in the Technology Appraisal Programme. This will delay initiation of assessment of some diagnostics topics. 2. Liaise with the newly appointed recruitment manager in HR in order to facilitate increased attractiveness and awareness of roles and vacancies within the team. Also consider alternative approaches to recruiting staff.	Amber	Green
Inability to fill team vacancies with high calibre candidates	Working with colleagues in HR to develop more agile recruitment plans to react quickly and reach a broader audience when advertising new posts	Amber	Green
Failure to get new External Assessment Centres via the retender process of the new framework contract arrangements, because of potential instability for suppliers	Working with colleagues in procurement and finance to ensure sufficient initial call-off orders are in place in new External Assessment Centres to underwrite required capacity for normal medtech activities and outputs from summer 2018	Amber	Amber

Appendix 1 Guidance published since April 2017

The table below shows guidance produced by the Centre for Health Technology Evaluation from April 2017 to March 2018.

Guidance title	Publication date	Notes
Technology Appraisals		
TA516; Cabozantinib for treating medullary thyroid cancer	March 2018	Recommended
TA515; Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen	March 2018	Not recommended
TA514; Regorafenib for previously treated advanced hepatocellular carcinoma	March 2018	Not recommended
TA513; Obinutuzumab for untreated advanced follicular lymphoma	March 2018	Recommended (optimised)
TA512; Tivozanib for treating advanced renal cell carcinoma	March 2018	Recommended (optimised)
TA511; Brodalumab for treating moderate to severe plaque psoriasis	March 2018	Recommended (optimised)
TA510; Daratumumab monotherapy for treating relapsed and refractory multiple myeloma	March 2018	Recommended within the CDF
TA509; Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer	March 2018	Recommended
TA508; Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee	March 2018	Recommended (optimised)

Guidance title	Publication date	Notes
TA507; Sofosbuvir-velpatasvir-voxilaprevir for treating chronic hepatitis C	February 2018	Recommended
TA506; Lesinurad for treating chronic hyperuricaemia in people with gout	February 2018	Not recommended
TA505; Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma	February 2018	Recommended within the CDF
TA504; Pirfenidone for treating idiopathic pulmonary fibrosis	February 2018	Recommended (optimised)
TA503; Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer	January 2018	Not recommended
TA502; Ibrutinib for treating relapsed or refractory mantle cell lymphoma	January 2018	Recommended (optimised)
TA501; Intrabeam radiotherapy system for adjuvant treatment of early breast cancer	January 2018	Not recommended for routine commissioning *recommended via commissioning through evaluation (NHS England)
TA500; Ceritinib for untreated ALK-positive non-small-cell lung cancer	January 2018	Recommended *Milestone event of TA500 publication
TA499; Glecaprevir–pibrentasvir for treating chronic hepatitis C	January 2018	Recommended
TA498; Lenvatinib with everolimus for previously treated advanced renal cell carcinoma	January 2018	Recommended (optimised)

Guidance title	Publication date	Notes
TA497; Golimumab for treating non-radiographic axial spondyloarthritis	January 2018	Recommended
TA496; Ribociclib for previously untreated advanced or metastatic hormone receptor-positive, HER2-negative breast cancer	December 2017	Recommended
TA495; Palbociclib for breast cancer (metastatic, hormone-receptor positive, HER2-negative, untreated)	December 2017	Recommended
TA494; Naltrexone–bupropion for managing overweight and obesity	December 2017	Not recommended
TA493; Cladribine tablets for treating relapsing–remitting multiple sclerosis	December 2017	Recommended (optimised)
TA492; Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable	December 2017	Recommended within the CDF
TA491; Ibrutinib for treating Waldenstrom's macroglobulinaemia	November 2017	Recommended within the CDF
TA490; Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy	November 2017	Recommended within the CDF
TA489; Vismodegib for treating basal cell carcinoma	November 2017	Not recommended
TA488; Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours	November 2017	Recommended (optimised)

Guidance title	Publication date	Notes
TA487; Venetoclax for treating chronic lymphocytic leukaemia	November 2017	Recommended within the CDF
TA486; Aflibercept for treating choroidal neovascularisation	November 2017	Recommended *The first Fast Track Appraisal (FTA) to publish following implementation of the new process in April 2017.
TA485; Sarilumab for moderate to severe rheumatoid arthritis	November 2017	Recommended (optimised)
TA484; Nivolumab for previously treated non-squamous non-small-cell lung cancer	November 2017	Recommended within the CDF
TA483; Nivolumab for previously treated squamous non-small-cell lung cancer	November 2017	Recommended within the CDF
TA482: Immunosuppressive therapy for kidney transplant in children and young people	October 2017	Recommended (optimised)
TA481: Immunosuppressive therapy for kidney transplant in adults	October 2017	Recommended (optimised)
TA480: Tofacitinib for moderate to severe rheumatoid arthritis	October 2017	Recommended (optimised)
TA479: Reslizumab for treating severe eosinophilic asthma	October 2017	Recommended (optimised)
TA478: Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma	October 2017	Recommended (optimised)
TA477: Autologous chondrocyte implantation for treating symptomatic	October 2017	Recommended (optimised)

Guidance title	Publication date	Notes
articular cartilage defects of the knee		
TA476: Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer	September 2017	Recommended (optimised)
TA475: Dimethyl fumarate for treating moderate to severe plaque psoriasis	September 2017	Recommended (optimised)
TA474: Sorafenib for treating advanced hepatocellular carcinoma	September 2017	Recommended (optimised)
TA473: Cetuximab for the treatment of metastatic and/or recurrent squamous cell carcinoma of the head and neck (review of TA172)	August 2017	Recommended
TA472: Lymphoma, non Hodgkin's NHL indolent, rituximab & refract) - obinutuzumab	August 2017	Recommended within the CDF
TA471: Irritable bowel syndrome (diarrhoea) - eluxadoline	August 2017	Recommended
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	Recommended

Guidance title	Publication date	Notes
TA466: Baricitinib for moderate to severe rheumatoid arthritis	August 2017	Recommended
TA465: Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma	August 2017	Recommended within the CDF
TA464: Bisphosphonates for treating osteoporosis	August 2017	Recommended
TA463: Cabozantinib for previously treated advanced renal cell carcinoma	August 2017	Recommended
TA462: Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma	July 2017	Recommended
TA461: Roflumilast for treating chronic obstructive pulmonary disease	July 2017	Recommended
TA460: Adalimumab and dexamethasone for treating non-infectious uveitis	July 2017	Recommended
TA459: Collagenase clostridium histolyticum for treating Dupuytren's contracture	July 2017	Recommended
TA458: Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane	July 2017	Recommended
TA457: Carfilzomib for previously treated multiple myeloma	July 2017	Recommended
TA456: Ustekinumab for moderately to severely active Crohn’s disease after previous treatment	July 2017	Recommended
TA455: Adalimumab, etanercept and ustekinumab	July 2017	Recommended

Guidance title	Publication date	Notes
for treating plaque psoriasis in children and young people		
TA454: Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma	July 2017	Terminated
TA453: Bortezomib for treating multiple myeloma after second or subsequent relapse	July 2017	Terminated
TA452: Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation	July 2017	Terminated
TA451: Leukaemia (chronic myeloid, acute lymphoblastic) - ponatinib [ID671]	June 2017	Recommended
TA450: Leukaemia (acute lymphoblastic, B-precursor, relapsed, refractory) - blinatumomab [ID804]	June 2017	Recommended
TA449: Neuroendocrine tumours (metastatic, unresectable,progressive) - everolimus and sunitinib [ID858]	June 2017	Recommended
TA448: Etelcalcetide for treating secondary hyperparathyroidism [ID908]	June 2017	Recommended (optimised)
TA447: Lung cancer (non-small-cell, metastatic, untreated, PDL1) - pembrolizumab [ID990]	June 2017	Recommended within the CDF
TA446; Brentuximab vedotin for treating CD30-positive Hodgkin's lymphoma	June 2017	Recommended within the CDF
TA445: Certolizumab pegol and secukinumab for	May 2017	Recommended (optimised)

Guidance title	Publication date	Notes
treating active psoriatic arthritis after inadequate response to DMARDs		
TA444: Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal)	May 2017	Terminated
TA443: Obeticholic acid for treating primary biliary cholangitis	April 2017	Recommended
TA442: Ixekizumab for treating moderate to severe plaque psoriasis	April 2017	Recommended (optimised)
TA441: Daclizumab for treating relapsing–remitting multiple sclerosis	April 2017	Recommended (optimised)
TA440: Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine	April 2017	Not recommended
Highly Specialised Technologies		
HST7: Strimvelis for treating adenosine deaminase deficiency–severe combined immunodeficiency	February 2018	Recommended
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	Recommended with a Managed Access Agreement and commercial terms with NHS England.
Interventional Procedures		
IPG608 Laparoscopic mesh pectopexy for apical	March 2018	Research

Guidance title	Publication date	Notes
prolapse of the uterus or vagina		
IPG607 Mosaicplasty for symptomatic articular cartilage defects of the knee	March 2018	Standard
IPG606 Unilateral MRI-guided focused ultrasound thalamotomy for moderate-to-severe tremor in Parkinson's disease	February 2018	Research
IPG605 Ab interno supraciliary microstent insertion with phacoemulsification for primary open-angle glaucoma	February 2018	Standard
IPG604 Aortic valve reconstruction with processed bovine pericardium	February 2018	Research
IPG603 Subcutaneous implantable cardioverter defibrillator insertion for preventing sudden cardiac death	December 2017	Standard
IPG602 Artificial heart implantation as a bridge to transplantation for end-stage refractory biventricular heart failure	December 2017	Special
IPG601 Transcutaneous microwave ablation for severe primary axillary hyperhidrosis	December 2017	Special
IPG600 Endobronchial valve insertion to reduce lung volume in emphysema	December 2017	Standard
IPG599 Transvaginal mesh repair of anterior or posterior vaginal wall prolapse	December 2017	Research

Guidance title	Publication date	Notes
IPG598 Hypoglossal nerve stimulation for moderate to severe obstructive sleep apnoea	November 2017	Special
IPG597 Processed nerve allograft to repair peripheral nerve discontinuities	November 2017	Special
IPG596 Extracranial to intracranial bypass for intracranial atherosclerosis	November 2017	Do not use
IPG595 Total distal radio-ulnar joint replacement for symptomatic joint instability or arthritis	November 2017	Special
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 radiotherapy for prostate cancer	August 2017	Standard arrangements
IPG589 Radiofrequency treatment for haemorrhoids	August 2017	Special arrangements
IPG588 Liposuction for chronic lymphoedema	August 2017	Standard arrangements

Guidance title	Publication date	Notes
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
Diagnostics		
DG31 Tests in secondary care to identify people at high risk of ovarian cancer	November 2017	Further research recommended
DG30 Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care	July 2017	Recommended

Guidance title	Publication date	Notes
DG29 Multiple frequency bioimpedance devices to guide fluid management in people with chronic kidney disease having dialysis	June 2017	Further research recommended
DG28 Virtual chromoendoscopy to assess colorectal polyps during colonoscopy	May 2017	Recommended
Medical Technologies		
MTG36 transanal irrigation system for managing bowel dysfunction	February 2018	Case for adoption supported
MTG35 Memokath-051 stent for ureteric obstruction	February 2018	Case for adoption partially supported
MTG34 SecurAcath for securing percutaneous catheters	June 2017	Case for adoption supported
MTG37. Thopaz+ portable digital system for managing chest drains	March 2018	Case for adoption supported

May 2018

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 March 2018. These Communications Directorate business objectives are closely aligned to the NICE strategic objectives. It also notes activities in April 2018.

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 March 2018

Objective	Actions	Update
1. CONTENT 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).	Provide expertise and training to enable teams across NICE to produce quality content.	A new template and formatting training session launched in March. The training covers advanced functions in Microsoft Word, including applying NICE styles, with the aim of saving people time and effort. It has been rewritten with new exercises, slides and topics to keep up with the changing nature of NICE's work. The course is aimed at people from across NICE who work with complex documents (for example, project managers, coordinators). Feedback so far has been positive and more courses are planned. We are also offering tailored versions, with content and exercises specific to individual teams' work.
	Provide communications expertise into the digital transformation project.	The publishing team has continued to work closely with the management of common infections team and digital services. Guideline recommendations have been edited inside the structured authoring system for the first time. Progress has been made on making it possible to export the recommendations from the system into a Word document that can then be used for stakeholder consultation on the website
	Implement brand refresh and create clear brand guidelines which establish the voice and personality of NICE	We have continued to ensure brand consistency across products - such as the implementation reports. We have been working to deliver a new corporate PowerPoint slide deck.
	Ensure website content is up to date and accurate and deliver a rolling programme of improvements.	March was a particularly busy month for the website with 25 guidance products publishing, including 8 guidelines, 5 quality standards and 12 pieces of CHTE guidance.

Objective	Actions	Update
		In April, to coincide with new measures to prevent use of sodium valproate in pregnancy, we added links to MHRA tools to 5 guidelines and the corresponding NICE Pathways. During March and April we made 81 updates to non-guidance pages and developed a suite of new pages for our Commissioning Support Programme. We also created and published a new section for the Accelerated Access Collaborative and new pages explaining how we can support STPs are now live. The STP pages will be developed further in the coming weeks as we prepare a series of online resource packs.
	Maintain 100% of guidance in NICE Pathways and continue the programme of continuous improvement.	We continued to maintain 100% of guidance in NICE Pathways
	Identify efficiencies within the Communications team by reusing content	We continue to reuse content across platforms and to explore the use of content to drive uptake of our services. For example, information from NICE Impact reports is being reused in our social and multimedia channels.
	Expand on use of new online interactive and multimedia software packages such as 'Shorthand' to present our new guidance to media and other stakeholders	A business case for the procurement of software to enable the creation of interactive data and graphics on the website is currently being considered by the new Software as a Service (SaaS) panel.

Objective	Actions	Update
	Provide communications expertise for NICE's support in shared decision making	As part of our aligned external relations campaigns, we highlighted NICE's aids on social channels and our newsletters. In March our campaign focused on treatment and management of endometriosis. In April, we flagged statins in relation to cardiovascular risk. Both these issues were discussed in detail across social media.
2 ENGAGEMENT Create a structured and coordinated approach for working with and listening to stakeholders	Roll out a customer relationship management (CRM) system to support and monitor engagement with stakeholders and to help deliver tailored communications	Assessment of the bids for the build phase is currently taking place. Following award of the contract in late May 2018 the build is expected to start in June.
	Develop a new interactive online newsletter with content tailored for key audiences	The results from a survey to our 3 main newsletters have been analysed and indicate that the content and frequency work well. Suggestions for improvements included more visuals and less text which we will now look to incorporate.
	Develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content to their needs	Work is progressing to develop new topic pages which will deliver a mix of guidance and non-guidance content such as news articles, blogs and case studies to provide more contextual information and support implementation of guidance.
	Deliver a programme of events and speaking engagements to enable NICE to engage directly with key audiences on priority topics	Our colleagues spoke at 17 events/seminars, including the Skills for Care Annual Conference, World Pharma Pricing & Market Access Congress and The Dementia Challenge. David Haslam hosted a keynote lecture at RSM Primary Care Ethics Conference, Meindert Boysen spoke about improving access to medicine at a Westminster Health Forum and Sheela Upadhyaya spoke at the International Plasma Protein Congress in Budapest.

Objective	Actions	Update
		We have also exhibited at 4 events in March and April, 3 being social care events, including the National Care Forum and Community Care Live. 3,000 social workers, managers and commissioners attended CCL, making it an ideal event to promote our social care guidelines and quality standards, and also hand out our social care quick guides.
	Implement social media strategy to increase engagement and drive traffic to corporate content	We presented to the PR360 conference on our work on Instagram to use week-long storytelling to help sustain engagement on key issues. (Each week through Instagram we explore a different health / social care topic, what the problems are, what NICE has recommended and how this policy is making a difference.) We have been asked by the Cabinet Office's Government Communications Service to share insights from this work.
	Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management	The media team have created a digital dashboard in Excel to gather and track audience analytics across all of our social media platforms. This now means we can better identify the content our audience prefers and ensure our social engagement activities (such as Twitter chats and Facebook Lives) drive follower interactions.
3. ADOPTION and IMPACT Promote NICE's work and help users make the most of our products by providing practical tools	Use graphics and images to help explain guidance and related products	The communications team produced an accessible 'information for the public' page with icons and images, as well as an easyread version and a video for 2 learning disability guidelines: Care and support of people growing older with learning disabilities and Learning disabilities and behaviour that challenges: service design and delivery.

Objective	Actions	Update
and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact though regular evaluation	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	We created a visual summary for the Lyme disease guideline. We are running online polls to get feedback from users on the visual summaries. Feedback has been very positive, and includes: "The visual summaries will be useful as a quick reference. Those who need more details can easily locate the full guideline using the link provided." [Lyme disease] "Very clear and helpful for both clinicians and patients." [Lyme disease] "It is very helpful, I could print it out if needed; it is easier to explain to patients about specific NICE recommendations about various conditions." [sore throat]
	Use a marketing approach to support NICE's commercial/paid-for activities	A marketing strategy for NICE Scientific Advice has been prepared and recommendations made on positioning, messaging and proactive engagement activities to support a growth in income generation.
	Bring content to life by reusing case studies, shared learning examples and other material	We are working with the implementation support team on an update to the Into practice guide, which will include practical case studies to help organisations use our recommendations to improve the care they provide. We are also supporting the Health &Social Care directorate's engagement programme in their work to share NICE's offerings with STPs.
	Use a variety of evaluation techniques to assess the impact of our work and to regularly gauge the views of our stakeholders	Working with colleagues in the Med Tech Evaluation programme, we designed and led a focus group with company representatives to explore options for branding the MedTechScan tool. As a result the tool will be promoted as HealthTechConnect once development work is completed.

Objective	Actions	Update
		We prepared a report on the distribution and use of print copies of the BNF following an online survey conducted earlier in the year. As there is a growing demand for online surveys across the organisation and to ensure compliance with GDPR we are working with teams to establish a centralised approach with the creation of a question bank, survey templates and reporting tools. We have provided support and advice to a number of teams on survey design including PASLU, Science Policy and Research, and the Quality and Leadership team in the Health and Social Care directorate.
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.	Our associate director for publishing, Marian Hodges, retired last month after 17 years at NICE. We are currently recruiting for her replacement. We are taking this opportunity to begin discussions on the structure of the directorate to ensure we are able to meet organisational needs.
	Continue to roll out efficiencies and cost savings plan that will support the communication needs of the organisation in 2017-2018 and beyond	On target
	Continue 2016-2017 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.	On-going

Other issues

Events

3. With two months until the NICE Annual Conference on the 25th June, the venue has been confirmed as The Hilton Deansgate. Current bookings stand at 334 delegates (70.1% of target):115 private sector and 101 public sector. All 50 speakers/chairs have been confirmed.

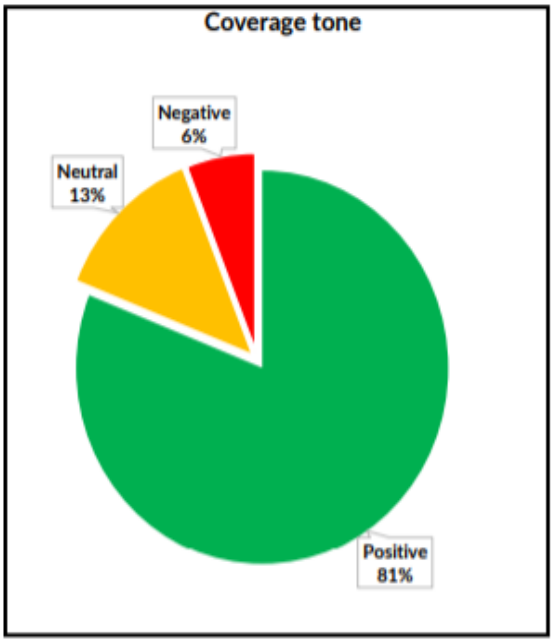
4. The Shared Learning Awards will be held the evening before. 150 delegates will be attending this fully booked evening presented by David Haslam, and will be voting using a mobile app. This app will also be used throughout the sessions in the conference the following day, to allow delegates to ask questions and vote for the most popular questions for the speakers to answer.

Media

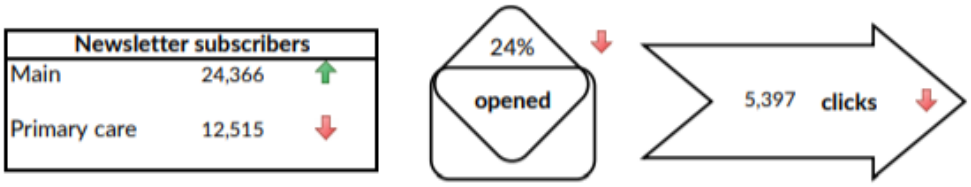
5. Between March and April, overall media coverage was 81% positive in tone, this was driven by our media activity for the Prostate Artery Embolization IPG and reports quoting Professor Gillian Leng's comments at the e-cigarettes enquiry. There were also positive mentions of NICE in relation to two separate reports on the uptake of low back pain and breast cancer treatments. Negative coverage was slightly higher than average at 6%, largely driven by ongoing coverage of the vaginal mesh controversy with calls for us to withdraw our guidance.

Most viewed website news stories

Topic	Views
Prostate Artery Embolisation IPG	8,769
Lyme disease final guideline	3,233
Otitis media (ear infection) APGs	2,006
Heavy menstrual bleeding guideline update	1,780
Learning disabilities service delivery guideline	1,744
Mepolizumab for asthma TA	1,596
Smoking cessation guideline update	1,593
Ustekinumab for Crohn's disease TA	1,480
Back pain guideline	1,407
Sore throat APG	1,289



6. The number of opens and clicks across both newsletters fell slightly by -8% and -5% respectively. We think this may have been caused by the school holidays and long Easter weekend. We saw a small (-1%) drop in subscribers to our primary care newsletter since the previous two month period.

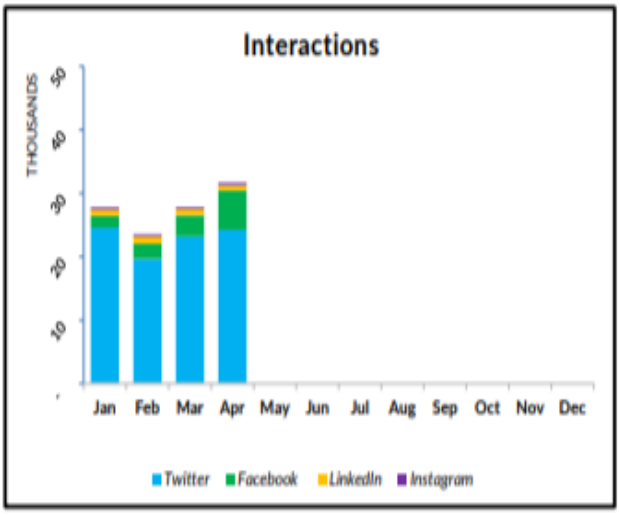


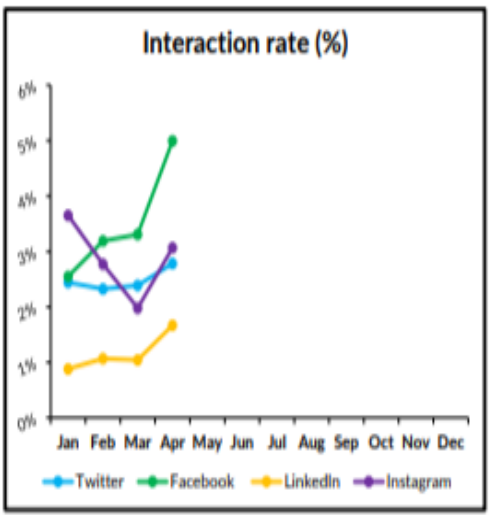
7. Our follower numbers continue to grow across all social media channels.

Followers	147,902 ↑	4,143 ↑	8,467 ↑	844 ↑
Impressions	1,842,321 ↓	224,789 ↑	142,113 ↓	27,559 ↑

8. We now have 147,902 followers on Twitter, 8,467 on LinkedIn, 4,143 on Facebook and 844 on Instagram. We saw a slight (-1%) drop in impressions (number of times our posts are seen) on Twitter but this was expected as we are trialling a new strategy to reduce number of posts. The trial has been successful in helping us drive up engagement on the channel. Our average engagement rate (interactions per post) in 2017 was 1.88%, reducing posts in the first four months of 2018 has driven our average engagement up to 2.48% on Twitter. This means we although we are posting less, people are interacting and sharing our posts more so they reach a wider audience.

9. On Facebook our interactions (clicks, comments, likes, shares) have more than doubled with an increase of 125% since the previous two month period. This is because we have introduced a new series of monthly Facebook Live Q&A events. Our engagement rate on the channel spiked to 4.99% in April; our previous average before implementing Lives was 2.65%.





10. We had 6,226 views of our videos on YouTube with people watching for 9,311 minutes in total.

Website and Pathways statistics

11. In March and April we prepared 179 documents for digital publication. For NICE Pathways we:

    - Published 3 new and 8 fully updated pathways
    - Updated 29 pathways to include new quality standards, CHTE guidance, or NICE advice and updated a further 51 pathways to add related pathway links or as maintenance updates.

12. There are currently 250 live pathways containing 1686 NICE products (guidance, quality standards, advice, clinical knowledge summaries).

Enquiry handling

13. Since the last reporting period, we've responded to 1986 enquiries which included 33 MP letters, 15 Freedom of Information (FOI) requests, 20 parliamentary questions, 51 content re-use enquiries and 351 reports of technical issues.

14. The most popular enquiry topic has been about Lyme disease with a large number of enquires following an organised campaign in advance of final publication. Enquirers expressed concerns about the limitations of diagnostic tests and that our draft recommendations did not include treatment options for managing chronic Lyme disease.

15. Our guideline on fertility has also attracted a large number of enquiries relating to the additional criteria placed by clinical commissioning groups on access to IVF. Following an article in The Times, we've also seen increasing feedback

from the public about difficulties with access to caesarean sections on maternal request.

16. Our newly published interventional procedures guidance on prostate artery embolisation (PAE) for lower urinary tract symptoms caused by benign prostatic hyperplasia has been well received with enquirers pleased to hear our updated recommendations on the procedure. We have fielded a number of calls and emails from men who are very keen to find out where the procedure is currently being performed and how they can access the treatment.

17. Following a high number of reported technical issues with OpenAthens registration, we are working with Evidence Resources to identify whether improvements to the registration process can be made and how best to provide users with the information they need to redirect their enquiry on receipt of error messages.

Risks identified March and April 2018, 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	Work has begun to conduct in 2018 a scaled-down version of the 2017 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
Change in the directorate fails to offer efficiency savings or present a viable structure for supporting NICE in the future	We continue to look for efficiencies despite having met our savings target this year. We are also carefully monitoring how changes in the directorate (both planned and unplanned) affect our ability to provide adequate support to the organisation	Green	Green

National Institute for Health and Care Excellence

Health and Social Care Directorate progress report

1. This report sets out the performance of the Health and Social Care Directorate against our business plan objectives for the financial year April 2017 - March 2018. It also highlights notable developments that have occurred during the reporting period.

Performance

2. The directorate successfully delivered a number of key products during 2017/18 including: 4 adoption support products; 7 evidence summaries on the use of medicines; 6 IAPT assessment briefings; 26 medicines evidence commentaries; 21 quality standards; and 7 quick guides for social care. Details of these publications are given in Appendix 1.

3. During the year, we have undertaken a significant amount of engagement with partner organisations at national, regional and local level. A summary of progress against our 2017-18 strategic engagement metrics is given in appendix 2. In particular, we have seen a high level of positive partnership activity with Public Health England (PHE):

    - The Field Team has worked with regional PHE teams to identify a high impact area for Sustainability and Transformation Partnerships, resulting in an agreed focus on cardiovascular disease prevention (CVD) with specific activities now underway.
    - Joint working on a series of guidelines on managing common infections, including a new transition group to support their uptake across the system.

4. Following close working with NHS England, we have been asked to develop product options to support the Regional Medicines Optimisation Committees (RMOCs) with evidence reviews. NICE is represented on the oversight group and at each of the four RMOCs by a medicines implementation consultant. Colleagues from the Centre for Health Technology Evaluation are engaged with the medicines team and the RMOC leadership on aligning topic selection.

Table 1 Performance summary for 2017-2018

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	Figure 1, Figure 2 and Appendix 1 show the details of key outputs. In addition, 50 weekly medicine awareness services bulletins have been published since April 2017. Four of 5 adoption support products have been completed, meeting the 80% tolerance indicated in the NICE Business Plan Balanced Score Card. One of the resources (Senza spinal cord stimulation) will now publish in 2018/19 as the related guidance publication date was delayed following a larger than anticipated volume of consultation comments. Fifteen of 16 medicines optimisation key therapeutic topics published in February (one topic was retired), meeting the 80% tolerance indicated in the NICE Business Plan Balanced Score Card. Seven of 10 evidence summaries were delivered. The shortfall was due to fewer topic referrals than expected from the commissioner, NHS England. NHS England reviewed the specifications for the planned mental health care pathways during 2017/18, resulting in an agreed move away from the original product and delivery schedule. Instead, projects on community health and equalities were commissioned, for delivery from Quarter 2 of 2018/19.
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, covering topics such as early involvement of lay members, and enhanced use of evidence from users and patients. The new Expert Panel is being put into place with the first tranche of people who expressed an interest in membership.

Objective	Actions	Update
		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. The use of social media has expanded considerably, enhancing communications and recruitment work. Further updates on all aspects of the patient and public involvement review will be included in the Public Involvement Programme's annual report to the Board in July 2018.
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	An initial plan for reviewing the innovation scorecard has been developed and will be reviewed by the Innovation Scorecard strategic metrics group in May. Progress continues in aligning the NICE Implementation Collaborative (NIC) with the Accelerated Access Collaborative's activities.
Deliver a programme of strategic and local engagement	Support the use of NICE guidance and standards through the work of other national organisations and by working with local health and care systems	NHS England (NHSE) The directorate reviewed NICE's engagement activities with NHSE during Quarter 4, resulting in a paper for the Senior Management Team. The paper summarises the current position and proposes actions to support greater engagement on key areas with NHSE. Sustainability and Transformation Partnerships (STPs): NICE has secured representation on the cross ALB regional structures. A tailored package of resources responding to STP priorities is being developed and will launch at the 2018 NICE Conference. Focused support has

Objective	Actions	Update
		been provided to some STPs. A workshop was also held at the EXPO Innovation Conference in September 2017, which focussed on supporting STP senior leaders and managers in using NICE's products when putting their plans into practice. NICE has secured a session at EXPO 2018 that will focus on how NICE can support system transformation and sustainability. NICE is working closely with Skills for Care, the Social Care Institute for Excellence (SCIE), the Care Providers Alliance, the Local Government Association (LGA) and NHS England to develop a resource with case examples on the value of involving social care in STPs. This is being developed as part of the Quality Matters priority action plan. The New Care Models programme that NICE contributed to during 2017/18 became part of the STP remit from April 2018. Key outputs reported include the sponsorship of 4 Vanguard sites and the successful implementation of the Sutton 'Red Bag Pathway' that supports patient journeys through care homes, ambulance services and hospital care. The team also identified 8 vanguards where NICE guidance and quality standards are supporting their work. Work was completed with the New Care Models programme to co-badge and publish their population health matrix resource based on the learning of the vanguards. NHS RightCare (RC) Key activities include: • Supporting RC to develop the optimal value products such as pathways, high impact interventions and logic models. • Supporting RC to develop a pathway for cardiovascular disease prevention in people with serious mental illness and chronic obstructive pulmonary disease.

Objective	Actions	Update
		• Producing a resources checklist for RC staff to use when developing their intelligence products. The list is also to be made available on NICE's website. • Links established and regular meetings now held with RightCare delivery partners at regional and local level to explore opportunities for collaboration in areas such as respiratory, CVD prevention, frailty and medicines optimisation
		NHS Improvement (NHSI) The updated partnership agreement has been signed by both parties. Regular engagement meetings will be set up to progress agreed priorities including support and alignment with the Getting it right first time (GIRFT) programme. Regional engagement with GIRFT hub directors and their teams has commenced.
		Public Health England (PHE) The regular strategic meetings between NICE, PHE and the Department of Health and Social Care have continued to take place during 2017/18. The meetings ensure the agreed joint principles of working are put into practice. The Chief Executives of NICE and PHE reviewed the arrangements in December 2017. PHE has formally supported all 5 public health quality standards published this year: oral health in care homes; physical health of people in prisons and HIV testing: encouraging uptake; drug misuse prevention; and mental health of adults in contact with the criminal justice system. Cardiovascular disease (CVD):

Objective	Actions	Update
		NICE has been supporting the national priority of CVD at a national, regional and local level during 2017/18. Achievements include co-ordinating national prevention of CVD with PHE and NHSE, with a particular focus on hypertension, atrial fibrillation and familial hypercholesterolaemia (FH). The last meeting of the blood pressure system leadership board was held in January and included both the National Clinical Director for CVD prevention and the PHE CVD lead. This has now been replaced by the national CVD system leadership forum with the first meeting held in March 2018.
		Care Quality Commission (CQC) NICE has contributed to a number of the CQC's consultations during the year. This included consultations on the implementation of the CQC's 2016-21 strategy, in which a direct quote from NICE was used from the consultation on the reporting and rating of NHS trusts' use of resources. Support for CQC Inspectors: NICE contributed to 3 internal CQC events to support the development of CQC social care inspectors. Covering learning disabilities, community care and older people the events were attended by around 180 inspectors in total and were well evaluated by attendees Social Care: The Chief Inspector of Adult Social Care invited NICE to the CQC's regular meeting with the national trade organisations representing social care providers to discuss future topics for social care quick guides. The quick guides have been received very positively by social care providers and the CQC. NICE also participated in the CQC's adult social care coproduction group to consult with national social care representatives on the NICE quality improvement resource. NICE is carrying out an evaluation of the resource, and will work with CQC on further development of the resource to meet the needs of social care audiences.

Objective	Actions	Update
		Primary Care: NICE contributed to the publication of the Shared View of Quality for Primary Care, a set of principles that define quality in general practice. Work was led by the CQC, in conjunction with national partners, and was the first time national bodies have come together to agree a common vision for general practice in England. The principles include care that is informed by consistent high quality training, guidelines and evidence. Hospitals (mental health): Following a successful pilot in 2017, work to develop checklists to support CQC Inspectors in inspecting their 12 mental health core services is nearing completion. The checklists are founded on statements in NICE quality standards and are being made available on the CQC's intranet site. Opportunities for a more detailed evaluation of the checklists and potential replication of the checklists in general hospital settings will be explored during 2018-19.
		Social Care NICE has commissioned SCIE to develop 10 social care quick guides over each of the next two financial years. NICE and SCIE have consulted with key stakeholders (including CQC) on topics and audiences for the next 10 quick guides, and development of the first 2 of these has already commenced. NICE and the Think Local Act Personal Partnership held a symposium in March 2018 to consider the main gaps in the evidence base for personalisation and develop future priorities for research. The event was attended by social care research funders, researchers, national organisations and people who use social care services. Workshops and a plenary session led by Professor Martin Knapp from the National Institute for Health Research School for Social Care Research identified key areas for future research and discussed how these can

Objective	Actions	Update
		be taken forward. A report from the event will be published and shared with social care research funders and other stakeholders.
		Academic Health Science Networks (AHSNs) NICE is a member of the new AHSN strategic development board, established to set the future direction of the AHSNs. Interactions between NICE and the national and regional AHSNs have been mapped to ensure alignment, and to support the development of objectives in NICE's 2018/19 business plan.
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	Three NICE Impact reports have been published since April 2017: • Chronic Kidney Disease (May 2017) • Cancer (January 2018) • Maternity (March 2018).
	Consult with the research community through the Implementation Strategy Group	Two meetings of the NICE Implementation Strategy Group were held during 2017/18.
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 though regular evaluation	Deliver 50 shared learning examples	65 shared learning examples were published in 2017/18 exceeding the planned performance of 50 by the end of March.
	Deliver 30 endorsement products	28 of the 30 endorsement statements planned by the end of March were published, meeting the 80% tolerance indicated in the NICE Balanced Score Card. Several applications were delayed as they required further work by resource producers.
	Redesign the current resource used by practitioners to help make	Since the web page has been simplified and focused, there has been increased traffic for the page and for both the resource planner and cost saving guidance. There have been minimal enquiries asking where the 'do not dos'

Objective	Actions	Update
	savings, improve productivity and promote optimal use of interventions	are located. NICE guidance is included in recommendations from NHS Clinical Commissioners on medicines that should not be routinely prescribed on the NHS, and underpins a system-wide programme led by the National Medical Director to identify low value interventions that can be decommissioned from NHS services.
	Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision Making Collaborative	NICE continues to take forward actions from the Shared Decision Making (SDM) Collaborative meeting earlier in the year. This includes close working with NHS England, particularly in relation to musculoskeletal disorders, as reflected in a recent BMJ publication: Leng GC, Ingham Clark C, Brian K, Partridge G. Collaborating to improve shared decision making. http://bmj.com/cgi/content/full/bmj.j4746. Two patient decision aids have been published: • Bisphosphonates for treating osteoporosis: Decision support from NICE • Hormone treatment for endometriosis symptoms – what are my options? In addition: • a webpage to support and promote SDM has been created – www.nice.org.uk/sdm • specific consideration of SDM has been added to the NICE guidelines, which requires developers to think about choice, values and preferences explicitly when compiling recommendations, and present the evidence underpinning options for preference-sensitive decisions.
	Develop the resource impact team to enable it to deliver the budget impact assessments as part of	Resource impact support statements were produced for the 63 company submissions received since April 2017.

Objective	Actions	Update
	the TA and HST programmes	
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 pilot programme (Improving Outcomes in Psychological Therapies)	Six IAPT assessment briefings have been delivered since April 2017, in line with planned performance. Two technologies were recommended for evaluation in practice, one for further development before evaluation, and two not recommended for evaluation. The remaining technology was ineligible for this programme, and the assessment published as a Medtech innovation briefing (MIB). A data specification has been developed for evaluation in practice in IAPT services.

Figure 1 Performance against plan for Health and Social Care Directorate key publication outputs for period April 2017 to March 2018

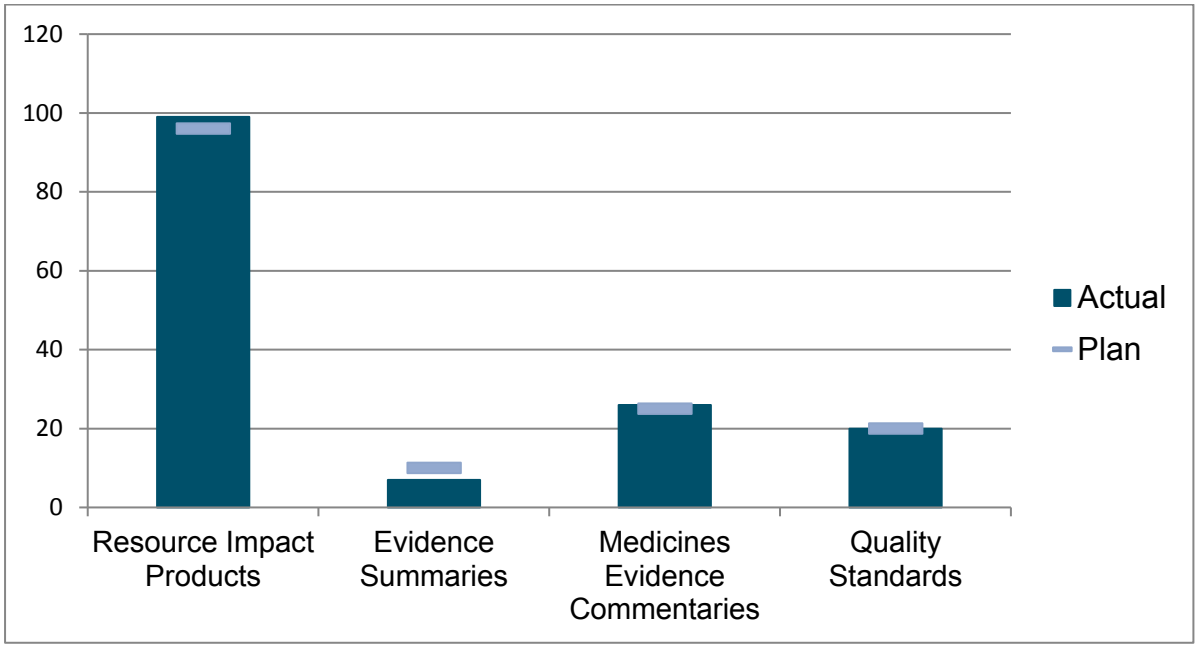
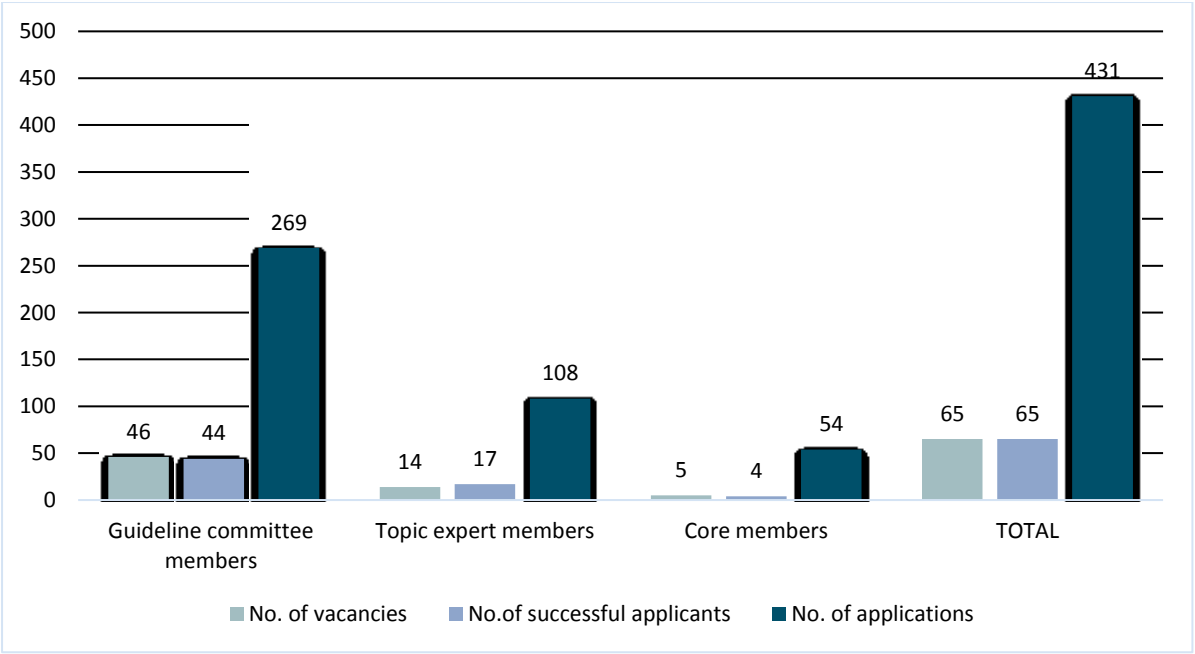


Figure 2 Patient & public committee member recruitment for the period April 2017 to March 2018



5. Overall, the ratio of applications to vacancies was 6.6:1; the target being 2:1 or greater. In addition 105 people were invited experts for NICE's committees and our Scientific Advice programme, and 15 people were invited to join QSAC committees as specialist members.

Notable Developments

6. This section includes significant developments or issues that occurred during March 2018 and April 2018.

Strategic Engagement

7. An engagement plan with associated metrics for activities in 2018/19 is outlined in appendix 3. The plan will support NICE in improving outcomes and achieving maximum impact across health, public health and social care at national, regional and local levels. The Board will receive an update on progress after 6 months.

Uptake of new drugs

8. A first draft of a pilot proposal to support the positioning and appropriate uptake of new drugs and new classes of drugs within a clinical pathway has been developed.

9. The product has two components: uptake data based on the innovation scorecard; and a brief summary of the attributes of medicines that determine place and uptake within a therapeutic class or pathway. The product is intended to be used in conversations to facilitate appropriate care and the optimum use of medicines.

10. We are engaging with the NHS Improvement GIRFT team to ensure this product aligns with existing structures and processes, particularly their medicines optimisation workstream and the NHS England medicines value programme.

Environmental impact of NICE guidance

11. NICE has been commissioned by NHS England, funded by the Sustainable Development Unit (SDU), to undertake a proof of concept project focussed on the environmental impact of NICE guidance. Current work is underway to provide environmental impact information for preference-sensitive guidance decisions, as part of a shared decision-making (SDM) product for patients and their healthcare professionals.

12. A draft decision aid on inhalers for use in asthma has been produced, which outlines different types of inhaler device, how to use them correctly, and their relative environmental impacts. The carbon footprint of pressurised metered dose inhalers is significant, which may be an important factor in choosing inhaler device for some patients. The draft decision aid is currently being reviewed by stakeholders.

13. This work brings together NICE's commitment on sustainability and shared decision making. It is also in harmony with programmes and initiatives being set up by other healthcare organisations, with the objective of reducing the carbon footprint of the NHS. Organisations include the Royal College of Physicians, which has set up a Healthcare Sustainability project team, and the British Thoracic Society, which recently issued a position statement on the environment and lung health.

Risks

14. No new risks have been identified for 2017/18 since the last report to the Board. Risks continue to be reviewed within the directorate and the risk register has been refreshed for 2018/19.

Appendix 1: Guidance published since April 2017

The table below provides a list of guidance and advice produced between April 2017 and March 2018. For the Health and Social Care Directorate this includes adoption support products (ASP), evidence summaries (ES), IAPT assessment briefings (IAB), medicines evidence commentaries (MEC), quality standards (QS) and social care quick guides (SCQG).

Guidance title	Publication date	Product
Asthma: diagnosis	Feb 2018	ASP
Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care	Jan 2018	ASP
Virtual chromoendoscopy (VCE) using NBI, FICE or i-scan to assess colorectal polyps of 5 mm or less during colonoscopy [implementation statement]	Dec 2017	ASP
SecurAcath for securing percutaneous catheters	June 2017	ASP
Evidence review: Gemcitabine plus capecitabine for adjuvant treatment in resected pancreatic cancer	December 2017	ES
Antimicrobial prescribing: Ceftazidime/avibactam	Nov 2017	ES
Evidence review: Zinc salts for Wilson's disease	Sept 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
FearFighter	March 2018	IAB
SHADE	March 2018	IAB
Space from Depression	Feb 2018	IAB
Deprexis	Jan 2018	IAB
OCD-NET	Jan 2018	IAB
MoodGym [delivered as an IAB and to be published as a Medtech Innovation briefing (MIB)]	Nov 2017	IAB
New MHRA drug safety advice: December 2017 to February 2018	March 2018	MEC

Guidance title	Publication date	Product
Comprehensive Geriatric Assessment: the feasibility of a strategy for specialist review of older people in their own home	March 2018	MEC
Shared decision-making: an updated three-talk model for the clinical consultation	Feb 2018	MEC
Sore throat: corticosteroids as an add on treatment	Jan 2018	MEC
Primary prevention of cardiovasculardisease: study finds that stati ns were often initiated with no knowledge of the person's risk	Jan 2018	MEC
Risk of relapse after stopping antidepressants in anxiety disorders	Jan 2018	MEC
New MHRA drug safety advice: September to November 2017	Dec 2017	MEC
Chronic pain: patient outcomes with dose reduction or discontinua tion of long-term opioid therapy	Nov 2017	MEC
Effect of antibiotic stewardship on the incidence of infection and colonisation with antibiotic-resistant bacteria and Clostridium difficile infection: a systematic review and meta-analysis	Nov 2017	MEC
Antibiotic prescribing: adverse events with antibiotic use in people who are hospitalised	Nov 2017	MEC
Risk of death among users of Proton Pump Inhibitors: a longitudinal observational cohort study of United States veterans	Oct 2017	MEC
Topical Corticosteroid Phobia in Atopic Dermatitis: A Systematic Review	Oct 2017	MEC
Switching to biosimilar infliximab in people with stable disease	Sept 2017	MEC
New MHRA drug safety advice: June to August 2017	Sept 2017	MEC
Patient preferences for cardiovascular preventive medication: a systematic review	Aug 2017	MEC
Hyperlipidaemia: clinical outcome data for evolocumab	Aug 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 multicompartment compliance aids in a UK community setting	June 2017	MEC
Depression treatment and mortality after myocardial infarction	June 2017	MEC
Statin therapy: could liver function monitoring be reduced	May 2017	MEC

Guidance title	Publication date	Product
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
Drug misuse prevention	March 2018	QS
Trauma*	March 2018	QS
Mental health of adults in contact with the criminal justice system	Feb 2018	QS
Parkinson's disease	Feb 2018	QS
Cerebral palsy in children and young people	Oct 2017	QS
End of life care for infants, children and young people	Sept 2017	QS
HIV testing: encouraging uptake	Sept 2017	QS
Physical health of people in prisons	Sept 2017	QS
Rehabilitation after critical illness in adults	Sept 2017	QS
Sepsis	Sept 2017	QS
Transition between inpatient mental health settings and community or care home settings	Sept 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
Getting help to overcome abuse	Feb 2018	SCQG
Helping to prevent infection	Jan 2018	SCQG
Discussing and planning medicines support	Nov 2017	SCQG

Guidance title	Publication date	Product
Understanding intermediate care, including reablement	Oct 2017	SCQG
Moving between hospital and home, including care homes	Sept 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 2017/18

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	NICE referenced in the new CQC health & adult social care assessment frameworks.
NHS England	NICE guidance, quality standards and other products are referenced in NHS England's Right Care 'intelligence' products	Complete	
NHS Improvement	Partnership agreement in place with NHS Improvement outlining an action plan around key activities for 2017/18	Complete	Partnership agreement drafted during 2017/18 and signed on 10 April 2018
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	
Skills for Care	NICE social care guidance and quality standards relevant to adults are all available on the Care Improvement Works (CIW) web resource	Complete	All of the Q3 newly identified NICE content for the CIW has now been added to the website. There is now a total of 39 NICE products on the CIW website.
Public Health England (PHE)	NICE guidance and quality standards are referenced in 80% of national level Public Health England publications where relevant	Complete	A review of PHE publications published 2017-18 undertaken and 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	Complete	NICE referenced in 5 LGA publications since April 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	NICE referenced in 5 ADPH newsletters since April 2017.

Regional / Local Metrics			
Care Quality Commission	NICE delivers 4 webinars and events to CQC inspectors covering health and social care		Completed 3 CQC area of interest conferences. Due to programme change by CQC, NICE did not take part in the 4th area of interest conference on dementia which was held in January 2018. Participation had previously been agreed with CQC.
NHS England	NICE guidance and quality standards are referenced within 80% of the implementation plans produced by the STP footprints	Complete	35 STPs were referencing NICE at end of last reporting period (February). 80% of STPs = 35 (total number STPs = 44).
NHS England	NICE guidance and quality standards are shown to have supported 7 'Vanguards' or new care models	Complete	8 achieved by the end of March 2018.
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)		6 examples achieved by the end of March. Some challenges in aligning priorities and also due to changes in Right Care teams and structures. A workshop was held to consider priorities and to plan for collaborative working in the North during 2018/19. A similar event is being planned in London.
Skills for Care	NICE featured in 7 regional events for social care run in conjunction with Skills for Care	Complete	Further events will continue to be identified if they happen.

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)	Complete	Target exceeded. At end of March 2018 806 additional subscribers have signed up to receive the monthly e-bulletin (this is after accounting for a data cleanse to remove out of date email addresses)
Local authorities	NICE guidance or quality standards used to commission social care in 5% of local authorities	Complete	Target exceeded and spread across the regions.
Local Authorities	NICE guidance, quality standards or indicators are used to support improvements in public health in 80% of Local authorities	Complete	Evidence has been found of 138 Local Authorities using NICE guidance, quality standards or indicators to support improvements in public health; 90% of the total 152 Local Authorities across England.
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)	Complete	At least 1 example of joint working with the PHE Regional Centres is available from each of the regions.

Above monthly target

Meets monthly target

Below monthly target (expected to reach target next month)

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

Appendix 3: Strategic Engagement Plan 2018/19

Health and Social Care Directorate

Strategic Engagement 2018-19

Engagement Objectives

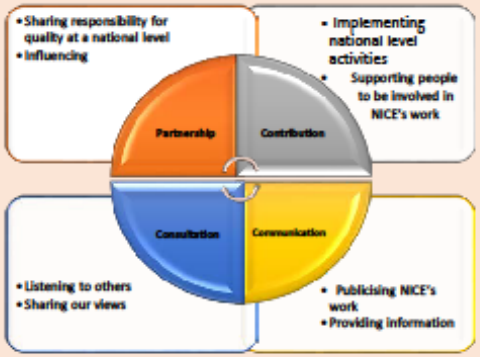
Two principal objectives have been identified for 2018/19:

1. Increase the profile of NICE and its work
2. Increase the use of NICE products

These will achieved by:

- Maintaining, refreshing and developing mutually beneficial relationships with key health and care organisations.
- Supporting continuous quality improvement initiatives with key organisations in health, public health and social care.
- Supporting innovation with key organisations in health, public health and social care.

Engagement Methods



In Scope

- Engagement activities with the identified 'umbrella' organisations and individuals.
- Significant in-year changes to legislation, policy or the structure of key organisations which necessitate a change in engagement.

Out of Scope

- Interactions with individual health and care organisations at a local level unless:
  - A specific request for support has been requested by the organisation **and/or;**
  - Significant changes occur in-year (see 'in scope') **and/or;**
  - Workforce capacity and funding enables additional activity to take place.

Governance

- The Strategic Engagement Oversight Group (SEOG) is the forum for agreeing annual strategic engagement objectives for NICE and for monitoring and reporting on progress. A separate Terms of Reference is in place for the group.

- Engagement activities are managed by a designated lead for each of the health, public health and social care sectors. Strategic and relationship leads facilitate implementation within that sector through a supportive coordination role.
- Engagement leads have also been identified for each of the cross-cutting themes:

Approach to Engagement

- Engagement activities for 2018-19 support the delivery of NICE's 'driver' and 'enabler' ambition outlined in the organisation's Business Plan.
- National level engagement activity will focus on achieving the driver ambitions, with regional and local engagement activities concentrating on enabling the design and effective delivery of health and care services.
- A balance of quantitative and qualitative metrics have been identified to reflect the relatively intangible and mutually dependent nature of relationships and joint working.
- Engagement activities have been specifically designed for each of the health, public health and social care sectors; and to cover the cross-cutting themes outlined in table 1.

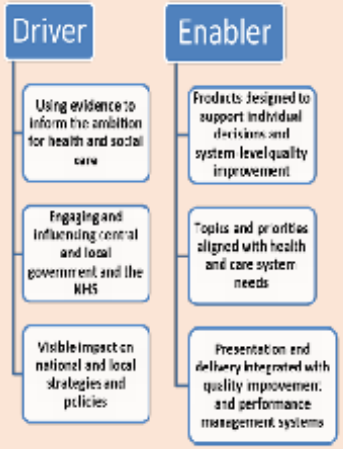


Table 1: Engagement Themes & Leads

Antimicrobial Resistance	Nick Crabb	**Maternity**	Nicola Bent
Brexit	Nick Crabb	**Mental Health**	Judith Richardson
Cancer	Mark Baker	**Patient Safety**	Kevin Harris
CVD Prevention	Judith Richardson	**Primary Care**	Judith Richardson
Finance & Efficiency / Productivity	Paul Chrisp	**Strengthening our Workforce**	Nicola Bent
Harnessing Technology & Innovation	Alexia Tonnel	**Urgent & Emergency Care**	Nicola Bent
Integrating Care Locally	Nicola Bent		

Health Sector Engagement 2018-19

Sector Lead: Nicola Bent

Focus Organisations

National

- Department of Health & Social Care
- NHS England (NHSE)
- NHS Improvement (NHSI)
- Care Quality Commission (CQC)

Regional & Local

- NHS England (regional teams including NHS RightCare)
- NHS Improvement (regional teams including GIRFT)
- Public Health England (regional teams and centres)
- Academic Health Science Networks (AHSNs)
- Sustainability and Transformation Partnerships (STPs) / Integrated Care Systems (ICSs)

Key Challenges

Key Opportunities

Strategic

- National Quality Board (membership changes)
- NHSE and NHSI - increasing integration and alignment of national programmes and activities and integration of regional teams from September 2018
- Academic Health Science Networks (increasing role)
- Getting It Right First Time (GIRFT)
- STPs

Engagement Priorities

Organisations	Priority	Priority Rationale	Key Workstreams	Key Metric/ Evaluation Criteria	Strategic Lead	Relationship Lead(s)	Key Strategic Meeting
• NHS England • NHS Improvement	• Defining Quality • Leadership for quality improvement	• National ambition to align the key principles of quality across the health sector	• NQB Shared Commitment to Quality	• A set of tangible outcomes for delivery during 2018/19 is approved at the NICE, NHSE and NHSI, NQB quality improvement round table event	Gill Leng	• Nicola Bent (NQB)	• National Quality Board • National Improvement Leadership and Development Board
• NHS England • NHS Improvement • Care Quality Commission • AHSNs • STPs / ICSs	• Quality Improvement	• National ambition to improve the quality of health care through better outcomes and reducing unwarranted variation	• STPs • GIRFT • NHS RightCare: - Pathways - High impact interventions - Logic models	• NICE guidance and quality standards are shown to have supported 11 STP programmes of work • 100% alignment of 2018/19 GIRFT reports with NICE guidance, standards and indicators • NICE guidance, quality standards or indicators are shown to have supported quality improvements in 4 AHSNs	Gill Leng	• Nicola Bent (Regional & Local/NHS RightCare) • Paul Chrisp (GIRFT)	• CEO Board • National Clinical Directors • NICE/NHSI Directors Engagement meeting • RightCare (CIG)
• NHS England • NHS Improvement • Health Education England	• Efficiencies	• National ambition to bring efficiencies across health care	• NICE Guideline and Resource Implementation Panel (GRIP) • Value Intervention Programme	• Where available, NICE guidance and advice is embedded in policies and incentives to decommission low value interventions	Gill Leng	• Paul Chrisp	• GRIP • Value Intervention Programme • Demand Board • Low Value Medicines Working Group
• Public Health England • NHS England	• System Priorities	• Supporting focus organisations to deliver their priorities	• Cardiovascular disease prevention (national) • Mental health (national)	• NICE Quality Standard statements are in the checklists developed by CQC in their 12 mental health care areas • Four mental health STP networks/ mental health networks are supported to increase their use of NICE guidance and quality standards to improve commissioning and provision of mental health services	Gill Leng	• Judith Richardson (National) • Nicola Bent (Regional & Local)	

Public Health Sector Engagement 2018-19

Sector Lead: Judith Richardson

Focus Organisations

National

- Public Health England (PHE)
- Association of Directors of Public Health (ADPH)
- Faculty of Public Health (FPH)
- Local Government Association (LGA)

Regional & Local

- Public Health England (regional teams)

Key Challenges

- Potential changes in public health remit at a national level

Key Opportunities

- Potential development of a national shared commitment to quality for the public health sector
- National focus on cardiovascular disease prevention
- Management of common infections (MoCI)
- Antimicrobial resistance (AMR)

Engagement Priorities

Organisations	Priority	Priority Rationale	Key Workstreams	Key Metric/Evaluation Criteria	Strategic Lead	Relationship Lead(s)	Key Strategic Meeting
• Public Health England				• Maintain references to NICE guidance and quality standards in 80% of Public Health England publications where relevant	Gill Leng	Judith Richardson	
• Public Health England	• Quality Improvement	• The prevention of cardiovascular disease is a national priority	• Linkages to care of those diagnosed with high blood pressure in the community (Matt Kearney)	• The draft UK CVD prevention audit and decision making tool published during 2018/19 includes NICE's CVD related indicators, guidelines and quality standards	Gill Leng	Judith Richardson	• NHS Prevention Board • CVD Strategic Leadership Forum • Points of Engagement CVD Thematic Sub Group • BHF
• Public Health England (regional teams)	• System priorities	• Support focus organisations to deliver their priorities at a regional and local level	• Linkages to care of those diagnosed with high blood pressure in the community (Matt Kearney)	• 7 examples of the NICE field team (and NICE Medicines Implementation Consultants as appropriate) working jointly with PHE regions/centres and other system partners to support Local Authority and STP/ICS use of NICE guidance and quality standards in meeting public health priorities	Gill Leng	Nicola Bent	
• NHS England	• Quality Improvement	• Workplace health emerging national focus	• CQUIN on workplace health 2017-19	• NHS England embed relevant NICE guidance and standards in their framework for NHS Employers around health and wellbeing in the workplace		Judith Richardson	
	• Quality Improvement	• Support LGA to deliver its public health priorities in local authorities		• 3 themed publications issued by the LGA reference NICE		Judith Richardson	

Social Care Engagement 2018-19

Sector Lead: Jane Silvester

Focus Organisations

National

- Department of Health and Social Care
- Department for Education (DfE)
- Care Quality Commission (central teams)
- Skills for Care (SfC)
- Association of Directors of Adult Social Services (ADASS)

Regional & Local

- STPs/ Accountable Care Organisations / Integrated Care Systems
- Care Quality Commission (regional teams)
- Skills for Care (regional teams)
- Local authorities (Adult Social Care)
- Care provider quality networks

Key Challenges

- Large and complex sector spanning public, private and voluntary sectors across both adult and children's services
- Low levels of awareness due to NICE's relatively recent role in producing social care guidance
- Reduction in social care funding
- Internal knowledge and confidence to engage strategically across the sector

Key Opportunities

Strategic

- Quality Matters (QM)
- Work with CQC to develop resource to support providers moving from "requires improvement" to "good"
- Social care Green Paper priorities

Regional

- Skills for Care regional managers networks

Engagement Priorities

Organisations	Priority	Priority Rationale	Key Workstreams	Key Metric/Evaluation Criteria	Strategic Lead	Relationship Lead(s)	Key Strategic Meeting
Department of Health and Social Care	• Quality Matters: A shared commitment to high-quality, person-centred adult social care	• Cross-sector initiative to improving quality	• QM priority 2	• Inclusion of 3 quality standards measures within the QM data framework	Gill Leng	Jane Silvester	• Quality Matters Board
Care Quality Commission	• Quality Improvement • System Alignment	• Improve the quality of adult social care	• Quality improvement resource (QIR)	• 10% of 'outstanding' social care inspection reports published in 2018/19 to reference NICE	Gill Leng	Jane Silvester	• CQC/NICE Biannual Oversight Meeting
Skills for Care	• Quality Improvement • Increase the use of NICE products	• Improve the quality of adult social care	• QM priority 4	• NICE features in 11 provider forum network events for social care providers	Gill Leng	Jane Silvester Nicola Bent (local/regional teams)	• SfC Chief Executive • Programme Head for Workforce Innovation
ADASS	• Quality Improvement • Increase the use of NICE products	• Improve the quality of adult social care	• QM priority 3	• Evidence of NICE guidance or quality standards being referenced in commissioning policies and contracts in 30 local authorities (20%)	Gill Leng	Jane Silvester Nicola Bent (local/regional teams)	• Quality Matters Board
Department for Education	• Increase the profile of NICE and its work • Increase the use of NICE products	• Reduce duplication • Improve the quality of children's services	• Horizon-scanning	• 1 piece of NICE guidance referenced within a DfE policy document	Gill Leng	Jane Silvester	• Meeting with DfE Directors