

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC BOARD MEETING

Wednesday 25 March 2020 at 1:30pm

AGENDA

- | | | |
|--------|---|----------|
| 20/019 | Apologies for absence
To receive apologies for absence | (Oral) |
| 20/020 | Exclusion of the press and public
To confirm the arrangements for the meeting | (Oral) |
| 20/021 | Declarations of interests
To declare any new interests and consider any conflicts of interest specific to the meeting | (Item 1) |
| 20/022 | Minutes of the last Board meeting
To approve the minutes of the Board meeting held on 29 January 2020 | (Item 2) |
| 20/023 | Matters arising
To consider matters arising from the minutes of the last meeting | (Oral) |
| 20/024 | Chief Executive's report
To receive the report
<i>Andrew Dillon, Chief Executive</i> | (Item 3) |
| 20/025 | Resources report
To review the report
<i>Catherine Wilkinson, Acting Director, Business Planning and Resources</i> | (Item 4) |
| 20/026 | Centre for Health Technology Evaluation topic selection
To review and approve the proposals
<i>Meindert Boysen, Director, Centre for Health Technology Evaluation</i> | (Item 5) |
| 20/027 | NICE guidelines programme: prioritisation of activities
To review the proposals
<i>Dr Paul Chrisp, Director, Centre for Guidelines</i> | (Item 6) |
| 20/028 | Widening the evidence base: the use of broader data and applied analytics in NICE's work
To review the report
<i>Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate</i> | (Item 7) |

- | | | |
|--------|--|-----------|
| 20/029 | NICE impact report: children and young people's healthcare
To receive the report
<i>Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate</i> | (Item 8) |
| 20/030 | Equality objectives
To approve the objectives
<i>Catherine Wilkinson, Acting Director, Business Planning and Resources</i> | (Item 9) |
| 20/031 | Appointment of a committee of the Board
To approve the proposal
<i>Andrew Dillon, Chief Executive</i> | (Item 10) |
| 20/032 | Audit and Risk Committee
To receive the unconfirmed minutes of the meeting held on 22 January 2020
<i>Dr Rima Makarem, Chair, Audit and Risk Committee</i> | (Item 11) |
| 20/033 | Director's report for consideration
Centre for Health Technology Evaluation | (Item 12) |
| | Directors' reports for information | |
| 20/034 | Centre for Guidelines | (Item 13) |
| 20/035 | Communications Directorate | (Item 14) |
| 20/036 | Evidence Resources Directorate | (Item 15) |
| 20/037 | Health and Social Care Directorate | (Item 16) |
| 20/038 | A short statement from the Chief Executive | (Oral) |
| 20/039 | 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 20 May 2020 (arrangements TBC)

Interests Register - Board and Senior Management Team

Name	Role with NICE	Description of interest	Interest arose	Interest ceased
Board Members				
Prof Tim Irish	Interim Chair	Life science assets held in a blind trust and managed by an independent trustee	2015	
		Professor of Practice, King's College London's School of Management / Business and a paid consultant to King's Commercialisation Institute.	2017	
		Non-Executive Director, Life Sciences Hub Wales Ltd.	2017	2019
		Chairman and Non-Executive Director, Quirem Medical BV Supervisory Board.	2015	
		Non-Executive Director, Fiagon AG.	2017	
		Non-Executive Director, eZono AG.	2018	
		Non-Executive Director, Feedback plc.	2017	
		Non-Executive Director, Styrene Systems Ltd.	2017	2019
		Board Member, Pistoia Alliance Advisory Board.	2017	2019
		Non-Executive Director, Pembrokeshire Retreats Ltd.	2006	
		Non-Executive Director, ImaginA b Inc.	2019	
		Non-Executive Director, Rutherford Health Plc	2019	
Prof Sheena Asthana	Non-Executive Director	Trustee of Change Grow Live (charity).	2017	
		Member of the Advisory Committee on Resource Allocation (NHS England).	2017	
		Professor of Health Policy, University of Plymouth	2004	
Prof Martin R Cowie	Non-Executive Director	Consultancy payments for the membership of Steering committee/DSMBs/Endpoint committees related to Global Clinical Trials or Registries: XATOA, COMPASS, COMMANDER-HF (Bayer); SHIFT, QUALIFY, OPTIMIZE (Servier); RELAX-Region Europe, PARALLAX, VERIFY (Novartis); COAST (Abbott); COAST-AHF (Neurotronik); FIRE1 system (FIRE1); SERVE-HF (ResMed).	2016	

		Associate Editor honoraria from Heart (BMJ Publications) and Journal of the American College of Cardiology.	2016	
		Research grants to Imperial College London to support investigator-led research projects (ResMed; Bayer; Abbott; Boston Scientific; NIHR; British Heart Foundation).	2016	
		Fellowships of the Royal College of Physicians of London and Edinburgh, and of the European Society of Cardiology, the Heart Failure Association of the European Society of Cardiology, and the American College of Cardiology.	2016	
		Chair of the Digital Committee of the European Society of Cardiology, and Member of the Digital Committee of the British Cardiovascular Society.	2016	
		Member of the Advocacy Committee of the European Society of Cardiology.	2016	2020
		Member of the Medical Advisory Board of the patient charity: the Pumping Marvellous Foundation.	2016	
		Trustee of the Atrial Fibrillation Association (patient charity).	2019	
		Adviser, BMJ Best Practice	2019	
Elaine Inglesby-Burke CBE	Non-Executive Director	Chief Nursing Officer, Northern Care Alliance NHS Group (Salford Royal NHS Foundation Trust and Pennine Acute NHS Trust).	2004	
		Board Member – AQuA (Advancing Quality Alliance).	2012	
		Professional Advisor (Secondary Care) Governing Body – St Helens CCG.	2014	2019
		Trustee – Willowbrook Hospice, Merseyside.	2007	
Dr Rima Makarem	Interim Vice Chair and Senior Independent Director	Audit Chair & Non-Executive Director, University College London Hospitals NHS Foundation Trust (UCLH).	2012	2019
		Chair, National Travel Health Network & Centre (NaTHNaC).	2015	2019
		Trustee at UCLH Charity.	2013	2019
		Independent Council Member at St George's University of London.	2016	2019
		Non-Executive Director and Audit Committee Chair, House of Commons Commission.	2018	
		Non-Executive Director, The Hillingdon Hospitals NHS Foundation Trust.	2019	2019
		Lay Member, General Pharmaceutical Council.	2019	

Tom Wright CBE	Non-Executive Director	Chief Executive, Guide Dogs.	2017	
		Trustee, Doteveryone charity.	2017	2019
		Chairman, Leeds Castle Enterprises and Trustee, Leeds Castle Foundation.	2019	
		Chairman, Imperial War Museum Development Trust.	2019	
Senior Management Team				
Sir Andrew Dillon	Chief Executive	Trustee, Centre for Mental Health charity.	2011	
		Visiting Professor at Imperial College London.	2016	
Ben Bennett	Director Business Planning & Resources	None.		
Meindert Boysen	Director Centre for Health Technology Evaluation	Member of the Board of Directors for the International Society for Pharmacoeconomics and Outcomes Research.	2017	
		Member of the International Advisory Panel for the Agency for Care Effectiveness (ACE) in Singapore.	2019	
Paul Chrisp	Director Centre for Guidelines	Spouse works in medical communications offering services to a range of pharmaceutical companies.	2009	
Jane Gizbert	Director Communications	Non-Executive Director Tavistock and Portman NHS Mental Health Trust.	2014	2019
Prof Gillian Leng	Deputy Chief Executive and Health and Social Care Director	Honorary Librarian and Trustee at the Royal Society of Medicine.	2013	2020
		Editor of the Cochrane EPOC Group.	2012	2020
		Visiting Professor at the King's College London.	2012	
		Association Member BUPA.	2013	2019
		Chair - Guidelines International Network (GIN).	2016	
		Spouse is an Executive Director at Public Health England.	2013	

Alexia Tonnel	Director Evidence Resources	None.		
Catherine Wilkinson	Acting Director, Business Planning and Resources	Trustee, Age UK, Lancashire	2018	

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
**Public Board Meeting held on 29 January 2020
at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY
Unconfirmed**

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 Tim Irish	Interim Chair
Professor Sheena Asthana	Non-Executive Director
Professor Martin Cowie	Non-Executive Director
Elaine Inglesby-Burke	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
Alexia Tonnel	Evidence Resources Director

Directors in attendance

Paul Chrisp	Centre for Guidelines Director
Jane Gizbert	Communications Director
Catherine Wilkinson	Acting Business Planning and Resources Director

In attendance

Mirella Marlow	Deputy Centre for Health Technology Evaluation Director
David Coombs	Associate Director – Corporate Office (minutes)

20/001 APOLOGIES FOR ABSENCE

1. Apologies were received from Meindert Boysen.

20/002 DECLARATIONS OF INTEREST

2. The previously declared interests recorded on the register were noted, and it was confirmed there were no conflicts of interest relevant to the meeting.

20/003 MINUTES OF THE LAST MEETING

3. The minutes of the Board meeting held on 20 November 2019 were agreed as a correct record.

20/004 MATTERS ARISING

4. The Board reviewed the actions arising from the public Board meeting held on 20 November 2019 and noted that:
 - Updates will be provided to the Board on the implementation of the data analytics statement of intent.
 - The updated indicator process guide has been published.
 - Outcomes data will be included in the impact reports where available and the cancer drugs fund will be referenced where applicable.
 - The new director for science, evidence and analytics post will shortly be advertised.
 - The updated Charter will be published alongside the NICE Principles.
 - A future health and social directorate progress report will include an update on NICE's engagement with the NHS England/Improvement regional directors.

20/005 CHIEF EXECUTIVE'S REPORT

5. Andrew Dillon presented his report which provided an update on the main programme activities and a summary of the financial position at the end of December 2019. At the end of this period, finance and operational performance is on track.
6. In response to a question from the Board, Mirella Marlow gave a brief update on NICE's pilot evaluation of 5 digital health technologies. The Medical Technologies Advisory Committee were due to discuss the first topic at their meeting in January, but this was postponed due to circumstances beyond NICE's control. It will now be discussed at the Committee's next meeting in February.
7. The Board received the report.

20/006 FINANCE AND WORKFORCE REPORT

8. Catherine Wilkinson presented the report which outlined the financial position at 31 December and provided an update on workforce developments. At the end of this period there was a £2m underspend. This is forecast to reduce by the year-end due to cost pressures around NICE Connect and the move to the new London office, including a proposal to be discussed later in the meeting to purchase laptops and associated equipment. Catherine highlighted the update on workforce developments in the report, including the work to bring recruitment in house.

9. Board members asked a series of questions on the report, including about the risks to the income from technology appraisal (TA) and highly specialised technologies (HST) cost recovery, the arrangements for budget setting given the pay underspend, and the approach to talent management. In response, Catherine confirmed that there is a measured approach to budget setting, which factors in a likely vacancy rate. In addition, budgets are reviewed throughout the year, with underspends from vacancies centralised and reallocated as appropriate. Companies' positive engagement with the new TA/HST cost recovery arrangements was noted. In relation to talent management, Catherine noted there will be a people, resources and governance strand of NICE Connect which will map current skills and identify gaps.
10. The Board received the report.

20/007 WORKING WITH WALES TO IMPLEMENT NICE GUIDANCE

11. Gill Leng welcomed Chris Connell and Julie Vile from the Field Team who presented the report that summarised NICE's current engagement with the health, public health and social care sectors in Wales and future objectives for this work. Chris noted that Julie's appointment as NICE's first implementation facilitator for Wales has enabled NICE to drive forward its engagement with the Welsh health and care system in a systematic way. Recent successes include establishing links with the medical directors in the health boards and NHS trusts, and setting up a Welsh NICE health network with clinical and governance representatives from these organisations. Julie noted the priorities for future work, including strengthening relations with Health Improvement Wales.
12. The Board noted the report and supported the planned activities. It was suggested that it would be helpful to seek feedback from partners in Wales on the Field Team's activities and whether this is focused on the right areas. This could take place in the summer once Julie had been in post for 18 months.

ACTION: Gill Leng

13. A member of the audience asked whether NICE is developing links with Care Inspectorate Wales. Julie stated that over the coming months she hoped to develop this relationship to reflect that with Health Improvement Wales.

20/008 IMPACT REPORT: DEMENTIA

14. Gill Leng presented the impact report on how NICE's evidence-based guidance contributes to improvements in dementia care. The report highlighted a mixed picture: for example, while the number of people recorded with a diagnosis of dementia has increased, NHS Digital data estimates that only two thirds of people aged 65 of older with dementia have a formal diagnosis.
15. Board members welcomed the inclusion of data on people's experience of care and support, although there was disappointment at the level of satisfaction

reported. Given that much social care support is provided within families or privately commissioned, it was suggested there could be gaps in social care data sets which make it difficult to evaluate the impact of NICE's guidance. Gill Leng highlighted that NICE is working with national partners as part of the Quality Matters initiative to identify suitable social care measures and the means to collect this data.

16. The increase in the number of short stay emergency admissions for people with dementia was noted and it was suggested that it may be helpful to look at how NICE guidance could inform decision making in emergency departments to address this.
17. The Board noted and welcomed the report. It was agreed that data on people's experience of care should be included in future impact reports where possible, with care taken to ensure the colour schemes within the reports easily distinguish the different categories in charts and visuals, and that the data is consistent across the report.

ACTION: Gill Leng

20/009 CHAIR AND CHIEF EXECUTIVE APPOINTMENTS

18. Andrew Dillon provided a brief verbal update on the current Chair and Chief Executive recruitment. Following interviews in October, it is understood that the Secretary of State for Health and Social Care has identified a proposed appointee for the Chair role. This now awaits final approval. Interviews for the Chief Executive were held earlier this week; the process is now paused to enable the incoming Chair to engage with the appointment process.

20/010 AUDIT AND RISK COMMITTEE MINUTES

19. Dr Rima Makarem, chair of the Audit and Risk Committee, presented the unconfirmed minutes of the committee's meeting on 28 November 2019. She advised that the Committee has since met in January, at which it was noted that the losses from train ticket cancellations were lower than reported to the Committee in November.
20. Following the Committee's review of the risks around the London office move at its meeting in January, Alexia Tonnel and Catherine Wilkinson updated the Board on the risks around the IT infrastructure. The key issues relate to ensuring that the common IT solution meets NICE's requirements and the AV facilities are confirmed in time to ensure they can be replicated in the Manchester office. It was noted that an experienced project manager is in place, with support from the Department of Health and Social Care for this flagship project.
21. The Board received the unconfirmed minutes.

20/011 MINOR AMENDMENTS TO THE NICE PRINCIPLES

22. Andrew Dillon presented the proposed minor amendments to the NICE Principles. Following the Board's approval of the Principles in November 2019, final pre-publication checks identified that it would be helpful to include more detail on how NICE aims to reduce health inequalities. The additional text, under principle 9, is based on the Social Value Judgements (SVJ) and relates to how NICE considers conditions associated with stigma and behaviour-dependent conditions.
23. The Board approved the revised document subject to minor grammatical changes to paragraph 30 to clarify the references to stigma.

ACTION: Andrew Dillon

20/012 DIRECTOR'S REPORT FOR CONSIDERATION

24. Paul Chrisp presented the update from the Centre for Guidelines and highlighted points of note including the proposed revised approach to surveillance and updating guidelines, in which standing committees would work across multiple guidelines in broad topic areas to maintain living guidance. This would involve consolidating overlapping recommendations across a care pathway and working with stakeholders to identify priority areas to update. The ongoing collaboration with the Office for National Statistics to explore an automated method to identify related recommendations across related guidelines will support this work.
25. The Board noted the report and thanked Paul for the Centre's work. The importance of ensuring clinical buy-in to the new approach was highlighted, and it was confirmed that the terms of reference for any new standing committee would be brought to the Board.

ACTION: Paul Chrisp

20/013 – 20/016 DIRECTORS' REPORTS FOR INFORMATION

26. The Board received the Directors' Reports.

20/017 LAPTOPS AND WORKSTATIONS: NEW EQUIPMENT FOR A NEW MOBILE WORKING ENVIRONMENT

27. Alexia Tonnel presented the proposal to purchase laptops, docking stations and softphones as part of the preparations for the move to the new London office, with the associated changes replicated across the rest of the organisation. She noted that a decision is required in short order as there is an opportunity to access funds for a bulk purchase in the current financial year using the current underspend, and to embed the new ways of working before the move to Stratford. The Department of Health and Social Care have indicated it would be appropriate to use the underspend in 2019/20 to purchase the required equipment. The Board's approval is required as the expenditure is not in NICE's business plan for 2019/20.

Alexia stated that the total figure in the report, £650k, is a maximum, and purchasing decisions will be guided by the need to ensure the best use of public funds and will take account of the varying needs of staff.

28. Tom Wright stated that he understood and supported the direction of travel but queried whether the full budget requested was necessary. He noted the report identified three different groups of staff user and stated that cheaper alternatives may be more suitable for, or preferred by, some staff. He also highlighted the need for capacity within the IT department to configure and roll-out the proposed quantity of laptops.
29. Following discussion, the Board approved the proposal to spend up to £650,000 from the 2019/20 underspend on laptops, docking stations and softphones as set out in the paper. It was confirmed this was the maximum expenditure, and that any spending decisions would ensure value for public funds and recognise differing staff needs. It was agreed that the Board should receive information on the approach taken to ensure staff are allocated the most appropriate equipment for their role.

ACTION: Alexia Tonnel

20/018 ANY OTHER BUSINESS

30. None.

NEXT MEETING

31. The next public meeting of the Board will be held at 1.30pm on 25 March 2020 at Wythenshawe Hospital, Manchester, M23 9LT

National Institute for Health and Care Excellence

Chief Executive's report

This report, my last as Chief Executive, provides information on the outputs from our main programmes for the 11 months to the end of February 2020 and on our financial position for the same period, together with comment on other matters of interest to the Board.

I would like to offer my congratulations to Gill Leng who has been appointed as Chief Executive and Shar Nebhrajani who has been appointed as Chair and to wish them both every success.

The Board is asked to note the report.

Andrew Dillon
Chief Executive
March 2020

Introduction

1. This report sets out the performance of the Institute against its business plan objectives and other priorities, and for income and expenditure for the 11 months to the end of February 2020. The report notes the guidance published since the last public Board meeting in January and refers to business issues not covered elsewhere on the Board agenda.
2. The report also contains a report on the performance of the Science, Advice and Research programme in Appendix 5.

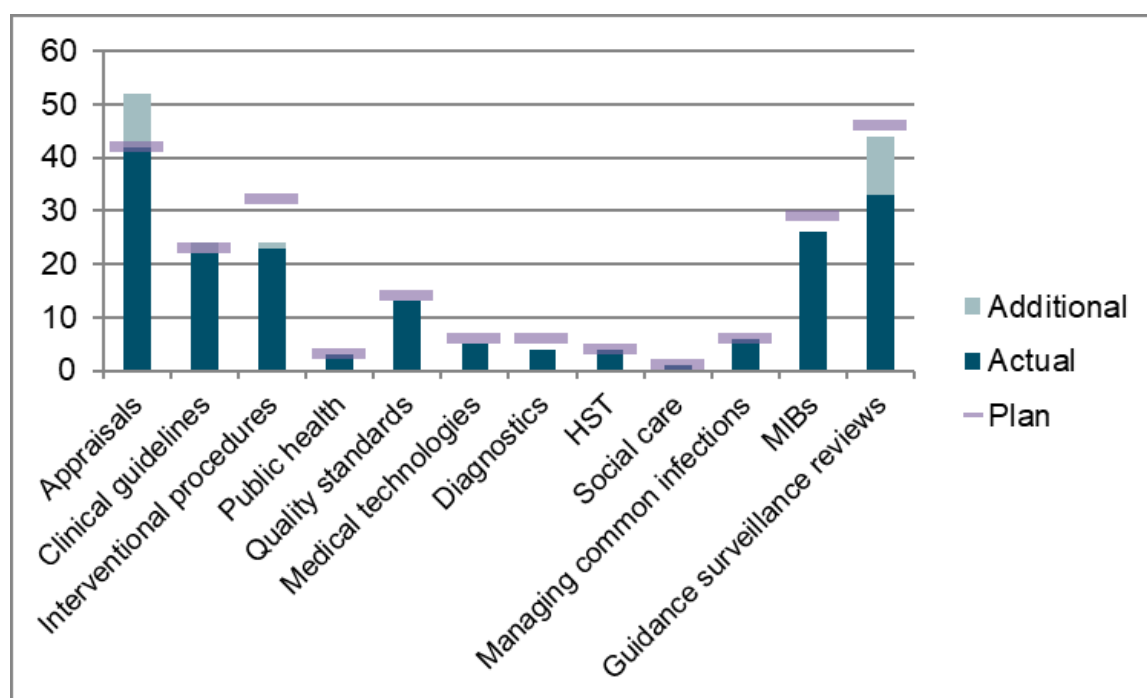
Coronavirus

3. The Senior Management Team has reviewed the impact of the spread of Coronavirus on our staff and our programmes. Our response is to focus our available capacity on therapeutically critical topics and work directly related to helping the health and care system deal with patients admitted with coronavirus-related illness. This includes a series of short guidelines on the management of patients being treated in certain clinical settings, which are being produced at a rate of 3 each week. Focussing on these priorities will ensure that we will meet the most urgent needs of patients and service users whilst avoiding burdening the health and care system with other important, but currently less urgent advice.
4. The organisation has, with effect from 20 March moved to working from home for all staff, until further notice. Our London and Manchester offices have been closed until further notice. Redesigning our working arrangements to facilitate remote working in such a short period has only been possible with the support and cooperation of our staff and I wish to pay tribute to them for their response to an unprecedented challenge.
5. These arrangements are under constant review by a special Coronavirus Response Group and the Senior Management Team, which are both meeting daily. I will provide an oral update for the Board at the meeting on 25 March.
6. As a result of the disruption to our normal working arrangements caused by coronavirus, we have advised our colleagues in the Department of Health and Social Care that we will not be able to submit our business plan as planned, at the end of this month. We will need to review our key business objectives, including our programme outputs and the risk register and bring a revised version to the Board, probably in May.

Performance

7. The current position against a consolidated list of objectives in our 2019-20 business plan is set out in Appendix 1.
8. 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 2019 and February 2020 is set out in Chart 1.

Chart 1: Main programme outputs: April 2019 to February 2020



[download the data set for this chart](#)

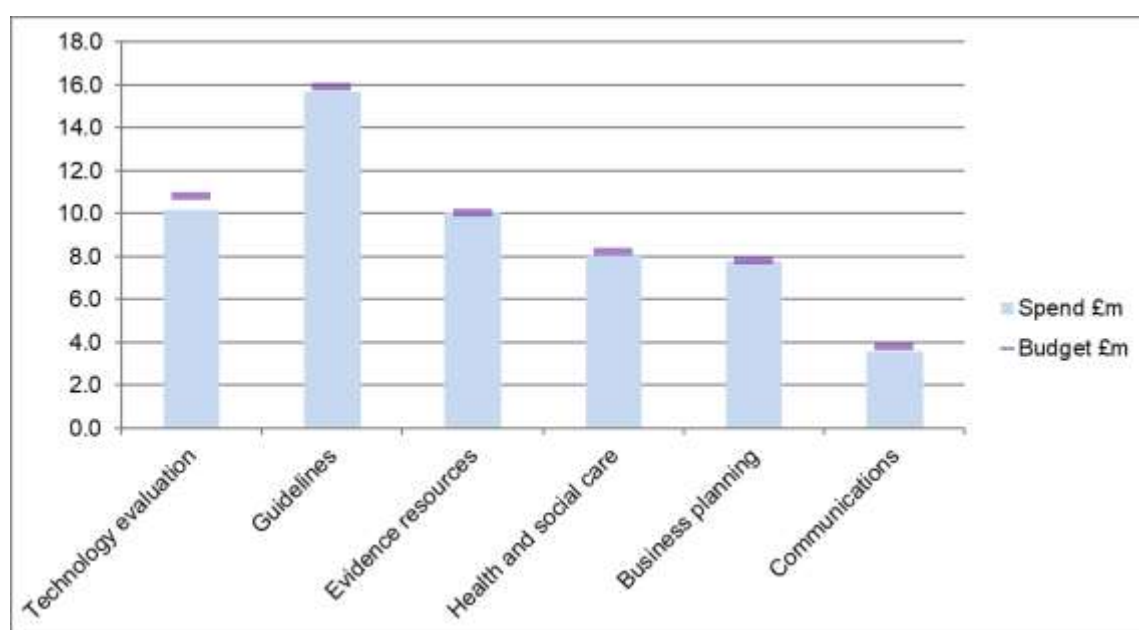
Notes to Chart 1:

- a) HST refers to the highly specialised technologies programme (drugs for very rare conditions)
 - b) MIBs (medtech innovation briefings) are reviews of new medical devices
 - c) Guidance surveillance reviews provide the basis for decisions about whether to update current NICE guidance
 - d) The variance is the difference between the target output for the reporting period, as set out in the business plan and the actual performance
 - e) '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
9. 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 January is set out Appendix 4.

Financial position (Month 11)

10. The financial position for the 11 months from April 2019 to the end of February 2020 is an under spend of £1.7m (3%), against budget. This consists of an under spend of £1.2m on pay and an overspend of £0.1m on non-pay budgets, supported by an over-recovery of £0.5m on income. The position of the main budgets is set out in Chart 2. Further information is available in the Business Planning and Resources Director's report, including a detailed report on the recovery of costs for the technology appraisal and highly specialised technologies programmes.

Chart 2: Main programme spend: April 2019 to February 2020 (£m)



[download the data set for this chart](#)

Appendix 1: Business objectives for 2019-20

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 2019-20.

Deliver and support the adoption of accessible, up to date and adaptable advice, fully aligned to the needs of our users	Delivery date	Progress update
<ul style="list-style-type: none"> Deliver guidance, standards, indicators and evidence products and services, in accordance with the schedule set out in the business plan and the balanced scorecard, including the planned increases in the technology evaluation programmes 	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> Details of the main programmes' performance against plan, including explanations for any variances are set out elsewhere in this report.
<ul style="list-style-type: none"> Subject to evaluation of the NICE Connect project pilot, develop a business case and programme plans for the next phase of the project 	<ul style="list-style-type: none"> End of Q3 	<ul style="list-style-type: none"> The NICE Connect case for change was considered and endorsed by the Board in September. Progress is being made to realise the guidelines programme vision and strategy, particularly around prioritising referrals and updates, and the delivery of integrated guidance prototypes produced and tested with users. A NICE Connect business plan has been developed for 2020/21.
<ul style="list-style-type: none"> Undertake a review of the topic selection arrangements for the HST programme and methods guides for the technology evaluation programmes 	<ul style="list-style-type: none"> End of Q4 	<ul style="list-style-type: none"> The steering group (comprising NICE, NHS England and DHSC) and working group (involving these bodies as well as the main industry and patient group stakeholders) are meeting approximately monthly. Task and finish groups are commissioning methodological work from academic expert groups. A dedicated page on the NICE

		website has been created, and webinars for patient groups and industry have been held. Detailed plans for engagement with the NICE Board and public consultation are being developed.
<ul style="list-style-type: none"> Review and update the guidelines methods and process manual to determine the optimal development path and timeline for guideline development in the context of the NICE Connect project 	<ul style="list-style-type: none"> End of Q4 	<ul style="list-style-type: none"> Work is ongoing with other NICE teams and external guideline developers to identify priority areas for update to the methods and process manual. This will be reflected in the Connect methods, process and analytics expert group. The expert group includes workstreams on prescribing pathways, surveillance and wording of recommendations.
<ul style="list-style-type: none"> Maintain and monitor performance of NICE Evidence Services (CKS, HDAS, BNF microsites, Evidence Search, Medicines Awareness Service), with investment in new features on a strictly needed basis 	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> Over the last two months, negotiation has continued on the England-wide licence to access the Cochrane library as the current licence ends in April 2020. An agreement for the next three years has now been reached, subject to contract. Work to upgrade the technology and infrastructure that supports the medicines awareness service is complete and implemented.
<ul style="list-style-type: none"> Enable access to the new national core content and procure any additional content in line with Health Education England's (HEE) commissioning decisions 	<ul style="list-style-type: none"> Q1 	<ul style="list-style-type: none"> Complete. We have agreed a 2 year contract extension for the Identity Provider and Access Management Federation (OpenAthens) contract until May 2022.

<ul style="list-style-type: none"> Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision-Making Collaborative 	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> A new action plan is being developed following a meeting of the Shared Decision-Making Collaborative in June 2019, setting actions for NICE and other Collaborative members.
<ul style="list-style-type: none"> Deliver a range of tools and support for the uptake of NICE guidance and standards, including adoption support products, endorsement statements, and shared learning examples 	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> Tools and support have been delivered as planned. Further information is available in the Health and Social Care Director's report. Adoption support products are being refreshed as part of the NICE Connect project.
<ul style="list-style-type: none"> Evaluate the most effective social and multimedia channels currently used to promote NICE's work 	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> An evaluation of our social media work is underway and is expected to be ready for wider distribution and discussion in Q4.
<ul style="list-style-type: none"> Evaluate the scope to improve the recruitment and retention of advisory committee members 	<ul style="list-style-type: none"> End of Q2 	<ul style="list-style-type: none"> New digital platforms have been used to promote opportunities for committee members, and ways of being more proactive about recruitment are being explored in CHTE.
<p>Play an active, influential role in the national stewardship of the health and care system</p>	<p>Delivery date</p>	<p>Progress update</p>
<ul style="list-style-type: none"> Work with NHS England and other health and care system partners to support the implementation of the NHS long term plan 	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> We have mapped areas of NICE's work to the implementation arrangements for the Long-Term Plan (LTP) and are working with NHS England to ensure NICE guidance is appropriately reflected. The senior management team review NICE's support for the implementation of the LTP quarterly.

<ul style="list-style-type: none"> Explore with NHS England the options for a digital health technology evaluation workstream, building on the Evidence for Effectiveness standards 	<ul style="list-style-type: none"> End of Q2 	<ul style="list-style-type: none"> One of the four apps identified as pilot topic, Zio ® XT, a continuously recording, wire-free heart monitor, was considered by the Medical Technologies Advisory Committee in February.
<ul style="list-style-type: none"> Subject to the UK's EU exit arrangements, design and put in place changes to our current technology appraisal process in order to secure consistency with UK regulatory arrangements 	<ul style="list-style-type: none"> End of Q2 	<ul style="list-style-type: none"> Joint development work on aligning publication timelines for NICE guidance on new medicines with regulatory timelines agreed by the Medicines and Healthcare products Regulatory Agency (MHRA) continues, in order to maintain timely patient access to effective new medicines and technologies. The combined impact of exiting the EU and impending changes to European device regulations on NICE's guidance recommendations for medical devices and diagnostics is being closely monitored.
<ul style="list-style-type: none"> Commission a bi-annual NICE reputation research project to assess our key stakeholders' views of NICE and our work, and conduct specific and targeted audience research on key issues that contribute to meeting corporate business objectives and implementation of NICE guidance 	<ul style="list-style-type: none"> End of Q2 	<ul style="list-style-type: none"> The reputation research project is complete The first stage of our implementation study to explore stakeholder expectations of our implementation offer is nearing completion. We have carried out strategic interviews with key internal stakeholders and external partners at national organisations and are currently identifying the emerging themes.
<ul style="list-style-type: none"> Deliver a suite of activities to mark NICE's 20th anniversary 	<ul style="list-style-type: none"> End of Q1 	<ul style="list-style-type: none"> Complete.

Take advantage of new data sources and digital technologies in developing and delivering our advice	Delivery date	Progress update
<ul style="list-style-type: none"> Develop and establish a long term data analytics strategy for NICE together with a framework for the appropriate use of data analytics across NICE's programmes, and facilitating a national leadership in the field 	<ul style="list-style-type: none"> End of Q3 	<ul style="list-style-type: none"> A 'Statement of Intent' has been developed and agreed by the Board, setting out how we aim to use data analytics in our future work. The implications of this work on methods and processes are being picked up by the methods, process and analytics Connect expert group. A new director for Science, Evidence and Analytics to lead this work has been advertised, with interviews in April 2020.
<ul style="list-style-type: none"> Identify digital investment priorities, and their sequencing, to align with the NICE Connect project transformation work, reviewing the roadmap quarterly 	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> Work with a consultancy to create our future Target Operating Model (TOM) for an integrated IT and digital services team completed. Work to implement the new model and communicate the team strategy will continue until the summer. Planning a transition from our current managed IT service provider following their serving notice. Working with the Stratford 2020 IT working group and programme manager to plan the technical considerations and wider impact of the London office move for NICE. Working with a strategic partner to support the development of a data management and records management strategy for NICE and to work with our internal team on the roll out of Office 365 and move towards a digital

		<p>workplace. This work will be ongoing until end April.</p> <ul style="list-style-type: none"> • Planning the provision of NICE-wide training on Microsoft Teams and the support the roll-out of laptops to the organisation. • Progress has continued on a range of digital services projects including work on our evidence management platform, our identify management solution, our existing pathways site.
<ul style="list-style-type: none"> • Manage and maintain the live digital services of NICE utilising user insight and strategic service goals to prioritise use of resource 	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • Usual activity of defect resolution and responding to change requests continues.
Generate and manage effectively the resources needed to maintain our offer to the health and care system	Delivery date	Progress update
<ul style="list-style-type: none"> • Deliver performance against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets 	<ul style="list-style-type: none"> • End of March 2020 	<ul style="list-style-type: none"> • We will deliver a grant-in-aid underspend which means that we expect to remain within the tolerance agreed with DHSC for the transition year to the full cost recovery for technology appraisal and highly specialised technologies. • NICE Scientific Advice is on-track to exceed the 2019/20 income targets, which include a full contribution to NICE's overheads. • A concurrent NICE Scientific Advice service has been launched to allow companies to obtain highly valued advice from NICE within the same timelines as advice received from the European Medicines Agency (EMA) and EUnetHTA partners.

<ul style="list-style-type: none"> • Introduce charging for technology appraisal and highly specialised technologies and recover the target income for 2019/20 	<ul style="list-style-type: none"> • From 1 April 2019 	<ul style="list-style-type: none"> • As above: charging systems are now fully operational. Income is slightly below target at the end of the financial year.
<ul style="list-style-type: none"> • Deliver existing grant funded research projects to plan and timetable and secure a pipeline of new projects for 2020/21 	<ul style="list-style-type: none"> • End of March 2020 	<ul style="list-style-type: none"> • Science Policy and Research income is on target for the final quarter of 2019/20. Several projects extend to future years (some to 2023), with funding for the next 2 years secured at comparable levels to 2019/20. Existing projects are being delivered to plan.
<ul style="list-style-type: none"> • Promote our capacity for knowledge sharing with international organisations interested in NICE’s expertise and experience, including the re-use of NICE’s published content outside of the UK 	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • The NICE International team received 24 new enquiries and delivered 6 international engagements including hosting a 2-day knowledge transfer visit by the Danish Centre for Social Research and a further 2-day knowledge transfer visit for the Danish Medicines Council. A further 19 enquiries are currently in progress or are yet to be confirmed. Work with the Centre for Guidelines on potential guideline contextualisation projects is ongoing. A scoping visit to Egypt took place in March. • In the last two months, the team received 58 requests to re-use NICE content. Eight content licences and one syndication licence were signed. The total income invoiced year to date is £111,340.

Support the UK's ambition to enhance its position as a global life sciences destination	Delivery date	Progress update
<ul style="list-style-type: none"> Make preparations to implement the commitments of the 2019 Voluntary Scheme for Branded Medicines Pricing and Access related to NICE so that (i) all new active substances and drugs with significant licence extensions will be appraised, except where there is a clear rationale not to do so, by April 2020; (ii) NICE is able to publish recommendations on non-cancer drugs within 90 days of licensing to match the timescales for cancer drugs (ongoing) 	<ul style="list-style-type: none"> End of Q4/on-going 	<ul style="list-style-type: none"> Capacity constraints in the technology appraisal programme as a result of lower than expected adoption of the opportunities provided in the new 'technical engagement process', challenges in aligning the appraisal process with arrangements for commercial and managed access, and a high vacancy rate have meant that for a small number of topics NICE cannot guarantee a second or subsequent committee meeting within a timeframe that might otherwise have been expected, impacting the ability to publish timely guidance.
<ul style="list-style-type: none"> Deliver the actions set out for NICE in the Government's Life Sciences Sector Deals and significantly increase the number of evaluations of these health tech products conducted, giving greater scope for considering different types of innovation, including digital products. 	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> Confirmation has been received from the Department of Health and Social Care that the expansion of the Medical Technologies and Diagnostics programmes will be funded. Recruitment to the newly created posts has started. Work on the development of the Innovator Portal has started, with NICE as a key partner to ensure that the HealthTech Connect offer continues to align with overall ambitions of the Accelerated Access Collaborative.
<ul style="list-style-type: none"> Prepare a final case for establishing a not for profit organisation delivering fee for service advisory and educational programmes, aligned to NICE's public task 	<ul style="list-style-type: none"> End of Q3 	<ul style="list-style-type: none"> The Board agreed in June that the original proposal was not viable and to stand down planning for the proposed entity.

Maintain a motivated, well-led and adaptable workforce	Delivery date	Progress update
<ul style="list-style-type: none"> Ensure that all staff have clear objectives supported by personal development plans 	<ul style="list-style-type: none"> End of Q1 	<ul style="list-style-type: none"> Each directorate has an individual business plan and that is cascaded into individual objectives which links to the annual appraisal and informs personal development plans.
<ul style="list-style-type: none"> Actively manage staff engagement and morale with the objective of ensuring that the global job satisfaction index in the annual staff survey is maintained or improved from its 2018 level 	<ul style="list-style-type: none"> End of Q1 	<ul style="list-style-type: none"> The annual staff survey achieved our highest-ever completion rate of 85%. The proportion of staff who consider NICE is a good, very good or excellent place to work remained consistent with the previous year's result at 94%. The results are used to form organisational and directorate action plans, supported by HR. The results and organisational action plan were presented to the Board at its September meeting.
<ul style="list-style-type: none"> Implement the actions set out in the workforce strategy, including mapping out career paths for key roles, including increasing opportunities for apprenticeships, and defining the behaviours expected of a manager at NICE 	<ul style="list-style-type: none"> End of Q2 	<ul style="list-style-type: none"> We have introduced leadership and management apprenticeships at levels 3, 5 and 7 (MBA level) and are developing graduate opportunities in a range of areas. We will be introducing organisational values and behaviours for managers in the coming months.
<ul style="list-style-type: none"> Work with the Department of Health and Social Care to secure the future London office accommodation, and begin planning for the move to take place in the summer of 2020 	<ul style="list-style-type: none"> End of Q3 	<ul style="list-style-type: none"> Planning for the move to Stratford in November 2020 is progressing. The project is complex as 5 ALBs are sharing the floorplate. A project consultant and project management resource have developed a governance structure, RAID log, project board and working groups.

Item 3

		<ul style="list-style-type: none">• We are currently working through shared IT and facilities solutions and some residual floor plate design issues.
<ul style="list-style-type: none">• Develop and implement a programme of improvements for the Manchester office to ensure best use of the space available	<ul style="list-style-type: none">• End of Q2	<ul style="list-style-type: none">• Space planning services have been engaged and staff consulted. A proposal has been developed and, subject to funding, work will commence in 2020/21.

Appendix 2: Extracts from the Directors' reports

Director	Featured section	Section/ reference
Health and social care	In Northern Ireland, the Implementation facilitator coordinated a meeting between members of the NICE Senior Management Team, including the Chief Executive and senior members of the Department of Health, Health and Social Care Board and the Public Health Agency, including the Permanent Secretary, Chief Medical and Chief Pharmaceutical officers, and Directors of Commissioning and of integrated Care. Agencies provided an update on their remit and use of NICE guidance, while NICE provided an update on NICE Connect, the technology evaluation programme, data analytics and sustainability.	Para 12
Guidelines	The centre director is representing NICE on a working group that has been established by the Chief Medical Officer as a response to the first recommendation in the Report of the Independent Review of Adult Screening Programmes in England (October 2019). Its purpose is to develop terms of reference, remit and criteria for a new UK-wide single screening advisory body. NICE has considerable expertise and experience in developing screening-related recommendations in its guidelines and diagnostics assessment programmes. We wish to build on this and consolidate our experience in the future national approach to ensure effective and efficient use of existing resources whilst promoting innovation, and ultimately optimising screening provision across the country.	Para 8
Health technology evaluation	Capacity constraints in the technology appraisal programme as a result of lower than expected adoption of the opportunities provided in the new 'technical engagement process', challenges in aligning the appraisal process with arrangements for commercial and managed access, and a high vacancy rate have meant that for a small number of topics NICE cannot guarantee a second or subsequent committee meeting within a timeframe that might otherwise have been expected. We are developing an action plan to address the issues in the short, medium and longer term.	Para 4

Evidence resources	A core objective of the directorate is to maintain and monitor the performance of NICE Evidence Services which include CKS, HDAS, the BNF microsites, Evidence Search, and the Medicines Awareness Service. Over the last two months, negotiation has continued on the England-wide licence to access the Cochrane library as the current licence ends in April 2020. An agreement for the next three years has now been reached, subject to contract. Work to upgrade the technology and infrastructure that supports the medicines awareness service is complete and implemented. We have agreed a 2 year contract extension for the Identity Provider and Access Management Federation (OpenAthens) contract until May 2022.	Para 17
Communications	A recruitment and selection process was undertaken in January to appoint a new associate director, brand and marketing communications. The appointed candidate - Danielle Mason, who had previously held the post of associate director, external communications on an interim basis - takes up the new role on 1 April and is currently recruiting 3 new roles to the brand and marketing communications team.	Para 38
Resources	We are in the process of developing an approach to setting out our values and how we expect our staff to work with each other and with our partners and stakeholders. An article featuring Alexia Tonnel (as diversity and inclusion champion) explained the purpose of the project. The article was the most read on our intranet in the last three months with 570 views. The survey received 200 responses and 70 volunteers to get involved in further work including focus groups. The survey results are now being analysed by our Audience Insights team, before we begin work on developing materials and narratives to communicate and embed our values.	Para 28

Appendix 3: Guidance development: variation against plan April 2019 - February 2020

Programme	Delayed Topic	Reason for variation
Clinical Guidelines	1 topic delayed	Venous thromboembolic diseases: diagnosis, management and thrombophilia testing (2019): Delayed to allow for the inclusion of new evidence that postdates the original surveillance and affects 3 additional recommendations. Scheduled to publish in March 2020 (Q4 2019-20)
	2 additional topics published in 2019-20, that were not planned for this financial year	Surgical site infections: prevention and treatment: Originally planned for 2018-19. Published April 2019 (Q1 2019-20). Suspected neurological conditions: Originally planned for 2018-19. Published May 2019 (Q1 2019-20).
Interventional procedures	9 topics delayed	Pressurised intraperitoneal aerosol chemotherapy for peritoneal carcinomatosis: Resolution request received. The IP topic will be re-discussed at Committee. Publication date is to be confirmed. Selective internal radiation therapy for non-resectable colorectal metastases in the liver: The IP was rescheduled due to quoracy issues. Published March 2020 (Q4 2019-20). Balloon cryoablation for Barrett's oesophagus or squamous dysplasia of the oesophagus: Resolution request received. Next steps to be confirmed. Publication date is to be confirmed. MRI-guided laser interstitial thermal therapy for epilepsy: Timelines extended to allow for the Christmas holiday period. Published March 2020 (Q4 2019-20). Cyanoacrylate glue occlusion for varicose veins: Timelines extended to allow for the Christmas holiday period. Published March 2020 (Q4 2019-20).

Programme	Delayed Topic	Reason for variation
		<p>Minimally invasive radical hysterectomy for early stage cervical cancer: Timelines extended to allow the consideration of important evidence that has not been published yet. Publication date to be confirmed.</p> <p>Cervicosacropexy or vaginosacropexy using mesh for pelvic organ prolapse: Timelines extended to allow for the Christmas holiday period. Published March 2020 (Q4 2019-20).</p> <p>Insertion of biodegradable balloon for obesity: Timelines extended due to priorities of other IPs. Scheduled to publish during July 2020 (Q2 2020-21).</p> <p>Deep brain stimulation for refractory epilepsy: Timelines extended due to priorities of other IPs. Scheduled to publish during May 2020 (Q1 2020-21).</p>
	1 additional topic published	Fetal surgery for myelomeningocele was split into two pieces of guidance: Open prenatal repair for open neural tube defects in the fetus and Fetoscopic prenatal repair for open neural tube defects in the fetus.
Medical technologies	1 topic withdrawn	SpaceOAR hydrogel spacer for reducing rectal toxicity during radiotherapy for prostate cancer: Topic was not suitable for medical technologies guidance. Has been referred to technology appraisals
Public Health	No variation against plan 2019-20	
Quality Standards	1 topic delayed	School based interventions: Delayed due to the Department of Health and Social Care's request to seek approval from Department for Education minister(s). Publication now anticipated by the end of Q4 2019-20.
Diagnostics	2 topics delayed	Implantable cardiac monitors (BioMonitor 2-AF, Confirm Rx insertable cardiac monitor and Reveal LINQ Insertable Cardiac Monitoring System) to detect atrial fibrillation after cryptogenic stroke: The final guidance for this topic was originally scheduled to publish in September 2019. The committee requested additional analysis at the first committee meeting and no document was released for consultation following the first meeting. The third committee discussion was rescheduled from September to November 2019 to allow the NICE Decision

Programme	Delayed Topic	Reason for variation
		<p>Support Unit to complete an independent critique of the economic model. The earliest anticipated publication date is now March 2020 (Q4 2019-20).</p> <p>The ARCHITECT Urine NGAL assay, NephroCheck Test and NGAL Test: The start of the assessment of The ARCHITECT Urine NGAL assay, NephroCheck Test and NGAL Test to help assess the risk of acute kidney injury for people who are being considered for admission to critical care assessment was delayed. This was due to capacity in the team as a result of a vacant position and members of the team working on a technology appraisal. The final guidance is now expected to publish in April 2020 (Q1 2020-21).</p>
Technology Appraisals	No variation against plan 2019-20	-
	10 additional topics published in 2019-20, that were not planned for this financial year	<p>Cabozantinib for previously treated advanced hepatocellular carcinoma: Published as a terminated appraisal in May 2019 (Q1 2019-20).</p> <p>Bosutinib for untreated chronic myeloid leukaemia: Published as a terminated appraisal in April 2019 (Q1 2019-20).</p> <p>Brentuximab vedotin for untreated advanced Hodgkin lymphoma: Published as a terminated appraisal in August 2019 (Q2 2019-20).</p> <p>Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma: Published as a terminated appraisal in September 2019 (Q2 2019-20).</p> <p>Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma: Published as a terminated appraisal in September 2019 (Q2 2019-20).</p> <p>Bezlotoxumab for preventing recurrent Clostridium difficile infection: Published as a terminated appraisal in September 2019 (Q2 2019-20).</p>

Programme	Delayed Topic	Reason for variation
		<p>Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib: Published as a terminated appraisal in October 2019 (Q3 2019-20).</p> <p>Ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia: Published as a terminated appraisal in October 2019 (Q3 2019-20).</p> <p>Cladribine for treating relapsing–remitting multiple sclerosis: Updated and re-issued earlier than the scheduled review date. Published in December 2019 (Q3 2019-20).</p> <p>Atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer: Published as a terminated appraisal in January 2020 (Q4 2019-20).</p>
Highly Specialised Technologies (HST)	No variation against plan 2019-20	
Social Care	No variation against plan 2019-20	
Managing Common Infections	No variation against plan 2019-20	

Appendix 4: Guidance published since the Board meeting in January 2020

Clinical guidelines

Topic	Recommendation
Colorectal cancer	General guidance
Asthma: diagnosis, monitoring and chronic asthma management	General guidance
Neonatal parenteral nutrition	General guidance

Interventional procedures

Topic	Recommendation
Reducing the risk of transmission of Creutzfeldt–Jakob disease (CJD) from surgical instruments used for interventional procedures on high-risk tissues	Other
Fetoscopic prenatal repair for open neural tube defects in the fetus	Research only
Open prenatal repair for open neural tube defects in the fetus	Special

Medical technologies

Topic	Recommendation
Episcissors-60 for mediolateral episiotomy	Research recommendation

Diagnostics

No publications

Public health

Topic	Recommendation
Indoor air quality at home	General guidance

Managing common infections

Topic	Recommendation
Leg ulcer infection: antimicrobial prescribing	General guidance

Topic	Recommendation
Impetigo: antimicrobial prescribing	General guidance

Social Care

Topic	Recommendation
Supporting adult carers	General guidance

Quality standards

Topic	Recommendation
Flu vaccination: increasing uptake	Sentinal markers of good practice
Cerebral palsy in adults	Sentinal markers of good practice
Rheumatoid arthritis in over 16s	Sentinal markers of good practice
Intrapartum care: existing medical conditions and obstetric complications	Sentinal markers of good practice

Technology appraisals

Topic	Recommendation
Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure	Recommended
Atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer	Terminated
Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer	Recommended within the CDF
Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer	Optimised / Recommended within the CDF
Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer	Not recommended
Sotagliflozin with insulin for treating type 1 diabetes	Optimised
Patiromer for treating hyperkalaemia	Optimised
Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis	Recommended

Highly specialised technologies

No publications

Medtech innovation briefings

Topic	Recommendation
Plus Sutures for preventing surgical site infection	Summary of best available evidence
National Early Warning Score systems that alert to deteriorating adult patients in hospital	Summary of best available evidence

Guidance surveillance reviews

Topic	Recommendation
CG50 Acutely ill adults in hospital: recognising and responding to deterioration	No update
NG12 Suspected cancer: recognition and referral	No update
CG151 Neutropenic sepsis: prevention and management in people with cancer (exceptional review)	No update

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 of 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. Positive recommendations are subject to a legal funding requirement.

Evidence summaries and medtech innovation briefings:

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

Surveillance reviews:

Provide the basis for decision about whether to update current NICE guidance.

Appendix 5: Science, Advice and Research Programme progress report

NICE Scientific Advice

1. NICE Scientific Advice has had a strong two months, securing several new projects and further strengthening the pipeline for Q4. The programme is still on track to recover all its costs and make a full contribution to the NICE overheads at year end. The team began business planning for the 2020/21 financial year and the process for reintegration with the Centre for Health Technology Evaluation. The team has conducted some market research with META Tool stakeholders, the results of which will feed into a longer-term strategy paper expected in early 2020.
2. For the period of November and December 2019, NSA has initiated 17 individual advisory projects. This includes 4 concurrent advice projects, 3 express projects and 4 META Tool consultations. NSA and University of Manchester have also started planning for a further 6 projects supporting UK-based digital health technology companies as part of the Innovate UK Digital Health Technology Catalyst competition. An additional 10 advisory projects have been confirmed with contracts in the process of being signed, as well as a further 6 ongoing enquiries for projects starting later in the year.
3. The NICE International team received 23 new enquiries, and delivered 11 international engagements, including hosting a 3-day knowledge transfer visit by the Brazilian Ministry of Health. Other international engagements included the provision of quality assurance advice on proposals for the work of the Prosperity fund Better Health Programme in South Africa and delivering tailored seminars to a number of delegations from South America, China, South Africa, the Philippines and The Netherlands. A further 18 enquiries are currently in progress or are yet to be confirmed, including a consultancy project providing advisory work on the proposals to create a HTA agency in Brazil, further engagements with Colombia following the workshops in October, and a further series of HTA workshops have been proposed in Mexico, Costa Rica, Panama and Dominican Republic in 2020. Work with the Centre for Guidelines on potential guideline contextualisation projects for Egypt, Saudi Arabia and Cyprus is also ongoing. The team re-launched the NICE International brand in November and are looking to hold a launch event for stakeholders in 2020.

Science Policy and Research

4. The Science Policy and Research programme continues to deliver activity to several grant funded projects in a variety of topic areas aligned to NICE's research priorities. Recent highlights include:

5. The GetReal Initiative

NICE has a leading role in the GetReal Initiative, an Innovative Medicines Initiative funded project, to establish and lead a real-world evidence Think Tank, comprising 23 international thought leaders in this area. The Think Tank will serve as a forum that will discuss, assess and give recommendations on the opportunities and barriers to the generation, use and acceptability of real-world evidence in the context of regulation and HTA. The first Think Tank meeting was held in September 2019, in which the international experts provided their views on strategic aims for the GetReal Initiative beyond the completion of the project in 2020. Subsequent activity will focus on consolidating the Think Tank's role in the area of real-world evidence, with an emphasis on identifying topics for methods and policy development which could benefit from a pan-stakeholder, multi-national approach. Our learnings from the project will benefit NICE's methods work, particularly the work of the 'Sources and Synthesis of Evidence' Task and Finish group work in CHTE 2020 and various Data and Analytics activities.

6. ERA4TB – a European Regimen Accelerator for Tuberculosis.

NICE formally joined a new consortium, ERA4TB, on 1 January 2020. Its main objective is to create a European open platform to accelerate the development of new regimens for the treatment of tuberculosis. The consortium will do this through a new community-focused platform on tuberculosis translational research and knowledge integration. During the project, NICE will act as an interface with key stakeholders, mainly HTAs, regulatory authorities and patients, to maximise uptake and impact of ERA4TB's results. The project activity will complement NICE's ongoing work in the area of antimicrobial resistance.

7. Histology independent cancer drugs

Alongside other science policy work, SP&R has supported NICE's activity on histology independent cancer drugs by considering the application of the end-of-life criteria for histology-independent indications and through activity under the Accelerated Access Collaborative. A manuscript that explores the challenges histology-independent cancer drugs pose for health technology assessment has been published in the BMJ.

© NICE 2020. All rights reserved. [Subject to Notice of rights.](#)

March 2020

National Institute for Health and Care Excellence

Resources Report

This report gives details of the financial position as at 29 February 2020 and the current forecast outturn for 2019/20. The report also includes information on Technology Appraisal (TA) and Highly Specialised Technologies (HST) income generated through cost recovery charging and an update on workforce matters including an update on statutory gender pay gap reporting.

The Board is asked to review the report.

Catherine Wilkinson

Acting Director, Business Planning and Resources

March 2020

Year to Date Financial Position as at 29 February 2020

1. Table 1 summarises the financial position as at 29 February 2020. There is a full analysis in Appendix A.

Table 1: Year to Date Financial Position at 29 February 2020

Spend Category	Year to Date Budget £m	Year to Date Actual £m	Year to Date Variance £m	Year to Date Variance %
Pay	35.6	34.3	(1.2)	(4%)
Non pay	26.0	26.1	0.1	0%
Income	(16.7)	(17.2)	(0.5)	3%
Total	45.0	43.2	(1.7)	(4%)

2. Total net expenditure to 29 February 2020 was £43.2m against a budget of £45.0m, giving an underspend of £1.7m (3%). The underspend comprised of:
 - £1.2m pay underspend due to vacancies and staff turnover across the organisation.
 - £0.5m income in excess of target relating to the Science, Advice and Research directorate and additional activity commissioned by NHS England during the year.
 - £0.1m non pay overspend relating to contractors and consultancy advice to support the digital workplace strategy and the roll out of Office 365.
3. Appendix A shows in detail the financial position and forecast outturn by centre and directorate. Directors receive detailed monthly reports on the budget performance of their directorates and the senior management team receive a finance report detailing the summary position and any issues on a bi-monthly basis.

Pay and Resourcing

4. Pay expenditure up to 29 February 2020 was £34.3m against a budget of £35.6m, resulting in an underspend of £1.2m. The distribution across the centres is shown in table 2 below.

Table 2: Year to Date Pay Figures by Centre

Centre / Directorate	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Year to Date Variance %
Centre for Guidelines	6,120	5,749	(371)	(6%)
Centre for Health Technology Evaluation	8,521	8,236	(285)	(3%)
Health & Social Care	7,362	7,197	(165)	(2%)
Evidence Resources	5,064	4,753	(311)	(6%)
Science Advice and Research	2,127	1,985	(143)	(7%)
Business Planning & Resources	2,790	2,932	142	5%
Communications	3,458	3,331	(127)	(4%)
NICE Connect	156	167	12	8%
Total	35,598	34,349	(1,249)	(4%)

5. There are currently 5.8 whole time equivalent (WTE) agency staff employed across the organisation with a total spend up to February 2020 of £343,000 (1% of total pay costs). The main reasons for the use of agency staff within the Business Planning and Resources directorate is staff shortages in facilities and additional resource for the London office move and NICE Connect. Some of these roles have now been recruited to substantively.

Non-pay

6. Year to date non-pay budget is £26.0m with year to date expenditure of £26.1m, an overspend of £0.1m (less than 1%). The majority of non-pay categories of spend (for example contract costs, office lease and travel and subsistence) are close to the budgeted amount, although there are a number of variances within this as described below.
7. The largest of these variances is an overspend of £0.4m relating to digital services. We have committed expenditure on project and consultancy work to support the IT solutions for the Stratford office move and to define, design and implement the digital workplace strategy in relation to NICE Connect.
8. The largest underspend (£0.2m) relates to the MedTech External Assessment Centres. The contracts operate on a call-off order basis to allocate work to the centres in line with demand.

Income

9. Income as at 29 February was £0.5m more than planned due to:

- £125,000 additional funding received from NHS England for the pilot evaluation of digital health technologies that was commissioned after the 2020/21 business plan was finalised. Of this, £90,000 has been used to commission the External Assessment Centres to carry out assessments on behalf of NICE, the remainder has been used to reimburse CHTE staff time spent on the pilot.
- Scientific, Advice and Research has an income surplus of £193,000 which includes £90,000 relating to Anti-Microbial Resistance project commissioned by NHS England. The additional income is used to reimburse NICE staff time spent on the project.

Forecast Outturn

10. Table 3 gives an estimated outturn for 31 March 2020. The full-year forecast is an underspend of £1.26m (3%). This is a reduction from the current underspend position because of cost pressures expected in the last month of the financial year relating to NICE Connect, the digital workplace strategy and preparations for relocating to a new office in London.

Table 3: Estimated Outturn Financial Position

Spend Category	Annual Budget £m	Estimated Outturn £m	Estimated Outturn Variance £m	Estimated Outturn Variance %
Pay	38.9	37.6	(1.3)	(3%)
Non pay	28.6	29.2	0.6	2%
Income	(18.6)	(19.1)	(0.5)	(3%)
Total	48.9	47.7	(1.3)	(3%)

11. The overall current full year forecast is an underspend of £1.3m. The summary financial position analysed by directorate is shown in Appendix A.

12. Evidence Resources is showing a £0.2m overspend in total due to the additional costs relating to the digital workplace strategy noted earlier, although vacancy underspends across the directorate partially offset this spend.

13. As shown in table 4 below, the overall forecast outturn for the Scientific, Advice and Research Directorate is a surplus of £0.45m.

14. The NICE Scientific Advice (NSA) estimated outturn for the year, based upon the current trajectory, is a surplus of £0.34m. As a result, the NSA reserve

balance is expected to increase from £0.81m brought forward into the current financial year to £1.15m.

Table 4: Summary of Science, Advice and Research Directorate's Financial Position

Team	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Annual Budget £000's	Estimated Outturn £000's	Estimated Outturn Variance £000's
Science Policy & Research - Expenditure	1,024	941	(83)	1,122	1,032	(91)
Science Policy & Research - Income	(623)	(641)	(18)	(680)	(692)	(13)
Science Policy & Research - Subtotal	401	300	(101)	442	339	(103)
NICE Scientific Advice - Expenditure	1,826	1,731	(96)	1,991	1,915	(76)
NICE Scientific Advice - Income	(1,826)	(2,001)	(175)	(1,991)	(2,257)	(266)
NICE Scientific Advice - Subtotal	-	(271)	(271)	-	(342)	(342)
Science, Advice and Research Total	401	29	(372)	442	(3)	(445)

15. The income surplus within NSA is primarily due to higher than anticipated income generated by the team as a result of increased activity and demand for services including bespoke projects undertaken in collaboration with NHS England and Innovate UK. Further to the additional income, the team is underspent due to vacancies and related non-pay costs such as travel.

16. Table 4 shows the Science Policy and Research (SP&R) year to date and estimated outturn financial position. The team is funded from a mixture of grant-in-aid funding (budget £0.4m) and income from research grants (£0.6m). The SP&R estimated outturn for the year is a £0.1m underspend, mainly as a result of vacancies within the team.

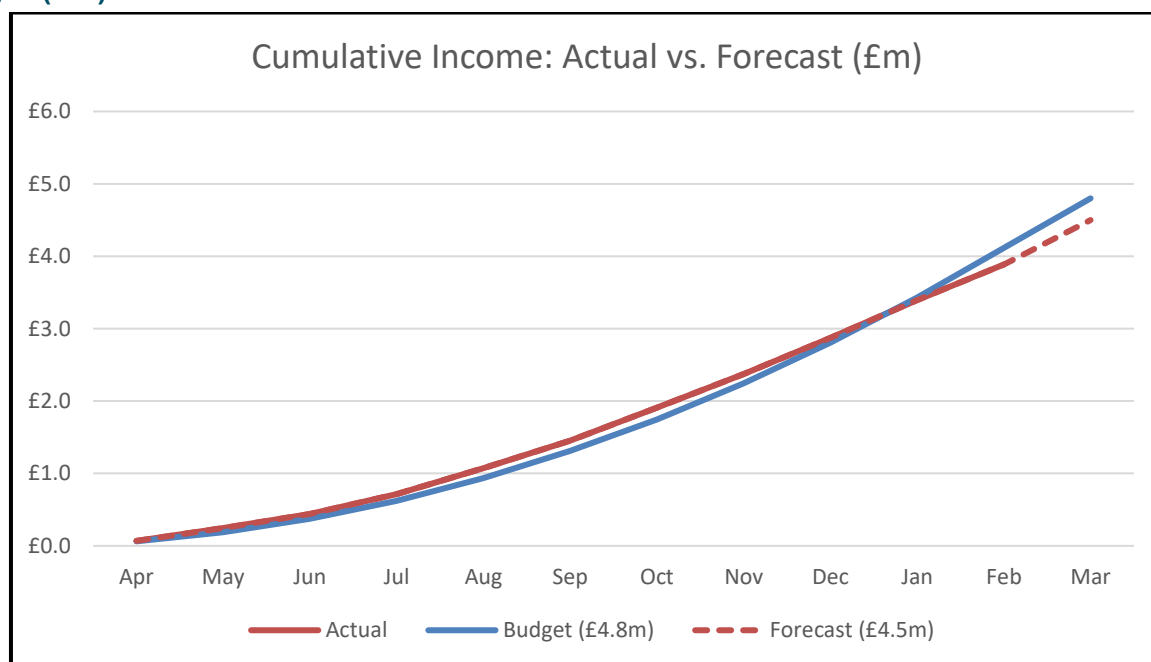
17. The final significant variation shown in Appendix A relates to potential cost pressures (£0.4m) which are likely to be incurred before financial year-end. These include:

- The purchase of current IT equipment with laptops to align with working arrangements in the new London office. Headsets and other associated equipment will also need to be purchased.
- The possibility of including provisions in the accounts towards the end of the financial year for potential costs and liabilities arising from the London office move.

Technology Appraisals and Highly Specialised Technologies Charging

18. This section covers charging income up to the end of February 2020 which is the first 11 months of cost recovery charging regime for Technology Appraisal (TA) and Highly Specialised Technologies (HST). At 29 February 2020, 65 topics had started (that is, had their invitation to participate (ITP) notice) and are subject to charging; of these 54 were Single Technology Appraisals, 9 were Cancer Drugs Fund reviews and 2 Highly Specialised Technologies evaluations.
19. The planning assumption was that 78 topics would commence this financial year, equivalent to an average of 6-7 topics starting per month. Therefore, the number of topics expected to have started by 29 February 2020 is 72. The actual number of topics started is 66, slightly lower than predicted. It is expected that there will be peaks and troughs throughout the year, but this will be mitigated by the fact the income is recognised over the life of the appraisal (10-11 months) rather than when the invoice is raised.
20. Chart 1 below shows that, year to date, we are currently £0.2m behind target. At any point in time there are multiple TA and HST topics in the 'pipeline', some of which are in the scoping phase, some have been referred by DHSC but not yet had their ITP and others have started the appraisal process. Based on this information we expect the current full year forecast to be £4.5m.

Chart 1: Cumulative income to date and full-year forecast compared to 2019-20 budget (£m)



[Download the data set for this chart](#)

21. In February 2020, 11 topics were put on hold as a result of capacity challenges within the Technology Appraisals programme. 5 of the 11 topics put on hold were not subject to charging as they received their ITP pre-April 2019. The remaining 6 were subject to charging so we have paused recognising any more income for these topics. This has contributed to falling short of the year end income target.
22. It was agreed that small companies (as defined by the companies' act) will receive a 75% discount and have the option of paying in instalments. This means that we must fund 75% of the cost of a small company's appraisal from our grant-in-aid allocation. Our initial estimate was that around 10% of topics would be from a small company based on previous technology appraisals. Thus far 3 of the 51 TA and HST topics that have started this year have been from a small company, which is lower than expected.

NICE Connect

23. NICE Connect continues to gather pace with additional lunch and learn sessions held in both London and Manchester. A second 'Hackathon' also took place in February focussing on hypertension.
24. Recruitment is now underway for a Human Resources and Organisational Development transformational change manager, two transformation project managers and two transformation administrators.
25. The NICE Connect Delivery Group met for the first time in January. The group will oversee and report on progress at an operational level and reports to the NICE Connect Steering Group. A People, Resources and Governance Group has been established to provide support, guidance, advice and scrutiny to the NICE Connect project in relation to people, resources and governance, and to ensure central oversight of the people, resources, and governance implications of the changes. The group will start to meet monthly from April.
26. The NICE Connect business plan for 2020/21 was discussed at the NICE Connect Steering Group, including discussion around close alignment to the Digital Services business plan. The plan was broadly agreed subject to some minor amendments that have been implemented.

Workforce

Resourcing

27. We are in the final phases of our outsourcing contract with the NHS Business Services Authority and all new roles are now being advertised through our in-house applicant tracking system. The transition has been a smooth one, and we're looking forward to maximising the potential of our new recruitment team and system.

Culture

28. **Values and behaviours:** We are in the process of developing our values and behaviours. An article featuring Alexia Tonnel (as diversity and inclusion champion) explained the aspirations behind the project. The article was the most read on our intranet in the last three months with 570 views. The survey received 200 responses and 70 volunteers to get involved in further work including focus groups. The survey results are now being analysed by our Audience Insights team, before we begin work on developing materials and narratives to communicate and embed our values. Tim Irish and Elaine Inglesby-Burke have both generously shared their expertise on the role of senior leaders in developing and embedding values.

29. **Staff survey:** Our staff survey action plans continue to evolve in each of our directorates, including listening events and focus groups. Our 2020 staff survey will be launched in May.

Maximising Potential

30. We will shortly be launching a revised approach to annual performance reviews called "Appraisal: My Contribution", which has a clearer focus on career conversations and aspirations. The programme will be supported with training for staff and managers and will be supported by online materials and the e-appraisals module in our Electronic Staff Record (ESR) system, which will enable better reporting. The approach also meets the requirements of the new Agenda for Change pay deal which requires staff to evidence their achievement of certain criteria such as mandatory training.

31. In addition to the Level 5 Leadership and Management programme and Level 7 MBA, we have two of our Associate Directors who have achieved places on the [NHS Nye Bevan](#) programme which is aimed at senior leaders who are aspiring to executive-level roles. The programme has additional elements specifically aimed at those leading in DHSC arms-length bodies.

Equality and Diversity

Gender Pay update

32. Gender pay gap reporting regulations came into effect in 2017. This requires us to report our gender pay gap and publish it on our website.

To comply with regulation, we have to provide:

- the mean gender pay gap
- the median gender pay gap
- the mean bonus gender pay gap
- the median bonus gender pay gap
- proportion of males receiving a bonus
- proportion of females receiving a bonus
- proportion of males and females in quartile bands

33. Gender pay is not the same as equal pay. Equal pay relates to men and women in the same employment performing work of equal value. The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation.

34. Salaries at NICE are determined through job evaluation using the methods prescribed by NHS Employers. We are therefore confident that NICE is paying the same salary to roles of equal value is wholly compliant with equal pay legislation.

The Gender Pay Gap in the UK

35. The gender pay gap in the UK fell from 17.8% in 2018 to 17.3% in 2019, as per data from the latest Annual Survey of Hours and Earnings (ASHE). For full-time employees the gap increased slightly from 8.6% in 2018 to 8.9% in 2019, according to the Office for National Statistics (ONS).

36. Below is a summary from 3 pieces of recent research commissioned by the Equalities Office to help understand the barriers to women's progression in the workplace and what works for employers to overcome them.

- Mothers are more likely than fathers to withdraw from full-time employment. Career progression often plateaus following a move to part time work with a lower likelihood of promotion.

- Women's progression in the workplace continues to be held back by tensions between balancing work with caring responsibilities and fewer part-time work opportunities with a good wage potential.
- There is more work to be done by employers to support progression in the workplace - introducing transparent and formal processes on pay and progression; destigmatising part time and flexible working and better training for managers to support alternative working patterns.
- Employers as well as employees can benefit from introducing family friendly policies and practices.

Gender Pay Gap at NICE

37. In 2020 we will publish our data for the third consecutive year. Our overall mean gender pay gap this year is 7.9% and the median is 1.5%, both in favour of male employees. An increase and decrease respectively on last year. Due to our size, the percentages can easily shift with relatively small staffing changes.

38. 631 employees were included in the gender pay gap figures as those receiving less than full pay in March (for reasons such as maternity or sickness) are excluded from the calculations as per the guidance. NICE is predominately female with 442 (70%) of the 631 employees counted in the gender pay report being women. Table 5 shows the reported gender pay gap for NICE over 3 years.

Table 5: Gender pay snapshot

Ordinary pay	31-Mar-17	31-Mar-18	31-Mar-19
Mean gender pay gap	4.9%	5.3%	7.9%
Median gender pay gap	6.4%	3.3%	1.5%

Bonus Payments

39. Bonus payments were received by 7 employees in respect of the period 1 April 2018 -31 March 2019.

40. 6 Clinical Excellence Awards (which are considered bonus payments for gender pay gap reporting purposes) were given and 1 bonus payment was made in accordance with the ESM pay framework.

41. The overall mean pay gap for bonus payments this year is minus 3.1% and the median is minus 91.6%, with the minus denoting that these fall in favour of female employees. This difference is due to the majority of Clinical Excellence Awards being given to female employees.

42. Table 6 shows the gender pay gap for bonus payments for the past 2 financial years (no bonus payment was made in 2016/17).

Table 6: Gender pay gap for bonus payments

Bonus payments	2017/18	2018/19
Mean gender pay gap	(168%)	(3%)
Median gender pay gap	(108%)	(92%)

43. Table 7 shows the gender pay gap by quartile for the past three financial years.

Table 7: Gender pay by quartile - Proportion of male and female employees in each quartile

Quartile	2017 Female %	2017 Male %	2018 Female %	2018 Male %	2019 Female %	2019 Male %
1st (lower) quartile	72%	29%	75%	26%	75%	25%
2nd quartile	70%	30%	69%	31%	69%	31%
3rd quartile	61%	39%	66%	34%	72%	28%
4th (upper) quartile	64%	36%	65%	35%	65%	35%

Conclusion and next steps

44. A pay gap is common in many organisations, the reasons for which are complex. With many factors, such as societal expectations, profession, age, working pattern and job tenure influencing the gap. NICE's gender pay gap is significantly below the national average (17.3%) however there is more we could do.
45. Last year we made a commitment, where possible, to ensure that there is a gender mix on all interview panels. In addition, our Evidence Resources Director became a senior diversity sponsor. This is a new responsibility with one of its remits being to help to implement measures which would assist female employees to progress their careers.
46. We have a positive approach to family friendly working arrangements with over 80% of the workforce working on some form of flexible working pattern. We could potentially do more to offer a broader range of working patterns, particularly when advertising for senior roles. We also are keen to look at how we better support mothers returning to work after maternity leave and helping them to take advantage of opportunities during their leave.

Appendix A: Summary of Financial Position

The table below is a summary of the financial position per centre and directorate as at 29 February 2020 and gives an estimated outturn to March 2020.

Centre / Directorate	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Year to Date Variance %	Annual Budget £000's	Estimated Outturn £000's	Estimated Outturn Variance £000's	Estimated Outturn Variance %
Centre for Guidelines	15,960	15,731	(229)	(1%)	17,353	17,078	(275)	(2%)
Centre for Health Tech Evaluation	10,826	10,220	(607)	(6%)	11,830	11,322	(507)	(4%)
Health & Social Care	8,207	8,062	(145)	(2%)	8,957	8,775	(182)	(2%)
Evidence Resources	10,134	10,089	(46)	(0%)	11,054	11,219	165	1%
Science, Advice and Research	401	29	(372)	n/a	442	(3)	(445)	n/a
Business Planning & Resources	7,831	7,828	(3)	(0%)	8,570	8,589	20	0%
Communications	3,776	3,637	(139)	(4%)	4,120	3,984	(137)	(3%)
NICE Connect	186	222	36	19%	458	268	(190)	(42%)
Potential cost pressures	0	0	0	0%	0	400	400	0%
Depreciation	596	468	(128)	(21%)	650	511	(139)	(21%)
Income from other ALBS, Devolved Administrations and other miscellaneous income	(8,900)	(9,157)	(257)	3%	(9,691)	(9,957)	(267)	3%
Income from TA and HST cost recovery	(4,064)	(3,886)	177	(4%)	(4,800)	(4,500)	300	(6%)
Grand Total	44,953	43,241	(1,712)	(4%)	48,943	47,686	(1,257)	(3%)

© NICE 2020. All rights reserved. [Subject to Notice of rights](#)

March 2020

National Institute for Health and Care Excellence CHTE topic selection processes – Proposals for change

This paper gives details of proposed changes to the Topic Selection processes that are managed by the Centre for Health Technology Evaluation.

NICE have already sought feedback from the Department of Health and Social Care, NHS England and Improvement and we have engaged with the NICE Stakeholder Insight Group (SIG) on key questions regarding the proposed criteria and transparency of decision making. Feedback from the SIG has already been incorporated into the paper but there are elements that require additional exploration during consultation and for preparation of the consolidated manual for topic selection.

The Board is asked to approve progression to a 6-week public consultation on the paper that outlines the proposals for change.

Meindert Boysen

Director, Centre for Health Technology Evaluation

March 2020

Introduction

1. The NICE Centre for Health Technology Evaluation (CHTE) is responsible for developing the following guidance outputs:
 - Diagnostics guidance (DG)
 - Interventional procedures guidance (IPG)
 - Highly specialised technologies guidance (HST)
 - Medical technologies guidance (MTG)
 - Technology appraisals guidance (TA)
2. Topic selection plays an important role in the development of NICE guidance, recognised in the recently published [NICE principles](#) (principle 1). Across NICE a variety of bespoke processes are used to identify, select and route topics to the various guidance producing programmes.
3. Topic selection is the process for deciding which topics NICE will produce guidance on and has been designed to support the guidance development process so that topics chosen will protect patient safety and support healthcare professionals and others to provide care of the best possible quality.
4. The update of these processes gives us the opportunity to ensure appropriate governance and oversight of this important function at NICE. Topic selection for the various NICE guidance types operates in a system governed and affected by a wide and complex range of factors, including Ministerial referral and company notifications; and has a major impact on expenditure in the NHS. The governance of our topic selection system must therefore be fit for purpose.

Background

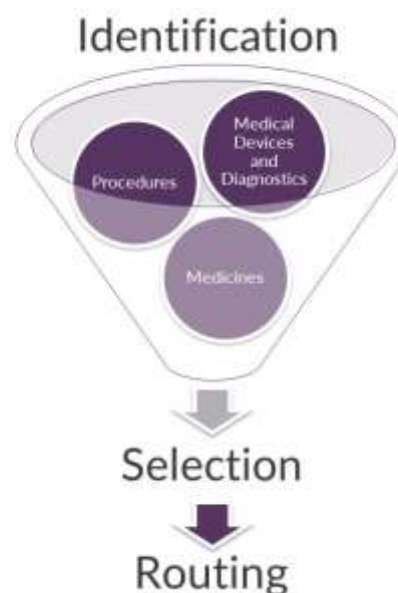
Existing processes

5. Within the Centre for Health Technology Evaluation, 3 distinct processes are used, more or less aligned with the type of technology or procedure of interest:
 - Medicine topics are managed under a standalone Topic Selection process for Technology Appraisals and Highly Specialised Technologies. Information about the processes used is published on the NICE website (<https://www.nice.org.uk/about/what-we-do/our-programmes/topic-selection#ta-selection>)

- Device and diagnostic topics are managed by the Medical Technologies Evaluation programme. Information about the processes used is published in the Medical technologies evaluation programme process guide (<https://www.nice.org.uk/process/pmg34/chapter/identifying-selecting-and-routing-technologies-for-evaluation>)
- Procedure topics are managed by the Interventional Procedures team. Information about the processes used is published in the Interventional Procedures programme manual (<https://www.nice.org.uk/process/pmg28/chapter/introduction>)

6. There are 3 major stages of Topic Selection

- Stage 1 – Topic identification
- Stage 2 – Topic Selection
- Stage 3 – Topic Routing



7. Potential topics can be identified using robust and effective horizon scanning systems. The NIHR Innovation Observatory is used to formally identify and filter medicine topics through to the standalone topic selection process for the Technology Appraisals and Highly Specialised Technologies programmes. The NIHR Innovation Observatory also utilise information provided directly by companies within UK PharmaScan (a secure online system hosted by NICE) to aid their horizon scanning techniques. HealthTechConnect (a secure online system also hosted by NICE) was launched in 2019 and is used to identify device, diagnostics and digital topics for the medical technologies evaluation programme topic selection process. The NIHR Innovation Observatory do not identify or filter topics into this process.
8. In addition to the 3 major horizon scanning systems clinicians, patients and the public, and other organisations such as NHS England and Improvement can also identify potential topics for consideration in the Centre for Health Technology Evaluation programmes. This route is used more often for identifying topics for Interventional Procedures, Medical Technologies and Diagnostics guidance

rather than for Technology Appraisals and Highly Specialised Technologies guidance.

9. All of the Centre for Health Technology Evaluation topic selection processes have gone through significant change over the years, from using external topic selection panels and committees, to decision making groups involving predominantly health system partners and NICE staff. Rather than continue to update the various approaches used for topic selection, there is now the opportunity to consolidate and provide information about them in a single topic selection manual to make information simpler and easier to find and understand.
10. A consolidation exercise will identify ways in which to make topic selection processes more agile, efficient and responsive and allow for confirmation of the governance arrangements for topic selection across the Centre for Health Technology Evaluation. Decisions to select a topic for either the Technology appraisals or the Highly specialised technologies programmes require a formal ministerial referral (under the 2013 Regulations), but the referral does not define the type of guidance that will be developed. This routing decision is considered a specific responsibility of NICE. Selection of topics for Medical technologies guidance, Diagnostics guidance and Interventional Procedures guidance does not fall under ministerial responsibility.

The link with NICE Connect and other policy initiatives

11. The NICE Connect programme will consider options for topic selection across NICE. All guidance producing programmes use some form of topic selection. However, in order to facilitate delivery of the commitments and requirements within the 2019 [Voluntary scheme for Branded Medicines Pricing and Access](#) the Centre for Health Technology Evaluation needs to run ahead of NICE connect and implement changes to its own topic selection processes in 2020. The changes proposed within this document are not considered to conflict with the wider ambition of NICE Connect for alignment and consolidation.
12. New responsibilities have recently been added to NICEs work. For example, the [Accelerated Access Review](#), the [government's response](#) to it, the [Life Sciences Sector Deal 2](#), the 2019 [Voluntary Scheme for Branded Medicines Pricing and Access](#), and the [NHS Long Term Plan](#). All these policy initiatives place greater demands on NICE to issue guidance and advice on more topics, more quickly and with a greater degree of implementation support. New technologies have also emerged that are not explicitly included in existing processes, such as integrated technologies which could include a combination of digital, diagnostic or treatment components, and we need to consider where these topics should be routed.

13. A key component of the Accelerated Access Collaborative (AAC) and the NHS Long Term plan is to develop existing horizon scanning tools and techniques in order to improve forecasting and demand signalling for those products that require accelerated access and increased implementation support. The NIHR Innovation Observatory has been commissioned by the AAC to extend their current contractual arrangements to act as a key supplier of this information, utilising and analysing its digital capabilities and rich dataset. This will build upon the function that the Innovation Observatory already provides for identifying and filtering medicine topics and expand it to include devices, diagnostics and digital technologies. This may have the consequence of increased activity and requirements for topic selection.

Proposals for change

Summary of changes

14. This paper outlines proposals to:

- Consolidate existing eligibility, selection, and routing criteria to improve clarity
- Align decision making and stakeholder engagement processes to improve efficiency and better describe governance arrangements to improve accountability
- Better describe the topic selection processes and decisions to improve transparency

Consolidated identification, selection and routing criteria

Topic identification criteria

15. Identification criteria in use across the 3 existing processes will be updated to reflect the new responsibilities that NICE has for issuing guidance on topics that were previously out of scope, such as technologies for treating haemophilia and HIV, in response to the 2019 Voluntary Scheme for Branded Medicines Pricing and Access.
16. The consolidated identification criteria (table 1) will increase the number and type of topics considered for NICE guidance, and this is being met by an expansion of NICE's capacity to develop Technology Appraisals guidance, Medical technologies guidance and Diagnostics guidance.
17. There is insufficient information available to estimate whether the expansions will balance with the increase in topics that are identified for potential guidance production, or whether there will be more topics than NICE can develop

guidance on. Close monitoring and regular review will be part of the implementation plans.

Table 1

Identification of suitable technologies	Identification of un-suitable technologies
<ul style="list-style-type: none"> • Devices: including medical devices, other non-diagnostic health technologies, and digital health technologies in tier 3b of the evidence standards framework (including those using artificial intelligence incorporating fixed or adaptive algorithms) • Diagnostics: including prognostic, predictive (targeted) screening or monitoring technologies, techniques, and strategies, including in-house diagnostics, companion diagnostics, and digital diagnostics in tier 3b of the evidence standards framework (including those using artificial intelligence incorporating fixed or adaptive algorithms) • Medicines: all new active substances to the UK market in their first indication, or that have extensions to their regulatory approval for a significant new indication including therapeutic vaccines, advanced therapy medicinal products (such as gene therapies and stem cells) • Procedures: those using ionising, electromagnetic or acoustic energy, or involving an incision, a puncture, or entry into a body cavity • Combinations of 1 or more of the above 	<p>Technologies that:</p> <ul style="list-style-type: none"> • are not going to be available in the UK within 24 months • involve use that will not have regulatory approval when it is used outside of research (unlicensed technologies) • have regulatory approval but will not be used in line with their approval (off-label technologies) • have been used widely by the target population in the UK and have a well-known safety, efficacy and cost profile, unless: <ul style="list-style-type: none"> – there is new information that brings their safety, efficacy, or cost into question or – there is a new variation that might have a different safety, efficacy, or cost profile to the established topic. • are population screening technologies in the remit of the UK National Screening Committee • are prophylactic vaccinations in the remit of the Joint Committee on Vaccination and Immunisation

Selection Criteria

18. In order to consolidate, simplify, improve clarity and further build upon the requirements for NICE guidance from the different policy initiatives described above, new selection criteria will replace the existing selection of published selection criteria. Availability of evidence is not used as a criterion in the new selection criteria; this is because in a small number of cases, NICE guidance may be needed in the absence of evidence (for example to stop an ineffective activity from happening, to address a particular issue of safety or to stimulate appropriate research).
19. The proposed selection criteria below will replace over 15 different criteria used by Centre for Health Technology Evaluation teams to identify if a topic requires NICE to assess the cost and effectiveness evidence. However, decisions about how guidance will be developed (for example single or multiple technology assessments, or variations on traditional NICE guidance) will be made during guidance development, according to relevant processes and methods that may become available in future (as part of other NICE transformation work).

A) Is NICE guidance likely to:

- improve outcomes for people using the health and care system? (for example, is there likely to be significant inappropriate or unexplained variation in the use of the topic, or concerns about inequalities in access to the topic, or concerns about the current use of a topic if NICE guidance is not available) and
- support and align with existing national health system policy (such as the NHS Long Term Plan or the Voluntary scheme for branded medicines pricing and access 2019) or be of interest to commissioners, health and care staff, or people using health and care services, their families or carers? and:
- provide reliable interpretation of the available evidence regarding effectiveness and cost?

Or

B) Is the topic:

- A new or significantly modified interventional procedure, or
- A procedure that is already in wide-scale use by the target population in the UK but new information or advice is available that brings its safety or efficacy into question, or

- A procedure that is already in wide-scale use by the target population in the UK but has a new variation that may have a different safety or efficacy profile from that of the established procedure
20. Topics that that answer 'Yes' to all of criteria A or at least 1 of criteria B are selected and are subsequently considered for routing (see below).
 21. Topics that answer 'No' to all of criteria A and B are not progressed further. The topic may be passed on to other organisations that may have an interest in the topic, such as NHS England and Improvement. NICE will not set a review date for re-consideration of this decision (unless the decision is formally challenged).
 22. If it is not possible to make a definitive 'yes' or 'no' decision against criteria A and B, the selection decision is deferred until additional information becomes available.

Routing criteria

23. More clarity needs to be provided to indicate how NICE determines which type of guidance producing programme a particular topic should be routed to. Options for routing are based on the type of technology and its value proposition. The routing criteria are described in table 2 below.

Table 2

Technology Type	Type of analysis required	NICE Guidance	NICE Committee
Diagnostics, including digital diagnostics	Cost utility health economic analysis	Diagnostics Guidance	Diagnostics Assessment Committee
	Cost consequences analysis		
Devices, including digital health technologies with a therapeutic purpose	Cost utility health economic analysis	Technology Appraisals Guidance [for devices]	Medical Technologies Evaluation Committee
	Cost consequences analysis	Medical Technologies guidance	Medical Technologies Evaluation Committee
Medicines and other active substances	Cost utility health economic analysis	Technology Appraisals guidance [for medicines]	Technology Appraisals Committee
	Cost comparison analysis		
	For topics that meet all of the HST criteria	Highly Specialised Technologies Guidance	Highly Specialised Technologies Committee
Procedures that use ionising, electro-magnetic or acoustic energy, or that involve an incision, a puncture, or entry into a body cavity	<p>For all procedures that are:</p> <ul style="list-style-type: none"> - New or significantly modified <p>In wide scale use, but its safety or efficacy has been brought into question</p> <p>In wide scale use but has a new variation that may have a different safety and efficacy profile</p> <p>For procedures that have interventional procedures guidance published</p>	Interventional Procedures Guidance	Interventional Procedures Committee

Technology Type	Type of analysis required	NICE Guidance	NICE Committee
	or in development, do not involve the use of a health technology, and require cost utility assessment (procedures that do involve use of a health technology can also be considered for NICE diagnostics, medical technologies or technology appraisals guidance)		
Integrated or combination technologies	Cost utility health economic analysis	The technology type of the 'lead' within the combination will be used to determine the appropriate guidance output	Various (see above)
	Cost consequences analysis		

24. Historically, diagnostics that offered a value proposition that requires an assessment using cost consequences analysis were typically routed to the Medical Technologies Evaluation Programme. Diagnostics that required a cost utility health economic analysis were routed to the Diagnostics Assessment programme. It is proposed that all diagnostic, irrespective of the value proposition will now be routed to the Diagnostics Assessment programme.
25. At the routing stage, consideration will also be given as to whether a NICE guideline would be a more appropriate product in which to consider the topic. In this consideration the following question will be asked:
- Is the medicine, device, diagnostic or procedure:
 - in the scope of a new or existing NICE guideline that is in development or being updated? Or
 - considered to be part of standard care in the UK, but is not included in an existing NICE guideline?
26. For topics that answer 'Yes' to the questions above the Centre for Health Technology Evaluation team will liaise with the NICE Centre for Guidelines for

consideration for inclusion in a NICE guideline. In some exceptional cases, a topic may still be selected for Technology Appraisals, Highly Specialised Technologies, Medical Technologies Guidance or Diagnostics Guidance even if the topic is suitable for inclusion in a guideline if there is an urgent need to assess the topic before a new guideline is published or an existing guideline updated.

Multiple routing decisions

27. Some topics will require assessment in more than 1 type of NICE guidance and may be inevitable in specific circumstances. For example, a topic may require both interventional procedures guidance to assess safety and efficacy of a procedure and other guidance (such as medical technologies or technology appraisals to assess the clinical effectiveness and costs/resource use of the procedure or a technology used within the procedure). The guidance could be developed simultaneously or sequentially. NICE will aim to minimise these scenarios and progressively seek to find alternative methods and processes of assessment to reduce duplication across our individual programmes of work.

Topic Prioritisation

28. Once there is experience of using the identification, selection and routing criteria, information will be available to determine whether further work is needed to prioritise topics selected for guidance development if it is found that there are more topics than there is capacity to develop guidance. Topic prioritisation will mostly be needed for topics routed to Medical Technologies or Diagnostics guidance, because there are so many technologies that could be considered and both programmes have a capacity limit. Should the volume of medicines that require appraisal increase, the charging regime for Technology Appraisals and Highly Specialised Technologies allows for these programmes to expand capacity accordingly.

Aligning processes

29. The 3 existing Centre for Health Technology Evaluation topic selection processes vary in terms of steps and time taken and resources used. There is potential to align topic selection process steps where unnecessary variation exists, and also take steps to increase consistency, transparency and inclusivity within the topic selection process wherever possible. This is an area that NICE has previously received negative feedback on.
30. A diagram of the topic selection process (including the proposed criteria) is outlined in appendix 1.

Scoping

31. Non-cancer topics being considered for Technology Appraisal and Highly Specialised Technologies guidance currently go through a scoping process in order to inform selection and routing decisions, whereas the scoping process is completed after selection and during the guidance development process for cancer medicine topics being considered for Technology Appraisal and Highly Specialised Technologies and other types of NICE guidance.
32. The requirement for a scope to be developed and consulted upon before a topic is selected for Technology Appraisal or Highly Specialised Technologies will be removed. Instead scope development and consultation will occur closer to the guidance development stage with the purpose of confirmation of a routing decision into either Technology Appraisal or Highly Specialised Technologies programmes. This will create consistency with other NICE guidance and guideline development processes. Format of the referral
33. The wording of the formal ministerial referral (known as the 'remit') to the Technology Appraisals programme and the Highly Specialised Technologies programme are currently different in formats:
 - Technology Appraisals: To appraise the clinical and cost effectiveness of [insert technology name] within its marketing authorisation for treating [insert indication]
 - Highly Specialised Technologies: To evaluate the benefits and costs of [insert technology name] within its marketing authorisation for treating [insert indication] for national commissioning by NHS England
34. In order to implement the change described above, the wording of the remits require alignment. New wording is proposed below:
 - To appraise the clinical and cost effectiveness of [insert technology name] within its marketing authorisation for treating [insert indication]

Formalising the opportunity for challenge

35. Over the past months, the NICE Senior Management Team has considered routing decisions coming from the Technology Appraisal and Highly Specialised Technologies decision-making panel where they have been challenged by stakeholders. A formal process for stakeholders to challenge topic selection routing decisions (including application of criteria) for all guidance development programmes will be introduced.

Topic selection panel

36. Currently 3 different topic selection decision making groups support the 3 different selection processes. The groups meet at different frequencies and there is some cross over in the membership / attendees at the meetings. There may be inefficiency in this approach because some technologies (particularly devices with a cost incurring value proposition) can be discussed by different groups leading to duplicative effort, loss of corporate knowledge and potential inconsistency in decision making.
37. In order to promote efficiency and consistency in the decision-making process, we proposed to consolidate the 3 existing topic selection panels into a single panel to oversee the application of the identification, selection and routing criteria. This panel will be called the Topic Selection Oversight Panel (TSOP).
38. The Topic Selection Oversight Panel membership will include senior NICE staff and will retain the capacity for external expertise to be provided from the Department of Health and Social Care and NHS England and Improvement. Membership will also be extended to include lay members. There will be a small core set of formal decision makers with a wider range of advisory members that would be invited to provide input relevant to technology type and value proposition.
39. The core membership of the Topic Selection Oversight Panel decision makers will be as outlined below:
 - Director – Centre for Health Technology Evaluation, NICE
 - Director – Centre for Clinical Guidelines, NICE
 - Programme Director(s) – representative of the Centre for Health Technology Evaluation, NICE
 - Committee Chair(s) – representative of various NICE committees
 - Lay member(s)
 - Consultant Clinical Adviser(s)
 - Department of Health and Social Care representative
 - NHS England and Improvement representative
40. Further exploration of the benefits of the creation of the Topic Selection Oversight Panel will be conducted with formal Terms of Reference see appendix 2. The terms of reference describe the governance arrangements, and escalation process for routing decisions that are subject to challenge.

41. The Interventional Procedures programme will continue to hold a separate topic selection discussion (known as the Newly Notified Procedures meeting) in order to select procedures for guidance development. It is appropriate for this group to continue to meet regularly due to the importance of safety and the speed of decision making required. If this group takes a decision not to progress a procedure for guidance development or would like to transfer a topic to another guidance development programme, that decision will be ratified by the Topic Selection Oversight Panel. This provides an appropriate level of governance to this decision and a formal escalation process where the decision to not progress with guidance development is challenged.

Single topic selection manual

42. A single topic selection manual will be developed and will replace existing published topic selection processes. It aims to contextualise information, set out processes clearly and simply, and make it easier for those involved and interested in Centre for Health Technology Evaluation topic selection to find and understand with the ultimate aim of increasing transparency of NICE processes. It also supports the ambitions of NICE Connect to help stakeholders and the public access the information they need quickly and easily.

Updated and standardised documentation and terminology

43. Documentation used throughout the process will be standardised in so far as differences within technology type will allow.
44. Terminology will be consolidated and standard definitions of common terms will be provided (table 3).

Table 3

Issue	Current terms used	Proposed new term
Inconsistency in how we refer to technologies that require Marketing Authorisations	Drug Pharmaceutical Medicine	Medicine (this will be defined as including other active substances) and is consistent with term used by the NICE medicines evidence summaries team
Inconsistency in how we refer to the entity that is responsible for the technology	Manufacturer Company Technology developer Sponsor Marketing authorisation holder	Company

Issue	Current terms used	Proposed new term
Inconsistency in how we refer to those providing input into topic selection	Expert Specialist Adviser Witness	Expert
Lack of clarity about what 'referral' means and who can refer a topic to NICE	Referral Notification Request Suggestion	A referral is the Ministerial instruction to proceed with either a Technology Appraisal or Highly Specialised Technology for a technology All other means by which topics could be identified for the NICE work programmes are considered to be topic notifications.
Remit can be used to refer to the information provided to NICE by DHSC when a topic is referred, and to refer to the activities undertaken by NICE programmes	The remit provided by the DHSC to NICE	Remit should only be used to refer to the remit provided by Minister (via the Department of Health and Social Care) to NICE A topic is ineligible for a NICE programme
	Topic is out of remit for a NICE programme	
Each programme has a different term for the document used to initiate consideration of a topic	Filtration form (medicines) Newly notified procedure form (procedures) Notification form/MIB topic selection form (devices and diagnostics)	Topic identification form
Each programme has a different term for the document used to make a selection decision	Briefing note (medicines) Medtech innovation briefing (devices and diagnostics)	Briefing
Each programme has a different name for the group that makes the selection decision	Decision point meetings (medicines) Newly notified procedures meetings (procedures)	Topic Selection Oversight Panel

Issue	Current terms used	Proposed new term
	Medical technologies topic oversight group (devices and diagnostics)	
Stakeholders find multiple uses for the word 'advice confusing'. This has been identified through NICEs reputational research and through feedback from PIP.	Advice to refer to published non-guidance outputs such as MIBs, evidence summaries, KTTs	NICE briefings
	Advice provided to NICE by experts during the topic selection process	Expert input
	Advice provided by the Scientific Advice team on a fee based service	Advice

Transparency of topic selection decision making

45. Publication of topic selection decisions via the NICE website is variable across Centre for Health Technology Evaluation programmes:

- Medicine topics considered for Technology appraisal and Highly specialised technologies guidance have the selection decision published in a detailed Microsoft Excel spreadsheet (which includes those that have been selected)
- Procedure topics considered for Interventional Procedures guidance are listed in an interactive table that details why the topic has not been selected (selected topics are not included)
- Devices and diagnostics and digital technologies considered for any type of NICE guidance are listed in a Microsoft Word document. The document lists the topics that have been considered, but doesn't state the selection decision

46. Having topic selection information published separately, and in different places makes it difficult for stakeholders and the public to find out information about the processes. It is recognised that we need to improve clarity and transparency for stakeholders on the reasons for selection and routing decisions.

47. Steps will be taken to standardise presentation of information and provide it more clearly on the NICE website. Standardised information to be provided will include:

- Topic Identification number

- Technology name
- Indication
- Type of Technology
- Decision
- Reason for the decision
- Date of the decision

48. Information received as part of the Topic Selection process that is regarded as commercial or academic in confidence (e.g. anticipated licensing dates) will not be published.

Out of scope

49. NICE is also reviewing the criteria used to decide whether a new technology should be routed to Highly Specialised Technologies or Technology Appraisals. The purpose of reviewing the criteria is to make them clearer and more specific, and the outcome easier to understand and more predictable for our stakeholders. This paper does not include proposals on the updated Highly Specialised Technologies criteria and therefore the criteria are not subject to consultation at this point. The Highly Specialised Technologies routing criteria are still under review and will be consulted upon in due course.

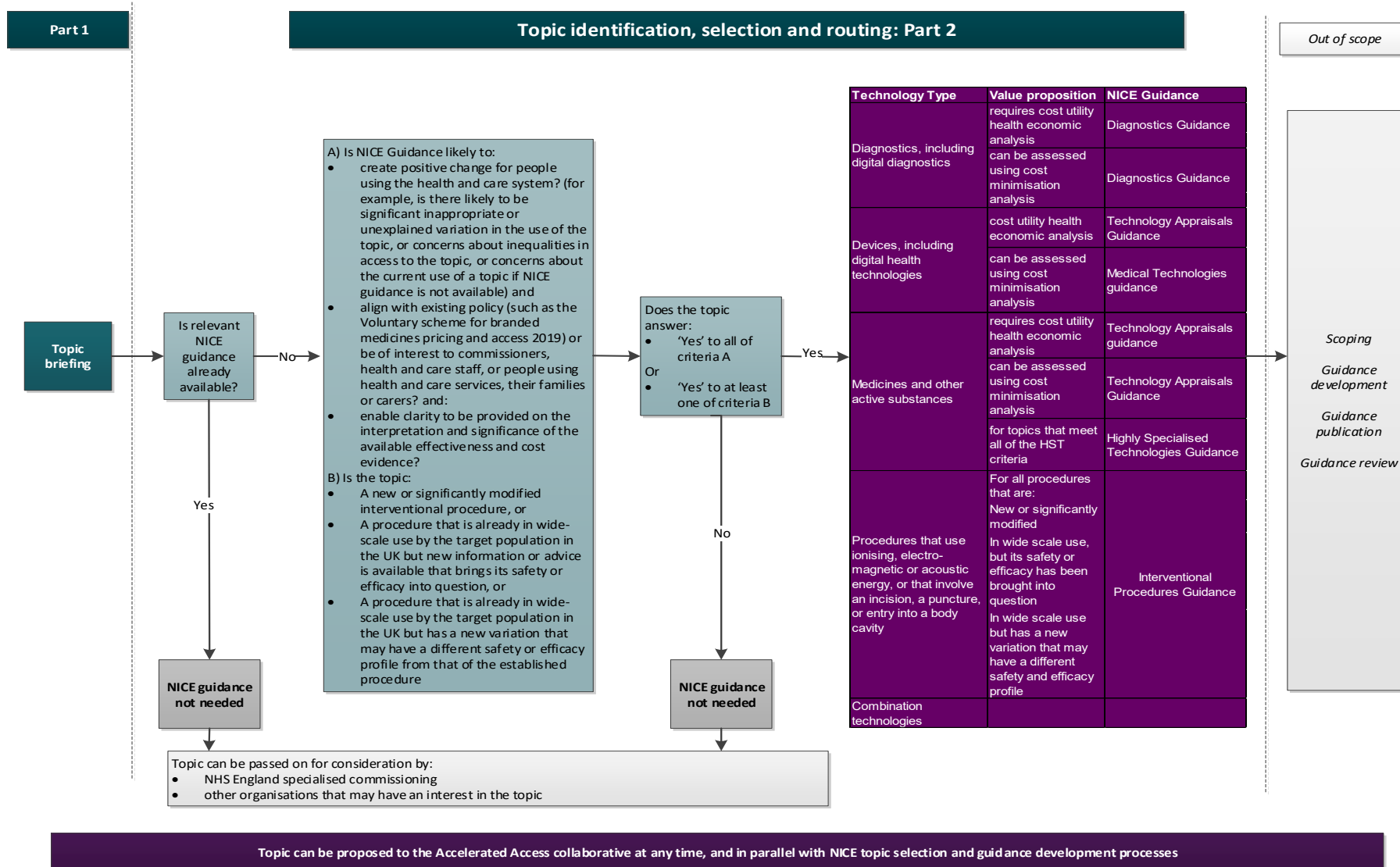
50. In the case of Technology Appraisals and Highly Specialised Technologies a formal Ministerial referral will still be required (as specified in The National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013). The Ministerial referral does not define the type of guidance that will be developed.

51. The changes to topic selection for health technology evaluation will not impact on the overall process followed and time taken to develop and publish guidance on a topic.

© NICE 2020. All rights reserved. [Subject to Notice of rights](#).

March 2020

Appendix 1



Appendix 2 – Topic Selection Oversight Panel Terms of Reference

Remit of the panel

1. The Topic Selection Oversight Panel is responsible for selection of topics for guidance development in the Centre for Health Technology Evaluation (CHTE), including the routing to specific programmes of work.
2. Topics selected for the technology appraisal and highly specialized technologies programmes will be subject to further ministerial referral before inclusion in NICE's work programme.
3. The Panel:
 - a. Reviews topic briefings and decides whether to select topics for guidance development, and routes to the appropriate guidance producing programmes:
 - i. Diagnostics Assessment Programme
 - ii. Highly Specialised Technologies Programme
 - iii. Medical Technologies Evaluation Programme
 - iv. Technology Appraisals Programme
 - b. Reviews topic briefings and decides whether to select topics for development as a Medtech Innovation Briefings
 - c. Ratifies non-selection decisions made by the Newly Notified Procedures group of the Interventional Procedures programme
 - d. Escalate the stakeholder challenge to the NICE Senior Management Team which will act under delegated powers of the Board in ratifying the decision.

Membership

Decision-making members:

4. The following are designated as decision-making members
 - Director of CHTE (**Chair**)
 - Director of the Centre for Clinical Guidelines
 - Programme director CHTE (x2)

- Chair of the relevant NICE advisory committee
- Consultant clinical adviser
- Associate director (x2, incl planning, operations and topic selection)
- Lay Member (x2)
- Department of Health and Social Care representative
- NHS England and NHS Improvement representative

5. All members of the Topic Selection Oversight Panel are asked to advise on suitability of topics for selection for guidance producing programmes in CHTE, and where appropriate routing to specific programmes of work. Specific contributions expected from the members are listed here:

Participants	Specific roles and responsibility
Director CHTE	Chair the meeting and sign-off panel decisions
Director, Centre for Guidelines	Advise on routing opportunities to guidance producing programmes outside of CHTE, including guidelines
Programme directors	Deputy chair of the meeting and sign-off panel decisions when chairing.
Committee chairs	Provide clinical insights, depending on the matter under discussion, and provide feedback from scoping activities
Consultant clinical advisers	Provide clinical insights and provide expertise in specific areas of work (medicines, medtech, interventional procedures)
Lay Member x 2	Bring perspective of patients, people who use services, and carers to selection and routing of topics.
Department of Health and Social Care representative	Sponsor oversight of topic selection activity and support for ministerial referral process for relevant programmes
NHS England and NHS Improvement representative	Provide perspective on the impact of a topic selection decision on other NHS England related activities to support life science innovations

6. Members will be asked to attend the meeting for the agenda item(s) relevant to the matters under discussion. The quorum will be 5 full members including the Centre Director (or someone with delegated authority to act on their behalf), 1 Committee chair, 1 associate director, 1 lay member, the Department of Health and Social Care representative (or someone with delegated authority to act on their behalf).

Advisory members:

- Technical Advisers (representing various guidance producing programmes)
- Senior Manager – Horizon scanning, topic selection and scoping
- Project Manager – Topic Selection
- Other Department of Health and Social Care representative(s)
- Other NHS England representative(s)

Secretariat

- Coordinator, Topic Selection
- Project Manager, Topic Selection

Other observers

7. NICE staff and invited guests (for example, NICE committee members) may attend Topic Selection Oversight Panel meetings as observers, with the permission of the Associate Director – Planning, Operations and Topic Selection.

Process for decision making

8. Decisions will be made based on consensus wherever possible. Only in exceptional circumstances, if consensus cannot be reached, will decision-making members of the panel be asked to vote.

Confidentiality

9. Confidential papers and confidential information such as academic or commercial-in-confidence material or sensitive personal data disclosed in panel deliberations should not be discussed with colleagues who are not members of the panel, the NICE Topic Selection team, other organisations, the media, or members of the panel who are conflicted for the topic.

Meetings and papers

10. Meeting frequency will be determined to best meet the operational needs of topic selection for timely guidance output.
11. The secretariat will send all attendees electronic versions of the topic information 1 week prior to the meeting.
12. NICE shall determine what matters shall appear on every agenda in advance of each meeting.
13. The minutes will record significant decisions and actions relating to the topics

Transparency

14. The NICE website will be updated with the panel's decision.

Accountability

15. Topic Selection Oversight Panel has the authority to make final decisions about which topics notified to the topic selection process are selected for guidance development and to which programme they are routed.
16. Where an external stakeholder challenges the decision that Topic Selection Oversight Panel have previously made, Topic Selection Oversight Panel will be asked to re-consider their position. The outcome of the re-consideration step will be ratified by the NICE Senior Management Team.

Review of terms of reference

17. These terms of reference and standing orders will be reviewed every 3 years.

Date: XX

Review date: XX

National Institute for Health and Care Excellence

NICE guidelines programme: prioritisation of activities

This report provides an update on initial engagement on the proposed approach to prioritisation of activities in the NICE guidelines programme.

The Board is asked to review and comment on the proposals.

Paul Chrisp

Director, Centre for Guidelines

March 2020

Introduction

1. At its meeting in November 2019, the Board approved the case for change to the NICE guidelines programme and asked to be kept updated on the outcome of the engagement with stakeholders on the proposed changes. The importance of ensuring clinical buy-in to the new approach was also highlighted by the Board at its meeting in January.
2. The proposal is to limit the number of new topic referrals and updates, and only develop or update recommendations that are considered high priority to our users. This would give us a core portfolio of topics that will be routinely kept up to date, plus a potential option to produce other topics on an as required basis.
3. This paper provides an update on initial engagement with stakeholders on the proposed changes, focusing on a new more systematic, robust and transparent approach to prioritising activities.

Initial response from system partners

4. We have discussed the proposal to prioritise new referrals and updates with colleagues at the Department of Health and Social Care, NHS England/Improvement (NHSE/I), Public Health England (PHE) and members of the Accelerated Access Collaborative (AAC).
5. Feedback indicates support for a more focused approach that is based on principles agreed with system partners that can be applied to public health, clinical and social care guidance. It would also take into account the impact of new transformative interventions on clinical guidelines. The principles would facilitate agreement on where NICE can add most value by producing new or updated guidance.
6. The sponsor team at the Department of Health and Social Care is supportive but indicated that the proposal will need to be considered by ministers before they are able to take a final view on the proposal.
7. PHE has indicated that it wants to work closely with NICE to develop the principles and processes, and that it should allow greater coordination and rationalisation of guidance on public health topics.
8. NHSE recommended input from the National clinical directors and leads for the Getting it Right first Time (GIRFT) programme, to provide clinical buy-in.
9. The proposed approach is also supported by the Accelerated Access Collaborative as a means of supporting its objectives to update guidelines in

line with new technologies, for example histology independent therapies for cancer.

Developing principles for prioritisation

Current approach

10. Currently new topic referrals are assessed against a number of criteria:

- Identified as a priority by one of NICE's commissioners (DHSC, NHSE/I or PHE)
- Aligned with national priorities
- Potential to impact on the outcomes frameworks in healthcare, public health and social care
- Related to a significant burden of care/illness, premature mortality or reduced quality of life.

11. Topics are discussed at a meeting involving the Department of Health and Social Care, NHSE/I and PHE. The group provides an opportunity to discuss any cross-sector issues before and following formal referral.

12. Decisions to refer a new topic at present do not take into account of the relative priority compared with other referrals or planned updates.

13. NICE has more than 300 published guidelines so the number of checks needed to maintain the portfolio is considerable. A proactive approach is taken that includes exceptional reviews in response to events at any time after guideline publication (for example, publication of a key study) and a standard check every 5 years, as this is the median lifespan of a guideline.

14. For standard checks, topic experts are surveyed for their views on the continued relevance of the published guideline and recommendations, and their knowledge of recent developments in the topic area and any important new evidence since publication of the guideline. Feedback is also sought from internal teams within NICE who have expertise in the topic area under surveillance (for example, where there is a social care or medicines focus in the guideline). We may also ask stakeholders for their views, including organisations representing the interests of patients, people using services, carers.

15. For exceptional reviews based on new evidence, policies or practice, feedback is sought from topic experts on the likely impact on guidance and whether an update is warranted.

16. The outcome of standard and exceptional reviews may be a full or partial update, minor amendments, or transfer to the static list.
17. Guidelines are considered to be static when the recommendations are still current and should continue to be implemented but are unlikely to change in the foreseeable future (because the evidence base or practice is unlikely to change). Guidelines are only considered static after consultation with stakeholders, and providing the following criteria are met:
- there is a decision not to update following a standard check and no major ongoing research expected to publish before the next standard check or
 - the guideline is not intervention-based (for example, it focuses on commissioning or implementation) and no major changes to commissioning or service configurations have occurred since guideline publication, or are expected.
18. Static guidelines are reviewed at 5 years after they go on the static list and then every 5 years to determine whether they should undergo a standard check.

Proposed principles for reviewing the programme

19. The NICE Connect process, methods and analytics expert group will review the proposals. The principles and processes will be incorporated into the NICE process and methods manual and subject to targeted consultation and engagement.
20. There is a need to develop a framework that allows decisions on relative priorities of both new referrals and updates to be made in a more systematic and transparent manner, using consistent principles.
21. The principles and process will set out the mechanism for regular assessment of the priority of topics, and the scope will include NICE options to address the particular system need (for example, new guideline referral, full update of existing guideline, rapid update, quality standard update, collaboration/accreditation).
22. Proposed principles to identify priority areas include:
- The potential to reduce the risk of patient harm
 - Population disease burden
 - Significant and unwarranted variation in practice
 - The potential to improve the use of resources in high budget impact services

- Size, volatility and uncertainty of the evidence base
- Need for specific interventions
- Need for a quality standard
- Link with system priorities for example the NHS Long Term Plan, technologies considered in the Accelerated Access Collaborative.

23. The principles will be used in two phases. Initially they will be applied to assess the current list of referred topics and planned updates to agree priorities. They will then be used to identify existing guidelines in the portfolio that can be placed into one of two categories:

- A 'static' list where an update is only triggered by a significant shift in evidence. It is intended that 'static' guidelines will continue to be made available on the NICE website for 10 years, with a cautionary note after 3 years to indicate that they are not being maintained. NICE may review these topics at any point if there is an explicit request from our commissioners that can be justified using the principles to agree the relative priority of topics and updates. The current approach to static guidelines would be stood down.
- An 'active' portfolio that is kept up to date through standard and exceptional review processes. Guidelines would be grouped into suites and if any guideline that is from a 'suite' is identified as need updating, the opportunity would be taken to evaluate and simplify the whole 'suite' by identifying related recommendations rather than just updating sections of a single guideline.

24. An assessment of the scale of work required will also be factored into the decision making but will not address specific delivery timelines. New guidelines, full updates, and partial updates of one or more recommendations have different timelines and resource requirements depending on a range of factors including whether scoping is required, volume and consistency of evidence, degree of de novo analysis and economic modelling, and requirement for consultation. For example, a change to a recommendation as a result of a safety alert on a medicine can be made quickly with minimal resource requirements.

25. The prioritisation process is expected to make the scoping process more efficient, when it is required.

Next steps

26. The next steps are to convene a small task and finish group comprising representatives of NICE, the Department of Health and Social Care, NHSE,

PHE and the social care sector to develop the terms of reference for a cross-agency advisory group to advise on the draft principles, a process and a clear rationale that underpins the changes that can be clearly communicated to users and stakeholders.

27. The aim is to convene the task and finish group by the end of June, followed by targeted consultation between July and September, and implementation beginning in October.

Issues for decision

28. The Board is asked to:

- Review and comment on the proposals.

© NICE 2020. All rights reserved. [Subject to Notice of rights](#).

March 2020

National Institute for Health and Care Excellence

**Widening the evidence base: the use of
broader data and applied analytics in NICE's
work**

This report proposes next steps to implement the aims of the statement of intent regarding the appropriate use of data analytics across NICE, focusing on the development of a data and analytics standards framework as the first output from the planned methods and standards programme.

The Board is asked to discuss and agree the proposed next steps for the data and analytics transformation programme.

Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

March 2020

Introduction

1. NICE helps the health and social care system to deliver the best outcomes within the resources available. We do this through a range of guidance programmes that share the same core processes, including identification, assessment and interpretation of evidence, presented as guidance recommendations, advice or information.
2. Increases in the amount and breadth of data available, the development of new and efficient mechanisms for analysis, and advances in the way information is labelled, linked and shared, have the potential to significantly enhance our traditional approaches to synthesising research evidence. They also offer opportunities to improve timeliness, relevance and efficiency.
3. In January 2020 NICE published a statement of intent signalling our ambition for the future use of broader sources of data and analytics, including sources commonly referred to as real-world evidence, within NICE's guidance programmes and wider products. This paper describes our progress towards putting these ambitions into practice.

Background

4. Following Board discussions in March and May 2018, recurrent funding was ring-fenced to establish a new data and analytics team. In January 2019 the Board considered a paper on the use of data analytics at NICE, which highlighted progress to date on how NICE is enhancing its capability to identify and use data and analytics in its work. This included the strategic focus to develop a framework for the appropriate use of data analytics across NICE's programmes.
5. Developing the framework, positioned as a statement of intent for the use of data and analytics, was prioritised as a crucial part of both internal transformation and external communication. The statement built on internal advice to guideline developers produced to support the updated guidelines manual published in October 2018. In May 2019 the Board approved making the draft statement of intent publicly available on our website and open to consultation comments from stakeholders.
6. In November 2019, the Board reviewed revisions to the statement of intent following consultation and approved its publication. Immediate publication was delayed by purdah; the [finalised statement](#) was published in January 2020, with a [news article](#) following in February. Since publication, the statement of intent news story has been viewed around 1,150 times and the document itself has been downloaded around 350 times.

7. In November 2019, the Board additionally reviewed and approved priorities for the data and analytics team, with the aim of delivering the vision and ambitions set out in the statement of intent. The Board has also approved the appointment of a new director for Science, Evidence and Analytics to lead this work in future. This post has been advertised, with interviews being held in April. This paper provides an update on progress towards implementing the statement of intent and proposes next steps to realise its ambitions.

Data and analytics methods and standards programme

8. To deliver the ambitions in the statement of intent, the November 2019 NICE Board paper prioritised defining a programme of work to develop:
 - a standards framework for best practice in conducting high quality analyses of data, to inform our own work and that of third parties, especially digital technology companies, who wish to submit evidence based on such (rather than traditional research)
 - a detailed methodological framework for best practice for consideration and use of data analytics across NICE's programmes.
9. The detail of this paper focuses on the first of the bullet points above. The standards framework outlined in Paragraph 16 is intended to be an external-facing output. It describes the standards to be met to ensure that data are suitable for use in analyses, and that the analytical methods applied are appropriate and transparent.
10. By setting out best practice in conducting analyses such that they meet the standards for consideration by a NICE decision-making committee, the framework will therefore be used to inform third parties and encourage consistent standards of practice. The framework will additionally underpin the development of methods for NICE's own broader use of data within its work programmes.
11. The second bullet point in paragraph 8, the delivery of more detailed methods outputs, is intended to be internal-facing and for use by NICE staff, to help ensure consistent standards for the development, use and reporting of analyses across NICE's work programmes and how these should be used to inform committee decision making. This will further develop the elements set out in the standards framework and will represent a second phase of work to commence later in the year.

Development of the data and analytics methods and standards work programme scope

12. The data and analytics methods and standards work programme will draw on the robust and comprehensive methods already in place in our guidance programmes and, where necessary, build on them to expand the use of different sources of evidence, both qualitative and quantitative. In some cases, it may be appropriate to reframe existing methods outputs to ensure they can be used and understood by different audiences, or be applied more widely across all of NICE's programmes.
13. NICE's Science Policy and Research Programme has an established programme of scientific policy and research activities to develop improved methods for health technology assessment and guideline development. The data and analytics methods and standards programme will draw on methodological research supported, commissioned and influenced by this programme. This includes the outputs of the Innovative Medicines Initiative (IMI) GetReal Initiative, in which NICE is a partner. This aims to develop tangible solutions to key challenges associated with using real-world data in drug development and subsequent regulatory and health technology assessment.
14. The Centre for Health Technology Evaluation (CHTE) 2020 programme is carrying out a review of its methods to produce an updated and consolidated methods manual. The data and analytics team have contributed to relevant areas of this programme. The data and analytics methods and standards programme will build on many areas considered in the CHTE programme, including those developed by the sources and synthesis of evidence, managing uncertainty and equalities task and finish groups.
15. An outline scope of the data and analytics methods and standards programme was developed by drawing on expertise from within the data and analytics team and a review of comments received during consultation on the statement of intent. This draft scope was reviewed and revised by the cross-NICE data and analytics steering group and additional NICE colleagues with an interest in this area. Topics to be featured in an external-facing standards framework were identified from the overall programme scope.

Work to develop a data and analytics standards framework

16. To develop a standards framework for best practice in conducting high quality analyses of data, to inform our own work and that of third parties, there are a number of elements of work. Table 1 summarises the topics that need to be featured in the framework. In carrying out this work we will ensure that we

identify and explore commonalities across NICE's programmes, while recognising that we may need to be flexible to meet the needs of different programmes and use cases.

17. The proposed topics featured in the framework were reviewed by the data and analytics external reference group, representing organisations with expertise in analysis of data and significant data owners. This group agreed that a standards framework would be a welcome output, while highlighting the importance of flexibility and responsiveness to a fluid landscape. The group were keen to see NICE 'learning by doing' and developing standards by applying them to a variety of use cases.
18. The external reference group additionally commented on the language used, suggesting that it may need to be adapted for different potential users such as digital health technology-oriented audiences. To ensure that the outputs of this programme are fit for purpose, the emerging standards will be shared with targeted external stakeholders for further comment. Wider consultation is then envisaged as confidence in the content, value and utility of the standards grows.

Table 1: Summary of main topics featured in the data and analytics standards framework

Topic	Content of framework	Issues to consider
Research governance	These standards will set out how an analysis should answer a clear research question, providing confidence that it has been carried out in a transparent manner, meeting appropriate ethical standards.	This topic will consider standards for defining the research question, pre-registering the research protocol, ensuring the project team has sufficient domain, analytical and data expertise and demonstrating that sample size has been considered. It will also consider standards to ensure that ethical approval, information governance and informed consent have been managed appropriately, and that a timeline is available if the project has not yet been carried out.
Data	These standards will set out how the quality of data on which any analysis is based can be assessed.	This topic will consider standards to ensure that data provenance and characteristics of the dataset are fully described, and that the output of any data quality assessment is reported. It will also consider standards to ensure that information is provided about variables and features included

Topic	Content of framework	Issues to consider
		in the analysis, any data linkages, and decisions made during data processing and cleaning, and code is supplied if possible.
Analysis	These standards will set out how an analysis should be conducted so it is repeatable, objective and grounded in reality, clearly demonstrates how uncertainty has been understood and managed and that the results robustly address the initial research question.	This topic will consider standards to ensure that the suitability of the analytical method is justified, and that evidence is provided to show that validity, reproducibility and generalisability have been considered in the selection of method. It will also consider standards for fully describing the method and supplying the analytical code if possible.
Results	These standards will set out the appropriate reporting of results and findings, so that NICE can ensure any output directly relates to and accurately addresses any pre-specified protocols, and that all deviations from pre-specified protocols are explained.	<p>This topic will consider standards to ensure that the characteristics of people included and not included in the analysis are described and that full details of the main analysis and any sub-group analyses are provided, including any intermediate steps, details of model selection and rationale for sub-group analysis if not pre-specified.</p> <p>It will additionally consider standards to ensure that any deviation from the research protocol is documented and that evidence of internal and external validation are provided where appropriate.</p>
Dissemination	These standards will set out an approach to making findings publicly available and accessible, as far as possible.	<p>This topic will consider appropriate reporting standards, ensuring that relevant information has been captured.</p> <p>It will additionally consider whether standards should be set out regarding intent to publish in a peer-reviewed journal.</p>

Additional topics in scope of the data and analytics methods and standards programme

19. In addition to the topics featured in the standards framework, NICE's data and analytics methods and standards programme is likely to consider:
- how we develop, assess and prioritise research questions or projects which may be suitable for a data analytics approach
 - how and when we will consider commissioning analyses or data collection
 - how and when we might support utilising patient records to have more clinical trials at pace, scale and lower cost, to reduce evidence gaps while maintaining the benefits of randomisation
 - how and when we will consider non-UK data sources, or analyses based on these, as suitable sources of evidence
 - how we assess the suitability of specific analytical methods
 - when it may be appropriate to perform a synthesis of primary and secondary evidence, and how we handle discrepancies between different types of evidence
 - how we ensure that our committees are able to make use of findings from different types of data, and how they address uncertainty.
20. The well-established 'hierarchy of evidence' does not fully capture the potential benefits and challenges of using data derived from the health and care system at scale. For example, a clinical audit may present data as a consecutive case series, which would be considered a lower quality form of evidence, but if the audit captures data on every single clinical case across the country, then this data source may have less selection bias than a small study conducted with a more highly rated study design.
21. As part of methods development, the team will look at alternative conceptualisations of the hierarchy of evidence which more accurately represent how insights from routinely collected data may differ from other study types, and the impact this has on evidence quality assessment.
22. Additional crosscutting issues which are relevant to all uses of data within NICE may be more appropriately managed as standalone workstreams, with outputs to be determined. These will include:
- transparency and public trust, including the handling of any individual level health and care data held or accessed by NICE,

- how we ensure we continue to advance equality when using broader sources of data, including the impact of the 'digital divide'.

Programme delivery

23. To deliver a programme developing standards and methods for the wider use of data across NICE's programmes, the data and analytics team have begun the process of recruiting a methods lead. Work within the current team to define the programme of work and engage with internal and external stakeholders will continue, but it is expected that the delivery of outputs will be driven by the new post-holder, with leadership provided by the Director of Science, Evidence and Analytics.
24. The data and analytics external reference group identified a significant appetite for collaboration across the health and care sector. This may be delivered by NICE taking a lead or forming a consortium with system partners to consolidate and agree elements such as standards for data quality which have the potential to apply across the sector.
25. The Medicines and Healthcare products Regulatory Agency (MHRA) are a key system partner. MHRA and NICE have established a core strategic group to develop an ambitious, integrated approach to regulation and health technology assessment that gives patients safer and earlier access to innovative medicines and medical technologies. A core element of the collaboration is to develop a common approach to the use of real-world evidence and artificial intelligence in advising company product development plans and to support manufacturers' submissions to both MHRA and NICE. We will ensure that methods and standards development is aligned with MHRA throughout the delivery of the programme.
26. Early engagement has identified that components of the methods and standards programme will be best delivered via an open call for academic or industry partners, and this will be further explored as the scope continues to be developed.
27. We have begun and will continue to explore which elements of the programme have an international component. This will involve exploring how and when we will consider the use of non-UK data, and when we might work with international partners to develop elements of the methods and standards framework to enable this. The potential for NICE to leverage its reputation to work with international partners is in line with The Office for Life Sciences Industrial Strategy, which aims to position the UK as a global leader in linking and unlocking the potential of existing data sources.

Artificial intelligence (AI) methods development

28. Following the Government's establishment of an AI Lab and the inclusion in the overall business case of £24m of capital funding for the Radical Regulation Incubator (RRI), NICE submitted an outline business case for RRI funding to develop methods to inform the evaluation of AI technologies. If this outline bid is successful, NICE will be invited to submit a fully costed business case in April 2020.
29. The bid sets out a programme to deliver methods to validate and evaluate the use of AI in digital technology. This is likely to include: what the future methods for decision making and addressing uncertainty are in this field; how real-world data can complement more traditional studies; how to set standards in this area along the lines of the evidence standards framework for digital health technologies; and how to select topics pragmatically that can be implemented in the NHS.
30. There is significant overlap between delivering this proposal and the work to develop a methods and standards programme for the wider use of data and analytics in NICE. If NICE's bid is successful, these overlaps will be explored in more detail and the synergies considered as the programme scopes are further developed.

Data and analytics enablers

31. To support the implementation of the statement of intent, and in addition to developing the outline of a methods and standards programme, the data and analytics team are leading initiatives across NICE to identify and put in place the infrastructure and processes to allow NICE to access and make use of wider sources of data and analyses based on these across its programmes.

External engagement

32. The team continues to engage with potential partners and stakeholders across the sector, including cross-sector and governmental organisations such as HDR UK, NHSX, NHS Digital and MHRA, charities and foundations such as the Health Foundation and the Wellcome Trust, potential international partners such as the Joanna Briggs Institute and the Cochrane Collaboration, and key industry partners.
33. The team will continue working to establish a clear external stakeholder management plan which seeks to both build on existing partnerships and establish further collaborative opportunities that support NICE's ambition. The team is additionally working to feed into the cross-NICE strategic engagement plan.

Governance and public trust

34. It is important that NICE continues to be compliant with information governance and data protection regulations, not only for the purposes of the data and analytics programme but also from the point of view of protecting NICE and maintaining public trust.
35. The data and analytics and information governance teams are developing handling rules and processes for individual level health and care data so that there is a framework for how they should be dealt with in NICE. These rules will support any requirements specified by the data owners in order to access the data. The rules will be risk-based and defined by the type of data (anonymous, pseudonymous or identifiable) and the proposed processing task. Where appropriate, ethical considerations will be approached through a similar process to that in place for research governance.

Tools

36. Carrying out projects making use of wider sources of data, or effectively quality assuring analyses based on these, will require access to IT hardware and software resources, and IT support. These resources and support are essential to comply with good data governance principles, including the requirements set out in the Data Security and Protection Toolkit, and enable effective collaboration with external partners. The team have begun work on preparing a detailed scope of these requirements and will work closely with NICE's new IT function to identify how best to deliver them.

People

37. The team have committed to supporting data and analytics capability building within NICE. An internal mailing list has been established and regular bulletins listing training and development opportunities, webinars, conferences and other relevant events are circulated to around 70 interested colleagues.
38. As a result, NICE staff have attended events held by organisations such as the Open Data Institute, the Institute for Data Science and AI at the University of Manchester, and the Royal Statistical Society. Three staff were supported to attend a week-long causal inference course and the team supported a colleague's successful application to the Government Digital Service's Data Science Accelerator Programme.
39. The data and analytics team is also collaborating with Health Education England (HEE) on the Building a Digital Ready Workforce programme across the NHS following the Topal review. The team will continue to support NHSX taking the stewardship role in implementing professionalisation of data science and an analytical function across the NHS and arm's length bodies.

Data and analytics portfolio alignment

40. Implementation of the data and analytics statement of intent feeds into the overarching NICE Connect transformation programme. Reflecting findings from broader types of data and new evidence in a timely way is highlighted as an important challenge for NICE Connect.
41. Strategic oversight of the data and analytics portfolio has therefore been moved from a standalone Data and Analytics Steering Group to the existing NICE Connect expert groups. The Process, Methods and Analytics and the Data Management expert groups will each oversee elements of the data and analytics portfolio. This will ensure that programmes are in alignment and synergies are realised across NICE.
42. Further synergies will be realised by working alongside the Science Policy and Research Programme and the information and evidence services teams when the data and analytics team moves to become part of the new Science, Evidence and Analytics Directorate.
43. This directorate will bring together teams responsible for ensuring that NICE uses the best available evidence in its guidance. It will build on existing work to ensure that the approach set out in the statement of intent is taken forward across NICE, and ensure that the use of data and analytics across NICE continues to develop by drawing on the Science Policy and Research Programme's horizon scanning expertise.

Risks and dependencies

44. NICE will seek to mitigate key risks as we further develop our data and analytics work.
45. The development of common standards and knowledge interoperability, currently being led by NHSX, are crucial for NICE's ambitions to expand our use of data. Delays in the development and implementation of system-wide knowledge management will impact on NICE's plans.

Conclusion

46. The data and analytics team proposes to develop an external-facing standards framework as the first output from its methods and standards programme. This output will be driven forward by the recruitment of a methods lead, under the leadership of the new Science, Evidence and Analytics Directorate. While recruitment is underway, the data and analytics team will continue its current work of engaging with the sector and supporting the wider use of data and

analytics across NICE, in order to realise the ambitions set out in the statement of intent.

47. The Board is asked to:

- Agree the proposal to begin the development of a standards framework, setting out best practice in conducting analyses, as the first output from the planned data and analytics methods and standards programme.

© NICE 2020. All rights reserved. [Subject to Notice of rights.](#)

March 2020

National Institute for Health and Care Excellence
NICE impact report: children and young people's healthcare

This report gives details of how NICE's evidence-based guidance contributes to improvements in children and young people's healthcare.

It provides information about NICE's communication activity in relation to the previous impact reports on dementia and lung cancer.

The Board is asked to review the NICE impact children and young people's healthcare report, note the actions proposed by the system support for implementation team and the communications activities.

Professor Gill Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

March 2020

Introduction

1. The attached NICE impact report focuses on children and young people's healthcare and reviews the uptake of NICE guidance in this area. It covers: managing infections in children, managing long-term conditions in children in the community, the learning disability health check programme, transition from children's to adults' services, with a spotlight on innovative technologies for childhood conditions.

System support for implementation

2. The system support for implementation team is currently reviewing the impact report and will consider how to address any implementation issues highlighted. Any proposed implementation and support activities will be presented to the Health and social Care Senior Leadership Team as appropriate.

Promoting NICE impact reports

3. The latest NICE impact report on [dementia care](#) was published on 3 February 2020 and promoted to key audiences and stakeholders. The NICE impact report on [lung cancer care](#) was published on 25 November 2019 but the pre-election period ahead of the 12 December general election, followed by the Christmas - New Year holiday, restricted our ability to carry out communication and engagement activities at that time. A brief report to this effect was in the January Board papers.
4. The following is a summary of key activities and highlights from the communications and engagement activity to promote the dementia care impact report, followed by the lung cancer care impact report.

Dementia Care

Working with partners and stakeholders

5. We engaged with Arm's Length Bodies (ALBs), stakeholders involved in the impact report, charities and professional bodies to help us highlight the report's key findings. Below are some examples of the communication activities carried out:
 - The Department for Health and Social Care published a [blog](#) by Professor Gill Leng on its social care blogspace which was viewed 216 times in the fortnight after publication.
 - Caroline Dinenage MP, former Minister for Care at the Department of Health and Social Care, tweeted about the report to her 19,200 followers.

- Rajesh Mohan, psychiatrist at South London and Maudsley NHS Foundation Trust and chair of the Royal College of Psychiatrists' rehabilitation and social psychology faculty, tweeted about the report to his 8,000 followers.
- The Association of Chartered Physiotherapists in Oncology and Palliative Care added details of the report to its members' community site.
- The British Association for Psychopharmacology retweeted one of our tweets about the report to their 1,872 followers.
- The British Medical Journal also retweeted one of the tweets (362,000 followers) and shared one of the LinkedIn posts (22,176 followers).
- The British Association for Music Therapy posted information about the report on their website and will include it in their next members' bulletin.
- Dementia UK promoted the report on Twitter (106,000 followers).
- Alzheimer's Research UK is reviewing information about the report to share on social media.
- Other organisations which retweeted our tweets include the National Dementia Action Alliance (14,800 followers), the Journal of Dementia Care (6,366 followers) and Tees, Esk and Wyre Valleys NHS Foundation Trust staff library (590 followers).
- The National Institute for Health Research retweeted our tweets (62,700 followers) and included an article in their stakeholder bulletin.
- The National Association of Primary Care, National Care Forum, Social Care Institute for Excellence, the Practice Managers Association and the Association of Directors of Public Health featured the report in their bulletins to members.
- The Care Quality Commission's provider engagement team will promote the report on social media and through their bulletins.
- An article was shared with NHS England and NHS Improvement's regional communications teams for them to cascade to providers and commissioners in their areas. The communications team for the London region included a piece about the report in communication to the region's nurses.

Newsletters

6. The impact report will be featured in NICE's two corporate newsletters at the end of February; NICE News (29,442 subscribers) and Update for Primary Care (13,018).

Google Analytics

- For the 15-day period between publication and 17 February there were 1,814 page views of the dementia report webpages and 130 downloads of the PDF.

Social media

- We promoted the impact report over a 10-day period on Twitter, Facebook and LinkedIn using a mix of infographics, quotes and images. This is a relatively short period of time for the purposes of reporting analytics and further posts are scheduled for after this document has been written. By posting on 3 channels we reached a varied audience; professionals in health and care on Twitter and LinkedIn and the general public on Facebook.

Twitter:

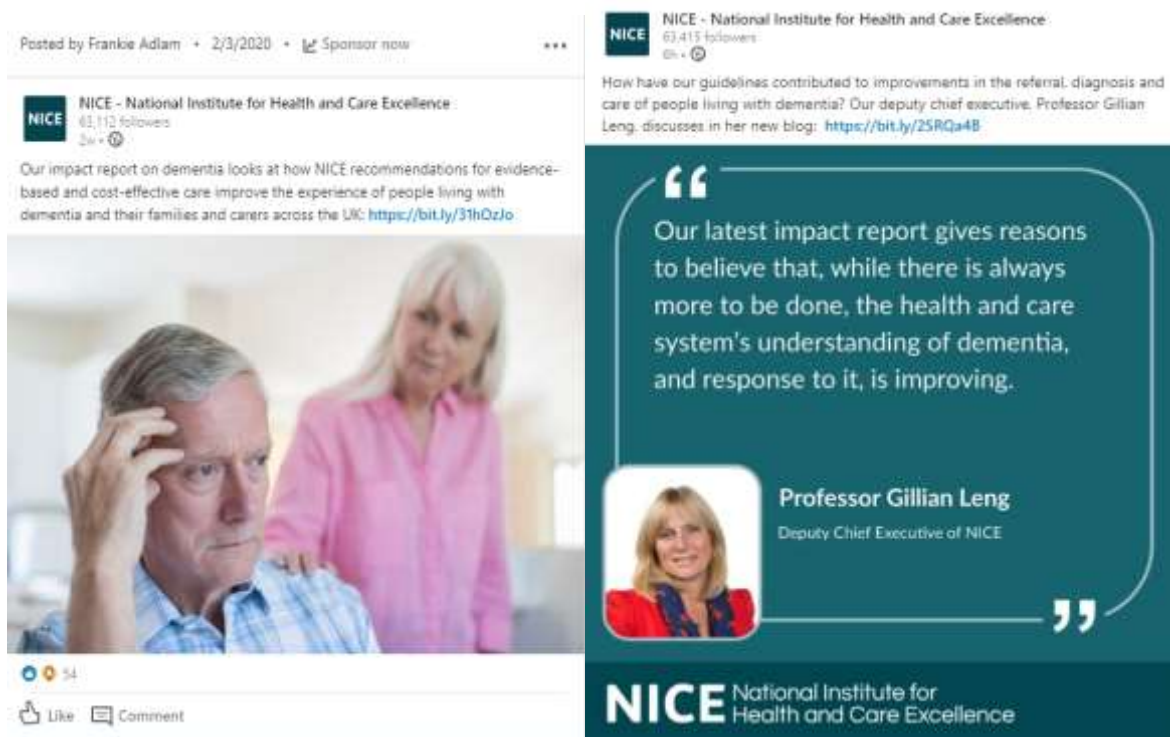
- On Twitter our 5 posts overall were viewed 47,239 times and received 697 clicks, likes, comments or shares.



- Our first infographic post received the highest engagement rate so far of 0.02%.

LinkedIn:

- Our 2 posts on LinkedIn reached 9,859 people and led to 165 clicks through to the impact report and Gill Leng's blog post. The engagement rate of 2.58% and 2% respectively was good. Around 2% is the average.




Facebook:

- Our 2 posts were viewed 2,570 times and received 64 clicks, likes, comments or shares. Our first infographic received the highest engagement rate with 0.03. Our other post using a stock image had an engagement rate of 0.01%. The learning from this is that providing information in the form of a graphic could help to engage the Facebook audience when promoting future impact reports.

NICE National Institute for Health and Care Excellence
3 February at 14:00 · 🌐

Our impact report on dementia looks at how NICE recommendations for evidence-based and cost-effective care improve the experience of people living with dementia and their families and carers across the UK:



Risk factors for dementia include drinking too much alcohol, being overweight, having an unhealthy diet, not being physically active enough and smoking.

Around two-thirds of people living with dementia live in their own home, with £2 billion spent on home care annually.*

NICE recommends that national organisations and local government departments that influence public he...

NICE.ORG.UK
NICEimpact dementia
How NICE recommendations are being used to improve outcomes in priori...

1,650 People reached 51 Engagements [Boost Post](#)

Events

- NICE's events team continues to promote impact reports at all relevant events, exhibitions and speaking engagements. The dementia impact report will be promoted at the Local Government Association/ Association of Directors of Public Health annual conference and exhibition on 24 March in Brighton.

Lung Cancer Care

Working with partners and stakeholders

- We engaged with ALBs, stakeholders involved in the impact report, charities and professional bodies after the pre-election and holiday period, to help us highlight the report's key findings:
 - Two stakeholder organisations contributed to the report: The Christie NHS Foundation Trust in Manchester and the Centre for Cancer Outcomes. We

encouraged them to promote the report internally and to their stakeholders.

- The charity ALK Positive Lung Cancer featured the report in two of their Facebook groups; one for friends and extended family and a closed group for patients. The charity provides support and advocacy for people affected by ALK positive non-small cell lung cancer.
- The British Association of Surgical Oncology circulated information to their more than 500 members.
- The British Thoracic Society shared details of the report through its channels and retweeted one of our tweets to their 10,000 followers.
- The Roy Castle Lung Cancer Foundation is sharing information about the report through its channels.
- The Royal College of General Practitioners promoted the report through its networks.
- The Royal College of Physicians featured the report in their bulletin.
- The Society for Cardiothoracic Surgery in Great Britain and Ireland sent details of the report to 282 cardiothoracic/ thoracic consultants and trainees.
- The Royal Society of Medicine tweeted about the report to their 21,400 followers.
- The following organisations retweeted one or more of our tweets: the Less Survivable Cancers Taskforce, an organisation representing a number of cancer charities (625 followers), MidYorkshire NHS Library (1,770 followers) and Diploma MSc, an organisation which runs courses for health professionals (1.344 followers).
- NHS Providers featured the report in their Provider Focus newsletter, which goes to 3,000 subscribers.
- The Practice Managers Association featured the report on their website and in a bulletin to their 25,000 members.
- National Health Executive published a [blog](#) by Professor Gillian Leng at the end of January. The blog will also feature in the February print edition.

- An article was shared with NHS England and NHS Improvement's regional communications teams for them to cascade to providers and commissioners in their areas.

Newsletters

15. The impact report was featured in the two NICE newsletters: NICE News (29,442 subscribers) and Update for Primary Care (13,018) at the end of December.

Google Analytics

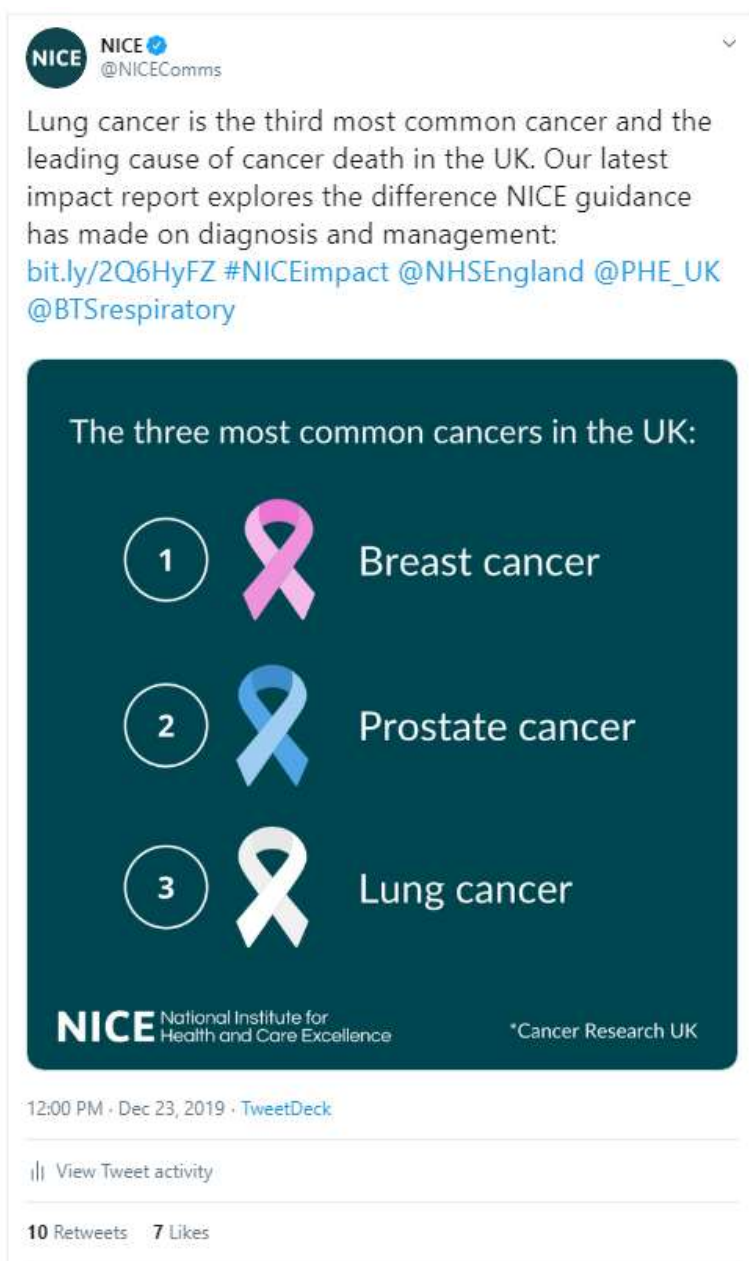
16. From publication on 25 November 2019 to 17 February 2020 inclusive there were 2,067 pageviews of the lung cancer report web pages and 108 downloads of the PDF.

Social media

17. The impact report was promoted over a 4-week period on Twitter, Facebook and LinkedIn using a mix of infographics and images. By posting on three channels we reached a varied audience; professionals in health and care and members of the public.

Twitter:

18. On Twitter our six posts overall were viewed 60,380 times and received 512 clicks, likes, comments or shares.



19. Our first infographic post received the highest engagement rate of 1.9%. This is positive because Twitter usually gets, on average, 0.06% on an individual post.

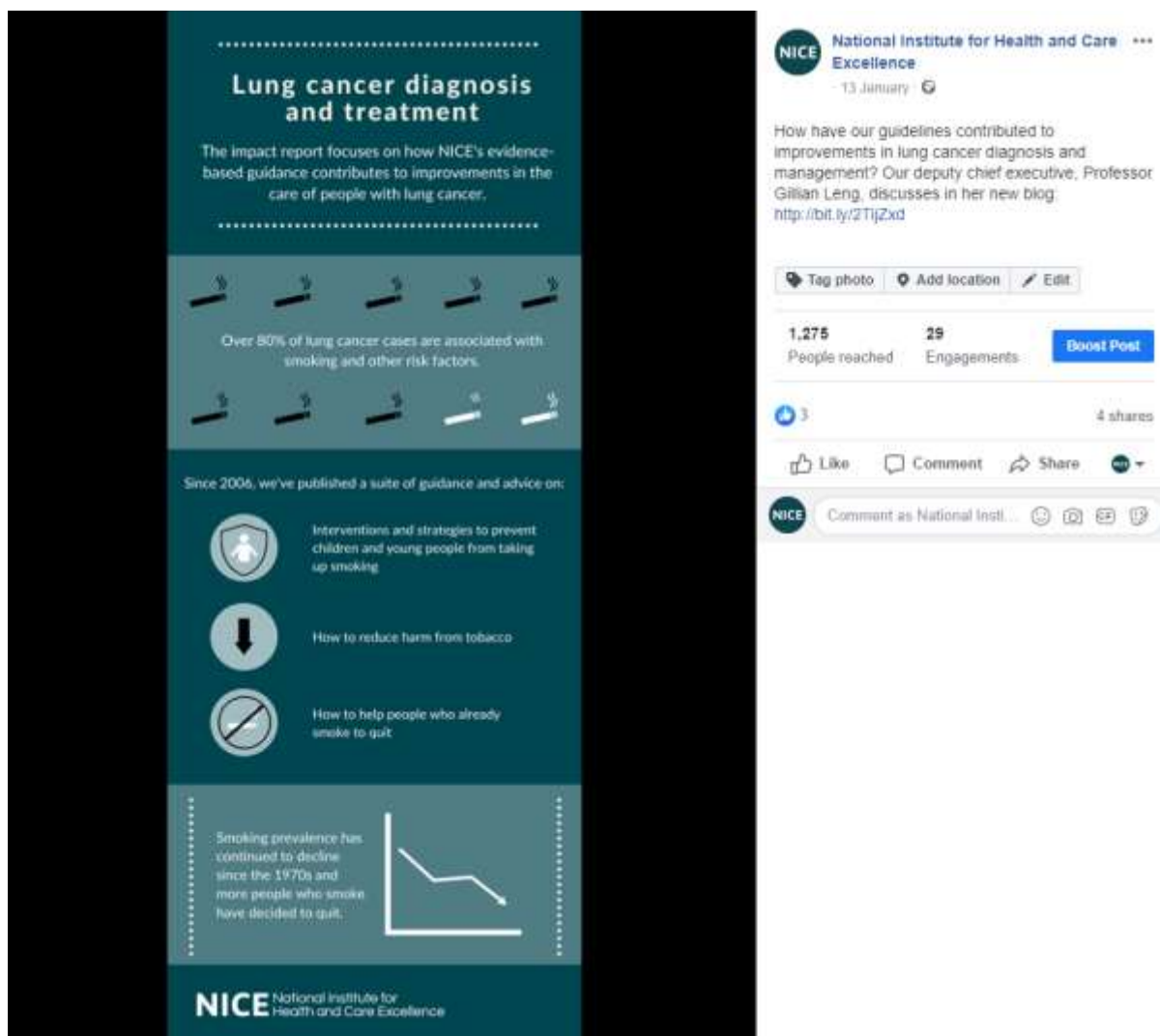
LinkedIn:

20. Our 2 posts on LinkedIn reached 13,902 people and led to 274 clicks through to the impact report and Gill Leng's blog post. The engagement rate of 1.12% and 2.53% respectively was good. Around 2% is the average.

Facebook:

21. Our 4 posts overall were viewed 4,908 times and received 62 clicks, likes, comments or shares. Our smoking infographic received the highest engagement rate with 2.27% while our other posts using stock images had engagement rates of 0.71%, 1.74% and 1.70% respectively. This suggests that providing

information in the form of a graphic could help to engage audiences through Facebook when promoting impact reports. Around 0.16% engagement is considered average.



Events

22. NICE's events team continues to promote impact reports at all relevant events, exhibitions and speaking engagements.

© NICE 2020. All rights reserved. [Subject to Notice of rights.](#)

March 2020

NICEimpact

*children and young
people's healthcare*



NICE impact children and young people's healthcare

Children and young people make up [21% of the population](#) of England, [23% of accident and emergency](#) department attendances and up to [30% of GP attendances](#).

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

We work with partners including NHS England and NHS Improvement, Public Health England and other relevant organisations to support changes. We also look for opportunities to make savings by reducing ineffective practice.



Managing infections in children p4

Infections are the most common reason for emergency hospital admissions in children. We look at how NICE recommendations on fever and infections in children can help make sure serious illness is identified and managed.



Managing long-term conditions in children in the community p7

Asthma, diabetes and epilepsy account for 94% of all emergency admissions for children and young people under 19 with long-term conditions. We look at how well NICE's guidance on managing these conditions is being put into practice.



The learning disability health check programme p13

Children and young people with a learning disability are more likely to have physical health problems. We look at whether they are receiving the appropriate health checks to address these health inequalities.



Transition from children's to adults' services p15

It's important that young people are supported well during the move to using adults' services. We look at how NICE recommendations on transition are being put into practice.



Spotlight on innovative technologies for childhood conditions p18

NICE is working with NHS England and medicine manufacturers to ensure that innovative medicines are available to children who could benefit from them.



Commentary p20

Commentary provided by Professor Russell Viner, President of the Royal College of Paediatrics and Child Health.

Why focus on children's and young people's healthcare?

When discussing children and young people this usually refers to people under the age of 18. However, there's no agreed definition across the health and care system, and a fixed upper limit can be unhelpful, such as in transition to adults' services. Therefore, some of the data and information that we've looked at in this report uses a different age range, such as under 19, or is about young adults up to the age of 25.

72

guidelines

32

quality standards

32

technology appraisals

5

interventional procedures guidance

1

medical technologies guidance

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.

Some of NICE's earliest publications made recommendations about the care of children and young people, such as our guidelines on eating disorders and type 1 diabetes which were first published in 2004. Since then, NICE has published an [extensive suite of guidance and advice](#) on children and young people, including 72 guidelines.

Many more of our products cover care for people of all ages, with over half of our guidelines including recommendations which apply to children and young people.

The last decade has seen improvements in services such as maternity and neonatal care, which we reviewed in [previous NICEimpact reports](#), but there is more to do. The [NHS Long Term Plan](#) prioritises ensuring a strong start in life for children and young people.

Many of the commitments and ambitions laid out in the NHS Long Term Plan are underpinned by NICE guidance. In this report, we look at what we know about how some of these recommendations are being put into practice, and where there's room for improvement.

The experiences of children and young people form part of our guidance development. Where possible, individual children and young people are involved directly in decision making, for example, as committee members or as patient experts. Further information on how we do this and how we ensure safeguarding for the young people concerned can be found in our [involvement policy](#).

Managing infections in children

[Research](#) by the Nuffield Trust identified that, in 2015/16, viral infections, acute bronchitis and upper respiratory tract infections were the most common reasons why children and young people were admitted to hospital in an emergency. Reducing pressure on emergency hospital services is identified as a priority in the [NHS Long Term Plan](#).

NICE's guidance on assessing, diagnosing and managing infections in children can help reduce the pressure on hospital services while making sure that serious infections are managed well.

Fever in young children

Fever is very common in young children and it can be difficult to distinguish between simple viral illnesses and life-threatening bacterial infections in this group. NICE's guideline on [fever in under 5s](#) aims to improve clinical assessment and help healthcare professionals diagnose serious illness.

The Royal College of Emergency Medicine's [Feverish Child national audit](#) found that, in 2018/19, nearly 70% of emergency departments assessed risk and managed children aged under 5 with a fever and with no apparent source of infection in line with NICE's recommended [traffic light system](#).

There is still room for improvement in this important area; the audit report notes that nationally we should aim for 100%. Not achieving this could lead to some children being inappropriately admitted to hospital or the signs and symptoms of serious infection being missed.

After assessment using the traffic light system, NICE recommends that children with 'green' features and none of the 'amber' or 'red' features can be cared for at home with appropriate advice for parents and carers. The audit found

that 67% of children who were discharged home left with appropriate safety net information and advice. Without this advice parents may not know what to look out for, delaying the response if a child's health was to deteriorate.

Think 'could this be sepsis?'

The number of children and young people who were in hospital and diagnosed with sepsis has increased from just under **8,000 in 2015/16 to nearly 14,000 in 2018/19**. Sepsis is a life-threatening reaction to an infection which happens when the immune system overreacts and starts to damage tissues and organs. It can be especially hard to spot in babies and young children. A key recommendation in [NICE's guidance](#) is that clinicians think 'Could this be sepsis?' if a child presents with fever and symptoms or signs that indicate possible sepsis.



92% of emergency departments use a stratified risk assessment or screening tool for sepsis

The Feverish Child national audit reported that 70% of trusts with emergency departments provided training on recognising paediatric sepsis for clinicians managing children with a fever. Most emergency departments reported using a stratified risk assessment or screening tool such as those produced by [the UK Sepsis Trust](#) and [endorsed by NICE](#) to assess children at risk.

However, records reviewed during the audit showed that only 38% of children aged under 5 who presented to an emergency department with fever as part of their complaint had their risk of sepsis assessed using a tool. Not carrying out this assessment could mean that children at risk of serious illness do not receive the urgent intervention they need.

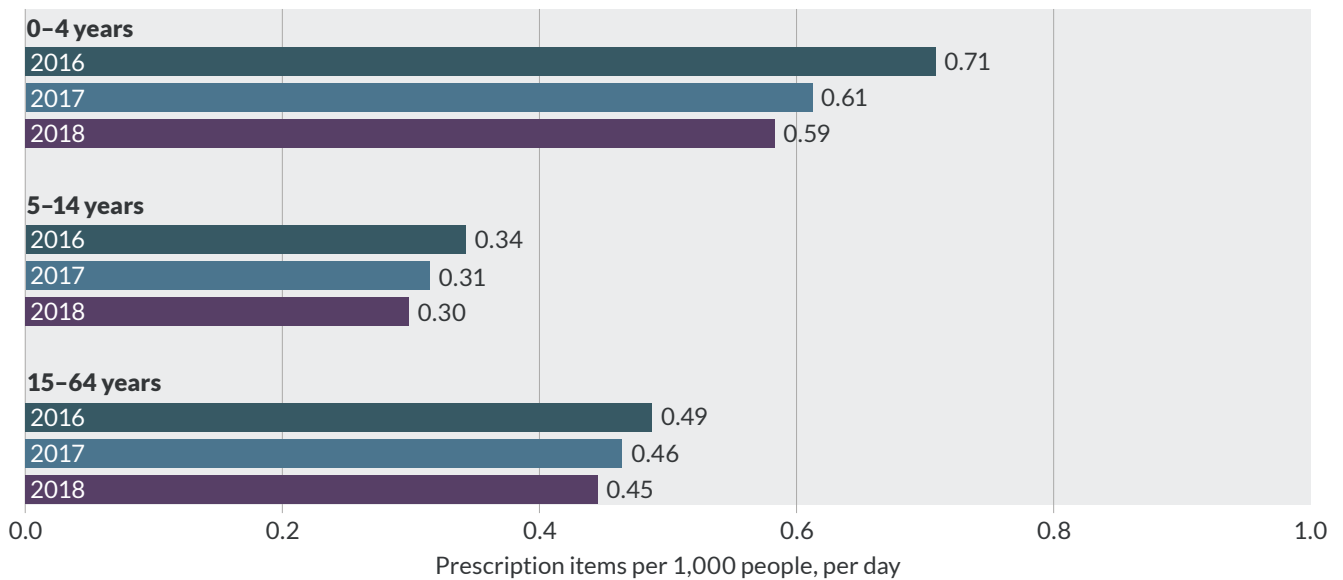
Prescribing antibiotics for common infections

NICE has been commissioned by the Department of Health and Social care to develop evidence-based antimicrobial prescribing guidance to help manage common infections. [Antimicrobial resistance](#) poses a significant threat to public health, so it's important that antibiotics are not prescribed when they are unnecessary. It's also important that serious infections are identified, and the right antibiotic is prescribed if this is appropriate.

Each of the NICE guidelines has a visual summary, which provides an overview of the guideline recommendations along with a prescribing table with recommended doses for children and adults. The guidelines also include advice on self-care and when onward referral to hospital or specialist advice is needed. They cover many common childhood infections including [cough](#), [sore throat](#), [otitis media \(ear infection\)](#) and [sinusitis](#).

Data collected by the [English surveillance programme for antimicrobial utilisation and resistance](#) show that children under 5 are prescribed higher rates of antibiotics than people aged 5 to 64. However, there has been an encouraging recent decrease in primary care antibiotic prescribing across all age ranges under 65.

Children, young people and adults are being prescribed fewer antibiotics in primary care

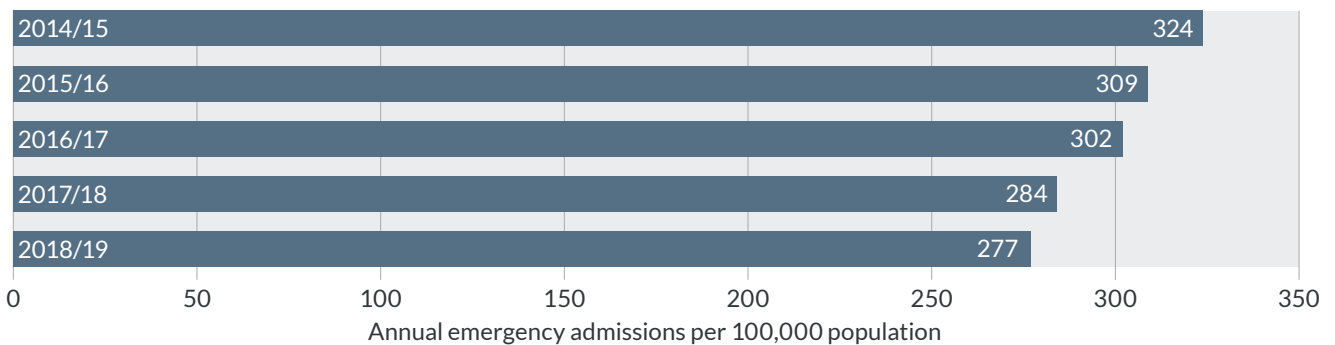


Managing long-term conditions in the community

There are 1.7 million children and young people in England with long-term conditions such as asthma, diabetes and epilepsy. The [NHS Long Term Plan](#) sets out plans to reform community care for long-term conditions, leading to better care and a reduction in the pressure on emergency hospital services.

Data collected by NHS Digital as part of the [Clinical Commissioning Group \(CCG\) Outcomes Indicator Set](#) show that there has been a reduction in the number of children and young people with these 3 long term conditions who are admitted to hospital in an emergency. This gives an indication of how well the NHS is managing these conditions in the community.

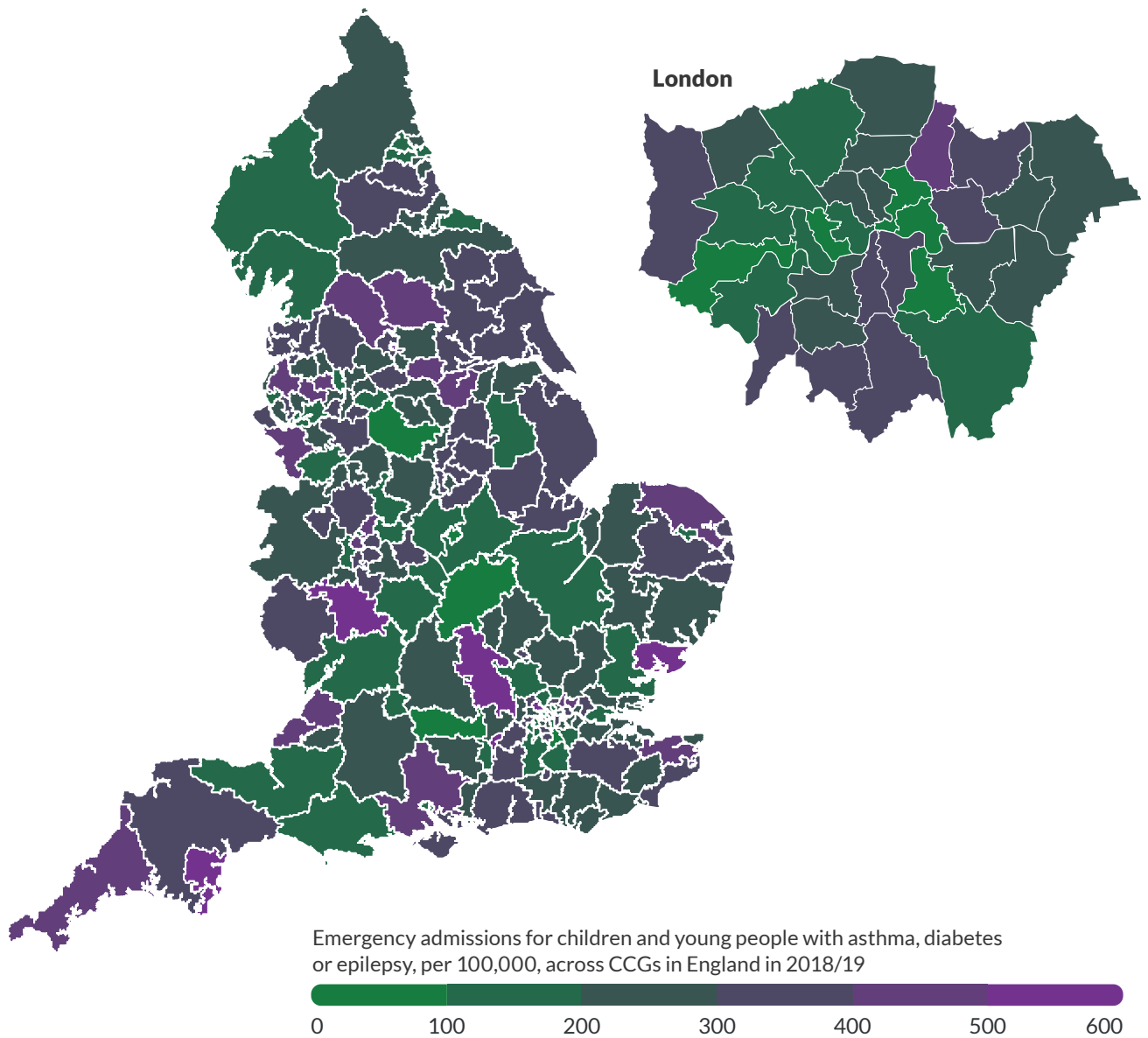
Fewer children and young people with asthma, diabetes or epilepsy are being admitted to hospital in an emergency



The overall reduction in emergency admissions is good news but we are [behind similar countries](#) in important measures such as blood sugar control in children and young people with diabetes. There is also variation in emergency admission rates across England. While some of this variation is because of differences in prevalence, it still suggests that more could be done to manage these conditions in many parts of the country.

To improve the quality of care for children and young people with long-term conditions, the [NHS Long Term Plan](#) commits to rolling out clinical networks which will share best

In 2018/19, the rate of emergency admissions for children and young people with asthma, diabetes or epilepsy ranged from 39 per 100,000 to 612 per 100,000 people



clinical practice, support the integration of paediatric skills across services and carry out bespoke quality improvement projects. NICE's guidelines on [asthma](#), [diabetes](#) and [epilepsy](#) recommend how these conditions should be managed to deliver quality care and improve health outcomes.

Asthma

Of the 3 long-term conditions included in the CCG Outcomes Indicator Set emergency admissions data, asthma is by far the most common in children and young people with [over 900,000](#) currently receiving treatment in England. However, we know little about how well NICE guidance on asthma is being put into practice.



81% of children and young people aged 6 to 18 had their inhaler technique checked before being discharged

The Royal College of Physicians carried out an [Asthma Audit Development Project](#) in 2017. This sampled around 400 records of children and young people admitted to hospital with asthma. The project found that 71% of children aged 1 to 5 and 81% of those aged 6 to 18 had their inhaler technique checked before being discharged, as recommended by NICE. This ensures they can control their asthma to help prevent further emergency admissions.

This development project informed the new [National Asthma and COPD Audit Programme](#) which is expected to publish its first report later in 2020, giving us more information about the care of children and young people with asthma.

Diabetes

More children and young people with type 1 diabetes are having NICE-recommended health checks. Regular monitoring of blood glucose control and potential diabetic complications are important to help children and young people manage their condition well to prevent emergency hospital admission.

Information about the delivery of these health checks is collected by the Royal College of Paediatrics and Child Health in the [National Paediatric Diabetes Audit](#). This audit looks at the care of children and young people with diabetes up to the age of 24. While this data collection includes children and young people with type 2 diabetes, only a handful of paediatric diabetes units have a caseload of 10% or more children and young people with type 2 diabetes, therefore we have focussed on children and young people with type 1 diabetes.

The audit found that the proportion of children and young people who had their average blood sugar level (HbA1c) regularly measured has increased in recent years. NICE recommends that children and young people with type 1 diabetes have this check at least 4 times a year. While almost everyone eligible has this check at least once, in 2017/18 only 55% were monitored as often as recommended by NICE.

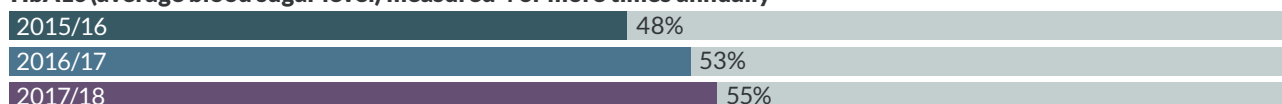


In 2017/18, 55% of children and young people had their blood sugar level monitored as often as NICE recommends

More children and young people with type 1 diabetes are receiving NICE-recommended checks

Other checks recommended by NICE help identify complications or related conditions so these can be treated and managed. More children and young people are having these checks but there's regional variation in how well they are carried out. For example, foot examination rates have increased overall but range from 71% in London and the South East to 88% in the East Midlands.

HbA1c (average blood sugar level) measured 4 or more times annually



Thyroid function measured annually



Eye screen for risk of diabetic retinopathy measured annually



Foot examination measured annually



Proportion of children and young people with type 1 diabetes

Epilepsy

The Royal College of Paediatrics and Child Health captures information about the organisation of epilepsy services for children and young people in its [Epilepsy12 National Audit](#). NICE has made recommendations on how care should be delivered, and the audit tells us how well these have been put into practice.

In 2018, the audit found that 79% of trusts in England with a paediatric epilepsy service routinely undertook comprehensive care planning. NICE's quality standard on [epilepsy in children and young people](#) identifies this as a priority area for improvement because it's important to consider and address all aspects of a person's life that could be affected by their epilepsy and the treatment they are receiving.

The audit also looked at staffing. It found that 95% of trusts with a paediatric epilepsy service employed at least 1 paediatric consultant with expertise in epilepsy. This is

important because NICE recommends that diagnosis should be established by a specialist paediatrician with training and expertise in epilepsy.

However, fewer trusts (77%) employed at least 1 epilepsy specialist nurse. Epilepsy specialist nurses play a key role in providing information, care and support.

That's why making sure that children and young people are seen by an epilepsy specialist nurse, who

they can contact between scheduled reviews, is also identified as a priority for improvement in NICE's quality standard.

'My nurse, Kat, is amazing. Apart from being very funny and always cheery, she knows lots and is able to explain stuff in a way I get! She talks to me rather than the adults and makes sure that I understand what's going on. Without Kat I think I would be pretty terrified and that probably goes for the rest of my family too. She helps us feel normal about epilepsy and gives us tips and advice on "living" rather than just fretting about my diagnosis. My epilepsy nurse rocks!.' Will, 13 years old

Mental health

The [NHS Long Term Plan](#) identified young people's mental health services as an area of longstanding unmet need. As well as leading to poorer outcomes for young people with mental health problems, difficulties accessing mental health services can also increase pressure on emergency services. For example, [Public Health England](#) reports that there were

nearly 27,000 emergency admissions due to self-harm in 10 to 19 year olds in 2017/18.

In recent years, the number of children and young people accessing community mental health services has increased, from nearly 325,000 in 2017/18 to **nearly 380,000** in 2018/19. [NHS England estimates](#) that this is around 36% of all children and young people with a diagnosable mental health condition. We wrote about proposals to further expand community services for children and young people with mental health conditions in our [NICEimpact mental health](#) report.

Improving mental healthcare for children and young people with long-term physical health conditions

Many people with long-term physical health conditions [also have mental health problems](#). These can lead to significantly poorer health outcomes and reduced quality of life. For example, the National Paediatric Diabetes Audit found that 28% of children and young people with type 1 diabetes who had psychological screening as recommended by NICE were identified as needing additional support. Those who needed support had poorer blood sugar control.

One approach to transforming mental healthcare for children and young people with long-term

conditions has been evaluated by Great Ormond Street Hospital for Children and described in a [NICE shared learning example](#). The hospital set up a drop-in psychological wellbeing centre, offering NICE-recommended psychological therapies and, where appropriate, referrals to paediatric psychology services. Most children and young people who self-referred met the clinical threshold for common mental health problems. Previously they had received limited support for these common mental health conditions.

The learning disability health check programme

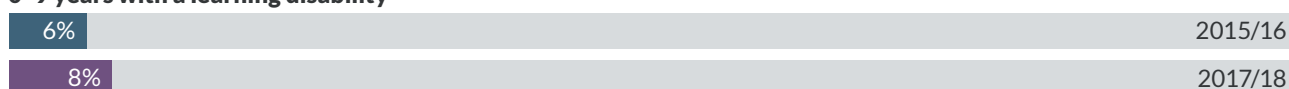
[Around 300,000](#) children and young people in England have a learning disability. People with learning disabilities may have more difficulty than those without in identifying health problems and getting treatment for them.

As well as being less likely to receive treatment, people with a learning disability are more likely to have physical health problems such as epilepsy and diabetes. As a result they have a [shorter life expectancy](#) than the general population. The [NHS Long Term Plan](#) commits to taking action to tackle the causes of morbidity and preventable deaths in people with a learning disability.

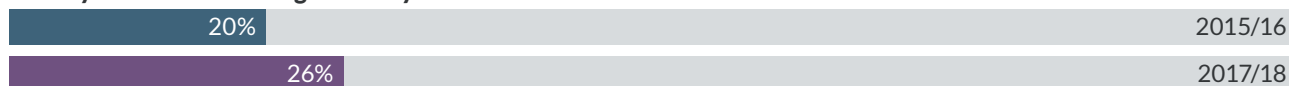
To help reduce this health inequality, NICE recommends that all children, young people and adults with a learning disability should be offered an annual physical health check. These are likely to lead to identification and management of underlying physical health problems at an early stage. Data on how well these health checks are currently delivered are collected by NHS Digital and published as experimental statistics in the [Health and Care of People with Learning Disabilities](#).

Health check rates have increased overall, but less than 50% of children and young people receive them

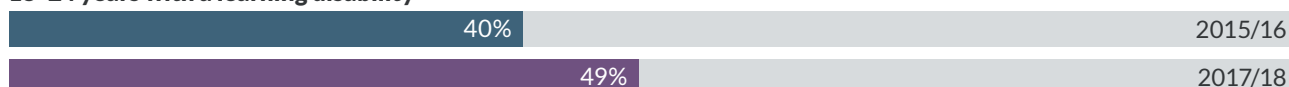
0–9 years with a learning disability



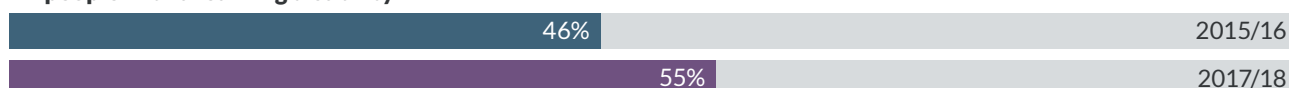
10–17 years with a learning disability



18–24 years with a learning disability



All people with a learning disability



Proportion of people with learning disabilities receiving health checks

It should be noted that these data are likely to be incomplete. It has been suggested by Public Health England that **only**

25% of the estimated 1.1 million

adults and children in England with a learning disability are recorded on their GP's register. Improving this would help make sure that everyone who could benefit from a health check is more likely to be offered one.

Although NICE recommends that people of all ages with a learning disability should be offered a health check, NHS England has focused on delivering

these to people over 14. The NHS Long Term Plan commits to improving uptake of health checks so that at least 75% of eligible people over 14 get these each year.

'I recently took my daughter who has a learning disability for a health check at our GP surgery. I'm sorry to say I had to search online what one was, as the GP had never heard of one, even though that is why we had booked an appointment. The GP was very nice to my daughter but only took her blood pressure and weighed her. Unfortunately, I still think there is a lot of work to be done in this area. Not what I expected at all.' Mellissa, mother of a 14 year old

Transition from children's to adults' services

Making the move from children's to adults' services can be a difficult period in young peoples' lives. NICE guidance aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out.

For many young people, transition will involve multiple services, including health, social care and education. NICE's guidance on [transition from children's to adults' services](#) covers the period before, during and after a young person moves from children's to adults' health or social care services. It sets out how this transition should be managed and how services should work together to support a good transition.

This guidance is supported by condition-specific recommendations on transition in many of our guidelines, such as those on [epilepsy](#), [diabetes](#), [depression](#) and [autism](#).

'My clinician set up a separate appointment date so that he could sit down with me, my parents and the adult side clinician who would be taking over my care. I think that personally for me that really helped me connect with that clinician and since then I've had a great relationship with him.' Aishah, 20 years old

The [NHS Long Term Plan](#) recognises the importance of this crucial period in young peoples' lives. It commits to selectively moving to a '0 to 25' service, offering person-centered and age appropriate care for mental and physical health needs, rather than an arbitrary transition to

adult services based on age not need. This is supported by NICE guidance, which recommends that transition should take place at a time of relative stability for each young person and should not be based on a rigid age threshold.

There's room to improve the provision of child to adult transition services

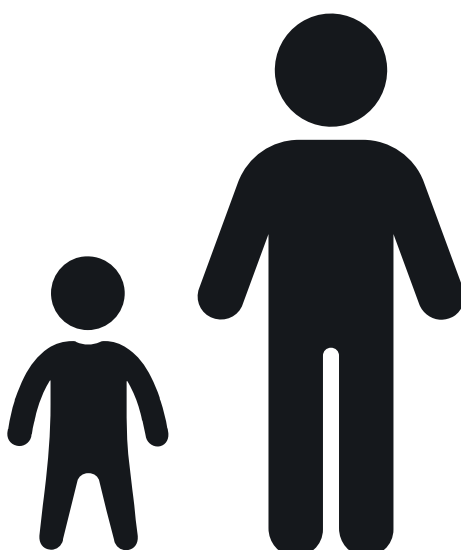
Epilepsy

Almost **60%** of child and adult epilepsy services provided access to a transition clinic ([Epilepsy health services report, 2017](#))

53% of trusts had a joint outpatient service for epilepsy, with both adult and paediatric professionals ([Epilepsy12 organisational report, 2018](#))

Cancer

43% of hospitals had a policy for transition of care from child to adult oncology services (NCEPOD, [Cancer report, 2016](#))



Autism

35% of local authorities gave their transition services for young people with autism a good rating, meaning that transition planning happened automatically, down from 39% in 2016 ([Autism self-assessment framework, 2018](#))

36% of adults with autism said they were fully involved when they went through the transition to adult services ([All Party Parliamentary Group for Autism report, 2019](#))

Mental health

78% of general or mental health hospitals had a framework to facilitate continuity of patient care at the point of transition from child to adult mental health services (NCEPOD, [Mental healthcare report, 2016](#))

To help healthcare professionals put our transition guidance into practice, NICE has published [shared learning examples](#) showing how services have implemented our recommendations.

‘When I moved to adult services the junior doctor would not allow my mum to be with me for the admission. This was my first time being admitted as an inpatient on an adult’s ward, so this was an incredibly frightening experience for me.’ Aishah, 20 years old

In Southampton, a transition programme called [‘Ready Steady Go’](#) focuses on empowering young people and equipping them with the skills and knowledge to manage their own health care. The trust now delivers targeted ‘11+

clinic weeks’ 4 times a year across all clinical subspecialties.

Another project, in Liverpool, focused specifically on improving care for [young adults with diabetes](#). Changes included a clinic restructure, the addition of flexible drop-in sessions and the establishment of a peer-support group.

Both projects reported a reduction in diabetes-related hospital admission rates in young people using the transition service. This is important because recent analysis carried out by [the Nuffield Trust](#) found an increase in diabetes-related emergency admissions in young adults. There has been an overall decrease in these admissions in children and young people, but in young adults aged 20 to 24 they have increased from 70 admissions annually per 100,000 people in 2011/12, to 96 per 100,000 in 2017/18.

Improving care during transition for young people with an eating disorder

NICE’s guideline on [eating disorders](#) recommends that particular care should be taken to ensure services are well coordinated when a young person moves from children’s to adults’ services, or when more than 1 service is involved. However, in 2017 the Parliamentary and Health Service Ombudsman (PHSO) published a report, [Ignoring the Alarms](#), which found serious failings in delivery of care and coordination for people with eating disorders during periods of transition such as from home to university.

NICE’s quality standard on [eating disorders](#) reflects the PHSO findings. It identifies coordinated

care across services and risk assessment when moving between services as priorities for quality improvement. Since the PHSO report was published, NICE has been working with national partners to support implementation of its recommendations and the NICE quality standard. In 2019, NHS England worked with NICE and the National Collaborating Centre for Mental Health to prepare [guidance for commissioners and providers of adult eating disorders services](#). This sets out optimum models of service delivery, including how to effectively manage transitions in line with NICE’s recommendations.

Spotlight on innovative technologies for childhood conditions

New and innovative medicines have the potential to make a real difference to children and young people with rare conditions such as cancer and genetic diseases. NICE has worked with NHS England and manufacturers to find ways of making new treatments available.

The [NHS Long Term Plan](#) highlights that survival rates for children with cancer have doubled over the past 40 years but, because mortality has fallen for other conditions, cancer is now the biggest cause of premature death among children and young people aged 5 to 14 years.

One of the commitments in the Long Term Plan is that children and young people in England will be among the first in Europe to benefit from CAR T-cell cancer therapies. These therapies, which involve taking a person's own immune cells and modifying them to fight their cancer cells, have the potential to be a cure.

NICE first recommended CAR T-cell cancer therapy in December 2018. [Tisagenlecleucel](#) therapy is now available for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years through the [Cancer Drugs Fund](#). This is a source of funding for cancer drugs in England which provides patients with faster access to the most promising new cancer treatments while further evidence is being collected to resolve uncertainties around clinical effectiveness.

As part of the Cancer Drugs Fund approval, Novartis, the manufacturer of tisagenlecleucel, has agreed a managed access agreement with NHS England. This includes a patient access scheme which will allow young people to have access to the therapy as more data are gathered. Around 25 to 30 young people will be eligible for this treatment each year in England. NICE will review the new evidence in 2023 and decide whether to recommend tisagenlecleucel for routine use on the NHS.

Medicines for very rare conditions

Some conditions are so rare that it is difficult to collect evidence about how well new treatments work. These treatments also tend to have a higher cost because so few people are eligible to receive them. NICE's [highly specialised technologies guidance](#) makes recommendations on whether treatments for very rare conditions should be available on the NHS.

Neuronal ceroid lipofuscinosis type 2 (CLN2) is a very rare inherited condition affecting between 3 and 6 babies each year in the UK. It's a progressive condition, also known as Batten disease, and the average life expectancy for children with CLN2 is 10 years.

NICE has recommended [cerliponase alfa](#) for treating CLN2. For some people, cerliponase alfa may lead to long-term disease stabilisation and a near normal life expectancy. However, there is only short-term clinical evidence, so assumptions about long-term disease stabilisation and mortality are uncertain.

NICE, NHS England and BioMarin, the manufacturer of cerliponase alfa, have therefore negotiated a managed access agreement. This agreement identifies the areas of uncertainty in the evidence and sets out arrangements to collect the data that may address these uncertainties. It also includes a confidential commercial access agreement between BioMarin and NHS England.

Responding to changes in practice

NICE often needs to respond to changes in practice after a technology has been appraised.

In 2009 NICE published a technology appraisal on the use of [cochlear implants for children and adults with severe to profound deafness](#). However, in 2017 after concerns were raised regarding the eligibility criteria for cochlear implants we published a [review decision](#) that the appraisal should be updated. This decision focused on updating the eligibility criteria for cochlear implants.

The update meant that an extra 890 people could now receive cochlear implants, an increase of 70%. It now defines severe to profound deafness as only hearing sounds louder than 80dB HL at 2 or more frequencies without hearing aids.

Commentary

Professor Russell Viner, January 2020



Professor Russell Viner is President of the Royal College of Paediatrics and Child Health.

The Royal College of Paediatrics and Child Health (RCPCH) is committed to ensuring members know how to guarantee a healthier future for children. Health professionals who care for children, young people and their families need to be at the heart of any new initiative, working in partnership with them to improve care.

I welcome this impact analysis of NICE recommendations. There are encouraging results around fewer antibiotics prescribed in under 5's, and more children and young people with type 1 diabetes receiving NICE recommended checks. However, young people transitioning from children's to adult services are often at risk of experiencing poor health outcomes when their transfer is not appropriately supported and coordinated. Further improvements are required in this area, including a more focused approach on health checks for young people with learning disabilities.

A structured approach to implementation and audits would help maximise uptake on guidelines and much more can be done to promote better collaboration between related organisations to ensure that best practice is put into action. Our experience of hosting the three national clinical audits on epilepsy, paediatric diabetes and neonatal care demonstrates how well care is improving on specific standards and where there is room for improvement. This in turn has enabled us to develop quality improvement initiatives such as the National Children and Young People's Diabetes Quality Improvement Programme to support clinicians and healthcare professionals to deliver better services to children and their families.

The RCPCH continues to lead on initiatives to bring together clinicians, experts and stakeholders to maximise the improvement of the health of children and young people. I believe more strongly now than ever in the immense value of paediatrics and child health, and working in collaboration with other organisations to enhance quality and safety for the children and families who we provide care to and drive improvements in outcomes so that they are in line with comparable countries.

NICE guidance provides the evidence base to help health professionals deliver care that is high-quality, safe and effective. As a clinician and leader in children's health, I welcome this report that shows progress made by the health and care system in implementing NICE guidance. I look forward to working further with NICE to improve the uptake and implementation of guidance to improve patient care.

We would like to thank Dr Jacqueline Cornish, Dr Ronny Cheung, Dr Dougal Hargreaves, Professor Russell Viner for providing the commentary and to all those who contributed to the report by providing us with their experiences.

Published March 2020

© NICE 2020. All rights reserved. Subject to [Notice of rights](#).

Any enquiries regarding this publication or any other enquiries about NICE and its work should be made to:

National Institute for Health and Care Excellence
10 Spring Gardens
London SW1A 2BU
Telephone: +44 (0)300 323 0140

National Institute for Health and Care Excellence
Level 1A, City Tower
Piccadilly Plaza
Manchester M1 4BT
Telephone: +44 (0)300 323 0140

Email: impact@nice.org.uk
Website: www.nice.org.uk



National Institute for Health and Care Excellence

Equality objectives 2020-24

NICE is required under equalities legislation to publish equality objectives at least every four years. NICE's current objectives were agreed in March 2016 and therefore new objectives are required by March 2020. This paper presents the proposed equality objectives for the period 2020 to 2024 for the Board's approval.

The Board is asked to agree the following equality objectives for 2020 to 2024:

- To achieve year on year increases in the representation of people who are from black, Asian and minority ethnic groups on the advisory committees.
- To seek year on year increases in the proportion of staff in senior roles (agenda for change band 7 and above) who are from black, Asian and minority ethnic groups.
- To reduce inappropriate variation when carrying out equality impact assessments during guidance development.

Catherine Wilkinson

Acting Business Planning and Resources Director

March 2020

Introduction

1. NICE is required under equalities legislation to publish equality objectives at least every four years. NICE's current objectives were agreed in March 2016 and therefore new objectives are required by March 2020.
2. [The Equality Act regulations](#) state there should be one or more objectives, and these must be specific and measurable.
3. In guidance to public bodies [the Equality and Human Rights Commission \(EHRC\)](#) highlight proportionality is a key principle underpinning the public sector equality duty. A proportionate approach should therefore be taken when setting equality objectives, with the number of objectives and their level of ambition varying according to the size and role of the organisation. The EHRC note that objectives may be revised or set more regularly than every four years.
4. The EHRC highlight that good objectives should be explicit about:
 - the policy, function or practice they relate to
 - the people that are affected
 - the outcome they seek to achieve
 - why they have been selected
 - how success will be measured (e.g. by how much or how many).
5. The guidance states that objectives should be designed to achieve improvements in service delivery or the way an organisation employs staff. Therefore, as in previous years, it is proposed to have objectives that relate to the way NICE develops its key output (guidance), and NICE as an employer.
6. Current objectives set by the Department of Health and Social Care (DHSC) and a selection of other health Arms' Length Bodies (ALBs) are outlined in appendix 1 for information and context.

Current equality objectives

7. The objectives agreed in 2016 were:
 - Objective 1: To increase the proportion of advisory body position applications that are from individuals who describe themselves as from black, Asian and minority ethnic groups.
 - Objective 2: To increase the proportion of staff from black, Asian and minority ethnic groups in senior roles (agenda for change band 7 and above) across the organisation.

8. Action plans were put in place for these objectives, with progress set out in the annual equality reports to the Board. This is outlined further below.

Progress with objective 1

9. As part of the action plan the Public Involvement Programme (PIP) launched revised lay member recruitment documentation. These revised and simplified documents drew on feedback at workshops and focus groups that discussed methods to encourage and increase applications for lay member roles from people who describe themselves as from black, Asian and minority ethnic groups. The revised documentation seeks to be more accessible and appealing to people from a broader range of backgrounds and who may not have previously considered applying for a role with NICE or similar organisation.
10. These sit alongside the wider changes to the committee recruitment pages on the NICE [website](#) which have been comprehensively redesigned to provide information in a more accessible format and therefore encourage applications from people who have not previously been involved with NICE. To inform this, we sought feedback from committee members on the current recruitment documentation and process. The pages explicitly reference NICE's commitment to increasing applications from people who describe themselves as from black, Asian and minority ethnic groups. They include a [blog from a committee member](#) encouraging people from black, Asian and minority ethnic groups to apply for committee roles at NICE.
11. In addition, the slides used by the field team to promote opportunities to get involved with NICE's work were updated to reflect the commitment in the equality objective.
12. As set out in the 2018/19 equality report presented to the Board in September 2019, the proportion of applicants from black, Asian and minority ethnic groups increased year on year from 13% in 2015/16, to 16% in 2016/7 and 18% in 2017/18. However, in 2018/19 the proportion of applicants from black, Asian and ethnic minority ethnic groups reduced to 14%. This is outlined further in the tables below.

Table 1a and 1b: Ethnicity of applicants to NICE advisory committees by percentage and total

Ethnicity	2015/16	2016/17	2017/18	2018/19
Asian or Asian British	8%	9%	10%	8%
Black or Black British	2%	2%	3%	2%
Mixed	2%	3%	2%	2%
White British	67%	67%	63%	68%
Other white background	9%	8%	9%	8%
Any other ethnic group	2%	2%	3%	3%
Undisclosed	4%	4%	7%	5%
Data not held	6%	5%	3%	5%

Ethnicity	2015/16	2016/17	2017/18	2018/19
Asian or Asian British	194	165	172	112
Black or Black British	51	38	47	25
Mixed	56	38	31	26
White British	1577	1230	1074	989
Other white background	208	143	159	119
Any other ethnic group	48	39	51	46
Undisclosed	84	69	126	66
Data not held	146	95	45	68
<i>Total</i>	<i>2364</i>	<i>1827</i>	<i>1705</i>	<i>1451</i>

Progress with objective 2

13. We have developed activities, initiatives and improvements which target both internal promotion of BAME staff, as well as increasing the numbers of BAME candidates who apply for, and are successfully appointed, roles at NICE.
14. We continue to promote specialist development programmes such as the NHS Leadership Academy "[Stepping Up](#)" and "[Ready Now](#)" programmes which are aimed at releasing the potential of BAME staff.
15. We have engaged with staff members to get feedback on how to improve our recruitment practises for internal and external applicants from black, Asian and minority ethnic groups, or have other or additional protected characteristics. For

example, in response to feedback from this group, we organised a talk on career development from an Associate Director from a BAME background.

16. In 2018 we appointed a dedicated in-house Recruitment Manager who is working with line managers and the wider HR team to review job adverts to ensure they are attractive and appealing to candidates from a diverse range of backgrounds.
17. In addition to our recruitment channels of Total Jobs and LinkedIn (two of the UK's leading jobs boards) which have greatly increased our advertising reach, we have improved our use of social media to target active and passive candidates across multiple communities and channels, which helps us to attract a diverse range of candidates. We have created recruitment videos and blogs featuring existing staff, which promotes the diversity of NICE's workforce and encourages a diverse range of candidates to apply for our roles.
18. We redesigned our recruitment and selection training with an increased focus on diversity, inclusion and understanding unconscious bias, and our new recruitment policy explicitly encourages hiring managers to consider the diversity of recruitment panels in advance of inviting candidates to interview.
19. In 2019 NICE participated in the workforce race equality standard (WRES) and we will use the data to continue to improve our activities in supporting our BAME staff.
20. NICE is committed to supporting staff regardless of their background, and we are working hard to ensure our workplace is inclusive. We recognise that our staff may possess a range of protected characteristics, in addition to our work on increasing the number of senior BAME staff, we have become Stonewall Diversity Champions (which supports LGBT staff), we have signed the Time to Change pledge (which aspires to end mental health discrimination) and we hold the Disability Confident "Employer" standard.
21. The number of black, Asian and minority ethnic staff in senior roles (band 7 and above) increased from 64 staff at 31 March 2018 to 68 staff at 31 March 2019. This increased the proportion of staff in band 7 and above from black, Asian and minority ethnic groups from 15% in 2017/18 to 16.6% in 2018/19.

Table 2: Ethnicity of staff in bands 7 and above

Ethnicity	2015/16	2016/17	2017/18	2018/19
BAME	Not available	12.5%	14.9%	16.6%

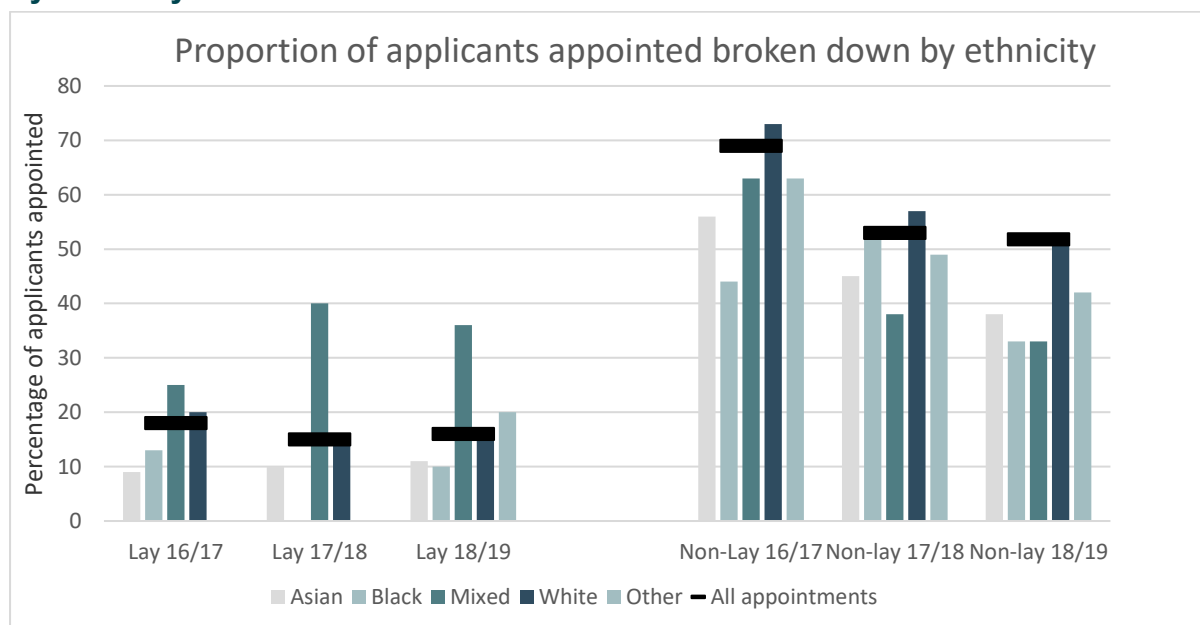
Proposed equality objectives for 2020-24

22. Having considered recommendations from the internal equality and diversity group and the HR team, and reviewed progress with the existing equality objectives, the senior management team (SMT) are proposing three equality objectives for the Board's approval. These objectives, and the rationale, are outlined below.

Committee membership

23. NICE guidance is developed by independent advisory bodies made up of health, social care and public health professionals and practitioners; people using services, their unpaid carers and other lay people; academics; health and social care commissioners; local authority elected members; and other experts on the topics covered by guidance including from the life sciences industry.
24. We seek diverse membership so that advisory bodies are representative of the population and provide a wide range of viewpoints and experiences to inform guidance and improve its quality. This helps us meet our equality duty to have 'due regard' to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out our activities.
25. As noted above, there have been some increases in the proportion of committee applications from people from black, Asian and minority ethnic groups. SMT recommend maintaining focus on this issue through a refocused objective that seeks increased representation of people from black, Asian and minority ethnic groups on the committees. Data on the background of people applying for our committees compared to the background of those subsequently appointed indicates that across both lay and non-lay roles a lower proportion of applicants who identified themselves as being of Asian or black ethnicity were appointed than applicants who identified themselves as being of white ethnicity. This is outlined in the chart below.

Chart 1: Proportion of applicants appointed to advisory bodies broken down by ethnicity



[Download the data set for this chart](#)

26. The recommendation for the first equality objective is:

- To achieve year on year increases in the representation of people who are from black, Asian and minority ethnic groups on the advisory committees.

27. Progress will be measured using the anonymised equality monitoring data collected during the committee recruitment process and seeking increases in the proportion of appointees that have described themselves as from black, Asian and minority ethnic groups each year. This approach will provide the most accurate method of tracking progress. While we ask committee members to complete an annual anonymised survey to provide a snapshot of the composition of the committees each year, the latest survey for the 2018/19 equality report received a 62% response rate, which means it cannot be used to accurately track changes in the committees' composition.

Ethnic diversity in senior roles

28. Similarly, while the SMT welcomed the progress with the second objective and the increased proportion of BAME staff in senior roles, it was felt there is scope for further improvement. The recommendation is therefore to retain this as an area of focus and:

- To seek year on year increases in the proportion of staff in senior roles (agenda for change band 7 and above) who are from black, Asian and minority ethnic groups.

29. This will be measured using the equalities monitoring data held on the electronic staff record (ESR).

Equality issues in guidance production

30. NICE's overarching function is to produce guidance and the third recommended objective seeks to improve the way that equality issues are identified and considered in the guidance development process.

31. For the purposes of the public sector equality duty, NICE treats each item of its guidance as an individual policy which requires an equality impact assessment (EIA). The aim of this analysis is to ensure that, wherever there is sufficient evidence, NICE's recommendations support local and national efforts to eliminate discrimination, advance equality of opportunity, and foster good relations.

32. The annual equality reports provide an analysis of data on the number and type of equality issues considered by advisory bodies that year and the extent these had an impact on recommendations. The following table is taken from the 2018/19 annual equality report and provides this information for guidance published that year.

Table 3: summary of equality analysis of published guidance in 2018/19

Guidance type	Number of publications	Number of equality issues identified	Age	Disability	Gender reassignment	Pregnancy and maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other	Number of equality issues with an impact on	Average number of potential equality issues identified per guidance output
Diagnostics guidance	3	13	3	4	1	2	1	1	1	0	0	0	3	4.3
Highly specialised technologies evaluation	1	1	1	0	0	0	0	0	0	0	0	0	0	1
Interventional procedures guidance	36	119	30	31	1	3	19	4	23	0	8	0	0	3.3
Medical technologies guidance	5	3	0	3	0	0	0	0	0	0	0	0	1	0.6
Technology appraisals	57	42	6	8	0	2	7	2	1	0	1	15	12	0.7
Clinical guidelines	14	74	12	19	1	3	10	3	3	1	3	19	62	5.3
Clinical guideline updates	4	23	3	4	0	0	3	1	2	1	4	5	11	5.8
Public health guidelines	3	48	0	3	0	1	2	1	2	2	2	35	3	16
Antimicrobial prescribing guidelines	8	24	8	8	0	8	0	0	0	0	0	0	8	3
Quality standards	17	73	21	14	2	2	7	4	3	2	3	15	55	4.3
Indicator set	9	10	3	3	0	0	3	0	0	0	1	0	0	1.1
Total	157	430	87	97	5	21	52	16	35	6	22	89	155	2.7

33. The data indicates variation in the number of potential equality issues identified between guidance programmes. In 2018/19 the number of potential equality issues identified per guidance topic was highest for the guidelines programmes, and lowest for the medical technologies, technology appraisals, highly specialised technologies, and indicators programmes.

34. The extent the identified issues impacted on recommendations also varied between programmes. In 2018/19, 62 of the 74 identified potential equality issues (84%) impacted on recommendations in the clinical guidelines. 119 potential equality issues were identified in the interventional procedures

programme, but none subsequently impacted on guidance recommendations. This was similar to 2017/18 when none of the 112 identified potential equality issues in the interventional procedures programme impacted on guidance recommendations.

35. The equality and diversity group have looked at this variation and believe it largely reflects the different nature of the guidance programmes and the guidance topics. For example, the public health and social care guidelines have greater scope to address inequalities and promote the equality duty than programmes focused on evaluating a specific health technology.
36. Some inconsistency in the process between teams was however noted and the group suggest exploring the scope to harmonise processes across the guidance programmes, including a NICE-wide definition of what constitutes a potential equality issue. This harmonisation would build on the work in the Centre for Health Technology Evaluation (CHTE) methods review and support the NICE Connect ambition of reducing variation across guidance programmes in order to present advice and guidance integrated in a care pathway format.
37. The third recommended objective is therefore:
 - To reduce inappropriate variation when carrying out equality impact assessments during guidance development.

Next steps

38. Once agreed by the Board, the equality and diversity group will oversee actions to deliver the objectives and monitor progress. Progress updates will be included in the annual equality reports to the Board.

Recommendations

39. The Board is asked to agree the following recommendations from SMT as NICE's equality objectives for 2020 to 2024:
 - To achieve year on year increases in the representation of people who are from black, Asian and minority ethnic groups on the advisory committees.
 - To seek year on year increases in the proportion of staff in senior roles (agenda for change band 7 and above) who are from black, Asian and minority ethnic groups.
 - To reduce inappropriate variation when carrying out equality impact assessments during guidance development.

© NICE 2020. All rights reserved. [Subject to Notice of rights.](#)

March 2020

Appendix 1: equality objectives from other bodies

Department for Health and Social Care (DHSC): 2019 to 2023

1. We aim to build an inclusive culture within the department which values and respects diversity, where everyone can achieve their potential. As an employer we are also committed to the Civil Service ambition to become the UK's most inclusive employer.
2. We will continue to build and develop our relationships with stakeholders and the public, including those that represent groups with protected characteristics, to improve our functions and services.
3. We will improve the capability and understanding of the Public Sector Equality Duty in the Department to make better policy decisions and improve the health and lives of the nation.
4. We aim to improve the department's assurance processes to the Public Sector Equality Duty to ensure it is clear throughout the policy development process, how we have paid due regard to the Public Sector Equality Duty.
5. We will build senior engagement in the department and stakeholders to highlight and promote the importance of equalities and encourage senior staff to tackle equality issues.

NHS England: 2016 to 2020

1. To improve the capability of NHS England's commissioners, policy staff and others to understand and address the legal obligations under the public sector Equality Duty and duties to reduce health inequalities introduced by the Health and Social Care Act 2012.
2. To improve disabled staff representation, treatment and experience in the NHS and their employment opportunities within the NHS.
3. To improve the experience of LGBT patients and improve LGBT staff representation.
4. To reduce language barriers experienced by individuals and specific groups of people who engage with the NHS with specific reference to identifying how to address issues in relation to health inequalities and patient safety.
5. To improve the mapping, quality and extent of equality information in order to better facilitate compliance with the public sector Equality Duty in relation to patients, service-users and service delivery.

6. To improve the recruitment, retention, progression, development and experience of the people employed by NHS England to enable the organisation to become an inclusive employer of choice.

Care Quality Commission: 2019 to 2021

1. Confident with difference – person-centred care and equality
2. Accessible information and communication
3. Equality and the well-led provider
4. Equal access to care and equity of outcomes in local areas
5. Continue to develop a diverse workforce with equal opportunities for everyone and a culture of inclusion

Public Health England: 2017 to 2020

Aim 1: supporting the health system

- **Research and Intelligence:** We will develop and promote use of better intelligence and advocate for better research related to health outcomes and health determinants among groups that share protected characteristics.
- **Advice to the system:** We will ensure our advice to the system includes dimensions of equity and equality in line with PHE priorities
- **Promoting equality through programmes:** We will promote equality through all our programmes or functions to ensure they relate to people who share different protected characteristics, advance equality and tackle inequalities.

Aim 2: engaging and developing PHE staff

- **Diversity and Staff inclusion:** We will develop people managers' understanding of the link between effective diversity and staff inclusion and the future impact on physical and mental health of the actions and behaviours of managers and colleagues.
- **Workforce composition:** We will strengthen collection and monitoring information on our staff in reference to their age, gender, ethnicity, sexual orientation, religion/belief and disability.
- **Talent management:** We will establish talent management schemes tailored for developing staff from the main six protected characteristics.

- **Staff engagement.** We will continuously improve staff engagement and inclusiveness as measured by Staff Survey questions.

National Institute for Health and Care Excellence

Appointment of a committee of the Board

The Health and Social Care Act 2012 states that NICE shall comprise at least 6 non-executive members and between 3 and 5 executive members. The number of non-executives will fall to 5 when Professor Sheena Asthana's term of office ends on 31 March 2020 and remain below the statutory minimum until the new chair takes up their role.

In order to ensure that the remaining non-executive and executive directors can meet and exercise the Board's powers it is proposed to establish a committee of the Board members to undertake the Board's functions. The committee will be delegated the Board's powers and would for all practical purposes operate in the same way as the Board, including meeting in public. It would cease to exist once the Board returns to the required minimum size.

The Board is asked to

- Establish a time-limited committee of the Board in line with the terms reference outlined in appendix 1.

Andrew Dillon

Chief Executive

March 2020

Introduction

1. The Health and Social Care Act 2012 states that NICE shall comprise at least 6 non-executive members (known as non-executive directors or NEDs).
2. There are currently 6 NEDs in place. Sheena Asthana's term of office ends on 31 March 2020 and therefore the number of NEDs will fall to 5, below the required minimum, until the new chair takes up their role.
3. This paper asks the Board to establish a committee to exercise the Board's powers to mitigate the impact of this reduction in number of NEDs.

Proposal

4. Our legal advice is that the remaining Board members cannot meet as the Board once the number in post has dropped below the statutory minimum. The advice is for the Board, while still comprising the minimum numbers, to pass a resolution constituting the remaining NEDs and executive members as a committee of NICE under paragraph 7 of Schedule 16 of the 2012 Act, and then delegate to the fullest extent possible the conduct of all of NICE's business and the exercise of all of NICE's powers to that committee under paragraph 9(c), including a right to sub delegate.
5. This is consistent with our standing orders, which outline the ability for NICE to appoint committees and delegate powers to these.
6. Proposed terms of reference for the committee are attached at appendix 1. Key points to note are that the committee will:
 - a. Comprise all the NEDs and Executive Directors in post
 - b. Exercise all the powers reserved to the Board in the Reservation of Powers
 - c. Conduct itself in accordance with the same rules and procedures that apply to a standard Board meeting, including meeting in public unless it has resolved to meet in private due to the confidential business being discussed
 - d. Automatically dissolve once the number of non-executive directors and executive directors is above the minimum set out in the Health and Social Care Act 2012.
7. The relevant extracts of the [Health and Social Care Act 2012](#) are presented in appendix 2.

Board action required

8. The Board is asked to

- Establish a time-limited committee of the Board in line with terms reference outlined in appendix 1.

Appendix 1

Board committee: terms of reference

Role and powers

1. The NICE Board has established this committee to discharge all of the powers reserved to the Board under NICE's governance framework and the committee is empowered to act on behalf of the NICE Board unless this would contravene any statutory provision.
2. The Committee is able to delegate its powers further to a sub-committee providing this would not contravene any statutory provision.

Membership

3. The committee comprises all of the non-executive directors and executive directors that are in post during the committee's operation.
4. The members of the senior management team who are not executive directors will attend the committee meetings in a non-voting capacity.
5. The person appointed to the role of chair of NICE (including on an interim basis) will chair the committee's meetings. In their absence, meetings will be chaired by the vice chair. If the vice chair is not present or unable to chair the meeting, the remaining committee members present will select a non-executive director to chair the meeting.

Quorum

6. No business shall be transacted at any meeting unless at least one third of the whole number of the chair and committee members is present (rounded to the nearest whole number), including at least one non-executive director and one executive director. For matters relating to the appointment of executive members that are reserved to the non-executive members only, the quorum shall be three non-executive members.
7. A deputy attending on behalf of an executive director will not count towards the quorum, unless they have been given formal acting up status (usually for absences over four weeks).

Arrangements for meetings

8. The committee, and any sub-committee established by the committee, will operate in accordance with the standing orders for NICE's Board meetings,

including the arrangements for holding meetings in public unless confidential business is being discussed.

Dissolution of the committee

9. The committee is established on a time limited basis until 31 March 2021. It will automatically be dissolved and the powers returned to the full Board as soon as the number of non-executive and executive directors in post reaches the minimum set out in the Health and Social Care Act 2012.

Appendix 2: Extracts of [schedule 16](#) of the Health and Social Care Act 2012

Membership, appointment, etc.

- 1 (1) NICE consists of—
 - (a) at least six members appointed by the Secretary of State (referred to in this Schedule as the “non-executive members”), and
 - (b) at least three but not more than five other members appointed by the non-executive members (referred to in this Schedule as the “executive members”).
- (2) One of the non-executive members must be appointed as the chair.
- (3) One of the executive members must be appointed as the chief executive; but the appointment may not be made without the approval of the Secretary of State.
- (4) The executive members are employees of NICE.
- (5) Regulations may—
 - (a) prescribe the number of executive members (subject to sub-paragraph (1)(b)), and
 - (b) provide that all or any of the executive members (other than the chief executive) must hold posts of descriptions specified in the regulations.

Tenure of non-executive office

- 2 (1) The chair and other non-executive members—
 - (a) hold and vacate office in accordance with the terms of their appointments, but
 - (b) may resign office by giving notice to the Secretary of State.
- (2) The Secretary of State may remove a person from office as the chair or other non-executive member on any of the following grounds—
 - (a) incapacity,
 - (b) misbehaviour, or
 - (c) failure to carry out his or her duties as a non-executive member.
- (3) The Secretary of State may suspend a person from office as the chair or other non-executive member if it appears to the Secretary of State that there are or may be grounds to remove the person from office under sub-paragraph (2).

- (4) A non-executive member may not be appointed for a period of more than four years.
- (5) A person who ceases to be the chair or another non-executive member is eligible for re-appointment.

[...]

Committees

- 7 (1) NICE may appoint such committees and sub-committees as it considers appropriate.
- (2) A committee or sub-committee may consist of or include persons who are not members or employees of NICE.
- (3) NICE may pay such remuneration and allowances as it may determine to any person who—
 - (a) is a member of a committee or sub-committee, but
 - (b) is not an employee of NICE,whether or not that person is a non-executive member of NICE.

Procedure

- 8 (1) NICE may regulate its own procedure.
- (2) But regulations may make provision about procedures to be adopted by NICE for dealing with conflicts of interest of members of NICE or members of a committee or sub-committee.
- (3) The validity of any act of NICE is not affected by any vacancy among the members or by any defect in the appointment of a member.

Exercise of functions

- 9 NICE may arrange for the exercise of its functions on its behalf by—
 - (a) a non-executive member;
 - (b) an employee (including an executive member);
 - (c) a committee or sub-committee.

AUDIT AND RISK COMMITTEE

**Unconfirmed minutes of the meeting held on 22 January 2020
at the NICE London office, and via V/C to the Manchester office**

Present

Dr Rima Makarem	Non-Executive Director (chair)
Sheena Asthana	Non-Executive Director
Elaine Inglesby-Burke	Non-Executive Director
Tom Wright	Non-Executive Director

In attendance

Andrew Dillon	Chief Executive
Gill Leng	Deputy Chief Executive and Health & Social Care Director
Catherine Wilkinson	Acting Business Planning and Resources Director
David Coombs	Associate Director - Corporate Office
Barney Wilkinson	Associate Director - Procurement and IT
Jane Lynn	Head of Financial Accounting
John Pegington	Senior Management Accountant (observer)
Elaine Repton	Corporate Governance & Risk Manager (minutes)
Niki Parker	Government Internal Audit Agency
Andrew Jackson	National Audit Office
Andrew Ferguson	National Audit Office
Hassan Rohimun	Ernst & Young
Jane Newton	NICE Sponsor Team, DHSC (via T/C)

Apologies for absence

1. There were no apologies for absence.

Declaration of interest

2. There were no declarations of interest relevant to this meeting.

Minutes of the last meeting

3. The minutes of the meeting held on 28 November 2019 were agreed as a correct record.

Action Log

4. The committee reviewed the action log. Reference was made to the requirement for the Chief Executive, as Accounting Officer, to prepare a letter of assurance for his successor to support their signature of the annual report and accounts. This action has been added to the timetable for the production of the annual report. It was also clarified that the DHSC had advised it would

consider the formal appointment of a replacement Accounting Officer in February.

5. In relation to the development of a risk register to support the implementation of the CHTE methods and processes review, it was recommended that the Methods Steering Group should begin to record any risks that it is aware of at present, and transfer the register to the Methods, Processes and Analytics Expert Group, when it comes into operation in 2021. ER agreed to feedback the committee's view.

ACTION: ER

6. The committee was updated on the development of an assurance mapping framework to help identify NICE's key risk areas and any internal control gaps. It was agreed that proportionality was important and that an assurance framework should only be introduced if it proves to be a useful management tool which adds value. A further update would be given in April.

ACTION: ER

RISK MANAGEMENT

Strategic ambition and risks 2020-24

7. The committee noted the strategic ambition and risks for 2020-24 which had recently been refreshed in light of NICE Connect and other changes in the strategic environment. Following the December board training session which explored 'black swans', the committee discussed the potential risk to NICE that other organisations develop new methodologies and approaches which present a major competitor to NICE's role. The likelihood of this risk crystallising, in view of significant advances in digital and health technologies, was not reflected in the strategic risks. It was noted that NICE had the statutory mandate for its remit, whilst others did not, however, it was suggested that the reality of tech companies posing a potential risk to NICE's role, could be reflected in the 'risks' column of the document.

ACTION: AD/GL

Business risks 2019/20

8. The committee reviewed the recent updates to the 2019/20 risk register.
9. A query was raised regarding the issues with the outgoing IT network, telephony and infrastructure support provider. Barney Wilkinson advised that the contractor had given notice to exit the contract and that the digital services team was in the process of transitioning the service in-house, with the support of an independent IT consultant.
10. The head of the sponsor team at DHSC also queried whether the scores in risk 15/19 needed to be increased. The risk related to NICE's ability to deliver the commitments and provisions set out in the 2019 voluntary scheme for branded medicines pricing and access. Andrew Dillon commented that there were no

fundamental problems that cannot be resolved, and that Meindert Boysen would continue to keep the Board informed of progress and of NICE's capacity to deliver against the commitments. It was noted that the critical elements are in part out of NICE's control, which was acknowledged by the head of the sponsor team.

11. The committee supported the amendments to the risk register.

Risk discussion – Stratford 2020 London office move

12. Catherine Wilkinson gave an overview of the Stratford 2020 office move programme, the key controls, interdependencies and top 3 risks. The move was part of the Government's 'places for growth' strategy and smarter working initiative, with the aim of ALBs embracing digital technologies to become more agile and efficient.
13. It was noted that the joint working arrangements with the other health ALBs are progressing well through the Programme Board and representation on various working groups. Support and guidance from the DHSC is also being received. As to be expected with 5 organisations working together, there have been some initial issues relating to the IT requirements. These are being worked through in conjunction with the CQC who are leading the IT stream. A particular concern for NICE is the network connectivity to the Manchester office, therefore NICE is procuring its own telecoms contract in order to replicate the existing arrangements.
14. The committee asked whether the office will be fully compliant with all accessibility standards to meet the needs of a wide range of stakeholders. Catherine advised that all disability access requirements have been met as the building is new, but wider diversity issues are still being explored. The position with the provision of gender neutral toilets in particular, was explained. Catherine agreed to discuss with the DHSC the committee's keenness for NICE to provide exemplary facilities, not just meet the minimum requirements.

ACTION: CW

15. The committee thanked Catherine for the presentation.

INTERNAL AUDIT

Internal audit progress report

16. Niki Parker reported on progress against the 2019/20 internal audit plan confirming that four reports had been issued with either a significant or moderate assurance level, and that two were currently underway, due to complete in quarter 4. There were no issues of concern to bring to the committee's attention.
17. The report was noted.

Conflicts of interest

18. The committee noted the findings of the internal audit review of conflicts of interest of advisory committees which received a moderate assurance level with five recommendations. All the recommendations have been accepted by management and are planned to be actioned by June 2020, with the exception of an update to the policy which was scheduled for July 2022, the date of the next review. The committee suggested that the minor amendment could be incorporated now, rather than await the next review in 2022. This was agreed.

ACTION: ER

19. The audit had confirmed that a clearly documented policy on declaring and managing interest exists which was well communicated and supported by training sessions. However, testing of a sample of committees by internal audit had identified that the policy was not being implemented consistently across all teams with regard to the completeness of the information recorded in registers and their publication on the NICE website.
20. The committee asked how other corporate policies were tested for compliance and suggested that assurance mapping could be of use for this purpose. Gill Leng added that an Operational Excellence Team being set up as part of NICE Connect will help ensure standardised business processes.
21. The internal audit report was noted.

Internal audit plan 2020/21

22. The committee considered a draft internal audit plan for 2020/21 which had been developed in consultation with the Senior Management Team.
23. Niki Parker clarified that the provision of assurance on the Connect project would be scoped in consultation with the management team depending on the timing of the audit review and the area requiring assurance. Given the fast moving and transformational nature of the project, it will be necessary to drill down into a specific issue rather than give assurance over the whole programme.
24. The committee queried the reason for 8 days being allocated to the data security & protection toolkit (DSPT), given the level of assurance already provided to this committee on data protection and information governance and security. It was noted that it is requirement for organisations to undertake an audit of their DSPT submission.
25. Subject to a contract still to be selected for the contract management review, the draft internal audit plan for 2020/21 was supported.
26. The committee was also asked to review, and if thought appropriate, authorise the Accounting Officer and Chair of the committee, to counter-sign a copy of the GIAA's internal audit charter. The charter set out how NICE and GIAA will work together, the scope of services to be provided and responsibilities. The

charter is supported by a separate Memorandum of Understanding. The committee supported the charter being signed on behalf of NICE.

ACTION: ER

EXTERNAL AUDIT

NAO Audit planning report 2019/20

27. Andrew Jackson introduced the NAO's planning report for the audit of the 2019/20 financial statements. The committee noted the scope of the audit, the proposed fee and the respective responsibilities of the Accounting Officer and the auditor.
28. Hassan Rohimun highlighted 3 key risks which will be the areas of audit focus: changes to board membership, potential for longer-term funding issues and preparations for IFRS 16 implementation. It was noted that the annual governance statement will need to explain how the risk relating to board membership and the new chair and chief executive has been mitigated. The committee also noted the need to avoid late notification of any disclosures to be included in the financial statements. Catherine Wilkinson advised that time has been set aside at SMT meetings to discuss disclosures and related party issues.
29. The committee was asked to consider the following items and concluded that:
 - The NAO's assessment of the risks of material misstatement to the financial statements was complete.
 - Management's response to these risks was adequate.
 - The NAO's proposed audit plan to address these risks was satisfactory.
 - The committee was not aware of any fraud that would result in the financial statements being materially misstated.
30. The external auditor's report was noted.

FINANCE

Financial accounting performance

31. Jane Lynn presented the financial accounting performance report as at 30 November 2019 confirming a satisfactory financial position. The committee noted that payments to suppliers and other NHS bodies were on track to meet the year end target. Outstanding debts were being recovered either internally, by Shared Business Services or via an external debt collection agency. The cost of chasing debt compared to the value of the debt being recovered was queried. Catherine Wilkinson confirmed that only staff salary overpayments have been passed to debt collectors, and that internal procedures for actioning staff leavers have been improved to reduce these errors occurring in future.
32. An initial IFRS 16 submission has been made to the DHSC. A short briefing paper on the impact of IFRS 16 for NICE will be presented to the next meeting.

33. The cost of train cancellations queried at the last meeting was clarified. It was noted that the process for generating the figures has been reviewed and found that what was stated previously was incorrect. As reported previously to committee, NICE has changed train booking provider and more flexible tickets are being booked. This has resulted in a reduction in the number of tickets requiring amendment and a significant drop in the number of losses reported (by 42%).
34. The report was noted.

CONTRACTS & IT

Waivers report – November to December 2019

35. The report on contract waivers was noted.

CORPORATE OFFICE

Review of internal audit performance 2019/20

36. The committee reviewed the report on the annual review of the internal auditor's performance in 2019/20. The feedback was overall positive in respect of working relationships, quality of reports and GIAA being a trusted and valued advisor to NICE.
37. The areas for further work related to the format of the audit reports and the GIAA's annual fee. Niki Parker advised that the audit report template is being revised to reduce repetition. In relation to the fee, this was being discussed separately with Catherine Wilkinson.
38. The committee welcomed the positive report.

Counter fraud Functional Standard update

39. The committee received a progress update on NICE's compliance with the counter fraud functional standard. The Q3 counter fraud action plan and risk assessment were reviewed.
40. The quarterly returns were supported.

Internal audit recommendations log

41. Progress in addressing the outstanding audit actions was reviewed. One action was now closed in agreement with the internal auditor.
42. The progress update was noted.

Use of the NICE Seal

43. The NICE seal had been used in November 2019 for a Wayleave agreement for Vodafone in the Manchester office to provide services for the CQC.

Committee annual plan 2020

44. The committee noted its annual work plan for 2020. The proposed topics for the deep dive risk discussion were agreed, subject to any other urgent item being requested by the committee.

OTHER BUSINESS

Board's December training session – 'black swans'

45. The chair advised that she had received feedback from board members that they would like to have a further session to discuss possible next steps, following the December training event.
46. It was proposed that time be set aside at the October Board away day meeting, by which time the new chair, NEDs and chief executive will be in post.

ACTION: ER/DC

FUTURE MEETING DATES

47. The Committee confirmed its future meetings would take place at 2.00pm on:
- 22 April 2020 – in the Manchester office
 - 17 June 2020 (at 9.30am)
 - 9 September 2020
 - 25 November 2020

The meeting closed at 4:20pm.

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 provide an update on any issues of note.

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

Dr Paul Chrisp, Centre for Guidelines (Item 13)

Jane Gizbert, Director, Communications (Item 14)

Alexia Tonnel, Director, Evidence Resources Directorate (Item 15)

Professor Gillian Leng, Director, Health and Social Care Directorate (Item 16)

March 2020

National Institute for Health and Care Excellence

Centre for Health Technology Evaluation progress report

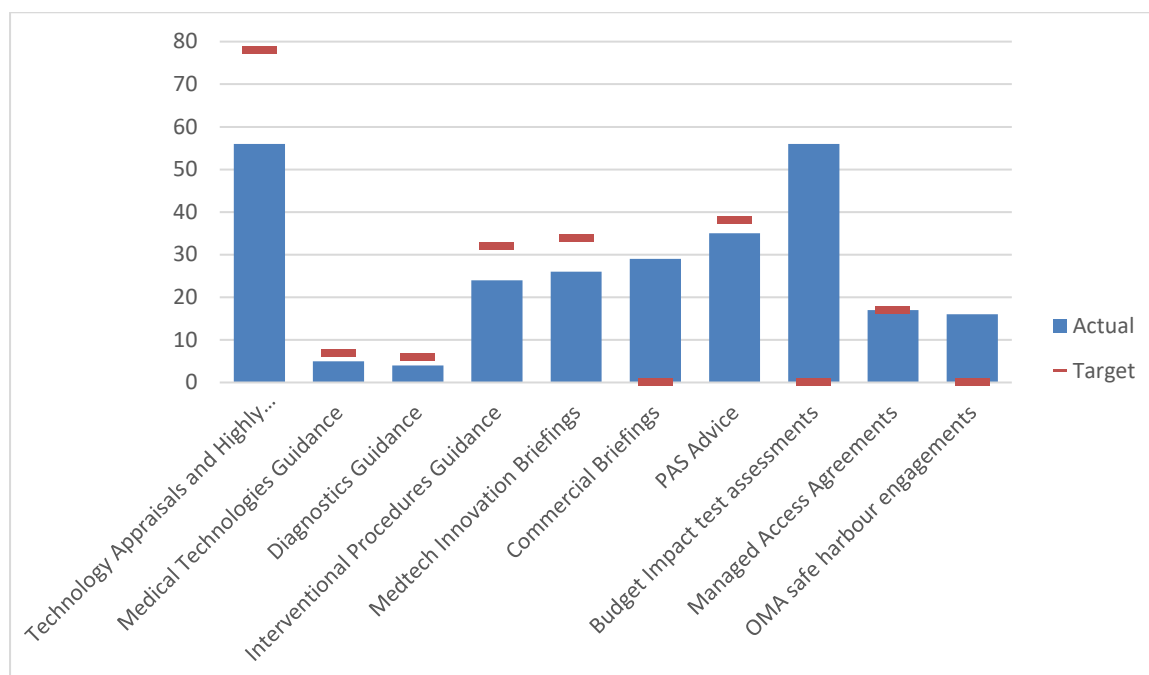
1. This report sets out the performance of the Centre for Health Technology Evaluation (CHTE) against our objectives during January and February 2020. It also highlights key developments in the centre during that period.

Notable developments

2. Work has started in NHS England and NHS Improvement (NHSE/I) on developing the arrangements for an Innovative Drugs Fund. We are closely involved, including consideration of expanding the managed access offer to meet the expected increase in demand.
3. Zio XT® Patch, a remote cardiac monitoring system used for detecting cardiac arrhythmia, is the first in the pilot to develop a process for guidance development for digital health technologies that has been considered by the medical technologies advisory committee this month. We are summarising the learning from the pilot.
4. Capacity constraints in the technology appraisal programme as a result of lower than expected adoption of the opportunities provided in the new 'technical engagement process', challenges in aligning the appraisal process with arrangements for commercial and managed access, and a high vacancy rate have meant that for a small number of topics NICE cannot guarantee a second or subsequent committee meeting within a timeframe that might otherwise have been expected. We are developing an action plan to address the issues in the short, medium and longer term.

Performance

Centre Outputs 2019/20



[Download the data set for this chart](#)

5. At the start of the business year we indicated that we anticipate publishing guidance for 78 technology appraisals and highly specialised technologies in 2019/20. To date, we published 56 pieces of final guidance, and we expect this to reach 62 pieces of guidance by the end of the 2019/20 business year. The gap in guidance publication is the result of suspension or delay of scheduled topics. The reasons are varied:

- commercial discussions between NHSE/I and the company (39%)
- company request to delay the appraisal (28%)
- changes to the regulatory plans (17%)
- consideration of an appeal (5%)
- response to capacity constraints (11%).

6. These capacity constraints are the result of our inability to capitalise on the early engagement step with companies to resolve key technical and commercial issues ahead of the first appraisal committee meeting. This step was introduced to maximise the opportunity to go straight to publication of the Final Appraisal Document (FAD) after the first committee meeting, avoiding the requirement for consultation and a second committee meeting. Only when we use this process

and achieve a one committee meeting outcome for most topics can we meet the commitment in the 2019 Voluntary Scheme for Medicines Pricing and Access to publish final guidance within 90 days of marketing authorisation.

7. To date, only 32% of topics have gone straight to FAD after the first appraisal committee meeting, requiring additional resource from the team. At a time when we are also responding to a significant vacancy rate in the technical team (over 30%). A plan of action is being drawn up, involving a number of strands of work, including a deep dive into the technical engagement step. We will build on mitigations already put in place, including using resources from other teams at NICE and external contractors, and by exploring new ways of recruiting staff, such as providing for the opportunity to work for NICE while also studying for a masters.
8. The expansion of the Diagnostic Assessment and Medical Technologies Evaluation programmes to meet commitments in the NHS Long term plan and Life Science Sector Deal continues to progress. The recruitment campaigns for most new posts are complete and team members planned to join in March and April 2020.
9. HealthTech Connect is continuing to make good progress. Over 600 companies have registered, and over 160 technologies have been submitted. Approximately 65% of all submitted technologies have been selected by at least one of HealthTech Connect's Accessor organisations (such as NICE, NHSE/I, the AHSN network, NIHR, Department for International Trade, NHS Supply Chain). We have selected 23% of submitted technologies for MedTech innovation briefings, some of which will progress to NICE guidance.
10. Committee member recruitment is in progress across 3 committees for 7 professional members, 1 lay member and 1 vice-chair. This recruitment is expected to conclude early in the next financial year.

Process and methods

11. The update to the CHTE programme methods guide is ongoing, with meetings of the Steering Group and Working Groups taking place. Task and Finish Groups involving external members have used detailed specifications and questions, to consider the case for change in each of the topic areas. We will be making these specifications available more widely in the next weeks.
12. The Diagnostic Assessment programme has highlighted the need for further data collection on rapid tests for group A streptococcal infections in people with a sore throat (DG38) with national groups including the recently established AMR Diagnostic Programme Board lead by NHS England and NHS Improvement. We

continue to develop links between NICE guidance and the Genomic Medicine Service's test directory. Our next diagnostics guidance related to the Genomic Medicine Service will be 'testing strategies for Lynch Syndrome in people with endometrial cancer'.

13. NICE has previously submitted written and oral evidence to the Independent Medicines and Medical Devices Safety Review. The report will be made public on 24 March 2020. Although the precise recommendations are currently unknown, we have been actively working with stakeholders, including DHSC, other ALBs and professional societies, to ensure systems improvements are put in place, and we stand ready to help formulate a system response to the recommendations.
14. The pilot for developing guidance on digital health technologies has progressed successfully this year with the first technology being considered for guidance at the February 2020 advisory committee meeting. Alongside the pilot the team has undertaken an update of the Evidence Standards Framework following a survey and interviews with stakeholders and users.

Commercial and managed access

15. The Commercial Liaison Team continues to project manage the four joint workstreams with NHSE/I to support the work to implement the Commercial Medicines Framework. These workstreams are focused on developing procedures to enable effective commercial liaison between NICE and NHSE&I and are on track to report back in March 2020.
16. Between April 2019 and February 2020, 62 topics have been subject to the budget impact test process at the evidence submission stage. 56 of these have been considered in detail, with 19 exceeding the budget impact test threshold. No requests were received from NHSE/I for NICE to consider changes to the standard timeline for mandatory funding.
17. Two pilots of the EUnetHTA (a European collaboration on improving health technology assessment) Register Evaluation and Quality Standards Tool (REQueST) have been commissioned to establish whether the tool will provide information required for due diligence work prior to the conclusion of a data collection agreement between a company and a health system. Initial findings suggest that the tool can generate meaningful results and highlight areas for further development.
18. Recruitment for the Commissioning through Evaluation project on rituximab for idiopathic membranous nephropathy has exceeded its target and progressed into the analysis phase. Data completeness rates are good, and gaps are being

followed-up. Adverse event rates are lower than published literature. We have completed a rapid review of two trials to inform NHSE&I bridge funding decision.

Support for Life Sciences

19. Throughout 2019/20, the Office for Market Access has delivered 16 multi-stakeholder safe harbour engagements covering a broad range of themes. There continues the year-on-year trend of increased engagement with the life sciences industry.
20. Following the expansion of the Accelerated Access Collaborative's remit in March 2019 the secretariat has successfully completed a transition from supporting all aspects of the work, to a more focussed technical and programme management role consistent with the specialist skill set of the team. The team coordinates and monitors activities to support the AAC across the whole institute.
21. The team has now taken up several new roles supporting the central delivery team at NHSE/I. These include providing programme and technical expertise to the horizon scanning central function hosted at NHSE/I and programme management support for an extensive AAC led programme to support early stage products, advanced medicinal therapy products and histology independent therapies. The team also plays a key role in the AAC's product selection process, leveraging NICE's technical capacity and expertise to facilitate AAC product selection.

© NICE 2020. All rights reserved. [Subject to Notice of rights](#).

March 2020

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 January and February 2020. It also highlights a planning day focusing on the guidelines programme vision and strategy; progress with data analytics and collaborations on the use of real world data and others' systematic reviews; and contributions to the Accelerated Access Collaborative and development of a UK-wide screening advisory body.

Performance

2. Six guidelines were published during January and February 2020; two clinical guidelines, one public health, one social care and two antimicrobial prescribing guidelines. Performance on delivery of the guidelines is on track, any variations are reported in the Chief Executive's report.
3. The recommendations for the use of sodium valproate were also clarified in our guidelines on epilepsy and bipolar disorder in line with the [MHRA guidance on valproate use by women and girls](#).
4. Six surveillance reviews were published during this reporting period, of which one was an exceptional review. All other deliverables are on track.
5. Quarter 3 review meetings with both internal and external guidance developers and contractors are in progress. All contractors remain within budget and are on target to complete agreed deliverables.

Notable issues and developments

6. As a consequence of last year's staff survey, a planning day was held for the centre staff on 10 February in the Manchester office. The session was also attended by the transformation programme director. The aims of the session were for staff from the different locations and teams to network, to help them understand the case for change in the guidelines programme, how to support NICE Connect, and the culture we need to develop to do this. Feedback was positive, we have actions to follow up and we will schedule another session in October.
7. As part of the Accelerated Access Collaborative workstreams, we are leading a process for the timely update of relevant cancer guidelines and pathways following positive NICE appraisal of histology independent anticancer therapies.

8. The centre director is representing NICE on a working group that has been established by the Chief Medical Officer as a response to the first recommendation in the Report of the Independent Review of Adult Screening Programmes in England (October 2019). Its purpose is to develop terms of reference, remit and criteria for a new UK-wide single screening advisory body. NICE has considerable expertise and experience in developing screening-related recommendations in its guidelines and diagnostics assessment programmes. We wish to build on this and consolidate our experience in the future national approach to ensure effective and efficient use of existing resources whilst promoting innovation, and ultimately optimising screening provision across the country.
9. Collaboration continues with ONS to capitalise on data analytic techniques. A database of all NICE guideline recommendations has been developed, which NICE has now finished validating. Additionally, relationships between recommendations is being explored through AI techniques with initial results indicating that computer models perform better than humans in the identification of related content.
10. In January, members of the team met with the Australian Living Evidence Consortium to further explore collaborative opportunities for making more efficient use of systematic reviewing resources. A collaborative approach will be piloted in two guidelines: to inform the surveillance of the stroke guideline; and to inform the update to the diabetes guidelines.
11. In February, members of the team met with a research team from University of Edinburgh to launch a collaborative research project that will be using CPRD data to quantify the applicability of trial evidence (that likely excludes people with multimorbidity) to inform development of the gout guideline.

© NICE 2020. All rights reserved. [Subject to Notice of rights.](#)

March 2020

National Institute for Health and Care Excellence

Communications Directorate progress report

1. This report sets out the performance of the Communications Directorate against the directorate's business plan objectives during January and February 2020. The business plan objectives are listed at the end of the report.
2. These Communications Directorate business objectives are closely aligned to the NICE strategic objectives.
3. 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.

Performance

Communications support and strategic advice

4. In January we launched a communications campaign to inform our external stakeholders about our vision and ambition for NICE Connect. The focus of the campaign was a short, animated video, explaining the rationale for change and the likely developments that guidance users will see as NICE Connect progresses. We also produced 8 short stakeholder interview clips, with representatives from across health, social care and industry talking about what NICE Connect could mean for them.
5. The videos were published on YouTube and the NICE website, and shared extensively on Twitter and LinkedIn, with a small budget for paid adverts used to target the videos at key stakeholders and organisations. Staff were encouraged to add a graphic to their email signatures, promoting Connect and linking to the video. We promoted the animated video to Arm's Length Bodies and professional organisations. As a result, the video was linked-to from 6 national newsletters issues by organisations including NHS England and Improvement, NHS Confederation, and the Royal College of Physicians. Additionally, we produced 2 staff-focused videos which were shared on NICE Space.
6. Initial analysis has shown the videos were well received. The main film was viewed over 117,000 times on Twitter and over 9,000 times on LinkedIn. We are now conducting a full evaluation of the reach and engagement rates of all of the videos.

7. Other NICE products published in this period were promoted to key stakeholders. The seventh NHS workforce and impact resource statement, on abortion care services, was shared with NHS England and NHS Improvement, Health Education England, NHS Clinical Commissioners and NHS Providers, and via key NHS E/I bulletins. Quality standards on rheumatoid arthritis, flu vaccination and cerebral palsy were also shared with key stakeholders, charities and Royal Colleges, and short articles were published in key NHS E/I bulletins.
8. The NICE Principles went live on the NICE website on 30 January and were promoted across a number of channels. A news story was issued by the media team, targeted emails were sent to key stakeholders including NHS England and NHS Improvement and an update was included in NICE News, Primary Care Update and NICE in Social Care newsletters. Internally the principles were shared in Your Week @ NICE and supported with a blog on NICE Space.
9. Targeted communications have been sent to scientific advice pharmaceutical industry contacts to notify them of the changes to the scientific advice parallel advice process with the EMA after EU departure. This outlined the new concurrent advice process with the EMA.
10. Work on the communications around the London office move is increasing as is support of the digital workplace programme.
11. Other internal comms activity includes supporting the launch of the values and behaviours survey with an article on NICE Space article with Alexia Tonnel which was one of our most popular, and the survey has been completed 200 times.
12. We have put contingency plans in to deal with the coronavirus outbreak and created a NICE Space page to inform staff.

Audience insights

13. Work is continuing on the Implementation Study and we are coming to the end of our strategic interviews with key internal stakeholders and external partners at national organisations, with 22 out of 25 completed.
14. We are also setting up the explorative co-creation sessions in London and Manchester bringing together internal teams and users of our guidance from across frontline and central healthcare roles, and broader audiences to help inform and shape our ideas. We will then run a final quantitative survey across audience groups, before combining all of the results for dissemination.

15. We are embarking on a small project to support NICE Connect, to explore key questions relating to structure of guidance and gauge initial reactions to some of the hackathon outputs with 10 of our guidance users at their place of work.
16. The team is also continuing to work closely with the Connect User Insight Expert Group and Connect Delivery Group to develop a user insight strategy that can guide our approach to gathering and sharing insights.
17. We continue to ensure SNAP is used effectively as a key tool for gathering data and listening to feedback from audiences. Across January and February NICE hosted 241 surveys on SNAP, gathering 2,251 responses.

Editorial and publishing

18. In January and February, we prepared 202 documents for digital publication.
19. We prepared and published:
 - 5 new and 5 updated guidelines
 - 12 new and 3 updated guidance documents (diagnostics, medical technologies, technology appraisals, interventional procedures and highly specialised technologies)
 - 3 new and 2 updated quality standards
 - 2 new and 0 updated advice products
 - 17 new and 0 updated information for the public
 - 113 evidence documents (13 HTML/converted documents and 100 downloadable documents)
 - 40 tools and resources (17 HTML/converted and 23 downloadable documents)
20. In terms of NICE Pathways, in January and February we:
 - Published 3 new pathways (on air pollution, impetigo and leg ulcers)
 - Fully updated 3 pathways
 - Updated 22 pathways to take account of new guidance or advice (for example, adding new health technology guidance)
 - Updated a further 25 pathways to add related pathway links or as maintenance updates.
21. In summary, there are now 282 live pathways, consisting of 2,276 guidance, advice and CKS products.

22. Working with colleagues in the corporate communications team and digital services, we have continued to provide one-to-one and team training sessions across NICE on accessible content development. Targeted training has started on the use of updated templates to ensure NICE's products are accessible and compliant with new regulations.

23. The editorial and publishing team is also providing support and expertise to teams as part of the Connect project, for example by providing staff for the recent hackathons and through membership of the Content Expert Group.

24. One notable piece of work requiring significant editorial input and expertise was the production of guidance on CJD, which was published in January.

Website performance

25. There were 3.5 million sessions on the NICE website in this reporting period (1,797,637 in January and 1,726,211 in February) and almost 0.5 million sessions on NICE Pathways (241,751 in January and 240,781 in February).

Chart 1: Number of sessions on nice.org - January - February 2020

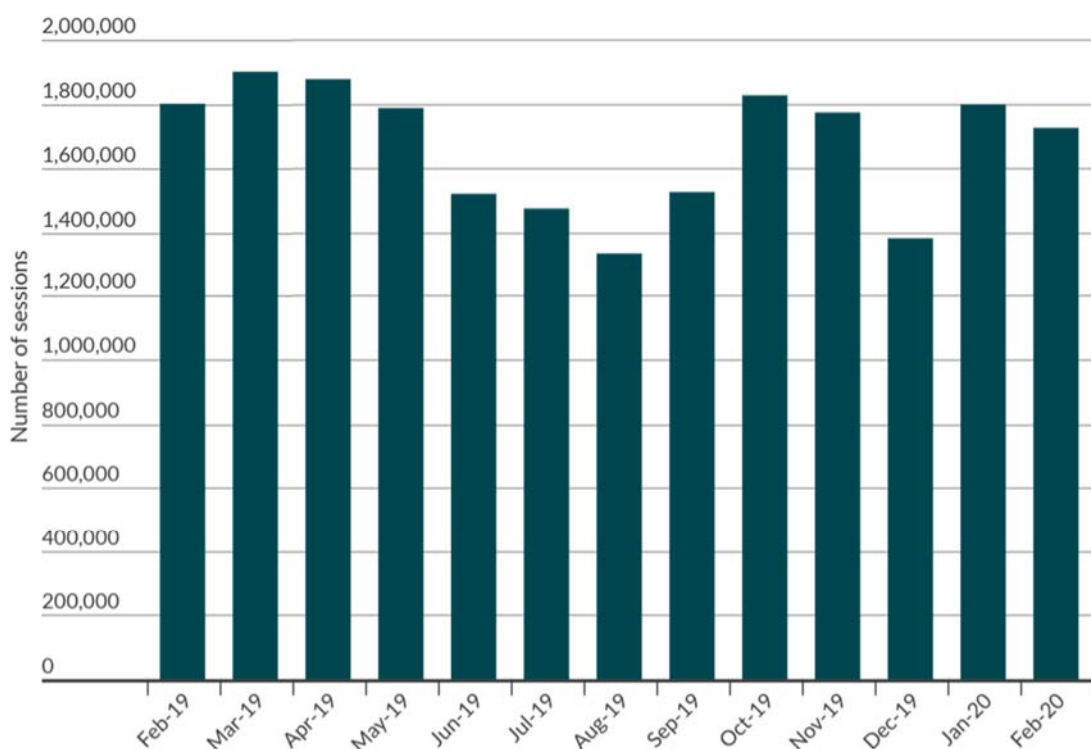
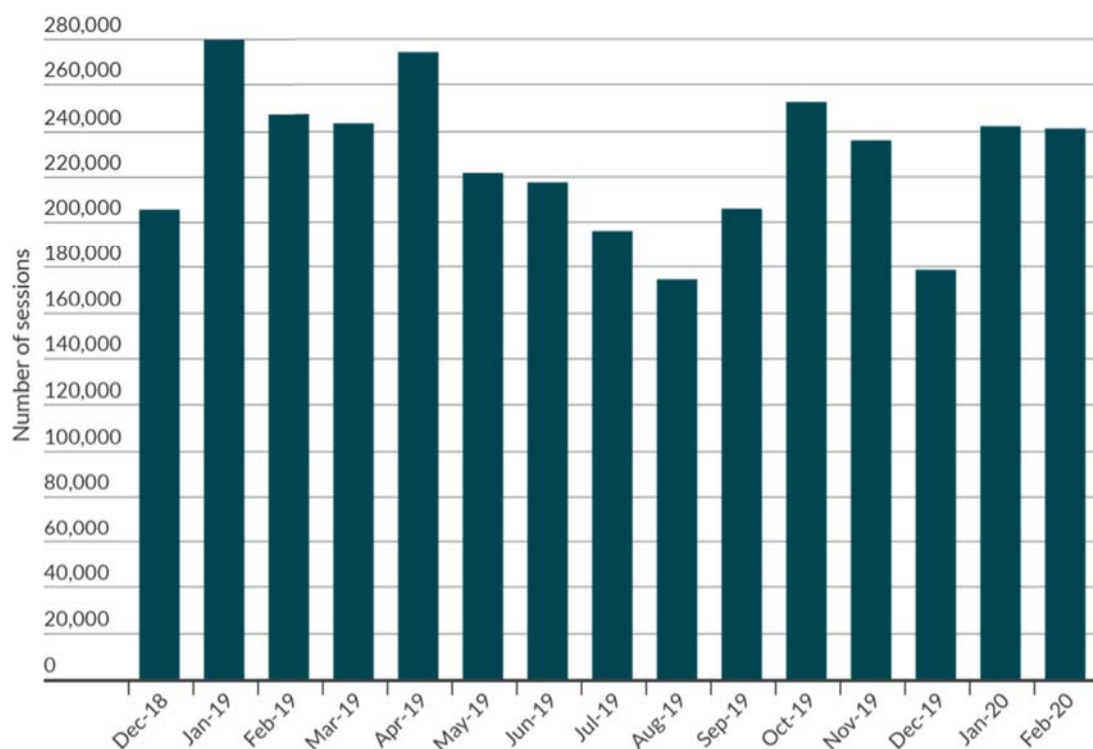


Chart 2: Number of sessions on Pathways January - February 2020



Enquiries

26. During January and February we responded to 1,563 enquiries, which included 13 Freedom of Information (FOI) requests. We received 18 parliamentary questions and responded to 17 MP letters.
27. FOIs included queries relating to spam/malicious emails being blocked, HR policies that protect the organisation from undue influence, and how many of the contributors to the alcohol use disorder guideline drink alcohol.
28. We are seeing an increase in the number of HM Coroner's regulation-28 reports, where we are asked to respond either directly or through the Department for Health and Social Care. In January and February we received 9, compared with a total of 13 for all of 2018/19.

Events

29. The programme for this year's annual conference, *NICE 2020: Connecting evidence, people and practice*, was approved by SMT and the promotion for the event began in January. The agenda is now live at www.niceconference.org.uk and speakers are currently being invited.

30. NICE took an exhibition stand to *CVD Prevention 2020: proactive, predictive, personalised* on 6 February in London.
31. NICE staff delivered 12 speaking engagements, including Gill Leng, Deputy Chief Executive, and Meindert Boysen, Director, CHTE, who both spoke at Westminster Health Forum's *The future for NICE in health and social care* event. Jeanette Kusel, Director of Scientific Advice, spoke at the *3rd Global NASH Congress* - a hepatology medicine conference. Three guideline committee members also delivered topic-specific speaking engagements during the reporting period.

Media

32. Sentiment percentages for media coverage in January and February were as follows:

- Positive 83%
- Neutral 4%
- Negative 13%

33. Our positive coverage in this period stemmed largely from the announcement that although we were not recommending it in draft guidance, larotrectinib, together with another of the new type of histology-independent cancer drugs (entrectinib), represents an exciting new development in cancer care. The story was covered in Daily Mail and trade publications. Positive coverage also resulted from our announcement that we were recommending lenalidomide for people with previously treated follicular lymphoma. The announcement, which was covered in the Daily Mail, highlighted the fact that lenalidomide not only offers patients a chemotherapy-free treatment option, but also benefits those whose disease has become resistant to chemotherapy or rituximab.
34. NICE was mentioned in several articles regarding the spread of Coronavirus across the UK, which accounted for some of the neutral coverage. News organisations covering the Atezolizumab clinical trial data also mentioned that this evidence would be used in any future appraisal of the medicine by NICE.
35. Coverage of our decision not to approve esketamine for depression, as well as a report by the Institute of Cancer Research (ICR) into the speed of which innovative drugs were appraised led to negative news coverage in this news period. [The Times](#) covered the ICR's study.

Social media and podcasts

36. Since the last reporting period we have seen a 26% increase in followers on LinkedIn, now with over 66,100 followers. Twitter remains our most popular channel with over 195,600 followers. Our posts on Facebook received over 428,235 impressions (number of times posts are seen), a 35% increase on the previous 2-month period. Instagram continues to receive high engagement from our followers with posts accumulating 1,203 likes or comments.
37. We released a NICE Talks podcast episode on 'why you should get the flu jab' in January that focused on the importance of the jab and ways for people to encourage uptake in our communities. This received 1,203 plays.

Notable issues and developments

38. A recruitment and selection process was undertaken in January to appoint a new associate director, brand and marketing communications. The appointed candidate - Danielle Mason, who had previously held the post of associate director, external communications on an interim basis - takes up the new role on 1 April and is currently recruiting 3 new roles to the brand and marketing communications team.

Communication directorate objectives 2020-2021

39. Ensure guidance and related products from NICE are of the highest quality and that the publishing and editorial function continues to deliver outputs of the highest standard during the NICE transformation programme.
40. Design and deliver a rolling programme of audience research that supports and informs the corporate business objectives.
41. Deliver a programme of strategic communication activities which promote NICE's work and support the uptake of NICE's offer.
42. Contribute communication expertise to the Connect (pathways) project and lead the communications and audience insights work to deliver the proof of concept phase.
43. Ensure communications is centralised and coordinated in the directorate by taking an integrated approach to planning and delivering communications.
44. Shape and manage our resources in order to support NICE and its strategic objectives effectively and efficiently.

© NICE 2020. All rights reserved. [Subject to Notice of rights.](#)

March 2020

National Institute for Health and Care Excellence

Evidence Resources progress report

1. This report sets out the performance of the Evidence Resources directorate against our business plan objectives during January and February 2020. It also highlights the usage performance of the NICE Evidence suite of on-line services at the end of February 2020.
2. The Evidence Resources Directorate is responsible for the following key functions and services:
 - We provide a high-quality information service to NICE centres and directorates;
 - We manage third party access and re-use of NICE content, including internationally;
 - We support the Centre for Health Technology Evaluation (CHTE) with their digital health evaluation programme;
 - We support NICE's digital transformation activities and maintain all NICE's live digital services;
 - We manage the provision of NICE Evidence Services.

Performance

3. Performance against the Evidence Resources objectives for 2019/20 is summarised in this section.

Information Services

4. A key objective of the directorate is to deliver efficient and high-quality information services to the NICE centres and directorates. In the last 2 months, we provided information support and searches for the development of 67 guidance and advice outputs, responded to 4 ad hoc enquiries, issued 26 current awareness bulletins, sourced 1170 documents and provided information support to the NICE evidence services. Work to develop a search filter to improve how we find evidence on health apps has been completed. A series of information skills training courses has concluded with 49 members of staff attending a session. Finally, work has begun to deliver a Joint Information Day in March 2021.

Content re-use

5. A key objective of the team is to articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK. In the last two months, the team received 58 requests to re-use NICE content. Eight content licences and one syndication licence were signed. The total income invoiced year to date is £111,340.

Digital Health

6. Our directorate is supporting CHTE to explore with NHS England the options for a digital health technology evaluation workstream, building on the Evidence Standards for Digital Health Technologies published in 2018/19. Over the last two months, we have focused on supporting the following activities:
 - Attendance at NHSX's regulatory directors working group on AI, the ICO's regulatory and AI working group, CQC's technological innovation external engagement meetings and NHSE/NHSX's innovator portal project team meetings and stakeholder workshops;
 - Chairing the February meeting of the External Steering Group for NICE's pilot Digital Health Evaluation Pilots and Chairing the Data and Analytics External Reference Group;
 - Briefing SMT in advance of the cross-regulatory CEO roundtable meeting on AI with Matthew Gould and iterating NICE's AI business case bids with NHSX for accessing capital funds to support proposed NICE methods development work on the evaluation of technologies with embedded algorithms and artificial intelligence.

Data Analytics

7. At the end of September 2019, the Data and Analytics team was moved to the Evidence Resources directorate until the new Science, Evidence and Analysis directorate is established. Key achievements of the team in the last two months include:
 - In January published the finalised Statement of Intent covering the use of broader data and applied analytics in NICE's work;
 - Developed the draft Methods and Standards programme that will be necessary to support the ambitions within this document;
 - Appointed a data scientist embedded within the Centre for Guidelines, who will be working initially on Skin Cancer; Diabetes and Young Children topic areas;

- Supported a successful application to the Government Digital Service Data Science Accelerator Programme;
- Continue to represent NICE's data and analytic interests at key strategic external meetings/events including the UK Health Data Research Alliance Symposium; the NHSx Data Coordination Board and designing of additional SPIRIT/CONSORT standards for protocols and reporting for trials in Artificial Intelligence (AI).

Digital Services

Strategic planning

8. The first objective of the Digital Services (DS) team for 2019/20 is to plan and prioritise the allocation of NICE technical resources across a portfolio of activities, including life service maintenance, transformation projects and other operational priorities. In the context of the decision to merge the digital services team and the NICE IT teams, our portfolio of operational priorities has grown. In the last two months, the following activities have been prioritised by the team:

- Completed work with a consultancy to create our future Target Operating Model (TOM) for an integrated IT and digital services team. Work to implement the new model and communicate the team strategy will continue until the summer;
- Planning a transition from our current managed IT service provider following their serving notice;
- Working with the Stratford 2020 IT working group and programme manager to plan the technical considerations and wider impact of the London office move for NICE;
- Working with a strategic partner to support the development of a data management and records management strategy for NICE and to work with our internal team on the roll out of Office 365 and move towards a digital workplace. This work will be ongoing until end April;
- Planning the provision of NICE-wide training on Microsoft Teams and the support the roll-out of laptops to the organisation.

Delivery of strategic digital services projects

9. Our second objective is to deploy our digital expertise to deliver business-led strategic projects in line with an agreed roadmap. Over the last two months activity has focused on:

- The Evidence Management platform (delivering web tools for searching evidence, systematic review needs and building an evidence surveillance

capability): we are progressing with training to support rollout to collaborating centres in the first half of 2020;

- Completed work to support configuration of a new identity management solution to replace our current in-house 'NICE Accounts' solution. This solution will be planned for integration into our existing services over the course of 2020 starting with Comment Collection in April;
- Operational Productivity: A multi-disciplinary team from across NICE has been conducting initial trials of tools to support changing our current processes and data management practices associated with stakeholder contacts and planning information.

Live services maintenance and improvements

10. Our third objective is to manage and maintain the live digital services of NICE utilising user insight and strategic service goals to prioritise use of resource:

- NICE Digital Services operated within the service levels (99.7%) agreed with DHSC for availability (uptime) with 99.98% average performance in the last two months;
- In the last 2 months, 46 defects were closed. In the same period, 4 Change Control Requests were completed.

11. Significant live service work has been undertaken to improve the accessibility of our services and meet incoming public sector accessibility legislation including a defined 8-week piece of work to improve usability of the UK Pharmscan service. This work will be completed by March 2020.

12. We completed work to upgrade the platform for our Medicines Awareness Service. The upgraded service went live in early February 2020.

13. We have begun work to upgrade our NICE Pathways Service. This work will be completed by March 2020.

Cross-cutting updates

14. Recruitment: As a result of the new Target Operating Model, the move to Stratford, and the NICE Connect programme, we are in the process of identifying priority roles for recruitment. The recruitment to a new Associate Director for IT Operations and Infrastructure post is in progress.

15. The team is predominantly made up of permanent staff members. To provide capacity and targeted expertise in some priority areas of our NICE Connect and live service work we have appointed 4 specialist providers who will be on short term contracts until end March 2020 to support delivery of specific areas of work. A further specialist has been appointed to continue work until September 2020 to

support CRM Dynamics configuration with the Communications team and to consider the feasibility of widening use of this tool to deliver operational productivity components of NICE Connect. Two additional web operations specialists have been procured in February 2020 to support the digital and IT teams as we prepare to transition services from our third party provider.

16. Talent management update: To support the delivery of our technical strategy we are engaging with our existing cloud network providers. Technical training will be delivered as part of our ongoing technical strategy and Digital Services/IT integration plans. Usage of our internal online training tool has been renewed for another year and continues to increase as team members complete courses targeted to their development.

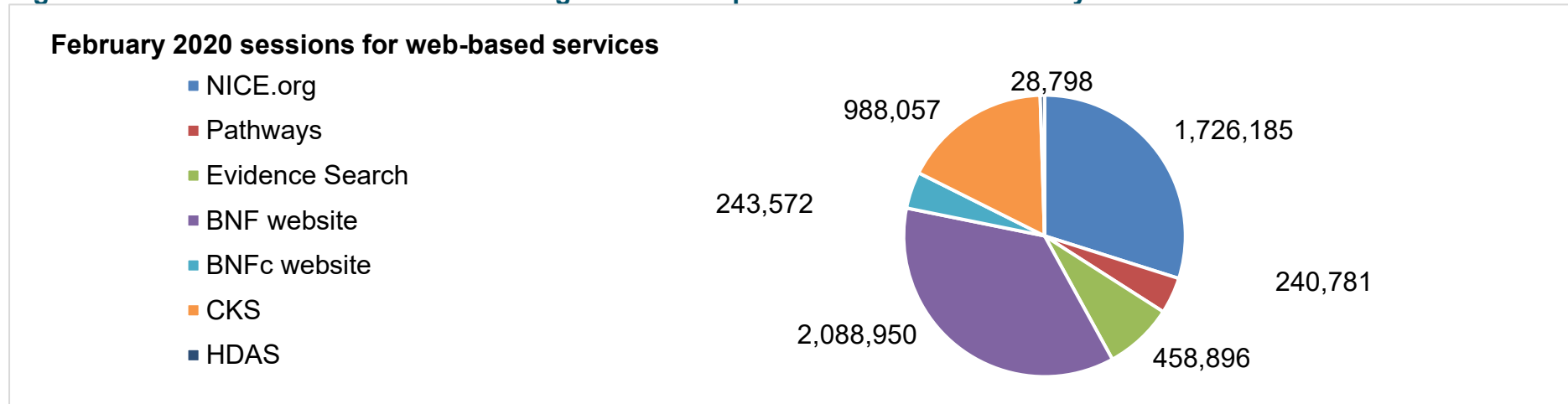
NICE Evidence Services

17. A core objective of the directorate is to maintain and monitor the performance of NICE Evidence Services which include CKS, HDAS, the BNF microsites, Evidence Search, and the Medicines Awareness Service. Over the last two months, negotiation has continued on the England-wide licence to access the Cochrane library as the current licence ends in April 2020. An agreement for the next three years has now been reached, subject to contract. Work to upgrade the technology and infrastructure that supports the medicines awareness service is complete and implemented. We have agreed a 2 year contract extension for the Identity Provider and Access Management Federation (OpenAthens) contract until May 2022.
18. To provide these services, a key objective of the team is to enable access to the new National Core Content collection and to procure any additional content in line with Health Education England's (HEE) commissioning decisions. We have provided HEE with the outcome of the HDAS accessibility audit and the analytics to support their survey of advanced searchers.

Performance statistics for NICE Evidence Services

19. Figure 1 below summarises the position of all NICE’s digital services at the end of February 2020, contrasting the relative size of the externally facing services of NICE, measured in number of 'sessions'. In February NICE digital services received 5.8 million sessions in total, a 15% growth in comparison with February 2019 (increase of 772k). Overall, NICE digital services have grown 17% in the last 12 months.

Figure 1 and table 1: Overview of NICE’s digital services performance as of February 2020



[download the data set for these charts](#)

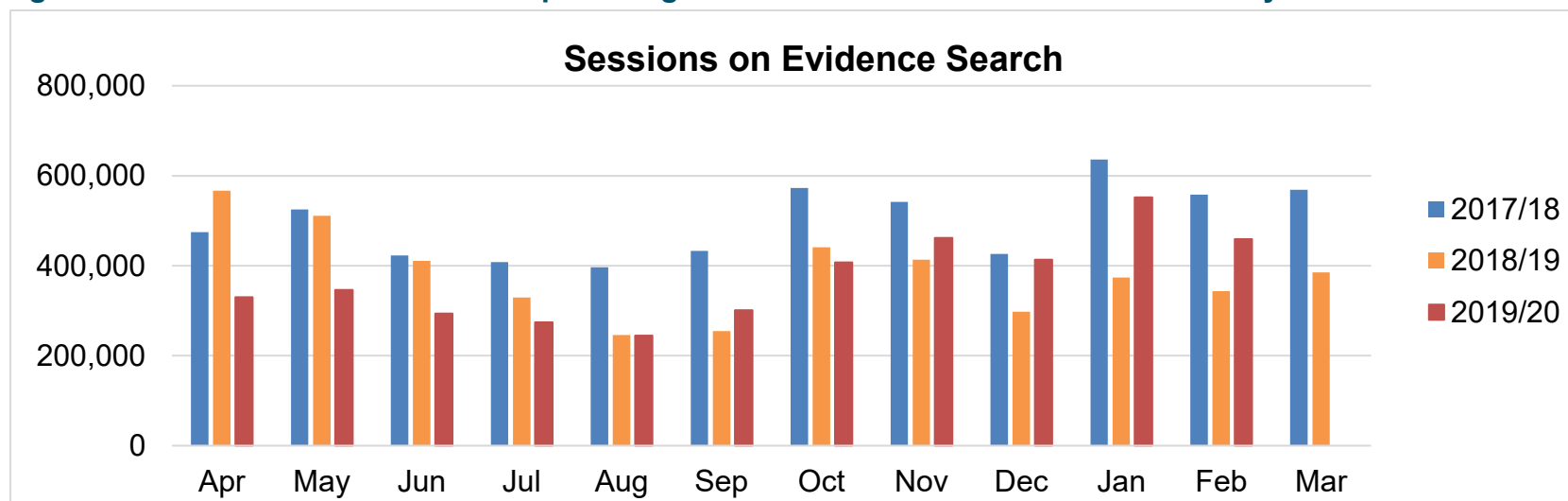
Total sessions* in February 2020 across NICE web-based services	5,775,239
% year-on-year variance	15%
% month-on-month variance	-7%
Total sessions for the full year ending in February 2020 across NICE web-based services	63,950,836
% year-on-year variance	17%

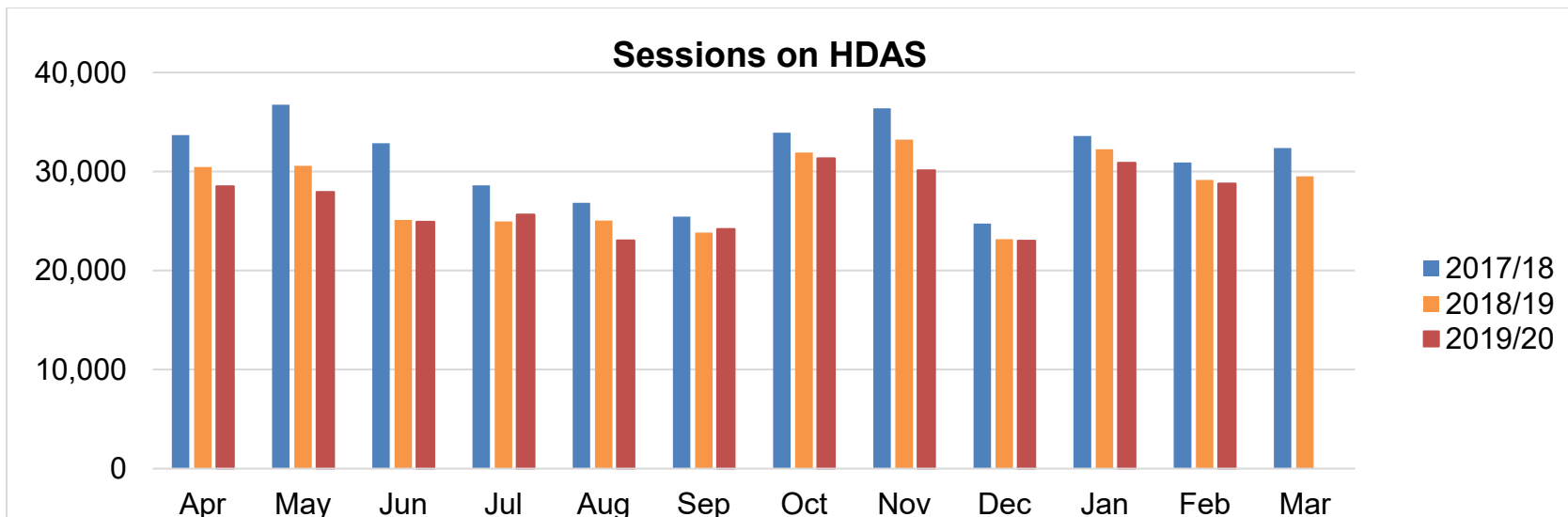
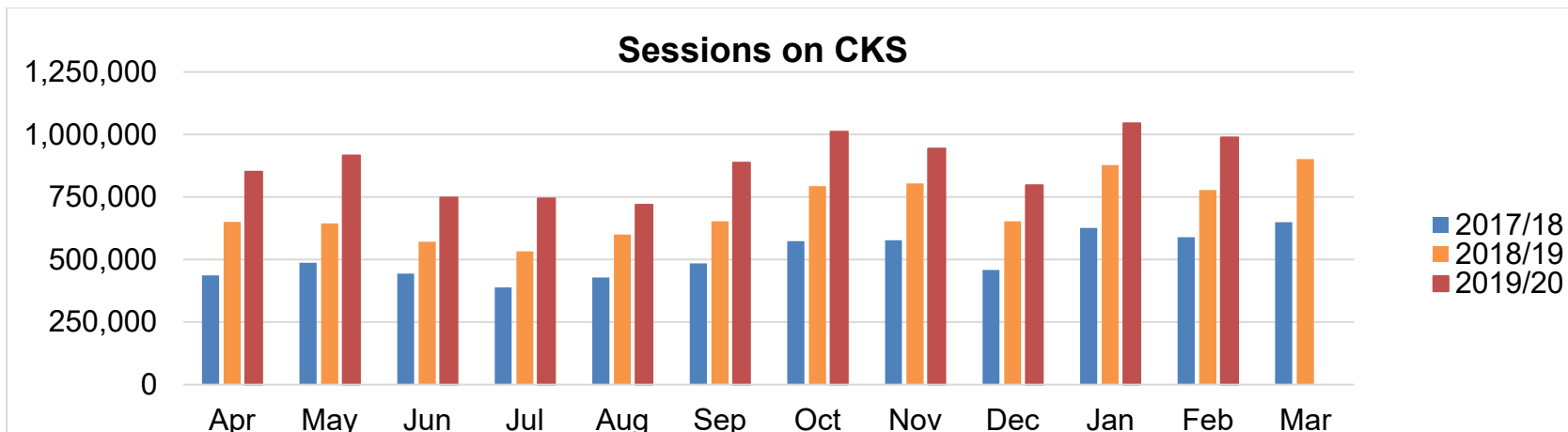
*Note: a session is a group of interactions a user takes on a website within a given time frame

20. Figures 2-4 below detail the performance of the 3 services which provide access to evidence beyond that produced by NICE: Evidence Search, Clinical Knowledge Summaries (CKS) and HDAS.

- Sessions to CKS grew 27% year-on-year in February and in the last 12 months this service has seen a 29% increase in traffic.
- Evidence Search is approaching the level of sessions from 2017/18 (before it was impacted by changes in Google algorithms) which is encouraging.
- Sessions on HDAS remain similar to last year.

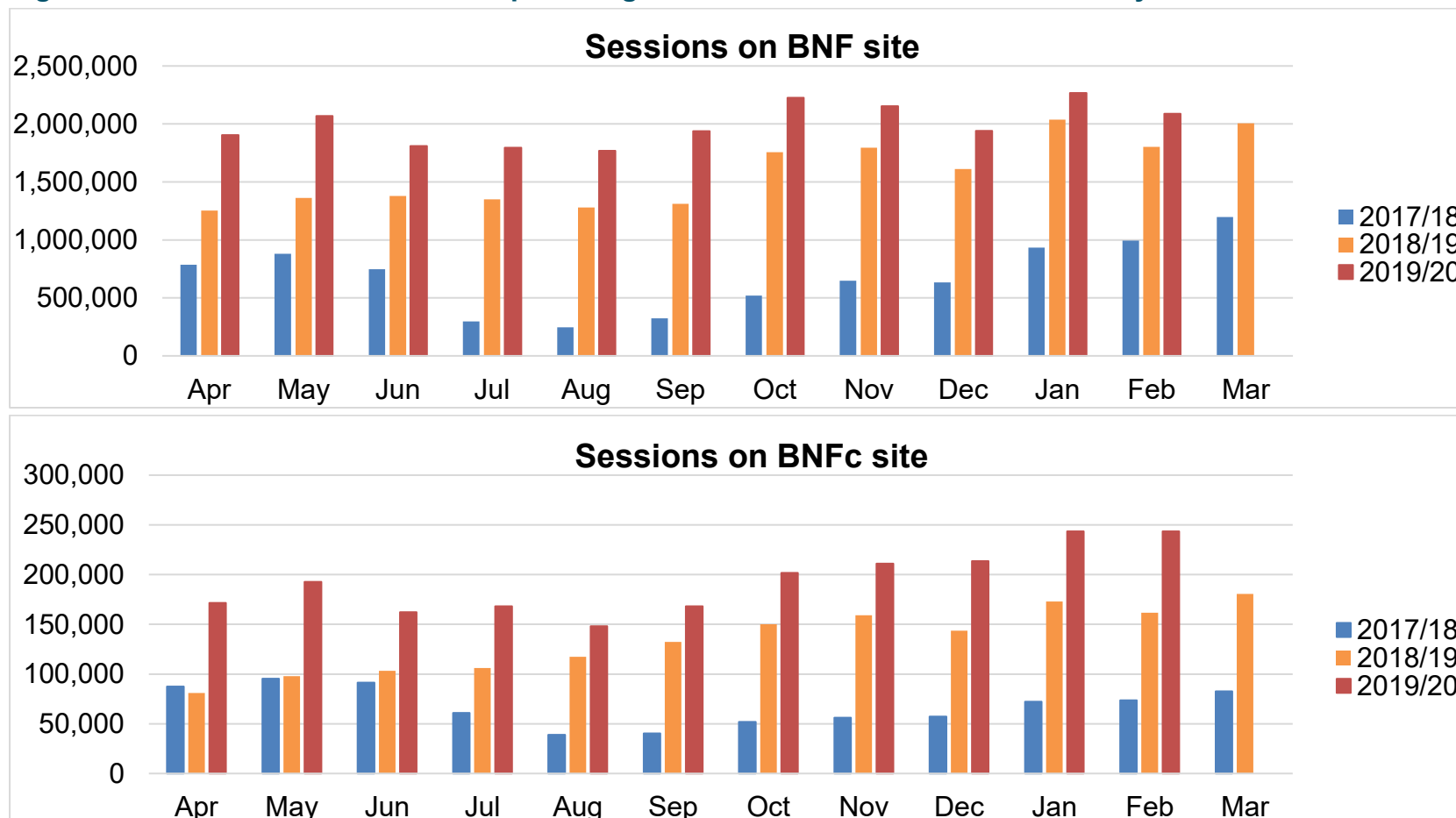
Figures 2-4: Performance of services providing access to ‘other evidence’ as of February 2020





21. Figures 5-6 illustrate the performance of our BNF and BNFC microsites. These services also performed well in February and they grew year-on-year 16% and 51% respectively.

Figures 5-6: Performance of services providing access to BNF content as of February 2020



© NICE 2020. All rights reserved. [Subject to Notice of rights](#)

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 January and February 2020. A summary is also provided for areas of work that have seen significant progress and are of note for the Board.
2. The Chief Executive's Report details the delivery of quality standards.

Performance

3. The directorate has achieved its business plan deliverables for this reporting period except for medicines evidence commentaries (MECs) published by the end of February. MECs are selected from new published evidence that meets the criteria for MEC development. Seventeen potential topics were identified by end of February, below the 22 outlined in the directorate business plan. It is expected that 21 of the 24 Commentaries anticipated in the business plan will be published by the end of the year, which will exceed the 80% tolerance set in the NICE Balanced Scorecard.
4. Key publications for this reporting period are detailed in Appendix 1.

Deliver and support the adoption of accessible, up to date and adaptable advice, fully aligned to the needs of our users

Public Involvement

5. The ratio of applications to vacancies for lay members on committees during the reporting period was 16:1, with the target being 2:1 or greater (144 applications were received for 9 vacancies).
6. Fifteen patient experts were identified to give testimony at committee meetings and at NICE's Scientific Advice meetings.

National strategic engagement

7. In May, the directorate presented to the Board a plan for strategic engagement during 2019/20 which included a set of deliverables and metrics for engagement at a national and regional/local level. The metrics are on track except for 2:

- The metric for supporting mental health strategic clinical networks to understand and use NICE guidance and standards, but this is anticipated to be achieved by the end of the year.
 - The metric 'reference to NICE in the guidance supporting new professional standards for social work developed by Social Work England', which was due for completion by the end of March. Social Work England has changed its approach to continuing professional development guidance and is not including references to any external organisations.
8. The NICE and Care Quality Commission (CQC) Biannual Oversight Group met in January to start planning areas for joint working over the forthcoming financial year. An action plan is being developed ahead of a strategic meeting in April, elements of which will be included in our key strategic engagement metrics for 2020/21.
 9. In February, NICE sponsored the Skills for Care accolade: most effective collaborative approach to integrated new models of care. The accolade was awarded to the Community integrated care learning disability super league, for their innovative approach to working with the rugby league community to involve people with learning disabilities in playing and supporting rugby league.
 10. Three national webinars were held with the Social Care Institute of Excellence (SCIE), which focused on asking about and responding to domestic violence and abuse, improving oral health in care homes and enabling positive lives for autistic adults. In January, a blog by Dame Philippa Russell, Vice-President of Carers UK and Topic Adviser for the NICE guideline on Supporting Adult Carers, was promoted to publicise the new guideline.
 11. NICE has been working with the Department of Health and Social Care (DHSC) Chief Social Workers to inform their priority campaigns in 2020/21 that will help highlight the breadth of NICE guidelines available to help the social work profession improve practice and the quality of care and support provided.

Regional and local strategic engagement

12. In Northern Ireland, the Implementation facilitator coordinated a meeting between members of the NICE Senior Management Team and senior members of the Department of Health, Health and Social Care Board and the Public Health Agency, including the Permanent Secretary, Chief Medical and Chief Pharmaceutical officers, and Directors of Commissioning and of Integrated Care. Agencies provided an update on their remit and use of NICE guidance, while NICE provided an update on NICE Connect, the technology evaluation programme, data analytics and sustainability.

13. NICE is a member of the newly established Ageing Well Board (supporting community transformation) in the North East and Yorkshire region. The Board supports the delivery of an urgent community response, enhanced health in care homes and anticipatory care across the Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STPs).
14. A regional and local promotional plan has been developed to raise awareness of the NICE resources for local partnerships and how they can be used in practice. This complements the national promotion campaign delivered by the NICE Communications team.

Notable issues and developments

15. This section includes significant developments or issues that occurred in the reporting period.

Directorate structure and functions

16. From April 2020, the directorate will realign its functions to support NICE Connect. This will bring together teams that develop materials relevant to integrated pathways, including quality standards and medicines evidence products.
17. The deputy medical director will act into the role of Health and social care director on 1 April, and we will also say goodbye to Nicola Bent (programme director for system engagement) who has worked for NICE for 15 years. Both of these posts will be temporarily back-filled, and longer-term arrangements will be determined during the year.
18. The Director, Health and Social Care also has medical responsibilities, some of which are statutory or mandatory duties for NICE:
- All NHS organisations and local authorities which provide social services must have a Caldicott Guardian. The Caldicott Guardian is the senior person responsible for protecting the confidentiality of people's health and care information and ensuring it is used legally and appropriately. Arrangements have been put in place for Colm Leonard to cover this role, as a medically qualified senior member of staff who has up to date training in this area.
 - As a designated body and an employer, NICE has a statutory role on the revalidation of medically qualified doctors who hold a licence to practise. The Deputy Responsible Officer will act as NICE's designated Responsible Officer from 1 April.

NICE Connect

External Engagement

19. Colleagues from NHS England/Improvement (NHSE/I) presented an approach to knowledge and content management at our Content Expert Group in February based on information relating to taxonomy and how it had been applied to new care models. The group will consider how, and if, this information can assist with our content transformation.
20. Our quarterly external engagement group meeting also took place at the end of February, and presentations on NICE Connect were delivered at the Quality Standards workshop and the Implementation Strategy Group.
21. SCIE is organising 2 workshops to test new ways of presenting NICE guidelines in social care for the NICE Connect project. This will be the final piece of work delivered by SCIE before their contract ends in March.

Internal engagement

22. Two lunch and learn sessions have recently taken place, which provided more detail to staff about the work priorities agreed at the NICE Connect planning away day. An organisation-wide technical forum was also held in January to discuss the learning from exploratory work using our diabetes content and how we write recommendations.
23. In the second Hackathon, which included both clinicians who use our content when delivering patient care and NICE staff, we tested our pathway approach in relation to hypertension. The meeting was very stimulating for staff and demonstrated a useful way of working, as well as an output that can be used as a model in future guidelines work.

Resource, planning and governance

24. Recruitment is underway for a Human Resources and Organisational Development Transformational Change Manager, 2 Transformation Project Managers (with 67 applications received) and 2 Transformation Administrators, with interviews scheduled for early March. This additional support will enable us to better work with, and support, staff as the concepts and ideas of NICE Connect become the future reality. The project managers and administrators will also provide capacity for managing the operational delivery of the project and provide a secretariat function for the associated governance groups.
25. Following agreement by the Steering Group, NICE Connect will use Managing Successful Programmes methodology (the gold standard for transformation in the public sector) as a framework for delivery. The transformation unit will provide core programme support activities such as the development of programme/project plans, reporting, governance and risks and issues. The team

will also coordinate reporting from existing NICE functions (e.g. communications and budget management).

NICE Connect work programme

26. Priorities agreed at the January planning away day include:

- Guidance structure - an exemplar and a review of our approach to multi-morbidity is being considered in the context of our work on anti-diabetic and cardiovascular disease lipid lowering medicines.
- Stakeholder information - to review, align and introduce one registration point.
- Develop a life sciences and commissioner hub - initially demonstrating technology appraisal outputs.
- Citeable publications - to begin to roll out improved access to our economic reports and systematic reviews.
- Internal efficiency improvements.

Regional and local strategic engagement

27. The NICE Chief Executive and Deputy Chief Executive continued the series of meetings with the new NHSE/I regional directors which included the North of England and the East Midlands. The aim of the meetings was to gain an understanding of the regions' priorities and issues, and how NICE could support them.

Quality Improvement

28. NICE continues to support the development of the National Improvement Framework for the NHS through involvement on the National Board and as part of the development workstreams, aiming to ensure that NICE guidance and quality standards and associated support products are referenced.

29. As part of the Quality Matters initiative, NICE has worked with Skills for Care (SfC) to develop a new quality improvement web resource for social care registered managers. We are also working with SfC and other national social care and health partners, such as the Local Government Association and NHSE/I, to provide two national events to support better collaborative working across health and social care, focusing on medicines support and learning disabilities.

30. As members of the National Commissioning for Quality and Innovation (CQUIN) Design Group, NICE supported NHSE/I on the inclusion of NICE guidance in the final CQUIN indicators and provided suggestions for further areas for indicator

development. The published 2020/21 CQUIN contains 17 indicators, of which 12 reference NICE guidance. NHSE/I colleagues commented that the scheme is considerably better for the involvement of NICE and would welcome NICE's ongoing involvement.

GP Contract agreement for 2020/21 including the Quality and Outcomes Framework (QOF)

31. Following negotiations between NHSE/I and the BMA's General Practitioners Committee, the GP contract for 2020/21 has been agreed and includes details of the 2020/21 QOF in England. Of note, the following are now included in the contract:

- New NICE QOF indicators for asthma, chronic obstructive pulmonary disease, heart failure and an older NICE indicator for non-diabetic hyperglycaemia.
- A new QOF indicator that aligns with NICE guidance on postnatal care (CG37) that incentivises postnatal checks for new mothers (underpinned by £12 million funding).
- Two new QOF Quality Improvement modules for learning disability and early cancer diagnosis developed in a partnership between the RCGP, Health Foundation and NICE.
- The enhanced health in care homes section of the Primary Care Network (PCN) service specification includes the NICE guidance on transition between hospitals and care homes.
- Non-contractual commitment to reduce the carbon impact of inhalers used in respiratory conditions by 50%. The relevant NICE patient decision aid for people with asthma is referenced.

Support for Implementation

32. NICE continues to work with NHS RightCare to use NICE guidance in developing toolkits for clinical commissioning groups and STPs. The [RightCare Epilepsy toolkit](#) which published in February was informed by NICE guidance and associated products.

33. In 2018, the DHSC asked NICE to support the development of an implementation plan for the attention deficit hyperactivity disorder (ADHD) guideline and quality standard to drive improvement in the recognition, diagnosis, and management of ADHD. NICE convened a national working group, co-chaired by the National Clinical Director for Mental Health. Significant variability in the implementation of the NICE quality standard was identified, with challenges also identified in access to, and the delivery of psychological treatments for children and young people.

Opportunities for supporting implementation were identified, as well as 8 specific local examples where implementation is being realised in practice. The findings have been provided to DHSC and NHSE/I for prioritisation. NICE also suggested an impact report topic in 2020 on Neurodevelopmental disorders (including ADHD and autism).

Fellows and Scholars programmes

34. Successful recruitment for 10 NICE fellows and 10 NICE scholars took place in January. Candidates with a range of backgrounds, including nurses, doctors, a pharmacist, physiotherapists, audit and effectiveness facilitators and social workers, were identified from all regions across England and Wales and from across health, public health and social care. Proposed project areas include reducing self-harm in inpatient settings, improving transition to adult services for those with cerebral palsy, intermediate care and reablement and cancer rehabilitation activities.

Appendix 1: Publications

The table below provides a list of guidance and advice produced in the reporting period (January and February 2020).

Product title	Product type
PET-CT Reporting Training Programme (Lymphoma, Head and Neck Cancer, Lung Cancer, Oesophageal Cancer modules)	Endorsement statement
Cardiovascular effect of discontinuing statins for primary prevention in people aged 75 years	Medicines Evidence Commentary (MEC)
Antihypertensive drug treatment: does bedtime administration improve cardiovascular risk reduction?	Medicines Evidence Commentary (MEC)
Northampton General Day Case BPH service evaluation – adoption of Urolift	Shared Learning example
Cerebral Palsy Integrated Pathway - an interprofessional approach	Shared Learning example
An improvement programme using NICE CG32 to improve the quality of dietetic care for adults with disease-related malnutrition	Shared Learning example
Ambulatory Acute Foot Service - Royal Free London NHS FT	Shared Learning example
South East London Community Neuro Rehabilitation Evaluation	Shared Learning example
Healthy Knee Education Group	Shared Learning example
Ensuring access to Pulmonary Rehabilitation for a deaf service user	Shared Learning example
Implementing Clinical Support for Informal Carers	Shared Learning example
Dramatherapy group for adults living with psychosis	Shared Learning example
NICE glue ear care pathway delivered with a free, award winning application (App) called Hear Glue Ear	Shared Learning example
Improving patients time in range on warfarin	Shared Learning example
Supporting young people through transition into adult health care services	Shared Learning example
The NRAS New2RA Right Start Service – a comprehensive and tailored support service for people newly diagnosed with rheumatoid arthritis	Shared Learning example

Product title	Product type
Implementing Group Psychoeducation for people with Bipolar Disorder across the East Midlands	Shared Learning example
Introduction of a new leg ulcer pathway and Urgostart dressings for venous leg ulcers in Manchester	Shared Learning example
Reducing inappropriate use of NT pro BNP: A Quality Improvement project	Shared Learning example
A Community Audit: The effects of school and local environments on childhood obesity rates in the Borough of Rushmoor	Shared Learning example
Recognising and responding to domestic violence and abuse	Social care quick guide
Promoting positive mental wellbeing for older people	Social care quick guide
NICEimpact Dementia	Topic based impact report

© NICE 2020. All rights reserved. [Subject to Notice of rights](#).

March 2020